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HEALING FEMINITY – BALANCING ENERGIES

Women and New Age Spirituality in the context of Non-institutional Complementary

Practice in Slovenia

DISSERTATION

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Introduction

The research described in this thesis was conducted in Ljubljana, Slovenia at a complementary healing and new age spirituality practice led by an instructor¹, Jona. She and female clients attending the treatment sessions allowed me to be a participant observer from 2007 – 2010. With this research I aimed to present how and why certain women in Slovenia choose to attend the non-institutional complementary healing practice, when trying to solve their mental, emotional or physical problems. Jona's clients used principles of complementary healing and new age spirituality to address issues that stem from their family backgrounds, as well as the broader social environment, that affected their well-being. I was interested in how the paradigm of complementary healing and new age spirituality functions as a means of personal reconstruction amidst profound social changes. Such changes started to occur during the Slovenian transition following Slovenia's admission to the European Union in 2004 and the resulting economic crisis, which continues today. I observed how diversification of healing approaches in the era of the neoliberal market aims to reposition certain principles (egalitarian values, volunteering for common good) that were promoted during socialism, with the emphasis on the spiritual (as Gnostic) dimension that was not a part of the socialist ideology.² The research also describes also why the women I met during my fieldwork chose non-institutional treatments instead of biomedical solutions; for example, medicalization with antidepressants. It is not only the changing social climate that motivated the women I observed to seek help outside the biomedical environment. What affects the growing use of non-biomedical practices is a global trend promoting Complementary and Alternative Medicine (CAM) approaches to healing, ecology and economic sustainability through

¹ This term will be explained in the chapter *The Practice - Entering the World of Complementary Healing*.

² Socialism and communism distanced themselves from religion because the Church as an institution was acting as conservative and patriarchal and it supported class divisions. The Yugoslavian socialist regime did not, as Jeraj writes, expect people to be 'god-less' (Jeraj, 2005: 131).

various forms of media. Users of Complementary and Alternative Medicine (CAM) and new age spirituality tend to be female, educated, with higher than average incomes and from urban areas (Sirois and Purc-Stephenson 2008; Mears and Ellison, 2000). These socio-demographic factors can be considered as universal.

In the first chapter entitled *Women Affected by Transition*, I describe socialism as something that promotes gender equality in all aspects of society as a part of its ideology, based on a class-less society regardless of gender, birth or nationality. It can be confirmed that Slovenia's socialist past had positive effects on the social status of women, although declarative gender equality was in many aspects exactly this - declarative.³ According to Jeraj, socialism meant the general improvement of living conditions for women in Slovenia, since it provided them with the legal possibilities of earning their own income and being socially secure; it also enabled them to have abortions (since 1970). Last but not least, the education system in socialist Yugoslavia offered women free education (Jeraj, 2005: 16). Following Jeraj (2005), I have tried to illustrate the social position of women in Slovenia. While Slovenia was a part of socialist Yugoslavia from 1945 till 1990, women's rights substantially improved. Slovenia entered the European Union in 2004 as an independent democratic state with a market orientated economy. This has promoted new social circumstances that are threatening the acquired social rights of women, since the market economy is affecting state priorities. The transition from the state socialism of Yugoslavia to democratic Slovenia resulted in a crumbling social stability. The moral responsibility for, and obligation to, a person's well-being shifted from the state to the individual. The most pressing change introduced by the market economy is the constant threat of poor availability of employment. Since the majority of companies in Slovenia were forced to become more profit-orientated, they become less involved in the protection of female employee's social rights.

Furthermore, the Slovenian state is trying to implement new strategies in Public Health

³ Gender equality was difficult to implement in traditional patriarchal environment (Jeraj, 2005: 440).

Care that are no longer based on the solidarity of all citizens, but on the financial ability of individuals to pay for their health insurance. Under the second subchapter of the first chapter, *Social Expectations of Past and Present*, my main sources of comparative information were Accati (2001) and Jeraj (2005) with historical and psychoanalytical deconstruction of the circumstances women faced within a Catholic society. I aim to compare their findings with authors who describe women in the context of postmodern global consumerism following Geer (1999) and Bradiotti (1992) and global cultural phenomena, such as popular TV series that together with market commodities, influence today's way of life for women. Since Slovenia's independence in 1991, the Slovenian Church has been increasingly promoting gender division whereby women adopt the specific role of mothers and 'home guardians'. I have tried to present how some of Jona's clients struggled with the social expectation to be 'feminine' according to current media standards, or to be 'fulfilled only as mothers' as an echo of the reproductive demand that women constantly face. The principles of complementary healing and new age spirituality are introduced by following Jona's narrative as an alternative or complementary method for women to transgress current social expectations regarding 'how to be a woman'.

The second chapter, on *Field Work Approach and Research Methodology*, describes anthropological methods and academic tools. In *Anthropological Fieldwork*, anthropology is presented as a scientific discipline that manages to profoundly influence the discourse about how we understand others and ourselves. The integral part of my fieldwork was the participant experience, which was important because of the interaction between the female participants and myself. My primary goal was to establish a strong relationship and a strong sense of intimacy with the women I interviewed. Although, as Hanegraaff writes, 'the principal theoretical tool to safeguard scientific legitimacy is the distinction between *emic* and *etic*' (Hanegraaff, 1996: 6), I followed such authors as Sutcliffe (1993) who suggests that contemporary methodological approaches in anthropology use both understandings of *emic* and *etic*. This comparison between theorists will help me to

present a complex view of certain social endeavors, in this case a non-institutional complementary practice. *Terminology* used in this text was necessary in order to make the reading understandable and comprehensible. To explain terminology, I drew on the specifics of the local context of my research, as well as on texts already published by various authors on comparable research subjects. My own contribution to defining terminology is descriptive, since this endeavor is not the main focus of my research. I have tried to explain the main characteristics of terminology from the field of biomedicine, CAM – Complementary and Alternative Medicine - and terms that Jona used; I also describe the process of interpretation and translation of these terms from Slovenian to English. In the *Research Tools* I considered the local, cultural and social context, as according to Green and Thorogood this is an essential part of adopting methodological techniques to a particular research project (Green and Thorogood, 2004: 5). I noted that this research is grounded in well-known methodologies, those of anthropology, social history and ethnography. In this part I also referred to Portelli (1991) regarding my interviewing experiences, as listening, interviewing and transcribing interviews were my main research tools. *Interpretation* is another delicate topic of this research, since it deals with the transparency of scientific methods and myself as a researcher. When interpreting the interviews and my own experience, I had to adhere to the epistemology of complementary healing and new age spirituality. According to Sax, epistemological boundaries of complementary healing are different from those of biomedicine, because they follow the current findings of medical anthropology – taking into consideration the whole person, not only a part (Sax, 2009: 164). Furthermore, Macpherson warned, ‘we should not lose sight of the fact that it is real people that academics place in the pages of a book and that these people have a right to be presented as fairly as possible’ (Macpherson, 2008: 27). My interpretation is therefore aiming to be recognizable by the academic audience as well as by those who practice CAM. Under the last subchapter of this work, *Anthropological self-reflexivity*, I write about what motivated my interest in this subject

and provide a personal contribution to this research.

The third chapter deals with *The Status of Complementary Healing in Slovenia*. As an outline to this chapter I will refer to my correspondence (via e-mail) with the European organization in the field of Complementary and Alternative Medicine (CAM) named CAMbrella⁴, which is financed by the European Union. I collected information from the National Research Center for CAM at University of Tromsø from Norway (as CAMbrella member), that Slovenia (from 2007) is one of the very few countries in the European Union to have structured legal regulations for CAM practitioners and practices. They contacted me as a researcher in this field to investigate how the existing CAM legal regulations influenced the situation of CAM practice in Slovenia.⁵ Currently the situation in Slovenia regarding CAM practice is different from its bureaucratic image. CAM practices and practitioners are not integrated and accepted by the state, as in the case of my fieldwork with Jona. Most noticeable is an obvious academic (mostly biomedical) labeling of CAM as inappropriate and therefore disregarded even as a subject of research.

Information about CAM is not included in biomedical researches or practice - in terms of biomedical academic curriculum (future medical doctors learning about CAM) or biomedical practice. *Declining Trust in Biomedicine* describes notions of biomedicine as an authoritative institution as interpreted by Foucault and Ule (2003). Ule wrote a referential book describing the Slovene biomedical system that includes biomedical theory, as well as fieldwork information from users. It corresponds with what I found during interviewing women during my research – that they could not share their experiences with their medical doctors or psychologists since they, above all, had no time and, seemingly, no interest for such conversations. Some of the women who took part in my research told me that they have sought help from biomedicine but since they were

⁴ <http://www.cambrella.eu/home.php>

⁵ As a contributor to non-governmental organization (NGO) Mreža zdravja (www.mreza-zdravja.org) I learned that most NGOs that are members of Mreža zdravja are not finding the current law for CAM in Slovenia useful, as it follows the logic of the biomedical paradigm of health and prevention.

diagnosed as 'normal', they did not get the treatment or explanation they were looking for. Ule's research⁶ found that absence of satisfying communication is why some are losing trust in biomedicine (Ule, 2003). Current biomedical strategy in Slovenia is still based primarily on medicinal treatments and as such, it does not meet all the needs of the population (Kamin and Ule, 2009: 151). This seems to be the major reason for women becoming involved with new age spirituality and/or CAM practices, despite the fact that they are not free of charge (with very rare exceptions). Compared with biomedicine that excels in acute situations, CAM and new age spirituality are oriented towards incorporating all aspects of one's life into a meaningful and structured way of living. This is achieved by promoting good health, and by suggesting exercise, diet and a daily regime with spiritual meaning.

By presenting *Jona's story* I tried to offer a glimpse into her personal history and offer a narrative of a woman who became an instructor promoting treatments that are involved with complementary healing and new age spirituality. Her journey through illnesses revealed the crucial status of experience in new age spirituality. I asked Jona about her upbringing, marriage, health problems and her spiritual calling. I was interested in her as a leading figure of the treatments I observed.

The fourth chapter is about the *Non-Institutional Use of Complementary Techniques*, where I try to present how various complementary healing methods are connected with new age spirituality. I found that they are indeed hard to be pinned down in the sort of systematization that would be required by the state authorities. *Negotiating between Medicalization and Psychologization* seeks to represent current social trends that specifically link personal experiences with biomedicine and civil society. The growing numbers of non-governmental organizations and self-help groups mean that the boundaries between lay and medical can become more fluid. Personal experiences with

⁶ Ule is referring to the research into communication with (pulmonary) patients: Ule, M and Tivadar, B. (1998). *Komuniciranje s (plučnimi) bolniki*. Ljubljana: Fakulteta za družbene vede.

health issues are reflected in various approaches to dealing with them. The trend of using psychology as a method of treatment is evolving around the claim of numerous authors not solely from the field of Complementary and Alternative Medicine (CAM) but also from biomedical background. Their claim is that emotional, mental and physical stress is an important factor in the development of various health disorders (Myss 1996, Good 1994, Benor 2001, Moyers 1993). Myss suggested that ‘biography becomes biology’ (Myss, 1993: 40). Although her claim might be interpreted as ‘un-scientific’, it illustrates the motive of the current trend of using psychology and increasing interest in CAM and new age spirituality. In the subtitle *The Practice – Entering the World of Complementary New Age Healing* I aimed by using ethnographic methods, to represent what was happening at Jona’s treatments. During my fieldwork I tried to follow the multi-faceted relations between Jona and her clients in their effort to reconstruct their lives through principles of complementary and new age spirituality. I noted that Jona’s treatments bonded women to the physical body but at the same time addressed the spiritual dimensions by using the ‘energy’ principles. The dimension of ‘energy’ functioned at the practice as a tool for overcoming dualities, such as feminine and masculine. In *Woman’s Voices – Experiencing Jona’s Treatments*, I present my fieldwork that was done by participant observation as well as by talking to Jona and her clients and doing recorded interviews with them. Because my research was about accessing intimate aspects of women’s lives, I interacted with a small group of ten women. In this way, I was able to identify with their life stories and, during a substantial period of time, be a witness to their complementary healing and new age spirituality experiences. I tried to present my observations of the women in *Jona’s Clients*. I briefly described who they are and why they came to Jona’s treatments and how the outward manifestation of their issue appeared to me, as a researcher. When I talked with Jona’s clients and observed the treatments, I could find out about their experiences with *Complementary Healing and Biomedicine*. The women attending Jona’s treatments spontaneously talked about their experiences with biomedicine and

complementary healing and why they chose to seek help and advice outside the biomedical context. 'Indeed, dissatisfaction with conventional medical care is a common motivation for deciding to use CAM, with CAM users reporting that conventional medicine did not meet their needs' (Paltiel et al., 2001 in Sirois et al., 2008: 6). In *Healing Femininity – Balancing Energies* I observed to what extent such non-institutional practices challenged present cultural patterns of femininity in Slovenia and if new age spirituality and complementary healing techniques permit a transgression of biological predispositions and social expectations related to female gender. The women's narratives expressed the diverse relationships between the individual woman and society. I followed Macpherson's fieldwork experiences and Ingram's feminist theoretical outlook to evaluate the concept of femininity (Macpherson, 2004; Ingram 2000). New age spirituality appears to present 'a third option' comparing with most Western models of thought as it seeks to 'unite to higher synthesis' (Hanegraaff, 1996).

In the fifth chapter, *Why Are Women Doing It*, my main interest is whether or not women can use new age spirituality and complementary healing to reconstruct and improve their living conditions. The dimension of new age spirituality in Jona's treatments proved to be an important factor that women were inclined towards. The spiritual dimension as well as practical instructions provided them, as they told me, 'with the big picture' of their life story and what they could do with it. Through this process they felt 'empowered' and 'growing' in spite of also feeling 'shattered' and 'struggling'. The subtitle *New Age Spirituality – Consumerist Escapism of Civil Movement* is positioned within a kaleidoscope of post-modern society, where everything can be bought and nothing taken for granted. The critique of new age spirituality (in the context of which most complementary healing practices are embedded) according to Rutar is that it actually propels the neoliberal economy and 'self-management' (Rutar, 2009: 157). That new age spirituality is in the context of a post-socialist environment, materialistic and consumerist – aligned with dominantly American themes, most noticeably self-actualization. As the

aim of self-actualization cannot be denied for most new age spirituality practices, it is important to note that new age spirituality promotes 'self actualization' in the context of ethical conduct and respect for nature (Potrata, 2002). I tried to answer *Why are Women Doing It* by pointing to Pahor's et al. (2009) research that unveils the social reality of women in Slovenia. The fall of stable working positions combined with cultural pressures to be a 'traditional' as well as a 'career' woman seems to be a dangerous combination for women's well-being. Macpherson's (2008) fieldwork findings were similar to mine – that 'women are doing it' because they search for other paradigms to understand themselves as women. They use the notions of 'energy', 'soul', 'chakras' that provide them with means to overcome the standardized expectations of their immediate environment.

In the *Conclusion*, I purposed that this research should promote the need for medical pluralism in the Slovenian Health Policy. I aimed to document this specific practice as Green and Thorogood paraphrased that it 'could be constructed as a problem to be understood' (Green and Thorogood, 2004: 10). Complementary healing and new age spirituality can hardly be considered as 'positive' or 'negative', but as a social reality and specific way of life that has various consequences for each individual. Medical anthropology is not primarily concerned with biological facts but rather social circumstances, cultural dimensions such as complementary healing and new age spirituality that inevitably affect the society.

I. Women Affected by the Transition

1. Social Position of Women in Slovenia

Slovenia is a country of nearly two million inhabitants. Women, representing half of the population (51%) won their legal and political recognition after World War II. As Štih, Simonitti and Vodopivec write the new Yugoslavian regime after World War II managed

to implement important social changes, such as constitutional equality between men and women. Equally important was the implementation of general social security for employed, unemployed and retired citizens in 1945. Last but not least, education became free of charge for men and women (Štih, Simonitti, Vodopivec 2008: 432). These changes were demanding according to Štrajn, because the local history of everyday life in Slovenia was rooted in traditionalism, patriarchal values and segregation with tendencies towards a uniform way of life (Štrajn, 2000: 254). As Jeraj noted it was not only because men were used to patriarchal codes of behavior, but also because women were not easily accepting of their newly acquired rights that the socialist state introduced. Many women found it difficult to combine new possibilities of active participation outside of the household, with traditional domestic demands (Jeraj, 2005: 94). As Jeraj suggested, communist ideals as a basis of a socialist Yugoslavian⁷ politics were giving women a chance to be economically and politically active, as well as expecting them to be mothers and housekeepers at the same time (Jeraj, 2005: 123-124).

Social changes that were introduced by the post war Yugoslavian regime were a big step towards social equality for women of all generations and social position in Slovenia. Education, which was previously reserved for the elite, was in socialist Yugoslavia considered as ‘everybody’s right’. These changes brought new challenges, as well as new hope for the country destroyed by the battles of World War II. Partisan resistance in Yugoslavia was not only a fight against Nazism and Fascism, but also a class revolution of socially deprived majority. Where bourgeois ideals were once the only ones promising a good quality of life, the Yugoslavian regime set out to grant recognition to the working class and a social group that was previously equally neglected – women. In socialist Yugoslavia, the state declared itself as a guardian of women’s rights. The state on the other hand, expected women to actively participate outside their households as well, in economic and political spheres (Jeraj, 2005: 16).

⁷ I am writing about socialist Yugoslavia to avoid misinterpretation, as Yugoslavia was before World War II a monarchy.

The political structure of the Yugoslavian state broke its previously tight ideological connections with the Soviet Union in 1948 and declared a position of ‘self-regulating’ economy. This step had a crucial importance in shaping social strategies in the following decades of the Yugoslavian regime. Josip Broz Tito, a key Yugoslavian political and ideological figure, as premier and president during 1953 – 1980 developed an independent form of socialist rule in defiance of the Soviet Union. His politics pursued a policy of nonalignment, built ties with other nonaligned states, and improved relations with the Western powers. These political decisions resulted in a specific Yugoslavian social model. It was in many ways a milder⁸ version compared to communist regimes connected to Soviet Union in post war Europe. Apart from social changes that gave previously deprived classes new rights, state socialism in Yugoslavia had also its pitfalls. Economic growth was not optimal, so frequently certain consumerist goods were scarce. To avoid social turmoil during the 1960s, the Yugoslavian government permitted greater migration of workers abroad.⁹ As Švab noted, open borders allowed Yugoslavian inhabitants to experience the allure of consumerism. Western goods and shopping trips were common for many families in Slovenia and represented an aspect of socialist everyday life (Švab, 1998: 131-143). Living conditions in Slovenia regarding quality of life differed from what was pejoratively labelled as Eastern block. A Socialist¹⁰ state managed to offer a social security for the majority of its working class, while current market economy puts far more pressure on individuals and offers less social security.

As Štih, Simonitti and Vodopivec (2008) and Jeraj (2005) noted, the social position of

⁸ As Jeraj describes Yugoslavian socialist ideology in many ways did not demand such radical changes in structures of daily life as occurred in the Soviet Union. In the Soviet Union for an example, such change included obligatory communal kitchens that were designed to help women be more active in rebuilding post war industry (Jeraj, 2005: 130).

⁹ While there were better-paid jobs and more consumer goods in Western countries, many of them confirmed that despite various lacks, Yugoslavian social security was a unique example in Europe (Štih, Simonitti, Vodopivec 2008: 432)

¹⁰ According to Fromm, accepting the thesis that Socialism and Marxism are more or less identical with Stalinism, may not be a problem in the United States, but it is in Europe and Asia, where there are many positive experiences with socialist concepts (Fromm, 1956: 241).

women improved after World War II. Political changes in socialist Yugoslavia were ignited by sanctions that people had to face for being critical about the regime of a long term president and war hero par excellence, Josip Broz Tito, who is still perceived by many as a cult figure. Authors describe the negative side of Yugoslavian socialism as set up trials for political rivals, imprisonment for those who advocated religion or were opposing socialism in general. There was also a presence of nepotism, non-tolerance and uniformity on many levels of everyday life (Štih, Simonitti, Vodopivec, 2008: 140). Štih, Simonitti and Vodopivec observed that substantial political changes in Slovenia were promoted in the 1980s through *Zveza socialistične mladine* (Union of Socialist Youth), which started supporting political dissidents, gay and lesbian initiatives, various spiritual groups and other civil movements. Political changes culminated in the separation of Slovenia from Yugoslavia in 1991. Slovenia decided on a multi party parliamentary democratic system and declared itself an independent republic through referendum. Through the first decade of independence, the Slovenian state managed to provide its population with social security and quality Public Health Care, the decline followed.

The Slovenian state stepped into the open market economy and new relations towards consumer goods. This is mirrored in the words of a Švab's respondent: 'Fa shower gel doesn't smell so nice anymore, I am not looking forward to shopping now, it has become trivial' Švab (1998: 131-143). The changes were not only in the attitudes towards particular consumer goods but also the whole structure of social relations. The solidarity¹¹ that was promoted as a part of ideology in socialist Yugoslavia is not supported by current market ideology, though it is still practiced among members of the community in Slovenia. During socialism people tried to help each other with small favors - one family would bring rice from Italy and exchange it for chocolate from Austria. This structure of relations was based on what Švab (1998) describes as 'solidarity of family, relatives and

¹¹ Žižek writes about *charity* as a part of consumerism not *solidarity* (Žižek, 2009).

friends'. Postmodern consumption and different schemes of employment are promoting individualism, personal success and validating competition among people as positive. Market economy ideals are about constant achievements, buying ability and focusing on individuals and their skills to promote themselves. In such atmosphere it is becoming more difficult to be 'there for each other'.¹²

For authors, the second transition period for Slovenia started with a monetary switch to European currency and referendum in 2003 that resulted in Slovenia joining the European Community and NATO (Štih, Simonitti, Vodopivec 2008: 492). This transition with major changes in state structures resulted in experiencing insecurity that is reflected also in many private lives. Social scientists involved with media and journalism Erjavec and Volčič noted that in 2004 a neo-liberal right-wing government initiated radical transformations and changes regarding state economy. Writers described their aim 'to reinforce the withdrawal of the state from the economy'. For Erjavec and Volčič liberalization has not only created profound changes in the areas of social welfare, entrepreneurship, labor, and consumption, but also introduced new ideals of social ethics, citizenship and self-government. In an environment shaped by global capital and labor flows, flexible specialization, low job security and diminishing welfare provisions, individuals were encouraged to become self-reliant and 'flexible' in both in their lifestyle choices and their working lives. People were being asked to re-think themselves, their rights and duties along the lines of a neo-liberal socio-economic philosophy (Erjavec and Volčič, 2009: 125). As Plattner suggests in an anthropological sense economic transactions are social relations (Plattner, 1995: 1). Precisely because social relations are crucial in human interaction, economy profoundly influences our daily lives. According to economist Rifkin, market changes directly influence human lives and turns them into - market. In the

¹² Exchange of 'favors' in Slovenia is practiced among families, neighbors and relatives (land produce and household services). Such practices are more common outside urban areas.

20th century when market economy, with its capitalistic logic and consumerist orientation, became pervasive, it appears that there is no aspect of human life left, as it would not be a part of the consumerist experience. Why is it, Rifkin continues, that we perceive market economy as 'usual', when it changes the structure of life and became more than just material base - 'the ontology of modern life' (Rifkin, 2001: 3-43).

Social changes in the past two decades of Slovenian independence offer complex reflections in the lives of women. Notably in the fall of structures introduced by socialist Yugoslavia that were offering them valuable help (paid maternity leave, affordable kindergartens, schools free of charge, stable jobs and quality Public Health Care). With the market economy, social security slowly drifted away from being a responsibility of the state. Public Health Care became a subject of income and education, getting more and more expensive. Objective material circumstances present an additional burden on women's lives economically, as well as affecting their social relations and consequentially their health.

The World Health Organization (WHO) report noted that in middle and high-income countries mental disorders are the major health burden (*The global burden of disease*, 2004, part 4, p. 44). European Union (EU) ranked as middle or high-income on the global comparison scale. Slovenian political, economical, and cultural transitions are reflected in various emotional and mental discomforts for a substantial part of the population. The Slovenian Public Health authorities (*Zdravstveni statistični letopis 2007*) reported an increase in mental and emotional discomforts. Slovene psychiatrists claimed that there is a 'real epidemic' of mental disorders and the forecasts suggested that there would be no withdrawal in the trend (Zupančič, 2007: 2). In Slovenia approximately 90.000 psychiatric evaluations are made per year (in 2007 there were 89.657 evaluations made; 33.091 male

in 56.566 female). The National Survey of Mental Health¹³ (2009) claims that only 6% of the Slovene population sought help for their mental health problems. National Survey of Mental Health (2009) also claims (according to Jeriček Klanšček M.D.) that 28% of the questioned population felt nervous, anxious, sad and unhappy, while 59% of the population engaged with the research described feeling lifeless, exhausted, burnt out and not enthusiastic. Romanucci – Ross perceives that in psychiatry the intersection of medicine and cultural values is very obvious, while it deals with mood, thoughts and behavior disturbances, where psychiatry necessarily draws parallels with everyday life (Romanucci – Ross, 1997: 319). This could be applied in the case of the Slovenian transition, as the moral agenda in the current circumstances has changed and the new state establishment has introduced a new morality¹⁴. In the case of the Slovenian multilevelled transition of society, there could be a parallel with O'Connor's explanation that traditional medical systems perceive morality and physiology not as merely interconnected, but mutually constitutive: moral living promotes good physical and mental health; immorality leads to disease and insanity (O'Connor, 2000: 41). The central metaphor from Chinese traditional medicine is the balance between macrocosm and microcosm, between the constituents of the body/self and the social world as crucial for one's health (Kleinman, 1995: 106).

According to Erjavec and Volčič for most Slovenes, after joining the EU and NATO, expectations and desires for a better and economically more secure life have not been fulfilled (Erjavec and Volčič, 2009: 125). On the contrary, under the market economy most people in Slovenia experienced new moral dilemmas that were more or less successfully resolved. During my fieldwork (2007/10) interacting with a group of ten (10)

¹³ Inštitut za varovanje zdravja, RS - Okrogla miza Izzivi duševnega zdravja (od podatkov do nacionalnega programa), 6. Okt., 2009.

¹⁴ I follow the Kleinman's (1995: 45) definition of morality, which is described as 'the commitments of social participants in a local world about what is at stake in everyday experience'.

women in Ljubljana (Slovenia) at non-institutional treatments, various mental and emotional discomforts were expressed. The women attending the treatments were between 27 and 60 years old, meaning that they all lived a substantial portion of their lives under Yugoslavian state socialism. My respondents encountered several moral dilemmas in the unstable transitional market (unstable relations between people in business due to frequent economic and political changes), accompanied by their aim to be a ‘perfect mother, wife and daughter’, which in turn directed their emotional issues related to parents, children and partners. The women I talked to presuppose that taking anti-depressants would not deal with what they perceived as complex issue of distress, since, in their opinion, the pharmacological substances¹⁵ cannot change the everyday reality of their lives, which they wanted to improve and not ‘shut out’, ‘hide’, or ‘pretend they are managing’. In interviews some of the women revealed to me that they were trying to get help using biomedical treatment but felt ‘left out’ by Public Health Care. They were often told by psychologists, psychiatrists and physicians, that their situation was not ‘serious’ enough by biomedical standards. The other interviewed women did not expect any substantial help from official medicinal treatments, because they knew ‘there is nothing to expect’. Kleinman commented on this situation in biomedicine as one that prioritizes technical and practical interventions, while the suffering that many experience, has no teleological significance in any biomedical context (Kleinman, 1995: 155-156).

Teodora¹⁶ in her late 30’s came to Jona’s group presenting a non-biomedical problem - partnership and child related, that she did not know how to solve. She shared with me the advice she received from her medical doctor several years before:

I had panic attacks, so I visited my doctor, as I did not know that they were panic attacks.

¹⁵ Kleinman formulated that biomedicine has more in common with government and business than healing system (Kleinman, 1995: 39). In this sense the prescribing of anti-depressants could be interpreted in the Slovenian context, since it does not deal with the sources of distress that women reported.

¹⁶ The women who attended Jona’s group are described in the IV chapter.

I just thought I am going to die, I could not breathe and my heart was racing. Then she told me I should start practicing yoga or go to a psychiatrist. She explained to me that panic attacks happen when we are under too much stress and expectations. When we do not meet the standards set by others, and ourselves - then our body can explode in a psychological reaction. I did not go to see a psychiatrist or start with yoga classes. Sometimes I would talk to girls at parties who had similar problems, but they were all taking pills. But then I had a child and then everything changes; you cannot afford to have panic attacks. I knew from the media that there are a lot of these problems going on in today's society. From some articles I found out about an option of meditation and breathing exercises and decided to try this approach.

Teodora's answer supports the notion that mental and emotional health problems are the ones people are reluctant to solve with the help of biomedicine. This is not only because of the possible stigmatization it might bring upon a person with psychological distress. I began to understand that the women I met during my fieldwork felt this way because they were unwilling to be scrutinized by 'objective' medical biomedical science. In their opinion biomedicine was not 'honestly' interested in their personal well-being, but wanted to 'get rid of them' by prescribing anti-depressants. Nolan suspects that occurrences of such biomedical methods provide the frame of pathologizing what was once considered normal human behavior, such as anxiety, anger, menstruation, eating, exercise or sex. In this author's opinion, this explains the rapidly expanding index of pathologies in *Diagnostic and Statistical Manual of mental Disorders* (Nolan, 1998: 9-10). The women I spoke with during my fieldwork, who were attending non-institutional complementary treatments, were aware of all options that biomedicine offered them. They were acquainted with psychology and psychiatry, were even studying it or had a family member involved in these fields. Since their issues were not life threatening or something needing to be urgently medicated, they were left with little choice within the boundaries of

biomedicine. This was the initial reason why they decided to seek help outside biomedicine. They did not feel that their situation was 'healthy' or 'normal' and still 'needed something'. That is why they became interested in various other forms of complementary healing, institutionalized and non-institutionalized.

2. Social Expectations Women of Past and Present

If socialism was a prevailing discourse for fifty years, the influence of the Roman Catholic Church on Slovenian culture has been present for over five hundred years.¹⁷ The Church as a historical authority *non plus ultra* actively advocated a specific role that women in Slovenian society should have. Following Accati, the role of a woman was one of motherhood, whose moral duty was to take care of the children, with the Virgin Mother as an iconic example (Accati, 1998: 11). Regional Catholic influence in Slovenia was (is) strongly based on the Virgin Mary cult. This was (is) reflected also in the role of women within the family, where although patriarchal, the male role was not empowered in the same way as the female role, to induce feelings of guilt and remorse. The latter is described in Slovenian literature (written by male authors). Novak Popov referred to the *personae* of the Slovenian woman depicted in various novels and poems of the 19th and the 20th century that was centered on actual social circumstances of unemployment, poverty and deprivation. The stark living conditions positioned Slovenian women in literature as sacrificing mothers facing rejection from society, male partners or children. This social drama was mirrored in literature as feelings of guilt described by authors like Prešern, Cankar, Voranc and Kresnik (Novak Popov, 2008: 53-67). If Slovenian mothers were martyrs, Leskošek¹⁸ pointed also to literary descriptions of women (non-mothers)

¹⁷ On 24th of January 2010, Anton Stres was given the title of the 35th Bishop of Roman Catholic Church in the 549-years long tradition of this institution in Slovenia. <http://aktualno.rkc.si/?id=1020> (07. 02. 2010).

¹⁸ N.B. Quotations of Leskošek are my translation from Slovene to English.

from that period who were infused with negative attributes such as shallowness, being revolting, prone to adultery, vain, gossiping and treacherous. For sacrificing mothers, men could feel certain remorse, while women, Leskošek wrote, could be despised since their moral characteristics were considered weak (Leskošek, 2002: 190-192).

Accati¹⁹ suggested that this moral paradigm of positioning women as inferior was introduced by political decisions of Catholic Church. She found that since the 17th century, the Catholic Church devalued the relationship between a woman and a man in marriage and rather focused on asexual relationship between a mother and her children – paraphrasing the relationship between Mother Mary and Jesus (Accati, 1998: 202). This served a particular political interest of the Catholic Church that was losing its power since the introduction of reformation by Martin Luther. By promoting the role of women as mothers who provide celibate children, the Catholic Church tried to keep its position in society. Leskošek provided numerous examples of misogyny in Slovenia due to the dictates of Catholicism stating that:

Horrendous punishment shall strike all those women, who dare to ignore the rules of the Church (Leskošek, 2002: 168).

Leskošek noted that the only acceptable roles of women promoted by the Catholic Church in Slovenia, were those of virgin, mother and wife or widow. Any other social exposure of women in society was often severely punished and ostracized. Leskošek pointed to an announcement of Pope Benedict XV in 1917, declaring that women who are not housewives become moral degenerates and perverts. Women could be even executed in the case of adultery, as in 1929 sexual intercourse before marriage was still considered a ‘mortal sin’ (Leskošek, 2002: 40). The fear of the Catholic Church, Leskošek found, was

¹⁹ Accati conducted her research in Trst/Trieste, historically linked to Slovenia in many ways, which is what makes her findings relevant for my research.

that with education and public life a particular female 'character' would change. This Catholic doctrine had material benefits; following Leskošek; household work was imbedded in society as a 'natural' part of femininity and as such it did not include any gratitude or payment. In Slovenia, where the power of the Church was immersed in people's daily lives, these agenda, the author noted, had a striking influence on shaping women's lives. Since the Catholic Church in Slovenia was operating as a spiritual authority, administration and education appears beside activities like medical care and charity. The Catholic doctrine was forcing women in Slovenia to construct their femininity as weakness, develop poor mental capabilities and lack emotional character and the capacity to make decisions for themselves. The following Church rules were crucial for women's deprivation in the social sense:

The Catholic Church in Slovenia extorted the rule of forbidding marriages among persons without land possession. This rule not only increased the number of extramarital affairs, but lead to creating a class of deprived women and children with no social protection. Through the dogmatic perspective of the Church the sinful ones in extramarital affairs were only women, while men were free of responsibilities. Such unwed mothers were used as low paid workers in developing capitalistic system and their children stigmatized by unusual names given to them by priests (Leskošek, 2002: 77).

The author found that the Catholic Church in Slovenia was aware of the poor conditions many women were living in, even if they were married. Many were abused, malnourished and working in horrific conditions on the fields, in the mines or factories. But still clerics advocated celibacy and the monastic life of nuns to be the only acceptable alternative to a life of social deprivation. Despite the fact that various forms of violence upon working women were presenting a problem up until World War II, clerics did not set out to help and improve women's position (Leskošek, 2002: 73-111).

Catholic writers thought it was 'normal' for a woman, since being born 'sinful', to be suffering, even if her husband drank and hurt her and children. In their opinion this was 'a saintly sacrifice' that will 'please God and the whole humanity' (Leskošek, 2002: 116).

