

**“NO ONE WILL HELP YOU EXCEPT YOURSELF”:  
TEACHING, LEARNING, AND PRACTICING  
PHYSICAL REHABILITATION IN THE SAINT  
PETERSBURG AIKUNE CENTER**

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## ABSTRACT

In this paper, I explore the health care strategies of people practicing aikune – a physical rehabilitation practice based on the principle of self-healing. The study is based on autoethnography and participant observation field work in the Saint Petersburg aikune center conducted in March 2018 – August 2019 and semi-structured interviews with ten patients and two instructors of the center.

Aikune is a rehabilitation gymnastics for treatment and prevention of the spine and musculoskeletal system diseases. During sessions in aikune center, instructors explain the theory of how this method works and teach people how to perform exercises themselves. Going through an aikune session, people work on the spinal muscles and deal with specific body experience and pain that comes along with rehabilitation process. Both these experience and knowledge about physiology that they gain in the process of learning aikune change their relationships with their bodies, their perception of health and the role of pain in the process of rehabilitation and health care practices.

In my research, I focus on the question of agency in a way people approach their health care in terms of treating and preventing diseases. Analyzing interview materials and my own experience in aikune community, I showcase the ways how self-healing skills and physiological knowledge change people's health care strategies in their everyday lives and what changes this knowledge brings to people's agency in a wide social context of contemporary Russia. The experience of rehabilitation teaches people to distinguish the recovery pain from the disease pain, perceiving pain in general as a language of communication with their bodies through the nervous system. According to this understanding of pain, they stop curing pain as a symptom, but they treat the problem instead. With the knowledge of self-healing, aikune center's patients gain certain control over their bodies that lets them reduce the need for medical help. Physiological knowledge they receive during aikune sessions also helps people to restructure their habits and everyday lives in a way to maintain their health. Exploring the specificity of the embodied knowledge that practicing aikune produces, I approach the question of how the ideology self-healing contributes to personal transformation and transformation of the society.

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## INTRODUCTION

What does health mean for us? How do we understand what health is? Most of the time, we are busy thinking about other things. We are all interested in something, we are professionals in different spheres. An architect knows how to construct a building so that it would not fall, a mechanic can repair broken automobiles, an anthropologist is aware of what secures the stability of social norms. At the same time, all of us have bodies. We delegate knowledge on how bodies function and how to repair them to professionals in the medical sphere. What if we were also professionals in our own physiology? What if we knew how bodies function, were aware of the reasons of why we get sick, of where diseases come from and how to prevent and eliminate them?

This paper originates from my medical history. Two years ago, I started regularly visiting aikune rehabilitation center in Saint Petersburg where I had been fighting scoliosis. There, I spent about a year and a half recovering and learning hand in hand with people of various age groups and with different health problems. Throughout this period, in my aikune class, I met about 80-100 people in total. Some of them I was seeing regularly whereas others I only met once or twice. I would go to the aikune center and spend there from 1,5 to 3 hours a day almost every day from March 2018 to August 2019.

Aikune is a rehabilitation gymnastic practice that was created in 1998 by a Kazakh healer Abay Baymagambetov. In the late 1990s – early 2000s, the creator patented aikune in Russia. There, the aikune method went through clinical testing at the Russian Academy of Medical Sciences and was approved as a physical therapy method that is safe and efficient for curing diseases of the musculoskeletal system. Since then, aikune gymnastic has spread around Post-Soviet countries. Throughout these 20 years, Abay Baymagambetov and his students have been training aikune instructors themselves.

As a holistic medical practice, aikune claims that the health of the body, and mind accordingly, depends on the health of the spine. Therefore, aikune instructors teach people how to train intervertebral spinal muscles in a way that would positively affect all the body. In the context of anthropology of medicine, aikune is an interesting case due to its position towards medical expertise as a phenomenon. In this relation, aikune stands for the practitioner's autonomy from professional medical help when it comes to curing and preventing diseases. In aikune, such autonomy comes with the skills of self-recovery (*samovosstanovleniye*), or self-healing (*samoistceleniye*), as the instructors call it. In particular, among aikune teachers in Russia, Saint Petersburg aikune center is exceptional in its views on “purity” of aikune and pain management – Saint Petersburg instructors are against mixing aikune with other bodily practices, such as yoga. Furthermore, they stand against avoiding pain in the practice and in life. They call for not being afraid of pain and face it in order to fight the source of this pain with the help of aikune as the only

practice that does so. With the instructors help, in the aikune center people learn to take control of their pain and to make use of it for their health care benefits.

In this case study, I approach the specificity of teaching and learning aikune through physiological, psychological, and intellectual experience. In order to showcase what aikune experience does in spheres of personal and social transformation, I answer the following questions: How does aikune change people's perception of pain and why is it important when talking about health management? How does aikune aim to change people's lives and society when establishing self-discipline and techniques of the body in practice and everyday life? What kind of agency aikune brings to people in their health care strategies? How do ideas of autonomy and self-care in a neoliberal sense implement through embodied learning? What can aikune ideology tell us about the broader sociopolitical context and how does aikune as a project contribute to the social change in contemporary world?

To answer my questions, I analyze the data collected by methods of anthropological research. First, I look back to the field work I had been conducting in the aikune center for 1,5 years. The main method of research I used was participant observation. Being present in class, while practicing, I participated in the community's life and the group's interactions – we were sharing thoughts and experience, joking and laughing, complaining and crying, supporting each other on the way through the practice, listening to each other's stories, arguing about politics and talking about life. Second, I reflect on my personal experience of practicing aikune in the genre of autoethnography in order both to place myself in the social context of my research and to showcase the specificity of my field through describing and analyzing my personal experience (Adams, Holman, Ellis, 2014; Ellis, Adams, Bochner, 2010; Reed-Danahay, 1997). When analyzing learning aikune from the perspective of embodied cognition, I refer to my own experience and bodily sensations, and the story of learning and changing the perception of the self that I have gone through step by step. In this relation, I am trying to approach my experience of learning through the body as an object of research. In the narratives I create in this study, I also appear as a subject that belongs to the aikune community and whose experience represents a common pattern. Third, when analyzing my research data, I put myself and my experience in dialogue with other aikune practitioners using the interviews I have made with the twelve people who were visiting the aikune center in Saint Petersburg within the period of 2018 – 2020. Among my interviewees, there are two instructors of the aikune center and ten participants who visited classes to learn aikune. Although the majority of the group were over 50 years old, the online semi-structured interviews I conducted in my room in Budapest in March and April of 2020 were mainly with younger people from 20 to 42 years old due to the limitations of being geographically distanced from the field where elder people do not use internet the way younger people do. At the same time, because of

the COVID-19 outbreak and quarantine, the aikune center in Saint Petersburg does not work and my access to the field would still have been challenging even if I could have been there. The interview materials reflect on defining health, perceiving pain, and rethinking health care in terms of skills one can acquire.

In this work, I want to lead the reader through the journey I have made during my recovery from scoliosis. The structure of my text aims to tell this story in an order that would represent how, step by step, my perception of pain, health, and my own body has been changing throughout my and my companions' learning process, and what this experience of self-healing brought to our understanding of the self and the social, our agency and autonomy in health care and the broader economic and sociopolitical environment. In the first chapter, I draw the conceptual and contextual framework for my research addressing secondary literature on healthcare management, embodied learning, and the power of knowledge. Further, I analyze the empirical materials gathered in my field. In the second chapter, I introduce aikune as a rehabilitation practice and as an ideology, showcasing how embodied learning happens in details, and explain how aikune experience changes people's relationships with their bodies. In the third chapter, I demonstrate what embodied knowledge on self-healing brings to people's lives and health care strategies in terms of their agency and independence from medical expertise. With the empirical analysis I do in this study, I approach the question of how aikune and its philosophy work not only physiologically, but socially.

## **CHAPTER 1. Pain and health in contemporary Russia**

In my research, I identify three main topics: the power of medical and physiological knowledge in people's lives, rethinking health and health care through rehabilitation, and teaching and learning self-healing skills. In the context of my work, the relation between these topics is direct as I show how practicing physiological rehabilitation makes people change their perception of health through their bodily experience, and how, by this, people acquire self-healing skills gaining knowledge that brings them control over their bodies and health state.

### **1.1. The power of knowledge and agency of a patient in health care strategies**

The starting point of my work is reflection on health care strategies, on what they might be, on how people develop them, and what does this depend on. By this term, I imply actions people do in order to look after their health on an everyday level. Such personal health care strategies strongly relate to the diapason of knowledge people have on their anatomy and physiology and the corresponding sphere of control over their health that they possess themselves and delegate to the others. My approach towards people's relationships with their bodies lays in the perspective of expertise (Carr, 2010). In E. Summerson Carr's interpretation, expertise is not something one has, but something one does. Expertise represents interaction of objects of knowledge, its' producers, and consumers. In relation to health care, not only an expert possesses an opinion on health management, but acts and governs in accordance with it.

