

## Chapter 5

### Discussion and Conclusion

*“Each person is their own healer.”*

*-Sarah*

The major finding of this ethnography is that medical pluralism embodies health care as practiced in Armenia: pluralism is present not only in what Armenians say they believe, but in what they do in their everyday life. For laymen and doctors alike, there is an acceptance of different forms of health care that informs the social networks of family, friends, and neighbors, while it encourages pluralism – people share recipes for home remedies, talk openly about their healing experiences, and recommend folk and alternative healers to each other. In Armenia today, the choice to use alternative health care, as in other groups, is also a form of empowerment (Helman 2003:10).

In the process of researching health care beliefs and practices, I was surprised to discover an ambiguity about science, biomedicine, and technology. This ambiguity also opens the door to greater medical pluralism. None of my informants framed their solutions to their health care needs in terms of, “If Armenia had more technology we would be better off.” Instead, what they said and acted upon was that their health would be improved by returning to their traditions, and those traditions are rooted in the symbols of their culture – the “garden, the mountain, the temple...[and] the book and writing...” (Sweezy 2001:23). The gardens and mountains supply the herbs, fruits and flowers that make up home and herbal remedies; the temple and book and writing symbolize knowledge that is passed on, not just through universities, but from generation to generation, through tradition.

This is not to say that more and improved technology would be unwelcome, only that neither technology nor science is seen as the solution to life's ills. Scientific knowledge is on a linear path -- knowledge is gained over time -- and therefore it cannot be the ultimate arbiter of what is real, or what is useful. Just as science once could not explain radiation, today it cannot explain bioenergy or psychic healing, although people are confident that someday it will.

#### Views of Biomedicine: Doctors and Laypeople

In Armenia, doctors share the medical pluralism, and the belief system that supports it, of laypeople. Perhaps this should come as no surprise, since, as Giddens observed, doctors are "...themselves laypeople most of the time..." (p.138) and, like everyone else, must also obtain health care.

A summary of beliefs doctors and laypeople share are as follows:

- 1) biomedicine is limited in its ability to explain and cure disease;
- 2) the level of competence among physicians has deteriorated, so there is no difference in skill level between folk healers and many doctors;
- 3) biomedical drugs can be dangerous, e.g. contain poison, be too strong, or be tampered with, outdated or weak;
- 4) biomedical drugs can interfere with the body's own curative powers;
- 5) diagnostic technology is often inaccurate and can even be dangerous, e.g. radiation.

For some doctors, such as Anoush (see chapter 4), these beliefs created uncertainty and inner turmoil as their profession is challenged by the new alternative therapies. But other doctors were entirely comfortable with different therapies. They integrated them into their practices and consulted folk and psychic healers themselves when biomedicine did not cure them.

The doctors had one perspective that laymen could not share – the view from the inside, from the experience of being doctors. Their chosen profession came under fire as they questioned the competence of other physicians, the reliability of diagnostic technology, and their own ability to make diagnosis accurately. (It is a view that might not have been shared with an outsider – a non-physician). The doctors' concerns were hardly allayed by their day-to-day work environment, which was turbulent and filled with uncertainty about how privatization would affect their working conditions, the availability and safety of medicine, and how to survive on their meager incomes. Some doctors resolved these issues by becoming alternative medicine practitioners themselves (the leech therapist was a polyclinic doctor), while others, such as Anoush, simply joked about doing so.

Laypeople expressed, on the other hand, more concern over the costs of medical care that could mount (for diagnostic studies and drug therapy) if they went to the polyclinic doctor. Thus, money *was* an issue for laypeople, but its effect was compounded by uncertainty about a cure, distrust of physicians, and fear of drugs.

Armenians are not rejecting biomedicine. People continue to go to hospitals and polyclinics for care; the hospital is the institution most people rely on for treatment of major medical problems. Recent cardiac and eye surgery innovations in Armenia, as well as innovations in, for example, orthopedic care, have been widely acclaimed. But all of these surgical specialties have been built around a particular physician, and these positive assessments (and highly successful outcomes) have not carried over to the general practice of medicine and surgery.

### The Construction of Medical Pluralism

In the ethnography (chapter 4) many stories were told about cures by folk healers, psychic healers, leeches, and remedies passed down from elders or in holy books. Some of these cures

seemed to have a reasonable explanation, others did not. Like black magic or the laying on of hands, they verged on the miraculous.<sup>1</sup> But the storytellers believed what they were saying; and, most stories were firsthand accounts of healing the storyteller had experienced.

Another kind of story is about the past, about what people used to do: the grandmother who made warm belts out of crocheted cotton to protect the wearer's kidneys; the grandfather who combed the mountains looking for curative flowers; the holy books brought from the former homeland that contained arcane knowledge of curing.<sup>2</sup> These stories confirm Armenian values and traditions. Once again, the symbols of Armenian culture are present in these images: the mountain, the garden, the temple, books and writing. (Holy books are both temple and writing.)