Such historical evidence leaves little doubt about the inferior social status women had in Slovenia. Regarding their social reality it comes as no surprise that any promise of equality and recognition was more than welcome, although social patterns of behavior that lingered through centuries are hard to root out. If the catholic imagery promoted Mother Mary as a victim *par excellence*, after the Second World War, following Slapšak's interpretation, women were finally offered an alternative role model - the partisan. During World War II many women actively collaborated in resistance against Nazism and Fascism as partisans.

The partisan strategy of resistance in Yugoslavia made women equal to men. Not only in terms of combat tactics, but also regarding their social position, since resistance front united intellectuals and rural men and women (Slapšak, 2000: 58).

During World War II, partisan ideology was based on equality ideals stemming from feminism and communism. This new ideological outlook gave women new self-confidence in society after World War II, the author noted. Partisan woman was an alternative role model to the previous role based solely on motherhood. They were the ones who killed and were killed, shoulder-to-shoulder with their male comrades. They gained a chance of political influence and were, as Slapšak argues, not under such pressure to act according to capitalist and patriarchal demure.²⁰ Partisan women, when the war

²⁰ During World War II, 'Bombshell Girls' referred to sexual images of women which were painted onto the sides of planes. Partisan imagery is not noted for similar portrayals of women.

ended, entered the postwar communist and socialist era as builders of a new society. Slapšak described that the Yugoslavian socialist state needed women as active participants - workers in this vast project of social changes. Also, reflection upon the history of Western feminism shows that it was tightly connected with worker's rights movement (socialism) in the 60s and the 70s (Slapšak, 2000: 58). In the Slovene literature of the late 20th century written by women (Vašte, Mihelič, Pirjevec), the development of female subjects became present: a powerful rebel seeking to occupy the public space shifted to historically mutable social constructs of gender (Novak Popov, 2008). Thus there was a 'strike back', Slapšak noticed, since after the War ended, partisan women were labeled as 'non – feminine' (Slapšak, 2000: 60).

Randeira commented on how Slovenia, considering its long Roman Catholic past and specific Alpine modalities, in her opinion benefited from a socialist state regarding women's position in society. She compared Slovenia to Switzerland, where she found the Catholic maxim prescribed for women '*Kirche, Kuche, Kinder*' (Church, Kitchen, and Children) still active.²¹ The benefit of Yugoslavian socialism in Randeira's view was its *modus operandi* that offered women free healthcare, affordable state-provided daily care for children and stable employment. According to Randeira's explanation, the status of women in society rapidly changes, if the state does not provide for childcare and school meals, as this immediately creates economic and logistic difficulties and enables women to focus on little else apart from their children and home related work, if they are not substantially affluent (Ferkov, 2008: 20-22). I conclude that, if such conditions as described by Randeira are offered by the state, it helps women to be involved in public and political life, regardless of their class background but rather because of their own personal

²¹ I interviewed Shalini Randeira, who was president of the European Association of Social Anthropologists (EASA) in 2008 in Ljubljana. This interview was published by Media house Delo (Ona supplement – see references).

capabilities.²²

Following Jeraj, in Slovenia even today, two opposite theories regarding the role of women in society are simultaneously present. Theories influenced by Catholicism advocate that women should return to the role they had before socialist Yugoslavia – to be housewives and mothers. On the other hand, the socialist influenced theory favors the nurturing of rights and benefits women achieved during the socialist regime. The catholic theory holds the opinion that equality of women was enforced upon them. Consequently women had to be employed because of the demands of the state, which resulted in ruin of human relations, parental love and moral values. They believe such life style to be totalitarian and that in a democratic system, women will act against this ‘exaggerated’ and ‘unnatural’ emancipation (Jeraj, 2005: 16).

Most notably Catholicism, socialism and consumerism have influenced attitudes towards gender in Slovenia over the past 50 years. If social changes are, according to Butler, circumstances under which bodies are understood ‘as passive recipients of an inexorable cultural law, not only biology but also culture becomes destiny’ (Butler, 1999: 12). She writes that, except for socialist influences that promoted a role of a woman as a worker, comrade and political activist, femininity is still predominantly ascribed into a set of figural functions as a mother, womb or nurse (Butler, 1993: 53). Issues regarding femininity became even more elusive in what many academics describe as the *postmodern condition*. The Postmodern condition is following authors of the subject, a synonym of an industrial and postindustrial society with a concept of leisure time, powerful media network and numerous places designed for the consumption of material goods. Under such circumstances, not only the landscape and working conditions change, but also human

²² *Statistical Year Book* (Republic of Slovenia, 1995) noted the employment of women to be 51.5% and among the highest in the world, but women are still under-represented in leadership positions.

relationships. As traditional values and institutions (religion, state, family) in the postmodern condition could no longer provide the subject with a stable identity, individual identity became dispersed and began to focus on objects of mass consumption and media images (Bauillard 1999, Harvey 1990, Bauman 1992, Lury 1996, Featherstone 1995). In this context the role of femininity as the biological characteristic and a cultural concept is faced with new paradigms (Geer, 1999: 288). To put the notion of the postmodern condition in the context of Slovenia, I will refer to my MA research within the Slovenian media house Delo by interviewing woman readers and publishers of *Ona* magazine. Women who are media professionals and readers of the most popular Slovenian magazine²³, whom I talked to in 2006 for my MA fieldwork²⁴ frequently complained about their unease with what was supposed to be femininity, by current media standards. At the same time they felt troubled about aspects of themselves they perceived as displaced in contemporary consumerist conditions (Ferkov, 2006). Similarly Butler argues that 'female' no longer appears to be a stable notion and its meaning as troubled and unfixed as 'woman' (Butler, 1999: xxix). While Rose commented:

Society mostly fails to recognize as more than a fact of individual pathology that most women do not painlessly slip into their roles as women, if indeed they do at all (Rose, 1986: 91).

In Slovenia since the declaration of independence in 1991 a noticeable growth of commercial mass media and consumption as a leisure activity took place. During previous decades multinational companies built their stores on the outskirts of cities (so called malls or shopping centers) and popular television shows (presented globally) also started to

²³ Ona is a newspaper supplement but functions among readers as a magazine. Popularity is measured twice a year by the Slovenian Advertising Chamber (SOZ; http://www.soz.si/projekti_soz/nrb_nacionalna_raziskava_branosti/Z).

²⁴ Ferkov, Katerina (2006). *Lepota, spol, potrošnja* (Beauty, Gender, Consumerism). Unpublished master's thesis. Ljubljana: Faculty of Arts, University of Ljubljana.

appear on Slovenian commercial TV channels. These leisure and landscape changes introduced new demands to women's lives as they offered new employment positions. There are growing demands and expectations on how women should physically appear, as well as being involved as contributors in their private and professional life. Geer suggested that 'preoccupation about appearance goes some way towards ruining some part of every woman's day' (Geer, 1999: 22).

Every woman knows that, regardless of all her other achievements, she is a failure if she is not beautiful (Geer, 1999: 19).

Geer's suggestion exposed the central role of woman's visual appearance. The status of women's visual image is intrinsically connected to the role of women in society with many historical connotations and paradoxes. In spite of the social and technological progress that has happened in the modern and postmodern era, relations towards gendered bodies are still troublesome. Through mass advertising women are persistently encouraged to modify their bodies and/or their image. The discourse of advertising presents women's care for their appearance with the help of various products as a 'normal' part of contemporary female existence. Trying to follow the expectations proposed by the media can cause women various emotional and/or physical discomforts. For Braidotti, media and technology play a central role in the promotion of consumerism and artificially acquired physical attributes, alongside decomposed and stimulated sexuality.²⁵ In her opinion mass media still presents femininity as the pursuit of identity as beauty through fashion consumption. Braidotti added that in women's magazines a discourse about women's self-esteem and autonomy is also present, but still under pressure to 'adhere to the perfect body image as a prerequisite for love and happiness'. For the author, femininity is no longer

²⁵ Braidotti perceives the postmodern commercial machine to be too much about sexuality to allow comfortable existence, because it is made to constantly shock its audience (Braidotti, 1992: 8).

solely focused on men's attention, while it is presented as the product of highly charged consumption (Braidotti, 1992: 158-173). Geer commented that:

Gender reassignment is usually justified as harmonization of self-image and gender image, as if such harmony was human right. Born women are all too aware of disharmony between who they are and what gender role requires of them. Gender identification is never more than approximate (Geer, 1999: 73).

Geer noted important changes in the past decades regarding women's position in society. Most important are birth control, the possibility of divorce, more human and legal rights and greater job availability. The author emphasized that simultaneously with the development of these positive changes there is an increase in panic attacks and other psychological and physical problems reported by women. She questions whether women are re-playing the oppression on themselves due to a long history of social abuse. Above all Geer is not advocating medicating suffering women or pathologizing their distress as a solution (Geer, 1999: 174).

In the Fieldwork – Women's Struggles

How changed social circumstances in Slovenia with the political revival of patriarchal principles influenced the perception of woman's public role was evident in spring 2010. Katarina Kresal, at that time Minister of Internal Affairs was judged publicly for lacking 'real' feminine values. A Member of the Slovenian Parliament (member of the Slovenian National Party) Miran Györek commented on his political colleague, Katarina Kresal, with the following words:

We cannot compare this Minister (*Katarina Kresal*) with Mrs. Jelušič or with Mrs. Krebs,

because they are ladies, madams, mothers, wives, and pleasant women to co-operate with, unlike (please, this is my opinion) this Minister (*Katarina Kresal*) who just isn't like them²⁶.

Györek was not referring to Kresal's political actions but rather her personal life. He dismissed his political colleague on the basis that she is not a 'pleasant woman' and then again not because of her professional conduct in parliament, but because she is not married and does not have children. Györek's public speech was signalling that a woman was supposed to be following the patriarchal pattern in order to be valid in the eyes of the Slovenian political arena. With his statement he suggested that women are supposed to be wives and mothers in order to be 'pleasant to co-operate with'. To my knowledge, male politicians in Slovenia were never publicly judged for not being married or fathers in the context of their political activity. Györek's statement could be interpreted as an act of discrimination of women's human rights. Due to historical influences woman's role in Slovenian society is still burdened with, as Geer formulated: 'reproductive duty', 'caring duty' and 'household duty' (Geer, 1999: 14). For Geer the main problem is that all these patriarchal expectations are not a goal to be achieved, but a burden to be carried.

The reality of women's lives is work, that is unpaid and what is worse, unappreciated.
(Geer, 1999: 57).

In this manner the described social patterns are devaluing the women's contribution to society. Current social and cultural context resulted in a need for different answers to the distress of women. Complementary healing and new age spirituality can be chosen by women as a possible way to cooperate within society. McGuire mentioned that such non-institutional beliefs or practices are likely to reflect the concerns of those excluded from

²⁶ Translation from Slovenian to English is mine.

power in society (McGuire, 1993: 152). The women I spoke to during my fieldwork described how they experienced the dictates of social expectations. As these social expectations were based on expectation to have a 'sexy slender body' or 'reproductive capabilities' and not for example 'balanced energy' or a 'harmonious soul'.

I will try to present some experiences of the women involved with non-institutional complementary practices I observed during 2007-2010 in Ljubljana, Slovenia. At Jona's treatments, I noted that the women's predominant preoccupation was an uncertain position of 'being a woman' and the concept of 'femininity' that was under constant influence of social expectations. The women told me about their troubling relationships and 'experiments with femininity' stemming from households who endorsed and promoted patriarchy, like the majority of their social environment. The patriarchal concepts were not just passively accepted by the women, but also contested by them. The women I interviewed perceived 'being a woman', 'the way to be feminine', mostly through concepts of a 'sexually attractive body' and 'mothering'. This atmosphere was also present at Jona's treatments, as the women talked about their doubts and fears, whether they are 'good enough' as mothers, partners, wives, daughters, employees or friends. The women attending Jona's treatments have chosen to participate at her complementary practice to experientially try to sustain a gender identity that is in parts different from current social expectations. All of them, at times, expressed fierce disagreement with Jona's suggestions about the role of a woman in society and as a human being. Jona, as an instructor was explaining to them 'the difference between the morals and ethics of society and morals and ethics of energy' (I will address this subject later in the thesis), as for Jona, any being was an 'energy field' that should be unburdened from various social expectations. By analyzing Jona's words, I identified that although her complementary practice used categories of male and female, it promoted values that are not specifically gendered: honesty, diligence, openness, discipline, curiosity, endurance etc. As Jona explained, by

promoting such values her treatments were offering ‘to balance the energy of women (or men)’. In Jona’s view such intentions (to promote non-gendered values) are affecting human thoughts and emotions in a constructive way so that ‘one becomes more balanced’. From my observation, Jona’s practice didn’t exclude the notion of the gendered women’s body while at the same time intended to transform the social patterns related to it. Jona taught the women the Taoist breathing technique *microcosmic orbit*²⁷, which uses the energy of the uterus (or semen) not only for reproduction (if at all), but also as a source of energy that enables health. As Chia wrote, the main purpose of methods or techniques for balancing energy is developing consciousness, which transgresses all dualisms - also male and female (Chia, 1989: 53). Jona’s complementary practice drew from traditional sources (as Taoism), which is particular for new age spirituality, which promotes the notion of a person as ‘energy’ - which is not gendered. For Jona the practice of ‘balancing energy’ is a healing process:

The essence of healing femininity is to develop our consciousness – to balance our energy with the use of principles that follow the reality of energy. In doing so we can affect the quality of life in material reality. If we understand that energy is friction between the female and male principles, which are contrasting, complementary and undividable, then it becomes evident that the healing of female principle affects also the male principle, and this is how femininity becomes healing in itself. Healing femininity therefore equals healing femininity.²⁸ The fact that I am in the role of the instructor is also the part of my own complementary healing.

²⁷ Described in detail by Chia (1989: 53).

²⁸ Short emic explanation of Jona’s words: healing femininity stands for ‘resorting’ femininity according to energy principles. Due to this process femininity is considered to acquire curing properties. There is a double meaning of the word healing in Jona’s words: as being in the process of healing and as healing others. C. G. Jung refers to similar principle of the ‘wounded healer’ or counter transference (Sedgwick, 2004).

Jona's words are following the ideology of new age spirituality that believes in egalitarian goals for humans and above all development of consciousness. Inspiration for such beliefs comes from Eastern philosophies, which are appropriated to the local environment.

Femininity, in this regard is perceived as a part of the human mosaic and not something to be imposed by historical circumstances, rather an imminent principle of the Universe.

Jona, as an instructor, had her own issues with femininity and talked openly about them, but always stressed that men and women are 'just energy that needs to be balanced'. At treatments she told that she used to diet heavily in High School to 'be like Twiggy' until she developed health problems. Jona referred also to her frustration with sexual experiences, since she was raised in the environment that expected women to be with one partner for a lifetime, while men were encouraged to have more than one sexual partner. Her comment on this matter was that 'this world was made to fit men'. Jona saw a solution for her issues as well as for the women who came to her practice in the use of complementary techniques. By using them, women or men could become balanced. That meant that different persons might need different (sexual) experiences. For Jona, what mattered was not how many partners or how much sex one had, but how that (in)action resonated with that person's 'life's mission'. In terms of her complementary practice, being feminine meant being, at the same, time in tune with the masculine, or balanced. One was not balanced if he or she was feeling: proud, euphoric, depressed, angry, violent, irritable etc. Jona considered such states as a sign that the energy of a person is not used constructively. Such emotions were not attached to a particular gender. It was important that emotions were not repressed or ignored, but seriously taken into account.

Circumstances that provoked these feelings have to be understood and re-polarized by the use of complementary techniques. Jona's clients had their own experiences with social expectations regarding femininity and being a woman in today's social environment. Their narratives mostly refer to their experiences, or to insights before and after they started

attending Jona's treatments. I tried to connect their experiences with social and cultural themes I considered to be relevant. The women's words are excerpts from recorded interviews and were a part of their dialogue with me about 'what does it mean to be a woman for them'. I did not guide their answers and not all the women attending Jona's treatments went into a more elaborate dialogue about this subject when we met. Their voices on subject of femininity will be presented in the subtitle *Healing Femininity – Balancing Energies*.

Gretchen (31 years), involved professionally with advertising, perceived femininity as phases of various negotiations she had to pass:

I think most of us went through some collective patterns of what femininity is supposed to be - from wearing tops so short that my tits nearly fell out to tiny mini-skirts - because to be a woman meant being ultra sexy and to have all the boys on a string ... to the feminist extreme, when no one could say anything to me grrrrrr (she growls) ... not knowing how to be a woman, without behaving like a man and competing with one. I went through these two stages. The first one was about abuse of sexual attributes. Mass fashion is dictating: what to buy, what to wear, what to do and this is disturbing. What do you know about femininity when you are fourteen and growing up, if all you see is commercials? You have to be a perfect super woman. I am so glad that I am over thirty now, I would never choose to be younger again. I suffered too much while growing up ... constant competition for attention ... even if you are successful it hurts. Today I am most satisfied with what I am. I think the current social climate does not allow us to be women in a sense of kindness - you would get no respect.

Teodora (38 years) was another woman professionally involved with images. She attended Jona's treatments, but unlike Gretchen she did not invest much money in current fashion

trends. She told me that her family was disapproving of her clothing style:

I remember one day my older brother yelling at me: 'Why can't you wear a pink skirt and high heels and be a normal woman?'

Gretchen and Teodora both mentioned clothes – the way woman a looks is crucial to how ‘femininity’ is perceived I would like to refer to broader cultural phenomena which reflect the paradoxes of their words. In the socialist-based schooling Gretchen and Teodora both attended, there was less emphasis on such commodities of ‘female display’ as the pink mini-skirts and high heels that introduced themselves predominantly through pop music trends in the 80s, and in the early 90s on the music station MTV. In the late 90s television series such as *Friends*, *Sex and the City* and *Desperate Housewives* achieved vast global popularity. Slovenia was no exception. As these series are broadcast, they are vigorously promoted through the print media and the fashion-cosmetic industry. They target a mass audience; specifically the young population and female ‘good consumers’, representing not only ‘life-style’ but serving also as a merchandise platform for how one can ‘look like a woman’. The main characteristic of the protagonists cast for popular television series is the appropriate look and constant wondering about whom they could possibly attract as their sexual partner with hope of marriage. This type of popular television series displays an obvious lack of the socialist egalitarian values that were present in Yugoslavia. Such series commonly take place in financially prosperous middle class environments displaying material wealth (houses, cars, hobbies like golf, designer fashion clothes, private medical care, private schooling, eating in restaurants) not available to an average person. Promotion of particular life-styles through popular media is a tool of consumerist markets to sell products to persons who cannot afford the entire life-style presented, but can, for example, purchase a lipstick promoted by the main character of *Desperate*

*Housewives*²⁹, and promoted by the slogan: ‘A beautiful woman has confidence and strength of character’. Television stars mostly promote a specific *habitus*: affluent, heterosexual, married, having children and having an appropriate visual image. This social paradigm reinforces that only by being a mother, can a woman become ‘normal’; that is fulfilled and content. As Štular explains, ‘normal’ women should sooner or later become mothers, as if that would be a self-realization of their female sexual identity and the ultimate proof of their femininity (Štular, 2001: 90). This paradigm was present in my conversation with Chantal (42) working in diplomacy, and Beatrice (29) involved in broadcasting:

Chantal: I had issues with my femininity but I was not aware of them, most of all with my sexuality. Terrible troubles. I wounded my femininity because I thought that a woman without a child couldn't be a fulfilled woman ... motherhood meant, to me, to be good and to be a perfect woman. To be loved is equal to being a mother, to be acceptable equals being a mother. My father appreciated my mother due to the fact that she gave birth to and raised his children. Even today he praises her as a great nanny for his grandchildren. With seriousness he says to my brothers and sisters that have children, how his wife was the best mother there is. That she is the person to whom children can really be entrusted into her care. This is an absolute stereotype. All intellectuals that I know act as ‘cool’ people, but they know they must have two little children at home to be valued. Since to be valued you have to have a family and family cannot be just husband and wife, you must have two little ones, no matter how spoiled they are ... in order to be ‘really nice’.

K. F.: How did treatments help you in this situation?

Chantal: Ten years ago when I realized that I might have a problem, I started with reiki, I went to bioenergy treatments and practiced yoga ... I tried various spiritual techniques but

²⁹ Eva Longoria as a popular actress from *Desperate Housewives* was hired by international corporation L’Oreal to promote their products that are sold in supermarkets worldwide.

I always expected that something from outside will 'happen' and miraculously solve all my problems, I thought there must be some kind of initiation that does that ... but nothing ever happened ... all these things that I have tried prepared me for what I do now, to be in process everyday ... to be aware ... that is why every day I go to Jona's treatment for an hour and half and try to realize what I do – that if I am balanced I can greatly contribute to my family and my relationships. I am now aware of other possibilities to understand how my energy can be used for my own well-being and others have noticed too, they seek my company and advice, although I don't have children.

Beatrice: I do not think a woman must be a mother to live her own self ... but how to get there, this is the question. Femininity for me is very much connected with art and healing of some sort, with aesthetics ... or caring ... but it is important to do what you are meant to ... if I meet women who are chemists or physicists, I am in awe. It is about being human above all I think - not about femininity.

As Chantal and Beatrice told me, it is difficult to manage the question about one's femininity being faced with social expectations. While women question how to manage their inner perceptions and social pressures Wolf noticed that women tend to modify their personal questions like: 'Whom do I want? Why? And what am I going to do?' to 'Am I attractive? Why? Why not? And what do I do about it?' (Wolf, 1991: 7-157).

This is how a woman stays vulnerable and open for exterior approval; the vital core of self-consciousness is somehow exposed to the 'air'. This is the origin of the pattern by which she as an individual represents a loser - from high culture to popular media (Wolf, 1991: 14-58).

What seems to be affecting the women I spoke to is their understanding of their own

appropriate 'self' that is supposed to enable them to be wanted by men and appreciated by society. Beatrice's words reflect the same issues as presented by Wolf:

Femininity is almost entirely dictated from the outside. Very few women are capable of seeking what being a woman and femininity means to them inside of them, and then are strong enough to live it. I understand femininity today is quite blurred, as if most women would not be able to stand behind their own ideas. We are all copies, or at least near copies, of some ideal that was set for us. I do not see creativity and self-expression in femininity today. I was not aware of that for a very long time, until recently, you do not realize that something was forced upon you by external factors. Not until this year, when I started to observe and tried to accept different forms of female bodies. For me, since I was a ballerina, the only possible female body was a thin body. This summer was the first time in my entire life that a female body that was not thin fascinated me. When I had to stop dancing because of my spine, they invited me to pose for commercials, but the idea was similar to how you should look. For me this was completely normal. I was not aware that this was somehow forced into my life. I was happy to diet for ballet and eat one kilo of oranges in a whole day or two boiled eggs. I thought that I was doing the right thing and I did not see anything wrong in doing this.

Conflicts and wishes are perpetuated when a woman is supposed to represent certain features that popular media structures and promotes through female images. That is why, for Geer, female sexual attractiveness in the media seems to be in the role of lubricant for consumerism (Geer, 1984: 198). The consumerist idea is that a woman is not sexually desired without a certain effort: what she wears and how she wears it, the visual appearance of her face and hair, to the details like eyelashes.³⁰ Each feature of woman's

³⁰ As far back as 1947, a trend to follow the life styles of celebrities was described by Lefebvre; he wrote that a woman needs cast-iron will power to stop her hairdresser cutting her hair short. , because the hairdresser has powerful allies: cover girls, actresses and all

body is to be accommodated to requirements presented by popular media, meaning every woman has to invest (time, money, physical and psychological effort) in her visual appearance. While it has to be noted that there are no legal requirements that women should follow this specific media suggestions, social imaginary of what is 'supposed to be a woman' lacks diversity as most female images follow the pattern of sexually constructed images or motherly ones. Simultaneously, post-industrial societies introduced a modified social structure that resulted in changed relationship between men and women. New media (world-wide web) and the global market resulted in non-standardized working conditions for men and women and played influential roles in modifying relations between them. The nuclear family as the primary unit of modern Western society faced crisis due to this changed economic and social climate. Braidotti mentioned the pressure of pursuing career, fears of contracting HIV, fear of ecological disasters, maintaining youthful image and hypersexual appearance to be affecting family relations, not only between men and women but also with children. She referred to youth rave culture as demonstrating these changed social circumstances. Rave, for her, has no political connotations but represents the fun of being dressed in sexual but yet androgenic manner. Braidotti noticed that young generations tend to avoid responsibilities, especially having a family or marrying, since marriage became a 'temporary contract' with raising numbers of divorces among their parents (Braidotti, 1992: 169-172). Consumerist trends focus on both indulgence and ways of spending free time without traditional expectations of adulthood. The described social changes are also present in Slovenian society, as Pahor noted the rising occurrence of postponing 'adult' responsibilities, like getting involved in stable relationship or getting married, having children, establishing one's own household etc. to an age over 30 (Pahor et al, 2009: 78). Teodora, despite participating in rave culture during the 90s in Ljubljana, told me about much older cultural representations influencing her life:

women for whom money is not a problem and whose pictures, distributed every day, are more persuasive than any words can be (Lefebvre, [1947], 2008: 8)

I know now that I had problems with my role as a woman, with what femininity was supposed to be, all my life, but I did not know that before ... I read that repetitive gynecological problems mean that one has problems with accepting the role of his or her gender in society. I underestimated myself and pushed myself into a female role called 'princess who is waiting for her prince on a white horse and I shall serve him and that is it'. Terrible. My rational part wanted to be someone who is successful, but inside and out, I fell under the spell of the other part of me. Like a woman, I am a child. I never wanted to grow up, and still I don't want to do that. But my own child makes a whole difference ... thanks to the dick (laughter).

Teodora used the words to be 'under the spell' to describe her position as a woman. She knew about the benefits emancipation offered her, but the traditional role of a 'kept woman' seemed more appealing to her until she gave birth to her own child. The father of her child was not in relationship with her. That was the reason why she was forced to use her skills and earn an income. Following the complementary healing and new age spirituality paradigm, she connected her previous gynaecological problems to her inner 'unbalanced energy' in the described situation. Following this new age paradigm, gynaecological problems are understood as problems with one's gender.³¹ Jona's commented about such conflicts as Teodora had:

There are generally no problems, if all a woman wants is to be at home taking care of children and doing household work. But if a woman has other talents and aspirations, she might get caught in an inner struggle of what a she is supposed to be and her inner needs. This inner conflict causes energy imbalances that can be manifested in the assumption of

³¹ Jona and most complementary practitioners follow explanations of Louise L. Hay, named also 'The Queen of New Age':

<http://www.nytimes.com/2008/05/04/magazine/04Hay-t.html> (1. 8. 2010).

the role of a victim, emotional coldness, depression, rejection of sexuality and other psychological and somatic disturbances.

Jona's opinion was that there is an increasing awareness of possibilities for women to use their abilities and outgrow intergenerational destructive patterns because of their biological predisposition. In her opinion, the women can withdraw from such a painful matrix by getting to know the possibilities that are not intrinsically connected to their relationships, maternity or career. If living a family life were the sole purpose of women's existence, family pathology wouldn't be one of the most burning contemporary themes, Jona argued. For Jona, the key importance was that the women captured the possibility of balancing energies, which can help them to transgress their biological predispositions and social expectations. She observed that unsatisfying lifestyles the women occupy usually lead to consolation in exaggerated occupation with children, overwork or through various dependencies. In terms of complementary healing this cannot be a solution to women's problems. Certain behavioral patterns, which at the same time also represent cultural patterns, are passed down to individuals through family tradition. In Jona's words

From an energetic point of view, it is of crucial importance to overcome those mental, 'moral' and 'cultural' patterns that do not support development of a person. Although we may reject patterns or values that inhibit us, we nevertheless act them out.

Brennan³², one of the most quoted complementary healers, explained that conflicting mental patterns create blockades in the person's energetic field. Subsequently these blockades can be transferred to the physical body and appear as a disease (Brennan, 1988). This interpretative approach is the base of complementary healing and new age

³² Her book *Hands of Light* (Bantam; 1988) is considered as referential in the field of CAM because of structured and detailed descriptions of the human energy field.

spirituality: that mental and/or emotional experiences are reflected in the body and relations. The body and relations finally represent not only the personal situation but also stand for struggles that are present in society as each person is intrinsically connected to the expectations of immediate living environment.

From my observation, the women who attended Jona's treatments found themselves caught between the expectations of society and their aspirations that would lead them to be involved in activities that did not include a standard family life. Mostly they felt it is 'not worth it' to be different from the average models of thinking and living. The burden of social expectations (to be a good wife, daughter and mother) meant for them to comply with a daily routine: cleaning, shopping, cooking, grooming oneself or family members, meeting for drinks with friends and acquaintances and to be mainly engaged with increasing one's income. New age spirituality and complementary healing presume one could do all this but should include meditation, various exercises and meetings with teachers/instructors/other spiritual seekers. The combination of existing daily routine and Jona's treatments was manageable for women when they had an acute problem since it helped them to keep up with their basic routine. Once they were 'back on track' they mostly perceived spiritual endeavors as yet another burden on their schedule. At the same time, being openly interested in complementary healing and new age spirituality was still considered 'weird' by the environment these women lived in. Some of them left Jona's treatments while explaining to her that they would rather use their money for holidays, decorating the house or similar endeavours. As I witnessed, most of the women came to Jona's treatments to solve their acute problems in a partnership, but were generally not interested in deepening their knowledge of spirituality or becoming practitioners, like Jona, themselves. Complementary healing and new age spirituality (in this case Jona's treatments) therefore represent a margin that is not incorporated in social expectations of how one (woman) should lead her life. When the women I interviewed were in crisis, this

margin (complementary healing and new age spirituality) offered them support that wasn't available to them inside the circle of their daily life style, including Public Health Care, which did not acknowledge their problems as 'serious'. Most of the women I talked to were not interested in any agenda behind complementary healing and new age spirituality such as transgressing (gender) dualities, but used these methods to be able to sustain or modify their existing relationships within the borders of current social expectations.

II. Field Work Approach and Research Methodology

1. Terminology

To assist with understanding this research, I will try to define terminology used in the text. I refer to terms that are specific for medical anthropology and my fieldwork (local language and context).

The term *biomedicine* refers to allopathic medicine, as well as official, mainstream or conventional medicine. I decided not to use synonymous terms such as Western medicine, scientific medicine or cosmopolitan medicine, since these terms are more focused on the exclusion and supremacy over 'non-scientific' and 'Eastern'. The idea that biomedicine is 'cosmopolitan' is less likely, as it rarely adopts its paradigms from various local forms of knowledge to such an extent. According to Rapp the science of biomedicine makes universal claims to investigate, describe, and intervene in embodied processes that are deemed *pre-cultural* and *acultural* (Rapp, 2000: 13). According to Morris, even the notion of social sciences that 'illness is no longer a brute fact of nature', but rather something in part created or interpreted by culture, meets active resistance in the biomedical environment (Morris, 1998: 6-70). Like many scholars he argues that illness depends not solely on biological mechanisms, no matter how crucial they are, but on convergence between biology and culture. I decided to use the term biomedicine, despite the fact that

practitioners and scholars involved in the field of CAM in Europe, who are members of the association CAMbrella,³³ are not in favor of this term. The reason for CAMbrella discouraging the use of the term biomedicine, is that it was established by North American Scholars of Harvard School (Byron Good, Arthur Kleinman) and not within the European context. Good describes biomedicine as the one often thought to provide a universal, scientific account of the human body and illness (Byron, 1994: xi). Kleinman explains he uses the term biomedicine in the place of Western medicine, because it emphasizes the established institutional structure of the dominant profession of medicine in the West, and today worldwide, while also conjuring the primacy of its epistemological and ontological commitments (Kleinman, 1995: 25).

The term *healing* frequently appears in the text, not only as a part of term *complementary healing* but because instructor Jona used this words during my research to describe a process of ‘restoring balance’ that is particular for complementary and/or alternative practices and new age spirituality. Healing – *zdravljenje* in Slovene - in this research represents a process of changing one’s mental and emotional patterns that might have psychological or/and physical consequences. In Slovenian, *zdravljenje* stands for both curing and healing, unlike in English (Remen in Moyers, 2002: 344). The term healing is hard to place in a standardized terminology of medical anthropology that recognizes ‘disease’ and ‘illness’.³⁴ The women I met during this research would probably be categorized as being in the state of ‘illness’ - defined by Lloyd as the subjective feeling ‘I don’t feel well’ and not in the category of ‘disease’ – an objectively determined biomedical condition (Lloyd, 2007: 86). Kleinman’s definition is even more elaborate:

³³ From my personal correspondence via e-mail with professor Bernhard Uehleke from Universität Zürich, Switzerland leading the discussion about the use of terminology in CAM in Europe. <http://www.cambrella.eu> (26. 07. 2010).

³⁴ *Encyclopedia of Cultural and Social Anthropology* states that the single most utilized analytic dichotomy in medical anthropology as a whole, is the distinction between disease and illness as defined by Eisenberg in 1977 (Lambert, 2002: 360).

Disease refers to a malfunction of a biological and/or psychological processes, while the term illness refers to the psychosocial experience and meaning of perceived disease. Illness includes secondary personal and social responses to a primary malfunctioning (disease) in the individual's psychological or physiological status (or both). Illness involves processes of attention, perception, affective responses, cognition and valuation directed at the disease and its manifestations. But also included in the idea of illness are communication and interpersonal interaction, particularly within the context of the family and social network (Kleinman, 1980: 72).

The treatments I observed were attended by women who had no particular biomedical diagnosis of disease, but were experiencing illness as defined by Lloyd, not as a side effect of disease as defined by Kleinman, namely because their condition was not identifiable, or acknowledged by biomedical standards in Slovenia. The women participating at Jona's treatments voluntarily engaged in the process of healing their condition (discomfort, issue, problem). At Jona's complementary practice, healing was promoted and explained as Remen-formulated 'leading forth of wholeness in people' (Remen³⁵ in Moyers, 2002: 344).

