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Legitimacy and Authority of Complementary Medicine Practitioners in Post-Soviet Kyrgyzstan. The Role and Use of Tradition

Abstract

This paper deals with processes of gaining legitimacy and constructing authority of practitioners of complementary medicine in post-Soviet Kyrgyzstan. The collapse of the Soviet Union brought about proliferation of various unconventional therapies which coexist with the official healthcare in the Kyrgyz Republic. Apparently, people's distrust of doctors' skills and moral qualifications strengthens the authority of non-biomedical practitioners. However, the role of tradition in building authority of such practitioners, especially Kyrgyz healers, is of great importance. It is addressed in this paper what "tradition" they approach as a source of their legitimacy and authority, and how they use it. The concept of three types of legitimacy, grounded in Max Weber's typology, proved useful in the analysis. As I observed, traditional legitimacy remains crucial for healers whose practices are based on Kyrgyz folk medicine. Bureaucratic legitimacy is more important for medical doctors who practise traditional Chinese or Korean medicine, but they also build their authority on references to tradition, in this case "the ancient wisdom of the East". In addition I examine some objects and products used in treatment, which contribute to the practitioner's authority, but can be also treated as endowed with authority themselves.

Keywords: legitimacy, authority, tradition, medical pluralism, complementary medicine, Kyrgyzstan, Bishkek

Introduction

In this paper I analyse processes of achieving legitimacy and constructing authority of healers and other practitioners of complementary medicine in post-Soviet Kyrgyzstan, with the focus on its capital city, Bishkek. This urban setting is a place where many

different therapeutic options are available. Numerous unconventional methods of treatment have gained popularity there since the beginning of the 1990s and practitioners put in considerable effort to gain and maintain a good position in the market of medical services. The question of legitimacy, its sources and strategies undertaken to achieve and wield it, seems very important in this context. I refer here to the classic Max Weber's typology of political legitimacy, adapted to the field of medical care. Legitimation strategies¹ are understood in this paper as attempts to get (formal or informal) recognition, and as a step in the process of building authority. My main purpose is to reveal the role of tradition in this process. I will focus on some chosen types of complementary practitioners in order to show different bases of their authority and to discuss what "tradition" they refer to, if it is the case. However, most attention will be given to Kyrgyz healers who usually recognise themselves as bearers of tradition. In addition, I will discuss the role of particular objects and medicines which contribute to the practitioners' authority and may also be endowed with authority themselves.

It should be noted that "authority" is conceptualised here as a special relation based on respect and credibility. As such, I do not treat it as a stable attribute of a social actor but something which is dynamic, may be gained and lost, and the stress is put here on the complex processes of its achieving and retaining. Size limits of the article do not allow me, though, to elaborate on the complicated and changing relationship between complementary medicine practitioners and the society. My analysis focuses on the strategies adopted by Kyrgyz healers and other practitioners in order to gain legitimacy and develop authority.

The paper is based on an extensive ethnographic fieldwork that I conducted in Bishkek in 2011, 2012 and 2013. My project was focused on strategies and practices of people who search for healing in the context of local medical pluralism, so I was keenly interested in the course of various "therapeutic encounters" and the sources of authority of practitioners, representatives of both biomedicine² and complementary medicine.

Medical pluralism in contemporary Bishkek

The notion of medical pluralism has been widely used in medical anthropology in reference to the coexistence and sometimes also collaboration between various medical systems in a particular socio-cultural context. The term was introduced and elaborated by Charles Leslie in the 1970s in his works on Asian medical systems³, however he pointed out that condition of medical pluralism is characteristic of western societies as

¹ See: Galina Lindquist, *The Culture of Charisma: Wielding Legitimacy in Contemporary Russian Healing*, "Anthropology Today" 2001, 17 (2), p. 3.

² The term „biomedicine” is widely used in anthropological studies, as the most „neutral”. It points out to the close connections of the “official medicine” with life sciences.

³ Charles Leslie (ed.), *Asian Medical Systems: A Comparative Study*, University of California Press, Berkeley 1976.

well.⁴ Since that time this notion has been criticised by anthropologists for a number of reasons, but it is still useful, provided that we give attention to contemporary processes of mutual borrowings and hybridisation of the systems. With the use of this concept we discuss a plurality of therapeutic options, both biomedical and complementary, available to the people.