### Personal Responsibility

Pluralism comes out of a sense that each person must be responsible for their own health care. Hewsen (1997) writes of "the rugged nature and tenacious character of the Armenian people" being a result of the mountainous terrain in which they have lived (p. 1). Although I am reluctant to ascribe a national "character" there are qualities, such as Western individualism or Yankee ingenuity, that come to describe a group, even if not all persons evenly. For Armenians, Hewsen implies, survival over the centuries has depended on their wits and stamina, on taking responsibility, using their heads, and not giving up.

The way taking responsibility translates into health care includes a number of strategies:

- 1) Using home remedies.
- 2) Seeking advice from friends and family for home remedies and other therapies. Among my informants the use of these other therapies is encouraged by family, friends, and doctors. Friends, family, and neighbors offer advice on local healers and new therapies. Experiences are shared

openly and willingly. Although not everyone accepted all of the therapies available, no one rejected all of them either.

3) Reading and learning about your symptoms and illness. The importance of holy books has already been discussed, but people also have other kinds of books on health care in their homes, and these books are read and passed around. People who have these books may be consulted by others. There are also magazines on health in Russian and Armenian, and TV and radio programs discuss alternative therapies.

4) Obtaining several opinions before making a decision about treatment. Usually patients keep medical records at home, including cardiograms and diagnostic reports. I always thought this had to do with a deficiency in Soviet recordkeeping. I since have come to understand that it is a patient's way of maintaining control over his/her care. It does make it easy to go from doctor to doctor as well.

The overall message is to be active, not passive, to get information, look around, and make choices about your own health care. It is a message that supports medical pluralism.

### Explanations for Illness

Armenians attribute illness and misfortune primarily to externalizing etiologies (Young 1983:1205; Helman 2001:95). Those etiologies that place blame on the individual (e.g. for smoking or overeating) take a minor role (p. 91). Perhaps this is why ideas about risk and prevention as part of individual responsibility have not yet taken hold in Armenia. No one there discussed a low fat diet or regular aerobic exercise as a health strategy, although they were aware of these in the West. Today 'danger' infiltrates the country in the form of poisoned foods and medicine coming from 'outside.' The evil eye and sorcery (*tughtu-kir*) are also a part of the misfortune-and-illness-externalizing etiologies. Misfortune can also be brought upon a person as a

consequence of something they have done, or even something their parents have done – an echo of the biblical dictum about “the sins of the father” being visited upon the children.

Armenians believe that a “chill” to the scalp, feet, shoulders or waist (close to the kidneys) is another major (externalizing) cause of illness. If one of these areas is chilled or gets wet, a major illness, such as a heart attack, can develop.<sup>3</sup> Seasonal changes from spring to summer and fall to winter are times when illnesses get worse, and *flus* and the *grip* usually circulate through the city. I was given various reasons for this including that the air is more turbulent and there is less oxygen in it then. (‘Air’ is not always bad. Armenians believe that “changing the air” is healthy – going to another city, or from the city to the village, or to the mountains.)

Another external etiology of illness is *stress* caused by the pressures of everyday life. Stress can cause the immune system to break down, just as a chill can. Stress, both in its collective and individual form (Helman 2001: chapter 11), is ubiquitous in the lay explanatory models for misfortune and illness.<sup>4</sup> (See Appendix F for examples from interviews.)

A consequence of using an externalizing system to explain illness is that symptoms are generally expressed in gross terms and the body is viewed as a “black box”, marginalizing, though not ignoring entirely, internal interconnections of organs and physiology (Young 1983:1205-6). This results in what I call a “no symptom/no disease” phenomenon. In this folk model, there is no disease without illness (Helman 2001:104).

This model explains several health care patterns evident in this study and patterns I have noted over the years. For instance, in the case of hypertension: among many doctors as well as laypeople, if there are no symptoms of hypertension (e.g. headache, dizziness, blurred vision) there is nothing to treat. If symptoms appear, one need only treat the symptom, nothing more. If putting the patient’s feet in hot water lowers the blood pressure and alleviates the symptoms then it is sufficient treatment. If not, then a neighbor’s blood pressure pill will do; perhaps the

reasoning is that “one blood pressure is the same as another”. This pattern also explains noncompliance with drug regimens, and behavior such as the professor’s reluctance to have a coronary angiogram. He reasoned, “I don’t feel sick [I don’t have any symptoms], therefore I’m not sick. I have no disease.” This model also explains, in part, the use of alternative or folk healers, many of whom treat a single symptom, like swollen legs or mastitis.

### The Appeal of Alternative Healers

One of the most obvious observations from the ethnography was simply that alternative healers were kind and made patients feel welcome, which is not always characteristic of doctors. A secondary benefit was that, in addition to the symptom cure, alternative healers were actually more holistic in their effects (e.g. the added, overall benefits to leech therapy and Yermonia’s treatments). Alternative healers also projected an air of optimism and confidence, appealing attributes given the current views of medicine in Armenia. And since the cost of the alternative therapy was declared up front, the healer’s motives were not for the most part suspect. Also, none of the alternative therapies were viewed as dangerous. As a final inducement, people felt that there was a built-in “quality control” when it came to alternative healers: since patients found out about them through word of mouth, charlatans didn’t last long.