Defining *CAM – complementary and alternative medicine*, which represents a broad spectrum of contemporary practices, is a difficult task. The term generally represents all healing procedures, methods and practices that are not included in the biomedical curriculum. Most notably, those practices include spiritual connotations or the realm of energy, and do not focus only on the physical aspect of human life. The term CAM was developed in the United States of America and is considered 'unsuitable' for European use

³⁵ Rachel Naomi Remen, M.D. founder of the *Institute for the Study Health and Illness at Commonweal* in an interview collection of Bill Moyers *Healing and the Mind* (2002); New York: Broadway Books.

due to different historical and social circumstances. According to the official site of CAMbrella:

*Terminology in CAM is a very tricky thing. Due to different traditions and cultures there is a vast heterogeneity between CAM disciplines and methods used in various regions of the world as well as in Europe. There are so many local and regional specific treatments, methods and interventions that it is hardly fair to gather them all under a roof that is called CAM without any further specification of what CAM means in Europe.*³⁶

Since this research is not about the development and use of terminology in Europe considering non-biomedical practices, I used the anthropological perspective when deciding to use the term *complementary*. The practice I observed led by instructor Jona was *not against* biomedicine but rather complementing it. I also considered the term *holistic* to describe Jona's practice, since she often used a Slovenian word *celostno*. The direct translation from *celostno* to *holistic* could prove problematic in the context of my research. I could use the term *holistic healing* as Macpherson (2008) but that would mean I would have to refer to 'holistic', 'CAM', 'New age' and 'spirituality' when talking about the same practice. Since the term CAM is most often used to explain terminology that includes the same premises as holistic healing, I resorted to using the term CAM, or in short, *complementary healing*; the term *holistic* could further complicate the understanding. Considering the term *alternative*, it is evident that I tried to avoid it as much as possible, because of the specific local context. Some healing practices in Slovenia that identified as 'alternative' refuse to recognise the biomedical system of healing as 'appropriate' under any conditions. That is why I considered the term *complementary* more coherent in this specific situation and most adequate to partially describe the practice I observed. I discuss the conditions of Jona's treatments further in the texts to clarify why

³⁶ <http://www.cambrella.eu> (26. 07. 2010).

her practice is also a part of new age spirituality and non-institutional.

New age spirituality is another term that is difficult to define uniformly, since it is used to describe a wide range of fluid practices and beliefs. For a start, CAM and new age spirituality are not synonymous. Most practitioners of new age spirituality are users of CAM, which is a generic term that incorporates not only new age spirituality practitioners, with their specific view of health and illness, but also a variety of other medical models (O'Connor 2000 in Potrata, 2002: 5). Example: an acupuncturist in Slovenia is considered to be practicing CAM, but at the same time this person can be an Orthodox Christian or Muslim - not being involved in new age spirituality. Most persons involved with complementary healing are interested in (new age) spirituality, while this doesn't exclude their involvement with a traditional religious system, as was also the case during my fieldwork.

Sutcliffe wrote about frequently used terms regarding new age spirituality in academic texts: 'New Age Movement', 'The New Age' and 'New Age' (Sutcliffe, 2003: 9). In the more recently published research *Women and Reiki*, Macpherson used terms 'New Age spiritualities', 'New Age healing' and 'New Age scene' (Macpherson, 2008).³⁷ In this paper I decided to use the term *new age spirituality*. Since in Slovenian, this term is not written with capitals I opted for *new age* and added *spirituality* to emphasize dimensions not obvious in the term *complementary healing*. With new age spirituality I try to refer to the social and cultural phenomenon that has its local and global specifics, and above all represents, according to Hanegraaff, 'the healing and personal growth movement that is extremely difficult to categorise' (Hanegraaff, 1996: 43). Last but not least the Slovenian term *novodobna duhovnost* (Potrata, 2002) translated to English literally means new age

³⁷ Macpherson refers to the New Age scene in Scotland while the title of her book is *Women and Reiki: Energetic/Holistic Healing in Practice* (2008).

spirituality. When quoting other authors in this text, I tried to keep their own transcription of the term as published.

There were historical and social processes that affected the practice and popularization of new age spirituality. Heelas tracked the appearance of the term new age in a Latin phrase *novus ordo seclorum* proclaiming ‘new order of ages’ that was designed in 1782 (Heelas, 1996: 15), while Brink linked the term new age spirituality to the astrological theory that we entered the Age of Aquarius in the year 2000 (Brink, 1992: 7). Astrological theory became globally popular and was commonly known to all the women during my research. The most significant feature of new age spirituality is combining and modifying various spiritual traditions. According to Heelas ‘New Age’ has come to be used to designate those who ‘maintain inner spirituality – embedded within the self and the natural order as a whole – which serves as *the* key to moving from all that is wrong with life, to all that is right’ (Heelas, 1996: 16). For Puttick the main cause of the popularization of new age spirituality was the explosion of rebellious creativity in the 1960s that had an immense impact on all aspects of society: politics, social and political activism, the arts, literature, fashion, health, gender, sexuality and spirituality. As she noticed, the 1960s were a time when the whole generation of young people turned away from the common path of job, family, and retirement, and searched for other meanings. It was a time when propelled interest in Eastern spiritual practices was introduced to a broader audience³⁸ due to media network exposure. In her opinion, this was as much an escape, as mistrust in scientific and socio-political values demolished by both World Wars and the American war in Vietnam (Puttick, 1997: 10-11). That is why it must come as no surprise that new age spirituality is, as Potrata writes, more on the political left (Potrata, 2002: 13).

³⁸ ‘Until the 1960s interest in Eastern religion had been largely intellectual, confined to an elite group of scholars and psychologists’ (Puttick, 1997: 15).

A precise definition of new age spirituality remains elusive. Historical outlines are found in the 19th century's 'Theosophy and New Thought', the Human Potential movement in the 1950's and 1960's and, further on, in the influences of Eastern religions (Mears and Ellison, 2000: 290). New age spirituality derives from different esoteric practices in Europe through the centuries, and has employed its current form of non-institutional or institutional (not in Slovenia) practices mostly interconnected with CAM (Hanegraaff, 1996: 407). Being a new way to practice spirituality, health and an entire lifestyle, new age spirituality became a market on its own. Some critics perceive it as the commercial antidotes of instant spirituality to relieve the postmodern subject of its existential anxieties. As a woman (32 years, book keeper) commented about new age spirituality to Mears and Ellison:

Occult secret teachings from both East and West traditions are now as available as a tube of toothpaste (Mears and Ellison, 2000: 266-267).

New age spirituality commodities range from 'wholesome' foods, tarot cards, self-help books, crystals and seminars or workshops. There is a diverse array of spiritual workshops available in Slovenia.³⁹ Some new age workshops follow traditional systems or practices that are appropriated – like yoga, tai-chi or Reiki; others have no obligations to any institutions or traditions, for example, angel workshops, or working with bio-energy. New age spirituality is described to be monistic (all is one), pantheistic (all is God), mystic (the experience of oneness with the divine), complex, diverse and eclectic. The uniqueness of new age spirituality is in its form, that it has no single 'operational' organization but is dispersed and fluid compared to most spread and established forms of spiritual engagement. Potrata noted that at the time of her research in Slovenia, a predominantly

³⁹ Various new age spirituality workshops are a global trend but the initiation of the trend came from West. It has also moved to some Eastern countries that use it as a form of new age spirituality tourism.

middle-aged generation was interested in new age spirituality (Potrata, 2002: 10). Ban suggested the same (Ban, 2008: 37). During my research a younger generation (from mid 20's on) was also present. I interpret this as a sign of spreading interest for new age spirituality in Slovenia.

From my own years of fieldwork experience, I agree with the Hanegraaff's description that 'the New Age is not quite as "soft" as often portrayed'. He explains that this is because most processes in new age spirituality demand (as in the case of this research) resolving limiting emotional patterns. Hanegraaff's notion is that such thinking is definitely post-Freudian in its awareness of the power of suppressed emotions and desires. In this manner, Hanegraaff concludes that in new age spirituality, it is impossible to separate the religious and therapeutic dimensions of a given practice (Hanegraaff, 1996: 46-237). I would say that this description was the cardinal feature of Jona's practice. It also explains why I decided to use the term new age spirituality⁴⁰ beside the term complementary to clarify the context of Jona's practice. Therefore, as Heelas established:

Any attempt to conduct a portrayal of the New Age is going to be biased. With so much going on, one inevitably has to be selective - regionally biased (Heelas, 2008: 5).

As is evident, my own contribution to defining terminology during this research, is descriptive and not elaborate, since it was not the main focus of my research. Without the extensive academic efforts of many authors I could not follow the principle *facile est inventis addere* - it is easy to just add.

⁴⁰ It will be evident further in the text that in the context of my fieldwork many insiders do not like the term New Age and don't want to identify with it (see Heelas, 2008: 17). Ban wrote about the same process (Ban, 2008: 75), that the term New Age spirituality is more and more often used as 'just' spirituality, because of its pejorative connotations.

2. Anthropological Fieldwork

Anthropology as a scientific discipline is relatively young, but manages to profoundly influence the discourse about how we perceive others and ourselves. For Marcus and Fischer, anthropology offered an alternative to the Western homogenized image of the World (Marcus and Fischer, 1986: 1).

Current anthropological efforts often form a critique of living conditions that we co-create. We should not overlook the fact that this is also due to the rising numbers of researchers who are not ‘white, male, Christian’ (Gupta and Ferguson 1997: 2). In anthropology, we can witness the growing interest for cultural paradigms that we have taken for granted. Lazaroe referred to the popular new age author (educated as an anthropologist) Carlos Castaneda, and what his Mexican shamanic teacher, Don Juan, told him about the categories of *nagual* and *tonal*. While *tonal* represents all objects and ideas that we can name and identify, *nagual* stands for everything that ‘does not belong’ in the concept of society. She argues that constructing a (scientific) work is, at the same time, constructing the *tonal* (Lazaroe, 1997: 23-24). I would add that anthropology, in particular, tries to understand the *nagual* – what seemingly ‘does not belong’ in the mainstream concept of society. Another significant feature of anthropological researchers is that they are frequently focused on groups of people who were/are deprived. Gray explained that we should understand that categories of ‘privileged’ and ‘de-privileged’ are mutually constructed and some groups or individuals can be both at the same time. This indicates that methods and methodology in anthropological research have to adapt to new findings and dilemmas (Gray, 2003). Gupta and Ferguson pointed that:

Ethnographically, much of the best work today no longer fits within the model of a study of ‘a culture’, while the most challenging contemporary fieldwork cannot be contained with the stereotypical ‘among the so-and so’ mould (Gupta and Ferguson, 1997: 2).

In 2007 I was contributing articles to a female magazine.⁴¹ I was ‘testing’ different CAM practices and wrote about my experiences. It was through an acquaintance (female tai-chi teacher) that I was invited to attend a group treatment by *instructor*⁴² Jona. In a group, there were women (about ten – with attendance changing with time) mostly in their 30s. They were practicing abdominal breathing, techniques of relaxation and meditation. There was a part of Jona’s treatment where women were describing their personal difficulties or asking for an explanation of their dreams. I became interested because it was different from the practices I had visited. I decided to undertake my participant observation at these treatments because Jona was dealing with situations that were clearly frustrating but did not demand any biomedical intervention. The new age spiritual connotation was also present, with no specific religious affiliations, although Jona often referred to teachings of ‘established’ spiritual teachers (Sai Baba, Don Juan and Carlos Castaneda, Osho, Jesus, Buddha) and individuals who made a significant impact in Slovenia with their spiritual endeavors (Marko Pogačnik, Sara). I was intrigued by the absence of a ‘typically new age’⁴³ atmosphere, since it felt more like attending a treatment for coping with personal issues by using methods that are assigned to CAM. Since my understanding of anthropology is that its duty is, as Rapport formulated, ‘applying knowledge about human affairs and individual relations to an improvement of the socio-cultural conditions of human life’ (Rapport, 2003: 17), these treatments seemed a plausible choice for my fieldwork, especially since I am interested in medical anthropology, a subject dealing with health and healing.

In academic circles - not only in Slovenia - researchers on the subject of new age spirituality are likely to be perceived, as Sutcliffe commented, as not doing a ‘real

⁴¹ Franchise of popular female magazine ELLE, published monthly in the Slovenian language.

⁴² Jona uses a word *inštruktorica* (Slovenian) to define her role and while discussing with me about how to translate this term into English we did not find any equivalent term but *instructor*. The term *inštruktorica* will be explained in detail.

⁴³ I will explain this in the following chapter dealing with New Age spirituality.

academic job' but rather 'sniggered as "touchy-feely" spiritual consumerism' (Sutcliffe, 2003: 10). Despite my reluctance to gain this reputation in an academic environment, I was determined to find out 'why numbers of people – typically well educated – have been attracted by what great majority of the populace would dismiss as mumbo-jumbo' (Heelas, 2008: 3). During my academic work (reading and discussing with colleagues) I encountered a paradigm that biomedicine, by representing 'scientific, rational', is used by the population of the Western hemisphere, while other types of healing, 'non-scientific, irrational', are the domain of Others, who are somehow 'naturally' entitled to it. I could deduct, if 'non-scientific, irrational' practices are relocated to the Western hemisphere, they tend to be considered as 'less appropriate'. New age spirituality draws from various Eastern spiritual practices. Anthropologists Gupta and Ferguson describe how 'the local' is understood as the origin, the centered, and the natural, as opposed to 'the global' understood as new, external, artificially imposed and inauthentic (Gupta and Ferguson, 1997: 7). I found the author's remark, that it is hard not to succumb 'to a nostalgia of origins' regarding new age spirituality in a European context (Gupta and Ferguson, 1997: 7). Even an anthropological academic environment can fall prey to searching for the 'authentic' spiritual practices of Asia when it comes to new age spirituality. I presume the so-called postmodern pastiche (Baudrillard, 1999) in the case of complementary practices - the *mélange* of various healing methods and techniques, beliefs and systems, evident in the lack of any clear boundaries, is reflected also in anthropological academic discomfort. Regarding spiritual aspects in the postmodern context, Hanegraaff mentioned 'historical discomforts' deriving from the firm conviction that 'the occult' is an anomaly in the human mind in general, or of modern society in particular. The author traced the roots of these convictions to the 19th century evolutionism that linked anything 'magical' with the 'primitive mind' and as an essentially 'pre-historic' syndrome in the literal sense of the word (Hanegraaff, 1996: 407). As if 'we are the powerful self defined against the radically different other that we will transform and partially subsume through globalization and

democratization' (Hayden, 2009: 88). Considering Hanegraaff's and Hayden's remarks the superiority of the 'Western mind' and 'Western ways' is still present in scientific discourse dealing with categories and paradigms that are assigned to the 'ways of Others'. A high-ranking public officer in Slovenia⁴⁴, from the field of Public Health, commented on the World Health Organization strategy that promotes local healing practices as 'promoting pure faith'. He said that on 'other' continents they have 'no proper medicine' therefore 'other' types of healing are better than nothing at all. As a representative of Western biomedicine, he devalued the status of local healing practices. In this regard, I consider discussion about non-biomedical healing necessary to promote understanding.

What further propelled my research discomforts was that Jona's practice was non-institutional, therefore 'undercover' to a certain extent. That does not mean that 'illegal' activities were conducted at her treatments, but Jona's methods were not established by biomedical or other 'respected' social structures. The women attending her treatments did not consider it an accomplishment to be there, because as the women themselves, and instructor Jona told me, the majority of Slovenian society (their colleagues at work, relatives, acquaintances, media) still consider a 'successful life' to be one of material prosperity – without any contact with something as un-established as non-institutional complementary healing and new age spirituality. Therefore during my research it was rather complicated to discuss and get feedback about treatments, because in general the women involved with them preferred to keep it private. The reason for this was their fear to be labeled as 'new agers' (naive, glibly, irrational successors of hippies) or stigmatized for attending something that seems like they need help, which automatically means they are 'unsuccessful'. There was also a considerable amount of discretion needed with information I heard at treatments (family secrets, custody issues, work related classified

⁴⁴ As a representative of a non-governmental organization I was attending a meeting at the Slovenian Ministry of Health in July, 2010.

information). As a person studying the process at home⁴⁵ I was ‘empowered and restricted in a unique way’ (Clifford and Marcus, 1986: 9). While anthropologists who choose to do fieldwork in places they have never visited before, and search for intimacy within the ‘foreign’ environment, anthropologists who stay at home are supposed to attain ‘objectivity’. I perceive the proposed attitudes as relative, since each individual is ‘foreign’ to the researcher and there are no categories that can be taken for granted, no matter where we do our fieldwork. If there is an advantage in doing anthropology at home, it is familiarity with the language. Although language is specific to each group or individual, by already knowing the language it is easier to detect language specifics. The group I observed was small, I could not get ‘lost in the field’, but had to invest much effort into mutual trust and personal relations with the women. I believe it would be the same in any environment. The most difficult part was achieving trust among the women through my personal contribution at treatments (revealing my personal history and opinions to the group). I had to control myself on many occasions not to interfere between Jona and her clients. This resulted in numerous exhausting dialogues with instructor Jona, since I needed detailed explanations of her conversation with the women. Jona had patience for my questioning about the meaning of her words. There was another aspect of her practice - she faced financial strain most of the time and admitted it was her ‘weak point’. Her practice was not free of charge, but she gave advice and helped people, even if they did not pay her and were even rude to her. Potrata noticed the same issues regarding money in the context of new age spirituality:

New Agers feel great uneasiness about charging for what they consider both as ‘spiritual’ and ‘help’ (Potrata, 2002: 13).

⁴⁵ There is a division between mainstream anthropology that was traditionally done at ‘other places’ and anthropology ‘at home’, as an inheritance from the binary segregation of colonialism (Clifford and Marcus, 1986: 9).

Personally, I decided to pay Jona a monthly fee of 200 Euros, like other clients, to attend her treatments, to be on equal terms with all the women in the group. It was I who wanted to attend and research her treatments and not her seeking my services. I found my fieldwork observations being elaborately described by McCarthy:

Ethnographic research, whatever else it is, is a form of human relationship. When the lines long drawn in anthropology between participant-observer and informant break down, the only truth is the one in between; and anthropology becomes something closer to a social art form, open to both aesthetic and moral judgment. This situation is riskier but it does bring intellectual labor and life into closer relation (McCarthy, 1999: 12).

Despite the fact that I would sometimes express doubts about Jona's advice openly in the group, I was welcome to stay as a participating observer and verbalize my views. I have practiced yoga for several years and while on the one hand this was helpful for my research, it was also an obstacle. Often, I drew an analogy of Jona's treatments with yoga. It was similar and different at the same time; at Jona's treatments there was an absence of traditional spiritual forms, like praying and altar. I could compare my field work experiences to theoretical outlines of authors McCarthy 1999, Puttick 1997, Sutcliffe 2003 and Goldstein 1999 who themselves engaged with complementary practices or new age spirituality. McCarthy spent several years with a Voodoo Priestess in the United States and engaged in her rituals, Puttick was a follower of spiritual teacher Osho, Sutcliffe tried several methods himself from meditation to tai-chi, while Goldstein helped his infant son with herbs when everything else failed. Potrata (2000) who did her research in Slovenia, as did I, established that her extensive fieldwork on new age spirituality would be practically impossible if she had not been willing to have 'participant experience' as defined by Hsu (1999: 15-16 in Potrata 2000). As she wrote during her fieldwork, she was initiated into the healing practice of reiki. Potrata explained how her own experiences,

sensations and the use of new age spirituality vocabulary enabled her gather information during her fieldwork. I can agree with Potrata that it takes a demonstration of sincere intention and personal experiences so that those involved are prepared to share their (intimate) experiences (Potrata, 2000).

From the accounts I studied, and from my own experience of complementary healing and new age spirituality, I did not get the impression that such practices radically change the way participants perceive life; they rather expand their awareness and understanding about themselves and their environment. Participant experience by a researcher is important because of the interaction that happens between people during fieldwork, although as Hanegraaff wrote, 'the principal theoretical tool to safeguard scientific legitimacy is the distinction between *emic* and *etic*' (Hanegraaff, 1996: 6). Potrata similarly regarded 'participant experience' as a threat of going 'native' (2000: 134). She chose, as her research strategy, to play the 'newcomer' in new age spirituality, as she engaged herself in various groups. I stayed with the same group all the time, so this strategy was unsuitable for me. For this reason, I revealed my status as a researcher to the group. I was willing to participate in treatments to be able to question the women who were doing the same.

The intimate experiences of the women during their treatments were out of reach for me. I could only take an elaborate account from them and the context of events, but most of all I needed their comments. My own participation at Jona's treatments was functioning as a sincere investment in understanding the process they were in. Each individual woman I talked to had a different story with personal and social (local) specifics. While talking with the women about their experiences at Jona's treatments, I used, as Sutcliffe suggested, 'insider' and 'outsider' perspectives. I found his thought, that contemporary anthropological research should use aspects of both, valid, as each offers information that might add insight into the investigated subject (Sutcliffe, 2004: 26). While I was as a participant and 'insider', I was also an 'outsider' as a researcher. As researcher I aimed to craft my 'neutrality' according to the circumstances. In my case, being 'neutral' meant

being able to shift between understanding individual experiences, and positioning them in the context of my participant experience during fieldwork. I found my position as a researcher to be one that demands constant negotiation and attention. Geertz proposed scientific ‘neutrality’ as detachment that is also achieved through negotiation, or as he writes ‘tension’:

Detachment is not about lack of care but about enormous tension between moral reaction and scientific observation, a tension that only grows as moral perception deepens and scientific understanding advances (Geertz, 2000: 40).

Apart from questioning my position as the writer of my fieldwork, I tried to view my research in aspects of *function* and *aim* that we have as social scientists. My position is that we have to conduct our academic research by combining our personal and scientific experiences with as much visibility as possible, without disregarding what Hayden noted, an obligation to recognise the partial and situated nature of knowledge, and that the self and other are naturally constituted (Hayden, 2000: 86). In this way authors who have had similar but different experiences from mine were, for me, an important reference, since I could evaluate my findings and compare them with their outlines.

3. Research Tools

Clifford and Marcus declared that even the best ethnographic texts – serious, true fictions – are systems of economies of truth, because power and history work through them in ways their authors cannot fully control. Ethnographic truths are thus inherently partial – committed and incomplete (Clifford and Marcus, 1986: 2). My description and interpretation of this research was also influenced by circumstances that were present through my academic education. My knowledge is far from complete, but I will try to

present the goals I was committed to during this research.

First of all as a researcher I had to consider the local cultural and social context, as, according to Green and Thorogood, this is an essential part of adopting methodological techniques into a particular research project (Green and Thorogood, 2004: 5). Present research is grounded in well-known methodologies: those of anthropology, social history and ethnography. I observed and analyzed the women's use of non-institutional practices and how that affected their well-being and social relations. During this process I combined research tools such as literary research, ethnographic fieldwork observations and examination of individuals' lived experiences and their oral testimonies. I learned the most through their statements and conduct at the treatments. Also helpful were numerous informal meetings with Jona's clients – 'meeting for a cup of coffee'.

My primary research tool was observing and participating at Jona's treatments. Secondary to this, came my informal meetings with women, discussion with Jona, and thirdly, interviewing the women and Jona. Fieldwork experiences enabled me to ask all the required specific questions, since I was familiar with the situation and had gained their trust. I knew what kind of specific problems each of them faced, as I was present during their treatments. Writing mainly about my fieldwork observations would offer a biased picture. That is why I try to present the women's experiences through interviews in this text. I observed how their responses about the use of such treatments were implemented in their public and personal lives, by ethnographically investigating their perception of non-institutional complementary treatments, self-perception, as well as their interaction with the instructor, Jona.

The form of the interview, structured or unstructured, was my main preoccupation. I found Portelli's observations about the interviews to be very helpful for my writing. His position is, that interviews often reveal unknown events or unknown aspects of known events:

If one tells a story differently from the way it happened, maybe unconsciously that's what he was trying to aim at; maybe it was a desire he had, and his actions have been based upon it (Portelli, 1991: 2).

Portelli's observation proved to be valid for my research. I was surprised to find the women describing, each in a different manner, treatments that we all attended and I would record them as accurately as possible. According to Portelli, oral sources are not objective, as they are an input of non-scientific contributors. Portelli also emphasized that a researcher's input of narration can be hidden in the seemingly objective academic discourse. That is why it must be exposed as non-objective due to various influences of theoretical and practical dimensions of the particular research. As Portelli noted, the researcher is the one who decides the subject of the research, and chooses the interview method and what the questions and dialogue will be. During these events the impact of a personal relationship between subjects has a central role. With these notions, Portelli left no room for constructs of academic 'neutrality' in communication between people, especially if connected to subjects with personal or ethical value for all involved speakers (Portelli, 1998: 50-54). Although Portelli's research was revolving around the working class in Italy, and my work was centered on urban women, the element of intersubjectivity between the researcher and the people involved remains crucial wherever the research might take place and whatever the subject is (communist songs or new age). Portelli found his own transparency within his work and ethical aims to be helpful, as one cannot enter a dialogue and expect an equal exchange, while withholding information about oneself as researcher. Interview is a dialogue: how much and in what manner people reveal their stories depends on the interviewer's approach. Because we cannot control how or what the subject will share, all we can do as researchers is to offer our own openness and willingness to listen (Portelli, 1998). The emphasis of this research is on the individual experiences of women, not motivated, as Jackson writes, by a desire to build an

epistemology around the person, but by humanism that has aesthetic and ethical aspects (Jackson in Rapport, 2003: xiii).

My research sites were heterogeneous (for ethnographic work and the participant observation): a private apartment of Jona, in Ljubljana, Slovenia, and various sites in Ljubljana's city centre where I met with Jona's clients for interviews (their homes, my rented apartment, cafes). For the purpose of this research I was attending weekly treatments led by Jona during 2007-2010 and participating as 'one of them'. I did not record treatments I attended, but made field notes. Besides attending treatments, I conducted semi-structured interviews with Jona and her clients in 2008 and in 2010. These interviews were digitally recorded and were not a part of Jona's treatments, because this could disturb the dialogue between the instructor, Jona, and her clients. As a participant observer I could not interfere in the dialogues between Jona and the women, but was able to individually and separately ask questions about them. This was done with the intent that all involved could reflect on the process of treatments. The interviews were recorded, transcribed and translated to English. All were, of course, aware that I am doing doctoral research.⁴⁶

The women I interviewed signed a consent form that allowed me to use information from the interviews. My concern was to protect the anonymity of all involved. I tried to ensure that by changing the women's names and masking significant information about their identities. Informal conversations I had with Jona and her clients that were not recorded helped me to be less formal in our conversations. During interviews I asked them questions, but aimed to enable the women to express themselves, rather than answer my questions. The time gap (two years) between the recorded interviews turned out to be

⁴⁶ I used the principle of *informed consent* at Jona's treatments that, following Green and Thorogood, implies that the participant is capable of making rational judgment about whether to participate in research, and that agreement should be voluntary rather than the result of coercion or undue influence (Green and Thorogood, 2004: 58).

important. Time offered a distance that enabled all to reflect on the process of the treatments. Portelli observed that:

Oral sources tell us not just what people did, but what they wanted to do, what they believed they were doing, and what they now think they did (Portelli, 1991: 50).

Some of the women during my research stopped attending Jona's treatments and reflected about what they did or did not gain at the treatments. Those who stayed commented on why they were continuing to pursue such a healing practice. The time perspective offered, me as a researcher, new insights and valuable information. Keeping the trust of the women was crucial, since the subject matter of the treatments was their most intimate and revealing information. Jona was the only one used to exposing her personal information due to the specifics of new age spirituality, which include 'sharing everything'.

I experienced the women's reactions towards my questions to be cooperative but cautious; the major reason being that in Ljubljana, where they lived, 'everyone knows everything about everyone'. The women attending Jona's treatments expressed strong concerns to be recognized in my research. They agreed to cooperate because they considered such treatments should be 'finally recognized by science'. Slovene media most often refers to new age spirituality as charlatanism, which is why Jona's clients disliked to be labelled as new agers. They used the term new age among themselves or among persons who shared their worldview. They noticed that non-users usually position the term new age as a form of mockery. In casual conversation with non-users they preferred to use 'neutral' words like spirituality. The women attending Jona's treatments were less reluctant to openly speak about terms like complementary healing and spirituality, especially if they saw positive effects for themselves, their families or friends. Similarly, Potrata noticed that new-agers do not label themselves as such, although they will agree that they are involved with current spirituality (not traditional forms). (Potrata, 2001: 163).

As mentioned earlier all personal names of the women in this research have been changed and random aliases chosen, as well as some details of their lives that might be too revealing. For this research I interviewed ten (10) women. They were diverse in their social stratification and age, but mostly represented a substantial number of women in the capital city of Ljubljana. Jona's clients were women who attended Universities and were investing a lot of time in their professional goals.

The critique that my research can be exposed to is that the researched group was (too) small. I found that a detailed and intimate ethnographic method would be harder to conduct within a larger group. This research will seek to outline the practice in Slovenia, which is non-institutional, complementary-oriented and functioning as new age spirituality. My intention was that Jona's clients would reveal their motives for attending her treatments. I hope this research will also be of archival use, as Geertz argued this to be a much under-rated function of anthropology (Geertz, 2000: 5).

My typical fieldwork schedule started early morning, at 7 am, when the first group of clients came to Jona's apartment. There was also a possibility of attending afternoon treatments at 4.30 pm. Most of the women came when they had time, mornings or at afternoons, depending on their commitments. I usually attended morning treatments, rarely afternoon ones, since I was able to meet all the women at morning treatments at least once in a course of one week. For me, mornings were more convenient, as I was in employment whilst doing my fieldwork.

The influence of Jona's practice was revealed immediately upon arrival at the morning treatment. I noticed how the women would behave differently as soon as they entered Jona's apartment. Their voices would lower; they would tend to be kinder and at the same time less spontaneous or bursting out with emotions.⁴⁷ Clients left their coats and shoes in

⁴⁷ Ule writes about the fear and intimidation when people enter hospitals or examination rooms as a sign of biomedical authority (Ule, 2003: 150). Women did not fear Jona but became eager to share their troubles, or even angry, if they had to wait to talk with her.

the hall in front of the room where the treatments were held. There would be herbal or green tea with ginger available each day for all who came. Jona carefully observed her clients: how they behaved from the very moment they stepped into her apartment. She said that their mental and emotional patterns were revealed by how they entered the room, hung their coats and how they behaved towards others.⁴⁸ Jona's treatments were based on her authority as an instructor, but on a frequent basis her clients would use an authoritative tone of voice towards her. As I witnessed, they did not perceive her as authority *par excellence* but rather as a guide they chose to follow, or not. I noticed that Jona's authority was constantly challenged. I would say this was a consequence of complementary methods not being publicly established, and her position, as instructor, had practically no social status compared to the title of a biomedical doctor. Some women stopped coming to treatments and returned after some time. Some never came back, telling Jona that they could not afford to pay for treatments. Jona commented that they 'are not ready for deeper changes and prefer to invest in new shoes'.

Through the years I noticed that there were two different interests motivating women to attend Jona's treatments. One motive was a profound interest in complementary healing and spirituality, and the other, seeking a solution for an acute problem. All Jona's clients had her recommendation by a friend or a family member in common. Those women who were seeking a solution for an acute situation left the treatments on the day their problem was solved. These women represented the majority of Jona's clients. For example: they stopped having sleepless nights, the financial dispute ended, they obtained information about how their chronic health issues can be connected to their family environment, they kept the job or relationship etc. Some of them were grateful to Jona for help, some declined to pay the fee for her services.⁴⁹ I concluded that those women connected Jona's

⁴⁸ This is another difference from the biomedical environment when 'diagnosing' is based solely on biological or mechanic 'objective facts' (see Ule, 2003).

⁴⁹ Jona's fee was 200 Euros per month for daily (30- 31 days) treatments (1 hour 30 minutes) and telephone calls at any time to Jona. To

advice to selfless service that is a common feature of most spiritual practices, and used it as an excuse not to pay, although they had agreed to do so at the beginning. To them, Jona's life was irrelevant. I suspect that, if they could find satisfying advice in the biomedical environment, they would not seek further. This observation is as telling about the state of biomedicine and social relations in Slovenia as the status of the non-institutional complementary practice I observed. Some women took a superior position in commenting on Jona's work, after their acute problem was solved. For example one woman wanted to get pregnant; Jona advised her how to communicate with her partner to achieve mutual agreement on conception. As soon as she became pregnant, she refused to take further advice from Jona, with an argument that 'after all, Jona is childless'. For me, a very important observation on the fieldwork was how Jona's clients perceived non-institutional treatments, and if they benefited from them or not, in their own opinion.

4. Interpretation

Hayden suggested a provocative thought - do we as anthropologists need 'the epistemology of estrangement' in order to interpret cultural processes (Hayden, 2009: 91)? Hayden's question was, for me, interesting from two different perspectives. First of all, because I was doing anthropological research 'at home' and secondly, because anthropological writings were strongly affected by the colonial political regime of countries which were also developing the science of anthropology. Although Slovenia through history had no colonies as such, it was still affected by the discourse of Western science and accepted it as a role model. I tried to be aware of these implications while interpreting my fieldwork experiences. Grey noticed that a common critique of the

compare the prices of non-institutional and private practices in Slovenia: the usual fee for a psychological counseling is 50 Euros per 45 minutes. Health Care Policy provides counseling, but waiting lists are preposterous. In case of psychological issues one can wait up till 2-3 months for Public Health Care Counseling.

anthropological and the ethnographic method is that it is not focused enough on the subjects of their research, but primarily the on cultural environment (Grey, 2003: 5-6). Most anthropological texts try to present the inextricable connections between cultural environment and subject. I aimed to describe these connections as well, with an important notion that subjects are not just passively collaborating in a certain cultural environment, but reshaping it, depending on numerous aspects of their personal and social inclinations. The interpretative part of my research allowed me to seek cultural patterns, social relations, and social reproduction. I was interested in my respondents' mental and emotional states that led them to seek Jona's help. My investigation was about how they perceived Jona's treatments, what was Jona's 'opinion' of them and how this is connected to the position of women who are involved with complementary healing and new age spirituality in society. Throughout the interpretative part I was driven by 'a need to understand more about the phenomenon, rather than "measure it"' (Green and Thorogood, 2004: 6).

When interpreting the interviews and my own experiences I had to adjust to the epistemology of complementary healing and new age spirituality. According to Sax, the epistemological boundaries of complementary healing are different from those of biomedicine, as they follow the current findings of medical anthropology – taking into consideration the whole person, not only a part (Sax, 2009: 164). In order to interpret my fieldwork experiences, I had to navigate between Jona's 'instructions to clients', the answers she gave to me and to her clients, and what was our 'understanding' of her 'instructions'. This journey through Jona's narratives was not unlike entering a 'new world'; since Jona was guiding the women and informing them about things they previously did not know or think about. I had to be aware of both 'social realities' the women lived in and related, at Jona's treatments, and outside of them. These two dimensions were different aspects of the practice; hence they were both its irreplaceable

constitutive part.

