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IN THE SHADOWS OF MEDICINE AND MODERNITY:  
MEDICAL INTEGRATION AND SECULAR HISTORIES  
OF RELIGIOUS HEALING IN TURKEY

**ABSTRACT.** Building upon the World Health Organization's recent publication *WHO Strategy for Traditional Medicine* (WHO 2002), this paper examines the historical position of "traditional medicines" at their intersection with the development and modernization of a biomedically based health care system in Turkey. This paper considers how the historical development of Turkey's health care system, as a prominent site for the articulation of the state's broader modernization project, sustained particular formulations of subjectivity and citizenship that were defined in opposition to a set of cultural practices and modes of religious-political authority represented by "traditional medicines." Consequently, projects and policies seeking to formally integrate "complementary" or "alternative" therapies directly confront this past and the various ways in which it is reenacted in constituting the present.

**KEY WORDS:** CAM/TM, health care policy, history of medicine, religious/ritual healing, Turkey

*The esoteric religious man is not able to understand, let alone does he want to understand, the language of the scholar.*

—Salih Murat, 1933

What if, in the above epigraph, we were to replace "the scholar" with the "the physician" (or "health care personnel" more generally) and recognize "the esoteric religious man" as a healer of affliction as well? Is there any hope, 70 years after Murat advocated for the importance of science in a newly emerging Turkey, for a true dialogue between these positions? And if so, can they work together? With the publication of the *WHO Strategy for Traditional Medicine for 2002–2005* (WHO 2002), the World Health Organization's first global strategy on traditional medicine (TM) and complementary/alternative medicine (CAM), the WHO reaffirmed its longstanding commitment to integrating CAM/TM into national health care systems<sup>1</sup> and its dedicated confidence in the prospects for just such a dialogue.

While its therapeutic inclusiveness is to be commended, the WHO's failure to take into consideration the historical grounds upon which this dialogue is to occur in proposing guidelines for integrating CAM/TM into national health care policy raises a set of concerns that weigh heavily upon its successful realization. Using the question of medical integration as a broad frame for thinking through a social history of healing, broadly conceived, this paper examines the historical

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position of “traditional medicines” at their intersection with the development and modernization of a biomedically based health care system in Turkey. It is within the context of this past, and its relevance to an ethnographic present, that we will encounter the volatile landscape across which the “physician” and “esoteric religious man” are to engage one another.

The history of “traditional medicine” being considered is not a genealogical history concerned with the cultural origins of a given tradition of healing, something the WHO recognizes, but rather a modern history of the commonly ahistoricized “traditional healer.” This history, as the paper argues, is inextricable from Turkey’s history of medicine.<sup>2</sup> In the state’s transition from Ottoman to Turkish Republican control, biomedicine was more fully embraced as a means of inserting the state’s presence into everyday lives and as a site for articulating particular formulations of subjectivity and citizenship defined in opposition to a set of social practices and modes of religious-political authority represented by “traditional medicines.” By tracing the logic of their exclusion from and oppositionality in relation to Turkey’s modernization project, I thus consider the contentious discursive fields that intersect around the “traditional medicine” practitioner and why the antagonism they inspire goes far beyond the “uncritical enthusiasm” and “uninformed skepticism” that the WHO sees as the “the full spectrum of reactions” to CAM/TM (WHO 2002: 1).

This analysis is based on both archival research into the historical development of biomedicine in Turkey and ethnographic research conducted between 1997 and 2000 considering the practice, use, and meanings of religious healing within two *gecekondu* “squatter” neighborhoods of Ankara, Turkey. In the framework of the WHO’s definition of “traditional medicine”<sup>3</sup> this discussion will fall largely under the rubric of “spiritual therapies,” with particular attention being given to the practices of the *cinci hoca* (alternatively known as the *üfürükçü*). As a widely utilized form of religious healing in Turkey, the practices of healers such as the *cinci hoca* comprise a significant dimension of local health care systems. Through treatments consisting of a combination of curative amulets (*muska*), Qur’anic verses (*ayet*), and ritual prescriptions, *cinci hoca* treat a range of illnesses and problems—from minor headaches to adultery, from epilepsy to impotence—that involve people being struck, harassed, or possessed by jinn (*cin*, or “spirits”). In addition to the *cinci hoca*, other practitioners of religious forms of healing drawing upon diverse conceptualizations of therapeutic efficacy include: the *ocaklı* (a descendent of a holy person or someone known to have performed miracles), the *kurşuncu* (pourer of lead), the *evliya* (“saint”), and a multitude of specialized healers employing a variety of therapeutic techniques, from the cutting of skin, to drawing on bodies, to spitting on wounds. While forms of healing more readily associated with North American and European conceptualization of “spiritualist therapy” (e.g., reiki, anthroposophical medicine, “new age” therapies)

can be found in Turkey, they are relatively recent arrivals and attract a limited, typically urban, elite, and upper-middle class clientele. Conversely, neither the healers interviewed for this study nor their patients regarded themselves as participating in a larger category of complementary/alternative/traditional medicine, as outlined by the WHO, and no professional associations of “traditional healers” exist in Turkey. I thus place “complementary,” “alternative,” and “traditional medicine” in quotation marks not only because they are problematic analytic categories, but also because of their limited salience as locally recognized social categories.

The impetus for this paper grows in part out of the questions and concerns my field research raised in attempts at formulating a policy toward CAM/TM to be incorporated into Turkey’s new national mental health policy. It should be noted that this policy is still, as a whole, in the process of being formally agreed upon and remains a long way from implementation, if it ever will be implemented. In either case, as the following discussion will make evident, there is little chance that an integrative health system will emerge and there is currently no formal, governmental push to create such a system. The motivation for this paper, however, does not revolve solely around the question of medical integration in Turkey. In its focus upon the historical intersection of state authority, biomedicine, and religious healing, it also stands as a call for thinking through the full complexity of the historical, political, and ideological realities that inform therapeutic processes within the study of ritual and religious healing.

Although the following discussion relies heavily upon historical documents, it is nonetheless situated within an ethnographic present in which various forms of “complementary,” “alternative,” or “traditional” therapies are the target of trenchant government, media, and public antagonism (Dole n.d.). In addressing the question of why so many healers inspire antipathy (despite being frequently consulted), I am consequently taken into the role of medicine within the history of Turkey’s modernization project and the sorts of cultural practices that became entangled within the project’s expanding webs of signification. After considering the altered importance of biomedical services in the state’s transition from the Ottoman Empire to the Turkish Republic and the countrywide expansion of biomedically based health care, I examine a popularly oriented, state-sponsored journal of the 1930s and 1940s called *Ülkü* to illustrate the ways in which medicine served to frame the proper role of the new state in the daily lives of its citizens and the ways in which it encoded notions of subjectivity and citizenship that this relationship would require. Lastly, I will move into the shadows of Turkish medical history to consider the contemporary significance of religious healing practices and how the implications of international health policy trends for integrative medicine reveal a series of contradictions animating Turkish modernity.