Medical pluralism that has begun to flourish in Kyrgyzstan, as well as in the other newly independent states of Central Asia, brought about proliferation of various kinds of therapies which coexist with the state system of biomedicine and private biomedical practices, especially in Bishkek. Numerous non-biomedical therapies of different origins are practised in the city by both healers, often having traditional background, and doctors – biomedical professionals. Governmental policy towards these practices has fluctuated between support and tolerance, which depended also on the particular therapy. Some, for instance acupuncture, hirudotherapy (i.e. treatment with leeches) or manual therapies, are fully accepted and have been included in the system of biomedical education. Anyway, a vast and diversified non-biomedical segment of medical services may be described as complementary medicine – it is treated just as “complementary” not only by patients, but also by the official institutions.

Such an attitude of the state stands in stark contrast to previous attempts to eradicate the local traditional medicine, most extremely manifested in sharp attacks against shamanistic and religious healing during the Soviet rules. However, it should be remembered that it was already in the 1970s–1980s, in the period of “late socialism”, when some non-biomedical therapies were approved in the Soviet Union. It was, for example, the case of Chinese and then Korean acupuncture⁵ or the practices of healers called *ekstrasensy* who based their treatment on the concept of bio-energy. Significantly, in that period and especially during *perestroika* there was no strict boundary between biomedicine and some other methods of treatment, as Galina Lindquist rightly points out in her study on healing and magic in contemporary Russia.⁶

Complementary medicine in today’s Kyrgyzstan is composed of many branches. One of the most important segments is Kyrgyz folk medicine, especially spiritual healing but also bone-setting or herbalism. Next, there are various healing traditions of other ethnic groups. “Great medical traditions” like Chinese, Korean or Tibetan medicines are also represented here, sometimes in combinations with other methods of treatment. Moreover, many new or relatively new methods and techniques have been borrowed in the last decades from Russia and other parts of the former USSR, and sometimes from the West. Such “novelties” are still being introduced and gain more or less durable popularity in the city. It is striking that many therapeutic methods and remedies, both traditional and new, are widely used by people in self-treatment.

⁴ Charles Leslie, *Introduction*, in: Leslie (ed.), *Asian Medical Systems*, p. 9.

⁵ See: Danuta Penkala-Gawęcka, *Korean Medicine in Kazakhstan: Ideas, Practices and Patients*, “Anthropology & Medicine” 2002, 9 (3), pp. 315–336.

⁶ Galina Lindquist, *Conjuring Hope: Magic and Healing in Contemporary Russia*, Berghahn Books, New York-Oxford 2006.

The position of complementary medicine in today's Kyrgyzstan

Evidently, a difficult situation of healthcare system in Kyrgyzstan as well as diminishing authority of medical doctors, the lack of trust in their competence and moral qualities⁷, influence an increase in the popularity of healers and other complementary practitioners. My research has demonstrated such correlations, and also other scholars notice the importance of these factors for the position of complementary medicine. For instance, Farideh Heyat writes: "There is no doubt that in the post-Soviet era, deteriorating health services, inability of most people to purchase professional medical care, and lack of social welfare generally, have greatly increased vulnerabilities in the population and encouraged many people to resort to traditional means of combating physical and psychological ailments."⁸

However, general revaluation of local Kyrgyz traditions, including folk healing, also plays a significant role. This could be observed both among the public and on the official level – in the governmental acts, the statements of the officials, political and social elite. The discourse of "tradition" strongly influenced the state's policy towards complementary medicine, especially shortly after proclamation of independence, in the 1990s,⁹ when the Republican Scientific and Production Centre of Folk Medicine called "Beyish" ("Paradise") was founded in Bishkek under the auspices of the Ministry of Health. It was assigned to preserve and develop Kyrgyz medical traditions. The Centre, with the aim to integrate those traditions with biomedicine, employed both doctors and healers, offered special courses for the latter and opened a laboratory which prepared and patented medicinal products based mainly on traditional herbal remedies. Such developments, similar to those which occurred at the same time in neighbouring Kazakhstan, were closely connected with the attempts of the newly independent Central Asian states to legitimate themselves on the grounds of the rich cultural heritage of their titular nations.

Nevertheless, the position of healers in Kyrgyzstan has not remained stable. The activities of "Beyish" had been limited near the end of the previous decade and during 2011 it was in the course of major reorganisation. Many healers had to leave and they began to work independently. In autumn 2011, according to the directive issued by the prime minister of Kyrgyzstan, the remnants of the Centre have been transformed into the International Academy of Traditional and Experimental Medicine. It is interesting that during an opening ceremony the Deputy Minister of Health pointed out that "Beyish" turned out to be a working place for charlatans. He said that the Centre had not fulfilled

⁷ On this issue see: Danuta Penkala-Gawęcka, *Risky Encounters with Doctors? Medical Diversity and Health-related Strategies of the Inhabitants of Bishkek, Kyrgyzstan*, "Anthropology & Medicine" 2016, 23 (2), pp. 135–154.