As a matter of interaction between producers and consumers of expertise, knowledge represents the instrument of power in a biopolitical perspective (Foucault, 1990). For a subject of relationships of expertise, the volume and the specificity of knowledge determines the diapason of actions they can take. In health care systems where patients rely on doctors as a source of medical expertise, people depend on the doctors' decisions when dealing with health issues, that limits their choice of treatment and disease prevention methods to a certain range of options. The key concept of my work is agency. Researching the question of autonomy from the medical expertise, I go with the definition of agency as a variety of behavioral patterns of a subject that "belongs" to a certain cultural reality (Ortner, 2006). Going into specificity of physiological knowledge that protagonists of my research possess, I would also follow Carrie Noland in connecting agency with embodiment in a way that a subject of agency acquires behavioral patterns through the body experience (Noland, 2009).

In my work, aikune appears as an alternative to official medical approaches as it implies a learning process that gives patients physiological knowledge and such skills of self-awareness that let them develop their own expertise. This way, aikune practitioners become able to perform self-

diagnosis and self-healing, and by this gain such a matter of agency that allows them to remain autonomous from the medical expertise to a certain point. Furthermore, this autonomy implies discipline and cultivation of the self as a source of expertise in health care (Asad, 2011). The questions of personal transformation in social context coming along with development of expertise and governmentality is what interests me in my field (Foucault, 2010).

## **1.2. Health and pain in medicine, healing, and rehabilitation**

In order to narrow down the conceptual and contextual framework of my research, I would like to move to the problem of understanding health. Asking myself how I perceive health, I come to the idea that it is bodily sensations, discomfort, and pain that are the sources of people's concerns about health. How are health and pain treated in the broader context of my research? The historiography of pain covers various discourses through which people articulate their pain from medical to religious: there are issues of interpreting pain and ways of dealing with it presented in different times and cultures (Rey, Wallace, Cadden, Brieger, 1995; Asad, 2011). For example, in her "History of pain", Roselyne Rey presents different perspectives on approaching pain – from religious interpretations to neuroscience. Through these perspectives, she analyzes understanding of pain's origins and functions in people's lives. In their work on pain from an anthropological perspective, Mary-Jo Good and a group of authors strive to represent real people's experience of pain hidden under the concepts of it (Good, Brodwin, Good, Kleinmann, 1992). Throughout cultural variations, there are different ways of coping with pain. Talking about pain management, Scott D. Stonnington rethinks pain in comparison to suffering (Stonnington, 2015; Boeyink, 1974). Through the examples of his patients' attitudes to pain, he problematizes the idea of living a painless life popular in Western medicine and healthcare (Cassel, 1982; Pellegrino, Thomasma, 1981; Good, 1993; Lock, 2010) and rethinks the role of pain in one's life as an inevitable experience of living.

In the context of healthcare in contemporary Russia (Atkov, Ulumbekova, 2011, Zigon, 2010), aikune is a very young technique. Created in 1998 in Kazakhstan, it spread throughout the post-soviet countries. However, it has been neglected by social science, and as a result, there is no relevant anthropological literature on aikune as a phenomenon. In my work, I want to make a change and bring the attention to the interesting aspects of understanding body and health that aikune ideology suggests. Through the participant observation, I develop a historical and anthropological narrative on teaching and learning aikune in Saint-Petersburg in the end of 2010-s. Among health care practices, aikune represents rehabilitation and physical therapy. As a set of gymnastic exercises, it is often compared to yoga. Being created by a healer, aikune is also called

a self-healing technique. Compared to the healing practices (Lindquist, 2006), the specificity of aikune is a matter of practitioner's autonomy in a way they perform self-healing. In aikune, self-healing is an acquirable skill that people learn from instructors instead of being healed by them. The literature on rehabilitation covers definitions of rehabilitation (Albrecht, 2015; Bullington, 2009; Struhkamp, Mol, Swierstra, 2009) and the history of physical therapy (Aufses, Niss, 2002). According to Gary L. Albrecht, rehabilitation implies a process of adaptation of a person with disabilities for interaction with their environment and maintenance of optimal intellectual and social function levels by providing them with tools they need to be independent and self-determined (Albrecht, 2015). Jennifer Bullington conceptualizes rehabilitation as a process of restructuring one's perception of the world (Bullington, 2009). By this she means the replacement of physiological and psychological experience associated with pain with other experience by the means of reducing painful feeling itself or drawing the attention to something else. Her approach to pain comes from the perspective of the phenomenological tradition where interrelationships between mind, body, and world are a fundamental principle of human experience. She calls this approach a lived body, or embodiment. According to Bullington, chronic pain affects not only one's physical sensibility and physiological experience, but the very perception of the world. She claims that people who experience chronic pain concentrate their attention on the difficulties caused by pain, so that everyday background tasks become challenging and leave no space for other thoughts and senses. This leads to a shift in the structures of what people perceive themselves and the world within and in how they are coding their daily routine actions to make them automatic in sphere of cognitive skills.

Compared to the physical rehabilitation definition introduced by Albrecht and Bullington, aikune represents a completely opposite approach towards chronic pain. Instead of adapting people to live with chronic pain, aikune instructors teach them how to get rid of chronic pain by eliminating the reason for it. Although the process of recovery in aikune is painful itself, it is a different pain than a chronic one. These two types of pain are different in principal. Whereas chronic pain is caused by particular diseases (Early, 1982; Bury, 1991), aikune pain comes along with recovery from diseases. Therefore, it can be called a healing pain, and such pain possesses meaning (Kleinmann, 1994). Both chronic and healing pain are a signaling mechanism of a nervous system: the first signifies that something is wrong in the body, and the latter means that it recovers. Here, it is crucial to conceptualize aikune rehabilitation in its' relation to pain. Rehabilitation assumes certain traumatic precondition from what a person starts the recovery or adaptation. All in all, the idea of both rehabilitation and healing is transformation from a wrong, dysfunctional or unhealthy, state to the right, healthier, one (Csordas, 1983; Hahn, 1995; Frank, 1997; Wheatley, 2005). In my work, I will refer to what happens with people in aikune as

transformation. As a rehabilitation and a healing technique, aikune is both a process and an instrument of recovery. In this sense, aikune rehabilitation represents a path from an unhealthy state of the body to a healthier one. In my work, I explore the method of learning aikune through the body experience and introduce pain as an instrument of learning. Looking through this learning process, I showcase that aikune as rehabilitation is more than a physical process and explain why personal transformation is important in the social context.

### **1.3. Embodied cognition approach to learning bodily practices**

In my work, I discuss the features of conducting transformation of the society through the body. With the example of aikune, I showcase how bodily practice can change one's perception not only of the self, but of the social reality as well. Following the ideas of Mauss on the body as the primary tool to experience the world, I analyze the way ideology can shape techniques of the body, and vice versa (Mauss, 1935). The perspective of my approach to aikune comes along with the concept of embodied cognition in a way it explores the issues of experiencing and learning through the body. While the concept of embodiment approaches the body as a tool (Csordas, 1990; Mascia-Lees, 2011), the embodied cognition approach analyzes cognition in a more psychological way expanding it beyond the body. In the context of my research, the embodied cognition approach allows one to explore and explain the way transformation of people's perception of the self and the social world happen through the bodily experience. Vlad Naumescu and Natalie Sebanz define embodied cognition as a theoretical approach to the understanding of cognition as a matter of physical and sensorimotor abilities of the body (Naumescu, Sebanz, 2018). The embodied cognition approach to learning and acquiring skills focuses on the sphere of interconnection between the learning subject, their body, and the environment in physical and cultural senses. Thus, embodied cognition as a research approach combines cognitive science and anthropological methodology by studying cognitive mechanisms along with cultural specificities and social situations in which these cognitive mechanisms function.

Talking about acquiring physical practices, I would like to give several examples from literature on embodied cognition and learning. In his article on embodied cognition and communication, Trevor Marchard approaches the question of how cognition operates through the bodily practices when it comes to acquiring skills (Marchard, 2010). Through the example of English woodwork tutors of carpentry practices, he demonstrates that physical practice is a language that one can learn, interpret, and understand by the means of imitation while their cognition divides such a bodily language into elements of actions that one can perform as motor representations, that is, embodied simulations of actions. In the end, such mental representations

serve the production of knowledge and knowledge-in-practice. Reflecting on embodied learning, Greg Downey brings an example of learning capoeira (Downey, 2010). His research on a movement education in such a physical practice as Afro-Brazilian capoeira allows him to approach the nature of bodily nature acquired through imitation and its limits. In this study, he brings up a perspective on embodied knowledge as a process that requires not only systematic theoretical knowledge, but transformation of perception, physiology, and ways of behavior.

According to the embodied cognition perspective, my work studies the process of learning how to perform self-healing with the help of aikune technique, and how this enskilment process contributes to the personal and social transformation (Ingold, 1993). Such a study is based on the anthropological and physiological knowledge of how people learn controlling and operating their bodies in aikune practice while living through the practice, reliving the experience, and gaining theoretical knowledge on how to interpret this experience. The analytical frame that connects the power of knowledge and biopolitics with embodied cognition and techniques of the body allows me to reach the goals of my research: on the basis of my personal experience, fieldwork and conversations with aikune practitioners, I demonstrate both the way transformation of the self and the social happens through the body and the reasons why it is the efficient way of making a change.

