"My Dream is to Bring Together Chinese and Western Medicine"

Why Chinese Medicine is Making its Way into Estonian Healthcare

KATRE KOPPEL

Abstract In recent years, Chinese medicine has become a popular therapeutical practice in Estonia. This is not surprising from the perspective of users as different health-related, lifestyle and well-being teachings have found many adherents after the collapse of the Soviet Union. However, what is intriguing is the fact that Chinese medicine is gaining increasing attention by healthcare professionals too. In the Estonian context, Chinese medicine is regarded as an alternative medicine from the point of view of biomedicine and the state. Due to historical reasons and the post Soviet context, alternative medicines are usually stigmatised by biomedical practitioners. Regardless of the explicit tensions between biomedicine and alternative medicines, Chinese medicine seems to enjoy higher acceptance than some other alternative medicines. Hence, the current situation, which can be described as a change of position regarding Chinese medicine in the Estonian health landscape, is relatively extraordinary. In this paper, I argue for three reasons why the position of Chinese medicine is currently changing. Firstly, the positive reception of Chinese medicine can be regarded as a favour from the state that has implemented regulations on acupuncture. Secondly, the reasons can be found in the current health policy and in the challenges that the Estonian healthcare system is facing. Thirdly, it is the mainstreaming process of New Age spirituality in Estonia and the way it changes the perception of the body that helps Chinese medicine to find its way into Estonian healthcare. The article is based on almost two years of ethnographic fieldwork in Estonia.

Keywords Chinese medicine – healthcare – medical diversity – former USSR – health policy – new age spirituality – Estonia

Introduction

Estonia has been considered to be fertile ground for studying religious and spiritual developments (Remmel & Uibu 2015, see also Heelas 2013). Indeed, the strong position of spiritual and folk beliefs combined with a low level of Christian practice, results of both a Soviet and pre-Soviet history, have made Estonia a complex and multilayered field of study. But similarly to religious and spiritual developments, observing the changes in the Estonian health landscape evokes intriguing questions.

In Estonia, the significance of institutionalized religion is low (Ringvee 2014). But interestingly, after the collapse of the Soviet Union, different health-related teachings have turned out to be more effective than traditional religions in introducing religious and spiritual meanings and frames (Uibu 2016a: 269). These health-related teachings and therapeutical practices, encompassing either trends from New Age spirituality (Sutcliffe & Gilhus 2013) or folk beliefs or both, help to fill the gap that exists in the religious and spiritual domain in post-Soviet Estonia. In the Estonian context, spiritual, health-related and lifestyle or well-being teachings are all blending into one, and it is difficult to make a clear distinction between them. Furthermore, regardless of the Soviet atheist campaigns that successfully fought against the Christian church, folk beliefs and especially folk medicine survived the Soviet period relatively intact (Remmel & Uibu 2015: 13). For example, the tradition of self-medication and especially the usage of herbal medicine continued during the Soviet era and after (Sõukand & Kalle 2010, Kõivupuu 2014, Raal, Relve & Kõivupuu 2018).

Also another aspect that makes research on health-related beliefs and practices fascinating

in the Estonian context is rooted in the heritage of Soviet scientific-materialistic philosophy. The Soviet materialistic ideology emphasised the demarcation of science and non-science by drawing clear boundaries, at least in public discourse, between biomedicine and medical alternatives, or alternative medicines. Any kind of medical diversity was officially rejected by state institutions and by biomedicine: an example of the triumph of science enjoying a prerogative status (Singer & Baer 2012: 133). It would, however, be wrong to claim that no other healing modalities than biomedical were used. As research in former Soviet countries has shown, in practice medical diversity existed in the Soviet Union (Lindquist 2006, Honey 2012, Penkala-Gawęcka 2016), and Soviet Estonia was no exception. In addition to herbal medicine, practices like visiting a folk healer occurred throughout the Soviet era despite state prosecutions (Kõiva 2014). Also, in the 1980s a growing interest in Oriental medicines and meditation emerged (Kõiva 1996).

Although in practice medical diversity existed, the rhetoric of scientific materialism and undoubtedly the privileged position of biomedicine during the Soviet period have remarkably tensioned the relationship between biomedicine and medical alternatives in Estonia. For example, in contemporary Estonia the label "alternative medicine" carries a relatively negative connotation, referring to a wide spectrum of different therapeutic and healing practices that have not been able to establish a privileged relationship with the state as biomedicine. From the perspective of sceptics and critically-minded healthcare professionals, "alternative" refers particularly to the lack of evidence-based proof on the efficacy of a treatment method, and often methods located outside the official state healthcare receive the label very easily (Tikk 2005, Ernits 2017). My own research on media representations of alternative medicines as well as other research (Uibu, *forthcoming*) has shown that the practitioners and users of alternative medicines try to contest, avoid or reject the label and often prefer to use a variety of other concepts.

The tension between biomedicine and medical alternatives has also been pointed out by other recent studies. Many patients in Estonia who use therapies that could be defined as alternative do not discuss them with their physicians, since these patients realise that alternative medicines are excluded from the field of expertise and interests of biomedicine (Lubi, Vihalemm & Taba 2016). My own interviews with patients who suffer from chronic diseases confirm similar attitudes, as do healthcare professionals who are interested in alternative medicines: they have repeatedly told me that patients are usually surprised if a healthcare professional approves alternative therapies. Moreover, these same healthcare professionals, who work for the state-funded healthcare system but are interested in or practise alternative medicines, know that they have to be careful when recommending alternative health therapies to patients, since the allowance and expectation is to recommend evidence-based treatments only (see also Uibu 2016a: 270).

If there is explicit tension between biomedicine and medical alternatives, cases of "deviant insiders" (Dew 2000), "heretics" of medicine (Martin 2004) or "from doctor to healer" (Davis-Floyd & St. John 1998) become extremely thought-provoking topics to study. Healthcare professionals who practise some alternative methods represent medical diversity particularly well as they borrow, mix and work with different ideas, practices and styles from different treatment modalities. In Estonia, there have been and there are such physicians who are simultaneously "insiders" and "outsiders" of biomedicine. One of the most significant examples is Dr Luule Viilma (1950–2002) who was a gynaecologist, and a very charismatic and popular spiritual teacher and healer in the 1990s. Till this day she is the best-selling author of spiritual self-help books in Estonia. However, back in the 1990s she was highly controversial. She gained massive popularity among patients in Estonia, as well as having followers in neighbouring countries such as Finland, Latvia and Russia, but at the same time she also encountered enormous hostility, especially from the Estonian biomedical community, resulting in her losing her doctor's license (Uibu 2016a, Uibu *forthcoming*; see also Kõiva 1996).

Approximately 20 years later, another very charismatic and popular physician emerged: Dr Rene Bürkland (born in 1974), a practitioner of Chinese medicine and the bestselling author in 2016 in Estonia. Having a medical degree from

the University of Tartu, Estonia (2006), and a degree in Chinese medicine from Beijing University, China (2009), he is the founder of the centre for Chinese medicine, which has become one of the biggest centres providing Chinese-medicine-related health services in Estonia. Besides providing treatment, he has also become a recognised teacher of Chinese medicine. However, interestingly enough, he has never faced similar contempt as Dr Viilma faced 20 years ago. On the contrary, if the Estonian media published stories of Viilma titled "Psychic is an irresponsible healer" (Laanepere 1996) or "Watch out, PSYCHIC!" (Arujärv 1999), then in Bürkland's case there are headlines such as "Our own Oriental wise man" (Elstrok 2015) or "Two-year-long queues, bestselling books: What is the phenomenon of the healer Rene Bürkland about?" (Publik.ee 2016). Remarkably, under Bürkland's supervision Chinese medicine, which is perceived as an alternative medicine by the state and most of the healthcare professionals, is slowly but firmly making its way into the Estonian state healthcare. Compared to other alternative medicines, Chinese medicine seems to enjoy higher official acceptance. Besides conducting courses for healthcare professionals at his centre, Bürkland has also held training days at state hospitals in the capital of Estonia, Tallinn, since 2016. This is a rare undertaking in the Estonian context to this date.