⁸ Farideh Heyat, *Re-Islamisation in Kyrgyzstan: Gender, New Poverty and the Moral Dimension*, "Central Asian Survey" 2004, 23 (3–4), p. 279.

⁹ Similar processes were observed in other parts of Central Asia, e.g. in Kazakhstan (Penkala-Gawęcka, *Korean Medicine in Kazakhstan*) and Uzbekistan (Sophie Hohmann, *National Identity and Invented Tradition: The Rehabilitation of Traditional Medicine in Post-Soviet Uzbekistan*, "The China and Eurasia Quarterly Forum" 2010, 8 (3), pp. 129–148).

its mission; „(...) quacks, *ekstrasensy* and often common charlatans had worked [at the centre] before.”¹⁰ In his words, the new institution should channel its activities into “scientific direction”, with the aim to get advantage from traditional medicine. He stressed that the academy should become a scientific institution working in close cooperation with the Ministry of Health. Such statements suggest that the prevailing discourse of science and modernity allows only for those elements of tradition which have been accepted as “rational”. However, the position of this new “academy” seems, for many reasons, rather dubious.

It should be noted, in addition, that the status of complementary medicine and issues of regulation of its practitioners’ activities remain a secondary question in contemporary Kyrgyzstan, left for future solutions, for the state has been confronted with many serious political, economic and social problems. What is important, even if healers do not receive official support today, they enjoy great popularity among the people.

Legitimacy and authority of “traditional” Kyrgyz healers

Achieving legitimacy

An important issue is how healers get their credentials and social recognition, what is the source of their legitimacy. The concept of different types of legitimacy grounded on Max Weber’s classic typology¹¹ and developed in reference to healers by Carol MacCormack proved useful here. MacCormack, who did research on the African healers, described three types of their legitimacy: traditional, bureaucratic (or “rational-legal”) and charismatic.¹² In her analysis of the position of healers in post-Soviet Russia, Galina Lindquist further developed this typology and identified yet another strategy which she called “legitimation through alterity”, “constituted through reference to the foreign origin of the craft.”¹³ She mentioned, among other sources referred to by healers, Indian and Tibetan medicine, “ancient Babylonian teachings”, “ancient Scandinavian runes”, Voodoo and Reiki.¹⁴ This kind of legitimacy is based, however, also on “tradition” – in this case an alien one.

In fact, many healers in Bishkek combine traditional and bureaucratic credentials, but the first ones remain the most important. I have not met charismatic healers there, which is perhaps not surprising because by definition, “charisma” is something rare,

¹⁰ Nina Nichiporova, *Traditsii v eksperimente*, “Vecherniy Bishkek”, 20 December 2011, Viewed 27 January 2016, <<http://members.vb.kg/2011/12/20/panorama/7.html>>.

¹¹ Weber’s classification referred to three types of legitimacy of a political system, or authority (understood as a position of power and control).

¹² Carol P. MacCormack, *Health Care and the Concept of Legitimacy*, “Social Science & Medicine” 1981, 15B, pp. 423–428.

¹³ Lindquist, *The Culture of Charisma*, p. 7.

¹⁴ *Ibidem*.

extraordinary. As Lindquist aptly notes, scholars after Weber aimed to displace this quality “from the individual personality on to the relational dynamics between the charismatic individual and her followers.”¹⁵ She adds that charisma (in contemporary Russia) is never verbalised, it is something underdetermined and difficult to elicit. However, charisma understood as “something more, something stronger than any legitimation strategy”¹⁶ can be identified in particular, rare cases, as I became convinced myself during my earlier research in Kazakhstan, where I met a very special Uyghur *bakhshī* (a shaman) whom I describe in another paper.¹⁷

The healers from Bishkek seemed to be strongly rooted in tradition, although they were also concerned with getting some official support or at least tolerance towards their practices. Receiving some formal training and diplomas was important for formal reasons, but such bureaucratic legitimacy did not ensure them popularity among the patients. I talked to several healers who lost their institutional support from “Beyish”, the institution that had previously assured them more confidence and strength. Some of those women-healers bitterly commented that it happened despite their efforts to comply with the official demands – it did not help that they had completed special courses for nurses and got diplomas. It should be added that although I was told that they had been expelled, in fact they had to resign because rental payments for the cabinets had dramatically risen. This could be, however, reasonably perceived as a means to get rid of them, in the light of the changing official policy towards traditional healing presented above.