## **CHAPTER 2. Aikune rehabilitation: a painful path to health**

The brochure one may get in aikune class presents aikune as a philosophical system that stands on the unity of the body and the soul. It says that acquiring aikune brings the harmony of a healthy life through learning to understand what the body tells us about ourselves. In this chapter, I invite the reader to the aikune class where I introduce the community and ideology of this bodily practice to them. In the first section, I present aikune both as a physical rehabilitation technique and as a project of social transformation. Then, in the second section, I explain the way aikune ideology on understanding the body and the world implements through embodied learning, and what role pain plays in this process.

### **2.1. Entering aikune class: community and ideology**

The Saint Petersburg aikune center is a place owned by a family couple – Anatoly, a 62-year-old man, and Oksana, a 46-year-old woman. They first met each other in an aikune class, they run this business together, and work as instructors themselves. The atmosphere in the center is homely. People of different age and professional spheres come to work on their health and discuss the news with the instructors and other visitors. From time to time, they would meet Anatoly and Oksana's children – a 6-year-old girl and a 5-year-old boy who are usually playing in the other room. The aikune class is a small room that can fit up to ten people sitting in circle on wooden chairs. There are two sessions happening in the afternoon in working days, and people attend them in accordance with their schedules. A session lasts for 90 minutes – three times of 25 minutes of exercising. Some people attend two sessions in a row. Apart of this routine, on weekends aikune center organizes five hours or ten hours intensive classes. During the class, one or two instructors assist people in correcting their bodies' positions and by this help them to increase the muscular load. At the same time, the instructors explain people what is happening with their bodies at the moment, consult them with their questions and complains, and give psychological support to those who experience difficulties in practice.

In the very first class, the instructors suggest the novice to simply take a sit on a chair keeping the right posture. Keeping the right posture demands an effort of taking a load on the static intervertebral muscles. Here, the novice learns from the instructor that these muscles are what aikune trains. The logic is simple: static muscles are trained with the static exercise, so all of the aikune exercises stand on maintaining the load of these muscles for a certain time. Due to the specificity of static muscles physiology, the longer one performs aikune exercise, the more efficient their results are. For the beginners, it starts with 25 minutes. The instructor informs the novice that in some minutes after the start, they would experience different bodily sensations like

numbness and discomfort – this way, a self-diagnosis (*samodiagnostika*) would be happening. Locations and kinds of sensations in the body would signify what problems a person has in different parts of their spine. These sensations can be faintness, queasiness, numbness and tingles in arms or legs, nagging pain in the spine, and others. In this work, I generalize all of these types of sensations as aikune pain that signifies both processes of self-diagnosis and self-recovery.



*Figures 1 and 2. People performing aikune exercise in class. The instructor is helping in exercising. Pictures from the Saint Petersburg aikune center's website*

Now it is crucial to sort out the very idea of health and the way it appears through the lens of aikune as rehabilitation. In our interview, Anatoly told me how important it is to promote healthy relationships with the body explaining it in the following way: “The right attitude towards body is the most important thing. Not pills consumption, but the right attitude to health: doing sports, exercising muscles. Because we consist out of muscles, not pills”. By this, he criticizes the tendency to avoid pain in contemporary society, medical thought and practices. Rejecting the opinion that one should not tolerate pain, aikune instructors urge their students not to be afraid of pain: “There should be no pain, one should not let it in. But if it comes – one should drive it away”. Anatoly says, aikune calls for people to understand that if they feel pain, it means that they are ill, so they have to face the problem and fight it. Anatoly presents aikune as the way to do so by rehabilitation of the spine and the following reorganization of the organism to the right functioning. Assuming that bodily sensations identified as chronic pain signify problem, I would suggest to conceptualize health as an ideal state of the body where there is no pain and no disease. At the same time, in general, pain is a reaction of the nervous system to phenomena that are dangerous and destructive for the body, such as fire that burns, cold that frosts to death, or sharp

knife that runs the flesh through. In other words, pain signifies danger we must avoid to stay safe. In aikune philosophy represented by the Saint Petersburg instructors, healthy attitude to the body appears not as a state of the body, but as relationships between a person and their body. These relationships accept pain as a useful mechanism; they characterize by the ability of a person to detect problems and damages in their body in the moment they appear, for instance, after a traumatic event or a long stressful day, and their will and ability to eliminate these problems afterwards. Accordingly, in aikune vision, the unhealthy mechanisms of coping with pain come with avoiding pain. This is the point where aikune ideology criticizes the so-called official medicine in its approach to pain management.

Anatoly, the aikune instructor, counterposes aikune to the generalized medical approach. According to him, aikune fights the source of pain whereas medical treatment eliminates pain. In his opinion, people got used to such a medical approach that cures pain that is a symptom, but not the cause of the problem and not the problem itself. By fighting against pain, he claims, people are making a mistake, because pain is a signal from the body that something is wrong. In other words, pain is a signal for the person to search for what works wrong and repair it. In the instructor's view, the approach of the contemporary medicine encourages the tendency to ignore such signals from the body, to avoid and suppress pain by whatever means. In a wider biopolitical context, this vision suggests that pharmaceutical companies earn money on people's ignorance in questions on how body functions by producing and selling painkillers, making people dependent on it and getting profit from these relationships. Dependency on medicine comes with killing pain again and again, ignoring the source of it, and by this making the situation worse, so that one has to continue using medicine to keep avoiding what happens inside of their body. The behavioral pattern of avoiding pain as an impulse for solving a problem is what I would conceptualize as a painkiller principle. In this sense, aikune represents the antithetical approach. Facing the recovery pain, aikune practitioners have to make a decision to go through it. The instructor positions this decision this way: "Either we follow the lead of fear, emotions, and people who do not understand what pain is, or we go through it, start understanding what it is, and solve our problems".

One of my interviewees, Alina, a 34-year-old woman, took courses in Saint Petersburg center to become an aikune instructor. Recently, she started teaching aikune in Moscow after 15 years of working in pharmaceutical industry. In our conversation, she told me a story of how she decided to change profession after getting to know aikune, and how her perception of pharmacology and medicine changed. In the first place, even though she had these thoughts before, aikune brought her a complete comprehension that, in general, people tend to treat symptoms, not problems, as if no one is searching for the root causes. Alina gives the following examples of the symptomatic treatment: curing headache with painkiller pills, treating osteochondrosis with

medical blockade, or painkiller injections. She spots the problem of contemporary medicine in that nobody is interested in where this headache comes from and how this person came to it. Even though one may take a pill if they experience extreme pain so that not to faint, she states, but one cannot live their life being addicted to painkillers. Alina draws a picture of how people start to mitigate symptomatic pain with medicines, by this they provoke issues in the other organ, then there come problems in the third one, and so on – starting with something particular, step by step the whole body is coming down like a stack of dominoes. Although Alina states that aikune gymnastics is not a panacea for everything and has contraindications (for example, serious



*Figure 2. Chenault corsets that belonged to three young women before they recovered from scoliosis. Picture from the Aikune center's website*

oncology), she appreciates that it makes people think about the reasons of their pain and the ways to cope with it.

Apart from painkiller principle as being afraid of pain, there is one more unhealthy mechanism of relationships with the body that aikune instructors see in novices and people in general. This mechanism also stands on dependency – not in pain management, but in the very body functioning. Anatoly would constantly remind his students that when it comes to doing things, there are only two options – “either you, or someone else, and no one can make your muscles work instead of you”. In the aikune class, there are various anatomy schemes hanged on the walls and a modest collection of crutches and Chenault corsets left by the visitors who recovered from their diseases in aikune class and did not need it anymore. I remember wearing one of these corsets when I was a teenager. It was painful, humiliating, and my scoliosis only got worse, and neither me nor my parents did not understand anything, and I struggle to hide my emotions about it when trying to write an analytical text. Physiologically, when retaking the spine’s function, that is, to hold the body, a corset provokes muscular atrophy as muscles simply stop working. This method does not cure scoliosis; it might stop it from progressing only in case a person with this disease will be wearing it all the time. In aikune, the anti-corset approach to holding one’s body means taking responsibility for their health and being autonomous from the

external support. In everyday life, this means consciously controlling one's bodily practices, paying attention to the body postures, following a healthy lifestyle, that is, static, dynamic, and physical exercises on everyday basis, in order to prevent diseases, and practicing aikune in order to fight them.

