
“THE MIND AND THE BODY ARE CONNECTED”

ROHINGYA HEALING INVOLVES DIVERSE PROVIDERS TO MEET PHYSICAL, SPIRITUAL, AND MENTAL HEALTH NEEDS

Health is a vital part of our overall well-being. However, there is often little room to accommodate different understandings of health, illness, the body, and the mind in health care services. These different understandings can lead to miscommunication and frustrated interactions between health care workers and patients. Previous work by CLEAR Global/TWB and other researchers has shown how important the Rohingya culture, language, and worldview is to understanding health and well-being.

To help improve humanitarians’ understanding of Rohingya concepts of health, CLEAR Global interviewed camp residents in Cox’s Bazar who provide informal health care services. Key informants shared their experiences and perspectives relating to culture, language, and health, including the terms they use to talk about health topics.

This report outlines findings from the interviews and provides recommendations to humanitarians on how to use this knowledge to:

- engage and communicate more effectively with the Rohingya community about health issues and available services.
- train health care providers to recognize how Rohingya think and talk about symptoms and conditions.
- recognize the cultural importance of informal health providers and potential ways to work alongside them to improve patient outcomes.

Summary: what you absolutely need to know

- Rohingya community members have diverse and pluralistic views of culture, health, illness, disease and the mind and body.

- In Rohingya culture, being “healthy” (*aramiyot*) is a complete state of physical, social, and mental wellbeing. Being happy is just as important as living without disease.
- Different kinds of healers are needed depending on whether an issue is caused by a biological problem or a spiritual one.
- The mind and body are perceived to be connected and when there is a problem with one, there is a problem with the other.
- Mental health, some kinds of pain, and paralysis are often perceived to be caused by spiritual problems. Diabetes, cancer, or more chronic issues are usually known to have biological causes.
- Jinn are viewed to be “invisible” creatures and are one of three creations (angels, humans, jinn) created by God, as described in the Quran (the holy book of Islam). Jinn may be good or bad, and can help a healer with their work or they might disturb a person and cause some kind of mental health problem.
- Rohingya community members engage in different kinds of health seeking, from medical doctors, traditional midwives, spiritual healers, and/or herbalists. It is not one or the other.
 - Traditional healers and herbalists include *foir* (a deeply practicing Muslim who maintains a high level of piety and devotion to God) *boiddo* (traditional spiritual healer), *motoni/motoya* (traditional physiotherapist), *fashaRa dabai doya* (herbalists), and unlicensed but trained Rohingya midwives (*dai ma*) or community doctors.
 - Spiritual conditions may cause various health problems, most commonly mental health disorders, pain, and paralysis. In these cases, a *boiddo*, *foir*, or imam can assist a Rohingya patient with different kinds of treatment depending on the situation.
 - Rohingya midwives (*dai ma*) play an important role in pregnancy and childbirth and recognize that pregnancy issues may have a range of underlying causes, from spiritual to social or biological, or all three.
- Experiences of displacement strongly shape Rohingya health and well-being, contributing to various experiences of illness.

- This might include, for example, blood pressure (or “tension”) because of high stress.
- Displacement shapes Rohingya health and well-being in many different ways. It means that traditional healers and herbalists are not always able to access the traditional plants that they use in their healing. In Cox’s Bazar, they may need to travel a long distance or pay more money to access those plants.

Rohingya community members seek care from different kinds of healers depending on what they’re experiencing

Rohingya health care seeking is pluralistic. Rohingya community members do not exclusively use one form of care or the other, but instead they make decisions based on the symptoms. If a patient is experiencing a headache or other kind of pain, they may first see a *boiddo* or imam (religious leader) for spiritual healing, before going to a healthcare facility. Mental health issues, pains, and paralysis are usually suspected to have underlying spiritual causes. Malaria, dengue, and other infectious diseases are known to have biological causes, and so community members would seek care from local pharmacists or at a health care facility.