It could be argued that one of the reasons why the reception of Viilma and Bürkland differs so drastically can be found in the strategies they apply to introduce their teachings. While Viilma presented herself as a spiritual teacher and healer who was preaching her own teachings (Uibu 2016a), Bürkland has quite neutrally defined himself as a doctor or specialist in Chinese medicine. Regardless of his own interpretations, he often claims that what he is teaching is not his own but "classical Chinese medicine". When Viilma was at first sceptical and later explicitly negatively minded towards biomedicine and therefore opposing her teachings to biomedicine, Bürkland has become a spokesperson for integrative medicine and emphasises that his "dream is to bring together Chinese and Western medicine" (Filippov 2016). It also could be argued that Viilma's teachings encompassing ideas from Christianity to New Age spirituality and from parapsychology to Eastern philosophy (Uibu 2016a: 274) were explicitly "too spiritual" for biomedically minded healthcare professionals. In his lectures to healthcare professionals, Bürkland has introduced clinical evidence-based approaches to Chinese medicine alongside with Taoist philosophy. Furthermore, only subtle references to New Age spirituality can be detected, giving the impression that Chinese medicine is secular and scientific only.

In this paper, however, I would like to argue that Bürkland's positive reception by healthcare professionals is not only based on his charisma or the strategies he has chosen for representing and framing Chinese medicine. Instead, I argue that the reasons why the position of Chinese medicine is currently changing are rooted in the relationship Chinese medicine has with the state, in the current health policy and in a particular spiritual context. In the paper, I will firstly delve deeper into the case study and point out some of the most crucial aspects regarding the relationship between the state and Chinese medicine. Secondly, I will focus on the interviews I have made with Estonian healthcare professionals and analyse their critiques of biomedicine. I explore how boundaries are made, shifted, crossed and reconfigured between biomedicine and Chinese medicine by different actors, such as healthcare professionals, practitioners of Chinese medicine and the state. By doing this, I aim to demonstrate how the position of Chinese medicine has changed in the health landscape as well as how the position of Chinese medicine is perceived by healthcare professionals.

I am aware that the concept 'Chinese medicine' is fuzzy. Within this article, Chinese medicine is understood as a contemporary perception of historic Chinese medicine, which is shaped by a particular cultural and social context as well as individual interpretations of every practitioner and user. In the Estonian context, Chinese medicine is regularly known by different treatment practices like acupuncture, herbal medicine, massages, qigong, cupping, moxa-therapy and food therapy. From a philosophical point of view, practitioners introduce Chinese medicine in the framework of a Taoist philosophy; however, teachings of New Age spirituality are also present. A somewhat newer and rising trend in public discourse, mostly due to Bürkland's activity, is to introduce Chinese medi-

cine as a particular way of life aiming to improve an individual's wellness.

The paper is based on almost two years of ethnographic fieldwork in Estonia. In the spring of 2016 I started my fieldwork on Chinese medicine as a continuation to my earlier research on spiritual health-related practices. By 2016 Rene Bürkland had become unquestionably the most famous "healer" and practitioner of Chinese medicine in Estonia. Since then I have been conducting (participant) observation at public events like book presentations, radio broadcasts, training events, and lectures held by Bürkland. These events have been targeted at either healthcare professionals or a wider audience, both aiming at popularising and introducing Chinese medicine. Attending the events has helped me to understand the specifics of the choices that Bürkland constantly makes, for example which language and expressions to use, which topics to cover while speaking to different audiences, and how to represent the material on Chinese medicine. Since 2016, I have also conducted media and to some extent social media ethnography. I have collected news stories written by and about Rene Bürkland which have been published in the Estonian media from 2009 until 2017 as well as selectively news stories on Chinese medicine and acupuncture from the period of approximately 20 years. I have regularly read newsletters and watched video messages issued by Bürkland's health centre, and observed the centre's Facebook page. All this data has assisted me in bringing out the most crucial aspects of the current research topic. Furthermore, it has also provided the general context for this article.

The data that I analyse in the second part of the article was collected in 2017. I made nine in-depth, semi-structured interviews with healthcare professionals who had either attended Bürkland's training courses on Chinese medicine for healthcare professionals or had attended some other (public) lectures given by Bürkland. I conducted the interviews in Estonian, recorded and transcribed them and later translated the chosen extracts used in the article into English. The names of the participants are pseudonyms. At the beginning of every interview, I asked the participants to define eight concepts—conventional medicine, traditional medicine, alternative medicine, complementary medicine, integrative medicine, folk medicine, belief medicine, natural therapies—to make them reflect on the relationships between biomedicine and other forms of medicine. Hence, overall, the discussions revolved much around the positions and roles of alternative medicines, including Chinese medicine in particular.

From the theoretical point of view the paper relies on the concepts developed in the fields of medical anthropology and folkloristics. One of the points of departure revolves around the concepts of medical pluralism and medical diversity. Coined by anthropologist Charles Leslie (see 1976, 1980), medical pluralism has, within the last thirty to forty years, shaped research in medical anthropology and sociology remarkably. However, already since its very introduction, the concept has also been widely criticised (Penkala-Gawęcka & Rajtar 2016: 129), and more recent academic discussions have favoured the concept of medical diversity instead. While medical pluralism is mainly understood to consist of separate systems of medical practices and forms of knowledge that coexist together and interact with each other, medical diversity draws attention to the mixture and intersections of different therapeutical practices (Krause, Alex & Parkin 2012: 8). As anthropologist David Parkin (2013: 125) writes, the concept of medical diversity refers to the mutual borrowing of ideas, practices and styles between them. So instead of studying medical systems the focus has shifted to studying practice—what people actually do, by highlighting the roles of invention, innovation, and disorder (Pool & Geissler 2005: 45). Considering the two research traditions of medical pluralism and medical diversity, scholars have become continually interested in how boundaries are reconfigured through intersecting markers of difference (Krause, Alex & Parkin 2012: 8).

Similar trends have taken place in medical folkloristics too. The 1970s signify the emergence of a relational perspective on health in folkloristics, meaning that different modalities of healing are seen in relation to each other. From the earlier approach of health belief systems (O'Connor & Hufford 2001), the emphasis has moved to the exploration of the shifting and relational boundaries that constitute multiple lay and official epistemologies and practices (Briggs 2012: 338). In other words, the approach of health belief sys-

tems views both biomedicine and nonconventional medicines as equal, but still as different health belief systems, and is interested in interconnections between these systems. The exploration of the shifting and relational boundaries, however, has entailed questions such as how boundaries are made between biomedicine and other modalities of healing, who makes the boundaries and who crosses them, and which "boundary objects" (Star & Griesemer 1989) provide the means to both recognise boundaries and translate across the social worlds they define (Briggs 2012: 337–338).

In addition to this, I am also motivated by folklorists (Primiano 2012, Bowman &Valk 2012, Kivari 2016) who have done research on and have theorised the concept of vernacular belief. I approach the intersections of different therapeutical practices as a field where various actors and their voices, in the form of many, often conflicting, attitudes, opinions and statements, encounter each other. Some of these expressions are suppressed, marginalised and neglected, and look for legitimisation and acceptance in dynamic ways. Others demonstrate their hegemony. Within these processes, boundaries are constantly being made, reconfigured, shaped, and shifted by different actors.