When speaking about medicine, my teachers were worried about global health statistics, and they dreamed about a social change that would bring physiological knowledge on self-recovery to everyone starting from primary school. At some point, they were very radical as they suggested to restructure the medical system in a way there would be left only medical services that people cannot perform themselves, such as surgery and emergency aid. One of my instructors, Anatoly, is a student of Abay Baymagambetov, aikune's creator. They met each other in 2009. This acquaintance brought Anatoly the full recovery after the consequences of a car accident and an infarction he had when he was 45. After three years of practicing aikune, going through the hell circles of bureaucracy, he managed to officially get rid of the disability status – to ensure himself and the society that it is possible to recover, although medics could not explain how the scar on his heart disappeared. He is often joking about it in class referring to the doctor's answer to it: “in a miraculous way”. His personal project back then was to oppose Russian biopolitical program that cultivates disability and weakness among the elder people, who, as he said, tend to sit in the polyclinics' lines arguing who is sicker to get more social benefits. In his perspective, it is more beneficial to be healthy and to take control over one's body than getting additional financial support from the state so that to spend in on medications (Zigon, 2010). Observing Anatoly's perspective as the main figure representing aikune ideology in my research, I noticed that he mixes medicine and medics altogether considering that professional medical expertise as a phenomenon became obsolete, and that for the sake of the humanity, scientific knowledge that medicine produces and possesses should be given to people as a fundamental knowledge for everyday life usage.

Therefore, the main goal of aikune instructors is not to rid people of their problems, but to give people knowledge on how to be healthy and to teach them how to use this knowledge. In this regard, Anatoly told me: “I do not work as a doctor. I work as a person who gives knowledge. I would even say, who passes knowledge to you. As a teacher. It's just that I don't make you take tests”. To this, he added playfully: “You all have your own tests, please check them yourselves”, referring to life as a test where one has to control themselves and stand responsible for what happens to them. The rhetoric Anatoly uses talking about his role in people's recovery process makes him oppositional to a doctor as an idea. Generalizing this problem, Anatoly claims that society accustomed not to take responsibility for their health with the help of medical system where doctors represent expertise and make prescriptions that people trust. As he faces people coming to

aikune class with the same mindset, he tries to change it. Anatoly uses variations of the following speech to make this change: “You all don’t want to take responsibility. You want to stick to this Anatoly whom you can blame for something in the end. But you can’t blame me, I have a big excuse – it is your muscles. I didn’t give you pills. Either you practice – muscles work, or you don’t – muscles don’t work. What it has to do with me? I just show you how to do it, that’s all. It’s a doctor you can come to and say: “What an asshole you are – you gave me a pill and I feel even worse!” But what do you have against me?” By criticizing the medical system, Anatoly aims to establish the kind of relationships between a teacher and a student in that it is a student’s responsibility to use aikune knowledge in order to recover.

In aikune ideology, responsibility means more than anything as it represents the matter of expertise on health care in action. For aikune practitioners, personal responsibility of their health implies the opposition to the biopolitical model where a patient follows medical guidance and relies on it. In this regard, aikune calls for a self-cultivation that comes with the discipline of the self and such a level of self-awareness that turns into *habitus* as people and their bodies start perceiving the environment from the perspective of their health care expertise (Asad, 2011; Mahmood, 2001). This way, aikune appears as a project of personal transformation that aims to bring up the level of agency in health care of a patient by increasing one’s responsibility extent in the relationships of biomedical power of knowledge. How does this responsibility switch happen and who does identify this? Teaching aikune implies developing expertise in students that would make them rely on themselves more than on sources of professional medical expertise perceiving it critically. In short, since the establishment of a particular communication system with their bodily sensations through embodied learning, people start trusting their bodies more than prescriptions. The key element of this process is pain and the perception of pain that critically differs among the perspectives of aikune and Western medical approach that it criticizes (Stonnington, 2015). In the frame of this opposition, embodied knowledge on aikune stands on the pain management strategy Anatoly promotes. In this relation, aikune center in Saint Petersburg differs from other approaches to teaching aikune, even from its’ creator’s one.

Here is a piece of aikune’s history that the instructors introduced to me in our interviews. In Saint Petersburg of the early 2000s, Abay Baymagambetov opened a clinic. Apart from aikune, they were practicing massage, acupuncture, hirudotherapy, psychology, or body-oriented psychotherapy. Anatoly claimed that all of those procedures were meant to take the pain away, in particular, the pain that comes along with aikune: “You see, it was a medical approach. It was a clinic, it was a purely medical approach – so that people did not feel pain”. When Anatoly became an aikune instructor, he developed his way of teaching “pure” aikune – a simple, straightforward format accessible to everyone. Apart from the expensiveness of the clinic’s complex approach,

Anatoly criticizes the very principle of painkilling. Talking about Abay's clinic, he said that not everyone could afford it, but most of those who could, in the end, preferred paying for Abay's healing instead of doing gymnastics themselves: "Almost none of them practiced gymnastics. They didn't care about it. Why? Because there was no [knowledge] left in their heads. They don't know what mechanisms take away the pain". While moving towards the healthier state through aikune, the pain that occurs in practice is not the chronic one, as it is not only a symptom of the problem, but a sign of the recovery. After making a notion about those aikune practitioners who used to take away this pain quitting the practice, Anatoly stood against painkilling. Apparently, aikune pain is an instrument through that a person learns self-healing and a matter of interpretation of the bodily experience in general. So, how exactly learning aikune happens in the perspective of embodied cognition? Why, in aikune ideology, is pain important in people's relationship with the self and the others?

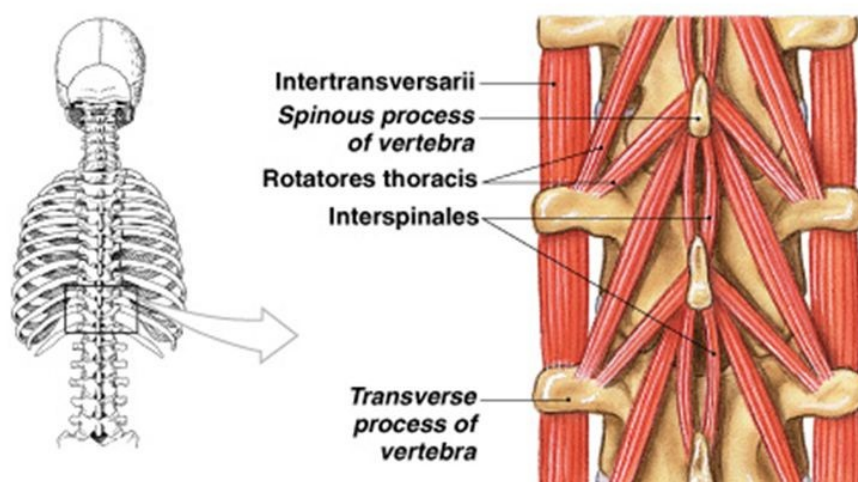
## **2.2. Embodied teaching and learning self-healing**

In aikune class, there are always new people. During the sessions, while correcting people's postures, Anatoly constantly explains the theory of physiological work of aikune method. Sometimes he would start the explanation answering someone's question, for example, about the intervertebral muscles' work, then move on to how one's lifestyle affects the work of these muscles and vice versa, and then he would go into a long narration on the humanity degradation because people do not care about the health of their spines. Sometimes this narrative went backwards. Depending on questions people asked him, he would tell the same story binding the same elements in various orders. Here, I explain the theory of aikune in a way it is formulated in class and in the brochure of Saint Petersburg center. In theory, aikune makes intervertebral muscles work. By stretching them, people liberate the pinched nerve roots. Pinching these nerve roots is what causes diseases of the spine and chronic pain. Stretching the spine enlarges the distance between vertebrae, so they move to the correct position. During this process, intervertebral muscles that keep the spine in the vertical position are strengthening. This corrects the posture, removes muscle blocks, strengthens blood circulation and the right functioning of the vessels and nervous system. This brochure introduces aikune as a mechanism of health maintenance that helps to "transform your organism in a self-healing system".

What does it take for people to learn self-healing and become able to overcome and prevent diseases by themselves? In this section, I introduce the roles of instructor and student in teaching and learning aikune from the perspective of embodied cognition. Here, I approach aikune practice as a process of embodied learning, that is, acquiring embodied knowledge and skills to operate

this knowledge. From this perspective, acquiring aikune implies learning how to conduct the two actions. First is interpreting pain as indication of the problem and its' location and second is exercising to eliminate the source of pain. As aikune is a static practice, learning it has certain

## Muscles of the Vertebral Column: Deep Layer



*Figure 3. Intervertebral muscles of the spine*

specificity. What stands out from my research is that it is problematic to acquire aikune by the means of theory or practice apart from each other because aikune knowledge is knowledge from the body.

On the one hand, theory without practice barely makes sense for people to perceive if they have never experienced static exercises or have no knowledge in physiology. The special importance in teaching and learning aikune is in the approach and the personality of an instructor. The way he or she explained the technique, the more they talked about the importance of controlling one's body, and the more expressive they were, shaped the way people perceived their aikune experience. Approaching the question of physiological knowledge people gained in aikune classes, my interviewees were explaining the principle of aikune technique based on their personal bodily and psychological experience. My interviewees were of two kinds – those who have been visiting the center for months and those who tried one course of two weeks and continued practicing at home, regularly or from time to time. Depending on the time spent by a particular person in class, most of them used the same terminology as the instructor uses for explaining the process in simple words and least of them also applied their experience in other practices, such as yoga, without distinguishing the specificity of static, dynamic, and physical muscle load.