My approach to gathered information (from attending treatments, talking informally with Jona and her clients, during recorded interviews) was to follow the idea of critical medical anthropology. I tried not to impose my views on the women or Jona, but rather present how they perceive their current situation to be. On reading books by various authors regarding new age spirituality and complementary healing, I noticed that some authors were sincerely engaged in their fieldwork trying to understand what it meant for the people involved, while others were somehow detached from the emotional/ethical/personal aspects of their research. I fully decided to ‘understand’ my fieldwork by using analytical thinking, comparison, and reflexivity, as well as the emotions and sensitivity of the people involved. For me this choice was a prerequisite for interpreting the narratives that exposed the most intimate parts of individuals’ lives. For Green and Thorogood the qualitative approach to scientific analysis is driven mostly by comparison and reflexivity (Green and Thorogood, 2004: 194). I tried to be self-reflexive whilst implementing my fieldwork experiences into a broader social context. I decided to use the term interpretation, since I also needed to interpret many aspects of the fieldwork experiences first to myself with the help of literature. To be able to present a structured interpretation of my research I decided to expose the most acute aspects of my fieldwork, that is: the specifics of a complementary non-institutional practice in a certain time and place, why and how the women attended this practice, and the broader social context of these women’s lives.

Although I was not familiar with the concept of *oral history* (even some distinguished anthropologists (Geertz, 2001) are not in favor of the method,) I found Portelli’s sincere and precise descriptions of his interaction during fieldwork and interviews useful for my own analysis, and complications that occurred during this research. Portelli proposed:

The same statement may have different quite contradictory meanings, according to the speaker's intonation, which cannot be presented objectively in the transcript, but only approximately described in the transcriber's own words (Portelli, 1991: 47).

My interpretation was aimed at portraying the journey of particular women, in which I was able to partially share. Each journey is individual, even when it is shared; it brings new impressions, ideas, and frustrations or reliefs. When interpreting the words the women told me, first from a spoken/heard word to the Slovene transcription, and then to the English translation, the most important guideline for me was to catch the individual mode of the person, the color and tone of voice, the rhythm of speech, and the attitude with which they approached the subject matter. No doubt this part of my work carried the most responsibility, since I had to step aside and be just a mediator for their voices, keeping in mind Portelli's findings that even the most literal translation is never the best, and a truly faithful translation always implies a certain amount of invention. The same, he writes, is true for all transcriptions of oral sources (Portelli, 1991: 47).

It is legitimate to question how such an interpretation can be scientific at all. There is difficulty imagining a 'true' version of the most common events. Even if people witness the same event and speak to the same people, they can have a totally different experience. In this manner a researcher must be aware of the limitations he or she encounters during the sharing of personal information. During the interpretation of the interviews, I paid particular attention to the mixed messages the women gave in their answers to me, to the interplay of different agenda between Jona and her clients, and to their differing responses over time of my participant observation. I divided the transcribed interviews with the women and Jona into three main sections: the women's issues, the treatments experience, and new age spirituality. Boundaries between the sections are open, as they are connected through my fieldwork experience. The women's answers and narration were guided by my

questions, but spontaneously crafted from their side. In this regard my interpretation is as much a part of art as it is of science. I found Wolcott's comment to be an important guide for my academic writing:

Not everything needs to be counted and measured, or changed and improved to conform to our standards, our ways (Wolcott, 1995: 15).

While interpreting the women's narratives I was privileged and burdened with the possibility of adding my opinion as a researcher. During one interview I was particularly puzzled as to what to do: a woman told me the opposite of what I had heard and knew (whether she went to see a homeopath or not). In this case the guidance of Portelli was crucial. He suggested that if one tells a story differently from the way it happened, maybe unconsciously that's what she was trying to aim at. He concluded that even 'wrong' statements are 'true', because they tell us about the context of this person and the subject we are asking about (Portelli, 1991: 2, 51). Interpreting the words that dealt with the painful areas of one's woman's life was demanding. Kleinman noticed that we tend to write as if we are in control of our world and ourselves. He also questioned if studying the experiences of a few individuals can shape our responses to the challenges we have to face. I believe he found an answer, and so did I; that being serious about research creates an intellectual project that really matters to others and to oneself (Kleinman, 2006: 7-23; 193-194). That not only calls into question our personal and scientific ethics, but also reveals aspects of life that are usually not visible, not talked about. Interviewing and interpreting such material causes discomfort, because it clearly points to the margins of human control. As humans, we tend to avoid what cannot be controlled, predicted or classified regarding our families, relatives, friends, our fears and hopes.

Macpherson exposed yet another problem that arises when interpreting events in an

environment that deals with ‘soul’ or ‘energy’. How can ethnographers, who very often are researching to gain a PhD, present events in a textual format that will satisfy the criteria of objective science? The author was questioning herself: would her textual interpretation appear as defensive representation of her field for an academic audience (Macpherson, 2008: 170). Macpherson was, like Potrata, initiated into Reiki, and unlike Potrata, became a healer, but both claimed it was different to do research when they actually *felt* what the healing of Reiki is about (Macpherson, 2008; Potrata, 2000). During my fieldwork I did not undergo any initiation, but just being present and following the unfolding of the women’s personal stories that were reconstructed by ‘energy principles’ was an equally embodied experience for me. Even through no one touched me physically, I was touched and changed by this whole experience. Without being present at treatments I could never interpret the women’s narratives. Witnessing an ‘ego operation’, or dreams interpreted in a way that one can hardly even want to comprehend, was sometimes shattering. Macpherson wrote that academic writings about new age spirituality is an area where women are less represented, as such research fields presented by and about women who practice ‘irrational’ things such as healing are downplayed by academic powers as ‘less significant’. They might, she wrote, ‘be seen as a threat to the dominance of “proven” interpretative frameworks’ (Macpherson, 2008: 170; 27).

However, what we should not lose sight of, is in fact that it is real people that academics place in the pages of a book and that these people have a right to be presented as fairly as possible – a real methodological challenge (Macpherson, 2008: 27)

The aim of my interpretation is above all, to be recognizable for academic audiences as well as for those who practice complementary healing and new age spirituality.

5. Anthropological self-reflexivity

In this chapter I tried to unveil the background of this research and me as a researcher. I agree with Scholte that a comparative understanding of others contributes to self-awareness and self-understanding, which in turn, allows for self-reflection and (partial) self-emancipation. The emancipatory interest is the one that finally makes the understanding of others possible (Scholte, 1999: 448).

Rotar stated that academic techniques are not politically neutral, since their rationality or, to be precise, he writes, their ideological structure is inextricably linked in short and long-term perspectives with the way society functions (Rotar, 2004: 375). I should state without hesitation that I support socialist ideals: education free of charge and high quality public health care for everyone. I was privileged to use these public services free of charge myself. My notion is that social equality and ecology should be a common goal for all humanist sciences.

In the 1990s, new age spirituality was a relatively new phenomenon in Slovenia. To me it seemed to be an advancement in a rather impoverished spiritual and healing variability in the late-socialism of ex-Yugoslavia. My extracurricular activities were years-long commitment to modern dance and performances where the teachers included yoga, breathing techniques, and Eastern principles of bodily movement to classes I regularly attended. Such an embodied experience of different techniques left a profound impact on my perception of them.

After my student years I entered the corporate business world. In five years I found myself affected by so-called 'burn out syndrome'. I started noticing that most of my colleagues at work had similar problems (anxiety, insomnia, nervousness) due to work related stress. This was the initial step for my interest in complementary healing. The working

department I belonged to attended ‘workshops’ organized by the company to help us deal with work related stress. They were pleasant, focused on ‘mutual understanding’, but didn’t tackle our problems. This experience convinced me that I should try ‘something different’. I joined a Theravada Buddhist retreat led by a lay Buddhist practitioner and scientist, Nick Scott from Scotland. A small group of us spent three days meditating in silence. This experience presented a challenge for me that I barely managed to endure. After the retreat I spoke with Nick about the possible reasons for stress in our current lives. Our conversation further awoke my interest in the non-biomedical dimensions of human health. Afterwards, I tried various CAM treatments (ayurveda, tai-chi, yoga, homoeopathy), which deepened my research interests.

The subject of my diploma and master’s thesis was dedicated to women and consumerism. While doing fieldwork and talking to many women about the subject of my master’s thesis I became aware that women’s issues, connected with their visual presentations, go far beyond the surface. Women mostly complained about ‘psychological’ issues they did not know how to address. When I came across Jona’s treatments, I thought it was an optimal choice, since it combined all my research interests: women, ‘psychological’ issues and non-biomedical healing.

How could or did my personal history affect my research? Like Portelli, I had thought that I was not supposed to ‘intrude’ my own beliefs and identity into interviews. But to a certain extent this was unavoidable, since we carry our worldview within us (Portelli, 1991: 31). During my fieldwork I tried to be compassionate and understanding without withholding the personal history stated above. During this research I was not representing any obvious authority of powers or institutions, because, as Milharčič – Hladnik, wrote, this can substantially affect which voices of the people who narrate stories will be heard (Milharčič-Hladnik, 2009: 113).

I found Scholte's description relevant for the purpose of my academic self-reflexivity:

Ethnographic experience and ethnological analysis presuppose a condition which transcends scientific investigation as such, that is, the sociocultural and philosophical nature of anthropological inquiry as itself a part of human praxis transcends working in procedural problems with anthropology (Scholte, 1999: 431).

What was the purpose of this research; what are my aims? Medical pluralism is definitely absent from Slovenia's environment due to historical and social circumstances. Those who are engaged with it encounter prejudice (whether justified or unjustified); and if this text adds to understanding why certain people seek help outside the biomedical context, without being pejoratively labelled, it will serve its purpose. I aimed to document this specific practice in order that it 'could be constructed as a problem to be understood' (Green and Thorogood, 2004: 10). Complementary healing and new age spirituality are not to be considered as 'positive' or 'negative', but as a social reality that has various consequences for each individual.

III. The Status of Complementary Healing in Slovenia

1. Reasons for Declining Trust in Biomedicine

Despite its global supremacy, the power and success of biomedicine is to be reconsidered, as Foucault demonstrated in his work *Naissance de la clinique: une archéologie du regard médical* (1963). Even nowadays, an initial discussion about the position of biomedicine is often stopped by examples of emergencies where lives are saved, which are actually indisputable. Emergencies need the help of biomedicine in life threatening situations

where technology, surgical and pharmacological expertise are dominant. As mentioned already, Foucault described biomedicine not solely as life saving but also a ‘disciplining’ institution that controls, separates and decides between ‘pathological’ and ‘normal’. He noted the beginning of modern medicine to be fixed in the last years of the eighteenth-century⁵⁰ and described methods that established it as the dominant discipline in Western science. Following Foucault, the particular feature of then-established biomedical methods was that they were represented through the optics of natural science, hence the suggestion of being outside the domain of human intervention, given that biomedical science placed the greatest emphasis on the ‘objectivity’ of its methods and findings. Foucault argued that this is not so, since biomedicine was and is influenced by politics.⁵¹ Biomedicine became the major authority in society recognized by public opinion, the law and government (Foucault, 2003[1963]: xii-18). For Foucault, despite the epistemological changes that biomedicine introduced into the modern era, the future of declining trust in its paradigm seemed to be embedded in its methods:

Paradoxically, in relation to what he/she is suffering from, the patient is only an external fact; the medical reading must take him/her into account only to place him in parentheses [...]. It is not the pathological that functions in relation to life, as a counter nature, but the patient to the disease itself (Foucault, 2003 [1963]: 8).

Ule noted that this paradox surfaced at the beginning of the 3rd millennium, and began to be visible in the relationship between biomedical discipline, its users, and towards health in general. As a result, she wrote, we are witnessing a rising doubt in biomedical science

⁵⁰ Segal noted that important political, economical and cultural transformations and not only scientific advances were used to promote biomedicine and its anatomically based arguments (Segal, 1994: 74).

⁵¹ Bodies are given or denied meaning regulated and regularly demeaned, within institutions and discourses which use(d) biomedicine as a tool to impose values that were frequently non-ethical: dominance of males, fair skinned, heterosexuals, socially privileged and similar (Segal, 1994: 253-4).

that is no longer a subject of unconditional trust for its users. The additional reason for mistrust was, in her opinion, enhanced by the fact that biomedicine visibly began to function as a profit-oriented enterprise (Ule, 2003: 9). Ule located the epicenter of a biomedical crisis in failing communication between biomedical doctors and their patients. She used theoretical and empirical data (from Slovenia) to demonstrate the increasing complaints of patients about difficulties in their interaction with medical doctors (Ule, 2003: 144; 165). Even though contemporary biomedicine placed the patient as a partner in his or hers healing process, this was not implemented in practical interaction inside the biomedical environment (Ule, 2003: 11). Ule's findings⁵² reveal that users in Slovenia perceived biomedicine to be insufficient in the following aspects: taking time for patients, satisfactory communication between medical doctors and patients, empathy for the patient's suffering, and decoding biomedical discourse to patients. These negative aspects of biomedical procedures resulted in people perceiving biomedicine as bureaucratic, anonymous and not allowing people to formulate sense and meaning from their illness (Ule, 2003: 144). Decades ago, Foucault, in a similar manner, commented that because of such impersonal conduct, biomedicine is, for many people, nothing more than a 'temple of death', meaning that for many sick people, biomedical attitudes create another kind of discomfort in the form of social suffering (Foucault, 2003 [1963]: 18). Reasons for alienation from biomedical processes stem from the logic of biomedical diagnosis that divide the patient from his/her diagnosis, while the epistemological basis for biomedical diagnosis is derived from Cartesian dualism, and its separation of body and mind. In Cartesian dualism, the human body is represented as an isolated entity, a mechanical object exposed to accidental events. Since the body is an object of biomedicine, the subjective and human dimensions of experiencing are not validated in biomedical discourse. This biomedical paradigm, commented Ule, exerts control over humans, who in

⁵² Ule, M., Tivadar, B. (1998). Komuniciranje s (pljučnimi) bolniki. Raziskovalno poročilo. Ljubljana: Fakulteta za družbene vede. The research is about communicating with (pulmonary) patients in Slovenia.

return feel fearful when confronted by biomedical authorities, as they are not perceived as competent or in control of their body (Ule, 2003: 111-150).

Foucault and Ule, each from their own and shared historical, empirical and theoretical frames, noted the problematic aspects of biomedicine, since it not only represents authority, but also leaves little negotiating space and autonomy for its users. Additionally, according to Ule, in recent decades biomedicine expects people to actively collaborate in their healing processes, while they are held responsible for their own health. People as individuals, and as members of states, were encouraged by biomedical authorities (locally and globally) to contribute in the rising medicalization of their everyday lives. Preventive vaccinations were a prevalent example of this biomedical initiative of progressive medicalization. The described characteristics of biomedical strategy offer reasons for the current declining trust in biomedicine, as not all preventive and curative measures imposed by biomedicine were proved justified. Ule mentioned the existence of other types of medicines and methods of healing that appear to be contradicting contemporary technologically advanced biomedical procedures of diagnostics and treatments, as if alternative procedures would be opposing the rationality of a (post) modern human.

The Slovenian biomedical establishment has, up to now, resented any methods of healing that are not biomedical. That is why most non-biomedical practices in Slovenia are destined to be clandestine and in the segment of illegal economy (Ule, 2003: 263-264). Medical anthropologist Lipovec Čebren described further practical reasons influencing a growing number of people in Slovenia to seek help outside the biomedical establishment: long waiting lists to see a specialist, overcrowded rooms in hospitals, overburdened biomedical personnel and a poorly financed public health sector. These factors currently do not speak in favor of biomedicine in Slovenia; nor does the mentioned growing use of technology and bureaucracy in biomedical procedures (Lipovec Čebren, 2008: 108).

Given the described circumstances regarding biomedical procedures, it can be understood that people also seek help outside the domain of biomedicine, if they have means and possibilities to do so. Different types of healing that are not recognized as biomedicine are most often assigned to the term alternative and complementary medicine (CAM).

According to Lipovec Čebren, theoretical concepts of CAM mostly arise from Eastern medical models and Western medical doctrines that were abandoned by biomedical authorities (Lipovec Čebren, 2008: 102). That is why 'trying to achieve a clear definition of CAM is like struggling to hit a moving target', since it includes various practices and ideas, self defined by their users, as preventing or treating illness or promoting well-being (Merrijoy, 1999: 4). Ule found the following reasons to be the main cause of, as she wrote 'impressive growth' of complementary and alternative practices in Slovenia:

While biomedicine predominantly offers complicated medicines, tools and methods of curing, CAM⁵³ insists on relatively simple, non-invasive ways of (self) healing.

Biomedicine relies on the power of elaborate biomedical techniques and artificially manufactured medicines; CAM is relying on suggestion, simple and transparent procedures and natural medicines. If biomedicine perceives patients mainly as 'sick organs', CAM takes into consideration patient's suffering and particular pains as an organic part of complementary disturbances of body and psyche (Ule, 2003: 263).

The popularity of complementary and alternative methods of healing, which do not follow the prescribed biomedical standards, is spreading globally. In 2008 Mrs. Chan, Director-general of the World Health Organization, called for greater integration of traditional, complementary and alternative medicine into primary healthcare systems around the world in order to make primary care more responsive to patients' whole health needs. The

⁵³ Ule used the Slovenian term *zdravilstvo* used for CAM practices in Slovenia, which is not directly translatable into English. That is why I have used the term CAM.

following Chan's statement is comparable with Ule (2003) findings in Slovenia:

*Medical care has become depersonalized; some would even say 'stonehearted'. In most affluent countries, the number of family physicians and primary care doctors continues to decline. The trend towards highly specialized care works against a sympathetic doctor-patient relationship. In too many cases, the patient is no longer treated as a person, but rather as an assembly line of body parts each to be managed, often with great expertise, by an appropriate specialist.*⁵⁴

Kleinman similarly positioned reasons for popularity of CAM that at the same time present a critique of biomedicine: '[...] ethnocentrism, reductionism, essentialism; failure to engage in the life world of patients' (Kleinman, 1995: 9). At the same time as global financial inequality remains, the crucial factor in accessing adequate biomedical treatments, an economic impact of growing CAM use became a market rival to biomedicine in the so called developed countries. According to Chan, CAM presents a multi-billion dollar industry - by no means an option of health care for deprived populations, but rather a choice of the affluent.⁵⁵ CAM use in Europe can be regarded as a combination of dissatisfaction with biomedicine and social trends that promote CAM (ecology). My own ethnographic field experiences correlate to what Cant and Sharma describe to be affecting decisions to use CAM: the amount of time people obtain at practices and the importance of a person's spiritual and emotional well-being (Cant and Sharma, 2003: 429).

Establishing efficacy of healing modalities, Lock and Nichter wrote, became a central issue at this time of rapid globalization, growing medical pluralism and hybridization in

⁵⁴ <http://www.who.int/dg/speeches/2008/20081107/en/> (16. 09. 2009).

⁵⁵ *Ibid.*

the West (Lock and Nichter, 2002: 20). In that manner the aim of this anthropological research is an attempt to understand processes of healing which are combinations of transformational processes that are not only somatic, as Kleinman stated, but also mental and emotional (Kleinman, 1995: 15). Critical medical anthropology addresses social relations in all aspects of human health. Presupposed such transformational processes have consequences that are reflected in everyday life.

Slovenia, as an ex-socialist country for the past 50 years, had solid and socially supported access to biomedical treatments – public health care. Health care education, the license for medical doctors, was provided entirely from the state funds. Because of transition in political, economic and social life, changes occurred in Slovenian public health care.

Euro-Canada Health Consumer Index (ECHCI) reported that the quality of Slovenian public health care based on several validating factors (from waiting lists for surgery, availability of medicines, to mortality rates and many more) fell from 12th to 21st place in just one year (2007) and improved only to 20th place in two years (2009) in a total of 31 countries in the index. Mrs. Žezlina, Slovene ombudsman for patients' rights, explained that this fall is due to much longer waiting lists for doctors and specialists in the public health care.⁵⁶ Despite this fact, major biomedical interventions in Slovenia are still done on the basis of the minimal social security payment. The latest ECHCI summary for Slovenian public health care, reports positive outcomes and suggests improvement for the range and reach of services and waiting times scope (FCPP - Policy Series No. 61; May 2009). The right wing government, elected in 2004, introduced a major shift to former ethics regarding public health in Slovenia. Volčič and Erjavec noticed that this government succeeded in promoting the idea that public health care would threaten the newly established free democratic-liberal order:

⁵⁶ <http://www.maribor.si/dokument.aspx?id=9457> (08.12.2009)

At the beginning of the 21st century the Slovene state has radically reduced welfare programs and transferred certain duties of 'the social' onto the citizens themselves' (Erjavec and Volčič, 2009: 125).

Despite what seems to be an inevitable consequence of the market economy affecting the public health care system. I observed that the practices attended by women from the Slovenian 'middle class'⁵⁷ were not considerably deprived in their access to adequate biomedical services. Social groups with comparable characteristics appear to be the most frequent users of CAM in the United States and Europe (Sharma 1994, Goldstein 1999, O'Connor 2000). That means that people who have access to biomedicine are most likely to be the users of CAM in certain environments, while in countries where biomedicine is a matter of choice only for the financially privileged, this is not the case. Following the speech of Ms. Chan⁵⁸, the financially deprived with no access to biomedicine in so called non-developed countries, resort to use various *traditional* medicines and not what is understood by CAM in European context.

A historical perspective offered by Židov regarding the 19th century in Slovenia, reveals that during this period there were few Slovenian doctors available. A big social and linguistic gap between, at that time, predominant Slovenian peasant folk and the Habsburg rulers, presented another obstacle. Few Slovenians at that time could afford to attend University, in Vienna or Budapest, to obtain a medical license. At that time the Slovene population often resorted to the *folk medicine* based on herbalism (*zeliščarstvo* - use of medicinal plants) and local spiritual beliefs influenced by the Catholic religion. Folk

⁵⁷ I use this broad term of social stratification to point that they an University degree are employed in public or private sector with income above 1000 EUR per month in 2007-10, living in the capital city in their own or rented apartment/house. They could afford expenses besides living cost (food, bills and insurance) like holidays, sport, concerts, theater and other hobbies.

⁵⁸ <http://www.who.int/dg/speeches/2008/20081107/en/> (16. 09. 2009).

medicine can be understood as *traditional medicine* in Slovenia. Lipovec Čebren documented that in the region of Istria, traditional medicine was frequently used until World War II, because there was a social and cultural gap between medical doctors and rural inhabitants. Most of them could not afford to pay for medical services (Lipovec Čebren, 2008: 118-120). According to her, nowadays traditional healing (and healers) are rare, and generally in rapid decline as its practitioners and users stick to the local environment. CAM users and practitioners on the other hand are increasing in number (Lipovec Čebren, 2008: 148). As Židov wrote, traditional medicine in Slovenia was not persecuted like *homeopathy*, which was banned in 1819, since it became a rival for official allopathic medicine (Židov, 2000: 154). The situation regarding homeopathy in Slovenia is still problematic: if a medical doctor is practicing homeopathy she/he has to return his or her medical license, which is awarded by the *Slovenian Medical Chamber*. That means homeopathy is still not considered as ‘scientific’ and compatible with biomedicine, unlike in France, Italy, Belgium, the United Kingdom, Slovakia and Germany, where biomedicine can be practiced alongside homeopathy.⁵⁹

Židov observed that present-day CAM medical practices in Slovenia are used in spite of the existing well-organized public health service that is universally accessible.

Furthermore, Židov found that people are prepared to pay for CAM and this does not represent an obstacle to them (Židov, 2000: 152). Židov’s article was published in the year 2000, since then various social factors that I mentioned in this chapter changed. Among them is the declining quality of the public health service and financial strain of the population that faced the turmoil of market economy. But to a great extent Židov’s observations were still applicable to Slovenian circumstances in 2010.

⁵⁹ Homeopathy in this case is considered as a field of specialization by medical doctors. The homeopathic paradigm supports the combined use of different medications if considered necessary, as homeopathic remedies have no contraindications (even if taken in combination with other types of medicines).

Continuous efforts by various associations and individuals are invested in that the Slovenian law regarding CAM would be comparable to the existing European Union laws. *Zakon o zdravilstvu* (Complementary and Alternative Medicine Act - CAM Act) enacted on 2nd October 2007 enables traditional Chinese Medicine (TCM), ayurveda, chiropractic, osteopathy and homeopathy to be registered and practiced exclusively by those who have the title of medical doctor. Those medical doctors who apply for such a CAM license are also obliged not to 'discourage anyone from the use of biomedicine' (*Uradni list*, paragraph 15, line 2, p. p. 12646 / No. 94 / 16. 10. 2007). There are various other practices that can be registered and practiced without the title of medical doctor. In this case the law requires passing an obligatory exam that is based entirely on biomedical curricula. The Government issued a proposition for establishing *Zdravilska zbornica* (Chamber of Healers) on 22nd January 2009 and announced that only those methods, techniques and practices of healing can be registered and licensed that already have an established educational system in Slovenia and abroad.⁶⁰ The Ministry of Health redrew the proposition for *Chamber of Healers* on 4th March, 2009, without any comment, only that by that date only nine (9) practitioners of CAM passed the obligatory exam at *Slovenska gospodarska zbornica-GZS* (Slovene Chamber of Commerce),⁶¹ while they estimate there are over a thousand (1000) various CAM practitioners in Slovenia. Lipovec Čebren reported that a growing number of European countries, besides the United States of America, show support for collaboration between CAM and biomedicine. This is evident in educational programs, health and insurance systems. In Slovenia the current trend seemed not to follow this path of intensifying collaboration between CAM and biomedicine, which is, in the author's view, conservative and anachronistic (Lipovec Čebren, 2008: 98-99). The wide gap between CAM and biomedicine in Slovenia is also

⁶⁰http://www.mz.gov.si/si/pogosta_vprasanja_in_koristne_vsebine/splosna_vprasanja/zdravilska_zbornica_slovenije/ (26. 9. 2009).

⁶¹<http://209.85.135.132/search?q=cache:HSsgd6ePOc8J:www.gzs.si/pripone/8756+Izpit+za+naravnege+terapevta&cd=16&hl=en&ct=link&client=safari> (26. 9. 2009).

mirrored in the use of specific term *zdravilstvo*⁶² that Slovenian officials decided to use instead of the more commonly used term CAM (in Europe and United States of America). *Zdravilstvo*, as defined by the Slovenian vocabulary⁶³, represents healing of ill persons and protection of health. The term *zdravilstvo* is, as well, connected to non-biomedical treatments - Slovenian folk medicine. The definition of *zdravilstvo* refers to the term *vraštvo/vražarski*⁶⁴ that means also *praznoveren* and *babjeveren*, words standing for 'believing in vain' and pejoratively, 'believing in what women say'; as *babjeveren strah* means *neutemeljen strah* or irrational fear, fear without reason. I wrote about the history of misogynist perceptions of women in Slovenia in the previous chapters, which labeled women (*babe* is a pejorative, slang or local word for woman in Slovenian language) as not being 'creatures of reason' but prone to emotional and 'unreasonable behavior'. By choosing the term *zdravilstvo* that is indeed of Slovenian origin and referring to folk medicine⁶⁵, this term is etymologically burdened with representing a 'non-scientific' and 'not credible' subject. The decision to use the term *zdravilstvo* could be interpreted as positioning biomedicine above any other types of medicine. *Zdravilstvo* is a Slovenian term with specific etymology, while it denotes activities most commonly recognized as complementary and alternative medicine (CAM). *Zakon o zdravilstvu* is officially translated to English language as *Complementary and Alternative Medicine (CAM) Act* and the act refers to CAM users and CAM practitioners. This translation could prove not to be synonymous, because the term *zdravilstvo* and the term CAM are not comparable in various aspects. Lipovec Čebren perceived *Zakon o zdravilstvu* (Slovenian CAM Act) from 2007 to be deepening the division between biomedicine and CAM, not only on an

⁶² http://zakonodaja.gov.si/rpsi/r00/predpis_PRAV8810.html (22. 10. 2010).

⁶³ http://bos.zrc-sazu.si/cgi/a03.exe?name=sskj_testa&expression=zdravilstvo&hs=1 (22. 10. 2010).

⁶⁴ http://bos.zrc-sazu.si/cgi/a03.exe?name=sskj_testa&expression=vrazeveren&hs=1 (22. 10. 2010).

⁶⁵ Lipovec Čebren (2008) used the term traditional medicine to describe local healing based on herbal treatments and various prayers and rituals but such practices cannot be compared to traditional medicine like ayurveda. That is why I prefer the term folk medicine in the Slovenian context.

epistemological, level but also by placing CAM under the jurisdiction of the Chamber of Commerce (*Slovenska gospodarska zbornica – GZS*) and not the Ministry of Health (*Ministrstvo za zdravje*). This placement is a sign that the Slovenian state has no intention of introducing CAM into biomedical education or in programs regarding public health, unlike in several European countries (Lipovec Čebren, 2008: 99).

The term CAM is broadly recognized and used in names of various associations such as *National Centre for Complementary and Alternative Medicine*⁶⁶ in the United States and *European Federation for Complementary and Alternative Medicine*.⁶⁷ Authors from the field of medical anthropology and biomedicine use broader spectrums of terminology such as: ‘integral’, ‘complementary’, ‘alternative’, ‘traditional’, ‘Eastern’, to describe various non-biomedical practices (Kaptchuk 2002, Kleinman 1995, Lock 1993, Sharma 1993, Good 1994, Goldstein 1999). In the view of various authors, CAM refers to those treatments, practices and techniques that are rejected by the biomedical and scientific establishment (due to lack of scientific proof in the form of randomized controlled trials) as considered to have a placebo effect. Placebo effect was taken into consideration by researchers from the field of biomedicine and medical anthropology. Kaptchuk, from the biomedical perspective describes the term placebo effect as ‘the broad amalgam of non-specific effects present in any patient - practitioner relationship’ (Kaptchuk, 2002: 817). According to Telban’s anthropological research, a *fil rouge* (common thread) between the effect we call placebo, and the positive emotional, mental, and cognitive responses of the organism (individual) can be found. Telban noted that such answers are obtained through the treatments of ritual specialists in many traditional societies, and also by actions of

⁶⁶ The Institute for Complementary Medicine, a recent addition to the US National Institutes of Health, has been assigned the task of figuring out the best scientific methods for enabling assessment of so-called complementary and alternative (CAM) medical practices (Lock, Nichter, 2002: 20).

<http://nccam.nih.gov/> (25. 10. 2010)

⁶⁷ <http://www.efcam.eu/> (25. 10. 2010).

medical personnel in all societies (Telban, 1995: 49). Medical anthropologist, Lock and Nichter, observed considerable confusion among researchers about methodologies that test efficacy versus ones that shed light on mechanisms of action of a therapeutic modality that rests on the assumption of placebo effect. They proposed to take into consideration the evaluation of medications:

The basic assumption of double blind study employing placebo control (the present methodology of choice) is that the effect of medication consists of two components, whereas the effect of placebo consists of only one, the nonspecific psychological component. It is not the total effectiveness of a medication that is being evaluated, but the extent to which the physiological component adds significantly to the psychological component (Lock and Nichter, 2002: 20).

According to the *Sustainable Health Care White Paper*⁶⁸ (May, 2008), the dichotomy between CAM and biomedicine has led to increased vilification of protagonists of each approach. The use of scientific methods of evaluation that do not lend themselves well to CAM approaches meant that the ‘medical establishment’ has been able to increasingly marginalize CAM approaches. This has occurred while the ‘medical establishment’ has provided no significant improvement in its offering to the majority of the population that is either forced to accept or choose to accept pharmaceutical based medicine as the most effective and scientifically validated form of medicine (p. 14).⁶⁹ Lock and Nichter emphasized that social facts influenced the production of ‘scientific facts’, and the production and appropriation of social facts is often motivated by stakeholders (pharmaceutical concerns) who have a subtle and not so subtle agenda (Lock and Nichter, 2002: 21). Despite the lack of scientific proof, CAM, as Cant and Sharma wrote, for an

⁶⁸ http://www.anh-europe.org/files/100617-SustainableHealthcare_White-Paper.pdf (8. 10. 2010).

⁶⁹ *Ibid.*

increasing number of people is no longer a marginal health care option (Cant and Sharma, 2003: 426-439). Chantal, Jona's client had a similarly positive outlook on such development in Slovenia:

I think these [CAM] methods will integrate with biomedicine. I know MDs that direct patients they cannot help to various CAM practitioners. The 'safe' choices are ayurveda or Traditional Chinese Medicine. Because they are practiced mostly by MDs that just add extra knowledge to the official biomedical knowledge. I have no doubt MDs will soon collaborate also with other kinds of healers, since the psychosomatic cause for most diseases is more and more obvious.

Chantal's preferences in choice regarding CAM is similar to *Zakon o zdravilstvu* (Slovenian CAM Act) that gives more status to traditional Eastern practices than 'other' methods that are mostly based on new age spirituality:

II. THE TYPES OF CAM PRACTICE

Article 4

(CAM systems and methods)

The following CAM systems shall be used when carrying out CAM practice:

- traditional Chinese medicine;*
- ayurveda – traditional Indian medicine;*
- homeopathy;*
- other CAM systems.*

It is understandable that the Slovenian medical establishment gave priority to traditional systems that have been used for a much longer period than modern medicine or new age

spirituality based options. Last but not least, Eastern traditional medicines have an extensive record of scientific research. The World Health Organization clearly gave such systems validation and even suggested cooperation with biomedicine:

*The two systems of traditional and Western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each.*⁷⁰

Throughout history, Slovenia was not extensively, economically or otherwise connected to China or India unlike some Western colonial countries. Nor did substantial migration from India or China to Slovenia ever occur. This is the reason that, in Slovenia, only very few Slovenian medical doctors⁷¹ are practicing according to the mentioned traditional systems and do not work as a part of official medical practice. If a medical doctor decides to practice a traditional medical system, he or she currently can no longer be employed anywhere in the Slovenian medical system. That is a radical choice that very few individual medical doctors were willing to take. Those medical doctors practicing traditional medical systems are considered as efficient (also according to experiences of Jona and her clients). Those treatments according to those who tried them, predominantly focus on bodily and not on other (spiritual) aspects of a person. In comparison with biomedicine they offer long-term benefits with the changed lifestyle of clients and non-invasive methods of healing. Gretchen, Jona's client, commented on what in her opinion is lacking in biomedicine:

⁷⁰ <http://www.who.int/dg/speeches/2008/20081107/en/> (16. 09. 2009).

⁷¹ Publicly there are only few acclaimed TCM practitioners in Slovenia: Ervin Dervišević, Petar Papuga, Jani Osojnik, while Biljana Dušić is practicing ayurveda.

My boyfriend thinks medical doctors are always right, invincible ... his parents are both medical doctors ... but I can tell to almost anyone, even if they have no knowledge about integral healing ... I will tell them that diseases have some emotional base. I would not advise anyone in an advanced stage of cancer not to get a treatment by a medical doctor, of course, but even in this case you should be taking care of your emotions as well. I tried biomedicine, homeopathy, Bach flower remedies, healing with Bio-energy, Reiki and Gaia. Some people say it is placebo, the 'non-believers' (laughs) ... I don't think it is about believing, because of my personal experiences. I am very cynical by nature; it is not about believing but about efficiency. Jona's treatments ... I like the breathing and exercise, breathing is so important in yoga and even one psychotherapist told me to 'go to the stomach and breathe'.