## MEDICINE AND CIVILIZATION IN TURKISH NATIONALIST THOUGHT

From the outset, the emergence of Turkey as a sovereign political entity and the development of Turkey's medical system were closely intertwined. One might in fact contend that the former relied significantly on the latter. It is not the case, however, that the modernization of medicine in Turkey simply reflected many of the same themes found in Turkish nationalist thought; rather, in many regards, medicine instantiated nationalist ideology by constituting emergent domains of social practice and scientific knowledge production that articulated corresponding notions of society and citizen. While one must be cautious not to reduce biomedicine to solely a site of ideological production (see Cohen 1995), it is critical to recognize this dimension if we are to, first, gauge the contemporary position of "traditional medicine" in Turkey, and second, unravel the implications of integrating it into Turkey's national health care system.

The nationalist thematic that took hold after the founding of the Republic of Turkey in 1923 was heavily influenced by the work of Ziya Gökalp, the leading Turkish nationalist thinker of the time. Taking up Durkheim's notion of the supremacy of society over the individual (and replacing "society" with "nation"), the nation, according to Gökalp, was to become the natural, social, and political unit. Distinguishing "culture" (the set of values and habits current within a community) from "civilization" (a rational, international system of knowledge, science, and technology), the regeneration of Turkey was to come with the replacement of a medieval Islamic-Byzantine civilization with a European one while maintaining a hold upon Turkish culture. This became the foundation for the all but official state ideology of the Republic, *Kemalism*.

With *Kemalism* as a flexible yet never fully coherent or comprehensive ideology (Zürcher 1997), the young Turkish state under the influential leadership of Mustafa Kemal (hence *Kemalism*) set about (re)inventing the nation along European lines of science and technology while maintaining its uniquely Turkish culture. With the realization of the *Kemalist* principles, a society based upon science, rationality and reason would be created—a society free from, by implication, unscientific, and irrational religio-political authority (embodied in the person of the Sultan). In what Kadioğlu (1998) and Keyman (1995) describe as a vast, top-down and imposed "will to civilization," the *Kemalist* elite struggled to create a nation secular enough to reduce Islam to the realm of individual faith, replace the traditional (historically prior) bond of religion with an unwavering faith in the nation, form a classless capitalist society, and, more basically, activate the general will in a way to present itself as a cohesive—and in turn self-justifying—factor of social formation.

In the realization of this new society and citizenry based upon reason, rationality, and science, medicine assumed a vital position. Even before Turkey had been declared a republic and Mustafa Kemal Atatürk (as he would come to be known)

initiated a sweeping set of reforms, he stood before the newly formed National Assembly to address the role of the new state: “Being that our greatest goal is to completely bring to life our nation’s public order, one of our government’s general duties is to take great care of its nation’s health and be, in proportion to our possibilities, a healer for its social suffering” (Atatürk 1959: D3, as quoted in Aydın 1997: 23). On May 2, 1920, nine days after the founding of the Turkish National Assembly, Atatürk declared his plans for a National Ministry of Health—one of the first such ministries in the world.

Early Republican interest in medicine was not completely discontinuous with late Ottoman policy. While a multitude of professional and nonprofessionalized therapeutic modalities existed in the region long before the Republic—some being incorporated into what became known as Western or European medicine, others (such as Greco-Islamic medicine)<sup>4</sup> losing their influence—a series of political reforms in the nineteenth century had carried with them an increased emphasis upon medicine as a domain of (Ottoman) state practice. As with other reforms aiming to modernize the state during the late Ottoman period, they emerged principally through military reforms aiming to modernize the military in order to remain competitive with European powers. In the field of medicine, this was reflected in the founding of the first state Faculty of Medicine (Tıphane-i Amire, established in 1827), which was based upon a European hospital model and emphasized employing European (particularly French and Austrian) medical instructors. Explicitly established to serve the new military, this new medical school would aim to realize the 1827 *fatwa* (legal opinion) obtained by the Sultan’s chief physician: “For an army that receives training in a European manner, doctors that receive an education in a European manner are necessary” (as quoted in Eren and Tanrıtanır 1998:6).

Despite the recognition of medicine’s political potential, there remained a serious shortage of health care professionals, and many worked in missionary hospitals outside of state control. Moreover, as with most Ottoman modernization campaigns, the reforms reached a very limited and privileged set of beneficiaries. A contributor to the journal *Ülkü*, writing ten years after the founding of the Republic, describes well the sentiment toward Ottoman health care policy: “We will never be able to forget, nor will we ever forget, the degree to which village health services were neglected and how spending even the smallest amount of money from the state’s purse on them was withheld in the period before our Republic” (Ülkü 1933:254). The changes in the field of medicine that followed the founding of the Republic were remarkable. Between 1925 and 1995, for instance, the number of doctors went from 2,231 to 65,832.<sup>5</sup> Accompanying this overall growth was a dramatic shift in the geography of health care. Biomedical practice went from a nearly exclusively urban phenomenon to a provincial and village practice. “With the founding of the Republic of Turkey,” as Aydın writes, “a brand-new and lasting period began in the field of medicine” (1997:23).<sup>6</sup>

Notwithstanding the tendency toward hyperbole common to writings considering this period of Turkey's history, there was an unmistakable change in the field of health care with the founding of Turkey. In addition to a dramatic expansion of the state's medical infrastructure, it was here that Turkish national development and Turkey's medical system became closely interrelated. If following Foucault (1978), one regards the military–medical institutional link established in the late Ottoman Empire as an early, albeit tentative, incorporation of modern disciplinary techniques into the state,<sup>7</sup> the Ottoman state's successor fully embraced them and wagered its future on more deeply embedding itself into the lives of a newly emerging citizenry.<sup>8</sup> Although implicitly expressed with the establishment of the Ministry of Health in 1920, three years before independence, the shifting position of medicine vis-à-vis the state was explicitly instantiated in the “Public Hygiene Law” of 1930, a law regarded as a constitution in the field of public health: “It is one of the services of the public state to improve the health conditions of the country, to struggle against all the illnesses or other harmful elements that harm the nation's health, to assure the healthy arrival of future generations and to manifest medical social assistance for the population” (Atatürk 1959: D3). This meant, as Aydın insightfully yet uncritically observes: “the ‘right to health’ existed for each citizen of the Republic of Turkey” and that, with this, “modern state–individual relations had been announced in the field of health” (Aydın 1997:23).

