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Healers as Informal Religious Leaders

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Bangladesh
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It is largely agreed that formal Islamic leadership centres on the *‘alim* who function as experts of the *shari‘a*. It is similarly accepted that informal expressions of Islamic faith are extremely common – but there is less agreement regarding the functional roles performed by those who lead these informal expressions of faith. It is suggested that there are three such (distinct but overlapping) roles, one of which is examined here. The three roles are, broadly speaking, the provision of healing, the oversight of major festivals, and the storage of core religious knowledge. Leaders of these groups collectively provide leadership that is intrinsically religious in nature. As leadership is ceded to them, they in return help those around them re-create a sense of faith-centred corporate identity. The following briefly looks at how healers operate as informal leaders who help to shape Islamic faith in rural Bangladesh.

Leadership has various facets. Local political leaders in the village of 'R' were respected less for their supposed religious expertise than for their facility in brokering agreements all could live with, such as those reached in semi-formal localized meetings called *bichars*. Conversely, piety was assumed from those who oversaw religious festivals, artistically re-created core religious knowledge, and healed various ailments. In each case the practitioner was assumed to be a mediator between God and his (occasionally her) neighbour. Such mediation is primarily for daily needs since ultimate questions like salvation are left to God alone to decide – although many believe that one can become acceptable to God by

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being accepted by a local *pir* (since this *pir* is acceptable to his now-deceased *pir* who is linked back through time along a chain of intercession culminating in the Prophet).

Healing is the most urgent and widespread daily need. There are several types of healers in rural Bangladesh, including the *kabiraj*, *oja*, *pirshab* (or *pir*) and *fakir* (the last two categories, in particular, often overlapping in usage). The *kabiraj* is relatively well known and written about, and is often thought to be more reliant on learned knowledge (of plants and herbs) than an ability to appropriate God's blessing and thereby God's healing.

Ojas and 'snakes' breath'

Much less has been written about those healers known as *ojas*. They treat snake-bites and 'snakes' breath' (*sapir batas*) since it is thought that snakes can exhale poison which the wind can carry long distances (or which is spilt onto the ground, evaporates, and becomes wind-borne) and then randomly afflicts people far away. Symptoms of *saper batas* include nausea, dizziness, and (occasionally) death. *Ojas* are thus seen primarily as healers of physical complaints rather than as overtly religious figures, but their reliance on secret mantras, their (perceived) power over spirits, and their tendency to use methods similar to those used by fakirs add a supernatural and religious aspect to their perceived role.

'A' described himself as an *oja* although he also occasionally heals by giving amulets (*tabiz*) and blowing air over an afflicted area (a practice called *phu deo‘ya* in Bengali). Giving or selling amulets and *phu deo‘ya* are usually associated with fakirs, since the curative effect of breath is widely held to be one of the Prophet's powers.²

The *oja's* performance given when diagnosing and treating *sarper batas* appears ritualized with certain recurrent actions, but the core of the *oja's* healing process centres on the use of a secret mantra.³ The mantra, silently repeated, is interspersed with four or five breaths onto the afflicted part of the body and involves verses from the Qur'an in addition to lists of Hindu deities. Although mantras are also used when curing by *phu deo‘ya* the wording is said to be different, consistent with the fact that routines when curing *sarper batas* and delivering *phu deo‘ya* are distinct despite superficial similarities. In diagnosing whether *sarper batas* is the cause of an ailment, for example, 'A' squats by the patient's feet, recites his mantra and slides one hand along the ground towards the patient's feet in a motion so fluid that it resembles a snake. If the complaint is caused by *sarper batas* the hand is drawn towards the patient; if not, the hand will be repelled.

Women healers

One of the features of informal healers in 'R' was the inclusion of women. 'S' is a middle-aged grandmother unremarkable in appearance as long as she keeps her head covered with her sari. Her uncovered head reveals hair that is very matted, in order (she

explained) to house the various types of spirits that attend on her (she identified four specific groups). 'S' is primarily known as a practitioner of *gasonto*, a term which refers to the practice of hurting someone by burying an item of their clothing along with plant fragments, as well as uncovering these fragments and preparing prophylactic amulets to counter any such buried threat.

It could be argued that having women accepted as healers of this type is indicative of their occupation of a societal niche that is relatively unthreatening to the formal religious hierarchy. It could, however, equally indicate the 'village realities' whereby women are free to exercise a great deal of closely localized leadership. Rural Bangladesh is organized around the *bari*, which is a collection of homes all facing a central courtyard, with the 'village' being a collection of dispersed *baris*. One woman in 'R' told me: 'I do not need to wear my *burqa* (head covering) in and around my own *bari*' which is suggestive of the way women are able to express themselves and exercise their individual gifts – including healing – at a localized level.