Gretchen was not against the use of biomedicine - she mentioned the curing of cancer by medical doctors. Overall she was in favor of CAM because it seeks underlying issues of health problems. Gretchen advocated medical pluralism⁷² and tried several methods of healing. I noticed that at the end, she attempted to validate Jona's practice through the statement of 'one psychotherapist'. In other words she turned to institutional knowledge with a scientific base to evaluate Jona's non-institutional practice. Lock and Nichter also pointed to this simultaneous process between CAM and biomedicine. While CAM challenges the epistemology of biomedical knowledge it also uses scientific language to prove its efficacy. Despite various disputes between CAM and biomedicine, the latter, according to Lock and Nichter, has not proved itself efficient for a large spectrum of disease and distress. Authors perceived this to be the main reason why we are witnessing a turn toward complementary healing approaches in the 'developed' world (Lock and Nichter, 2002: 22-23). Gretchen mentioned that CAM, in her opinion 'is not about believing' but about the effect different healing approaches had on the quality of her life.

⁷² I will discuss this term in the Conclusion.

Alongside Lock and Nichter, I could observe that, almost without exception, people are pragmatically oriented, and mostly see nothing inconsistent about liberally combining different forms of therapy in their quest for restored health (Lock and Nichter, 2002: 4). As will be evident from the women's voices later in the text, most women are in favor of collaboration and integration of CAM in biomedicine. Potrata wrote that CAM and new age spirituality have a specific worldview in common that is complex but stable (Potrata, 2001: 165).

Jona's clients⁷³ beside the term *complementary (komplementarno)* used the terms *celostno (holistic)* and *alternativno (alternativno)*⁷⁴ healing in our conversations, to describe the treatments they attended. They perceived biomedicine as predominantly interested in the physical aspect of their health and therefore 'not complete'. Jona's treatments on the other hand advocated the 'complete' or holistic view of human health. The use of the term *complementary healing techniques* in this research is due to Jona's use of this word during her treatments. As an instructor conducting group treatments, she encouraged her clients to have a holistic approach to their health. For Jona, every person has specific needs in certain periods of their life, and a particular life purpose. Therefore, for Jona, 'complementary' meant that various treatments with specific techniques could be combined for the benefit of an individual (this included biomedical procedures and diagnoses). Following Jona, different people should use different kinds of healing but ultimately in a complementary way - that includes body, mind, and emotions, as well as spiritual and subconscious levels.

⁷³ There were also four male clients (4) attending Jon's practice during my research. They came as partners of the women clients mainly to solve a certain acute problem (relationship dispute) and left when they were offered a solution. One couple expecting a child kept coming together for a longer period.

⁷⁴ The word *alternativno* in Slovenian is commonly used not only for non-biomedical treatments, but also for non-mainstream art or other activities. Example: *alternativno gledališče* (alternative theatre).

When I refer to *subconscious* in this text, it should be understood, in the context of new age spirituality, as the common term in psychology and psychiatry as *unconscious*, as defined by Freud. The term unconscious is used in psychoanalysis for repressed, not conscious, memories, trauma, childhood wishes and conflicting energies and desires that can manifest as various disorders on conscious level (Freud, 1925: 214 in Thurschwell, 2000: 4). New age spirituality understands subconscious partly as defined by Freud but with additional dimension. In new age spirituality subconscious stands for the seat of ‘higher self’, ‘divine inspiration’, ‘connection with the source of life’ and, as the most important tool of personal and spiritual growth. For new age practitioners, the subconscious level is not only a seat of spiritual guidance, but also has a function of ‘shadow self’ similar to the psychoanalytical understanding, representing repressed personal urges (Hanegraaff, 1996: 266). Jona used dreams or, very rarely, images that appeared during meditation⁷⁵ as subconscious expressions of a person to evaluate the appropriateness of methods used and the well-being of an individual.

There are many social factors influencing the use of CAM and not only biomedicine: prevalence of chronic disease, increased health information, declaiming faith in science and an increased interest in spirituality (Wayne, 1999: xiii) and, contrary to the stereotype, used by the well educated (Kelner, 1999: 1). Governments tend to protect citizens from malpractice and guarantee as much safety as possible in the flourishing market of CAM. Biomedical supremacy and consequent public degradation of such practices by biomedical representatives in media tends to make them even more clandestine and therefore removed from public scrutiny. Because of the specific characteristics of CAM and new age spirituality, the aim to control such social gatherings is almost impossible. Various CAM and new age spirituality healing practices are predominantly practiced in private homes.

⁷⁵ According to Jona, images or voices that one hears in meditation must be taken under consideration, given that one has to distinguish between fantasies, wishes, fears, hopes and personally unmotivated ‘messages’. That is why Jona focused on client’s dreams - one cannot manipulate the content of dreams to such an extent as visions during full consciousness.

Cerar estimated that there were over 1500 unregistered CAM practitioners in Slovenia, who practiced over 200 different methods, addressing prevention, diagnostics, therapy and rehabilitation of health (Cerar, 2006: 4-20). Such practices are mostly non-institutional or provisionally registered in the form of various non-governmental organizations, which is why advertising of such practices is rarely found in mainstream media. The common type of advertising for these type of activities is found in the form of e-mails or virtual social networks like *Facebook*. In fact, the Internet and Internet pages are most common polygon for CAM and new age spirituality representations, with the exceptions of yoga, ayurveda and TCM, that in the last decade managed to gain better reputation in mainstream media. This is mainly because of the tourist industry in Europe that started to offer so called SPA or well-being programs, which include different CAM therapies.⁷⁶

Small-scale CAM and new age practitioners with no facilities (centers) and ‘international certificates’⁷⁷ like Jona are usually recommended verbally from friends, family, relatives and acquaintances and do not get their clients due to published advertising. All the women who attended Jona’s treatments came because they knew someone who already attended her treatments.

2. Jona’s story

My first encounter with Jona happened 18 years ago. I happened to be invited to the opening of her art exhibition. I was drawn to her artwork that appeared colorful and optimistic. Jona made an impression on me because she was gentle and approachable to a

⁷⁶ Hotels at the Slovenian coast offer three SPA centers: Shakti (Ayurveda), Wai Thai (Thai massages) and Thalassic center (water therapies, massages). They advertise their program as a ‘Combination of medical and alternative approaches’: <http://www.lifeclass.net> (2. 11. 2010).

⁷⁷ Famous new age authors like Doreen Virtue (she also visits Slovenia) offer official certificates for ‘Angel practitioners’ for as little as 14 hours a course: <http://angeluniversity.com> (2. 11. 2010). It is understandable that clients even trust practitioners with no certificates at all, and value one’s years long experiences in helping people.

curious teenager like me. I met her few more times at various social occasions and liked to talk with her about art and fashion. Afterwards I did not meet her for more than ten years. One day while shopping, our mutual acquaintance, also a female artist, told me that Jona had become seriously engaged with spirituality and that she became a practitioner herself. I was surprised, because I liked her artwork and did not know what to think of her new vocation. At that moment I recalled that her husband led a bohemian life style, so that was my explanation to myself for her new path in life. It proved I was not entirely mistaken, but it was only a fragment of her life story. After a few months, I met our mutual acquaintance and Jona together on the street. I did not know how to react or talk to her, since she seemed 'more serious' and I had not seen her for such a long time. Our mutual acquaintance suggested that since I was writing about CAM and new age spirituality for a magazine that I could attend Jona's treatments too. I was reluctant to do so, but my curiosity was stronger and what I witnessed caught my attention.

I asked Jona while attending her treatments how she came to Ljubljana, because I wanted to know about the motives in her personal life. In treatments she often referred to her personal life story, and intimate experiences, and was willing to share information with her clients or me. If I talked alone with her, she was even willing to go into details about her personal life, because there was more time available. During treatments, Jona strongly emphasized that as an instructor she is just a person who 'works on herself', has 'more balanced energy' because of her years-long dedication to spirituality and healthy lifestyle. Jona refused to be considered as an 'enlightened' or a 'balanced' person:

No one should think that I am a prophet or something! I have my own weaknesses and I am still working on them.

Jona told me that she came to Ljubljana more than 20 years ago. She met her future

husband, who was from Ljubljana, on the Adriatic coast. Jona was eager to leave her hometown, Belgrade, the capital of ex Yugoslavia, to live a life with more opportunities in Ljubljana. She then decided to marry her future husband, because he was a bohemian. In her early 30s she felt she must 'do something' about the messages she kept receiving in her dreams, instead of just thinking 'I am special because of this', as she put it. One of the messages she received in her dreams was that she should 'dissolve her ego'. Moving to a smaller town and marrying a husband who offered her little in regard to social and material status, seemed to her the right choice for her spiritual growth. Jona liked the new town and country, but her husband proved to be problematic (smoking marijuana, drinking alcohol, having affairs) which disturbed her more and more each year. The good side of her husband was, Jona told me, his support in her interest for complementary healing. While she suffered because of her husband's lifestyle, she was grateful to him that he encouraged her to try different things. Her husband was the one who suggested trying traditional Chinese medicine (TCM) to avoid surgery, which proved successful. I asked Jona about her experiences:

TCM and Ayurveda are the oldest written scientific medical systems that are still in use. They are not folk medicine but a holistic way of treatment. I am convinced that this knowledge was passed on as an intention that stems from the source of life and that these systems were developed by people who had special talents: they saw energy and were connected to the source of life. This knowledge was summoned and systemized and goes back more than thousand years. That enabled practitioners to be properly educated. The reason for the current interest in holistic medicine is that people are not entirely satisfied with the solutions of Western medicine. Eastern traditional medicines have a different approach from the start: since they view the human body not only as matter but also as an energy field, so their view is more complex. While Western medicine removes the symptoms, Eastern traditional medicines also try to remove the cause and detect the

disease before it enters the physical body. Such an approach values prevention.

Differences are also present in the methods of diagnosing; traditional medicines do not use invasive procedures like drawing blood, taking tissue samples or various radiations that are harmful. On the other hand traditional medicine demands a greater input and involvement of a person in the process of healing unlike in the case of Western medicine. Each traditional treatment will usually demand a change in lifestyle: diet, exercise, and most of all, the use of herbal remedies. At the end of the day the results of the treatments are what people go for and trust. Traditional Chinese medicine (TCM) helped me more than once.

To understand Jona's path into healing and spirituality I was interested in her family history and particularly how she was raised to perceive healing and medicine:

I come from a quite affluent family where the achievements of modern medicine were 'the law'. My parents respected medicine, but tried to avoid pills of any kind – if it was possible. My mother was even cynical; at times she used to say that doctors prescribe antibiotics for children, but for their own children they use vitamins. My maternal grandmother swore that urine therapy was the best there was. It should last for 40 days. One was supposed to drink a small cup of morning urine. She said it enabled her to live healthily and long. My parents rejected her methods, but once I tried it myself in my adult years and my immune system was really boosted, as well as my general health. I remember also that my brother, when he was in his student years, was scheduled for a stomach ulcer operation. While waiting, he acquired some herbal tincture. He drank that every day and completely healed so that operation was cancelled. When I was in my early thirties I developed a small benign tumor in the uterus. I went through a gynaecological operation. At that time macrobiotics were gaining popularity, I bought myself books from Michio Kushi and started to eat whole grain rice and wheat, but I was not really following

the diet and after five years the tumor reappeared.

In Jona's perception she was brought up quite conventionally, respecting biomedicine but still open to other methods – mainly folk medicine in Serbia based on homemade medications. Urine therapy that her grandmother used is a method from folk medicine (but also traditional medicine like Ayurveda) that slowly disappeared with modernization and the availability of a public health service in ex-Yugoslavia. From her family history I learned that what really changed her perspective on healing was when a tumor in the uterus reappeared despite the previous successful surgery. So it was not the influence of her upbringing but rather following the advice of her ex husband that proved beneficial for her health.

I was scheduled again for a gynaecological surgery. Only this time I was in Ljubljana and not in Belgrade. My then husband encouraged me to use traditional Chinese medicine (TCM). I started with acupuncture, vegetarianism, meditation and exercises. Because my surgery was scheduled a few months ahead I managed to avoid it with the use of TCM. Before the surgery, doctors confirmed that my condition was significantly better. I told them about my use of TCM. They were surprised and said: 'Continue using it ' On a physical level I was cured; the surgery was cancelled. But I received a message in my dream that although I was physically well, the cause of my disease - my mental and emotional patterns - needed to be healed too.

While I was talking with Jona about these past events I understood that she was pleased with the results of her acupuncture and vegetarianism. An important life changing decision that occurred at that time was, as she told me and others during treatments, to follow the message that came in her dreams; to 'do something about her mental and emotional patterns' that caused her (gynaecological) problems in the first place. Jona knew

something else had to be done apart from following a diet and exercising. When Jona's friend invited her to group therapies that worked very well for her friend and her friend's mother, she decided to join them,; the group therapies were led by a Chinese woman and Jona already had positive experiences with TCM. Jona found these therapies that included exercises and relaxation beneficial. What she disliked was that other clients perceived the Chinese practitioner who led the therapies 'as God'. Jona stopped attending the therapies only to return after few years. The reason for her comeback was a dream she had that revealed Aiping Wang was her spiritual teacher. Jona was glad that the Chinese master just scheduled a course that demanded a systematic and intensive involvement. In this course Jona learned about *Shen-Qi*⁷⁸, a method developed by the Chinese master Aiping Wang⁷⁹, which is based on *Qi-gong* and TCM. Aiping Wang was present in Slovenia in the 90's. While her healing methods were successful (hundreds attended her treatments)⁸⁰, some of her activities were perceived as controversial. As a Chinese master Wang became infamous for her authoritative attitude and charging extremely high fees for her treatments. Even today, her public image remains infused with controversy, although she does not come to Slovenia any longer. Jona was her student for six years and received a certificate⁸¹ as a *Shen-Qi instructor*. I asked her to comment on the controversy surrounding her teacher Wang:

Anyone who was not involved in the process can hardly understand. I must be fair and say

⁷⁸ *Shen Qi* is a spiritual method that includes 'channeling' energy, 'building' energy field, and 'confessions' with the purpose of releasing old energy blockages - mental and emotional patterns to promote personal growth.

⁷⁹ Master Aiping Wang Fulepp developed a unique form of healing based on the principles of Traditional Chinese and Energy Medicine. <http://www.aipingwang.com> (28. 11. 2009).

⁸⁰ Discussing my doctoral research with my family I was surprised when my grandmother (now 81 years old), a devout Catholic and a modest suburban woman, told me she attended Wang treatments in the early 90's. She had stomach pain and found exercises and advices of 'the Chinese woman' helpful. 'I still use that', she said.

⁸¹ Through web research I found out that the New Zealand Qualifications Authorities has accredited 'Life Technology' course by Aiping Wang, as has the United Kingdom (EDI). <http://www.potentialeducation.org/courses.html> (07. 02. 2010).

that attending her treatments saved my life. Because of my husband's lifestyle I became depressed, really depressed and her knowledge made me stronger and happier. I can say that I have great admiration for her knowledge and methods. But it is true that I stopped co-operating with Wang, precisely because she was so radical regarding money. It was against my morals to compromise my family and relatives.⁸² I don't know if it was for the best, but I did what I did and became an independent instructor. My methods put great emphasis on dreams - that is not a part of Wang's teaching. Nevertheless, I still believe and agree with Wang that it is far better to invest in knowledge about energy than in drugs, cars, weapons or clothes that people actually don't wear even once. I spent many thousands of Euros on her treatments and school, but if you ask me, it was worth it. People say they care about their life and their health but they would rather buy some nice clothes, go for a holiday or something similar. Wang was right about that.

Wang had as many as 900 people attending her treatments in a big sports hall in Slovenia. Jona said that 'miraculous healings occurred'. Problems started when Wang demanded as much as 6000 Euros per 30 minutes for a private consultation with her. By comparison, Jona's monthly fee is 200 Euros for 30 treatments and each treatment is 90 minutes long. The women could also call Jona on her mobile if they felt distress, free of charge. Wang was far stricter regarding her students and clients. Every contact with master Wang was limited and financially evaluated. 'People respect that', Jona commented 'and have less respect for instructors like me who are willing to help under any condition, even if people don't pay. I understand now why Wang operated the way she did, people are very much about money, I lack that skill.' Jona often said that she wished she didn't have to charge any money at all, that she would prefer to work for free. After her divorce, she had no additional income as she had previously worked together with her husband selling jewelry

⁸² Jona was offered to work for Wang in Beograd, but refused because of her family and relatives who work in public positions. She feared that controversy in the media surrounding Wang could endanger their jobs.

and paintings. She received a message in her dream to stop selling her paintings and live from what she earned as an instructor. For her this was very demanding. Jona lived modestly and perceived money as an important tool for her spiritual growth. She told me that, for her, it is a challenge to remind someone who forgets to pay her monthly fee. She wished she could forget about that, but the rent had to be paid. During this research, three women left her treatments without paying her. Jona never demanded money in advance and was tolerant if someone said they could not afford to pay. 'People pay to those who demand it', she said, 'and not to those like me who would prefer not to deal with money at all, but I have to learn this as well.' I asked Jona why, in her opinion, some people pay certain practitioners, no matter how much they want, yet refuse to pay others, even if they were helped. Jona's opinion was that: 'Most people will avoid paying for anything if they can ... rare are those who pay because they want to, even if they don't have to ... especially for a thing that does not have a firm social status like a car, a diamond or any prestigious brand ... you see, new age spirituality and holistic healing are, for most people, still something too abstract.'

By 'too abstract' Jona meant that such methods are not officially recognized. Jona's treatments are non-institutional because her *Shen-Qi* certificate is not officially verified. Jona is not an isolated case: at least five (5) of her fellow students at Wang's school are now therapists in Slovenia. All of them, including Jona, are individually formally registered as an association or society for the promotion of well-being in order to be able to give treatments. They do not advertise themselves as a 'clinic', or similar - their status is inferior compared to those practices that are institutionalized. Jona spoke about her non-institutional status:

Wang had a school for Shen-Qi instructors that I attended. I received a diploma after years of attending treatments given by Wang. This also meant a daily regime of getting up

at 4 in the morning, practicing meditation, followed by outdoor Qi-gong exercises and attending treatments. Most things were based on TCM. Wang's system taught me discipline and gave me energy to finally use my abilities. It was Wang who decided if you were able to become an instructor at the end of your schooling. Wang, besides evaluating your progress and attendance, checked your Chinese astrological birth chart, to be sure if such an activity was compatible with your 'destiny'. For me her decisions were valid, but the main reason why I become an instructor is the message in my dream that I should become one. Wang just confirmed it. It was quite painful for me to realize I would have to abandon my art career. What was especially hard for me was to be doing something that was not established in society. As a graduate from a renowned University I was not used to standing in a 'no man's land'. Doing something marginalized is very difficult.

As I described in my methodological chapters, I noticed the marginal position of CAM subjects myself. Consequently I was sometimes insecure as to how to deal with the non-institutional dimensions of the treatments I observed. Some complementary techniques therapist Jona uses are on the list of the *Slovene Chamber of Commerce (Qi gong, abdominal breathing, relaxation)* but *dream explanation* and other spiritual aspects are not listed, explained or evaluated. Jona insisted her methods have little to do with psychotherapy that has an established curriculum. Jona's clients Teodora and Beatrice expressed doubts about their use of CAM,

Teodora: I can tell you what I thought ... before I started attending Jona's treatments. I thought that you become weird if you do that (use CAM), you know like some Hare Krishna stuff, that people will say: 'Oh no!, But then you see how it works and suddenly you become 'the weird one'. Then others look strangely at you and you try to explain.

Beatrice: I don't tell anyone about the treatments; only my best friend knows. I remember,

when I was fourteen, I started to meditate, but was brutally scolded by people if I told them. I still think of myself as a wacko. Even my best friend does not want to hear what I do and my parents ... they would think this is just throwing away money. I do not want to have to explain to them 'no, I am not a cult member'. I don't want to upset them. I see all this as a psychological thing ... to be able to refrain from my negative emotions and self-pity ... energy, yes OK ... but it is so hard to believe in that, for me ... so hard ... even when I get good results I cannot trust this stuff ... to be very honest I do not want to! It is so hard for me to follow what is happening at Jona's ... sometimes I think I must be crazy! Sometimes I think that, if we are doing this and taking dreams into consideration regarding our lives, we must be crazy mad people. I am afraid that we will all regret what we are doing!

In the next chapter I will discuss the women's comments about CAM further, but it is obvious that the uncertain status of such treatments provoked doubts and unpleasant feelings by its users. When asking the women attending Jona's treatments about the fact that her *Shen Qi* diploma is not credible by official standards, they were not intrigued by this question. For them, all that counted was how they felt before and after they started attending Jona's treatments. What they were upset about was how the environment would perceive their involvement in such treatments. Jona's clients were all well informed about biomedicine and CAM and the possible choices they could make. The awkwardness of doing something not highly valued by the society remained.

I asked Jona, if she would support governmental evaluation of her treatments in order to become registered as a healer (*zdravilka*). Jona was obviously reluctant; her opinion was that only people 'who see energy', or an experienced spiritual teacher, could evaluate her work. As Gaylord observed in her paper *Methodological Challenges in Research on Complementary Treatments*, assessing the effectiveness, safety and mechanisms of the

application of CAM is not a simple matter, as many therapies may not easily fit the methods and vocabulary used to evaluate conventional medical treatments (Gaylord, 2006: 75). Lipovec Čebren described CAM methods to be syncretic, fluid and complex. Heterogeneous elements of CAM practices gain new meanings in certain environments (Lipovec Čebren, 2008: 102). Jona's opinion was that:

Nothing can replace one's experiences in a process of healing. To have knowledge only from books is not enough. Practical knowledge and use of efficient techniques when one needs help, this is most valuable. I was impressed by Wang's knowledge about TCM; she gave structured lectures for hours and hours. I visited China with her where we met other traditional masters. But above all Wang is a modern spiritual master. In my opinion the current situation is difficult for modern masters like her. They don't strictly follow the traditional teachings, because they are aware of the possibility of directly contacting energy and knowledge. On the other hand, non-enlightened masters have personal problems despite their evident healing and teaching abilities. In Wang's case, it was actually her Croatian husband that encouraged her to start using her special abilities. Her healing methods were efficient and people were eager to pay for her treatments. Nevertheless after some time her husband left her and took all the money she earned with him. He did not respect her work, but saw it more as a financial venture. Eventually they came back together; this is a clear sign of a modern 'not so perfect master' who does not live in a monastery and has to deal with personal blockages. In Wang's case, this was her relationship. I hear that, nowadays, Wang does not expose herself or her name. I would say she is a spiritual avant-garde, but there are also disadvantages.

During her treatments, Jona mentioned masters who are considered by many to be enlightened – Jesus, Buddha, Osho, Don Juan, Sai Baba and others. It was obvious Jona

respected their teachings. For Jona, new age spirituality with its modern non-traditional approach was the way for more and more people to be involved with spiritual growth and be able to interpret the enlightened masters by themselves. In her view, this was a kind of 'spiritual evolution'. Jona's perception of spirituality is significant for the new age spirituality concept. On several occasions I was discussing alone with Jona, after treatments, her role as a 'teacher', 'therapist' or 'instructor'. I was interested in her perception of those terms. I thought her explanation of those terms would give me insight into her self-perception as well as about her spiritual world and how I should present her in the text. Jona thought that words 'spiritual teacher' might be too pretentious to describe her work. She did not like terms healer (*zdravilka*) or therapist either. Jona thinks that she (as in person) is not the one who is doing the healing but energy principles, if followed. Her opinion was that she was helping people to heal, but the term *zdravilka* (from Slovenian *zdravilstvo*) was, for her, too pejorative with unspecific connotations with which she could not identify. Jona disliked using the term therapist, which I intended to use to describe her work, because for her, it meant operating only with 'limited analytical and logical thinking'. She preferred the term instructor (*inštruktor* in Slovenian), although I told her that in English, this term is used for different purposes like driving instructor or fitness instructor. For Jona, instructor meant someone who directs you and helps you to become more healthy and happy. Similar to my perception, Potrata observed that,

[...] in Slovenia, therapists are not perceived as, and do not want to be, charismatic leaders, but try to be as little involved in clients' experiences as possible. Also, importantly, 'healing power' is understood more in a democratic sense; that everybody is endowed with 'special powers', to at least some degree (Potrata, 2002: 29).

I asked Jona how she would describe the work of a spiritual teacher. Although she declined that the description be used for her, she replied:

A Spiritual teacher is a person who works with energies – balances energies and raises consciousness. It is about the transfer of energy that happens between the teacher and a person. A teacher's energy can awaken the energy in a person. This transfer can be done through speaking or various energy techniques (breathing techniques, vocal exercises, relaxation or physical exercises). Together with one or more persons, a spiritual teacher creates an energy field that supports each individual in the development of his or her potential – balancing energies, or growing consciousness. A spiritual teacher offers a new perception of reality – from the energy perspective. The duty and mission of a spiritual teacher is to present a problem to an individual from the perspective of energy principles. An example would be a person who is very critical of the people who surround him or her. In this case, a spiritual teacher would explain that others are just our mirrors and that judging them is not productive. By being critical we lose energy and activate the causality that is creating blockages in various parts of our body and that can lead to disease. This is explained as an energy transfer. It is not necessary for such an explanation to come in the form of verbal explanation as each spiritual teacher explains according to his or her teaching like Zen, Buddhism, Qi-gong, shamanism, new age or yoga.

Jona always used verbal explanation as a part of her work although her treatments would include relaxation and breathing techniques. She learned those methods from Wang and while experiencing other complementary practices (CAM). I asked her about the main differences between the various CAM practices:

All workshops and healers I visited helped me to feel better. I went to Shamara, Shimara, Ajra Miška and Pina. After attending their treatments I really felt very well for a while. But they just helped me with the energy - it was not that I started changing my life for the better. For me, it started with attending Wang treatments, daily practice, discipline and

dedication – that was when things really changed. My life became structured and stable and I knew what techniques to use, if I had problems. Then you are not mainly relying on others. One should attend workshops, seminars or intensive retreats of course; they really mean a lot. The presence of people, gurus, masters or teachers with many experiences is crucial. The main thing is that you really live and integrate spiritual principles in your life. Meaning that if you receive messages in your dreams or through meditation, or if you get instructions from your teacher, then you make all the effort you possibly can to realize them. It is in this instance that most people give up ... they just like to talk about spirituality, about ascendant masters, about miracles, but they forget about daily practice, discipline and taking one step at a time. It is of no use to be euphoric about spirituality; we face various tests and obstacles on our path so we are better to save our energy to overcome them. Spirituality is about being modest and centred. It is not about what you 'desire or feel' but things that are best for you and the universe, even if they seem boring, unpleasant or against the social expectations. This is how you recognise those who really try to 'walk the talk' or those who use spirituality as make-up. On the path of spiritual growth one is faced with one's own limitations and tries to overcome them with the use of spiritual principles. It is hard work.

Jona's path to complementary healing and new age spirituality involved experimenting and an investment of time and money. What's more, she dedicated her entire life to her spiritual quest. I could observe, that Jona was trying to set an example for a healthy lifestyle for her clients as well. Jona's daily routine started with getting up at 4 in the morning, meditating, going back to nature every morning and doing various meditations and exercises during the day.

For the healer is taught that in order to progress along the healing path s/he should continually work in a disciplined manner towards greater openness and receptivity so that

s/he can be self-transformed and free from desire-ridden drives of ego (Macpherson, 2008: 83)

Jona did not expect such a demanding regime from her clients, but she claimed it was possible to dedicate at least some time every day to practicing various techniques. I saw that, if some of her clients mentioned them, Jona was open to new techniques and tried them, and went to see lectures by various spiritual teachers. Jona talked openly about her personal problems and fears during treatments. During my fieldwork one of her family members died of cancer and refused her help or advice. Because of this she was very sad and commented about that in the treatments. During the time of this research, she took homeopathic medicines. She also went for acupuncture, massage and undertook a biomedical preventive diagnosis for colon cancer (this condition was already present in her family). Jona discussed her health problems with her clients and exchanged experiences about CAM therapies with them. She also took advice from her clients and tried out new CAM practitioners. MacPherson described the process I observed between Jona and her clients, that considerable time will be spent presenting their life history and personal health narrative before the practice is undertaken.

[T]he healer will very often have personally experience of 'dis-ease' where 'listening to the true inner voice' has enabled them to return to health. Hence the healer will carry out spiritual work on others having empirically tested the efficiency of this for themselves as 'patients' (Macpherson, 2008: 70).

Potrata (2001) and Lipovec Čebren (2008) found similar characteristic features in the approach of other complementary practitioners in Slovenia involved with new age spirituality. Lipovec Čebren referred to 'receiving messages', which was a common diagnostic and therapeutic approach. She noticed that complementary practitioners are not

being pompous about their abilities but rather addressing their practice as a tool to help their clients. Lipovec Čebren commented that it would be pointless to categorize therapeutic methods since they are so diverse and changing (Lipovec Čebren, 2008: 174: 178). Potrata noticed that new age practitioners keep being open about new methods and approaches and that they support the idea of combining different approaches and techniques, while they are also on a spiritual path like their clients (Potrata, 2001: 176). Broadly, Jona's approach to healing could be described as stemming from 'the ontological and epistemological authority of personal experience of health, illness and healing' (O'Connor, 2000: 57). Her treatments were focused on wellbeing⁸³ and using one's potential, and not specifically to heal certain biomedical diagnoses. In cases of health problems, Jona would encourage her clients to use biomedicine, TCM, homeopathy, Ayurveda or other CAM.

IV. Non-institutional Use of Complementary Techniques

1. Negotiating between medicalization and psychologization

Negotiating between medicalization and psychologization is a process that reveals the dynamics in the current socio-political setting regarding health. This process was enabled by the non-institutional and non-governmental sector with its civil initiative, while it presented the possibility of a different approach to health and healing. That is why rising numbers of people nowadays seek help and advice outside the biomedical environment. This context applies to a postmodern environment in the so-called developed countries. CAM and new age spirituality add yet another perspective to the dynamics between the

⁸³ According to Lloyd the term well-being can be understood in a subjective manner or as the popularized phrase in segment of spa and product and services for various treatments as well as broader social understanding of the term: peace, creativity, health (Lloyd, 2007: 86).

concepts of medicalization and psychologization.

According to Fainzang and Haxaire's (2011: 17) note in the introduction of a book they edited, *'Of Bodies and Symptoms'*, discussing anthropological perspectives of social and medical treatment, medicalization is:

[a] vast and growing phenomena by virtue of which something is 'made medical', either to hide the social causes of phenomena or to ensure social control of the individuals affected by it, or to transfer responsibility for its solution, or else to biologize behaviors (alcoholism, homosexuality, hyperactivity) which were hence forth labeled as illnesses (Conrad, 2007; Lock & Nevyen, 2010 in Fainzang and Haxaire, 2011: 17).

Furthermore, Fainzang and Haxaire explained that the process of medicalization was initially identified and conceptualized by social sciences (!)⁸⁴ to theorise the extension of medical jurisdiction in the lives of individuals. Medicalization is the process by which 'aspects of existence that had until then been beyond the scope of medical authority' become construed as problems that belong to the medical domain. The process of medicalization, Fainzang and Haxaire noted, is not always executed with the intent to mask the socio-political conditions that cause certain health issues; it may also be the opposite (Fainzang and Haxaire, 2011: 18).

Psychologization, like medicalization, is a result of a particular historical context. With the development of psychoanalysis, the concept of 'unconscious' was introduced as a human reality and a new field of knowledge was added to the understanding of self-perception. While the epistemology of psychoanalysis had its influence in the scientific world, it also spread outside academia, where the idea that 'we all have something inside we don't know

⁸⁴ The exclamation mark was added by me.

about' was popularized. This process affected the perception of social interaction. Fromm noticed that under this influence it became acceptable to 'talk things out' with less inhibition, shame or holding back, unlike previous social etiquette (Fromm, 1956: 163). Nowadays, Effig writes, this idea is further popularized by popular psychology literature, which supports the understanding that we must identify and talk about the hard stuff to get better:

From the very beginnings of the genre, and even more toward the second half of the Twentieth century, self-help writers appear to take on the role of the psychologist, priest or counselor. Although privileged in knowledge and wisdom, the authors often express themselves adopting a friendly, easy-to understand and 'reachable' tone as if one was talking to a friend who lets you in on a secret (Effig, 2009: 133).

Today, Rose pointed out, psychological theories lend themselves out as a kind of popular-psychology, and strongly influence the social and cultural shaping of the person. If we follow Rose's idea that psychology has become a dominant way of understanding ourselves, one answer is that people strive to live up to the normative image of the bounded autonomous person in postmodern cultures, especially by promoting an image of the person through which we come to experience, understand and evaluate our 'selves' as bounded and autonomous (Rose, 1998: 72). For Effig, a shift in interests occurred on a large scale, as the self-improvement discourse also took on a greater influence from different sources such as the language of Western science and technology, and increasingly, of Eastern philosophies with associated applications: models of the mind and body, medicine and therapies, as well as self-help techniques based upon them. As he writes, the objective of this discourse was to address the general public with provided practical applications, which would otherwise not have reached the mainstream but only academia (Effig, 2009: 133). The spreading of self-help discourse and re-contextualization

of various spiritual and healing methods initiated groups which started practicing a pastiche of methods, as well as inventing new ones and integrating them in their daily lives. Considering the use of these methods, most groups started as non-institutional formations based on gatherings of people with common interests. Fábrega's observation as a psychiatrist as well as an anthropologist was that because postmodern social formations have resulted in a culture where changing 'unhealthy' behaviours and implementing well-attested principles pertaining to good health is highly problematic, people seek additional support wherever they can find it (Fábrega, 1997: 308).

Currently the popularity of group treatments of non-biomedical or non-traditional origin self-help groups is growing.⁸⁵ *The Columbia Encyclopedia* (2008) defines self-help groups, non-governmental and non-institutional organizations as non-professional, formed by people with a common problem, situation or interest. They exist for the purpose of pooling resources, gathering information, and offering mutual support, service, or care that is not provided, or perceived as unsatisfactory from the governmental or institutional side. Such social movements began to spread in the United States following World War II and proliferated rapidly in the 1960s and 70s. Among these groups are such organizations as Alcoholics Anonymous, and those for the victims and families of specific diseases and other types of suffering. Such groups often include social-advocacy and although they may draw on, or offer a bridge to, professional assistance, the membership is based on strong personal involvement.⁸⁶ Rose argued that:

Programs for enhancing or changing the ways in which authorities should think about and deal with this or that trouble have sometimes issued from central political apparatus, but it has also been the work of dispersed professional groups, voluntary, philanthropic, or charitable organizations (Rose, 1998: 76).