On the other hand, practice without theory is a very confusing experience for those who are not satisfied with knowing the basics that “practicing as long as you can brings you recovery although it is painful”. In comparison with Downey’s capoeira (Downey, 2010), aikune cannot be learnt through imitation because of the specificity of the practice – the static position. Although it is easy to imitate the pose of the person practicing aikune, for the first time it is unbearably hard to keep this position for 30 minutes. Besides that, the inner journey that one goes through when practicing demands explanation for people when they are practicing the technique of controlling their bodies, improving muscular work, blood circulation, and communication with their bodies through the nervous system. This is the main reason why it is impossible to acquire and understand aikune by imitation without getting to know the theory. Although one can imitate the postures of aikune, the key to the process and results is not the posture of the body but the bodily sensation that leads one through the practice. Then, what kind of knowledge aikune practitioners learn and how does learning happen? Analyzing the performance of the instructors during my aikune training and participant observation, I divided their functions in three groups: instruction, explanation, and motivation. In the following pages, I analyze these teaching functions talking about instructing a person during their first session.

### **2.2.1. Instruction**

The instructional dimension of teaching aikune aims to make people understand how to perform aikune exercises properly. There are several groups of static exercises. People do the first one seated on wooden chairs without backs so that the instructor could correct their postures from behind and so that a person would not lean back. Instruction combines verbal and tactile interaction between an instructor and a student. In the first place, the instructor suggests a person to sit down and bend the lower back so that to stretch spinal muscles, to feel tension and keep this position. At the same time, the instructor positions a person’s body with their hands helping them to stretch the muscles maximally and to relax their shoulders. During the session, the instructor moves in circles from one person to another, correcting their postures and helping them to reach their maximum load for the sake of exercise’s efficiency. However, such a tactile interaction is only necessary in the first sessions or courses for novices to figure out the right way to perform exercises. Further, instructor’s help is not essential, although it brings the additional strength and efficiency to the process. This is one of the reasons people continue visiting group classes after they learnt the main principles of the aikune technique. The other reason is psychological support and motivation they get from the instructors and the group.

From time to time, while correcting people’s postures, the instructor verbally reminds the group to bend the lower back. Such interaction helps people to constantly remind themselves not

to loosen the tension during a session. Some people joke that they would like to have the instructor's voice recorded to listen to it when practicing at home. The instructors say they repeatedly use such verbal reminders in order to instill people a habit to constantly check the muscle load when they are in practice. In this respect, aikune can be compared with meditation. Both of these practices demand retaining the attention on a particular object or process for a certain period of time. In case of meditation it can be anything from one's breathing to a particular sound or feeling, whereas in aikune it is a muscular load. This way, instruction function of an aikune teacher firstly aims to give people understanding of how to perform aikune right and, secondly, to bring up the habit to do so.

### 2.2.2. Explanation

The explanatory dimension of teaching aikune performs verbally and focuses on normalizing, analyzing and interpreting bodily sensations that a person experiences during the practice. Following the instruction, a person starts a session by taking a static load with spinal muscles. Here the aikune experience begins. At first, for many people starting practicing aikune it is shocking that they start feeling lightheadedness or numbness in their legs while sitting on the chair and doing nothing, as it may seem. The instructor introduces self-diagnosis explaining that static muscular load provokes a body to report the health issues that it has. This way, lightheadedness or nausea signify problems with cervical spine, tingles in arms mean thoracic spine, pain and numbness in legs report lower back issues, and so on. When the session starts, instructors ask people to share their experience with the group. The instructor's goal is to standardize and normalize these feelings in people's perception by saying it is good they experience pain because the body started to respond and show all the issues that were hidden with the pinched nerves. Then the instructor explains that another good aspect of such an unpleasant process is that working with these muscles we liberate the nerves that were pinched, and this pain signifies both the problem and the solution right in process. This way, from session to session, as people get used to the practice, pain becomes a desirable sensation for them to achieve. The explanatory function makes people get used to the specific bodily sensations and teaches them how to interpret their feelings and bodily experience throughout the practice. Pain plays the special role in learning aikune as a matter of communication with the body.

What signifies acquiring aikune skills is the ability to maintain static tension of spinal muscles for a certain period of time and to interpret bodily sensations including pain and numbness in different body parts as signs of recovery. This way, for a first-time practitioner, conducting recovery process produces bodily sensations that have to be explained and interpreted instantly in order to normalize this painful experience in case a person perceives pain as a sign of damage at

first. For this reason, instruction and explanation work only in relation with one another. After a person learns the language of aikune as a body experience and receives physiological explanation of their inner rehabilitation processes, they become competent in conducting a self-healing process themselves. The instructor might be helpful when it comes to correcting the posture to strengthen the tension by pointing at the parts of the spine where the muscle load could be increased, but their help is unnecessary as aikune exercises cannot be performed wrong. The learning process takes different amount of time for each individual. Theoretically, one session might be enough to learn the main principles of aikune technique and continue practicing at home. Practically, it is more efficient for people to do a course of two weeks at least to have a chance to get used to the specific body experience by discussing it with instructors. The final goal of aikune instructors is to give people bodily knowledge so that they included aikune in their everyday life as a habit. The biggest problem in continuing practicing aikune as a part of everyday routine is motivation.

### 2.2.3. Motivation

In our interviews, I addressed Anatoly, Oksana, and their student Alina about difficulties in teaching. Answering my question, all of them named a particular one – motivation: it is challenging for them to motivate people to practice. Starting with the very problem of motivation in aikune, I would like to refer to Anatoly's vision of the teaching process as he says that when he just meets a person and their problems, he already knows what their result will be in case they practice aikune regularly: he knows they will get rid of their diseases and believes they can do it themselves. The problem is that they do not. Here the matter of embodied knowledge comes – Anatoly's students do not have the same knowledge on self-recovery that he has, and the only way to acquire it lays through the bodily practice, so the instructor's goal is to motivate people to go through the learning process themselves to get the kind of knowledge they yet cannot imagine. Before acquiring the aikune knowledge, people go into practice with personal trust to instructors or experimental interest. From our conversations and my personal learning experience, I identified four main principles that aikune instructors use for motivating people: goal setting, leadership, psychological support, and discipline.

The first two motivation instruments are meant to make people interested in practice – to make them wonder what it is like to be healthy, and start striving to find the answer for it. Oksana introduced the first of these principles, goal setting, starting with the problem of coping with pain. She said that in practice people experience pain in various ways – some people feel pain deeper, some feel it more intense. Here comes the work with people's minds – formulating understanding of what they need this practice for. When people have a goal set, they stretch differently and they feel pain in a different way than when they practice without a particular purpose. Talking about

this, Oksana made it clear: “If it [practice] goes with understanding and goal setting, it goes well. If a person does not have a goal, I think it is the main purpose of an instructor. If an instructor does not set a goal for this person, does not explain why they need it, people leave”. In class, goal setting happens according to individual problems of a person. Together with instructors, people identify their problems and make a decision to solve it through aikune. For many people who start practicing aikune, it is common that they had already tried everything they knew to solve their health problems, and nothing helped them. At first, people do not know for sure if aikune would help. Thus, either they take it on faith or they start practicing as a matter of experiment: “What is going to happen with me if I do it?”

The other instrument of motivating people when teaching aikune is leadership that comes with constant demonstration of personal example. The aspect of belief in aikune strongly bonds with belief in the instructor. Being self-confident energetic people and demonstrating their own healthy states of body and mind, instructors work as role models for the students. For example, stating that aikune shows a way to the self, Yana added that it is clearly seen in Anatoly: “I probably do not know any other person of his age who would be moving so easily. Because motion also defines thinking, and the thing is not only about his plasticity but in the ease of perception of life”. People who know Anatoly would say they would like to look and feel as young as he does in his 60s. He himself directly connects it to practicing aikune every day, using personal example to promote it. In her turn, Alina says that the most important thing in aikune for her is herself. She explains that in teaching it is not possible to bring aikune to people in case you are not healthy yourself. Alina says: “For this reason, my main goal is to help other people to acquire this program of self-recovery while staying this recovered from the inside. If you feel discomfort yourself, you couldn’t give this [knowledge] to other people. That’s it”.

The aspect of trust in personal relationships is wider than interaction between students and instructors. Aikune’s main promotional channel goes through the principle of so-called “sarafan radio” – people who learnt aikune recommend it to their acquaintances. When reflecting on what aikune gave her, Alice, a 31-year-old woman, told me how she got rid of her depression through practice when she started feeling more and more life energy in herself. It was as if inside of her, she finally found the source of energy she had been searching from the outside. Now she changed so much that she has energy she can even share it. However, it is often not easy to talk about aikune with people who are not familiar with it. Some people perceive it enthusiastically whereas others can be very skeptical. Alice mentioned that she was practicing aikune in conversations with her family and friends. All of her friends saw her depression and sufferings from a year ago, and they see how she had changed since then. It makes Alice think that her friends draw conclusions about aikune themselves.