In consequence, they had to build their reputation again, working independently in harder conditions than before, and in this process “bureaucratic legitimacy” was definitely of no use. It does not mean, however, that before this change in the state’s attitude towards folk healing such bureaucratic credentials had more importance than traditional sources of authority. Drawing on my talks with the Kyrgyz healers and their patients, and data from the literature, I claim that traditional legitimacy has always been crucial in their career.

Legitimacy of Kyrgyz spiritual healers (meaning: those who heal with the help of spirits) such as *bakši* (a shaman), *bübü* (a woman-shaman/healer), *közü açik* (“the one with opened eyes”¹⁸), *tabyp*, is derived from the traditional beliefs about the source of the healer’s power and his/her way to this profession. The main constituents of this way are: the call of spirits (especially ancestor spirits – *arbaktar*) marked by dreams and visions (*ayan*), which is followed by a specific, strange illness (with unusual behaviour, persistent sufferings, sometimes paralysis or loss of sight) and the subsequent period which may be called liminal, when a candidate is taught and tried by spirits. The final stage of this rite of passage is the blessing (*bata*) that should be received from spirits and from an older, experienced healer. This initiation pattern, which I observed during

¹⁵ Lindquist, *Conjuring Hope*, p. 114.

¹⁶ *Ibidem*, p. 115.

¹⁷ Danuta Penkala-Gawęcka, *Mentally Ill or Chosen by Spirits? ‘Shamanic Illness’ and the Revival of Kazakh Traditional Medicine in Post-Soviet Kazakhstan*, “Central Asian Survey” 2013, 32 (1), pp. 37–51.

¹⁸ Jipar Duyshembiyeva, *Kyrgyz Healing Practices: Some Field Notes*, “The Silk Road” 2005, 3 (2), p. 38.

my previous research in Kazakhstan¹⁹ and which was thoroughly described for Khorezm healers by Krisztina Kehl-Bodrogi,²⁰ was a recurrent motive of all healers' stories and they always repeated that the only way to recover was to accept the spirits' will. One of the healers I talked to told me that "they" (which meant: spirits) had warned her that in case of disobedience they would "take away a half of her" and she caught on to what that warning meant only when she got partly paralysed.

It should be added that being a lineal kin of a "spiritual person" – a shaman, healer or *moldo* (mullah), reinforces the claims of future practitioners, which also closely mirrors the traditional pattern. The call of spirits goes, obviously, to someone from their descendants.

Processes of constructing and retaining authority

In my view the healer's achievement of legitimacy is a prerequisite for his/her further continuous efforts to build authority, or the first stage in this process. Notably, "authority" should not be treated as a certain individual attribute or quality, but something that is constructed in relations between healers and patients, in their encounters which have not only therapeutic and supportive meaning but also important moral aspects.

The base of those practitioners' authority is, as I understand from my research, entering and pursuing a traditional way of the healer, i.e. receiving the call of spirits and respecting their will. However, while experiences mentioned above might be recognised as signs of the spirits' gift by the members of a future healer's original community (healers come to Bishkek from different regions), they can hardly serve as a source of authority in the city, in the encounters with patients of various socio-cultural and ethnic backgrounds who visit their cabinets.

Obviously, an important role in constructing the healer's authority may be played by various visible "signs of power" – objects used by healers, commonly attributed to traditional healing: a copy of the Qur'an, prayer beads (*tespe*), a whip (*kamčī*), a knife, and stones used for divination. The first two also serve as evidence of a practitioner's Muslim identity. In her account of the Kyrgyz healing, Jipar Duyshembiyeva points out that "most of the healers today associate their healing power with Islam."²¹ This is true, even if they use various methods and objects which are clearly not associated with Muslim religion.

Nevertheless, it is certainly their healing and clairvoyant practice that plays the most important role in constructing healers' authority in the encounters with patients. Practising various healing rituals provides evidence of the healer's ability to communicate with spirits.

¹⁹ Danuta Penkala-Gawęcka, *Kazakh Medical Traditions in Present-day Kazakhstan – Locally Rooted, Regionally and Globally Flavoured*, in: Tadeusz Gacek and Jadwiga Pstrusińska (eds.), *Proceedings of the Ninth Conference of the European Society for Central Asian Studies*, Cambridge Scholars Publishers, Newcastle upon Tyne 2009, pp. 270–281; Penkala-Gawęcka, *Mentally Ill or Chosen by Spirits?*.