Rather than seeing one provider as a competitor with another provider, it is important that humanitarians understand how providers often work in cooperation and will refer patients to other types of providers if a health situation is critical or if the healer’s treatment is not working. All participants in this study described processes of referrals. Most often this was to a medical doctor or health care facility, but participants also described referring to other types of healers if a problem needs specific spiritual or herbal care. One doctor shared details about these differences.

“There are differences between doctors’ treatment systems and other types of traditional healers. For example, Imam heals the people with the help of reciting verses from the holy Quran, Shaman heals with the help of spiritual/divine guidance and instructions. But the doctors do not treat in any way like these. Doctors should have an educational background and some skills. Doctors try to find out the symptoms by listening to the patient's story and going through some medical examinations. Then the doctors serve the patient as per the symptoms and the result of the exams.”

– Medically trained (unlicensed) Rohingya doctor, male, 45+ years old, Camp 3

As the doctor above described, there are differences between biomedical treatment systems and other kinds of traditional healers. Therefore, a patient may need to use different kinds of healing depending on the problem.

To Rohingya, being healthy means a holistic state of wellbeing, free from disease, social conflict, and tension

Rohingya participants shared that being healthy (*aramiyot* in Rohingya) means living a life without disease, having a healthy social life without conflict, eating well, and living without stress or tension. It is also about feeling peaceful or satisfied (*shanti*). This indicates a more complete state of wellbeing beyond simply not having a disease.

“A healthy person often has a happy and confident appearance. Health and happiness are closely linked, as good health can contribute to a positive outlook and overall well-being. In Rohingya, the words "health" and "healthy" both refer to the well-being of a person.”

– Herbalist, male, 34 years old, Camp 1E

Rohingya community members seek to support their health by staying “clean” and hygienic, eating well, and seeing the doctor for preventative visits, as many others do. However, living a healthy and flourishing life also means being socially engaged with others and being a part of a community. It means having good mental health and happiness. The problems that take away from health, whether it is pain or other symptoms, may be symptomatic of disease or spiritual problems. Different kinds of healers may be needed to support health in the fullest sense of the word.

Participants shared that illness, on the other hand, is more serious and is something that would prevent a person from performing their daily activities. Most participants described illness as related to depression in some way. Others spoke about illness and who “deserved” to be ill or healthy. Some said that those who are “unholy” often get sick, whereas people who live moral and religious lives are not likely to get sick.

The mind and the heart are the same thing: connections between the mental, physical, and spiritual worlds

“There is a relation between our mind and body as in, we have a brain and heart, our heart is like electricity, when it has a short circuit, everything stops working. If there is any problem in our heart, we feel pain everywhere. It's like an engine, we are alive when it works and when it stops we stop breathing.”

- Midwife, female, 60 years old, Camp KRC

All participants spoke about the connections between the body and the mind. Terminology used in Rohingya also revealed cultural beliefs surrounding the connections between mental,

physical and spiritual worlds and how this influences discussions about health. While mind (*mon*) and heart (*dil*) are the same thing, the head (*demak*, or brain) and body (*gaa*) are connected. One *boiddo* (traditional spiritual healer) (male, 50+ years old, Camp 1E) shared that: “When I have a hurt/pain in my leg or fever or any problem in my body, my ‘demak’ can at once feel it.” Image 1 (below) demonstrates how a male *boiddo* (shaman) views these problems as interconnected.