Chinese medicine in Estonia—practitioners and relationship with the state

Chinese medical techniques were already practised in Soviet Estonia. These techniques were imported to Soviet Russia by Chinese ethnic communities (Lindquist 2006: 34). Similarly to trends in Western countries, acupuncture particularly gained attention by medical doctors. As far as is known, Vera Paklar is on record as being one of the first Estonian physicians who attended an acupuncture course in Moscow and started to treat patients. Her acupuncture set from the 1960s–1970s is currently possessed by the Estonian Healthcare Museum. On the other hand, Oriental philosophies became increasingly attractive. In addition to study programmes in Eastern languages at the Tartu State University (currently University of Tartu), also study circles dedicated to Oriental philosophies were founded in the 1970s (Kulmar 2007). In the 1970s–1980s, these circles attracted young students of whom several later became acupuncturist and practitioners of Chinese medicine. Among others, for example, there was Lembit Kuhlberg, who attended one of the aforementioned study circles in the 1970s as a biology student. After being fascinated by traditional medicine and especially Chinese medicine, he graduated from the university for the second time as medical doctor and became an acupuncturist (Ansko 2013).

In the 1980s, interest in Oriental philosophies together with Oriental medicines and meditation increased generally in society (Kõiva 1996). Moreover, the authorities of Soviet Estonia were increasingly favouring acupuncture because "health officials in Moscow" perceived it effective in treatment and potentially cost-efficient (Dudarenko 2007). In 1979, the Methodical Centre for Reflexotherapy was founded in Tallinn by the Ministry of Healthcare of the Estonian SSR, coordinating the work of acupuncturists in the ESSR. In 1983, the Association for Acupuncturists was formed uniting the 16 acupuncturists who were working in Soviet Estonia (see EAA web). This is also the period of institutionalisation and professionalization of acupuncture. Only medical practitioners with at least three years experience in clinical work could learn acupuncture. Local practitioners attended courses mainly in Moscow and Leningrad, but also in other Republics of the Soviet Union, less in China however. Since 1979 acupuncture as a speciality was part of reflexotherapy, then internal diseases, and later of neurology.

Regardless of being alternative to biomedicine, acupuncture was definitely in a privileged position all over the Soviet Union compared to some other healing therapies which were practiced semi-underground (see e. g. Lindquist 2006: 34–35), and this was the case already before Perestroika. Medical acupuncturists were working at state clinics of ESSR (see EAA web). However, we should not forget that it was the Soviet period, meaning compliance with scientific materialism. Practicing acupuncture had to be done under the label of science and for this reason acupuncturists had to be medical doctors. Similarly, medical specialists worked in the Institute for the Preservation of Lenin's Body to study and experiment with non-Western medicine (Lindquist 2006: 35); or the Baltic Dowsers' Association was formed to study an imperceptible "force" (or "radiation") coming out of the ground which was believed to

have an impact on human health and cognition (Kivari 2015).

The collapse of the Soviet Union marked the beginning of a new period in Estonia. Former institutions required adaption to new settings and re-organisation. After some years of a pause in its activities, in 1993 the successor of the Association for Acupuncturists—the Estonian Acupuncture Association—was founded to unite medical professionals practising traditional Oriental medicines. Since 1994 the society has been a member of the International Council of Medical Acupuncture and Related Techniques. Nonetheless, acupuncture was declining institutionally. If in the 1980s acupuncture as a speciality was part of neurology, then in 1993 in the new healthcare system it was grouped under rehabilitation methods where it has stayed to this day. Around the same time, fuelled by a philosophical, religious and spiritual liberation (Altnurme 2006), several new-comers entered the health landscape. In the same year, 1993, one of these new-comers, the Estonian branch of the international Neijing School, opened its doors and started training people in Chinese medicine with and without a medical background. One of the graduates in the 1990s was Rene Bürkland. The Neijing School not only brought Chinese medicine to its students but also introduced trends from New Age spirituality more broadly. Nowadays, for example, in addition to Chinese medicine, the Neijing School also offers courses and seminars on astrology, neo-shamanic drum making and different meditations and massages.

In 1997 acupuncture faced another institutional decline. Since the formation of state financed health insurance system in the beginning of 1990s, acupuncture was listed as state-financed treatment method, just as it used to be during the Soviet period when healthcare was free for everyone. Until the exclusion from the list of the Estonian Health Insurance Fund, many Estonian acupuncturists were working at state clinics, as rehabilitation doctors though. After 1997, when the state did not reimburse the costs for the service anymore, many of these acupuncturists became private doctors (EAA webpage). As one among other health practices located outside the state funded healthcare, acupuncture was offered by private practitioners according to the principles of the free market economy. In 2004, the Estonian Society for Classical Chinese Medicine was founded, primarily to teach Chinese medicine. Although, according to the statute, the society accepts all people as members "who are deeply interested in Chinese medicine," members mainly comprise of both Estonian and Russian speaking medical professionals, including Rene Bürkland. It is crucial to mention the foundation of the society as it also reflects the changed position of Chinese medicine and medical acupuncturists. In the 1990s Estonia witnessed rapid pluralisation of different healing practices (see also Uibu, *forthcoming*). It was a period of boom for spiritual healers and "witch doctors" (see also Kõiva 1996). Due to the institutional decline of acupuncture, in this new context of medical and spiritual diversity, medical acupuncturists were forced to draw a clear boundary between practitioners who had a medical background and the ones who did not. Hence, the Estonian Society for Classical Chinese Medicine was founded by medical acupuncturists, to keep the professional level of Chinese medicine as well as acupuncture.

Another change that medical acupuncturists have undergone due to the institutional decline of acupuncture has been the adaption to the health market. During the Soviet times and in the 1990s, and even in the beginning of 2000s, medical practitioners who practised Chinese medicine mainly called themselves acupuncturists. However, approximately in last ten years they have found it more suitable to use labels like "practitioner of Chinese medicine," "doctor of Chinese medicine" or "specialist in Chinese medicine." By being excluded from the state-funded healthcare, and, thus, being marginalised, it seems that medical acupuncturists have been forced to demonstrate more explicitly the diversity of techniques of Chinese medicine to compete with a variety healing practices that are found on the Estonian health market. In 2009 Rene Bürkland with his centre for Chinese medicine entered the market, at first representing himself as acupuncturist and general practitioner, later as doctor of Chinese medicine.

However, comparing Chinese medicine to some other practices that are present on the Estonian health market, for example Reiki healing, homeopathy, different breathing techniques, or even osteopathy and chiropractic, there is one

more crucial difference. Since 2006 legal regulations have been enforced on acupuncture by the state. Out of all other Chinese medical techniques, the state regards acupuncture as specialised medical care and a healthcare service requiring the implementation of the Health Service Organisation Act (2001). The Health Service Organisation Act applies only to biomedical health services or services accepted as part of "real" medicine. Usually, non-biomedical health services that are provided by practitioners of any kind of alternative medicines are not included in the Estonian health regulations since these practices are not considered to be official healthcare services, by neither practitioners or officials (see also Tikk 2005, Lai *et al*. 2013). This is also one of the reasons why practitioners of alternative medicines usually do not apply for official activity licences issued by the Health Board, in order to offer their services as healthcare services; however, theoretically it could be possible (see also Maarits 2017). The 1990s witnessed a drastic growth of different health providers, and, unlike in the Soviet period, practitioners without a medical education began to use acupuncture to treat their clients. Before 2006, there were no particular legal statements, which is why it was ambiguous from a practitioner's viewpoint whether acupuncture was considered a healthcare service or not and whether the activity licence was needed. Since 2006 though, by the verdict of the Supreme Court of Estonia, acupuncture can be practised by licensed medical doctors only if it is done for the purpose of economic and professional activities (*i. e.* acupuncture is offered as a service).