²⁰ Krisztina Kehl-Bodrogi, "Religion is Not so Strong Here". *Muslim Religious Life in Khorezm after Socialism*, Lit Verlag Berlin 2008, pp. 209–223.

²¹ Duyshembiyeva, *Kyrgyz Healing Practices*, p. 38.

Practitioners often explained to me that it was actually spirits, ancestor spirits (*arbaktar*) in particular, who performed healing. But in contacts with patients this evidence comes rather from ritual actions (for example, a popular ritual called *šam jaguu* – preparing and burning special candles, accompanied with prayers and incantations to spirits), gestures, bodily movements and sounds (such as whistling that serves to summon the spirits) than from any direct verbal message.

Instructions given to a person who comes for help refer mainly, besides some more “technical” advice depending on the case, to the proper behaviour – practising *namaz*, avoiding drinking alcohol, remembering ancestor spirits, etc. Hence, these orders are based on the moral authority of the healer. She or he demands from the patient to obey certain rules and perform actions that are considered a prerequisite for the success of healing, which may be itself a long-lasting process and is often equated with purification. The result is commonly called “opening the way”, which refers not only to coping with illness but also to resolving other life crises like family problems or business failure. In fact, many clients of the Kyrgyz healers in Bishkek are young girls who come for purification and “opening the way” that is supposed to bring them good luck and a happy marriage. Moreover, as I was told by some women-healers, girls often ask them to perform magic to attract a boy. According to the words of one of my informants, she never agrees to do this, because her spirits would “stick needles into her body” if she performed such sinful actions.

For Kyrgyz healers visits to sacred sites – *mazars*²², together with their patients, are an important part of the strategies of constructing authority. Common pilgrimages, special rituals performed at the *mazar* (e.g. *tuloo* – making a sacrifice of an animal), staying there for night and experiencing dreams, strengthen the healer’s authority as a ritual expert and guide. In addition, as researchers often stress, there is a common belief that healing at *mazars* is more effective than anywhere else, because of the close connection of these sites to spirits.²³ So, healers may reinforce their reputation as “chosen by spirits”, “gifted” persons, at *mazars*, through such signs of their closeness with spirits as dreams and visions expressed in unusual behaviour. They can also achieve, in these special places, better efficacy of treatment, which in turn further enhances their credibility. In her article, Baktygul Tulebaeva argues that “Before going to a sacred site (*mazar*) one should believe in its power, clean his internal world and only then visit the *mazar* with strong belief that it will bring him purification and healing.”²⁴ And then she writes about the effectiveness of such healing: “Obviously, such evidence strengthens people’s

²² *Mazar* is a place where saints or ancestors are buried; it can be also a sacred site marked by an unusual tree or rock/rocks, or/and a spring.

²³ Duyshönkul Adylov, *Healing at Mazars: Sources of Healing, Methods of Curative Impact, Types of Healers and Criteria of Their Professional Qualifications*, in: Gulnara Aitpaeva, Aida Egemberdieva and Mukaram Toktogulova (eds.), *Mazar Worship in Kyrgyzstan: Rituals and Practitioners in Talas*, Aigine Research Center, Bishkek 2007, pp. 377–394; Duyshembiyeva, *Kyrgyz Healing Practices*; see also Heyat, *Re-Islamisation in Kyrgyzstan*, p. 278.

²⁴ Baktygul Tulebaeva, *Vera i znaniya v praktike tselitel'stva*, in: Gul'nara Aitpaeva, Aida Egemberdieva (red.), *Svyatye mesta Issyk-Kul'ya: palomnichestvo, dar, masterstvo*, Kul'turno-issledovatel'skiy tsentr “Aygine”, Bishkek 2009, p. 331.

belief in folk medicine and healers' power, and makes more and more people turn to this kind of healing."²⁵