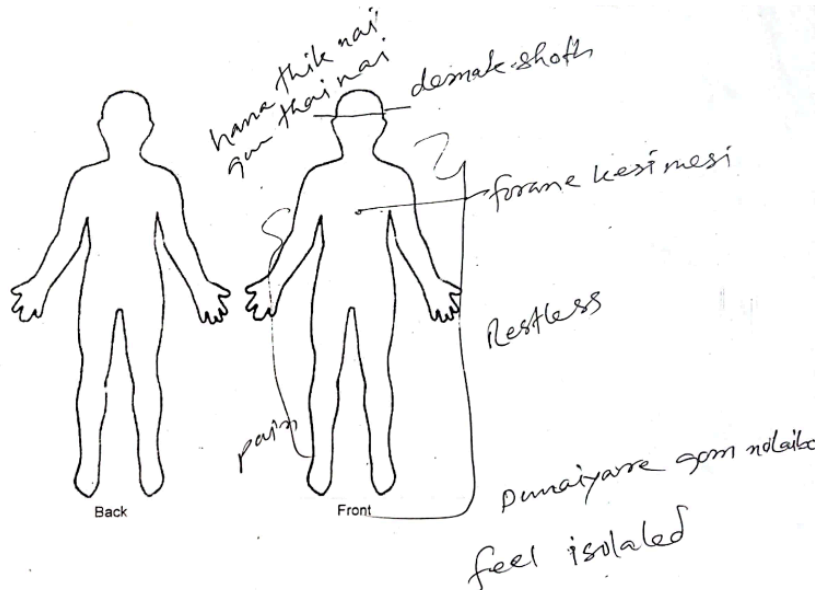


Image 1. Body map from an interview with a male *boiddo* (shaman)

There are nuances to these connections. An imam described how the mind and body are connected, meaning that if there is a problem in the mind, it will affect the body. However, an issue in the body such as hunger would affect the *dil*, rather than the brain or head. Many Rohingya community members describe how the heart generates certain feelings or emotions. The health of the heart is therefore important to emotional wellbeing.

Relatedly, a headache could have multiple causes, and patients are advised to start with one kind of treatment. If that does not work, they will be referred for another kind of care.

“I feel like my head has become very heavy on the right side of the head if I show you on the [body] map (*matha bor lage*, the head feels heavy) and I think this issue is for mental reasons.”

- Foir, female, 58 years old, Camp 1W

In the Western biomedical model, mental health issues largely present as psychological. In Rohingya culture, mental health disorders may have both psychological and somatic symptoms. Relatedly, Rohingya participants reported that worry or tension can lead to problems in the body such as stroke.

“There is a connection between mind and body. If a man worries too much about everything, he may have a stroke. Our mind is like a balloon, when we keep filling it up with air, at one point it will burst, the same way when we keep thinking of many things, we can have a heart attack. So that man needs to go to someone and discuss his anxiety.”

– Herbalist, male, 65 years old, Camp 9

Mental health providers can look out for reported somatic symptoms in addition to psychological ones, when evaluating a patient’s mental health status. Providers may want to include culturally appropriate questions in their screening tools that consider somatic symptoms alongside the psychological symptoms. CLEAR Global’s earlier [report on mental health](#) has further details.

Rohingya healers who work with spirits are a vital part of traditional medicine

Participants spoke about several conditions that are a result of spiritual problems, most commonly 1) mental health problems, 2) pain, and 3) paralysis. Mental health issues might be caused by an “evil eye,” black magic, spiritual possession, or other kinds of spiritual imbalance. Rohingya participants shared that people might “catch an evil eye” if they do certain things like eating alone. In these cases, a *boiddo* or imam may be able to assist. A *boiddo* participant (male, 50+ years old, Camp 1E) described his work in detail. He spoke about how he cannot see jinn or spirits like other traditional healers, but instead he sits in meditation. He has a “divine teacher” who informs him about a patient’s problem and how to treat them:

“A patient does not have to necessarily remain present before me while I am meditating. He/she needs to be present by the time they go through the treatment. They are provided treatment/service as I am guided and instructed by my divine [teacher]. They are treated either with the help of exorcism, amulets, traditional medicine, holy water/holy oil blown reciting different verses from Quran if the disease is spiritual. My divine preceptor also indicates if the case is a medical case. If it is so, he asks me to inform the patient to seek medical treatment.”