Fakirs

Healing is also performed by fakirs, whose spiritual role is generally recognized and often relies on their association with a local *pirshab* (fakirs are often very active in organizing and attending feasts and festivals such as *urus*). 'H' is a locally recognized fakir who usually diagnoses by tying a piece of thread around a finger. This binds any of the several types of in-dwelling spirits to answer his questions and then obey his commands (although there seems at times to be an element of bargaining in this). 'H' also heals by finger-tying or by giving amulets (using a small stock of Arabic formulae), by *phu deo‘ya* or by *pani pora* (administering water that has been made sacred by having a Qur'anic verse breathed over it).

Discussion

There are, of course, other healers in and around 'R' – there is even a government hospital in nearby Tangail, and the prevalence of illness means that healers assume a position of some leadership. The doctors in Tangail are, however, perceived totally as trained experts and there is no assumption that their ability to heal is linked to a closeness (albeit perhaps via a chain of transmitted piety) to God. Similarly, there are other religious leaders in the village, which has two mosques. But the leaders associated with these institutions are more likely to be consulted for set occasions such as funerals, or the leading of Eid prayers, than for the needs of everyday life.

All of the people reviewed in this article are perceived (to varying degrees) as healers who rely on religiously derived authority. This is firstly because they all are thought to operate within the spiritual realm and therefore need spiritual as well as practical abilities. 'S' was adamant about the fact that the spirits who attended on her were powerful (even dangerous) and she had to be

able to control them. Similarly, 'H' said that his expertise was primarily in secret (*gapane*) matters, the foremost of which was the use of dreams. 'A' was perhaps the most informative about his skills and training as an *oja* – but significantly the 'office' of *oja* is perceived as the least spiritual of the healing practices.

Not only did the healers operate in a spiritual realm, it was also the realm of faith – the faith others have in their abilities and their own faith in God. While physical materials might be used in the healing process, it was the assumption that the practitioner was in a rightful position before God which was of paramount importance. All the healers, in other words, were seen as pious people with the tacit assumption that an impious healer would be unable to channel God's healing or even survive in the 'hidden realm'. The assumption of piety was not impacted by the fact that few of the healers (encountered in the context of this research) were regular in keeping all the required rituals of faith.

This leads to the third, and perhaps the pivotal, reason for the healer's leadership. The *ojas*, fakirs, *pirshabs* et al in the village all lived lives similar to those they attended and had similar terms of reference. Whereas those vying for temporal leadership and those religious leaders more closely associated with the mosque both tend to look beyond the village for their power and credibility, informal religious leaders retain very localized contacts, reference points, and power bases. Their leadership was therefore overtly from amongst; they understood precisely the pressures all were under while empathizing with the desire to live up to ideals of faith many felt unable to attain. This closeness, understanding, and acceptance are pivotal in the healers' leadership. They are seen as concurrently able to access God's power, channel God's compassion, and accept the weakness of their neighbours – which encourages their neighbours to confer authority onto them.

Notes

1. This study was in the village ('R') near Tangail, but draws on several years' residence in Bangladesh.
2. See, for example, M. Abdullah, *The Ascent of the Prophet Mohammed* (Delhi, 1989), 21.
3. See Eaton in N. Levtzion and J. Voll (eds), *Eighteenth-Century Renewal and Reform in Islam* (New York), 176.

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WORKSHOP ANNOUNCEMENT

Dissemination of Religious Authority in Indonesia

Within the framework of the current project on the 'Dissemination of Religious Authority in 20th-Century Indonesia', Michael Laffan and Nico Kaptein will convene a workshop on the role of fatwas in Indonesian society. In this workshop, to be held at Leiden University on 31 October 2002, project members will present their research to date on aspects of fatwa production and transmission.

Participants have been invited to consider the means, authority, audience and impact of fatwas in Indonesia. More broadly they will address how fatwas are disseminated, what response they engender, and how a relationship is established between the fatwa requestor and the mufti. In so doing, they will inquire into the sources of authority for the respective fatwas – textual and/or personal.

The question of audience will of course be crucial, and the effect of a fatwa in a given society is naturally related to the social context, whether local, national or international. The presentations will also address such issues, by looking at the competing fatwas of Muhammadiyah and Nahdlatul Ulama, for example, or the recent moves to harmonize the fatwas of Indonesia's Council of Ulama and those of Egypt's Al-Azhar.

Presentations will be given by Kees van Dijk (Leiden University), Nico Kaptein (Leiden University), Jajat Burhanuddin (IIAS), and Michael Laffan (IIAS), among others. Two leading scholars will also present papers with the aim of providing an overview of the situation in Indonesia – Atho Mudzhar (IAIN Jakarta) – and comparative comment – Muhammad Khalid Masud (ISIM).

Both the presence of and comments from scholars working on fields outside Indonesia are very welcome. Those wishing to attend the workshop are invited to contact Michael Laffan at the IIAS in the first instance.
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