It is worth noting that efficacy does not necessarily mean that medical practices "work" in biomedical terms. The issue of healing efficacy is complex and I cannot discuss it in detail here. I would only point out that it can be seen and discussed from various perspectives. As James Waldram put it, "efficacy must be seen as fluid and shifting, the product of a negotiated, but not necessarily shared, understanding by those involved in the sickness episode."²⁶ My research in Bishkek suggests that local understandings of efficacy are closely connected with receiving a decent care from someone whom one can trust. Besides, in relation to "traditional" healers, it is clearly visible that efficacy is embedded in wider concepts about spirituality, purification, religious and national revival. Such practices as spiritual healing, together with visits to *mazars* and ritual offers to the ancestors, are perceived by the majority of Kyrgyz people as the core of what is locally considered "Muslimness". At the same time, they belong to the widely understood "Kyrgyzness" (*kyrgyzchylыk*), which means that they are treated as a part of Kyrgyz cultural and national identity.²⁷ It should be added that, similarly, there is a notion of *qazaqshylыk* connected with Muslimness and expressed in spiritual healing, pilgrimages to sacred sites, etc., in Kazakhstan.²⁸

Concluding this part of my paper I would stress that the authority of contemporary Kyrgyz spiritual healers is generally based on their traditional credentials. This traditional legitimacy has its roots in deep beliefs in spirits, especially in ancestor spirits that keep active in the world of the living and communicate with them through dreams and visions.²⁹ The same attitude to ancestor spirits who are perceived as constantly interfering with everyday life of their descendants and demanding their respect and reverence, is observed among the Kazakhs.³⁰

It ought to be noticed, however, that such healers often add elements of other therapies to their practices, which – especially in a big city like Bishkek – tend to be hybrid and

²⁵ Ibidem, p. 332.

²⁶ James B. Waldram, *The Efficacy of Traditional Medicine: Current Theoretical and Methodological Issues*, "Medical Anthropology Quarterly" 2000, 14 (4), p. 603.

²⁷ See: Gulnara Aitpaeva, Elena Molchanova, *Kyrgyzchylыk: Searching between Spirituality and Science*, in: Aitpaeva, Egemberdieva and Toktogulova (eds.), *Mazar Worship in Kyrgyzstan*, pp. 395–411; Mukaram Toktogulova, *Syncretism of Beliefs (Kyrgyzchylыk and Musulmanchylыk)*, in: Ibidem, pp. 507–518.

²⁸ Bruce Privratsky, *Muslim Turkistan: Kazak Religion and Collective Memory*, Curzon Press, Richmond 2001; Zuzanna Grzywacz, *Traditional Kazakh Medicine in Change*, "Turkic Studies" [online] 2010, 2. Viewed 8 November 2013, <http://www.turkicstudies.amu.edu.pl/turkic_studies_2_2010.pdf>. In Uzbekistan, as Johan Rasanayagam notes, encounters with „sacred reality” manifested in healing practices are the way in which people present themselves as „good Muslims” (Johan Rasanayagam, *Healing with Spirits and the Formation of Muslim Selfhood in Post-Soviet Uzbekistan*, "Journal of the Royal Anthropological Institute" 2006, 12, pp. 377–393).

²⁹ Gul'mira Aldakeeva, *Rol' i mesto dukhov predkov v kul'turnoy zhizni kyrgyzov*, in: Aitpaeva, Egemberdieva (red.), *Svyatye mesta Issyk-Kul'ya*, pp. 256–265; Maria Elisabeth Louw, *Dreaming up Futures. Dream Omens and Magic in Bishkek*, "History and Anthropology" 2010, 21 (3), pp. 277–292.

³⁰ For the importance of ancestor spirits (*arūaqtar*) in the religious life of the Kazakhs see: Privratsky, *Muslim Turkistan*; Penkala-Gawęcka, *Mentally Ill or Chosen by Spirits?*.

complex. For example, they practise stimulation of acupuncture points on the body through massage, and often learn this art by themselves, using books on acupuncture available in local bookshops. One of the healers I met, who used mainly traditional methods of treatment, became particularly popular for her séances of apitherapy (to be exact: its variety, bee sting therapy). Nevertheless, she embedded this practice in the local tradition and maintained that its secrets were passed to her as a gift from the spirits in the same way as her other, actually more “traditional” abilities.

Healers also derive some methods and terminology from extrasensory treatment. Many of them talk about “energy” and “bio-currents” (Russ. *biotoki*) and maintain that practices based on these special qualities belong to their healing repertoire. This may be caused, at least partly, by the demands of an urban environment, since healers are visited by patients of different ethnic, religious and educational backgrounds. However, such “alien” methods appear to be not so alien, because people had been already well acquainted with them during the late Soviet period. Therefore they can be smoothly included into a therapeutic “toolkit” of the healers.