Although in the broad sense there was a steady, albeit slow expansion of the medical system in the Republic, this process was nonetheless interrupted by various transformations (principally political) and repeatedly reconceptualized through numerous, frequently inconsistent strategies and plans. Most relevant for the present was the radical reorganization of health politics following the military coup of 1960. Under the direction of Harvard-educated Dr. Nusret Fişek, and in keeping with the de facto political nature of the Turkish medical system, plans for a thoroughly nationalized and socialized medical system were drafted and eventually implemented.<sup>9</sup> Building upon earlier models, such as the *Etimesgut İçtimai Hıfzıssıhha Numune Dispanseri* (The Etimesgut Social Hygiene Model Dispensary; see Uğurlu 1994), the plan greatly accelerated the establishment of small health clinics throughout the country, each employing at least one doctor and a small staff. The system emerging from these plans was significantly more centralized, more fully under state control, and displayed an increasing rationalization of health care servicing (such as an emphasis upon the speed, efficiency, and orderliness of servicing, as well as new technologies of gathering and tracking patient information).

By 1992, the system was in effect nationwide. By 1995, the network of neighborhood- and village-based primary care clinics had expanded to include 4,927 *sağlık ocakları* (health outposts) and 11,888 *sağlık evleri* (health houses), with a total of 65,832 practicing doctors in the country, 34,405 under the

management of the Ministry of Health (Sağlık 1996). It is difficult to interpret the growth of the Turkish medical system as anything but a dramatic increase in the availability of health care throughout the country. Simultaneously, the health care system's expansion dramatically multiplied the sites for the state to assert its presence and, potentially, its legitimacy. This, however, captures but one dimension of a far broader expansion of medicine into the everyday lives of Turkish citizens. Namely, the extension of medical services was preceded by and accompanied an extensive and coordinated campaign aimed at the proliferation and dissemination of medical knowledge.<sup>10</sup>

#### THE SCIENTIFIC MENTALITY AND ITS NATIONAL HEALTH

Despite rumors foretelling the promise of science and technology during the early years of the Republic, most citizens had yet to “come across any health personnel in the village,” let alone “seen the face of a doctor” (Ülkü 1933). At least up until the florescence of the local health clinics in the 1960s, everyday interactions between doctors and villagers were relatively limited. While clinics and hospitals had been established in the provinces, they remained largely inaccessible. Nebahat, a middle-aged housewife who had migrated from her village to Ankara in the early 1970s, describes well the state of rural healthcare:

[When we became ill] we went to the provinces, the districts. . . . This is how it was in my father's time, [doctors] were really really reeally far away. From our village it was very far. Walking, I'd be on the road four to five hours. When my brothers became sick, my father would take them on his back, walking and walking for four to five hours, over mountains and through forests, he'd [reach a road and] then catch a ride, and by car they'd take them to a hospital in the town.

Beyond being an extraordinary (but not uncommon) account of the challenges villagers experienced in receiving health care, this story reflects a remarkable desire to be treated by doctors. The idea of biomedicine and its benefits had entered into the social world with such force that a father would go to incredible lengths to have his child treated. But this social world was a long time in the making and a great deal of work came to pass before arriving at this point. Where the previous section of this paper broadly charted a series of institutional and structural transformations that emerged from a confluence of political and military reforms, this section turns to the particular formulations of and relationships between health, nation, and citizen encoded within Turkey's medical modernization campaign.

While it was not until the 1960s, with the socialization of the medical system, that the physical presence of the health clinic became an aspect of daily life, the idea (and promise) of medicine began reaching the villages through a series of state institutions soon after the Republic's founding. Whereas one can identify

several institutions through which the new national identity was articulated, such as a national education system, a number of years were needed to achieve the infrastructure and training necessary to make them operational. In addition to the role of the military in inculcating a new national identity through its mandatory service requirements, a prominent means of nationalist re-education in the early years of the Republic was the system of small, neighborhood-based *Halkevleri*, or “People’s Houses,” and later *Halkodaları*, or “People’s Rooms” that was established throughout the country. With their humble origins in 14 People’s Houses established by the Republican People’s Party (RPP) in 1931 as cultural centers for all citizens, by the mid-1940s there were thousands of People’s Houses and People’s Rooms, with the number of People’s Rooms reaching 4,371 by the end of 1949 (Öztürkmen 1994).<sup>11</sup> As Arzu Öztürkmen describes, they “fulfilled the function of mediating the ideas, reforms, and images promoted by the new regime, but, at the same time, they defined a new sense of attachment to the changed boundaries of the motherland to the culture growing within it” (Öztürkmen 1994: 161). Their activities were explicitly designed to support newly introduced reforms of the Republican regime, with the objective of creating a national consciousness through the nationalizing of society. In this regard, as Öztürkmen explains, “What is now called the ‘Turkish national culture’ follows, in large measure, the generic structure laid out by the People’s Houses in the 1930s and 40s” (1994:164–165).

A central venue for the consolidation of a new national culture and the facilitation of the new regime’s reforms were the series of journals published by the People’s Houses. The journals were distributed freely throughout the country and regularly read aloud before audiences. The journals’ editors asked contributors to use simple Turkish in conversational mode and to emphasize reformism, populism, patriotism, and nationalism. From an examination of the full run of the People’s House’s popular publication *Ülkü* (Ideal) between 1933 and 1950,<sup>12</sup> paying particular attention to themes of science and medicine, a telling image appears of the manifestation, maneuvering, and dissemination of a Kemalist nationalist thematic, a political–medical imagination communicated through styles ranging from detailed scientific texts, to short fictional stories about physicians, to straightforward proposals for changes in lifestyle. Beyond the creation of a historical consciousness, as Öztürkmen (1994) argues, the People’s Houses’ publications also represented a struggle to mold a new Turk—the *yeni adam*, or “new man”—in the image of the clean, healthy, rational, and scientific-minded citizen. After briefly considering the prominence of scientific themes in *Ülkü*, I will examine the journal’s utilization of medical discourse to set the stage for explicating the specific historical, political, and ideological implications of “alternative” or “complementary” medicine in contemporary Turkey.



*The Scientific Mentality*

For many contributors to *Ülkü*, science held radical implications. Niyazi Hüsni, writing in 1933, addresses this directly in his essay “Science and Revolution”:

The biggest enemy of the Sultanate regime that was convinced that it had received all its powers from supernatural and divine origins was the scientific mentality. As [the scientific mentality] marked in human history the beginning of the search for natural and sensible explanations for the natural events that surround us, in our history its clearest evidence is the toppling of the monarchy and its divine law, and the awakening of the national and public consciousness. For us, in the era of the sultanate and caliphate, there could not have been anything as fake and impossible as SCIENCE. . . . Although in the past the Western civilization that more freely entered into our lives perhaps cultivated people who knew many languages, who spoke well, and dressed beautifully, until a national and liberated consciousness was awakened in our country it had cultivated very few scientific minds. (1933:117)

Hüsni, through the vocabulary of science, presents a familiar nationalist theme: Turkey’s national regeneration was to come with the replacement of the old (Ottoman) civilization with a new, scientific-based (European) one, while maintaining a hold upon Turkish culture. Although European “culture” was present in the Ottoman Empire—in terms of speech and dress—European “civilization” had not arrived, at least until a “national and liberated consciousness had been awakened” (1933: 117).