– *Boiddo*, male, 50+ years old, Camp 1E

A *boiddo*, like other Rohingya traditional healers, provides treatment with the help of divine or spiritual guidance. However, imams on the other hand do not have anything to do with spirits; instead, they work with the Quran and holy water. One imam described his work:

“I have been treating a child for a few days. The child is nearly five years old, but she cannot still speak. Her guardian took her to me. I found that her uvula and palate are fine. So, I thought it could be a spiritual cause. So, I started serving the child with holy water and exorcism with Quranic verses. After serving the child for twenty-one days the child will get good results if this is really a spiritual cause. This is what is written in my guidance book.”

– Imam, male, 50+ years old, Camp 10

The imam participant also spoke about using exorcism to help his patients, but this would only work if the symptoms have a spiritual basis. Otherwise, the patient would need referral to a health care facility.

Jinn play an important role in Rohingya culture, and may either cause problems or help solve them

Jinn (e.g., a genie or “invisible creation”) play a vital role in Rohingya culture and spiritual life, and shape health, illness, and healing. In the Quran, it is described how Jinn are one of three creations made by God (angels, humans, and jinn). A *foir* or *zaroya* is a traditional healer who works with jinn. *Foir* may also use certain oils or Islamic religious texts in their healing. One *foir* participant (female, 58 years old, Camp 1W) spoke about her jinn as “inherited,” it first connected with her mother and father and brothers. Now, the jinn works with her and she provides services for free. With her jinn, the *foir* can treat issues like abdominal pain or pregnant women who have difficulties with the position of the baby. Some mental health issues are caused by jinn possession, in which case a *foir* can assist.

“When someone is mentally ill or mad, they are possessed by *Jinn Fawri* then the person who is being mentally ill or mad that person will make unusual behavior like they will eat food from the road dustbin and many more unusual behavior and will not wear any clothes and will not cover their body properly.”

- Foir, female, 58 years old, Camp 1W

Another *foir* spoke about their healing work, which involves directing or blowing air toward the *noksha* (a spiritual form, or an invisible creature).

“In the healing session, the patient sits or stands behind me, facing towards me, while I am either standing or sitting in the opposite direction. I don't need to physically see the patient; my focus is on blowing air in the direction I face. There are no specific instructions on which direction to blow, I simply direct the air towards the *noksha*.

It is essential to clarify that it is not the act of blowing air that heals the ailment, rather, it is the *noksha* that appears in my mind. I cannot fully explain this *noksha* as it is not something I created. If they do not experience improvement, I adjust my methods based on what appears in my mind during meditation, such as altering the *dua* (prayer or supplication) accordingly. However, if a patient lies to me by claiming to feel better when they haven't, then the ailment cannot be treated.”

– Foir, male, 40 years old, Camp 3

Beyond spiritual healing, a *foir* may also provide services at funerals and counseling for marital or social problems. Women often come to the *foir* if they are not getting married or if they are facing marital problems with their husband. They may also donate earnings from their work, or animals and other items, to the community. A *foir* use certain oils or Islamic religious texts in her healing. One female *foir* participant does this work most often for free and spoke about donating her earnings to build a bore hole in the camp.

Rohingya midwives play an important part in pregnancy and childbirth

Rohingya midwives include a range of practitioners with different kinds of biomedical and traditional training and experience. Rohingya midwives who participated in this study explained the work that they do to ensure women are healthy during pregnancy and childbirth. To find out the position of a baby, a Rohingya midwife might use plant-based medicine. To heal a woman with pain, midwives will rely on massage and pressure. A midwife participant spoke about other kinds of treatment, both herbal and medical:

“I will give her some traditional medicine called *hasson fora* so that she can be protected. If a woman is married off at an early age, she may have miscarriages repeatedly because her ovary is thin and not mature enough to hold the baby. In that case she needs to get medicine mixed with oral saline for the first four months; then the baby will stay.”