Healers such as Yermonia combined many symbols in her healing style, adding to her appeal: her doctor-like white coat symbolized medicine and curing, as well as scientific knowledge; the hospital where she worked was a symbolic temple, and this temple ideal was reinforced by her requirement that patients be baptized. She combined the idea of miracles, for which there is no explanation, with forces science has *yet* to explain (bioenergy). Models of healing based on, for example, bioenergy or the cleaning of negative energy reinforce Armenian health care patterns, as well as Armenian beliefs in mysticism and miracles (Antonian 2003).

Armenian interest in other healing traditions dates back to the founding fathers of Armenian medicine who studied Galen and Hippocrates as well as Persian and Indian medicine. and who made their knowledge available to the common people. Thus, although there has been no quantitative data on the degree of pluralism in Armenia either before 1991 or currently, my impression (confirmed by Armenian anthropologists Dr. Levon Abrahamian and Yulia Antonian in personal communications) is that medical pluralism was always a part of Armenian health care. In the wake of transition pluralism is either growing in response to the uncertainty of the times, or becoming more visible in response to the lifting of communist sanctions against it.

#### Ramifications for Health Care Initiatives

Several findings have, I believe, ramifications for health care initiatives in Armenia by governmental and outside aid organizations. The assumption that new facilities, with doctors re-trained in Western style biomedicine primary care, will naturally attract local patients and provide better care to them, may not be valid. This ethnography draws attention to a number of problems with such assumptions, especially considering the increasing distrust of doctors within the context of socio-economic changes in Armenia during the past decade. In addition:

- 1) Armenians believe the medicine and practices the doctor prescribes may be harmful, not helpful to them. Western-style drugs are thought to interfere with the body's ability to heal itself, and drugs may even be poisonous. Even the minor surgeries used in biomedicine are to be avoided if possible; it's best to try other forms of care first.
- 2) The current medical system is syncretic – that is, there is a significant sharing of explanatory models between the popular, folk, and professional sector. Trying to change this through greater exposure to Western-style practice modes and re-training of physicians may not be successful.

Armenian explanatory models, based as they are on traditional folk models, may be difficult to change, and if they are changed, patients may not respond positively to the new models.

3) The Western model requires a patient to be passive, to disrobe and lie down, and then relinquish autonomy in the consultation and treatment process, accepting the doctor's diagnosis and treatment. The idea here is that a primary care physician will "manage" the patient's health care, lessening the patient's autonomy and the importance of his/her social network. These processes are contrary to Armenian health care patterns, and go against the need for Armenians to retain autonomy in health care through a process of negotiation.

4) Western ideas of risk and prevention do not yet have a place in the Armenian psyche. Ideas of prevention, when expressed, are in beliefs such as: staying warm and avoiding chills; eating greens and berry preserves; drinking spring water and herbal teas; and going to the mountains to "change the air." Preventive health care is not expressed in Western terms of taking pills, avoiding fatty foods, quitting smoking (although two men I knew did quit after having heart attacks), or getting regular aerobic exercise. The "medicalization" of life based on risk and prevention so prevalent in the West, and reinforced by "capitalist enterprise" (Frankenberg 1980: 206) will be resisted in Armenia in favor of natural solutions such as eating berries and greens, and going to the mountains.

The most appropriate next phase of anthropological study on Armenia's health care practices would be to extend this ethnography to include villagers and blue-collar workers, and to add topics that have not been touched upon here: for instance, language and illness metaphors and their semantic networks; perceptions of the body; possibly culture-bound illnesses e.g. *ztagots*, "stabbing heart pain"; and health care beliefs as they apply to women and children. Then, using Frankel's (1986) ethnography *The Huli Response to Illness* as a model, and keeping in mind that there is as much to learn as there is to teach, anthropologists might add quantitative data to support

the qualitative findings, and produce a more comprehensive anthropology of Armenian health care.

### **Notes for Chapter 5: Discussion and Conclusion**

---

<sup>1</sup> Alterations of the physical world, like the streaks in the mirror after Artur began “cleaning” Sarah’s home, may confirm the presence of negative forces and validate the use of New Age healers. Or the physical alterations may be themselves the miraculous cure, as in the case of the woman being able to walk again after only one leech treatment, or the mute child who began to speak when a woman twirling a flour strainer recited the names of churches in his presence.

<sup>2</sup> Religious healing is not connected to the church itself, but to the “holy books”. The cures in the books are often written in code – one must be versed in knowing how to read them. Thus, even religious healing comes down through a *book*, not a person. (See Appendix D for note on spiritualists)

<sup>3</sup> Chills are thought to cause the immune system to break down and to create an imbalance between the body’s internal and external temperature. Both factors cause illness. A hospitalized patient who had suffered a massive heart attack told me that his problem started with a chill to his shoulder. He felt the chill all day while working on a job outdoors; Lilig’s husband died of kidney disease, which, she explained, began as a chill to his back.

<sup>4</sup> Studies of post-traumatic stress syndrome have been done among survivors of the earthquake of 1988 (Goenjian 1997; Najarian 1996), but there are no studies of the effect on mental or physical health as a consequence of living without electricity or heat for several years, or the continuing crisis of migration and joblessness. Further study is warranted to understand the folk models of stress and how these affect health care practices.