It is worth mentioning that the main debate related to the court case and the final verdict were based to a large extent on one question—whether acupuncture is a healthcare service or an alternative medicine. In the Soviet period, alternative medicines were the healing methods that were excluded from the state-funded healthcare as they were ideologically inappropriate, meaning not scientific. Since the 1990s the same logic has been applied—alternative medicines are the methods that are not evidence-based and are located outside of the healthcare system. After the exclusion from the list of the Estonian Health Insurance Fund in 1997, acupuncture lost its privilege entirely and was basically downgraded to the family of other alternative medicines. So following this principle, in court the accused, a practitioner of Chinese medicine, claimed that acupuncture was an alternative medicine. The court analysis, on the contrary, made it clear that acupuncture is a "procedure that involves penetration to the human body and if not carried out according to the rules (incl. ignoring hygiene requirements), it can pose a serious risk to human health" (The Supreme Court of Estonia, verdict, 2006), and, thus, should be considered a health service.

So it could be said that the state "saved" acupuncture from the status of an alternative medicine. And indeed, even the Estonian Medical Association whose official attitude towards alternative medicines is sceptical, if not hostile, regards the use of acupuncture "justified to some extent and accepts it as part of medical activity" (Tikk 2005, see also Võsumets 2015). This, of course, does not mean that acupuncture would enjoy the privileges of biomedical health services. Although being a health service, acupuncture is not listed as state-funded health service. Also, this does not mean that healthcare professionals would consider the usage of acupuncture self-evident. Numerous times during my fieldwork I witnessed Bürkland discussing the safety and efficiency of acupuncture as well as qualification and professional level of acupuncturists with healthcare professionals.

Except acupuncture, licensing regarding alternative medicines basically does not exist or is very vague in Estonia. As mentioned above, usually, alternative medicine health services are not considered to be official and state regulated healthcare services, by either practitioners or officials. Recently some debates have been raised about licensing. Published in the Estonian Public Broadcasting news, according to a statement by a representative official of the Health Board, the principle is that as long as there is no threat to life or health, alternative medicine services could be offered by practitioners and consumed by users (Maarits 2017). The Health Board and the Estonian Consumer Protection Board interfere only in the case of any violation. For example, they would interfere if a practitioner claims that the alternative health practice is an official legitimate healthcare service or the practice/product has medical features that it actually does not have. If someone

promises "to heal," the Boards consider it as not definite enough and usually do not interfere (*Ibid*.). Regarding Chinese herbal medicine, massages, qigong, moxa-therapy, and food therapy, then these practices are considered to be part of alternative medicines and no legal restrictions other than the Health Board's statement mentioned above are enforced on practitioners.

Since 2008, however, the Estonian Qualifications Authority has issued occupational qualification standards for Chinese natural therapists. From the perspective of the state, though, these qualification standards are nothing too solid because actually they "neither allow nor prohibit" anybody to become a Chinese natural therapist (Maarits 2017). In other words, one can be a Chinese natural therapist without reaching an occupational qualification standard as long as the "therapist" has enough clients or the clients accept the practitioner without particular qualification. Also, it is relatively easy for organizations and individuals to apply for licenses to conduct in-service education, which is why there are many providers who offer courses on different health-related practices and teachings and give out certificates. Often Chinese medicine with its techniques is incorporated in a wider spectrum of practices of New Age spirituality or of contemporary folk medical practices. Moreover, one of the indicators that validates the qualification of the practitioner is simply the name of the teacher (or master) or belonging to professional associations of alternative medicines. In the context of free market economy, spiritual and medical diversity, the level of qualification and skills, approaches to and representations of Chinese medicine vary a lot among practitioners.

If thinking about the current position of Chinese medicine on the landscape of Estonian healthcare and the developments it has faced from the beginning of the 1990s, a quite complex picture opens up. Nonetheless, I would like add one more aspect. At this moment, Chinese medicine seems to undergo another change. Under the supervision of Rene Bürkland, great interest in Chinese medicine has emerged, and not only by users but also by healthcare professionals. The medical portal Med24, an important and reliable source of information for latest medical, healthcare and health policy news, has published seven articles about Chinese medicine within the last two years. It rarely happens that medical portals or local medical journals publish something about alternative medicines, and, moreover, in a relatively neutral manner. Just recently, in 2018, the portal published its 10 most read articles in the last ten years, and the most read one is an interview with Bürkland, one where he states that his "dream is to bring together Chinese and Western medicine" (Filippov 2016). However, when looking back at 20-, 15- or 10-year-old statements by medical acupuncturists, Bürkland is actually saying nothing new or revolutionary. These medical acupuncturists have craved after the bond with biomedicine and the state for the last 20 years. They have also claimed that Chinese medicine, in their opinion, should be combined with biomedicine. But why, unlike others, has Bürkland been holding training days at hospitals in the capital of Estonia since 2016? And why have statements of "bringing together Chinese and Western medicine" previously remained marginal or standalone attempts without any significant results? In the context where alternative medicines are usually stigmatised by biomedical practitioners, why are healthcare settings becoming more open towards Chinese medicine?

Healthcare professionals' encounters with Chinese medicine

In 2017 I made nine in-depth, semi-structured interviews with healthcare professionals who attended Bürkland's training courses on Chinese medicine for healthcare professionals, except for one person who instead attended Bürkland's public lecture and participated on a training day of cupping under the supervision of another practitioner of Chinese medicine. The participants I interviewed for the study are all trained as either as nurses or midwives, except one participant who is trained as a medical doctor but now, after her career as a MD, works as a health consultant. The sample of this study is characteristic of the present situation. As typically shown by other research (Cant & Sharma 1999, Fadlon 2006), nurses and midwives are more interested in alternative medicines than medical doctors. Regarding the Estonian case this is also very significant. In 2016 when I attended Bürkland's training day

for healthcare professionals at one state hospital in Tallinn, out of 95 registered participants only seven were medical doctors. For my research I managed to make contacts only with nurses and midwives. This clearly demonstrates that medical doctors are more cautious about and reluctant to alternative medicines.

It is also worth mentioning that for me as a researcher it was not that easy to get a permission to attend the training day. When I contacted the representative of the hospital who was organising the training day and explained I was a doctoral student in folkloristics and would like to conduct a research, her reaction was: "We don't want to give an impression that we're dealing here with witch doctoring." (Fieldnotes 2016–2017) Instead, "not to give a wrong impression," we agreed that on the training day I could present myself to the participants as a medical anthropologist. Also, when later interviewing the organiser, she emphasised for several times that when organising the training day they "followed all the protocols." She admitted that organising such an event was a bold step but then immediately diminished the significance of it by claiming "there was nothing dramatic or extraordinary." This all shows that alternative medicines are still strongly stigmatized in biomedical settings, and shifting the boundaries between biomedicine and alternative medicines is done tentatively and with caution. However, the organiser made another remarkable comment:

> But of course when we were preparing this training day, for us, a starting point was our current health policy and then the needs that we have here, when working in the hospital environment.

By analysing the healthcare professionals' critiques of biomedicine's unmet needs and shortcomings, I explore how healthcare professionals themselves make and shift the boundaries between biomedicine and Chinese medicine. In the final remarks, I discuss some of the aspects of the current health policy that the organiser of the training day hinted at.

Participants

Before presenting the analysis of the interviews I briefly introduce the participants of the study. Drawing on participants' contact with Chinese medicine and engagement with and interest in alternative medicines, it is possible to distinguish different levels of involvement. Similarly to research (Uibu 2016b: 36–39) conducted on New Age/spiritual milieu, I distinguish three levels—regular practitioners, those strongly inclined towards alternative medicines, and those with a weak inclination towards alternative medicines.

The participants who could be described as *regular practitioners* are Jane, Lydia and Mare. Jane is a 27-year-old nurse who is currently studying Chinese medicine at a private school which focuses on alternative and nature therapies and massage. After graduating the school her aim is to join Rene Bürkland's training courses as she considers them more professional. She sees Bürkland as one of her role models and would like to open up a centre of integrative medicine in the future. She has read books written by the most popular spiritual and alternative healers of Estonia, including Luule Viilma. Jane has practiced meditation and is open to different alternative therapies. Lydia is a 44-year-old midwife and consultant who studied Chinese medicine in the 1990s at the Neijing School in Estonia. She has experimented with different alternative therapies, especially homeopathy.

