

**Research Article****Permeable Bodies: Possession in Dersim**

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**Abstract:** The local etiology of mental disorders in the Alevi healing tradition of Dersim point to intruders from mystical realms, "mlaket", who possess human selves with a weakened sense of personal will. Liminal temporalities and spaces are categorized as providing the setting for symbiotic encounters between the human selves and non-selves. In this work, a short introduction into the local belief on possession will be provided. The actual operation of agency in the experience of possession is exemplified on the narrative account of a local healthcare officer, who stands between modern medicine and the local healing tradition. The co-existence of biomedicine and Alevi healing tradition in Dersim is less burdened by the necessity of "trans-cultural translation", as many of the practicing biomedical professionals and administrative workers in healthcare are rooted in the Dersim Alevi culture. The reason for the possibility of co-existence can be that, the marcation lines between biomedicine and Alevi healing tradition is drawn by Dersim Alevi healthcare professionals themselves.

**Key Words:** *Medical pluralism, spirit possession, Alevi healing tradition, Dersim, subjectivity, liminality.*

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**Introduction**

Located by the river Euphrates, dividing Mesopotamia from Anatolia, Dersim lies at the margins of the Anatolian peninsula. Historically located at the political and geographical divide between the Assyrians and Hittites, between the Persian and Byzantine Empires, and later, between the Muslim world of the Abbasids, Seljukids, Ottomans, and Orthodox Christian Byzantium and finally, the Shiite Safevids and the Sunnite Ottoman Empire, borders and the permeability of borders is a relevant issue in Dersim<sup>1</sup>.

<sup>1</sup> For a detailed case discussion of how "social, temporal and geographic boundaries are constructed or invented for the purpose of linking a social space, social practice, and a group identity that would support the economic and political interests of the elites" of a specific social formation, see: Lynn Swartz Dodd, "Territory, Legacy, and Wealth in Iron Age Anatolia", in: Parker and Rodseth ed., *Untaming the Frontier: In Anthropology, Archeology, and History*, The University of Arizona Press, Tucson

The communities in Dersim almost entirely belong to the Alevite branch of Islam, and live surrounded by dominantly Sunnite neighbours. Dersim is known to be politically Republican to leftist, surrounded by dominantly conservative districts of Bingöl, Elazığ, Sivas and Erzincan. Several tribal coalitions exist here, most of them leading a settled life and with some still being semi-nomadic. In this mountainous region, where land is scarce, peaceful relations between the nomadic tribes and the settled peasants depend very much on avoiding a transgression of locally drawn boundaries. How and where the cattle is to be grazed, the limits between woodland, fields and grazing ground, are subject to long-lasting agreements between families and tribes<sup>2</sup>. Any road signs or name tags for villages are absent, as all the locals possess rich information about who has a right to each piece of settlement, mountain, water source or grazing ground.

Many folk songs mourn the lives lost while crossing a foreign land without obtaining permission from those who watch over it, or just because the traveller was uninformed about the inhabitants' bad intentions. Knowing the right steps of passage, having knowledge about the identity and intentions of neighbours, are a matter of vital importance in this context. So, it comes with no surprise that, apart from the material world, also the mental landscape of the locals in Dersim is very much marked by boundaries, thresholds, and the importance of protecting them.

*Milaket*: In Dersim, a specific category of mental illness is believed to be caused by the intrusion of immaterial beings into one's self. The idea that an individual's boundaries, both bodily and mentally, are permeable, and that this permeability may be abused by other-worldly creatures, the *milaket* (plural of *melek*), forms the basis for the local etiology of a number of mental disorders. The mental disorders related to "violation of the boundaries of self", also possession (*musallat olma*) may reach from unexpected episodes of anxiety, to epileptic seizures, and even eruption of psychotic episodes in otherwise socially well-adapted individuals<sup>3</sup>.

The following personal traits are believed to make one vulnerable for an invasion of the *milaket*: 1) Having experienced especially strong emotions of fear, hate, sadness or anger. 2) Poor rational capacities. 3) Being nervous or too anxious, being preoccupied with too many issues at once. 4) Not yet having developed a full personality, such as children and teenagers. 5) Having strong desires. Being dominated by powerful drives, such as sexual passion, big appetite for food, or being desperately in love. As one male informant in his late 80's put it, "Those with a weakness will make easy targets. Strong emotions and greed (*nefs*) attract them."