- Midwife, female, 60 years old, Camp KRC

Other midwives, such as this participant below, used more biomedical means to treat patients. This midwife was trained by UNHCR and worked with Hope Hospital:

“As I have been working in this line for many years, I have a proper idea about it and I also believe that it is better and safe to have delivery at hospital, but some patients do not want to go to the hospital sometimes, so I help them to make their delivery happen at home as a community *dai ma* (midwife). When a pregnant woman is having delivery pain, I take her to the hospital after checking how many inches she is [dilated].”

– Midwife, female, 50 years old, Camp 3

Rohingya experiences of displacement continue to drive poor mental and physical health, often described as tension or stress

Participants described the role that displacement has played and continues to play in Rohingya community members' health and wellbeing. Every participant described how this feeling of “placelessness” and being sent away from more rural, forested areas to dense, crowded camps has had a negative impact on physical and mental health and wellbeing. Rohingya participants described a feeling of stress or “tension,” based on their experience of trauma and forced displacement. Participants spoke about “tension” (English in original) as a constraining feeling that can raise your blood pressure over time and affect health in other negative ways. Participants and their families want to know when they might be able to return to Myanmar, but they feel like they may never get that chance.

“The displacement has affected our health and wellbeing a lot. It has made us excessively worried and depressed, and due to depression, our body and brain and all in the body are not good. We cannot eat well, cannot manage good food items, are becoming weaker and weaker and our ‘*demak* (mind)’ is getting disordered (having mental issues). We are always worried here because we lost everything back in Myanmar and are now living in a small shelter made of tarpaulin where we feel very hot, cannot even sleep well at night. People have had lots of new diseases here in the camp.”

– *Boiddo*, male, 50+ years old, Camp 1E

Rohingya participants spoke about the role that their new food and diet plays in health and wellbeing. Participants, the doctors and herbalists, spoke about the new kind of cooking oil that they get in Cox’s Bazar and the new kinds of foods. They believed this was contributing to worsening rates of Type 2 Diabetes and other chronic diseases. However, two participants reported that living in Cox’s Bazar has had a “positive” effect on Rohingya community members’ health, as many people were not aware of adequate hygiene practices and now they have better access to health care facilities. Another herbalist shared how Rohingya community members can now access more “modern” forms of medicine in health care facilities, and have less need for traditional healing.

Traditional healers and herbalists in this study reported that displacement has constrained their ability to find the right supplies. In Myanmar, they were able to find most of their supplies in the forest, which were a vital part of their care. Now, they have to purchase herbs or use other kinds of herbs local to Cox’s Bazar.

“We have now limited resources here in Bangladesh and we do not have enough medicine in hand and near our area. We must go so far and into deep forest near Myanmar border and then we can find the leaves in those places. Name of the medicines are: *Harba lota*, *deshi harbalota*, *faari harba lota*, *hankuni fata*, *kesh’sha lota* etc. We have difficulties finding all those mentioned herbal medications.”

– Motya, male, 60+ years old, Camp 9

Recommendations for the health sector to engage with plural health providers and a Rohingya cultural model

Humanitarians, particularly those in the health sector, may want to consider ways of integrating an understanding of Rohingya culture with their work. CLEAR Global’s past research has pointed to the positive impact of showing respect and understanding for Rohingya cultural beliefs on people’s receptiveness to new health practices and recommendations. Conversely, a lack of respect can shape mistrust in health providers. More research is needed, but one potential way is to include training for health care staff specifically on Rohingya culture. Humanitarians can consider the following operational recommendations:

1. **Recognize how displacement impacts health issues and traditional health care provision.** Displacement can cause health complications, but formal medical providers may talk about these differently to Rohingya community members and healers - especially when it relates to mental health. Because of a lack of forested areas around Cox’s Bazar, some herbalists may recognize a patient’s symptoms and can diagnose them, but would not have any access to treatments.
2. **Understand how Rohingya think and talk about health and use this to improve understanding between patients and health care providers.** Humanitarian staff can recognize the interconnections and complexity of health in Rohingya culture as a physical, social and psychological wellbeing. It is about much more than the absence of disease and includes social relationships, marital relationships, and what the biomedical model calls “mental health”. This may show up in patients’ narratives of their symptoms or what patients think may have caused a problem in the first place. Humanitarians can use this information to train health care workers on how to better understand Rohingya patients when they discuss spiritual causes of disease.