Mare is a 57-year-old midwife who also studied Chinese medicine in the 1990s at the Neijing School, like Lydia. She has passed special training in herbal medicine for midwives and as a head of department encourages her colleagues to use different herbs too. Although she seems convinced that all alternative therapies have their own function and benefit, she makes a clear distinction between those therapies that can be appropriately applied in the fields of official healthcare and those that cannot.

Pille, Leelo and Jaanika are *strongly inclined* towards alternative medicines. Pille, a 45-year-old midwife and consultant, has been interested in different alternative spiritual and health practices since the 1990s. She has also learnt some of the methods herself. Before attending Bürkland's training course at the hospital, she had heard about Chinese medicine from her colleagues. Leelo, a 53-year-old nurse, has previously been interested in alternative therapies like aromatherapy, chiropractic and acupuncture. Since attending a course on acupuncture last year, she has been more generally interested in Chinese medicine,

which is why she decided to participate in Bürkland's training course at the hospital. Jaanika, a 29-year-old midwife and consultant, attends different courses and lectures on alternative therapies, including Chinese medicine. She sees this as part of her continuing professional training. Jaanika claims that her personal aim is to integrate the views of biomedicine and alternative approaches to mitigate the current conflict that, in her opinion, exists between them.

The last three participants, Reelika, Kadri and Anna, are depicted by at the level of a *weak inclination* towards alternative medicines. Before attending Rene Bürkland's training course at the hospital, Reelika, a 49-year-old nurse, did not know much about Chinese medicine. As she explained, she participated in the training at the hospital out of curiosity: "because the course was offered alongside scientific medical courses." Kadri, a 23-year-old nurse, had a former colleague who was studying Chinese medicine, which is why she was eager to get to know more about it and decided to attend the training course. Anna, a 77-year-old MD, is currently working as a health consultant. As she claimed, during the last couple of years she has changed her attitude and has become more open towards alternative medicines. She attended the training course to widen her scope of knowledge in case some of her patients would ask about Chinese medicine.

Preventing diseases and maintaining health

In this study, regular practitioners often expressed disappointment with the biomedical approach to health and disease. These participants were generally dissatisfied with biomedical education, which they claim does not provide knowledge to assess the nuances of a patient's health condition in early stages of sickness, or even ignores these minor health changes. Reckoning this, it is not surprising that all participants regardless to their inclination told, more or less explicitly, that they lack methods for preventive treatment. For the first two "groups" of participants one of the reasons why they became interested in alternative medicines, and some of them especially in Chinese medicine, was the will to broaden the array of techniques and knowledge of preventive treatments. They have been looking for tools and instructions that they could recommend to patients so that "the patients could help themselves more," as they said. Guiding patients towards self-surveillance, *i. e.* observing the signs and learning to 'listen' to the body as a whole, was one of the main instructions picked up from Chinese medicine. Participants with a weaker inclination even considered such self-monitoring in particular to be the core of Chinese medicine. It was also common for regular practitioners and both participants with stronger and weaker inclinations to assume that close self-surveillance of the body is something natural and that nowadays people have quite often lost the ability to observe the body.

> Well, this is the thing, that the old Chinese have learned to listen to their bodies over the centuries—an ability that I believe old local Estonians also had but we have just forgotten it. All kinds of information surround us and we gobble it up but we don't listen to this particular something that could actually give us information. (Leelo, family nurse)

While I analysed the interviews a crucial question arose: who should be responsible for taking care of the preventive treatment of a patient and the maintenance of his/her health? Should a biomedical practitioner do it? Should it be the responsibility of biomedicine at all? Nurse Kadri, for example, regarded the topic of maintaining health and prevention important, but claimed that patients usually do not come to a doctor's appointment for preventive treatment. Her work in practice is more about biomedical treatment, as she perceives it.

> To be honest I actually liked the training. However, as a family nurse I can only use it when a patient comes for preventive consultation. But mostly they reach out to us when they already have some kind of troubles and they do not care whether, for example, they can drink milk or not. (Kadri, family nurse)

On the other hand, there were participants, especially with a strong inclination, and regular practitioners, who did not even necessarily regard preventing diseases and maintaining health as an area of responsibility for biomedicine. For example, midwife Mare shared the opinion that biomedical intervention in health issues is only 10 %

out of 100 of person's health, whereas 50 % of the health depends on patient's lifestyle choices. She thinks healthcare professionals as well as patients make a mistake when assuming that biomedicine should have a bigger role to play in health maintenance.

> We shouldn't forget the simple formula that only 10 % of our health depends on medicine. Health is something completely different to medicine. When we [usually] talk about health, then we dedicate too large a part of health to medicine—actually it is only 10 %. Our health depends 50 % on lifestyle, 25 % on our genetics—and we can't avoid that. A further 15 % is the environment in which we live—again we can't influence it much. Only 10 % is medicine. This formula works. We ourselves are making a mistake—by thinking differently about these percentages, we change them. (Mare, midwife)

The last statements and the participants' demand for methods for preventative treatment demonstrate that the field of preventive treatment is clearly on the margins of biomedicine. Biomedical education focuses mainly on curing diseases and maintaining health hovers on the border of what are the patient's and what are the state's healthcare responsibilities. Since preventative treatment and maintaining health is not fully perceived as biomedical matters, the boundaries between biomedicine and Chinese medicine become loose and Chinese medical techniques are seen as useful tools for patients in terms of maintaining health.

Diagnostics

When giving introductory lectures in Chinese medicine, Bürkland always tells stories of patients who end up at his clinic since they have not received any biomedical treatment. He concludes that, inevitably, there are conditions that biomedicine cannot diagnose: "A patient has a complaint. You do all possible analyses and procedures but you find nothing. You cannot come up with any potential treatment; the only thing you can tell the patient is 'let's wait'." (Fieldnotes 2016–2017) This narrative, which aims to highlight the limitations of modern technology, the slowness of biomedical diagnostics, and the fact that patients are left alone in the health system, is extremely powerful and spoke to almost every healthcare professional that participated in the study. Those who are regular practitioners or more strongly inclined towards alternative medicines took this viewpoint for granted. Some of them shared with me short stories, based on personal experience, of patients and friends who have not received sufficient help besides surveillance and/or endless referrals due to poor or unsatisfactory biomedical diagnostics.

> If blood tests are all fine, but the patient still has complaints, then the patient will get a psychiatric diagnosis; but after some time it turns out that he had some other disease. These cases do not happen every day but we do encounter them. (Leelo, family nurse)

Participants with a weak inclination admitted having faced complicated cases where they have not been able to diagnose a patient's problem. However, while Kadri and Anna shared the belief that diagnostics used by practitioners of Chinese medicine can provide valuable information, Reelika rather attempted to make a clear distinction between scientific and non-scientific medicine. She was convinced that "real" diagnoses can only be done by biomedical specialists. Reelika, the only participant who emphasised the importance of an evidence-based approach to diagnosis and considered it the core of medicine, excluded diagnostic techniques applied by practitioners of Chinese medicine from the array of methods that a biomedical practitioner could use or take seriously. She marked the area of biomedical expertise (*i. e.* diagnosing and curing "real" diseases), and the area of patient responsibility (*i. e.* prevention or period before biomedical diagnoses). During the latter, the patient, as a consumer, can decide whether to use particular alternative therapies or make some other lifestyle choices, such as introducing a healthy diet for example. In this sense the boundaries between biomedicine and Chinese medicine stay rigid and unchanged for this participant, whereas other participants were eager to reconsider, or were at least ready to negotiate, the boundaries. They were more open to making some space in the healthcare system for alternative diagnostic techniques.