When the *milaket* encounters an easy host, it crosses over from its life domain (*batın alem*) to ours. Being occupied by the non-self, the human host loses touch with the social life-world. The possessed starts to lose control over her body, such as regular fainting or seizures, and may act irrational in ways ranging from extreme emotional outbursts, to violent behaviour.

2 For a discussion of the economic structure in Pre- Republican Dersim, especially with regards to the webs of trade and rural production organised within the tribal system, see: Yıldırım, Mehmet, 2013, "Dersim'in Cumhuriyet Öncesindeki Sosyo-ekonomik Yapısı Üzerine Bir İnceleme", içinde: Tuna, G, Orhan, G., *Dört Dağa Sığmayan Kent: Dersim Üzerine Ekonomik-Politik Yazılar*, Patika Yayınları, s.41-70

3 Categories of possession and possession as a culturally transmitted experience is a rich subgenre in social anthropology. For an overview to possession studies and a discussion of significant theoretical approaches to possession see: Janice Boddy, "Spirit Possession Revisited: Beyond Instrumentality", *Annual Review of Anthropology*, Vol. 23 (1994), pp. 407-434

### **Materials & Methods**

The discussion led in this study is mainly based on oral material gathered through field research carried out between January 2011 and June 2017 in Dersim. The research project was entitled: "The healing tradition of Dersim Alevis". The study tools were participant observation, interviews, three focus groups (one with city based healers who are primarily active in other professions, one with the members of the family Silij, the children and grandchildren of the legendary healer Mustafa Silij, one with two families from the healing center village Harige) and investigation of written primary and secondary sources. Over 6 years, interviews were held in 21 villages with more than 80 elderly locals in Ovacık, Nazımiye, Pülümür, Hozat and Dersim Center, Kalan. Hakis, Harige, Silij and Kedek villages which specifically stood out as healing centers were each visited at least 3 times. All interviews, healing rituals and drug-making practices were recorded.

The method adopted in this paper is phenomenological. The examples presented serve to examine social interaction in a specific time and space, as one form of human experience and subjectivity. In the first part, through attempting a definition of possession as narrated by informants, the discussion evolves around how in the Dersim Alevi cosmology, the formative act of defining the self in a World, and drawing the boundary between self and non-self, is lived and expressed. Then, historicising lived experience and turning towards change in the social, economic and political context of healing in Dersim, the discussion evolves around the question of how the local healing World responds to the encounter with biomedicine. The aim of the discussion is to capture how Dersim Alevi people, as active agents, are "undergoing fundamental changes in how human bodies are being organized and experienced" (Martin, 1992).

### **Results & Discussion**

The non-physical World (Batın) as the source of mental disorders: Dersim Alevis believe in the existence of counter parts, as expressed by the saying, "Everything in this universe is created with a double" (Bu dünyada her şey çift yaratılmıştır"). The physical World (Zahir) also has a counterpart, the non-physical World (Batın), which is effected by and effects the physical World (Zahir). The Mılaket, as well as the Evliya and Pir (Saints) ruling over them, inhabit the non-physical World (Batın).

According to our informants, the possession process occurs at times and places, where the physical boundaries between the Zahir and Batın, hence the world of the humans and the mılaket become more transparent. Those times and places are always liminal. The times of transition between day and night, as well as places in between: Boundaries between domesticated and wild land, water shores, and the threshold of the house. Possession events may occur during sunrise and during sunset, as well as late at night, because "the day time belongs to humans, the night time belongs to the mılaket" (Kedekli Zeynel Örnek Dede, aged 76, interview carried out in summer 2014 in the Kedek village of Ovacık district). The events mostly happen at obscure retreats, such as caves, secluded springs and shady water sides. Spatially and temporally, the encounters are said to occur at points of transformation, where one form or state goes over into its opposite: At the borders between day and night, darkness and light, or land and water. It seems that, the encounters between humans and the mılaket take place where two categories, like water

and land, or two phenomena such as darkness and light, meet. As Mahmut Yıldız Dede from the Kureyşan Ocağı put it in one interview, “human being is the door between Zahir and Batın” (Mahmut Yıldız Dede, aged 84, Kureyşan Ocağı, interview carried out in winter 2015 in İstanbul). The socially acknowledged focus on doors and passings here is a formal response to the transitional potential of selves, adjusting to temporalities, spaces and states of being. Some states of being are induced by humans, some are out of control and “befall” the human self. States of mind out of control are depicted to emerge from the “cracks” between spaces, times and forms of materiality.