While other essays aim more broadly and explore the history of science, a history characterized as a progressive road of discovery and enlightenment invariably couched in a European history of science (Aziz 1934; Hüsni 1933; Murat 1933), one also find papers empirically engaged in specific scientific questions. The answers to these questions, nonetheless, served to stage a particular nationalist imaginary. Researchers employing anthropometric methodologies, for instance, present the quintessentially quantified Turk and the proper position of the “Turkish race” within a racialist world geography (Kansu 1939)—a project reflecting the then-popular racialist logic of national identity. Elsewhere, detailed discussions of the chemical properties of water developed into considerations of how people of civilized countries who drink clean water live longer lives (Ömer 1933). Still others focus on modern concepts of human physiology (Kansu 1936; Nâsır 1934), with one contributor ultimately dismissing a fundamental theological question—the distinction between animals and humans, and humans’ animal nature—as being a matter of “the expansiveness of their mental faculty” (Kansu 1936:111).

With the aim of cultivating scientifically minded citizens, contributors to *Ülkü* sought to draw a “connection between scientific discoveries and most of our daily work” (Ülkü 1933: 325). As such, they were taking up the challenge put forth by Atatürk: “In order to see the illness in a society, in order to cure it, and in order to advance society according to the necessities of the time. . . knowledge is necessary”

(Atatürk 1981:4). Through basic scientific (re)education, newly conceived citizens were to gain reason, rationality, and order in their understanding of both themselves and the natural, social, and political universes they inhabited. In the process, older modes of religious authority and the systems of knowledge upon which they were legitimated were to be replaced. The language of the “esoteric religious man” and “scholar,” to use Murat’s figures (Murat 1933), were no longer to be commensurable.

### *National Health*

As opposed to the at times abstract discussions of science, papers considering medicine and public health more directly carried with them prescribed alterations in the “daily work” of audiences. Publications such as *Ülkü* not only extolled the promises of medicine, thereby laying the groundwork for the clinics to come, but also sought to cultivate a series of new relationships emerging through the Republic’s modernization project. Reflecting the journal’s goal of constructing a new national consciousness, writers repeatedly cast individual health in the frame of the nation’s health, penning a straight line from individual to nation. As Zeki Nasır, a frequent contributor, writes, “An individual’s health means a family’s health. A family’s health constitutes a village, town, or city’s health. All of these establish a country’s, more accurately a nation’s health standard” (1933:73). With such a framing of the nationalist thematic within the discourse of medicine comes a fundamental shift in how state-individual relations were to be imagined: on the one hand, the individual citizen assumes a specific place within and certain responsibilities for national development; on the other, the state is to play a particular role within the lives of its citizens.

First, as members of a new national community, the health of individual citizens was no longer to be isolated. As Nasır (1933) and Gönenç (1936) explain, a healthy body is necessary for a healthy nation and, conversely, a sick person will be a burden on the family and the nation. Individual health thus becomes charged with an aura of national responsibility. In this context, the implications of such essays as “The Roads to Raising Highly Intelligent Children” (Evrenol 1936) gain added significance—a child’s development becomes tantamount to a nation’s development. National development was, however, not to come merely through individual action. “In the civilized world today,” as Nasır explains, “all of the people’s and the state’s work is done with cooperation” (1933:74). Expressing this notion through the language of medicine, Gönenç continues, “For all of us to have more orderly and better health . . . our working in cooperation is necessary” (1936:49). Both of these themes—the need for collective action to achieve national health and the relationship between individual and national health—are regularly characterized through a metaphorical linking of individual and national bodies.

The health of the national body, and hence national development, was to be understood as achievable through the personal and collective care of individual bodies. Conversely, as Atatürk explains, “If one organ of a society does not work, that society is paralyzed” (1981:5).

Second, the language of medicine expressed in *Ülkü* simultaneously constructed and was constructed by a particular image of the state and its role in the lives of its citizens. In other words, the state was to assume a specific role in individual health, that of defender and guardian. “Our goal,” as Atatürk proclaimed in a 1922 speech, “is to defend and strengthen the health of our nation” (Atatürk 1981). And as a contributor to *Ülkü* explained, “One of the Republic of Turkey’s brightest endeavors and triumphs is the state’s taking healthcare and social assistance as among one of its foundational political ideals” (Ülkü 1933: 255). Another contributor, Zeki Nasır, after castigating those that marry too young and thus endanger the future intelligence of their children, writes, “How can we expect a strong and healthy generation from mothers and fathers who married extremely young and whose bodies have yet to fully develop? As you see, the government, in the last years, has corrected this improper conduct with a law” (Nasır 1933: 74). As guardian, the state’s watchful presence would reach to its borders:

Today, if a pestilence breaks out in whatever village of Anatolia, if there is a mother who is not able to give birth, if there is an indigent house with many children, Ankara’s ear will immediately hear. . . One of the obvious attributes of the Republic health care system is the extending of its hands and eyes as far as the village . . . (Ülkü 1933: 253–254)

Indicating a prevalent interest in hygiene at the time (e.g., Gökay 1939a,b) and prefiguring later medical institutional changes (e.g., technologies of gathering and tracking patient information), this system of medical surveillance reflected an increasing emphasis upon population-level health data and concerns with a generalizable “population” over which the state was to guard.

The depiction of the state’s struggle against disease as a war—as with the pivotal “Malaria Wars” of the early- and mid-twentieth century (Aydın 1998)—further reinforces its image as the protector and guardian of the nation’s health (Ülkü 1933), as well as intimating the politico-military legacy of Turkey’s medical system. As in the War of Independence, citizens are called to unite as a nation under the protection of the state to defend themselves against the invasion of disease. And in this struggle against disease, great promises (in the name of modernity) were made on behalf of medicine: the birth rate would increase, the mortality rate would decrease, the prevalence of infectious diseases would decrease, and people would all together live longer lives (Gönenç 1936; Ömer 1933; Ülkü 1933). With health would come prosperity as well. As Nasır explains, drawing an unclear causal relationship between health, longevity, and wealth, “Countries that are developed in world trade are rich, have attained affluence, and live long” (1933:74). And

further along, “Thanks to. . . cooperation, a nation’s health, wealth, and affluence rises” (Nasır 1933:74). Taken together, an individual’s health is a family’s health, which in turn is a nation’s health. In a healthy, civilized nation people live longer and are more affluent.