Legitimacy and authority of other practitioners of complementary medicine

Practitioners working in other segments of complementary medicine may also refer to “tradition” as the source of their legitimacy. In the case of medical doctors who practise methods of traditional (or perceived as “traditional”) Chinese or Korean medicine, especially acupuncture, it is not the local but alien traditions, popularly connected with the ancient wisdom of the mysterious East, which they refer to. However, at the starting point the authority of such doctors is constructed mainly on the base of their biomedical competence, and bureaucratic legitimacy is crucial for their work in healthcare institutions, such as clinics or hospitals. They are trained in acupuncture during special postgraduate courses at the Kyrgyz National Medical Academy in Bishkek and sometimes further develop their skills with a Korean or Chinese master.

One of my informants, a Kyrgyz doctor, *igloterapevt* (Russ. – specialist in acupuncture) who worked in a hospital, received a certificate in *iglorefleksoterapiya* (Russ. – acupuncture) from the Kyrgyz State Medical Academy in Bishkek. While it was necessary for practising, she treated as much more important an informal apprenticeship to a Korean master who gave her additional, deepened training. In her opinion, a short, three-month-course at the Academy can provide only some basic knowledge, whereas mastering acupuncture requires much more time and training with an experienced and skillful teacher. She cared about proper equipment and was using her contacts for bringing necessary accessories for acupuncture and *moxa* (cauterization) from South Korea. Nevertheless, she turned also to the local, Kyrgyz tradition and additionally prescribed some herbal medicines. Patients of this doctor came mainly from the hospital where she was engaged, and were directed to her cabinet by medical personnel. So, generally, her practices were seen as a part of biomedical treatment or at least a good complement to biomedical procedures.

Another Kyrgyz woman-doctor opened her own small centre that combined various treatment methods, in the premises of the former “Beyish”. She had been trained at the Bishkek Medical Academy as gynaecologist and then attended a basic course in acupuncture. When I met her, she continued studying this knowledge and skill, since she had been accepted at the Academy as a postgraduate student aspiring for a degree of the candidate of science. In her opinion, “western” and “eastern” medicines in Kyrgyzstan “grow together” and there are no clear boundaries between them. Procedures practised at her centre ranged from acupuncture and various kinds of massage (e.g. with the use of heated stones brought from Issyk-Kul Lake), through treatment of a patient in a special cedar barrel filled with hot water and herbs (a method borrowed from Russia), to facial treatments. What is interesting, although she was well aware that “Beyish” had been closed down, she used its label in advertisements, because of its previous fame spread among the people. Evidently, it was an important part of this doctor’s strategies of constructing authority.

As it is apparent from these examples, medical doctors who practise methods of complementary medicine achieve “mixed legitimacy”, which help them build and strengthen their authority in the urban environment where patients are extremely diverse and their expectations vary, depending on many complex factors.

Non-human actors as the loci of authority

At the end I will give some attention to another kind of actors – objects and products whose reputation is established on the base of their assumed therapeutic or prophylactic properties. I mean medicines and objects used in healing or prevention which, on the one hand, are rooted in local traditions and, on the other – draw on alien “traditional” medicines, often combining them with some new technical and scientific achievements. There is a wide array of such “active objects” observable in complementary medicine in present-day Bishkek, and many of them are used in self-treatment.

I mentioned above some objects used by Kyrgyz healers in their practice, such as the Qur’an, prayer beads, the whip or the knife. They are perceived as closely connected with traditional healing and fulfilled with a special power, which may be defined as a kind of authority, similarly to the authority of healers themselves. This seems particularly true of the objects associated with religion. A good example are objects at *mazars* which are considered endowed with the saint’s beneficial power.

I think that the notion of authority can be reasonably applied to such non-human actors. They should not be treated by definition as passive ones, on the contrary – non-humans, including various objects, may actively take part in social life of the community, as Bruno Latour famously argued.³¹

³¹ Bruno Latour, *We Have Never Been Modern*, transl. by Catherine Porter, Harvard University Press, Cambridge, MA 1993.

The same is true about some valued and respected medicines and “healthy products” having no connections to religion. I will briefly describe two traditional products: *mumiyo*, popular in Central Asia since old times (and well-known from the prescriptions of Abu Ali Ibn Sina), and *kumis* (*kymyz*), a traditional and still very highly valued product, considered the national drink. In the quoted examples the authority is definitely derived from local, Central Asian traditions.