3. **Acknowledge the diversity of health providers that Rohingya currently use, and seek ways of working alongside traditional health providers.** This could involve sharing information with traditional healers and herbalists about how and where to refer patients or inviting them to take part in training or visit to the facilities. Some herbalists may recognize a patient's symptoms and can diagnose them, but lack access to treatments due to the lack of forest around Cox's Bazar. Referrals may go both ways – Rohingya healers reported that they receive patients who first went to a hospital, but the treatment there failed. Recognizing that Rohingya health involves a plurality of providers is important to showing respect for Rohingya community members' culture, and supporting them to access formal medical care when necessary.
4. **Raise awareness of Rohingya understanding of mental health.** Rohingya talk about mental health conditions as showing up both in the body and mind. Humanitarians can train providers to recognize when patients may explain symptoms of poor mental health, such as a stomach ache as a sign of depression. They can also consider hiring cultural mediators at health care facilities to facilitate the "translation" of Rohingya symptoms within their cultural model to a biomedical one, where possible. Providers may want to include culturally appropriate questions in their screening tools that consider somatic symptoms alongside the psychological symptoms, to improve detection of mental health issues. CLEAR Global's earlier [report on mental health](#) has further details.
5. **Understand the cultural significance of pregnancy and childbirth and the role of *dai ma*.** [Previous research](#) by CLEAR Global has shown the vital role that *dai ma* play in pregnancy and childbirth. Humanitarians in the health sector can build on programs that included Rohingya midwives in training exercises and facilitated their ability to refer patients to health care facilities, in case of any complications. This can further link traditional healers to the health sector to improve patient outcomes.

Glossary

Rohingya term	English explanation
<i>Aramiyot</i>	healthy
<i>Boiddo</i>	traditional spiritual healer
<i>Dai ma / doroni</i>	midwife or traditional birth attendant

<i>Demak</i>	brain
<i>Dil</i>	heart
<i>FashaRa dabai doya</i>	traditional Rohingya herbalist who uses herbs gathered from the forest or purchased from shops to provide healing services
<i>Foir</i>	considered to be a pious, devout, and deeply practicing Muslim who maintains a high level of piety and devotion to God. Due to this devoutness, good (Muslim) jinn are believed to form a friendship with the <i>foir</i> , assisting him or her in resolving various issues, including healing ailments
<i>Gaa</i>	body
<i>Jinn</i>	an invisible creature or genie, one of three creatures (humans, angels, jinn) created by God as described in the Quran
<i>Jinn Fawri</i>	a jinn with specific characteristics: most commonly, a female jinn who is tall, beautiful, kind-hearted, and intelligent
<i>Mon</i>	mind
<i>Motya / Motoni</i>	traditional physiotherapist
<i>Noksha</i>	a spiritual form, or an invisible creature
<i>Shanti</i>	feeling peaceful or satisfied
<i>Zaroya (spiritual healer)</i>	providing treatment via spiritual means

Methodology

This study used an anthropological approach to understand in depth, complex concepts around culture, health, and the body and to provide anthropological insights that are operationally relevant to the Rohingya response. This study was led by a team of international and Rohingya-speaking researchers in May-July 2023. The study built on secondary data

analysis, using a literature review of CLEAR Global’s previous research as well as other sources. The literature review was used to summarize what we know already and serve as a basis for identifying open questions.

Our team collected data from Camps KRC, 1E, 3, 9, and 10. The study utilized in-depth interviews with *boiddo*, *foir*, *motoya/motoni*, imams, midwives, and Rohingya doctors. The interviews included a body mapping exercise, where body outlines were used to identify and map recent symptoms, their connections to each other, and where on the body these symptoms were felt.

All data were translated and transcribed in English by members of the research team. Analysis and writing took place in July 2023.

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