For the young Turkish elite, medicine and the science upon which it is based were instrumental features in their project of constructing a modern nation-state and “extending its hands and eyes as far as the village.” While neither a singular entity nor the sole site of such a project, medicine and science not only provided a vocabulary for those bent on inventing a nation (and reinventing a state), but medicine in particular represented an effective site for enacting the top-down modernization project of the state. As such, it stood at the crossroads of state ideologies of progress and order and, as the state would have it, an “unenlightened” populace steeped in “superstition.”

If, as Warwick Anderson argues, “the basic language of Western medicine, with its claims to universalism and modernity, has always used, as it still does, the vocabulary of empire” (1998: 529), the reverse proved equally true in the case of Turkey. That is, for the reformers of the early Republic, the language of civilization could use the vocabulary of medicine. Beyond the series of assumptions biomedically based medicine carried along with it in terms of causality, nature (as distinct from “the supernatural”), rationality, the human body, and the nature of human existence (Good 1994; Gordon 1988; Mishler 1981), the spread of biomedicine—in terms of both practice and knowledge—came to epitomize new relations between the state and its citizens. It carried the weight of Kemalist ideals of citizenship and sustained the accompanying requirements for being a modern individual and nation. Health, both individual and national, and development, both individual and national, were conceived as inseparable.

#### IN THE SHADOWS OF MEDICINE, MODERNITY, AND SECULARISM

Not surprisingly, medicine assumes a prominent position within existing structures of political authority, structures articulated through an array of stylized medical performances. Yet how successful was medicine in transforming the “daily work” of the nation’s people? While it is difficult to gauge how its messages were received during the early years of the Republic, their contemporary effects are evident. On the one hand, in regard to science, the tremendous prestige accorded scientific endeavors and education is but one clear—yet anecdotal—example. On the other hand, in regard to medicine, the remarkable faith in medicine and medical technology that was repeatedly expressed during the course of the fieldwork discussed here cannot be disentangled from the nation-building work of the early Republic. Numerous stories, such as that of Nebahat’s father in the 1960s, carrying

his son on his back for four or five hours to the nearest doctor, readily convey the transforming importance of medicine in the lives of Turkey's citizens. In this respect, Yıldız, a strong yet aging woman who migrated with her husband to Ankara in the late 1960s, makes the following assessment of the state of health care and its impact in her village while she was growing up:

There wasn't, there wasn't [any doctors], but now in the village there is a doctor and a health outpost. . . . What do I know, if I look at our village it's better than here . . . now there is [a health outpost] and it's because of the tourists, a lot of tourists come. Anyway, there were my parents, the last one was over something like 90, his eyes didn't work. He never ever went to any kind of doctor, never, [and he was] maybe 97. Then my brother came along, and they immediately took him to the doctor. . . even before the tears in his eyes dried. And there would be nothing, they'd say there was nothing to be done. That's how it was. I never heard of a woman saying "I'm sick" and going to the doctor. . . . This getting sick and going to the doctor, we never felt the need. There wasn't such illness. But now, there's a lot of doctors, and every day illness. I didn't know what it was to get ill when I came here [to Ankara]. I didn't ever get sick.

Yıldız's comments are noteworthy not because they counter the objectives of the state's medicalization campaign (in that with doctors came increased prevalence of sickness), but that they suggest the campaign's successful redefinition of what before might have been considered simply an expected aspect of aging, or the harsh reality of life, as medicine's jurisdiction.<sup>13</sup>

While Yıldız's account is suggestive of the success of Turkey's medical modernization campaign, what did people do before doctors came? Or, rather, when doctors started appearing, what were people's reactions? And who reacted in what way? Thus we come to perhaps an unnoticed but nonetheless looming void in standard accounts of Turkey's history of medicine. Such accounts would have one conclude there was nothing before the doctor—nothing but a void of filth, pestilence, and disease that was filled by the rationality of science and medicine.

A curious passage in a renowned medical journal from 1939, however, gives one pause. In a discussion about hospital policy, Dr. Fahreddin Kerim Gökay writes,

Harm is possible in such an environment: To frighten away and cause to lose enthusiasm . . . a public that has escaped from *üfürükçüs* and quack doctors and has begun to trust the state's compassionate institutions! (Gökay 1939b:4287)

From a different issue of the same journal, in a discussion of Turkey's mental hygiene and psychiatric services:

By accepting secularism which put a legal prohibition on the rights supporting the organizations that spread the practice of *üfürükçü* and false beliefs like this, the veneration of individuals' freedom of consciousness was recognized as one of the greatest principles. (Gökay 1939a:4185)

And as a contributor to a 1933 issue of *Ülkü* writes,

Altogether ignorant and foul would-be midwives have been giving birth to our mother's children and of course killing most of them. . . . Under the name of surgery, inexperienced operators are treating wounded, sprained, and broken people, and they are leaving most handicapped. Thanks to [the state's role as healthcare provider], the practice of *üfürükçü* in Turkey flows into the history of false doctoring. The calamities that ignorant midwives, would-be surgeons, dentist barbers, and circumcisers found in their coffee-house-corner offices have been producing for years have passed before us. (*Ülkü* 1933: 255)

If we follow the path that these passing statements clear before us, we trail into the shadows of the state's history of medicine. Once there, one encounters a multitude of healers employing a variety of therapeutic techniques (the *üfürükçü* or *cinci hoca*, the *kurşuncu*, bonesetters, herbalists, innumerable holy persons and religious sites, Greco-Islamic therapies, music therapies, and so forth), all of which were surely utilized in a variety of combinations in accord with one's needs and expectations and their respective availability. Today, as the remainder of this section considers, such "alternative medicines" (having failed to "flow into the history of false doctoring") bear the legacy of being structured as nonbiomedical, antithetical to the creation of a modern nation, and detrimental to individual freedom of consciousness.

Kerim, a 55-year-old self-described *Atatürkçü* (Kemalist, or adherent of Atatürk's doctrine), moved from his village to Ankara in the 1960s and soon after set up a small market catering to the growing number of migrants making their way to the city. In response to my noting the apparent proliferation of *üfürükçüs*, or *cinci hocas*, he explained:

Of course, and it still continues to. Sick people are more ignorant. . . . Here there are a lot of ignorant people, people that haven't advanced, who still believe in those *hocas*. They believe in . . . these *hocas*, the words of these *hocas*. It's as if they don't rely on anything scientific. They don't trust anything scientific. You have respect for your mind. From their minds something has been removed. This is this, that is that. They are deceived, from true nature, they are deceived. They [*hocas*] control the people like that. They leave them still further back, and the people do not develop.