⁸⁵ Some of them are even present in the biomedical environment at clinics like Betty Ford (Nolan, 1998: 9-10).

⁸⁶ The Columbia Electronic Encyclopedia, Sixth Edition; www.cc.columbia.edu/cu/cup/ (12. 6. 2010).

In Slovenia, self-help groups (like Anonymous Alcoholics) have been operating for the last decade, while local non-governmental organizations have a greater public and political impact. Currently there are over hundred various NGOs in Slovenia interested in health and well-being. Some of them include or are based on CAM and new age spirituality.⁸⁷ Regarding the growing numbers of NGOs and a growing mistrust in biomedicine that promotes mainly medicalization, a relevant question can be proposed: ‘What did a shift to psychologization of health bring’? Most NGOs involved with health (whether or not they include CAM) comply with the idea that not all health problems are rooted in the biological arena, but in addition are in the realm of human relationships.⁸⁸ This attitude represents an opposition to the medicalization of health situations by biomedicine. Romanucci-Ross explained that medicalization as a result of biomedical logic tends to promote impersonal and segmental relations and to perceive causations as temporal and reductionistic (Romanucci-Ross, 1997: 345). This explains why the psychologization of health was widely accepted in non-institutional settings as it offers a more personal attitude, includes broader aspect of an individual life with less, or no use of medicines. The negative aspects of the current trend of psychologization have to be considered as well. As for Rose, psychology provides inscription devices that individualize troublesome subjects, but also render the human soul into thought in the form of calculable traces (Rose, 1998: individualizetext of non-institutional complementary practices, the new age practitioner Myss noticed another ‘side effect’ of psychologization. Myss named the overuse of psychologization in various self-help groups as *woundology* - which is, according to her, focusing on the psychological wounds (abuse, trauma) of an individual.

⁸⁷ <http://www.mreza-zdravja.si/index.php/lanice-mree.html> (26. 10. 2010).

⁸⁸ There seems to be an idea of trauma as the dramatic plot, behind the occurrence of certain health problems. Trauma is, according to Leys, an event that assaulted the subject from outside (Leys, 2000: 33). While in certain cases dealing with trauma is a useful concept for help (war crimes), the concept became debased, Leys warned, because of its (ab)use in media and for various legal cases (Leys, 2000: 2).

Myss argued that many self-help groups, besides helping people to share their experiences and find support, tend to overemphasise the psychological damage of affected persons. This can, in her opinion, lead to 'identifying with the psychological wound' as a core personal trait; for example 'I am an incest survivor', 'I was a battered wife', and 'I was an abused employee'. For Myss, affected persons should be encouraged 'to move on with their lives' instead of psychologically identifying their selves with past issues, as it prevents them from becoming empowered members of society (Myss, 1996: 212).

Rationalized biomedicine, McGuire argued, assumes a mind-body dualism and presumes that the majority of causes for health problems can be located strictly within the body (McGuire, 1993: 147). This biomedical dualism goes hand in hand with the normative image of the bounded autonomous person in 'Western' perception. Such assumptions tend to exclude various the social, psychological, spiritual, and behavioral dimensions of life. Taking this into consideration can help explain the global popularity of self-help groups like Anonymous Alcoholics (AA) where members share their individual experiences of problems and difficulties faced in their personal, family, professional and economic lives. A member of AA said, 'we speak the same language here; we understand each other' (Frois, 2008: 105-109). While the method of AA is based on the narrative and its therapeutic use, Jona's treatments do not employ it. Her clients do, however, share every aspect of their lives in treatments with the instructor, while others listen. Jona's clients are positioned so as to listen to the instructor's response and are not encouraged to converse during treatments or refer to one another. At Jona's treatments, modern ethics that consider honesty as revealing one's feelings openly (Fromm, 1969; Nolan, 1998) happen on a daily basis. Thus Jona's treatments are not based on 'sharing' as such, but on reporting one's 'reaction' that represents a 'blockage'. At Jona's treatments, 'sharing' happened when a client with a particular experience was invited by Jona to describe overcoming 'hard times' to additionally encourage a client with a similar problem. These

are some insights of Jona's clients about such process:

Teodora: Healing, I never knew I needed to heal, I thought everyone else was fucked up and I was the only normal one (laughter) ... and spoiled? I thought everyone else was spoiled but not me! I was the hardworking one! I never realized I could be also spoiled. ... That you can heal yourself and use breathing, no way I never knew that ... and to feel ... to actually feel energy centers in your body, this was for me fucking beyond ... I heard before ... like so-and-so is meditating, but I never imagined how one can be so still and with no thoughts and using breathing techniques ... what the fuck I thought ... and then when Jona showed me the exercise 'microcosmic orbit', I started to actually feel the energy in my body ... I thought 'that's so cool'. But what I felt most of the time during and after treatments was aversion, aversion, aversion, aversion! It is so hard to accept that you have certain patterns, only then can you understand them and then the changes flow. Physically ... well I lost 10 kg, it's quite something and above all I am not so much dependent on men, I never imagined I could really live without one somewhere on the horizon. Still, I am inclined to make drama.

Beatrice: I can't say I liked the treatments. On the other hand I felt from inside that there is no other choice actually. Jona ... I think it is more than healing ... you know, what she says to 'heal from being spoiled' ... to be spoiled is so common in our society; it is really strange to heal that or to be spoiled at all! If someone does not point it out to you ... to heal ... how to do it ...?

Gretchen: This process is about honesty; it takes you to the core of the problem. What I like is the fact that it is very structured and no bullshit. We have to live and we do not have a lifetime to pick a surface, we have to solve things and take our clothes off ... it is so hard ... after half a year I can say what effect it has had on me ... like in computers ... my data

is in order now. Like that I got in tune with dislocated parts of my body. Many times I thought treatments were senseless. I saw no point in them ... but I refused to make changes in my lifestyle ...when you are able to enter the darkness - which you don't want ... when you go in ... then you immediately see the sense of it all.

Chantal: I would say that I went through hell in one year. I am happy that it happened. There were moments when I was falling apart. Moments when I said to Jona: "Why am I doing this? I have no results!" But at the bottom of my heart I knew I was changing for the better. There were moments I just wanted to quit. I always thought I was a very OK person. In this year I became more honest with my family, less vain and more patient. I remember myself like that when I was a child. Suffering was immense, but now I understand it was needed. I never saw any sense at all in suffering, I can see now that it gave me a major improvement.

What women reported about their process of healing or transformation is far from pleasant or comforting. Jona's clients were evidently self-reflective and used their agency to make changes in their living conditions. They all attended treatments in their own free time, by their own consent and paid for it. The simultaneous need and aversion 'to change' is present in their answers. Although none of them had serious biomedical diagnoses but rather 'patterns of behavior' they wanted to modify, it is evident that investment of their selves in this process was immense.

For Dawson, a staple of new age spiritualities and late-modern mysticisms, with psychologized approaches, encourages the liberation of the subject/pursuit of enlightenment/awakening of consciousness through an inward journey of discovery to otherwise untapped realms of the inner self (Dawson, 2006: 20). From the anthropological perspective I would suggest Jona's clients were looking for help, but expected more

comforting than practical advice on how to balance their living situation. As Goldstein observed, directing clients' energies towards transcending their current state to reach for something higher, beyond where they are now, is not an easy thing to do (Goldstein, 2000: 3).

Jona's complementary practice clearly drew from Eastern concepts of 'universal energy', where these concepts are not only changed when used in another environment but also appropriated to the use of participants. I would like to refer to Dawson who argues that such hybridization of content is not random or blind:

It is, rather, guided by the fact that the efficacy of the practical knowledge on offer is grounded ultimately in a technologized understanding of the self whose liberation/enlightenment/awakening is dependent upon the mastery of those techniques that underwrite the successful manipulation of impersonal energies/forces/principles seated deep within the inner self/I/ego (Dawson, 2006: 22).

For Dawson, Eastern themes in new age spirituality are identified and appropriated with the prevailing characteristics of emergent and late-modern worldviews. Dawson argued that practices such as yoga and transcendental meditation are appropriated as techniques complementary to the well-established repertoires of the technologized self, just as the self-regulating concepts of karma and reincarnation are dovetailed with the routinized and ameliorative worldview of an already depersonalized cosmos (Dawson, 2006: 23). The status of 'Western guru' or, in our case, Jona as instructor, rests upon a practical knowledge of the impersonal cosmic principles and concomitant techniques by which well-being is attained:

Related with, but by no means limited to the psychologized approaches to spirituality and

mysticism outlined here, the Western master is a purveyor of practical knowledge who, at one and the same time, is part enlightened teacher, part procedural expert, and part committed therapist (Dawson, 2006: 23).

Were the women actually empowered by Jona's being in the role of an appropriated 'Western master'? The women's words refer mainly to practical aspects of their lives that improved, with the explanations that infused the spiritual perspective. This process was based on a dialogue, that was led by the narrative of learned and experiential knowledge of Jona. Seeking help from non-institutional practice for most of Jona's clients meant gaining additional knowledge of how to function in their current social setting, private and professional.

2. The Practice - Entering the World of Complementary New Age Healing

Jona's daily group treatments were held in her rented apartment (in the living room) in the city centre of Ljubljana. Her clients would sit on the sofa or chairs, while Jona would sit opposite, facing them on her chair. This spatial arrangement was kept throughout my fieldwork.⁸⁹ Each treatment lasted for 90 minutes; clients could choose between morning and evening treatments at 7 am or 4.30 pm. Most clients came during the week and few over the weekend. Jona's complementary healing is hard to define since it does not represent traditional healing methods, although it draws on them. The re-contextualization of various teachings is what is significant for complementary practices and new age spirituality:

[I]t can be seen that psychologized approaches to spirituality and mysticism offer

⁸⁹ Sometimes some women would sit on the floor, or lie down if they did not feel very well. Pets of clients were welcome at the treatments; Jona had a cat and was in favor of animals.

themselves as purveyors of a highly metaphorized practical knowledge, the contents of which are drawn eclectically from a bewildering variety of sources, of which Eastern religious discourse and practice has proven a particularly rich vein. Irrespective of cultural provenance or contextual function, all particulars are held to point to one and the same underlying universal reality (Dawson, 2006: 22).

Dawson's description fits Jona's practice in all points. Jona's approach aimed to uncover reasons for her clients' problems that were mostly rooted in their behavioral patterns and created through social interactions. While Jona and her clients, like O'Connor, formulated acknowledged biological facts, they found them insufficient in explaining their experiences of the self (O'Connor, 2000: 52). Jona's practice was aimed at a transformation of perceiving reality through changing one's mental and emotional responses to events. Jona stressed on several occasions that she does not perceive herself competent to heal clients with life threatening diagnoses or those with severe mental issues. Her complementary approach focused on mental and emotional patterns and prevention of disease. Jona's comment on a cancer diagnosis was the following:

Cancer is a serious thing. Some healers have enough energy and knowledge to deal with severe cancer of their clients. I know that at this moment I can't, but I can suggest what can be done to avoid developing cancer. Firstly we should be very careful about mental and emotional states we are in and warnings in our dreams, especially if there is cancer in the family history. Regular medical tests should also be done. The point I am trying to make is that even if we live healthily, and are still afraid of getting cancer, we can get it. We have to face the underlying issues of why the cancer appeared in the family in the first place.

K. F.: What do you mean by 'warnings'?

Jona: A warning could be a dream that a client had. It can help her/him to recognise a

pattern of behavior in their daily life, a pattern that is inhibiting him/her, the one they should change. People themselves get information in their own dreams how to act to overcome their destructive repetitive patterns. It comes from them and clients must decide, if they are willing to change their mental and emotional patterns. I can only point it out to them if they tell me a dream they had.

For a comparison to Jona's perception of dreams, I propose a dream interpretation from a different cultural setting as described by McCarthy. By different cultural setting I mean that unlike Jona, Alourdes, a Voodoo priestess from Brooklyn, McCarthy wrote about did not draw on neither Eastern nor Western psychoanalytical dream tradition, but a Haitian spiritual practice of African origin. Following McCarthy's descriptions of Alourdes dreams, they had the same function as at Jona's practice. Alourdes, a Voodoo Priestess explained to McCarthy:

When bad luck is pervasive, 'you got to pay attention to that' as Alourdes put it. But in order to pay attention, a person has to be centered and calm enough to sleep well, dream frequently and remember those dreams. [...] The spirits sent Maggie a dream warning her about the next link in the chain of bad luck, she did not remember it right away, and when she did, she misinterpreted a key element (McCarthy, 2001: 296).

According to McCarthy in Voodoo dreams have an important role as spirits through which God could intervene or warn a person of possible misfortune (McCarthy, 2001: 303-4).

Dreams are a subject of interpretation in Voodoo, as well as at Jona's treatments, where it is of crucial importance that key elements and warnings in dreams are recognized. The interpretation of dreams depends on a person who has enough experience and skill. For Jona and the Voodoo priestess McCarthy worked with, dreams come from the 'higher consciousness' or 'God' with the intention to guide and instruct people. This perception of

dreams seems to have a universal connotation among many different people.

Jona's practice gave great importance to dreams, because of Jona's personal experiences with dreams and because she found dreams to be the most precise tool for discovering one's own 'inner guidance', 'warnings' and 'instructions'. Jona told at treatments that she received messages through her dreams for over twenty years. Through dreams Jona got messages like 'that my family member will die'. Jona said that in her dreams she could be 'aware that I am dreaming', 'go to places I want to' and that 'energy lifts me up in order to protect me'. Jona perceived dreams as a definite sign of 'inner guidance' that most people have. In Sorlin's view, attempts to explain dreams have been a source of vigorous controversy throughout history:

Dreaming, like any other function, has to be deciphered since it is likely to divulge information about mental sanity. [...] As dream content consists of personal and interpersonal or social data interpreted personally. The selection of basic elements and the images it produces help us to recover anxieties, values and references found in society at a given time (Sorlin, 2003: 13-22).

On one occasion during our interviews Jona went to her bedroom and brought back several notebooks. She showed me numerous handwritten pages that were full of descriptions of her dreams through decades. Jona often mentioned her own dreams at treatments in order to explain a client's dream – to make a comparison.

Jona categorized dreams as: 'cleaning' (*čiščenje*), 'key dreams' (*ključne sanje*) or 'instructions' (*navodila*). This terminology was her own 'invention' and she came to those conclusions through years of trying to interpret dreams – first her own and then also those of others. Dreams Jona categorized as 'cleaning', meant dreaming of fears, expectations or hopes. Through years of my participant observation I could sometimes categorize dreams when I heard the women telling them to Jona. While I followed conversations between the

women and Jona, it occurred that dramatic dream content was described. Such emotionally shocking dreams actually never led to any real event – it occurred later. Sometimes clients would protest and insist that a certain dream has a deeper meaning or a warning, but Jona did not change her explanation. I could say that dream explanation was Jona's 'driving force' as an instructor.

'Key dreams' or 'instructions' were dreams with symbols (colors, animals, objects), meaningful dialogues or metaphoric events. 'Key dreams' could appear to clients or me as a participant observer far less promising or terrifying in their 'dream content'. Sometimes Jona would ask clients to write their dreams and send them to her via e-mail. Jona would then additionally 'meditate on the meaning' of a particular dream or several dreams of a client to connect the meaning of several 'key dreams' of a particular client. That meant that a client might get a more elaborate explanation of their dreams. Jona would remember in detail her clients 'key dreams' and often mention them while giving them 'injection' about a certain matter, especially long lasting problem. For Jona dreams were 'something precious', because one does not have to 'be lost in the dark' but can get 'clear instructions from a higher consciousness'. Some of the women would be upset because of Jona's explanation of dreams. For example, Beatrice dreamt about how her current lover was inconsiderate to her when they were traveling together. Jona told her that 'he was not serious' and that she should not get involved with him further if she wanted to avoid another disappointment regarding her love life. That particular client (Beatrice) left Jona's treatments after that, because she disagreed with Jona that this dream could actually mean what she was saying. I did a follow up interview with Beatrice after a year. At the end of our interview I remembered this particular dream about her lover and I asked about their relationship. Beatrice said that it became obvious that he did not care for her.

Despite regular 'accurate' explanation of dreams by Jona, this part of treatment kept an atmosphere of uncertainty, because dreams could reveal what the women did not want to apply in their current living conditions. Like McCarthy (2001) I also told my own dreams

at Jona's treatments and the other women heard them, as well as Jona's explanation of them. This enabled me to understand (to at least a certain extent) how Jona carries out dream interpretation and what responses it provokes. I found this description of perceiving dreams to be symptomatic for all that attended Jona's treatments:

My 11-year-old daughter, Becky, came to me with a question one morning shortly after we returned from six years in Israel, 'Daddy', she asked, 'Is there such a name as Kevin?' 'Yes', I answered. 'Why do you ask?' 'I dreamed last night that I was teaching a little boy named Kevin. I never heard that name before'. I thought nothing more of this until I returned from work that day and Becky was waiting eagerly to tell me her story. 'Daddy! You won't believe this! Our teacher took us today to tutor children in the first grade. The little boy I tutored was named Kevin.' I sat with Becky to explain dreams sometimes are windows into the future. She seemed pleased with herself for having had this experience. The next day, however, she came to me and said, in a very thoughtful tone, 'Daddy, I don't want to have those kinds of dreams.' 'Why not?' I asked. 'Because now I am going to worry when I have bad dreams that they might some true to!' (Benor, 2001: 163-4).

For Benor phenomena regarding dreams are well accepted in most cultures around the world, while in Western societies⁹⁰ many people have difficulties with them. While the tendency in Western society is towards measurable and predictable – 'scientific' and not towards expressing abilities that are from the domain of spirituality. That is why most people affected by the Westernized environment perceive such human phenomena with a noticeable degree of discomfort and mistrust (Benson, 2001: 178). Like for all the women who attended Jona's treatments, and despite the evident connection between reality and dreams, it was hard for me as well to gasp the importance of dreams in one's life.

⁹⁰ The division between East and West is problematic and rests on the long history of colonialism. Nevertheless it is used in most academic texts, different terminology is not known to me so far.

If dreams were a dimension of Jona's practice the women found challenging to understand and act according to Jona's interpretations, her practice had also a more 'practical' side. Jona emphasized to all her clients the importance of maintaining a fixed sleeping pattern (from 10 pm to 5 or 6 am), eating organic food (predominantly vegetarian) and taking regular exercise (the type of exercise depended on what an individual needed – more fresh air or learning to relax) and avoidance of any drugs or drug-like substances (tobacco, coffee, alcohol). Jona did not advise 'total abstinence' from alcohol, meaning a small glass of wine very occasionally. But in case of health problems or severe emotional distress, abstinence was her strong recommendation and consequently her inquiry on this matter became weekly for a particular woman. Jona was not in favor of smoking but did not demand her clients stop, although she encouraged them to drop the number of cigarettes and 'think about stopping when they are ready'. Jona considered avoidance of harmful substances a minimum starting point, if one wanted to become aware of limiting mental and emotional patterns. When I met the women attending Jona's practice for interviews in public or private place they drank coffee, some also smoked cigarettes or drank alcohol and did not feel in any way particularly pressured by Jona to change their habits. They acted upon Jona's advice regarding these substances only if they were in severe distress (disease, demanding emotional situations).

To present Jona's interaction with her clients that was based on a dialogue between them I will explain 'terminology' Jona used at her treatments. These terms were actually her tools to address her clients' problems, as they were defining concepts central for Jona's practice. Most terms Jona adopted from her Chinese teacher Wang. She explained them to new clients and they all seemed having no difficulties in understanding them. During my interviews the women did not comment on or object to those terms as difficult to understand. In Jona's 'terminology' I noticed the re-contextualization of biomedical terms

such as ‘operation’ and ‘injection’ used in a completely different paradigm at her treatments, where the meaning of familiar biomedical terms was transferred to the concept of invisible energy. It can be presupposed that her Chinese master Wang, started using biomedical terms in order to make the concepts of energy unfamiliar to her European clients less abstract to them. The list of terms used at Jona’s treatments:

Reaction or *ego reaction* denoted emotional or mental aggravation because of various external or internal reasons. Reactions could be internal (holding a grudge) or external (people shouting, fighting). Reactions meant one is not balanced and cannot see the situation or a person ‘objectively’. One was supposed to ‘calm down’ or ‘go out of a reaction’ in order to react according to energy principles (with an intent to benefit everyone).

Injection was the method used at every treatment of Jona. It meant Jona’s verbal explanation of how to balance a situation, offering an understanding with an aim to empower a client. Another important function of *injection* was to ‘depolarize the negativity’ her clients would expose as sorrow, anger, jealousy etc. One could ‘reject injection’ by arguing with Jona and not allowing her to present her version of a certain *reaction*.

Ego operation meant hearing what might be extremely unpleasant for one’s self-perception. Jona verbally revealed the estimated agenda behind the reaction of an individual. *Ego operation* unlike *injection* was oriented towards one’s blockages.

Example: an *injection* in the case of divorce would be that Jona guided the woman in question how to handle the divorce with the least emotional pain, while in the case of *ego operation* Jona would point to the woman’s traits that in her belief led to divorce. In Jona’s own words that was the hardest part of being an instructor. Reactions to an ego operation were always uncertain since they distorted the acquired self-perception of an individual client.

Smile technique meant forming a discrete smile while relaxing one’s body. The aim of this

technique was the sense of ‘empty mind’.

Explanation of dreams was the most elaborate method Jona used - it was described earlier in this chapter. Jona’s dream interpretation was mainly rooted in her own experiences, but she also referred to examples from works of C.G. Jung, C. Castaneda and Osho.

Relaxation is a broadly used technique that presupposes closing one eyes, relaxing the body, letting go of thoughts and emotions. In Jona’s case it also means ‘surrendering to the energy’.

Breathing exercises meant inhaling in the stomach and counting to five, holding the breath and holding for five and then slowly exhaling through mouth and counting to ten. Inhaling in the stomach is called abdominal breathing. Jona taught some of the women *microcosmic orbit*, quite a demanding technique combining visualization of energy points in the body. The main aim of microcosmic orbit is transforming sexual energy into spiritual energy. This technique is described in detail in literature about Tao.⁹¹

Qi-gong self-massage a method Jona learned at Wang’s treatments as a part of TCM. It consisted of gentle tapping along the meridian lines on the body starting with head and finishing with legs – it can be done while standing or sitting.

Jona sometimes advised the women to act ‘adult’ and ‘stop being spoiled’, but if a situation in professional or personal matters was perceived by Jona as exploitative towards women, she advised them to be determined and speak up for ‘what is right’. I presumed that the Chinese-based training Jona received from master Wang was appropriated and used selectively – combined with socialist rights that women had for half a century in Slovenia. The following conversation is an illustration of a situation at treatment when a client was considered ‘spoiled’ by Jona. The dialogue between Chantal and Jona includes an example of ‘injection’, ‘dream explanation’, ‘relaxation’, ‘ego operation’ and ‘reaction’ in a context within a treatment:

⁹¹ Chia, Mantak (1983). *Awaken Healing Energy Through The Tao*. Aurora Press.

Chantal: I will not and cannot tolerate that my husband did not take out the kitchen garbage. I was upset the whole day at work and my swimming training was also ruined. I shouted at him, he is impossible. We must solve that, no matter what!

Jona: Chantal, first, relax your face muscles and start breathing calmly, so that I can give you an injection.

Chantal became upset.

Chantal: I am sorry, but I have a right to be happy! I don't deserve that kind of treatment from him.

Jona: There is 'an instant happiness' and balanced energy. Try to find moderation and take into consideration the moral dimensions of your happiness.

Teodora: This is too trivial - it is not a problem for this treatment!

Jona: There is no such a thing, as a 'small thing'. Please stop commenting and listen.

Meditate and calm down. I will answer additional questions after the explanation ...

people are ashamed to expose their problems that seem to be insignificant compared to

real life calamities. A 'small' thing can be that a sister is constantly borrowing some

money or that a father is skipping giving gifts to just one of his grandchildren or that a

friend forgets to call when promised, or that the pay check is late every month and we are

too polite to mention. Chantal, you were acting according to a pattern; we discussed this

before after the dream you had. For several generations women in your family are flirting,

although they are married. In your dream you were climbing after your aunt - known for

having affairs, for seven stories below. You should try to transform this pattern that you're

using your energy to party and flirt. It means repeating the pattern present in your family,

which is to be in the center of attention at any cost. It is important that you use your

energy well, not for quarrels with your husband. You should also be practicing breathing

exercises every morning and evening and avoid any private fun in the office, since your

working position is able benefit society. Only then will you be more satisfied and will stop

pestering your husband. This is why you came here to heal. So, listen to the instructions. It is unpleasant when I am 'operating your ego', but you have to be aware. No matter what your husband does or doesn't do - you must take care of your own energy. When you are balanced after meditation and breathing exercises you can approach him calmly about how you two will deal with the kitchen issues. Decide if he should pay a cleaner to do that instead of him. It is important that you realize what caused this stream of events that made you upset and try to avoid losing your energy. You should use this situation to balance your energy. You will also be more stable when you will try every day do to best for yourself - meaning also for others. There are no quick solutions. Only practice, patience and discipline will give results that are stable.

In Jona's words Chantal's actions were not moral or 'in tune with energy'; if they were, Jona argued, they would contribute to good relations and create no 'reactions'. Jona thought that events should always be considered in the broad perspective of one's life. Chantal's case of a family dispute over garbage could be completely different in the case of another woman. Mary (62 years), another of Jona's clients, was advised to strictly divide domestic work with her husband and that he should be doing what he promised her at once, as this was the key source of Mary's disputes with her husband over decades – that he was so absentminded that he did not do his share of domestic work properly. Unlike in Chantal's case when 'taking out the garbage' was just a consequence and not a cause of marital troubles. In Jona's opinion, women can resort to the role of a victim and blame others for their bad disposition. Not surprisingly, Jona explained, because it is a fact that in the past women were denied most human rights.

I asked Jona if she could additionally explain to me the 'injection' to Chantal after that particular treatment. Jona told me that she was referring to ethical dimensions of Chantal's life but not from the point of society's current moral frame. Chantal's colleagues'

suggestions in Jona's view were presenting society's moral: 'have fun while men are still interested in you, before you are too old'. Jona referred to 'energy's moral frame' that 'seeks the middle path – while most people in challenging situations spontaneously respond with 'depression or euphoria'. In Chantal's case euphoria meant flirting and depression restoring to domestic quarrels. Acting according to 'the energy', moral for Jona would be when Chantal communicated openly with her husband and colleagues 'in a balanced manner'. As I could conclude from Jona's explanation she considered people as 'inherently moral', but due to 'energy imbalances' and the 'lack of knowledge' and 'proper' goal in life which should be ethical (not only material but also spiritual), they behave destructively towards themselves and others. In this sense Jona's suggestions were 'facilitating adaptation to society and motivating the person toward creative personal change and social reform' (Csordas and Kleinman, 1996: 25). Jona often commented that morals in society change: 'it used to be moral by the standards of society to have slaves or to exploit women - but energy principles are always the same – they never included exploitation.' I asked her how she would explain 'moral rules of energy'. Jona answered: 'It is very simple, if you are not in tune with energy, very soon mental, emotional or physical disturbance will appear'. During such disturbances the women would be 'treated' by Jona with 'injections' and 'ego operation' at treatments. I should clarify that 'ego' in this case signifies the negative human behavioral qualities. It depended on the woman, if she wanted to undergo an 'ego operation', as she had to be willing and aware of this process. During some 'ego operations' the women could react abruptly. From my observation I can say that 'ego operation' always aimed precisely at the weakest point of the client. 'Ego operations' could quickly aggravate the 'ego reactions'. This is an example of Jona's 'ego operation' given to Mary regarding her marital disputes:

Jona: You should change - not your partner – as you are the one that entered complementary healing. You are the one gaining understanding and tools to help yourself.

Be persistent in this change of your emotions and thoughts - not focusing only on your partner but on what you do and think. He will change too or leave, because you will not need this lesson anymore. That is the energy principle.

Mary disagreed with Jona and insisted that her partner should 'change his ways' not her, because she 'already changed enough'. An 'ego operation' like this example often led to debate about 'energy principles' and 'social expectations'. The women had trouble with accepting both 'energy principles' (explained by Jona) and 'social expectations' (set of current expectations from an immediate social environment). That is why some of the women preferred to leave Jona's treatments. I mentioned that 'ego operation' according to Jona caused 'ego reactions'. 'Ego reactions' in the new age and complementary healing is applied not only to so called negative emotions: fear, anger, jealousy, envy, hate, revenge and similar but also to so called positive emotions: pride, euphoria, being infatuated, seducing. Clients had difficulties grasping the spectrum of behavioral responses named 'ego reactions'. For example 'falling in love' for most Jona's clients meant a happy state of being and not an 'ego reaction', while Jona interpreted this state as euphoric and unbalanced, liable to quickly turn around in some negative aspect. 'Loving' for Jona meant being stable, open, calm and optimistic and not 'carried away' as in a case of 'falling in love'. Such differences were the subject of heated dialogues between clients and Jona.

'Ego reactions' can be linked to balancing of elements in TCM or Ayurveda where access to, or lack of, any element (and consequently emotion) can lead to imbalance and therefore disease. That is the reason why complementary healing advocates a balanced life. It does not mean one should suppress any emotions or abstain from negative or positive reactions, but one should observe them and try to regulate them in order to not lose too much physical or emotional energy. Techniques or methods used by Jona directly or indirectly

attempted to diminish or overcome ‘ego reactions’ as they caused ‘losing energy’.

‘Energy’ is considered to be central to living a balanced life. Jona used the term ‘energy’ daily to communicate with her female clients about how to balance, receive or obtain it. A common feature among most known CAM treatments is a presumption that the human body is animated and sustained by a special energy (O’Connor 2000, Goldstein 2000).

When asked to explain term ‘energy’ Jona confirmed that the term energy she is referring to is *Qi* in TCM. *Qi* described by Chia is the glue between our body, mind and spirit, the link between our perception of inner and outer worlds (Chia, 1984: 11-2). In Vedic texts according to Maheshwarananda energy is *prana* that enables life on the material level and balances all bodily functions (breathing, intake of nourishments, excretion). As he writes, disturbances or blocks in the flow of *prana* inflict disease, but if we control *prana*, we keep our bodily and psychological health (Maheshwarananda, 2001: 391). Concepts of ‘energy’, *Qi* or *prana* presume that human cells actively react and re-organize according to an electro-magnetic undulation of the field in which they are positioned. This way the energetic field can change, and can consequently also provoke a change in the cells and the organs. ‘Energy balancing’ promoted by Jona was based on a premise that a human being is an electromagnetic undulation and can be influenced by different frequencies. Following Brennan, each thought and each emotion cause a certain frequency, which can constructively or destructively influence the electromagnetic field and thereby the organism (Brennan, 2006: 31-43).

According to Jona, the process of ‘balancing energies’ or ‘healing’ was taking place at treatments not only when the women talked about serious challenges (death of a family member, divorce, accidents, conflicts at work) but at each treatment. Jona explained to her clients that each treatment meant ‘gathering energy’, ‘balancing’ and ‘being in the energy field’ with an intention to ‘raise one’s consciousness’. In the two years of my participant observation there were two deaths of near relatives, a heart stroke of a family member, car

accident injuries to family members, and demanding situations at work and in partnerships. In those situations the women would try to meditate as much as possible, and do the breathing exercises, although they all told me a part of them did not want to. Coming to treatments, however, they said, helped them, as they gained insight into what to do and where to find support. For Jona it was important that the women learned to rely on 'techniques for balancing energy' and not on her, because 'I neither expect nor want women to be at my treatments for their entire lives'. But Jona definitely thought that 'stable results' could be gained only after several years of attending treatments (which was unacceptable for several clients who left for that reason). Jona insisted that 'stable results' could not be gained easily and quickly. In her view most people react in a destructive manner for decades and that could not be overturned in a matter of a few weeks or even months.

When Jona's clients reported physical (health) problems at treatments, most of the women reported improvement, or even absence of, problems such as headaches, low back pain, menstrual cramps or sweating after attending treatments. I noticed that the women mentioned problems they had with their bodies, but they were never the main issue for them, and usually improved in a matter of days or weeks. They were seasonal health problems (like colds) or accompanying stressful situations (for example, a child having problems adjusting in a kindergarten, a search for new apartment, a visit from a mother, or conflicts in a relationship). From my observations, since the group was small, Jona managed to keep track of the women's daily regimes. She put the major emphasis on developing the women's 'potential' (using their abilities and talents) and reconstructing their sense of well-being, while motivating them to be balanced towards themselves and others. Jona claimed that there is a necessity to shift the mental and emotional patterns, which create 'blockages' in one's energy. 'Blockage' is a common term in the context of new age spirituality and complementary healing. It represents any mental or emotional

activity that throws a person out of balance (makes person angry, depressed, or ‘feel like a victim’). To deal with blockages Jona used the principles she learned at by Wang (*Shen Qi*).⁹²

The pastiche of techniques Jona used at her treatments might be perceived as eclectic and experimental. As McGuire suggested, such components appear to be unique in modern movements that combine healing and spirituality (McGuire, 1993: 149). Goldstein proposed that a feature most common to most complementary approaches is a distinctive view of the healing processes and the role of the healer. He noted this to be the characteristic that most consistently differentiates from mainstream care (Goldstein, 1999: 63). I could agree that Jona’s personal approach emphasizing spirituality and a specific way of life is significant for complementary healing in the context of new age spirituality. Jona’s treatments could also be described with such terms as ‘non-scientific’, ‘non-medical’ and ‘non-technological’. Jona would often repeat at her treatments that they do not require any ‘belief’ from her clients, but openness to ‘try new things and see if they work’. At Jona’s treatments the women did not object to the use of terms such as ‘ego’ and ‘energy’. The religious or spiritual orientation of clients was heterogeneous. Some examples: Chantal had a degree as a Reiki master, Annabel was a Catholic, Gretchen was interested in new age spirituality, Beatrice was a yoga instructor and Teodora was involved with astrology. Jona encouraged each individual interest of her clients and thought it was good to combine them with her instructions.