Treatment

Considering treatment, regular practitioners found, as practitioners of alternative medicines often do, that biomedicine is not able to cure the causes of diseases but only to suppress symptoms. These participants share the opinion that biomedicine is very good for emergency situations and acute health problems that need a quick response. However, in their opinion, treatment with drugs should never be the long-term solution, which is why biomedical practice should definitely seek out some other methods for the treatment of chronic diseases.

> The aim is to resolve the problem so that he/she wouldn't need these drugs all the time. If, additionally, you use the right diet and herbal medicine and restore balance to the person, then you can treat blood circulation problems, you can cure type two diabetes. You can reverse all diseases. (Lydia, midwife)

Reluctance towards drug usage by regular practitioners also revealed that regular practitioners were not satisfied with the explanatory model of diseases provided by biomedicine, which in some cases finds only physiological and in other cases psychosomatic explanations for the causes of diseases. Regular practitioners shared the opinion that the causes of the same disease can be different for every patient which is why an individual approach is needed in treatment.

> For example, asthma is caused by different things in different patients and that's why it should be treated differently in every case. You have to approach every patient individually. Basically, every point on the body could work for a patient if you manipulate it correctly. (Mare, midwife)

Participants with strong and weak inclinations towards alternative medicines were also convinced that drugs cannot help in every situation. While participants with a stronger inclination supported the idea that treatment should generally begin with "simpler" and more natural methods, and that biomedical drugs should be added to the treatment step-by-step as needed, participants with a weak inclination thought that some particular Chinese medical methods, ones that are proven as evidence-based therapies, could be useful. Acupuncture was considered to be a more or less accepted method as it was perceived to be efficient for combating headaches and pains; besides, it does not cause side effects like drugs.

> I also registered for the acupuncture course because it is actually scientifically proven, the manipulation of pressure points. It is quite interesting and if it works or it should work, then this is something that I could learn. (Reelika, nurse)

While regular practitioners were especially critical to drug use for chronic diseases, participants with a weak inclination thought, on the contrary, that patients with chronic diseases should not abandon their drugs while using some alternative methods. However, considering critical attitudes towards drug usage in biomedical practice by regular practitioners, one might think that these participants were, with regard to therapies of Chinese medicine that help to reduce drug use, convinced apologists. Midwives Lydia and Mare, who have both studied Chinese medicine and both generally support the usage of herbal medicines, indicated in their interviews that the practice of using herbs in Chinese medicine should not be copied, as well as food therapy. They explained that instead of Chinese herbal medicine and food therapy, Estonians should use local herbs and eat foods that are known and grown in the local region, since people's bodies are used to them. It is a common belief in Estonia that medicinal plants grown close to home have more benefits than the ones grown farther away (Raal, Relve & Kõivupuu 2018: 10–11). With acupuncture such questions did not arise. Drawing on the understanding of the biomedical 'universal body', acupuncture was perceived to be an appropriate treatment for Estonians, because human bodies and the effects of needles are considered to be the same all over the world.

> If you manipulate meridians with needles, then it doesn't matter where the person is living. If there is a blockage in the flow of energy, you either scatter or increase the energy in spots where there is too much or too little respectively. Acupuncture will work anyway. But with herbs you should look for particular local herbs that have the same effect as herbs in Chinese medicine. It is important to know the active substances and to use local herbs as much as possible. (Lydia, midwife)

Similar standpoints to Lydia's were also expressed by some other participants in the study regardless of their level of inclination. These attitudes exemplify the selectiveness of the acceptance of Chinese medicine. Moreover, when it comes to treatment, healthcare professionals who participated in this study not only make boundaries between Chinese medicine and biomedicine but also between different Chinese medical techniques and some other alternative or folk medicine practices.

Discussion and final remarks

Even if the health landscape in Estonia is depicted by tensions between biomedicine and medical alternatives (Lubi, Vihalemm & Taba 2016; Uibu 2016a) and alternative medicines are usually stigmatised by biomedical practitioners, Chinese medicine is increasingly receiving positive attention by them. To understand why the position of Chinese medicine is currently changing we need to understand its particular social, cultural and historical context. In this paper, by exploring voices of different actors, I have aimed to demonstrate how boundaries between Chinese medicine and biomedicine are made, shifted, crossed and reconfigured in the post-Soviet healthcare landscape.

When studying intersections of biomedicine and alternative medicines, the role of the state becomes unavoidable. Medical sociologists Sarah Cant & Ursula Sharma (1999) have shown in their study how the state and policy makers can change the status of alternative therapies on the health market as well as shape the relationship between biomedicine and medical alternatives. Due to its ambivalent position since the Soviet period, Chinese medicine in Estonia is an excellent example to illustrate how changes in health policy and state regulations implemented on a therapeutical practice influence its position on the health landscape. State regulations mark important moments of reconfigurations of boundaries. After acupuncture was excluded from the list of state-financed treatment methods in the end of 1990s, the boundaries between biomedicine and Chinese medicine became sharpened, as well as the boundaries between medical acupuncturist and non-medical practitioners. Without the state's financial support, acupuncture was turned into alternative health practice located on the margin of the healthcare system. Acupuncturists became competitors with other practitioners of alternative medicines and Chinese medicine blended more deeply into the New Age spiritual milieu.

The final verdict of the Supreme Court in 2006 entailed restrictions in practising acupuncture and shifted the boundaries between biomedicine and Chinese medicine again. According to the verdict, acupuncture was defined as a health service that can officially be practiced by medical doctors only. It could be said that the state "saved" acupuncture from the status of an alternative medicine, and that this can be seen as one of the reasons why the position of Chinese medicine is changing on the current health landscape. In the context where alternative medicines are loosely or not at all regulated by the state, restrictions implemented on acupuncture have helped to maintain the level of professionalism in acupuncture. This gives an opportunity for medical doctors like Rene Bürkland to argue for the professionalism of acupuncture more broadly and also include Chinese medicine. Contrary to non-medical practitioners of Chinese medicine, a medical doctor who practices acupuncture can introduce Chinese medicine to healthcare professionals as something liminal—not biomedicine but not entirely an alternative medicine either thanks to the position of acupuncture. It is significant that one participant of this study, Reelika, who was most sceptical of all the participants, decided to learn acupuncture and registered for Bürkland's next course. In other words, the fact that Chinese medicine in Estonia enjoys higher official acceptance than some other alternative medicines can be regarded as a favour from the state, elevating acupuncture to the status of a healthcare service.

Also, the role of current health policy cannot be underestimated. After the collapse of the Soviet Union Estonia has become a capitalist consumer society. According to the logic of the neoliberal approach more individuals are expected to take responsibility for their health, conduct self-surveillance and are encouraged to take the role of consumers (Nettleton 2013: 138, Fries 2009). These trends are present in Estonian health policy too (Uibu & Vihalemm 2017). Public health is increasingly emphasising the role of disease prevention and health promotion (Lai *et al.* 2013). For

around 10 years, implementation of patient-centred (or client-centred) healthcare has been one of the priorities for Estonian health policy (*Ibid.*, Population Health Strategy Plan 2009–2020). Although vaguely defined in different documents, patient-centred healthcare among other things should mean the increase of preventative treatment, counselling, patient's inclusion in decision-making, and the following of the principles of the integration of care. The implementation of patient-centred healthcare, however, has not been fully successful (Aro & Oolo 2015). Regarding the participants' attitudes of and reactions to Chinese medicine in this study, it becomes apparent that healthcare professionals lack methods for preventative treatment as well as instructions to promote health maintenance. They also encounter patients who do not receive help and due to endless referrals "get stuck" in the system or are being declined from any treatment. Hence, the shortcomings the healthcare system is facing can explain why the boundaries between Chinese medicine and biomedicine are shifting. Healthcare settings see the potential in the way Chinese medicine emphasises the role of preventing diseases and prolonging healthy life years. Chinese medicine is perceived as focusing on the individual and, thus, helps to fulfil the gap in the patient-centred approach. Also, as analysis of diagnostic techniques showed, the majority of the participants of the study could potentially perceive Chinese medicine as an alternative choice for those patients who do not receive any other help.