Further along, when I questioned him concerning the differences between his staunchly secularist, *Atatürkçü* neighborhood and the nearby, religiously conservative neighborhood, he said,

Do you know the difference? Look, like I said a little earlier, this is the enlightened area, the enlightened area. . . . "To be enlightened," do you know this? One who goes toward the future, who absorbs it. One who thus assimilates the new. For instance, if an infidel makes good tea, it is good. If a Muslim makes good tea, it is good. If they make it good in Japan, it is good. But those who like only what they themselves know, they think that what is made by Muslims is good, and by others is not. Is this possible? Whoever makes it well, that is good. Right? The other area, well, the *hocas* convey, they are reactionary. And they get

everything from him [the *hoca*]. And then, they do not develop at all, the new is not fitting for them.

In addition to its appealing inclusiveness of (Why does it matter who makes the tea, as long as it is good?), Kerim's narrative reveals the ways in which themes of science, rationality, and enlightenment knot together around the topic of religious healing, and how the practice and utilization of religious healing is at once a symbol of backwardness, reactionism, and ignorance. Some 60 years after Gökay condemned "traditional medicine" for impeding individuals' freedom of consciousness, urban immigrants such as Kerim establish a historical continuity through continuing to oppose it in the name of moral, intellectual, and national development.

In the juxtaposition of his "enlightened" neighborhood against the other, nearby "reactionary" neighborhood (a neighborhood that widely supported pro-Islamist political parties), the figure of the religious healer also captures secularist anxieties over a presumed threat to Turkey's secular democracy from Islamist political mobilization. Although Kerim oversimplifies the connection between religious healing, religious conservatism, and Islamist politics, aspects of religious healing's history—and the *cinci hoca*'s in particular—are suggestive of Kerim's passionate association of the *hoca* with perceived antisecularist (and hence antistate) politics. Historically, many persons practicing religious forms of healing emerged from or claimed association to such Ottoman state-authorized institutions as the *medrese* (theological school). While such practices as the exorcising of *cin* were certainly not part of formal *medrese* education (being long regarded as against established religious orthodoxy), oral historical data show that many *medrese*-trained clerics, as they traveled into villages, frequently engaged in such practices. With the secularization reforms of the early Republic, religious institutions such as the *medrese* were closed and *tarikats* (religious orders) were banned in an effort to remove religious influence (and political opposition) from the emerging state structures. On the one hand, and expectedly, healers were no longer able to claim a religious authority institutionally linked to the state, and *tarikats* membership took on radically different implications. On the other hand, various forms of "complementary" medicine became associated with perceived antisecularist, reactionary political forces. When one recognizes that many forms of religious healing have historical roots (claimed or otherwise) within the same religio-political structures that were suppressed with the establishment of Turkey and that are currently being mobilized within pro-Islamist circles, it is not surprising that religious forms of healing have emerged as targets of widespread antagonism among those who perceive recent Islamist electoral success as a threat to Turkey's secular democracy.

When one turns to the neighborhood Kerim regards as conservative and unquestionably pro-Islamist—and thus, for him, a hotbed for religious healers—an

alternate but no less problematic situation arises.<sup>14</sup> As in the late-Ottoman state *ulema* (the body of doctors of Islamic law), the *cinci hoca*'s claim of being able to exert control over jinn has led to charges of heresy within Islamic orthodoxy. Figures such as the *cinci hoca* thus attract scorn from both the religious establishment and staunchly secularist Kemalists—for alternative yet overlapping reasons. However, when it comes to recognizing the healing power of prayer or the use of Qur'anic verses accepted as holding therapeutic potential (*şifa ayetleri*), a more conciliatory position emerges—but one no less ensnared within highly politicized discourses.

When asked about who seeks the care of religious healers, Osman, a 30-year-old cobbler and resident of the neighborhood Kerim regards as “unenlightened” and “reactionary,” explains:

Now, actually, nowadays, the youth . . . well, they are being steered completely backwards. They are trying to be distanced from Islam. From the youth, I don't think there really are any going [to healers]. This newly maturing generation, what can I say, unbelievers? More different? In other words, it is the more mature people who go to healers. But, now, from the youth there is no one who perfectly does the five prayers daily, the majority . . . the people that begin doing prayers, it is after they retire, this is more common. At work for instance, they are even banning the doing of prayer. This, now, is because of the government. I mean in the past there was no such events, but two, three years ago this came out, this banning. Moreover, they closed the *imamhatip* schools [for training religious personnel], and they are still closing them. That is to say, they're trying to strike Islam with a battleaxe. This is trying to be done. So help me God, we. . . I believe that in the end, sooner or later, the world will come to an end. We believe that the time of the next world is going to come.

While it is important to point out that Osman is speaking in regards to treatments he received from the local mosque's imam, his narrative is nonetheless couched within a markedly different frame of reference than Kerim's. It was not ignorance and unenlightenment that explained the persistence of religious healing, but a lack of real faith that was leading to its demise. Conversely, the waning significance of religious healing was not a sign of how modern one was (as is the case for Kerim), but evidence of a pervasive insufficiency of faith in God and the teachings of the Prophet. For Osman it was the state's undemocratic, authoritarian suppression of religious freedom and the spread of capitalist consumerism that has made the belief foundational to religious healing problematic. Where one thus viewed the prevalence of religious healing as a part of the threat of Islamism, others view the waning of religious healing as yet another symbol of a threat to Islam from an unjust state.

One should keep in mind that figures such as the *cinci hoca* are significant elements of local health care systems and people (from all backgrounds) seek their assistance for reasons that reflect not ignorance but the limitations of medicine and medical services—their help is sought for the treatment of problems not defined as treatable within medical settings, in instances where one has no access to or



cannot afford medical treatment, or most commonly, alongside medical treatments seen as overly impersonal and fraught with divisions of class and authority. Far beyond a matter of therapeutic efficacy, however, to speak of religious healing is to enact a series of debates over threats to and of modernity; national, personal, and moral development; secularism and the gaining political influence of Islam; state authoritarianism and the meaning of democracy; and rationality (both religious and scientific) and freedom (of consciousness). In this regard, conversations such as those presented above stand as artifacts, even scars, of historically sedimented ideological formulations aiming to imagine a new nation and the contemporary struggle over the meaning of its core principles.

#### NOT MODERN ENOUGH FOR “TRADITIONAL HEALING”

One afternoon during the course of my fieldwork, I was asked to give a presentation to a group of public health workers involved in a campaign targeting the sorts of neighborhoods my research was based in—established squatter communities in Ankara that are home to staggering numbers of the unemployed and working poor. After presenting aspects of my research, in particular sketching the variety of therapeutic modalities available outside of local medical clinics, I tentatively suggested to one of the coordinators that they consider some sort of integrative approach toward “traditional medicine”—if not simply its recognition—in formulating public health campaigns. Her response was unlike the dismissiveness commonly encountered elsewhere, but in its sincerity it was yet more telling: “We’re not modern enough for that yet.” While the rejection of such an idea was not surprising—it was, after all, asking “health care personnel” to have a genuine conversation with “the esoteric religious man”—the conversation was now curiously contingent on being “modern enough.”