Mumiyo is a tar-like substance, most often of dark brown or almost black colour, acquired in high mountains and treated as a miraculous remedy for broken bones. It has also been used for many other ailments and sometimes regarded as a panacea. It seems that *mumiyo* in Kyrgyzstan, similarly to neighbouring Kazakhstan, has preserved its attraction as connected with mystery, rarity, a locus of the secrets of the East, although now it is produced in the form of tablets (sometimes with an addition of other substances like calcium, propolis or various herbs) and easily available in pharmacies.³²

Medical values of *kymyz* had been recognised by Russian physicians as early as in the 19th century, and then, in Soviet times, sanatoria that specialised in treatment with this product were very popular. However, in the case of *kumis*, as Svetlana Jaquesson convincingly argues, in today’s Kyrgyzstan the most important are its social qualities, strengthening of kin, friend and neighbour ties, not so much its healthful properties and taste values.³³ Such important social functions of *kymyz* allow for recognising it as a “quasi-object”, in Latour’s words, taking part in the community life.³⁴

An interesting example of a new product that still refers to the traditional source of legitimacy, is a drink called “Aktyk”, which has become in recent years more and more popular in Bishkek and also in other parts of Kyrgyzstan. There are several Kyrgyz traditional beverages which have currently undergone the process of commodification, like *maksym* or *bozo* produced by Shoro and other companies, but Aktyk is a new product. However, its inventor and producer refers to the Kyrgyz heritage and presents this drink as “a gift to the nation”, with enormous health benefits. It should be added that Aktyk received a positive opinion from the Ministry of Health and a patent, and is widely distributed in the city and beyond. In special newsletters and brochures written in Kyrgyz and Russian it is advertised as an exclusive local product. According to these adverts, it is based on a “national” Kyrgyz sour milk drink with an addition of eight secret herbs that come from *jailoo* (summer pasture) in the mountains, from the “ecologically clean zones”. Besides, the man who is an “author” of Aktyk describes its invention as a revelation from Heaven. The voice from above passed to him the knowledge about those herbs,

³² More about this highly valued medicine: Baratbek K. Korchubekov, Omorbay N. Narbekov, *Kyrgyzskiy gornyj bal'zam-mumie "Arkhar-tash"*, Izdatel'stvo “Ala-Too”, Bishkek 1992. On *mumiyo* in Kazakhstan – see Danuta Penkala-Gawęcka, *Some Complementary Medicines in Post-Soviet Kazakhstan as Conveyers of Meaning and Manifestations of Values*, “Curare” 2011, 34 (1+2), pp. 32–33.

³³ Svetlana Zhakson, *Kakovy zhe vse-taki dostoinstva kumysa: ekologicheskie ili social'nye?*, in: *Nasledie material'noy i dukhovnoy kul'tury Kyrgyzstana*, Natsional'naya komisiya Kyrgyzskoy Respubliki po delam UNESCO, Bishkek 2005, pp. 77–86.

³⁴ Latour, *We Have Never Been Modern*, pp. 51–55.

once used by his mother. Interestingly, people who express their opinions about Aktyk, often call it a “national” drink and collate it with kumis and other traditional products. In the relations on miraculous effects of this beverage to their health, the users often say that they are greatly indebted to God or to the inventor for this wonderful “gift”, but sometimes refer directly to Aktyk. One of them put it this way: “I am deeply grateful to Aktyk.” This clearly shows that it may play the role of an active social actor. Its sources of legitimacy are mainly traditional, but statements about clean mountain pastures suggest the influence of a contemporary discourse on ecology and environmental pollution.

In this section I have only sketched some issues which, in my opinion, deserve further, deepened research.

Conclusion

Concluding, I would stress that in the construction of the authority of practitioners active in the field of complementary medicine tradition plays the crucial role, especially in the case of Kyrgyz spiritual healers, but also others, like bone-setters or herbalists, not described here. They refer, in fact, to what they perceive and display as traditional – healers often shape and use this “tradition” in different ways and add some novelties or elements of alien traditions in order to attract a multi-ethnic, diverse urban clientele. On the other hand, bureaucratic legitimacy of medical doctors who practise Chinese or Korean medicine is complemented by references to the highly valued traditions of the East and sometimes also by drawing on local resources. It is remarkable that these practitioners build their authority on the grounds of diverse and complex knowledges and practices. Finally, in my view “legitimacy” and “authority” can also describe a relation between patients and practices, medicines and objects which are believed to have therapeutic and/or prophylactic properties. I argue that the notion of authority should not be limited to human actors; respect and trust or contempt and distrust may refer not only to healers and doctors, but also to medicines, tools and techniques. Such authority can be based on the references to “tradition” or to science and technology as well.