In this research I followed what Csordas suggested to be three aspects implicit in most discussions of healing practices which are the focus of the analysis: procedure, process

⁹² *Shen Qi* is a method developed by Chinese master Aiping Wang, deriving from traditional *Qi gong* that is a part of TCM. The main difference is that *Shen Qi* involves new age spirituality by using but not following traditional methods. Wang performed *Shen Qi* basing on verbal instructions and explanations.

and outcome (Csordas, 2002: 12). According to Csordas and Kleinman the procedure is 'actions taken – who does what to whom' (Csordas and Kleinman, 1996: 15). At Jona's treatments the procedure started when her clients came and talked to Jona and listened to her instructions and/or explanations. When all the clients had arrived, Jona would ask for silence and instruct relaxation for the entire group, with eyes closed, in order to calm down. After several minutes she would ask about 'reactions' - clients could report an event or a dream that they considered to be causing them mental or emotional disturbance. This part of the treatment triggered a specific healing process based on the verbal interaction and the relationship between the clients and Jona, based on the presumption that she, as an instructor, will be able to offer insight or solution for them. This was not in the role of a 'heroic rescuer' as Kaptcuk (2002: 818) suggested, but rather as a motivator to 'a reflexive transformation of self' (McGuire, 1993: 154). Jona usually asked the client several additional questions about a 'reaction' or a dream, then started explaining the whole situation from the 'energy point of view', or giving 'injection'. Sometimes, the clients became upset after Jona's explanation or 'injection'. They would object verbally, on some occasions even by abruptly standing up and leaving the treatment; some returned to the process after a while and some did not. After such an 'objection', Gretchen, Teodora, and Poppy would not attend treatments for several weeks, or even a year, before starting again, while Beatrice stopped completely. Chantal was often late the day following an 'ego operation' and would skip half of the treatment. Mary and Avona came back to the treatments after a one-year gap and then stopped coming again. Jona considered such behavior of her clients to be, as she told me, 'an expected part of the process'. To present the process and outcome of the women's healing process I will describe their experiences at Jona's treatments through interview excerpts and my observations.

3. Women's Voices - Experiencing Treatments

To start this chapter, where excerpts from interviews with the women attending Jona's treatments are presented, I refer to writing of Lukšič-Hacin. Her article includes the question of gender dichotomy and a realization of the androcentric perception of reality.

What does it mean to be a woman? What does it mean to be a woman in cultures and societies that are labeled as Eurocentric, consumerist, modern, or even post-modern? [...] Do they share something or is the sameness merely a typological invention that is stereotypically, perhaps even scientifically, anchored in human perception of everyday life? (Lukšič-Hacin, 2009: 63).

As Lukšič-Hacin argued, persons become women through a process of socialization. The author is reminded that despite some shared traits the women could be very different from one another. That is why the understanding of cultural/social relations should be based on the life of an individual woman (Lukšič-Hacin, 2009: 64-66). The women who became Jona's clients are a subgroup of a much larger heterogeneous group of people who attend, use and participate in complementary healing in the context of new age spirituality in Ljubljana. I interviewed ten of Jona's clients. I decided to interview the women who attended her treatments for at least three months. There were other women who came to Jona's treatments to solve an acute problem and left. I didn't consider them to be 'irrelevant' for my research, but their answers about the treatments could be more difficult to compare with those of the women I met more frequently and with whom I had established a sort of companionship.

I aimed to interview the women about their experiences during their active involvement at the treatments and after a year (if they continued or stopped attending them). Sometimes that was not possible. I interviewed Barbara just after a year and not during her treatments. Antoniette was a 'new' client, so a year did not pass by. Laura moved abroad and I was able to interview her just once. I met and talked on weekly basis to all the other women for

a period of longer than three months. The interviews were an additional tool for my research, as I already knew information about their lives. Descriptions of living circumstances for each individual woman were added to the interview excerpts to make certain conditions transparent from my side. I was aware that the dimension of time gave me an important insight as a researcher and I presume also to the women I interviewed – although I did not discuss this subject with them. I tried to make room for their expressions and made efforts not to ‘guide’ them too much with my expectations or questions. That is also the reason why the women’s’ voices are so heterogeneous, as each woman had her own way of interpreting why and how she attended the treatments and what it meant for her. I experienced my fieldwork as cooperation between the women and me where, as Milharčič-Hladnik wrote,

[...] the consistency of the image drawn by the narrator is equally important as the consistency of the role played in the process by the listener (Milharčič-Hladnik, 2009: 115).

During the interviews I was aware that what we were discussing is not a casual subject, but an intimate one that the women would not share with most people they knew. I was grateful for their words no matter what form they came in, and I was trying to be a consistent listener and not gather the information I thought ‘I ought’ to. At this point it was crucial that I was a participant observer at Jona’s treatments, because that gave me a certain legitimacy to ask the questions I did. During Jona’s treatments I shared certain experiences with all the women I interviewed and they, in turn, knew private information about me.

a) Jona's Clients

Lock, as a referential medical anthropologist researching social and cultural dimensions⁹³ of health, stressed that the critique of Eastern practices (most CAM is based on them) is that they are manipulating (the bodies of) individuals instead of the facts of social order. Such approaches, therefore, are considered not to bring all areas of person's life - emotional and spiritual - under scrutiny, meaning that such approaches are conservative, as they link the occurrence of health (well-being) firmly with individuals (Lock, 2003: 267). My fieldwork experiences cannot entirely confirm Lock's observation. From what I saw, a process of empowerment was taking place as well, although the women's emotional and spiritual lives were indeed under intensive scrutiny. Porata during her doctoral research in Slovenia reported a similar experience:

I have heard numerous stories from women who have found the courage to leave their abusive partners, forced their children to become independent, found new, more satisfying jobs, could demand greater respect from others, felt 'empowered', more in control of their lives and had higher self-esteem because of their New Age involvement (Potrata, 2002: 28).

Through interview extracts of the women's voices I aim to present a heterogeneous mosaic of their personal experience of the empowerment they gained (or didn't) by attending Jona's treatments. As evident from previous statements in this research, experiencing empowerment was a complex process that included various personal discomforts. I would like to add that I documented and also intended to write about a biomedical diagnosis of

⁹³ One of Lock's studies compared the experiences of women in menopause. Lock, Margaret (1993). *Encounters with Aging: Mythologies of Menopause in Japan and North America*. Berkeley: University of California Press.

the women. I collected this data from the treatments and by direct questioning. Later, I decided to leave them out, because the women could be easily identified, and because detailed biomedical diagnoses would not bring additional value for my research. I included biomedical information that appeared during the interviews, where women explicitly mentioned any biomedical diagnoses relevant for them and related to my question. The women's voices are presented by arbitrarily chosen names, accompanied by modified information about their private and professional lives. I have also included my personal observations as comments.

Avona, 34 years, an artist, living with a partner and a child; I interviewed her twice – once at my apartment and the second time in hers. Avona connected her experience of empowerment, through Jona's treatments, to her professional work:

Avona: Attending Jona's treatments left me with an ability to be more attentive to the state I am in ... I try to understand more why I end up in a certain situation ... that you don't just turn a blind eye. I think it's hard to face what is inside of us, I told Jona, I cannot deal with this, it is so fucking hard, I just don't want to do it... I was in total rejection.

Transformation was never an easy thing for me. But I still have a wish to continue one day (attending the treatments). The most important point I received from Jona's practice is very much how like to I envision art should be ... the fact that every step of the process matters, the way you deal with material things, how you communicate, how you learn and respond. This is how I see spirituality and healing being connected to art. Like in my art, I don't want just to do 'something' but contribute in a meaningful and deep way.

The reason why Avona came to Jona's treatments was because she wanted more independence in her career. She decided to quit her (well-situated) job, but felt reluctant to share this information with her family. Avona was certain she would be labeled as

‘unreasonable’ for leaving ‘a job everybody wants’. After interpreting Avona’s dreams, Jona supported her decision. Avona subsequently successfully started her own independent career. In the meantime she stopped coming to Jona’s treatments and returned after a year, because she became pregnant and started to have haunting dreams about the child. Avona kept coming to the treatments during her pregnancy to relax and prepare for the birth. After the birth she stopped attending the treatments and I visited her at her home for the second interview.

Teodora, 39 years, architect, living with a child; I interviewed her twice at two different locations – both times suggested by me, because at that time I did not drive a car and she had moved to the suburbs. A year after she stopped coming to the treatments she reflected upon them as a tool to understanding her personal problems and doing something about them:

Teodora: I think that the main point of Jona’s treatments was about getting over mental patterns, to recognize them. I can see them now and my partner is like my mirror. I still have most of the reactions I had before, but I’m aware of them, of course. At least now I know what is going on.

Teodora came to Jona’s treatments due to her, very complex, custody related problems. As we learned at treatments, Jona also dedicated her time outside the treatments to help Teodora and her child. Teodora would usually attend the treatments with her child, who was of kindergarten age. The complex custody problems were solved after a year. Teodora stopped coming to the treatments as Jona had strongly advised her against a relationship with a man who had a family (children and wife). The reason for this was a dream that Teodora had – it showed her child suffering in these circumstances. As Jona commented at the treatments after Teodora stopped coming, she felt compelled to assist Teodora further,

because of her child. I called Teodora for a follow-up interview after Jona told me about an unannounced visit from Teodora, related to her financial debt to Jona. As I was to learn, Teodora and Jona had agreed on compensation (administrative work) that would be carried out in lieu of monetary payment for Teodora's previous year's treatments.

Poppy, 31 years, pedagogic worker, living with a child and partner. I interviewed her once because she was pregnant in between. Poppy came to Jona's treatments at a suggestion by her male partner, as he wanted a partner 'involved in personal growth' as he was. Like Avona, she mentioned Jona's treatments as something that made her feel better at her workplace and not her private life, despite this being the initial reason she came.

Poppy: I would stress that since attending Jona's treatments I learned how to talk with my parents. I don't take things so personally any more. Before that, for example, once mom would complain that there was a draught in the room - I would instantly feel guilty and at the same time think how un-thoughtful mom is. Jona helped me to understand the position of parents; she said to me that each such remark is just their aim to do the best for their child and at the same time their remorse that they themselves do not have any energy to really improve child's quality of life - especially in that particular case. I needed this perspective to be better at my work, since it requires me to be composed despite all the commotion. Before, I would often burst out, or just show with gestures, my disagreement about a certain child or parent. It is far better, like Jona said, to go inside yourself and feel the position of others, especially children. Not just to think that they are not well behaved, since they are rather small children, but also to connect their behavior to concrete circumstances they face in their home environments.

I noticed at the treatments that Poppy strongly identified with her profession, and it was obvious that it meant a lot to her. She often, and noticeably more than the other women,

disagreed with Jona when they were talking about her partner relationship. Poppy benefitted from Jona's advice regarding her job; while attending the treatments she was promoted, and even shared her new knowledge about complementary healing with her co-workers through short workshops. I assumed that Jona's instructions regarding Poppy's partner relationship were not as welcomed because her partner brought her to Jona's treatments. It was not something she initiated and therefore resented it.

Annabel, 64 years, retired restaurant owner, divorced, a grandmother. Annabel was Jona's first. They met while they were both attending Wang's treatments. When Jona earned a 'degree' to be an instructor Annabel decided to join her treatments as she was drawn to Jona's ability to interpret dreams and her dedication to the spiritual path. Annabel stopped coming to Jona's treatments when Jona dreamed that Annabel 'passed all the tests'. They remain friends and visit each other. I met Annabel while she was still attending the treatments and interviewed her after a year when she stopped coming. Unlike other Jona's clients Annabel was raised in a rural environment strongly influenced by the Catholic Church.

Annabel: Everyone has nasty things inside, but we can do something about it. That is why I was so glad that Jona showed me how to handle this. We tend to blame others for our problems very persistently. Jona helped me to recognise that complaining about others will do nothing. I realized that despite all the commotion God loves me and that I can find understanding, this was very important for me. Even if you make mistakes, even stealing or saying bad things or not being a nice mother - God loves you. God wants me to change, to be happy, for myself. Jona explained things to me, so that I could understand what was going on with me and what I could do. In the Church no one tells you anything, it's just the evangelic scriptures being read aloud. I'm not saying the church didn't give me valuable knowledge, I don't deny that.

For Annabel, Jona's treatments presented a new perspective on spirituality. Unlike Jona's, other clients, she had attended Catholic services all her life. She still continues to go, but perceives the service differently. While attending Jona's treatments Annabel divorced. The reason for the divorce was that she had found out that her husband had a lover. Annabel would have remained in her marriage 'because of her relatives and property'. Jona encouraged her to get divorced and have a 'happy retirement with new awareness'. For Annabel it was very hard after she divorced, her relatives didn't speak to her and her children thought she should 'bear that he has another woman'. Her ex-husband ended the new relationship after a year and wanted to come back to Annabel, but she decided on a different lifestyle and refused his proposal. Her children, as she told me, eventually started to respect her lifestyle and sought her advice, especially regarding health issues.

Barbara, 34 years, worked as a professional yoga teacher. Jona was recommended to her through a friend. The reason why she came to Jona's treatments was a financial matter connected to yoga, it represented a factual and moral dilemma for her. Barbara's dreams were a key for Jona how to solve that question. Apart from that, through Barbara's dreams Jona interpreted that there were complicated abusive issues in her family during her childhood. Barbara was not interested in exploring them; she left the treatments soon after the financial matter was successfully solved. Barbara was an exception during my interviewing since she told a different story to me at the interview and to Jona at the treatments while I was present. Therefore, I found it more stressful to complete an interview with her. Barbara, unlike other clients, asked me to send her in advance my questions in a written form so that she could 'prepare' for our interview. The other women were comfortable with my oral explanation of what the interview would be about. During our conversation Barbara did not refer in any sense to Jona's treatments as being beneficial for her. By being present at the treatments, I heard how Jona, by coincidence,

found out that Barbara took anti-depressants for years and then stopped after attending Jona's treatments for three months. Barbara stopped taking anti-depressants because she felt better after attending Jona's treatments. Jona was upset that Barbara kept that information from her and, more important, that she should not be so careless as to drop medication without additional advice. Jona asked Barbara to consult at least a homeopath who also knew allopathic medications well and gave her the contact. In our interview Barbara denied visiting a homeopath and taking homeopathic replacement for anti-depressants. She also did not mention anti-depressants until I specifically asked her.

Barbara: Jona is definitely new age and new age is a very negative word. I much more respect traditional methods ...

From my observational point of view Barbara was empowered by attending Jona's treatments (regarding financial matters, anti-depressants) while she did not express herself in that manner. On the contrary, she saw new age spirituality to be 'second class' compared to traditional spiritual paths such as yoga.

Laura, 27 years, working in the academic environment came to Jona's treatments because her relationship with her mother troubled her. In a few months Laura improved her relationship with her mother and went to study abroad. Afterwards she would occasionally contact Jona via 'Skype' (considering problems in her academic environment). Laura felt that attending Jona's treatments gave her practical skills:

Laura: Personally I talk about my experiences, especially if my friends address me with their own problems. Because through my experiences (at Jona's treatments) I learned something and I can give some advice. I mean, I just share my experiences, I tell them that it worked for me and that they can also try themselves. ... But nobody wanted to 'try'

(laughs). I mean, they did not treat me as weird after I told them about Jona's treatments and were happy that it worked for me, but for them – no way, they were not willing to even try.

I could describe Laura as a pragmatic person, who on the other hand had no inhibitions with attending a non-institutional practice 'if it works'. She was notably successful for her age but had constant conflicts with her mother who raised her as a single parent. Laura suspected her mother of 'competing with her'. After a dream explanation, Jona pointed out to Laura different aspects of their mother-daughter relationship. It turned out Laura was 'over suspicious' of her mother's words and deeds, as her mother 'wished her well'. After Jona's explanation, Laura actually left Slovenia and started a new chapter of her life abroad, as she intended.

Antoniette, 48 years, fashion designer, divorced, two children, living with partner.

Antoniette came to Jona's treatments in an acute situation, while she was in the middle of her divorce that was not based on mutual agreement. Her ex husband threatened her, he called her every day for months and her children became estranged to her (one was an adult and one in his teens). Antoniette developed insomnia and was heavily distressed with feelings of guilt and remorse for these events. She was worried about possible financial manipulations with her property from her ex husband. Antoniette came to the treatments irregularly until she had a dream that she was drowning in excrement. After that dream, she decided to come to Jona's treatments regularly (every week for most days):

Antoniette: I think in terms of energy and balance, I have a feeling that now, after attending Jona's treatments, I can affect the outcome of what is going on and not just give in ... some kind of cooperation with what is happening.

Antoniette came from an affluent background and could afford any type of help. Before she came to Jona's treatments she tried various therapies, but the situation did not become more tolerable for her. She came to Jona on a recommendation from a business colleague who was worried about her health.

Chantal, 42 years, diplomat, married. Chantal met Jona by chance, they met because she brought Jona a gift sent by Jona's relative. They started to talk about spirituality and dreams and discovered that they have common interests. Chantal decided to attend treatments because she had marital issues.

Chantal: Maybe it sounds weird or unusual, but now I realize how much more I can do in my career. Femininity also means limitless creativity and so far I was not using this. If you look at me the way society looks, I am very successful. But just on the outside. I have been putting pressure and commanding everyone around and I thought that was 'expressing myself'. Now I have decided to channel my creative femininity through my work, because I think I have put too much pressure on my husband so far with all this creative energy that I have.

Because of her position in society, Chantal often used higher tones of voice with Jona, interrupted treatments with her comments and demanded 'extra attention'. Jona was evidently stricter with Chantal than with any other woman, because of this behavior. I could say that Chantal constantly challenged Jona's authority as an instructor, as she felt competent to 'give advice' to other clients of Jona as well. Chantal had 'talents': visions and meditation experiences that were much more intensive compared to other Jona's clients. Jona supported her 'potential' and constantly reminded her that she should become more balanced in terms of relationships with other people, otherwise her 'potential is useless'.

Beatrice, 30 years, works in broadcasting, came to Jona's treatments on the recommendation of her employee who had met Jona during an artistic project. Her employee suggested that she seek help (of any kind) because of her emotional suffering over a broken relationship. After the breakup Beatrice became physically weak, disinterested and absent minded during her job, one that that demanded concentration. Beatrice was not intimidated by this suggestion (to see Jona), since both she and her employee had previous experiences with new age spirituality and complementary healing and were openly discussing their experiences.

Beatrice: For me, attending Jona's treatments was just so intense. I mean, I still do breathing exercises, and I am aware of my reactions ... these things got instilled in my sub-consciousness and left a lasting impression on me.

Beatrice's general well-being improved after attending Jona's treatments. After leaving Jona's treatments she accepted a job abroad. As Beatrice told me a year later, she continued to be involved with various complementary healing practices mainly because she had physical problems, but somehow she presupposed they were connected to her life in a more profound way.

Gretchen, 32 years, working in advertising, lives with a partner, and has a son by her ex husband who lives with his father. She came to Jona's treatments because she heard that Jona could interpret dreams. Gretchen had distressing dreams that puzzled her. Gretchen was attending various complementary and new age spirituality practices before coming to Jona's practice.

Gretchen: I perceived attending Jona's treatments as a balancing of all aspects in my life

... like if there was some kind of a watch with many numbers and they all have to come in tune ... in order for me to live life to the fullest ... my potential, what I truly am.

Gretchen came on and off to Jona's treatments and stopped attending because she preferred meditation groups and meetings that were free of charge. In her opinion, no-one should pay 'for spirituality'. Gretchen left the treatments while still owing money to Jona (not because of financial problems). She remained in contact with other women from the group and occasionally asked them for advice. She was also the only person who contacted me after a year (I contacted all the other women) and was eager to give a follow up interview, as she liked discussing 'such matters'.

According to Macpherson, women's predominance in such healing practices 'has a lot do with personal projects of redefinition and self-transformation (Macpherson, 2010: 165). I could see that not all the women were interested in their redefinition, but rather used Jona's practice as a tool to solve certain problems.

Presenting Jona's clients without being too 'personal' or 'too technical' is close to impossible. These outlines of their lives and reasons why they came to Jona's treatments above all confirm the stratification of social group involved with complementary healing and new age spirituality: educated, employed and women.

b) Complementary Healing and Biomedicine

A common experience for all Jona's clients was visiting a biomedical doctor or, in other words, using Public Health facilities when having (any) health problems. The possibility of complementary healing was still quite new in Slovenia starting to grow after 1990. An exception to this is the use of herbs and methods that could be understood more as

‘domestic healing’ or a relic of folk medicine in Slovenia. Most people are still not familiar with traditional medicines like TCM, Ayurveda or similar. The interest in complementary healing practices occurred simultaneously with an increased interest in physical practices such as yoga and tai chi. Concurrent is a growing interest in and use of the term ‘well-being’ as a signifier of a broader spectrum in the understanding of health and health related practices. Health, Lloyd explained, is more complex than objectively determining a biomedical condition. Notions of health are as well socially constructed, though those notions will generally have one feature in common, namely a positive evaluation. As for wellbeing, Lloyd argued:

[A]lthough it is up to the individual to register whether they feel well or ill, they will do so in the light of the assumptions and values of the society to which they belong, or to some subgroup within it. Yet while the specific values adopted certainly vary as between one society and another, all societies have some notion values, about what is preferred or is beneficial and their opposites, as those ideas correlate closely with the conception of well-being that is entertained (Lloyd, 2007: 87).

Following Lloyd, the individual is usually in the position of a weaker subject when being addressed by biomedical authorities regarding his or her health – physical or mental. In Sepik society - the Gnau, whom Lloyd proposed as an example of society that does not use biomedical paradigms, people seek to reconsider recent events, activities, and social relations with a heightened awareness when searching for the reason why certain a illness appeared, unlike biomedical diagnosing (Lloyd, 2007: 88-89). If the Gnau people link illness to demonic forces and biomedicine to various laboratory tests, complementary healing tries to relate to an inclusive spectrum of causes for illness and practices that maintain or restore wellbeing. As I could interpret from my conversations with Jona’s clients, most were disappointed with the authoritative and impersonal conduct they had

received from biomedical professionals. Some of Jona's clients had mixed emotions towards complementary practices. Although I did not specifically ask them to reveal their opinions about biomedicine or CAM during our interviews, they were keen to share their experiences with me. This among other things proves that health and well-being are among the most universal categories, or in the words of Lloyd 'unquestioned goods' (Lloyd, 2007: 98).

Avona, 34 years, told me when she started attending Jona's treatments, that she and her partner both visited a practitioner of TCM, as they were both practicing aikido and were interested in maintaining their health through regular physical activity and eating healthy food. After one year Avona was expressing a critique over the use and presentation of CAM in the media:

Avona: I just read about clay and its healing effects ... of course clay is good for you, but it is not the 'miraculous redemption for humanity'. I like to read about healthy food ... but there is also this exaggerated advertising ... it's too much ...

I asked her how healthy food, in her view, could be related to complementary practices:

Avona: Most people are very keen to read about healthy food ... also those who reject spirituality ... if you ask me, preventive measures should especially be told to the public ... they should start educating children in schools about well-being, it would be even better. But this is just a great idea; in reality I am not so optimistic that this will happen.

K. F.: What do you mean by that?

Avona: I have a feeling that people live in different worlds. There are still many prejudices, because one tends to guard his or her own lifestyle and... you don't want to change it. As soon as something seems to be life altering, you don't want to deal with it, and rather stay within the boundaries that are familiar and safe for you. On the other

hand, those who have experienced complementary healing have a different opinion. I cannot imagine who would have the power and would explain and represent such methods outside the circle of people who have experienced complementary healing.

I sensed discomfort in Avona's words about how to communicate personal experiences about food or complementary experiences to persons who haven't tried them. There was an evident tension in her narration about the duality. I presumed Avona, as a user of CAM was limited in her communication, while most people in her environment were not familiar with her experiences. It is up to the individual if she or he wants to share personal experiences about CAM with those who are non-users. Avona was among the individuals who found it uncomfortable to do so, while some of Jona's clients actually enjoyed doing so (for example Poppy, who held 'sessions' among her colleagues at work).

Teodora, 39 years, expressed what her perception of healing was before she came across information about the various possibilities of healing and well-being through the media:

Teodora: All I knew was pills and surgery, that's it. During recent years information came to me about Ayurveda and I really believe that you can do yourself much good, if you eat right. Food and moving absolutely works and now I added breathing exercises I learned at Jona's treatments.

I asked her how she came by information about CAM:

Teodora: I mostly read websites and visit Facebook, so I read stuff recommended by people I know ... and in a weekly supplement of Delo, Varja Kališnik's columns are always 'spot on'. Generally, I don't read much about spirituality and healing, what I read just tells me something more about what I experienced at Jona's treatments.

When we met for a follow up interview Teodora had a defined opinion about official biomedicine. She also exposed her disenchantment about the use of CAM:

Teodora: Biomedicine is about money, of course, pharmaceutical lobbies, profit, all that. Who would want to lose money? For them it would not be good if people were able to help themselves. A lot of people started to use complementary techniques, but it seems they all seek some kind of redemption and salvation in them. It is positive what they do ... but they don't actually work on themselves, they just replace pills with a Chinese massage ... they do not really enter themselves. Everyone knows that to change yourself you need a great deal of energy, but people would prefer that someone else do that instead of them ... to 'fix them up', they do not want to face what is inside of them. They like the effect of the massage or yoga but all the mental patterns are still there inside of them.

From Teodora's words it can be seen that attending Jona's treatments left her with an impression that modification of lifestyle, and mental and emotional patterns is anything but easy. For Teodora replacing 'taking pills' with 'going for a massage' was not what complementary healing was about. In her words there was a tone of scrutiny over 'superficial' users of CAM although she relates to this use as 'positive'. As for Teodora's perception of biomedicine - her view is in tune with most current critiques addressing the profit-oriented aspect of the health industry.

Poppy, 31 years: her narrative was interesting because she immediately saw the possibilities to interconnect her professional life with her new complementary healing experiences:

Poppy: I learned breathing techniques while attending Jona's treatments. Immediately I

had the idea to teach them to my colleagues, since I was doing them for a year and they are not difficult. In our profession where there is much daily stress, I thought they would benefit my colleagues. I was surprised that no one doubted the efficiency of such techniques and even some co-workers, whom I perceived as more 'superficial', were interested. This was a new experience for me, since my colleagues really have different lifestyles. They all reported back to me that they used breathing techniques when they had physical pain. I also advised them to use abdominal breathing when children upset them; this is very common in our profession since we constantly deal with over 25 children. My colleagues followed my advice and found it useful. But of course, some people have a strong aversion towards anything like this, even if it is abdominal breathing. It happened that one colleague did not want to work with me, since I am 'a weirdo that goes to some kind of meditation'.

Poppy discussed her experiences so openly in her work environment, demonstrating a high level of confidence, perhaps due to the nature of her work (pedagogic) where workshops and sharing methods with colleagues are more common than in other professions. Poppy's experience with biomedicine when she had personal (not physical) problems was rather disappointing for her, but that did not mean she idealized all complementary practices. She also perceived what could be a possible misuse of CAM:

Poppy: I've had conflicts with my father since I can remember ... I searched for ways to solve this. I even saw a psychiatrist - that was a total disappointment. He asked what my problem was and I told him, then he asked me to describe some drawings he showed me. But he was detached, not interested, I felt I was just like a patient he had to 'get rid of'. I felt his approach was aggressive, like if I had a wound on my leg and he just wanted to chop my leg off... When my partner mentioned Jona, I said: 'wow, that is what I need!' We all want to help ourselves and read books, but when it comes to practice we tend to fail

again and again... Jona's practice it is very hard, very demanding but you have tangible results. Personally I know I would stop attending Jona's treatments, but my partner encourages me to continue. We would all like to be 'enlightened' at a weekend workshop, but I am afraid it is not so easy... if you just collect bits and pieces of information on various workshops it's as if you are in a little boat that is rocked by every wave.

Poppy's words revealed that her 'first choice' in personal distress was mainstream psychiatry, when she tried to deal with her relationship with her father. The issue was that he favored her younger sister, and had an extramarital affair that led to his divorce. As I learned from Poppy's conversations with Jona at the treatments, her father bought her an apartment, and returned to her mother (all this happened before she started attending the treatments). Overall, Poppy's relationship with her father improved. At the treatments I never heard her talk about her father; only about her mother and partner (and later a newborn).

Annabel, 64 years, as a former restaurant owner with long and strenuous working hours, faced much physical and psychological distress. It was her ex-husband who suggested she 'try something different' from biomedicine.

Annabel: From all that work I started to be sick ... stomach, legs, and kidneys ... there was constantly something. Then he (her husband) found out about these energy treatments, because I could not go on being on medications all the time. I am still so grateful to him for that. At my first treatment I thought: "They are just lunatics here (at Wang's treatments) and I have so much work to do - why am I among them!" What happened is that during relaxation at one of the treatments my body would jerk and shake ... unbelievable how much tension I had inside of me, I would never imagine. We went together (with her husband) to twenty treatments; I started to sleep well, which was

previously impossible. My husband had high blood pressure before and the treatments helped him to normalize. Then my husband decided that he had enough treatment since for him it was 'women there that gossip' and I continued to go. (She met Jona at those treatments).

For Annabel, it was the pressure of constant pain and taking pills that encouraged her and her husband to seek other options. Annabel and her husband came from a conservative rural environment and for them it was not usual to mingle in such environments as Wang's treatments, but severe health issues were the conditions that 'allowed' trying 'other things', apart from biomedicine. Annabel explained her transition to complementary healing and experiences with biomedicine in the context of her family life:

Annabel: I had so many health issues and they just kept giving me various pills that did not really help ... I felt like an animal that they (doctors) were testing ... they could not find the reason why I could not sleep all night and why I have kidney problems ... now I know it was very psychological ... I went to see a psychologist but all he gave me were antidepressants and my husband really wanted me to take them. I had already entered complementary treatments at that time and had no desire to be on antidepressants. I went to the psychologist three times and felt like some object, like a brick, in their office... he was having telephone calls, scribbling medical prescriptions and this was supposed to be his conversation with a patient. Nothing really... As for my daughters... they were against any kind of complementary healing and thought I was a whacko... but then my granddaughter developed bad allergies to so many things... she was just one year old and on so much medication! Very soon this medication did not work for the baby... it was very bad. Then my daughter visited a homeopath who is also a pediatrician, as Jona recommended. Let me knock on wood... since then my granddaughter is completely healthy - no more allergies. Somehow both of my daughters developed interest in

spirituality. Let me thank the angels for that.

In Annabel's family life, complementary healing became appreciated due to various health problems that could not be solved by biomedical treatments. Meanwhile, Annabel's ex-husband stopped complementary healing, despite the positive effect it had on his health. As Annabel told Jona, his high blood pressure returned and he had to go back on medication, but he did not want to go to 'those treatments' any more. Taking pills was more convenient and conventional in his immediate social environment.

Barbara, 34 years, because she was working as a yoga instructor, she already had daily experiences with yoga as a way of complementary healing. In Barbara's words appeared an emphasis on the 'scientific' validation of yoga as well as dislike and mistrust in other types of healing:

Barbara: Yoga is very beneficial, it was firmly scientifically proven and it is well researched. It could be an additional therapy in health centers apart from physiotherapy, because it works similarly and has even more effect. I would like that. Now doctors advise patients to come to yoga classes ... they come ... I am a bit shocked somehow because one client has a spinal tumor and the other client could not even lift her hand when she came ... Personally I tried many things (complementary healing) and did not have nice experiences ... and it really got on my nerves ... I tried Reiki, bio-energy, chiropractic, crystal therapy ... I mean no one did me any harm, I am just a skeptic ... but I think unstable people could be harmed ...

Barbara's words revealed a dichotomy between yoga and 'the rest' of complementary practices. She somehow distanced yoga from all other types of healing that, in her opinion, presented a sort of 'danger'. Barbara told me about her experience with biomedicine only

after I specifically asked her about her use of antidepressants. Barbara seemed to have no problems in answering, but she did not speak spontaneously about her experiences as most of the women I interviewed did:

K. F.: I heard at Jona's treatments you took antidepressants for some time?

Barbara: Yes, I took antidepressants, but I just went to my doctor and said what I wanted and she just prescribed pills ... I tried various sorts of pills ... she would not be able to diagnose me I think ... What happened to me was really upsetting ... once I was really depressed, I needed help. I wrote approximately ten e-mails to various psychotherapists and told them I was on the edge. Most of them did not even reply, and those who did, wrote something like that they do not take new patients or that and an hour of consultation is 100 Euros and it would take like three months or four months to get an appointment. I mean if you have a really bad depression you can be dead by then. All you can get is some time with your doctor that will prescribe you antidepressants. That is what you can get.

Barbara expressed concern about the damage 'charlatans' operating with complementary healing can do to people. One can come across such concerns in the media through the discourse of biomedical doctors or users. What was, for me, quite unexpected, was that the biomedical professionals Barbara wrote to ignored her plea. Barbara's experience informed me that a person seeking help for emotional and mental problems from biomedical professionals can be kept waiting for a substantial period of time during their distress. This is problematic in case of any health issues, let alone psychological. As I mentioned before in Barbara's case, Jona learned 'by chance' that she stopped taking antidepressants after three months of attending her treatments. Jona was first of all shocked that she kept this information from her, and that she did it without the supervision of a doctor. Jona insisted that Barbara should at least seek the advice of a homeopath who was also a pharmacist who knew something about the type of antidepressants she took.

Barbara afterwards visited a homeopath and received a homeopathic replacement for the antidepressants (this was confirmed by the homeopath to Jona). During our interview Barbara denied using homeopathy. From the time she was attending Jona's treatments I knew she used homeopathy, as she told the name of the remedy during a treatment, and said it had helped her. I thought it was Barbara's decision, if she chose to deny the use of homeopathy, and I did not press this question further. I must admit, I had questioned myself why Barbara would deny progress in healing and feeling better. I had a perception that she wanted to distance herself from Jona's practice because it had no public recognition – unlike the yoga she teaches. In general I noticed that Barbara had an ambivalent attitude towards all the subjects including yoga. During our interview she spoke critically about Yogananda lineage, the specific course of yoga she was trained in. I concluded that her current worldview was not based solely on her (negative) CAM experiences.

Laura, 27 years, although the youngest of Jona's clients I interviewed, had a defined perspective on CAM due to her academic work. Laura perceived CAM as a way and means of developing all healing practices. Laura did not talk only about her personal understanding but also how she thought others perceive CAM. My conversation with Laura was specific in the sense that she was academically trained and I could engage with her in a more terminologically detailed dialogue:

Laura: People know about yoga and chiropractics and herbs but they do not consider this CAM. Because I am involved in academic studies about health, I think I know more about this than others... and people I am around know something about CAM too. I think that in general people in Slovenia are not aware of different possibilities they can have. This is my estimation.

K. F.: Do you think that CAM will integrate with biomedicine?

Laura: Yes ... my mother is a psychiatrist, she thinks that biomedicine the way it is functioning now will not withstand all the pressures ... it will have to change and adjust. But some totally disagree with this idea. I can refer to my mother's practice that includes ... not spirituality, no, maybe other dimensions ... I do not know how to name that, but in order that her psychotherapeutic or psychiatric treatment can be successful it needs ... energy, I really do not know how to name that ... that is why also people without biomedical diagnose seek my mother's help, people that have some experiences with their intuition and are scared that something is wrong with them because of that. For example, that one 'knows' one week in advance that his grandfather will die.

K. F.: What do you perceive as a problematic part of biomedicine?

Laura: That it is not in tune with nature.