Although we had talked before and I knew of her interest in these sorts of treatments, she recognized the implications of officially sanctioning them—in regards to both her personal career and the institution at which she worked. Yet because foreclosing such a conversation is in opposition to the latest trends in international health policy, promoted by such international medical institutions as the WHO, she is put into an untenable position. A call for formal integration would entail an ideological short-circuit, a reinclusion of a set of practices whose exclusion was vital to the constitution of state legitimacy in the name of modernity. At the same time, as with other health researchers and activists in Turkey, she considers herself a part of the international health community and committed to such institutions as the WHO.

In this context, among those promoting the integration of complementary and alternative therapies into national health care systems, to oppose “traditional

medicine” is to be at once overly beholden to the promises of biomedicine and impractical when it comes to the cost of providing biomedical care in resource-poor settings. Moreover, antagonism toward medical integration leaves one open to accusations of cultural insensitivity and exclusionary politics. “Integration,” in this respect, indexes something more than simply allowing healers to take part in the medical system. As Leslie Swartz notes in talking about the integration of mental health services into primary health care in South Africa, “the language of ‘integration’ . . . is loaded, and inextricably linked with ideas about a society which should no longer be riven by race and class conflict” (Swartz 2002:169). Likewise, the WHO’s typologization of health care systems (WHO 2002) as “integrative,” “inclusive” or “tolerant” employs themes easily recognizable as core political and moral categories inextricably linked to, in this case, liberal democratic discourse. Understood in this light, to exclude such healers is not only against patients’ best interest, but also in opposition to the ideals of cultural plurality, inclusiveness, and individual freedom (of choice).

At this contradictory intersection—where the Turkish health care worker moves between national political realities and the inclinations of international policy—a series of historical ironies is revealed. Past reforms undertaken in an effort to make Turkey into a modern nation now stand as further evidence of its inability to be modern (enough). Where historically *üfürükçü* were regarded as an affront to individual freedom of consciousness and their elimination as a path to modernity, their exclusion from the medical system can today be considered an assault on freedom that bars one’s entrance into modernity. As such, in thinking through the implications of realizing the WHO’s desires, the varied allusions to inclusiveness, tolerance, and freedom in the language of medical integration cannot be placed outside of the ways in which “human rights” discourse serves as a dominant idiom of international moral critique through which Europe’s relationship with Turkey is recurrently articulated. Here again, as in the state’s medical modernization project, the figure of the “traditional medicine practitioner” becomes a vehicle for sustaining a series of extra-medical, political discourses. And beyond the credulous contention that inclusion within the state would be an instance of freedom, the vocabulary of medical integration reenacts the language of civilization through which Turkey can once again be structured as deficient.

In the glib yet serious response of the public health representative lingered a sense of both betrayal and hope. Where early reforms, such as those in the health system, were part of a project aiming to outdo European nations to either more fully participate in their power or at least compete militarily, their success has left Turkey, once more, off target. The use of “enough” is telling in this regard, for it captures the shifting nature of and inability to arrive at the ever-vanishing horizon of an ideal, universal modernity. Here, the shadows of medicine and

modernity take on added meaning—as not merely the incredible investiture in biomedicine that aspired to overshadow and erase other forms of healing, but also as a set of contradictions structuring Turkish modernity. In the latter case, to follow international health policy trends is to undermine “modern” health care. But in qualifying her appraisal with “yet”—that “we are not modern enough . . . yet”—the public health coordinator holds out hope; she holds onto, in other words, the progressivist narrative of modernization, according to which Turkey too will develop to a point where it will be “modern enough.”

#### CONCLUSION

As a prominent site wherein the Turkish state intimately engaged the daily lives of a new citizenry and through which a national population was constituted (in part, medically), Turkey’s developing biomedically based health care system sustained conceptions of subjectivity closely bound to ideological formulations of modernity (rationality, reason, individual choice), nationalism (citizenship, individual health/national health), and secularism (religious versus secular political authority). Where medicine spoke the language of civilization, and vice versa, it served as a mediator in the articulation of a particular relationship between individuals (citizens) and a society (nation), and of how people were to relate to one another and themselves. From this, the practice and utilization of biomedicine emerged as one of many strategies for embracing a “modern” status—in terms of both national development and the negotiation of personal identities. Simultaneously, sets of social practice and modes of religious-political authority represented by “complementary” and “traditional” medicine were structured in opposition to the modern, rational subjects/citizens who were to rely upon science, not “superstition,” for their health care needs.

An alternative reading of the history of medicine in Turkey is that of a desired monopolization of the field of healing. In the “enlightened” future that was being imagined for Turkey, “traditional medical practitioners” such as the *üfürükçü* stood in the shadows, as the silenced specters of a past to be forgotten, a dangerous symbol of backwardness, and a menace to the order and progress that was to come with science and medicine. In their persistent association with the various ills that plague Turkish society, religious forms of healing exist not merely as one of many health care alternatives to be conceptualized horizontally (as of equal status) and defined narrowly around healing. With the ascension of biomedicine as the central technique for the treatment and definition of illness (for reasons enumerated above, and not simply due to its efficacy), the modern history of “traditional medicine” was drawn into a tangled web of ideological formulations aimed at imagining a new nation. In this regard, “traditional medicines,” as they are pulled into the orbit

of an increasingly influential biomedically based health care system, tap into a deeply controversial and uncertain struggle over how the world is (and was to be) conceived—as scientific, as mystical, as moral, as something in between or wholly outside. In light of this, the disclaimer that precedes the *WHO Strategy for Traditional Medicine* appears painfully naïve: “[G]iven regional diversity in the use and role of traditional medicine, and complementary and alternative medicine, modifications may be necessary to take account of variations at regional levels” (WHO 2002:ii).

As Turkey formulates a new national mental health policy, one that places particular emphasis upon community-based mental health services, the topic of this paper is particularly salient. While still in its early stages, if such an approach to health care servicing is to achieve the levels of success hoped for, it must understand the broader (therapeutic) contexts patients move through. Especially in those recurrent cases where individuals suffering from treatable mental illnesses eschew the stigma of mental health services by relying solely upon religious healers, the need for some sort of mutual recognition and cooperation is readily apparent. At the same time, one must remain aware that a goal of formal integration—and its accompanying regulatory implications—runs the risk of reenacting the historical precedent of appropriating local cultural traditions for the production of an innocuous secular-national culture. It is hard to imagine a push for integration as anything but the expansion of an authoritarian state’s influence and a biomedically based health care system’s authority. In either case, the prospects for achieving the level of integration desired by WHO are, to put it mildly, mixed.