Besides spatial, temporal and corporeal boundaries, historical boundaries are also a very important part of cultural knowledge in Dersim. According to our informants, after the early seventies, state-provided services started to dominate in matters of healthcare and modern education in Dersim. This was a major shift from the days, when tribes, bound to Ocak families of prophetic origin, took care of social needs.

In contemporary Dersim, traditional healing methods are still used, although less and less traditional specialists are available. However, the relationship between the two medical approaches is far from being one of conflict and contestation. Oral data from our fieldwork indicate that specialists of both biomedicine and local healing tradition co-exist, with an even increasing interest in traditional healing methods.

Nevertheless, based on a sample base of in-depth interviews with 87 informants, it can be said that the communication process between the two is hindered by differences in cosmology and episteme. The tools for “translating” the concepts of the local healing tradition into the language of biomedicine is lacking, and for the local healers, the methods, tools and diagnostic and therapeutic approach of biomedicine remains too impersonal, incomprehensible and, therefore, uncontrollable. As Baki Fidan, a local healer at the age of 87, puts it: “Most of the time, I am not so sure if those doctors themselves really know what they are doing” (Baki Fidan, aged 87, Gaji branch of Kureyşan Ocağı, interview carried out in summer 2014 in the Pah village of Nazimiye district).

Some individuals exist, who act as channels of communication between the two sides. Locals who loyally belong to their culture, while working now as a part of the modern healthcare system, operate as “translators” and contribute to an environment of “medical pluralism”.

In this study, the encounter between biomedicine and the local healing tradition has been handled with an interest on the strategies developed for the diagnosis and therapy of mental illness in an encounter, where the “local” meets “the modern”, or the “global”. The presented encounter is supposed to exemplify that agency matters, and how as soon as subjectivity enters the scene, abstract categories become fuzzy, blurry and entangled.

This discussion is based on field material gathered during interviews with an informant, working as an administrator in the Health Board of the city of Tunceli. He is a local himself, and his brother is still preparing several herbal remedies, which he learned from his mother. The informant is the head of the department for mental health and social diseases in the local Health Board. He says that he is actively working with the families of the mentally ill, in their search for the best cure. Of course, his example cannot be generalized to stand for “the biomedical approach to the local healing tradition”. However, the fact

that he has been working in his position for the last 15 years, without being challenged in any way for his “eclectic” approach in diagnosis and therapy, may bear proof that there is some degree of agreement among biomedical professionals, at least to tolerate local discourses about the etiology of mental disease.

Hasan V. (name changed by the author, aged 46, Demenan tribe, interview carried out in spring 2016 the central district of Kalan) is a university graduate, who studied public administration. He has been working in the Health Board for the last 15 years, concentrating on work with the mentally ill and their families since the last 13 years. He describes himself as “a practicing Alevite, although not fanatical”. He puts great emphasis on his belonging to the local culture, and also is proud and happy with his job in the Health Board.

Hasan has no objections against the methods of therapy and diagnosis, as practiced by the professionals in the Elaziğ Asylum, where patients from Tunceli are sent. He says: “Of course, medication and in some cases, therapy, really helps. We see many examples, where patients are able to lead a normal life, even go to work regularly. However, it is very important to distinguish the cases where modern medicine helps, from the cases, where other issues are involved.”

Hasan V. agrees with local belief that, those possessed by the *milaket* form a distinct category of the mentally ill. According to him, those who are especially susceptible to attack are either persons especially depressive, melancholy or introvert, before the “existence” approached them. He also counts as another risk category, children and teenagers “who cannot yet distinguish right from wrong.” Hasan V. witnessed that without correct intervention, almost in all cases, the process of possession proceeds further as time passes. In most cases, possession poses a problem for both sides: “The *milaket* are also under the threat of punishment by their commanders, or leaders, for crossing the boundaries of their world, and entering into the body of a human being. However, they cannot stand the attraction of uniting with a human: In most cases, they passionately fall in love with the one they possess, and even under the threat of death, cannot stand the pain of separation.”