But the role of the state and its health policy cannot be seen as the only reasons why the position of Chinese medicine is changing. As I mentioned in the introduction, health-related teachings have become extremely popular in post-Soviet Estonia. Characteristically to New Age spirituality different spiritual, health-related and lifestyle or well-being teachings are all blending into one and it is difficult to make a clear distinction between them. It is quite remarkable that the main instruction the participants picked up from Chinese medicine is guiding patients towards self-surveillance by sensing the body and "listening" to it. Moreover, observing the signs of the body as a whole was considered something natural. This "listening to the body," nevertheless, does not seem to be "the art of listening and smelling" which the Japanese historian in medicine Shigehisa Kuriyama (1999) has described as one of the ways to know the body in Chinese medicine. Instead, the ideas related to body are rather the ones that can be found in the teachings of New Age spirituality where personal (bodily) experiences and signs of the body are perceived as the most valuable source of information that help individuals to orientate in the contemporary world (Koppel 2013, Uibu 2015, see also Barcan 2011). In his research on spirituality in Estonia, Marko Uibu (2016c: 271) has suggested that the mainstreaming process of New Age spirituality is taking place in Estonia: "/…/the visibility of alternative-spiritual ideas and the arguments that spiritual practitioners use to legitimize their choices has increased. This, in turn, makes it easier for potentially interested people to cross the perceived barrier of negative connotations and become involved in spiritual milieu, thereby fuelling the mainstreaming process." Indeed, ideas about "listening" to the body and observing its signs are not only part of the rhetoric used by spiritual practitioners, as these ideas are also visibly present in the Estonian public discourse. The fact that such ideas are widely talked about can elucidate why the Chinese medical approaches to the body presented by Bürkland are considered natural, understandable and acceptable by healthcare professionals. Hence, among other factors, the particular spiritual context of Estonia is advocating Chinese medicine finding its way into Estonian healthcare.

Acknowledgements

This publication was supported by the University of Tartu ASTRA Project PER ASPERA, financed by the European Regional Development Fund.

References

Altnurme L. 2006. *Kristlusest oma usuni. Uurimus muutustest eestlaste religioossuses 20. sajandi II poolel.* [From Christianity to Own Belief: A Study of the Religiosity of the Estonians in the Second Half of the Twentieth Century]. Tartu: Tartu Ülikooli Kirjastus.

Ansko V. 2013. In memoriam dr Lembit Kuhlberg. *Eesti Arst* 92, 5: 298.

Aro I. & Oolo T. 2015. *Patient-Centredness in Estonian Healthcare—Perceptions of Patients and Their Relatives*. (Papers on Nursing Research.) Tartu: Tartu Ülikool.

Arujärv L. 1999. Ettevaatust, SENSITIIV. [Watch out, PSYCHIC!] *Õhtuleht*: 18.02.1999.

Barcan R. 2011. *Complementary and Alternative Medicine. Bodies, Therapies, Senses.* Oxford, New York: Berg.

Bowman M. & Valk Ü. 2012. *Introduction*. In Bowman M. & Valk Ü. (eds), Vernacular Religion in Everyday Life. Expressions of Belief. Sheffield, Bristol: Equinox: 1–19.

Briggs Ch. L. 2012. Toward a New Folkloristics of Health. *Journal of Folklore Research* 49, 3: 319–45.

Cant S. & Sharma U. 1999. *A New Medical Pluralism? Alternative Medicine, Doctors, Patients and the State.* London and New York: Routledge. Taylor & Francis Group.

Davis-Floyd R. & St. John G. 1998. *From Doctor to Healer. The Transformative Journey*. New Brunswick, New Jersey, NJ, and London: Rutgers University Press.

Dew K. 2000. Deviant Insiders: Medical Acupuncturists in New Zealand. *Social Science & Medicine* 50: 1785–95.

Dudarenko K. 2007. Nõeltega tervisetoojad. [Bringing Health with Needles.] *Nõelravi,* 1. http://noelravi.ee/about/noeltegatervisetoojad/. Accessed 3 April 2018.

Ernits R. 2017. Peeter Mardna lahkas terviseteemaliste raamatute edu. [Peeter Mardna Discussed the Success of Health-Related Books.] *Eesti Rahvusringhääling, Menu*: 09.02.2017. https://menu.err.ee/294287/peeter-mardna-lahkas-terviseteemaliste-raamatute-edu. Accessed 30 March 2018.

Fadlon J. 2006. *Negotiating the Holistic Turn: The Domestication of Alternative Medicine*. Albany, NY: State University of New York Press.

Fieldnotes 2016–2017. Maintained by the author in her personal files.

Filippov M. 2016. Rene Bürkland: Minu unistus on ühendada Hiina ja Lääne meditsiin. [Rene Bürkland: My Dream is to Bring Together Chinese and Western medicine.] Med24: 15.02.2016. https://www.med24.ee/uudised/newwinprint/aid37494. Accessed 31 March 2018.

Fries C. J. 2009. Bourdieu's Reflexive Sociology as a Basis for Mixed Methods Research: an Application to Complementary and Alternative Medicine. *Journal of Mixed Methods Research* 3, 4: 326–48.

EAA web = the Estonian Acupuncture Association. http://akupunktuur.ee/. Accessed 8 April 2018.

Elstrok T. 2015. Meie oma Idamaa tark. [Our Own Oriental Wise Man.] *Psühholoogia Sinule* 6: 12–7.

Heelas P. 2013. *Eesti kui katselabor–ideaalne näide vaimsuse ja religiooni suundumuste uurimiseks*. [The Estonian "Lab:" A Golden Land for Studying Trajectories of Spirituality and Religion.] In Uibu M. (ed), Mitut usku Eesti III. Valik usundiloolisi uurimusi: uue vaimsuse eri. Tartu: Tartu Ülikooli Kirjastus: 167–87.

Honey L. 2012. *Pluralizing Practices in Late-Socialist Moscow: Russian Alternative Practitioners Reclaim and Redefine Individualism*. In Klumbyte N. & Sharafutdinova G. (eds.), Soviet Society in the Era of Late Socialism, 1964–1985. Lanham, MD: Lexington books: 117–42.

Kuriyama S. 1999. *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*. New York: Zone Books.

Kivari K. 2015. The Theory of the Earth Energy: Academia and the Vernacular in Search of the Supernatural. *Impicit Religion* 18, 3: 399–421.

——— 2016. *Dowsing as a Link Between Natural and Supernatural. Folkloristic Reflections on Water Veins, Earth Radiation and Dowsing Practice.* (Dissertationes Folkloristicae Universitatis Tartuensis 24.) Tartu: University of Tartu Press.

Kõiva M. 1996. The Transmission of Knowledge Among Estonian Witch Doctors. *Folklore. Electronic Journal of Folklore* 2: 12–35.

Kõiva M. 2014. *The Doctor Sent Me to the Folk Healer*. In Kõiva M. (ed), Through the Ages. Time, Space and Eternity. Sator 13. Tartu: ELM Scholarly Press: 143–158.

Kõivupuu M. 2014. Rahvameditsiin – argipraktikad, uurimisvaldkond, kultuuripärand. [Folk Medicine—Everyday Practices, Field of Research, Cultural Heritage.] Vikerkaar 7–8: 109–22.

Koppel K. 2013. The Body in New Age from the Perspective of the Subtle Body: The Example of the Source Breathwork Community. Journal of Ethnology and Folkloristics 7, 1: 49–64.

Krause K., Alex G. & Parkin D. 2012. *Medical Knowledge, Therapeutic Practice and Processes of Diversification*. In Working Paper No. 12_11. Göttingen: Max Planck Institute for the Study of Religious and Ethnic Diversity.

Kulmar T. 2007. Orientalistika õppimine ja uurimine Eestis. I. [Oriental Studies and Research in Estonia. I.]. *Eesti Akadeemilise Orientaalseltsi aastaraamat*, 1 (2006): 9–27.