Therapeutic modalities of a religious nature—particularly those grounded in Islam—directly confront the deep ideological penetration of discourses of modernity (mediated through medicine) and anxieties surrounding perceived threats to Turkish secularism. In this respect, the presumption that a pro-Islamist government would be more willing to formally accept “alternative healing” is far from self-evident. For one thing, the forms of Islamic orthodoxy that inform Islamist politics are deeply contemptuous of such figures as the *cinci hoca*. Moreover, despite claims otherwise, Islamist political parties work through conditions framed by secularist discourses. And it is those individuals especially sensitive to these concerns—government officials—who are to be charged with implementing changes in Turkey’s health care policy. Although Turkey’s health care system is already thoroughly integrated informally—with “alternative” therapies being used by countless individuals, both wealthy and poor, *Atatürkçü* and Islamist—officially sanctioning them is a markedly different issue, one that goes against the logic of official state discourse (and the desires of most healers).

As this essay has demonstrated, medical integration is not simply a matter of overcoming epistemological incompatibilities and the incommensurability of therapeutic languages, but recognizing the historical, political, and ideological

differences that structure these divisions. Persisting as an excluded figure within Turkey's modernization project and embroiled within a number of interconnected and frequently contradictory discourses, religious healing forces into memory Turkey's own past, a past that was ostensibly reinvented with the founding of the Republic, and thereby touches on a sensitive nerve in regard to both the state's identity and its own legitimacy. As people speculate about the sources of their illness and seek appropriate care, they navigate such fields, enact these histories, and move through the shadows of Turkish modernity. And it is within the context of this past, and the way it is employed in constituting the present, that integrating "complementary" or "alternative" therapies must be understood as a project that extends outwards, tethering together broader fields of social, psychological, and political significance.

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#### NOTES

1. For instances of this commitment, see *Promoting the Role of Traditional Medicine in Health Systems* (WHO 2000), *Guidelines for Training Traditional Health Practitioners in Primary Health Care* (WHO 1995), and the earlier *Report of the Consultation on AIDS and Traditional Medicine: Prospects for Involving Traditional Health Practitioners* (WHO 1990).

2. This is not, of course, to argue that "traditional medicines" are to be defined exclusively in relation to biomedicine (as merely addressing its shortcomings, the standard critique of the labels "alternative" and "complementary" medicine), but that their contemporary position is inextricable from a particular history of biomedicine within a specific (national) context.

3. "TM therapies include medication therapies . . . and nonmedication therapies – if they are carried out primarily without the use of medication, as in the case of acupuncture, manual therapies, and spiritual therapies. In countries where the dominant health care system is based on allopathic medicine, or where TM has not been incorporated into the national health care system, TM is often termed 'complementary,' 'alternative' or 'nonconventional' medicine" (WHO 2002: 1).

4. See Good and Good (1992) for an anthropological consideration of Greco-Islamic medicine, alternatively labeled "Islamic medicine," "Galenic-Islamic medicine," or "Arabic medicine."

5. Although this dramatic increase is partly a result of increased licensure, as well as a relatively high rate of population growth, the overall increase in the number of physicians is nonetheless dramatic. These statistics come from Sağlık (1996) and Aydın (1997).

6. For descriptive considerations of the history of medicine in the Republic of Turkey, see Sağlık ve Sosyal Yardım Bakanlığı (1973), Ege (1998), and Aydın (1997).

7. For a revealing consideration of the role of the military in introducing modern disciplinary techniques into the Empire and resituating Turkey's political and social genealogy into the Balkans, see Silverstein (2003). For further reading in the history of medicine in the Ottoman Empire, see Aydın (1995, 1996b). My discussion of the history of biomedical services during this period is focused principally on the Anatolian provinces of the empire.

8. Many scholars drawing largely upon the work of Foucault (1973) have considered the ways in which medical practice and biomedical knowledge in differing historical and cultural contexts can function as instruments of social control (e.g., Comaroff 1993; Harrison 1994; Prakash 1999; Stoler 1989). Working under the rubric of colonial, imperial, or tropical medicine, however, this scholarship is exclusively concerned with the relationship of medicine to colonialism. The focus of this paper on a noncolonial context and its examination of medicine's relationship to preexisting, alternate modes of healing raises a different, yet parallel, set of questions that will be of critical importance in considering the potential and implications for medical integration. Fanon (1965), Comaroff (1985), and Pandolfo (1999), although working within colonial contexts, do address the relationship between biomedical and indigenous therapies.

9. For a specific discussion of the Turkish medical system during this period, see Aydın (1996a), Fişek (1981), and Öztekin and Eren (1996).

10. At this juncture it is necessary to make two points. First, regardless of tendencies to misrepresent modernization simply as Europeanization, the Turkish civilization being built with medicine and modernity was not simply a European one, despite derivations and desires. No matter where it is derived from and where it articulates to, medicine is thoroughly a cultural system that is both a constituent and an expression of particular cultural contexts (Good 1977; Kleinman 1980) and an unfinished product of cultural history (Gaines 1991, 1992). Second, I am not implying in what is to follow that the spread of biomedicine is an altogether destructive process. This is not, however, a debate to be entered into here. The following discussion aims rather to examine the role of medicine within Turkey's modernization project, revealing some of the inconsistencies and unintended consequences of its implementation.

11. Although disbanded in 1950 amid accusations that they were tied to the ruling political party, a second period of activity began with their reopening in 1963. The zeal and enthusiasm of 1930s and 1940s, however, would not be recaptured.

12. The full run of *Ülkü Halkevleri Mecmuası* consists of three periods (1933–1941, 1941–1946, and 1947–1950), each with distinct volume and issue numbers (1:1–17: 102, 1:1–11:126, and 1:1–8:23 respectively). Because the last two periods reflect an ideological shift away from the journal's initial goal of populist, nationalist reeducation, my discussion focuses principally on the journal's first period of publication.

13. This interpretation is necessarily tentative in that it is difficult to retrospectively distinguish the degree to which nonrecognition of illness indicates an absence of illness, a

resignation to the fact that there were no options, a finer discrimination of illness, and/or a nostalgia for an idealized village life.

14. I do not refer to “secularist” and “Islamist” as mutually exclusive categories. To say one neighborhood is pro-Islamist is not to imply that it is opposed to secularism. Nor is this intended to suggest that “secularist” and “Islamist” capture the full range of ideological, religious, and political positions available—within and outside the neighborhoods. Despite their analytic imprecision, these terms stood as cogent social categories used by residents to characterize themselves and their neighborhood. The distinction I draw between the two neighborhoods is most clearly reflected in their political alliances: where one overwhelmingly supported the Kemalist Cumhuriyet Halk Partisi (Republican People’s Party), the other supported the Islamist Fazilet Partisi (Virtue Party). Both neighborhoods were in the Mamak municipality of Ankara and reflected little, if any, class difference.

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