From Alina's teaching experience, she knows that there is a difference between trust to aikune gymnastics and trust to her, Alina: "Of course, they don't know [aikune] gymnastics, they learn about it from me. From the beginning, this trust addresses to me. They see that I want to help them to cope with something – and then there comes trust to gymnastics. I am like a guide". In teaching aikune, the main difficulty for Alina is to convince people not to quit, to ensure them they need to continue practicing to reach the desirable results. Recovery process in aikune takes a long time, especially when people have to deal with serious problems like scoliosis. While waiting for the results some people tend to lose motivation. After people develop trust to aikune and its recovery power, they have to maintain motivation to keep practicing. Another tool to maintain motivation is psychological support that instructors provide during classes in the format of establishing relationships with students and discussing their experience with them. To maintain people's motivation, Alina actively consults people about their bodily sensations and explains them what happens in their bodies, as a matter of explanatory function of embodied learning process. To motivate them more, she takes pictures of her students during practice and shows them with appreciation comments: "Look at you – how beautiful your posture is! Strive for this position!" Alina says one needs to be a psychologist to keep people in class in the first place. Being a psychologist in aikune class means finding the right words to make people continue practicing.

Discipline is the fourth aspect of instructors' work on people's motivation. Saint Petersburg aikune instructors set the disciplinary order in the very system of the center's work. The center works with the abonnement system, and the rules demand regular visiting – more or less every day for the two weeks which is the duration of a particular abonnement. The rules of the center also state that one or a couple of absences mean cancellation of the abonnement, but I never saw this happening. With the rules, the instructors present aikune as a serious activity that demands regularity to see the results. Otherwise, it does not make sense to train once a week, because the results will not be seen and people will lose motivation. This is why discipline in aikune is crucial, especially for the beginners. Apart from the instructors' help in forms of instruction and explanation, aikune practitioners appreciate the motivating environment of classes. For Olga, practicing at home differs from practicing in class by that there are people who came with the purpose to train. This creates the atmosphere of common responsibility that makes people start and finish sessions altogether. In the end, what matters is not common responsibility to the groupmates, but personal responsibility to oneself. Group work helps to establish the habit to practice and to gain the embodied knowledge on aikune that will then rule one's lifestyle and health care behavior. But at some point, everyone is supposed to get free from the need of having such a support. Anatoly constantly reminds about it saying "No one will help you except yourself" and "The only thing that supports you is your spine".

In this chapter, I shown how aikune instructors transmit a particular understanding of health through bodily practice coming along with theoretical explanations of it and psychological support on a way through a painful rehabilitation. Such a complex way of teaching aikune brings the practitioners embodied knowledge on what is good and bad for their health and how they should and should not act in relation to their bodies. The important part of this learning process is that this knowledge could not be gained theoretically only as it is a matter of both intellectual and muscular training, and the latter changes the way people's bodies respond to the environment. In the next chapter, I demonstrate what constitutes this knowledge and how people reflect on their transformation in aikune in their perception of health and pain, and how it changed their habits and everyday life.

### **CHAPTER 3. Conscious pain: transformation of the self as a way to transform the society**

What kind of embodied knowledge aikune brings in the learning process? How does it transform people's understanding of the self and how does it make them perceive a social reality? In previous chapter, I talked about what kind of project aikune is in terms of a personal change. Here, I showcase the way aikune ideology implements through the bodily practice and what kind of embodied knowledge constitutes it. Analyzing interviews with aikune practitioners, I demonstrate how their perception of pain changed through the practice, what relationships with their bodies they established, and what goals in transformation of the society aikune ideology promotes on the example of my interviewees.

#### **3.1. Learning healthy relationships with the body**

What role does pain play in our relationships with our bodies? How giving new meanings to pain can contribute to understanding oneself? What function does it do in learning and performing self-healing? In this section, I focus on the perception of pain in the process of acquiring aikune. I bring in the interviews with aikune practitioners to showcase the way pain gains a new meaning and how transformation of understanding pain happens – from a frightening experience to a desirable bodily sensation.

According to the concept of health I introduced in this work, there is no need for a traumatic injury to start practicing aikune as rehabilitation. Theoretically, anyone who experiences pain of any kind is traumatized in sense of having their nerves pinched by spinal muscles. During recovery process, that is, while getting healthier, a person experiences the same intensive pain as that when being injured. Earlier in this chapter, I explained what physiological rehabilitation pain is: a pain of muscular recovery. Then, what is the pain experienced in aikune in particular? For aikune instructors, this explanation is one of the challenging aspects of teaching. In our interview, Oksana told me that people first come to the aikune class with a strong belief that pain is bad. Whenever a beginner stops feeling their legs and arms, the instructors start explaining physiological processes in simple words: what is happening, how it is happening, why it is happening. It is usually difficult to deal with people during their first 20 sessions. After some time, Oksana says, people get used to the experience and start understanding these processes through their bodies. But in the beginning the instructor has to work on making people understand that pain and unpleasant feelings are a good sign. At first, people wonder: “What do you mean it is good when I feel bad?”

Among the beginners in aikune, there are several views on pain. First of them is represented by one of my interviewees, Alexander, a 24-year-old man, who had previously gone through physiological rehabilitation in hospital after a serious injury of a shoulder. When he started

attending aikune classes, he noticed that one of his shoulders was higher than the other and it was getting painful there during the practice. Reflecting on pain he experienced in aikune, he resumed that it was not surprising or scary because he and his body was already prepared for it from the previous experience. Without having the theoretical knowledge on how rehabilitation works, he felt that rehabilitation cannot be painless. However, most of the other interviewees and visitors of the aikune center perceive such a bodily experience in a different way. For a lot of people who start practicing aikune, including me, the very idea of experiencing pain in healing or therapeutic treatment was something unexpected and accepted with a certain distrust. During the self-diagnosis process in the first class, people experience their own medical history on the body level with the pain and numbness in their body. From the physiological side, it explains as the nervous roots that were pinched and stopped responding with pain started releasing and responded during the aikune session. Then some of the people say with a smile: “Before I came to you, I was healthy. Now it hurts everywhere”.

In our conversation, Vera, a 25-year-old woman, told me about her first aikune experience. She remembers how after 15 seconds of doing an exercise, that is, basically just sitting straight, her legs started to become numb. Later, it turned out, she had a serious “clamp” in her lower back. From her professional experience in opera singing, she already knew the physiology of muscles. Vera claims that people’s problem is that their brain adapts to anything, especially, pain. By this she means that when people experience an injury or a “clamp” of a nerve their brain adapts to it so that people get used to the pain and unpleasant feelings such injury provokes. This way, people stop noticing pain that is supposed to be chronic. When it comes to aikune, starting to solve the problem that originally caused this pain, people let the pinched nerves go and provoke a painful experience of nerves liberation. There goes a serious blood supply to the “places” that blood did not reach for a long time. Vera describes this process as if it threw her into a fever, her head started to spin, and she had to get herself together and overcome it. She associates the fear she felt at that moment with the fear of losing control over the body. That moment felt for her as if her brain started panicking telling her: “Oh my god, why did I even adapt your body? Why are you unscrewing these nuts, what do you want?”

Another interviewee, 23-year-old Marina, perceived the mechanism provoking pain in aikune in a similar way. From the instructor’s explanation she figured out that the pain she experienced during the exercise was supposed to be her permanent pain – the organism had been protecting her from this pain by pinching the nerves that she started to release. During and after the first class she experienced pain in her lower back and in one of the kidneys. Marina did not trust the instructors completely at first and reacted to pain with fear. She was afraid of these unexpected feelings and even thought she might have broken her back and it will hurt forever.

Calming her down, the instructor told her it will hurt until she lets the nerve go or until she relaxes. Since she expected pain to appear during the class, since she knew what she was getting herself into, Marina started perceiving it in a calmer way.

Alice first came to aikune class when she was 30 and she had a hernia in her lower back. She was about to do a surgery, and aikune was her last attempt to avoid it. From her friend who previously tried aikune, she knew it would be painful. Nevertheless, she still experienced fear in the first time when the instructor pressed on her lower back. That moment she was seriously afraid he would break her. Moreover, the first 5 classes she experienced faintness and needed physical support from the instructors. During the first class, she said, she experienced the intense pain, but in an hour, when the session was over, and the next day after it, she felt way better. Since Alice knew pain is going to leave her when she finishes the exercise, she was prepared for it. The next time she was ready to go through pain knowing that it would bring her relief and even pleasure. She said, her brain realized there is sense to go forward – to the obscurity of the bodily sensations, in order to feel better in the end. Alice's personal issue was trusting people. Even though she was told it would be better, she felt she was risking going through this experiment. But when she gained became experienced in practice, the fear left her.