The transgression suffered by the human being, according to Hasan V., makes itself visible in ways similar to psychosis. The possessed one talks to an invisible audience, makes strange gestures, moves a lot and in a haste without reason, his eyes look either too fiercely, or seem empty. There may be sudden eruptions of fear or anger; in any case, those sudden responses without a visible cause gain in severity in time, and after a while, the possessed seems to be drawn into another world. He/she may show harmful behaviour, and in all cases, shows great hostility towards his/her household. In all the cases he witnessed, once the *milaket* is successfully thrown out, the patient heals immediately, with no relapses and any further mental problems.

As to how he distinguishes cases of real delusion and psychosis from possession, Hasan V. answered: “This is a very personal accumulation of knowledge. If I would list you the symptoms and you would try to diagnose a case yourself, you would fail to do so. After a while, you can look the *milaket* in the eye, when you look into the eyes of the patient. However, only a real *hoca* can really tell the difference. I only refer the suspected cases to the right people.”

In response to a direct question about how the personal boundaries of a person can be so permeable that, the will of another being can take hold of his/her bodily and mental capacities, Hasan V. says: "It is easy to dominate the mind of a weak person. Some psychiatrists even do so, in order to cure their patients. However, those who have edep (decency) would never come in without knocking on the door. Think of it like a thief, who sneaks in through the chimney. If a person asks you in for help, then you are a guest. We visit shrines and call on to our saints so that they will come and visit us. But it is another thing if you annihilate a person violently. This is like murder and those milaket are sentenced to life term prison by their own commander after they are driven out".

In using the metaphors of door and chimney, Hasan V. refers once more to the liminal character of the process of possession. "Liminality," a concept first developed by the anthropologist Van Gennep to discuss the intermediary phase of initiation rituals in tribal societies, refers to a symbolic "threshold," through which an initiate passes, during the ritual, into a new social position and social personality (Turner, 1995). The liminal space is an ambiguous field of transition, where the person is separated from his/her former social self, and is not yet a new "someone," so that there, the person is socially a nobody. Although temporary in ritual practice, this space in-between, a no-man's-land between two borders, seem to be a permanent state for the possessed person, according to the description given by our informant. Neither belonging yet to the world of the milaket who possesses the patient, nor to the world of the humans anymore, the patient and the incoming spirit, together, become permanent liminal subjects.

The ritual of driving out the milaket, carried out by a religious authority, is intended to separate the two beings which together do not belong to any defined realm with clear and controllable limits. As biomedicine does not accept the existence of realms outside the world of phenomena, for the locals, biomedical professionals lack the knowledge and experience to do so. Although acknowledged by Hasan V. to offer effective therapies in other categories of mental illness, biomedicine is regarded by him to be insufficient to protect and if necessary, defend the boundaries of a human being, when it comes to perpetrators not objectively measurable or observable through experimentation.

### **Conclusion**

Research on popular lore and help-seeking practices in urban and rural settings in Turkey point to a vital net of healing methods and discourses applied<sup>4</sup>. This presents an almost chaotic, seemingly unordered universe of healing. However, understanding how the human body, its boundaries and its relations with the outside, are socially constructed in a local setting is useful in decoding the complex picture, in which local healers operate and cooperate.

Although local healing traditions in Turkey are mostly embedded in Greco-Islamic medicine, the variety of each local setting makes necessary the "analysis of semantic illness networks, as a primary means of understanding the integration of Islamic medicine into radically diverse cultural contexts" (Good and Good, 1992). The research project carried out in Dersim about the local healing tradition was carried out

4 Tataroğlu, E. T. 2013. Anadolu Tıbbi Folklorunda Telkinle Tedavi ve Bu Çerçeve Şekillenen Edebi Verimler. E-publication:<http://eprints.ibu.edu.ba/2116/10/ANADOLU%20TIBB%20FOLKLORUNDA%20TELK%20BONLE%20TEDAV%20VE%20BU%20C3%87ER%20C3%87EVEDE%20%20C5%9EEK%20BOLLENEN%20EDEB%20VE%20VER%20BOMLER%20full%20paper.pdf> (accessed: 5.8.2014)

with the aim to collect data which would make such analysis possible. Comparing discourses of classical Islamic medicine on types of mental illness with local discourses in distinct Anatolian cultures, and setting their operations into the present – day context dominated by biomedicine, can provide a better understanding of the geographical, social, political and economical influences on healthcare theory and practice as lived in real – life settings. This is also the only way to understand the workings of power and agency in health matters as asserted by non- biomedical professionals and lay people.

### ***Conflict of Interests***

Authors declare no conflict of interests

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