Laanepere E. 1996. Sensitiiv on süüdimatu ravitseja. [Psychic is an irresponsible healer.] *Eesti Päevaleht*: 30.04.1996.

Lai T., Habicht T., Kahur K., Reinap M., Kiivet R. & van Ginneken E. 2013. Estonia: Health System Review. *Health Systems in Transition* 15, 6: 1–196.

Leslie Ch. 1976. *Asian Medical Systems: A Comparative Study*. Berkeley: University of California Press.

——— 1980. Medical Pluralism in World Perspective. *Social Science and Medicine* 14B: 191–5.

Lindquist G. 2006. *Conjuring Hope: Magic and Healing in Contemporary Russia*. New York: Berghahn Books.

Lubi K., Vihalemm T. & Taba P. 2016. *Patients' Interpretation of CAM-Related Information: Manoeuvring Between Patient and Consumer Positionings*. In Marinescu V. & Mitu B. (eds). The Power of the Media in Health Communication: Routledge Taylor & Francis Ltd: 73–90.

Maarits M. 2017. Amet: "tervendajate" tegevust ei saa piirata, sest Eestis on demokraatia. [The Board: "Healers" Activity Cannot Be Restricted Because We Have Democracy in Estonia]. *Eesti Rahvusringhääling*: 28.08.2017. http://www.err.ee/615145/amet-tervendajate-tegevust-ei-saa-piirata-sest-eestis-on-demokraatia. Accessed 18 October 2017

Martin B. 2004. Dissent and Heresy in Medicine: Models, Methods, and Strategies. *Social science & medicine* 58, 4: 713–25.

Nettleton S. 2013. *The Sociology of Health and Illness. 3rd Edition*. Cambridge, UK: Polity Press.

O'Connor B. B. & Hufford D. J. 2001. Understanding Folk Medicine. In Brady E. (ed). *Healing Logics: Culture and Medicine in Modern Health Belief Systems*. Logan, UT: Utah State University Press: 13–35.

Parkin D. 2013. Medical Crises and Therapeutic Talk. *Anthropology & Medicine* 20, 2: 124–41.

Primiano L. N. 2012. *Afterword. Manifestations of the Religious Vernacular: Ambiguity, Power, and Creativity*. In Bowman M. & Valk Ü. (eds). Vernacular Religion in Everyday Life. Expressions of Belief. Sheffield, Bristol: Equinox: 382–94.

Penkala-Gawęcka D. 2016. Risky Encounters with Doctors? Medical Diversity and Health-Related Strategies of the Inhabitants of Bishkek, Kyrgyzstan. *Anthropology & Medicine* 23, 2: 135–54.

——— & Rajtar M. 2016. Introduction to the Special Issue "Medical Pluralism and Beyond." *Anthropology & Medicine* 23, 2: 129–34.

Pool R. & Geissler W. 2005. *Medical Anthropology*. Maidenhead, England: Open University Press.

Population Health Strategy Plan 2009–2020. https://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Tervis/2012_rta_pohitekst_ok_5.pdf. Accessed 4 April 2018

Publik.ee 2016. Kaheaastane järjekord, enimmüüdud raamatud: milles seisneb ravija Rene Bürklandi fenomen? [Two-Year-Long Queues, Bestselling Books: What Is the Phenomenon of the Healer Rene Bürkland about?] Publik.ee: 25.10.2016. http://publik.delfi.ee/news/inimesed/radarkaheaastanejarjekordenimmuududraamatudmilles seisnebravijareneburklandifenomen?id=76046833. Accessed 31 March 2018.

Raal A., Relve P. & Kõivupuu M. 2018. Modern Beliefs Regarding Medicinal Plants in Estonia. Journal of Baltic Studies, DOI: 10.1080/01629778.2018.1453851.

Remmel A. & Uibu M. 2015. Outside Conventional Forms: Religion and Non-Religion in Estonia. *Religion and Society in Central and Eastern Europe* 8, 1: 5–20.

Ringvee R. 2014. Religion: Not Declining but Changing. What Do the Population Censuses and Surveys Say about Religion in Estonia? *Religion* 44, 3: 502–15.

Singer M. & Baer H. 2012. *Introducing Medical Anthropology. A Discipline in Action. E-book*. Lanham, New York, Toronto, Plymouth UK: AltaMira Press.

Sutcliffe S. J. & Gilhus I. S. 2013. *New Age Spirituality. Rethinking Religion*. Durham: Acumen.

Sõukand R. & Kalle R. 2010. Herbal Landscape: the Perception of the Landscape as a Source of Medicinal Plants. *Trames: Journal of the Humanities and Social Sciences* 3: 207–26.

Star S. L. & Griesemer J. R. 1989. Institutional Ecology, "Translations" and Boundary Objects: Amateurs and Professionals in Berkeley's Museum of Vertebrate Zoology, 1907–39. *Social Studies of Science* 19, 3: 387–420.

The Health Service Organisation Act 2001. *Riigi Teataja*. https://www.riigiteataja.ee/en/eli/521062017012/consolide. Accessed 18 October 2017,

The Supreme Court of Estonia, verdict, 2006. *Riigi Teataja*. https://www.riigiteataja.ee/akt/1046204. accessed 18 October 2017.

Tikk A. 2005. Arstid ja alternatiivmeditsiin. [Physicians and Alternative Medicine.] *Eesti Arst* 84, 4: 294–6.

Uibu M. 2015. Keha tähenduse ja rolli muutumine: käsitlused eesti uue vaimsuse õpetustes ja nende järgijate seas. [The Roles and Meanings of the Body in Estonian Spiritual Teachings.] Mäetagused. Elektrooniline ajakiri 59: 7–26.

——— 2016a. Hidden Religiosity in One of the World's Least Religious Countries: Estonian Doctor Luule Viilma and Her Spiritual Teachings. *Implicit Religion* 19, 2: 267–82.

——— 2016b. *Religiosity as cultural toolbox: a study of Estonian new spirituality. Dissertationes theologiae Universitatis Tartuensis 32.* Tartu: University of Tartu Press.

——— 2016c. Reemerging Religiosity: the Mainstreaming of New Spirituality in Estonia. *Journal of Baltic Studies* 47, 2: 257–74.

——— (forthcoming). The Emergence of Medical Pluralism in Estonia: When a Physician Becomes a Spiritual Healer.

——— & Vihalemm T. 2017. *Tervisepüüdlused ühiskonna polariseerijana?* [Health Endeavors as Polarizers of Society?] In Vihalemm P., Lauristin M., Vihalemm T. & Kalmus V. (Toim.). Eesti ühiskond kiirenevas ajas: Eesti elaviku muutumine 2002–2014 uuringu Mina. Maailm. Meedia tulemuste põhjal. Tartu: Tartu Ülikooli Kirjastus: 343–62.

Võsumets M. 2015. Arstide liit toetab lastearste MMSi vastases võitluses. [Medical Association Supports Paediatricians in the Fight against MMS.] Postimees Tervis: 25.05.2015. https://tervis.postimees.ee/3340327/arstide-liit-toetab-lastearste-mmsi-vastases-voitluses. Accessed 1 May 2018

Manuscript received: 31.10.17
Manuscript accepted: 27.04.18

KATRE KOPPEL M.A. studied ethnology at the University of Tartu, Estonia, between 2011 and 2015. Currently she is a PhD student and Junior Research Fellow in folkloristics at the University of Tartu. In her PhD thesis she is studying alternative medicines in Estonia focussing particularly on Chinese medicine. She works as an anthropologist at the Center for Applied Anthropology of Estonia.

University of Tartu
Institute of Cultural Research
Department of Estonian and Comparative Folklore
Ülikooli 16, 51014, Tartu, Estonia
e-mail: katre.koppel@ut.ee