Yana, a 42-year-old woman, told me how at the beginning she did not understand when Anatoly constantly repeated that pain is good because it means you are alive. While other practitioners might have been confused or annoyed by him repeating all the same things as mantras from session to session, Yana appreciated it, because with some time she started understanding things he was talking about that she did not understand in the beginning of her practice. Since she got used to pain in aikune, as other practitioners, she started waiting for it as for a symbol of liberation. As an art history professor, Yana compared the perception of the body in past centuries with the contemporary tendencies, and made an outcome that people started being more afraid of pain than before. Because of this fear, people came to unacceptance of their bodies. Yana tried to overcome it and accept her own body through the pain that aikune gave her. The most precious gift of aikune for her, as she states, is a path to herself. In this path, there is an important moment of consciousness: a people consciously go towards pain and cope with it, but when they go through it, they come to a state where they are not afraid anymore. Since they know what pain is, they are ready to learn what health is. Through this healthy experience of pain, Yana fought her own fear of it.

With the examples given by my interviewees and recovery companions, the reader sees that although people are at first afraid of their bodily sensations and loss of control over them, once they get to know the theory and get used to the feelings in a body during the practice, they change their attitude towards this kind of pain. During classes I could see people waiting for pain

and complaining for not feeling anything. Recovery pain started signifying changes for the better and even “a path to oneself”, although it was frightening at first. In practice, pain becomes the main instrument of personal transformation and the main source of expertise as it signifies both self-diagnosis and recovery. When going through this pain, people learn that they were healed. But why is this important in a broader social context? In the next section, I explain how transformation of relationships with the body contributes to one’s agency in health care strategies as a matter of social transformation ideology of aikune.

### **3.2. Aikune practitioners rethinking healthy lifestyle**

Most people start practicing aikune because of the health issues that made them search for the ways to recover. There are different diseases that make people do so. This can be anything from migraine to intervertebral hernia, or scoliosis. After trying everything that so-called official and non-official medicine suggest and not getting results, they find aikune or come back to it. In our interviews, I asked people to tell me stories of how they first met aikune. While half of the interviewees told me stories about their illnesses or their interest to aikune brought by their friends or relatives, half of my interviewees would start this narrative describing the ways they used to live for years that, in the end, made them feel bad. For most of them, this narrative would also be similar in a way they would blame their working or studying conditions in what happened with their health. In particular, they blame their sitting life style, office work in front of the computer, and serious physical and psychological stress they had been going through for years. Before coming to aikune class, some of my interviewees did not imagine how critical was the condition of their bodies. All in all, they never had to sit on a chair in the right posture. When they were asked to do so in aikune class, for the first time in years, they were struggling with it – their muscles would not let them keep the correct posture for more than some minutes without unpleasant feeling of tiredness. One of my interviewees, Marina, remembered her first class being impressed how difficult it was just to sit straight. She said it was painful and challenging, she had lack of patience, and everything was aching. This brought her to realization of an unpleasant fact – how she, by her young age of 20-30 years old, destroyed her own spine without even knowing.

In aikune class, the instructors give people information of how spinal muscles work to support their spine, nervous system’s work, and blood circulation processes. According to my field observations, verbal explanation is never enough. Some people do not believe instructors at first, it seems like they make experiments on themselves to see whether their problems leave them or not. When their bodily sensations ensure them that aikune works, they accept the physiological explanation given by instructors. I asked my interviewees questions about how aikune works on

physiological level. In their own ways, all of them retell the same instructors' explanation I already presented earlier. After giving explanation of aikune method and why it is painful, that is, explaining the muscular and nervous system's work, two of my interviewees, both appreciating and practicing aikune for about a year, added a notion of that they believe in this explanation of human physiology. Alexander said that "it sounds trustworthy. It seems to me it works like this indeed". Another interviewee, a 20-year-old Yekaterina, also used the verb believe when talking about intervertebral muscles. She developed this thought in a way that if there were no intervertebral muscles, there would be no explanation to the source of knee pain that comes when we stretch the lower back. The logic of this process is that stretching her intervertebral muscles, she stimulates blood circulation in vessels that go along the spine, so the signals go through the nerve endings without hindrance. This way, I suggest that Yekaterina came to this knowledge and belief in intervertebral muscles through her own bodily sensations, and established this belief as a result of the experience of embodied learning when experiencing bodily sensations was coming along with associating this experience with the theoretical knowledge and visual illustrations given in class.

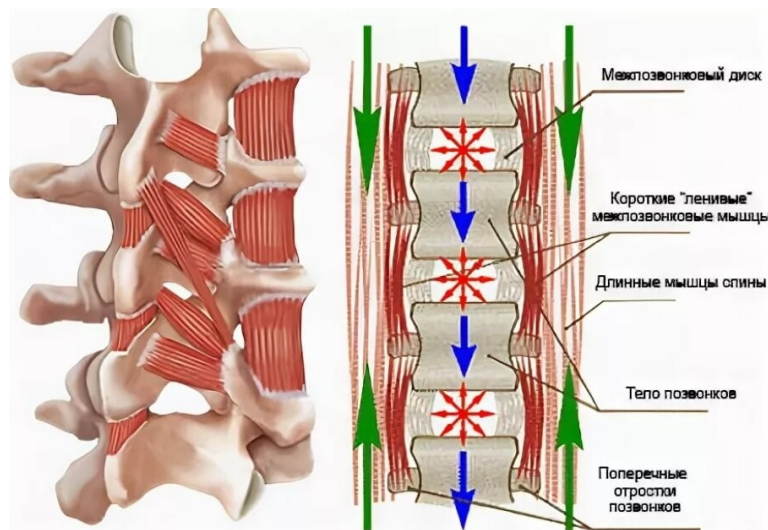


Figure 4. One of the images of the intervertebral muscles hanged on the wall of the aikune class

Yekaterina came to aikune in order to get rid of a serious scoliosis that had been progressing since her childhood. During the school years, she tried to fight it with other practices, such as massage, osteopathy, even martial arts, but nothing worked because of none of these practices influence intervertebral muscles anyhow, as wrong static positions in front of a computer do. She says, back then, her parents did not know about aikune, and nobody knew how to sit properly. Coming back to the idea of aikune as a concept that represents a path from unhealthy condition to health, it is crucial to mention the reasons of getting to unhealthy condition, in the aikune

perspective. According to aikune vision, what ruins people's health is unhealthy lifestyle and bad habits. In particular, what ruins spine health is wrong static positions of the body held for a long time, such as leaning on the back of the chair or sitting with the elbows on the table. By doing so, one relaxes the muscles of the spine that leads to their atrophy. This way, when getting used to the wrong static positions, the spine muscles change their physiology to dysfunctional or atrophied that leads to the development of scoliosis, osteochondrosis, and other diseases of musculoskeletal system that will affect the other organs in the body. "Comfort is the killer of the human", – says the instructor explaining these processes to his students, by this changing people's understanding of what habits and "stereotypes of body movement" are good and bad for one's health. Establishing this knowledge, or a belief in these muscles and the way they work, people try to change their habits and their environment to support the healing process and to prevent diseases that origin from unhealthy lifestyle.

This understanding of the unhealthy, or disease in a wide sense, is interesting as it gives meaning to all sorts of pain and suffering in human life through their own actions. This perspective makes people responsible for their diseases, and therefore, it gives them power to control their pain with their actions and agency to choose to what extent do they want to control it. Alina first learned about aikune from her dressmaker – when she was sewing up her trousers. Since teenage years, Alina had scoliosis that had been progressing throughout 20 years of studying and working. By the time she met her dressmaker that day, a year ago, she had a centimeter difference in the length of her legs. It turned out, the dressmaker's son was teaching aikune and she suggested Alina to talk to him about her problems. In some months of practicing aikune with him, Alina went to Saint Petersburg to learn how to instruct. In our interview, she told me how going through recovery pain changed her mind about life giving her energy and readiness to change in the way she lives. In particular, she came to decision to leave her job that was stressful and destructive for her body and that stopped bringing her joy some years ago. When going through recovery pain occupying her legs and lower back, she realized she became healthier and stronger: "With every time you become stronger. You are not just tolerating it, but you let something go through this pain. Some nerve rout releases and you feel more and more pain. And then it lets you go – you stretch it out and it's gone. When you go out of this strong painful exercise, you feel plus ten per cent of health, stress resistance, the inner feeling of strength and freedom". The same way as Yana, Alina calls this pain a conscious pain meaning that when doing aikune people understand why they feel pain and they know what their results will be. She claims aikune is a path to consciousness through the physical self, and, either way, it is paved through pain. The understanding experience of going through pain gave Alina is that she does not want to get back to her past condition – to the same job, to the same sphere, to the same lifestyle. In this regard, she says that pain is a wise thing: "It

makes us think about what we should not do. Because if there is no pain, we would keep doing what we used to do, keep living like we used to live”.

The thought about the preventing and protecting features of pain manifests in the other interviews. In her first class, Valentina, a 30-year-old woman, did not have a sense of healing herself. She was tolerating pain and unpleasant sensations for days of practice until she came to perceiving pain as a signification of the result. Since she started perceiving pain as a sign of the recovery process, she started treating it positively, she even started perceiving it as a pleasant pain that she enjoys. In this sense, she compares aikune pain to pain that she feels in her lower back when spending a long time driving or in front of a computer. These are two different kinds of pain, she says. Valentina classifies pain in the following way. There is pain that emerges in the situation when something goes wrong in your body, and there is pain that appears when you improve yourself and that makes you feel better after it. Valentina refers to the way Anatoly explained it as if her body felt that she was provoking this pain for the better, and even though she felt pain, her body was in harmony with it, because the posture she was maintaining was more natural to her body than the one in front of a computer that causes destructive pain.

In such a symbolic system that aikune suggests, pain is an act of conscious communication and possesses meaning, whether it is pain that signifies recovery or pain that warns about the destructive processes. For an aikune practitioner, pain becomes a significant channel of understanding and operating their bodies. The two kinds of pain, one warning about destruction and the other signifying recovery, become the main orients in people’s behavior in terms of body movements in everyday lives. Body sensations of aikune practitioners lead them through their body movement patterns indicating what they should and should not do in order to stay healthy and feel good. Aikune practitioners listen carefully to their bodies and claim that, apart from aikune experience, their bodily sensations start to change and become more intensive in everyday life. Getting rid of chronic pain signifying destruction, people start experiencing pain that comes along with recovery processes, and, in addition, their bodies start reacting with pain to the body postures that are considered bad for their health. Moreover, they start perceiving comfort differently from what they used to, that, in its turn, makes them change their habits. Most of the people avoid wrong, or destructive, body postures and try to reduce time spent sitting, some people add more physical activity in their lifestyles, others redesign their workplaces. Apart of that, some people become resistant to pillows, cushions, and soft furniture. This happens for two reasons. First, since they understand the price of comfort that leads their muscles to atrophy, they avoid such comfort. Second, soft furniture that were previously comfortable to them become uncomfortable as their lower backs start aching after half an hour of sitting on a sofa or in a car. Yekaterina gave me several examples of experiences she suffered through since her spine and pelvic bones cured from

the distortion: an unbearable theatre play she had been watching sitting on a soft chair with cushions and a two hours thirty minutes flight to her hometown when she had been feeling the desire to change her seat to a wooden chair at least, because it felt like her pelvic bone was failing through the cushions to get deformed again. The same way, since Yekaterina started practicing aikune, her back stopped aching when she was sitting straight and started aching when she was sitting wrong. In the wrong position, her tailbone would get numb telling her to stand up and go. Yekaterina and several other interviewees told me that, in addition to this, when they do not practice aikune for several days, their bodies may start “asking” for it by aching pain. The realization of what people did wrong that led them to destroying their health gave them knowledge on how to avoid it happening again. The body experience that brought this knowledge gives people motivation to do so. This way, when becoming free from diseases, people became dependent on the recovery practice psychologically and physically, and these relationships determine their habits and techniques of the body in everyday lives through the mechanisms of self-discipline.

Coming back to the question of what aikune does in the context of social transformation, I will formulate the outcomes of the analysis of my interviewees’ and my own experience in aikune paying attention to what aikune knowledge gave to our understanding of ourselves and the extent of control over our bodies that we possess. Throughout the learning process, practitioners establish relationships with their bodies that imply particular health care strategies and particular techniques of the body performed not only in practice, but in everyday life – right postures, the choice of activities and even design of the environment, such as the choice of furniture that also affects the health state of the body, according to aikune understanding of healthy and unhealthy lifestyle and techniques of the body. Through the body movement, there comes the expertise on health care – the embodied knowledge that determines choice and action. Accordingly, this knowledge affects people’s relationships with the others as practitioners bring aikune practice and ideology into their families and communities sharing their experience and knowledge on healthcare. When embedding oneself in a particular symbolic system based on understanding pain as an orient for a further action, aikune practitioners demonstrate the corresponding position on their choices and their bodies being autonomous from the external support. As a sociopolitical project, aikune presents the ideological position on how power relations in contemporary biopolitics are organized and on how knowledge on health care is distributed. When it comes to transformation of the society, aikune aims to make people autonomous from medical expertise by the means of developing their own expertise on their health state through bodily experience. Accordingly, it promotes the idea of a higher level of quality of life that becomes achievable in a world where people are able to heal themselves and get knowledge on this on an institutional basis.

## CONCLUSION

This work stands on two dimensions – aikune as a physical rehabilitation practice and aikune as a project of both personal and social transformations. My research interest lays in the sphere of intersection of these issues. Observing myself and my companions in the aikune class, I was wondering what did knowledge on this particular rehabilitation practice actually give us? Since we were healed, it is understandable how our perception of the body may have changed, but what about our perception of the world and society? Bringing in the empirical materials collected in aikune class by participant observation, I showcase the ideology of aikune transmitted by the Saint Petersburg center's instructors. This ideology suggests to understand health as a matter of one's attitude to pain and bodily sensations – as a source of information about the health state and as an orient on how to control and operate it. In opposition to Western medical approach to softening pain and suffering (Stonnington, 2010), aikune calls for fighting against the source of pain with the help of bodily sensations. This way, aikune ideology turns pain into the source of expertise on healthcare management. In the context of biopolitical power relations (Foucault, 1990), this approach brings an additional choice to the sphere of patient's agency, that is, a choice to stay autonomous from medical expertise by developing their own expertise and practicing self-healing while cultivating themselves through self-discipline (Asad, 2011). In terms of governmentality, aikune ideology implies a biopolitical mechanism of the society where the power would place in sphere of individuals' relationships with their bodies, and where knowledge on health care would be provided for people to develop their expertise on health care management through the bodily training.

Analyzing both field experience and my personal bodily experience in genre of autoethnography, I lead the reader throughout the process of embodied learning. In order to give the reader an idea of how aikune acquiring happens on cognitive level, I systematize and explain the dimensions of teaching aikune that the instructors use in class. From my experience, it stands out that giving the embodied knowledge is a complex task for a teacher. As a bodily practice, aikune represents the kind of language for communication with the body, and it cannot be taught through verbal explanation of the theory. Describing the sophisticated process of learning how to interpret bodily sensations in accordance with the knowledge on anatomy and physiology that the instructors give, I explain how ideology efficiently implements through the body experience when practitioner associates aikune's system of values and its' paradigm of good and bad, or healthy and unhealthy, with personal bodily sensations.

Referring to conversations with my interviewees, I demonstrate their reflection on how their perception of pain had been transforming throughout the practice and interactions with the instructors. The narrative on pain perception that I built reveals the core of personal transformation

coming along with the healing process in aikune. On the pages of my paper, aikune practitioners share their stories of how from frightening and confusing bodily sensation, their pain had been becoming a *liberating* and *conscious* experience and a communication channel through that they started receiving information on how to control the recovery process, that is, to perform expertise on their healthcare that defines the paradigm of what they should and should not do (Carr, 2010).

What stands out from my analysis is that the point where personal transformation engenders transformation of the social lays in the bodily sensations as well, but these sensations come with the results of healing and situate outside both classroom and practice. Since accepting aikune's vision of healthy and unhealthy lifestyle, my interviewees started recognizing not only pain that signifies recovery but also pain that warns about the danger of the body techniques they perform, such as wrong postures they keep (Mauss, 1935). Situated in practitioners' habitus, aikune transformed their bodily experience in everyday interaction with the environment and other people. This transformation involved conceptualization of various techniques of the body as healthy and unhealthy, or destructive in a way they affect the work of intervertebral muscles and therefore, the entire body. In this paradigm, spinal muscles are the only thing that should hold one's body, and their relaxation leads to atrophy and dependency on external support. Aikune philosophy draws a parallel between the spine and the person, as phenomenology approach unites the body and the mind, and therefore, stands on the necessity of personal expertise and autonomy from the additional support – the autonomy that the idea of self-healing implies. In theory, aikune produces neoliberal citizens establishing a model of self-care they do on the level of their efficiency as a working force. However, through its' ideology, it also raises people's awareness of their needs that require investments of time in practice and a corresponding lifestyle. As a social transformation project, aikune strives to bring self-healing to the sphere of common knowledge so that it made the society and individuals autonomous from professional medical expertise in spheres where one is able to recover themselves. The spatiotemporal organization of the world that aikune suggests would prevent bodies from damage that comes from the duration of office hours that people spend without moving and soft furniture that makes bodies relax in wrong positions, for instance, the same as ideas of autonomy from medicine would prevent people from losing control over their bodies while confronting pain instead of solving problems. As a researcher, I state that in the system of belief where aikune belongs, dependence implies danger. As an aikunist, I may add that this danger is not only in being in need for help or in being manipulated by sources of help and power, but in that help and support never solve the problem, speaking about diseases of the spine, of course. This thought stands behind the phrase I cite in this paper's title – the phrase I heard in my first aikune class: "No one will help you except yourself".

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