K. F.: In what sense, nature?

Laura: From education, to diagnostics ... it somehow works in the direction opposite to nature.

K. F.: Do you mean the overuse of pharmacology?

Laura: Also that, but if you just look at all the used technology and lack of communication between patients and doctors ... economic and ecological impact of biomedicine. During research I did at a rural place in Slovenia in a general medical practitioner's office, I noticed that especially older people liked the doctor, but not the medications. They liked her as a person, which is why they came to see her, to bring some biscuits, to chat and exchange some small neighborly favors. Patients were there for company, while they preferred to use herbal medicines to prescription medicines. I would say generally that people are curious about CAM and some would be even willing to try ... but who would talk openly about it is another question.

K. F.: Do you think that is so because CAM is predominantly non-institutional in Slovenia?

Laura: No, not at all, not because of that, those friends I talked to would also dislike

visiting a psychotherapist or a psychiatrist, even if that could help them. Because that would mean they have weaknesses, admitting that 'something is wrong with you'. I think it is somehow funny because all these women I know could get simple answers for their problems. They would get a clear picture how they are wasting their energy for things that are really a waste of time. They would need just a moment! But they would say to me: 'Oh no, that is not for me.' ... I think that behind this attitude there is this fear that something will 'come out' that people already know about themselves, maybe just on the subconscious level ... but are not ready to deal with it. That would probably press them to do something ... they are at the same time lazy and afraid to change something in their lives. That is behind all this, I believe. Because it is easier to just carry on with the life you have. I also think that people somehow like being where they are, even if that means trouble.

Laura's opinion was defined by her research experiences, her own experiences and her cooperation with her mother who practices biomedicine and is at the same time interested in CAM. Laura's discourse is explanatory and evaluates the behavior of people according to the academic knowledge she has gained. In her observation, the people she knows tend to avoid being labeled as 'those who need help'. Following Laura's words in the Slovenian context using CAM or psychotherapy, disregarding the differing societal status of each practice, did not enter the popular discourse. In popular culture in the United States (films, TV series, interviews) people tended to speak more openly about their 'therapy', as it became a form of socially 'responsible behavior'. Laura's evaluation of biomedicine was focused on the critique of its current practice but with the aim that biomedicine would go hand in hand with CAM. Terminologically Laura had second thoughts how to describe the dimensions of her mother's psychiatric practice. Laura did not refer to her mother's 'method' as CAM but rather spiritually, deciding to use the term 'energy'. Because of the diverse and broad use of CAM the term 'energy' became most acceptable description for

the non-material plane in the context of contemporary living in the West.

Antoniette, 48 years, had plenty of experiences with CAM and biomedicine. Despite the media in Slovenia not talking or writing about CAM, Antoniette perceived such practices to be more or less clandestine:

Antoniette: My perception is that complementary healing is still more or less hidden. I have a feeling that people approach CAM via clandestine connections ... when someone gives you a hint ... exotic somehow ... nobody takes this seriously. People I know rely on allopathic, official medicine. My partner and I are currently fasting, we use homeopathy and Ayurveda ... my friends just go to an ordinary doctor and give blood. I think most people are far from knowing and using complementary medicine. Maybe they would visit a homeopath, but on the other hand homeopathy is what they trust least ... because it is based on energy and spirituality ... something far away. Personally I was intrigued by all information I could get on spirituality and complementary medicine, I wanted to try and research these methods ... maybe because, how should I put it? They are more humane ... tender. I am convinced that most health problems are psychosomatic and just the fact that complementary practitioners talk with you makes an immense difference ... in official medicine everything is rather mathematical. I presume if doctors would talk more with patients people would be less in need for complementary practitioners.

Antoniette, along with all of Jona's clients, felt that the most crucial point of interaction between users and biomedical doctors was missing: communication. Because biomedical diagnosing is oriented towards mechanical results and medication, the 'tender, humane', as Antoniette formulated, part of their relationship is left out. Antoniette described to me her experience within biomedicine that was unsettling for her:

Antionette: It happened that my medical doctor casually asked me if I would volunteer in a Ph. D. research for his colleague... I said yes. I did not even know he suspected some difficult diagnosis regarding me... he was a dermatologist. When I met that researcher I was in complete shock, I did not even know the research was about lupus. It was some complicated disease that I did not know if I had it or not and you could even die from it. He did not even think about my reactions, how I might feel. I think medical doctors are very inconsiderate with telling diagnoses. That can leave you helpless and in total fear. You don't know where to go, who to talk to and what to do about it. That is why it is important that other types of healing exist where they talk to you and go through all the problems with you, so that you can start understanding what is going on.

Antionette, like some other clients of Jona, first sought help through established forms, but was disappointed, with the difference that Antionette was treated with more attention because she did not visit a 'regular' psychologist or psychiatrist. She could afford to pay for a 'popular' therapist:

Antionette: I went to this acclaimed psychotherapist, I mean he was a medical doctor before and then became a psychotherapist ... his books are so popular ... I did get along with him very well but all in all he is a medical doctor. He had this attitude 'I am God, I know everything' - they are all the same in this matter. They don't talk to you very much, they just tell you what you should know. I liked that he was very straightforward and determined, but he did not take in consideration my position ... where I am, how much I can do or endure in my current position. That is the main difference with Jona's treatments for me; she allows things to develop gradually ... as much I can handle at a time. While medical doctors are convinced they are gods. They are always right. It is their greatest fault.

Antoniette's experience pointed towards the lack of agency she felt during her interaction with a psychotherapist. From her words it was evident that she expected to be active in her process of overcoming her difficulties and not just accepting 'instructions'. In this manner she felt ignored and left out of the dialogue with the psychotherapist.

Chantal, 42 years, as a user of CAM and having friends among biomedical doctors, noticed certain changes in their attitude. Her observation was that there is a change regarding the public acceptance of CAM:

Chantal: I think these methods (CAM) will integrate with medicine ... I know doctors who direct patients they cannot help to various alternative practitioners ... Ayurveda or traditional Chinese practitioners because they are mostly doctors who practice that ... they just added some CAM to their official medical knowledge ... but I have no doubt that soon, doctors will collaborate also with other healers ...while the connection of psychosomatic reasons for all diseases is more and more obvious.

Chantal, as a person intensely interested in the subject of CAM for over a decade was more likely to 'expect' people would be informed to at least some extent about this subject. Other clients were not so optimistic about the progress and development of CAM practices:

Chantal: If I compare the current situation with situations ten years ago when I started to be interested in CAM ... a quantum leap happened ... back then it was weird to meet someone who was doing it (CAM), it was a miracle if you met someone ... because back then you were a weirdo if you went to bioenergy treatment, today this is almost not enough ... today if I meet a person and CAM is something unknown to him or her, I find that

weird!

Chantal expressed a high degree of trust in CAM. At Jona's treatments she mentioned that also her family and relatives were using various CAM practices (reiki, homeopathy, massage, bioenergy, Ayurveda). Because her professional position was publicly exposed, many times, Chantal expressed concern to Jona that someone might talk about the content of their dialogue. To me it seemed that Chantal was worried because she was attending a non-institutional practice that did not match her social status. As Chantal later commented her main concern was that her marital issues would leak and become public gossip.

Beatrice, 32 years, had already experienced CAM as a child and had progressed to use it in her adulthood as well:

Beatrice: When I was a child my mother took me to bioenergy therapy ... I never thought of it as something different. Mother just took me there and that woman gave me energy ... I felt better and that was it. I never took time to think over what kind of healing it was ... I just think it was seeking balance for something bad that happened ...

As a child Beatrice did not question or doubt non-biomedical practices, through years of use and observation she developed a more complex attitude towards such healing practices:

Beatrice: I don't see a problem with the fact that biomedicine and complementary healing are not merged in one. I just see a problem in that the complementary healing is not recognized and valued but labeled as occult, which is really not. I mean when you have physical improvement that really is something and healers helped me when antibiotics failed ... I mean even if they want to say it is placebo, it is so important that it works. It

works! Would you not prefer a placebo than side effects of some medicines? So the most important thing for me is that complementary healing would be recognized. There are certain people who would never use complementary healing no matter what, and to force them into using it would be a big mistake! Some biomedical doctors can be so nice and kind, that is very important ... I am in favor of some kind of regulation for CAM, that those who are doing it just for the money are removed. Some norms should be set and practices should be regulated, if they are efficient or not. Working with energies is no joke; not at all... I had just positive experiences with CAM in my life, because I was raised in this spirit. I was initiated in transcendental meditation when I was sixteen; I was not educated in a materialistic manner. I do have a different perspective. I miss education in schools about this - so that people are not in tremendous shock when they face other healing systems or beliefs and have some knowledge and understanding. Our country is all Catholic and nothing else and this is a part of the problem, because anything, besides the Church, is considered somehow weird. I think people who have no knowledge and experiences tend to go for shiny things and lavish advertising considering CAM. Not all people are 'seekers' and for them it is just fine, if pills work for them, they are not interested in anything beyond that. That is why I am not favoring institutionalization, as such, for CAM; look where the Catholic Church is now!

Beatrice spontaneously described to me various diagnoses and treatments she experienced, biomedical and CAM. Her critique was directed more towards CAM practitioners 'who do it for the money' than to the current biomedical system. Beatrice showed appreciation for non-institutional status of CAM with the simultaneous suggestion that CAM should be somehow 'regulated'.

Gretchen, 32 years, mentioned her childhood experiences with biomedicine, suggesting that they had stirred her interest in CAM.

Gretchen: When I was a child I had recurring urinal infections ... I remember penicillin injections in my left buttock, it was violent and painful ... if I think now ... I missed my mother then ... I wanted to experience the healing power of love rather than penicillin injections ... I wanted to be hugged by tender wings. I read a book 'You can heal your life' by Louise Hay when I was fourteen ... I realized there was integral healing ... I was constantly meeting people who were doing such things like using crystals for healing ... intuitively I tried to avoid official medicine ... but when I got married I fell into some sort of oblivion then when I divorced, I came back on track ... my current boyfriend thinks that such stuff poisoned my brain ... of course his mother is a medical doctor ... but I realized the importance of integral healing very young.

Gretchen's experiences with non-biomedical treatments were connected to her emotional aggravation during biomedical procedures when she was a child. Apparently her relationships also affected her choice of healing. As she put it, her marriage pulled her into 'oblivion' and her current partner thought she had a 'poisoned brain'. Despite that, Gretchen chose to confront her beliefs with those who are 'against' CAM:

Gretchen: I am very cynical ... but CAM is not about believing but about being true ... I know people who were totally against CAM or anything spiritual, but were astonished by their own experience with energy that left them with an open mouth ... they needed some time to comprehend what happened and then they denied it ... bullshit ... energy is undeniable I dare to say that anyone who had an experience that she or he cannot explain - it was about energy, God's hand or you name it whatever you want ...

For Gretchen, people's negation of their 'experience with energy' was upsetting, as for her such experiences are 'undeniable'. In general, such experiences are complex to introduce to

oneself, or to others, and dependent on many internal and external factors.

As the women's voices in their interviews revealed, the subject of biomedicine and CAM is infused with personal suffering, disappointment, relief, belief and doubt. Most of the women had benefitted from both types of healing: biomedicine and CAM. These subjects are intrinsically filled with social and personal meanings and experiences that touch the core of human existence: health. Kaptchuk was trained as biomedical doctor and later studied traditional Chinese medicine. His observation describes common dilemmas when encountering biomedicine or any type of CAM (in his case TCM):

[M]any Westerners have strange notions about Chinese medicine. Some of them see it as hocus-pocus – the product of primitive or magical thinking. [...] They assume that current Western science and medicine have a unique handle of Truth – all else is superstition. Other Westerners have a more favorable but quite equally erroneous view of Chinese medicine. [...] This attitude threatens to turn Chinese medicine from a rational body of knowledge into religious or faith system. Both attitudes mystify the subject – one by critically under evaluating it, the other by setting it on pedestal. Both are barriers to understanding (Kaptchuk, 2000: 1-2).

Kaptchuk continued that biomedicine tries to control, isolate and destroy the disease as ‘an ontologically circumscribed entity is the privileged ideal of the system’, while Chinese medicine directs attention to the complete physiological and psychological individual (Kaptchuk, 2000: 3-4). From listening to the women's voices, it was clear that interest in the totality of their lives was what they were seeking in various CAM practices, as well as at Jona’s treatments. That doesn’t mean, however, that biomedicine had no valuable place in their lives. Although personal contact and time for communication with medical doctors was noticeably missing; it seems that despite the scientific advancement and obvious

results of biomedicine the women felt puzzled and insecure when entering both the world of established forms of healing, and CAM. It might be that the needs of contemporary living conditions have influenced individuals to seek a more personally oriented approach to health, with dimensions that are not normally provided within biomedicine (understanding, advice, compassion). It is possible that CAM with its methods somehow fills the gap between medical and so called ‘lay’ discourse as Fainzang and Haxaire wrote:

[t]hese boundaries cannot be superimposed. They create discrepancy, or even conflict, between the discourses, as can be seen from patient’s reinterpretation of the nosological and etiological categories used by doctors (Fainzang and Haxaire, 2011: 9).

Fainzang and Haxaire emphasized that communication in a biomedical context includes social consensus of what it is possible to talk about in a specific setting, and in what way it is possible to communicate, when a person’s stories fit or don’t fit into the biomedical context of understanding (Fainzang and Haxaire, 2011: 28).

c) Healing Femininity – Balancing Energies

The subject of femininity⁹⁴ is elusive from the theoretical as well as from the experiential point of view. It is similarly elusive when it comes to the question of the position women have in their society, or even more important, how they experience that position.

There are various opinions regarding the role of women involved with new age spirituality. New age spirituality and complementary healing are most often connected to a non-institutional context and subgroups with a common interest. In European and North American contexts, such social endeavors tend to act as alternatives to the dominant

⁹⁴ I am using terms masculine and feminine as Puttick suggested, to describe those aspects and attributes of gender that are widely agreed to be socialized, constructed or imposed (Puttick, 1997: 7).

patriarchal Christian thought, which has been pervasive for hundreds of years. The feminist critique of Christian thought is that that it denies the ‘feminine principle’ in its theology, being oriented on a ‘Holy Trinity’ as ‘Holy Father, Holy Son and Holy Ghost’. The exception is ‘Mother Mary’ whose identity is described as one of ‘sacrificing motherhood’ (Accati, 2001). Ingram noted that the patriarchal Church has robbed women, especially Judeo-Christian women, of powerful female divinities. Christianity, the author wrote, is not based on the ‘sacrifice of Christ, but on the sacrifice of woman in the figure of the mother’ (Ingram, 2000: 51). Puttick, following Marx and Freud, suggested another reason why feminists reject being involved in spirituality (Puttick, 1997).

Marx and Freud contended that father/phallus worship in the form of organized religion keeps women in a state of childlike submission and oppression. Feminists have tended to agree (Puttick, 1997: 1).

Ingram, drawing from Irigaray, observed the same, there is ‘no woman God or female trinity: mother, daughter and spirit (Irigaray [1987]1993b: 62 in Ingram, 2000: 50). Feminists are considered to be involved with ‘real politics’⁹⁵, which is why Ingram was trying to argue that there is ‘potential’ in spirituality for feminist politics. According to hooks⁹⁶, women supporting feminist goals didn’t cease to be interested in spirituality (hooks, 2000). Macpherson actually found common ground that is shared by practitioners of feminism and new age spirituality: they have both developed a structured critique of past and present religious practices, and are engaged in the historical recovery of

⁹⁵ Feminists struggled for equal pay, equal access to education and equal job opportunities; they fought for free contraception and the right to abortion; they campaigned about unpaid domestic labor, the need for free child care provision and for both economic and legal independence; they claimed women’s rights to define their own sexuality; and they protested against domestic and sexual violence against women (Hollows, 2000: 3).

⁹⁶ The American author, feminist and social activist Gloria Jean Watkins is know by her pen name beel hooks. Her name is always seen written in lowercase letters.

appropriation of belief, practice and human exemplars for feminist spirituality. For Macpherson both feminism and new age spirituality are oriented towards reflecting women's interests⁹⁷ (Macpherson, 2008: 84).

Questions about women, feminism, femininity and new age spirituality remain open and the answers are varied. Brink observed new age spirituality groups in South Africa and was, as a feminist, rather disillusioned over their 'favoring of feminine aspect'.⁹⁸ For Brink, these so-called feminine values tended to make it easier for men to control and oppress those women, who believed that they must be the care givers, the servants, the sexually passive, the good, the co-operative ... in fact, anything but powerful, intelligent and independent (Brink, 1992: 9). hooks commented that feminists disliked the idea of 'empowering femininity' in the contexts of new age spirituality, because the gain of women's rights was strongly connected to socialism and atheism. She argued that, in this light, new age spirituality could be perceived as a political and sentimental step backward for women. Hooks noted that contemporary feminism avoided giving attention to spirituality since it was solely focused on civil rights and material gains. But, she concluded, women remained interested in spirituality and a growing numbers are choosing alternative spiritual paths that actually help them to challenge the dominant and repressing social structures (hooks, 2000: 106-108).

Most of us learned patriarchal attitudes in our family of origin, and they were usually taught to us by our mothers. These attitudes were reinforced in schools and religious

⁹⁷ Feminist critics accused pharmaceutical corporations of having turned menopause, a normal part of women's life, into an illness ready for corporate exploitation. Women practitioners of CAM and new age spirituality have the same opinion about this matter (Macpherson, 2008).

⁹⁸ Some new age practices worship a 'Divine Mother' and 'sacred femininity'; this so-called 'Goddess spirituality' aims to break down the male dominated paradigms relating to the female body (Macpherson, 2008: 51). Such paradigms can be found in appropriated Native American and Wicca practices among others. These ideas were not present at Jona's treatments, which were oriented towards 'energy'.

institutions (hooks, 2004: 23).

hooks tried to present patriarchy as a social system that women and men equally sustain, though men receive more rewards from the system. The author argued that the use of oppression in society is not linked to the ‘biology’ or our gendered selves but rather to a set of expectations about power in a dominator culture. Hanegraaff described the common assumption in new age spirituality as a dominant culture which leads men and women to repress and alienate the non-dominant sexual pole, in order to conform to the sexual stereotypes of a dualistic society. What the ideal new age spirituality strives for is the ‘harmonious integration of both poles - feminine and masculine’. While this would logically lead to androgyny, the author commented, it actually promotes ‘femininity as power instead of weakness and masculinity secure enough to be without macho principles’ (Hanegraaff, 1996: 153). This led to the appearance of the media cliché ‘that women despise sensitive new age guys’ (hooks, 2004: 63).

Because ‘meaning’ is derived in Western culture from constructed categories like spirit/flesh, mind/body, and man/woman where one ‘half’ gains its definition and value through the negation and rejection of the other, in envisioning a divine spirit and flesh, an integration of human – man and woman – with the divine presents a potential dissolution of binary logic which has grinded Western philosophy since Plato reaching its apex with Descartes (Ingram, 2000: 55).

New age spirituality, with its tendencies towards integration and inclusiveness, represents an alternative compared to established religious practices in the West. For Ban, a significant aspect of new age spirituality is deconstructing all externally introduced authorities (secular or spiritual), which are not in tune with one’s own ‘inner truth’ (Ban, 2008: 146). New age spirituality, for Puttick is about synergy on the broadest possible

front: seeking to integrate dualities of society and religion, psyche and soma, masculine and feminine, east and west. Puttick wrote that new age, with its ideas, promotes feminine rather than masculine values in the traditional sense, while it favors compassion, tenderness, attention and nurturing over competition and aggression (Puttick, 1997: 12). Despite traditional categories of femininity and masculinity, new age spirituality, according to Hanegraaff, believes in a 'third option' as it aims to combine existing categories to a higher (spiritual) synthesis (Hanegraaff, 1996: 517), as described by Ingram:

The divine is both embodied and transcendent of the human; it is a figure which is sexualized as neither masculine or feminine yet at the same time is masculine and feminine (Ingram, 2000: 57).

The critique over the ab(use) of the category of femininity in feminism, as well as in new age spirituality and complementary healing⁹⁹, has to be considered as well. Hollows examined the history of feminism to find that the category of femininity was perceived as a most powerful tool of the patriarchy for oppression of women. As Hollows deduced, femininity for feminists meant being socialized as docile and dependent, while masculine traits of intellectual competence and political power were favored over feminine ones. Therefore, the author argues, femininity was easily exploited by patriarchy, as well as by capitalism which drains women of any social agency, while they use all their time and energy for 'masks of femininity' imposed on them (Hollows, 2000: 4-10). The same critique goes for complementary healing and new age spirituality, where, according to Puttick, women are believed to be exploited in the name of 'personal growth', 'spiritual

⁹⁹ Some authors like Macpherson (2008) link new age spirituality and healing simultaneously. In my paper these are two different but connected categories. Some complementary healing practices (CAM) cannot be explicitly connected to new age spirituality as explained.

consciousness' and the like, on the basis that their quest for 'true femininity' is repressed by society or established religious practices (Puttick, 1997: 1). The prejudice against 'idyllic femininity' as Verginella formulated, is in place, as women needed centuries to reject the role of 'household angels'. Even more, it was the discourse of spirituality (the Catholic Church) that demanded women should be kept in such a social position in Slovenia (Verginella, 2006: 157). According to Hooks, it was that way, since patriarchal Christianity dominated most of the West, that new age spirituality turned towards Eastern cultures¹⁰⁰ in search of different spiritual connotations (hooks, 2000: 10). This is despite the fact that women in the East are socially deprived. This remains one of several paradoxes surrounding new age spirituality and women's position. I can suggest only a partial answer to this paradox, found in the Indian and Chinese traditional medicine that presents a base for most complementary healing practices and new age spirituality. In both healing systems 'the source of all life' (*prana, chi*) as prerequisite for 'health and happiness' is represented by feminine and masculine 'energy' in total balance, where one should not prevail over the other. Such theological (!) emphasis is not evident in Christianity. Macpherson wrote that still today, in Christian healing groups, women are clearly placed 'as less than men' – their location as such being based on doctrinal 'truths', where role models of health are 'male': Jesus and God (Macpherson, 2008: 61). The female role in the context of most new age spirituality and complementary healing practices is different from dominant Western thought, as it links femininity and women to 'universal laws of energy'. Macpherson found that new age healing and spirituality exist on the notion of 'divine' or 'energy' that are not gendered as such, but a 'power' of perfect balance between masculine and feminine principles (Macpherson, 2008: 179).

Being a woman, femininity and what it meant to each woman attending Jona's treatments

¹⁰⁰ Macpherson distinguished between 'source' material (based on Eastern or Hindu philosophies) and end 'knowledge practice' with its effect on the 'local' individual. She noted that 'we should be aware of the underlying, often hidden discourses of power', because 'source' material was written mostly by men also in the East (Macpherson, 2008: 82).

was an individual and collective narrative at the same time. I tried to describe multiple voices, choices of 'female experience' in specific geographic, historical and social circumstances. Our current social circumstances, in Jona's opinion, are not easy for women. She saw new age spirituality and complementary healing as a 'way out'. Puttick's observation of new age groups was similar. For her they functioned:

[A]s responses but also agents of transformation, experimenting with new ideas and offering a critique of family and society as well as established religion [...] and might also provide women with an alternative destiny to motherhood or career in the form of spiritual path (Puttick, 1997: 3).

For Jona, new age spirituality was the answer for an alternative destiny, as each person can receive 'messages' and 'guidance' how 'to live according to energy principles', that are 'above the morality' of a society that places a woman in a less worthy position. Jona argued that a woman on a new age spiritual path therefore 'is no longer a victim, because she is on a path of growth'. While a woman still faces difficulties, they become, according to Jona, 'manageable', because a woman can use techniques that can balance 'the female and male principle inside of her'. By using these techniques, a woman is, in Jona's perception, 'not only balancing herself as an individual, but also the male and female role in society - because the realm of energy connects all'. From what I saw, Jona's personal path of a woman involved in new age spirituality and complementary healing was strewn with difficulties and scarce resources.

How Jona's clients experienced their 'femininity' being 'balanced' during their treatments depended on their personal agenda. As a participant observer in a role of an anthropologist, I found it extremely difficult to select pieces of the women's narratives. I never intended to be 'judgmental' about their life's stories, but tried to present paradoxes, if

I saw them. It was also impossible to gather their experiences, or even their expressions about 'healing femininity', into one unifying form. Where there was 'nothing particular' they wanted to tell me about 'healing femininity' I added my ethnographic experiences that I considered as referential, and what Jona told them at the treatments.

Avona didn't perceive experiencing femininity to be a problem of any kind, so we didn't talk about that, and I didn't press her on the subject. Avona was constantly being 'creative and active', as she told me all she missed was more initiative from her partner from time to time (to organize family trips and similar). When Avona came to Jona's treatments, her issues were oriented towards a material plane (job, money) and not towards 'spiritual negotiations' with her identity as a woman. Her partner's 'evaluation' of women coming to Jona's treatments reveals the underlying issue of the social 'perception' of women involved with complementary healing practices:

Avona: He (her partner) doesn't like me going there (to Jona's treatments) ... "What do you talk about there?" he said to me ... women talking about everything all the time, in his opinion, cannot be good. I considered coming back to the treatments, but I would need a baby sitter, he does not allow me to bring the baby with me, he thinks my being there could harm the baby.

Avona's partner was not pleased with her attending the treatments and hoped she would stop because of 'all those women talking about everything'. Jona said to Avona that her partner had a conservative opinion about complementary healing and that she should 'help him understand what we are doing'. Jona, contrary to Avona, thought that she should 'work on herself' because 'she is afraid to surrender to a partner, and if she does she is afraid that she will lose control over her life'.

Teodora, in her own opinion, had ‘many issues with femininity’, while she was experiencing herself primarily as a sexual being: ‘I am a woman that almost every man wants to have sex with’. For Teodora being ‘in love’ was a very important part of her life as a woman:

I never randomly touched men; it always had a sexual connotation. For example, I am not used to dancing where you have to be next to a male body ‘just like that’, I have problems not thinking about sex then.

Teodora’s accentuation of ‘femininity through sexuality’ was according to Jona ‘not balanced’. Jona thought such behavior would stop Teodora from fully developing her artistic potential. Teodora’s strong sexual drive was perceived by Jona to be ‘an asset or a privilege’. At the treatments, Jona encouraged Teodora in that, because she already experienced sexual freedom and pleasure, she should ‘move on to the next level of using her sexual energy’. This would mean ‘personal growth’, ‘use of talents’ and ‘serving humanity’ while still having sexual relations. Preferably with one partner who would also support her spiritual and artistic development. Teodora described to me what inspired her:

When I was twenty years old my female idol was a successful artist, famous also abroad. Being very arty and unconventional, that was my ideal woman then ... she was doing yoga ... she didn't wear too much make up ... being cool ... you know, not to be too feminine ... afterwards my preferences changed ... I liked living as in a theatre, being elegant, wearing dresses like costumes, in black or white with some colorful details in red, orange or green. I always dreamt that I would wear a crinoline, flat in front with bulk at the back ... it would feel so heavy and long ... I often imagined myself walking through the snow with all that textile of crinoline sweeping over the snowy surface feeling so powerful. Like wearing a corset to have your tits under control (laughs).

Teodora described some common 'femininity traits', like make-up and styling, and it was interesting to observe that a crinoline and corset that are most often understood as an 'imprisonment of the female body', were experienced by her as 'powerful' and 'under control'. She perceived that such an outfit gave her a strong 'feminine' position, unlike wearing less make-up, that was described as 'cool' – meaning detached or being above social expectations. Femininity, with its socially prescribed 'content' can become a tool of personal experimentation with visual identity, as in the case of Teodora. What can be oppressive for one woman can feel like empowerment to another.

Poppy told me that as a woman, she felt somehow 'left out' before attending Jona's treatments. She felt victimized by men and society. Following her words, by 'working on herself' she became more active and 'not just complaining about circumstances'. She started to see opportunities, not just obstacles, in her personal and social life and felt much more 'in charge' of her own life:

Poppy: I think women are caught in the role of victims through generations... we were victimized by men, society... Jona helped me to see above it. I used to blame others for my misery. I realized that women tend to feel helpless, but hey! ... I realized ... we can be active and we can overcome many things, not just complain about circumstances.

Unfortunately, I talk from my own experience; we do something about our self-perception as women only when we 'hit the ground' and not before.

Jona often reminded Poppy that 'being balanced as a woman' does not mean that one should treat 'her/his partner as a child'. At the treatments Jona explained to Poppy that she noticed her behavior towards her partner was 'commanding'. While being aware of the 'power struggle' between men and women, in Jona's opinion it was equally 'imbalanced'

to command one's partner, whether it was a woman or a man: 'That is a thing that does not look good, no matter how you look at it'.

Listening to Beatrice during our meetings was much about how the ballet, with its female iconography, shaped her perception of herself and women in general:

Beatrice: Being a ballerina was my whole identity, even when I had to stop dancing because of my spine ... I didn't even allow any interference with my perceived ballet ideals ... maybe lately I widened the picture a bit. That different forms and different women can be beautiful too ...

She described to me what femininity meant to her:

Beatrice: I think a woman is someone who is very tender and receptive, intuitive, honest. Feminine movements are very important to me, and definitely I prefer women who have slender bodies.

Beatrice was influenced by visual 'standards', by being involved with ballet and later, the media. She told me that her health problems, on a physical and psychological level, due to her unhealthy diet, were part of her life for a decade. Jona's treatments meant that she was prepared to at least 'consider a different lifestyle'. At our last interview, she told me how happy she was that during a visit abroad she was given a compliment that she 'would be an ideal mother'. For her, being perceived as 'anything' apart from being 'sexy' was a welcome change. Instead of feeling 'insulted' by what could be a patriarchal comment, she felt relaxed, since for her it meant 'an aspect of femininity' she had not considered, regarding herself:

Beatrice: I came from London with pneumonia; I had such a demanding schedule. I took antibiotics but they had a severe side affect on my reproductive organs, I developed a really bad inflammation. I had to go to hospital for a day where I was given an extra intravenous dose of medicines. But my situation did not improve. Luckily at that time, I had to go and work in Skopje and was recommended to a healer there. I visited him five times and I am totally OK now. He really helped me; I was in agonizing pain each time I had to urinate. His place was not what we would expect of a complementary healer here. He had some bottles with homemade liquor, I think you could also smoke ... not that he does not recommend healthy things to you. He actually advised me to have a child and not to invest so much energy in my career ... well ... it was interesting for me to hear that since I was always characterized as a saint or a whore ... but in Macedonia everyone saw in me 'an ideal mother' ... that was so unusual (laughs), it was for the first time for me, that people and children as well addressed me in this manner, I felt somehow relaxed by this ... well in Slovenia, in Italy they do not tell me this ...

Like Teodora describing wearing a corset and crinoline as an empowering female experience, a compliment of being an 'ideal mother' was empowering for Beatrice. For most women at Jona's treatments being an 'ideal mother' was a rather patriarchal concept. That is why it was impossible for me, as an observer, to generalize the experiences of women regarding their perception of femininity, even in the context of such a small group as Jona's treatments.

Annabel, being the oldest woman of Jona's clients experienced her female position in society to be about 'constant pretending'. Despite her financial independence she was raised to believe that women should please men and fear abandonment. That was exactly what happened to her. Her family and her husband took her money and her husband found another partner. These events provoked a great deal of anger in her, and by attending

Jona's treatments, she said, she somehow managed to stop this anger further destroying her life. Annabel started traveling with friends, 'working on herself' and living a healthy lifestyle. Despite initial rejection from her surroundings, she slowly gained respect from her family despite rejecting the traditional role of a wife, grandmother and mother.

Annabel: I observed how women behaved in my restaurant for years ... there is much fear ... women want to keep their partners and are pretending one way or another ... I would say that 80% of women are constantly trying to 'prove themselves' that they are worthy. I kept seeing that ... how they were trying to impress their partner so that they would love them. But I think we women do not love ourselves, and then search for this love from a partner. Well this is my story, I did not love myself ... how can you then love your family? Because I owned a restaurant, I was constantly among many people and I saw many things ... how women came in the late hours looking for their husbands ... when they entered they were very angry, but when they saw them they immediately became soft and started asking them very nicely if they would come home with them. Behind that sweet talk, they were still very angry, but fear stopped them expressing it. Fear that the man would leave them. I was the same, when my husband got a lover ... if I had not been involved in Jona's treatments at that time, no one could ever have convinced me that I had so much anger inside of me. When you start to relax and attend the treatments, then all this anger comes out ... you just have this killer rage. Before, I would say to such people going to such treatments that they were abnormal. I made a mistake by giving my husband a job in my restaurant. I had so many customers and he was envious, but I just ignored it, this was my way 'to sweep things under the carpet'. He did small things that provoked me every day and did not do what I asked him to do. I was too tired to have fights and there were customers ... but these things do build up inside of you. He was so jealous of my success, then I handed him over all money from the business... then things were a bit better. But what happened? From all that work I started to be sick ... stomach, legs, kidneys ... there

was always something.

Because of her work in the restaurant Annabel observed how her female costumers behaved towards their partners and she behaved the same way. Expressing violent emotions or taking action would not be considered 'feminine' in her immediate social environment and therefore 'inappropriate'. Jona connected this pattern of behavior to the historical deprivation of women who could rarely make a significant income (there were exceptions) and could not afford to be angry towards their husbands, in fear of their lives and usually of the lives of their children.

When I was talking to Barbara I gained a strong impression that she did not want to discuss the subject of femininity with me. I will refer to what I remembered from Jona's treatments. Barbara immersed herself in her role as a yoga teacher; she came to Jona treatments to solve a financial dispute regarding yoga classes. As I recalled from her conversations with Jona, she did not have any relationship at that time and preferred to avoid them. Barbara kept a special connection with her ex boyfriend who was also her best friend. Jona advised her to renew her partnership with him or find a new partner. In Jona's opinion, Barbara's avoidance of intimate relationships could be painful in the long term, if she was not mature enough 'for celibacy and being single'. Barbara told Jona at the treatments that she was fine with 'celibacy and being single'. I perceived Barbara to be closed on the subject of femininity during our interview, because she wanted to be considered solely as a yoga teacher who is 'above all that' (discussing femininity and possible related issues).

During our interview and at Jona's treatments, Laura didn't consider the position of women to be something 'problematic'. She came from a family where women were successful and felt empowered to lead the life they aimed for. For her, the only puzzlement was about her relationship, as she was obviously negotiating between being single and

‘exploring’ emotionally and sexually, and remaining with her long-term partner. As an ambitious young woman she was aware of the positive effects that a stable and supportive partner gave her, but she often considered leaving him. Jona suggested that she ‘work on’ her relationship, since her partner loved and supported her. Her suggestion to Laura was to be more open to him about what she felt. Laura thought that was rather difficult since he did not want to discuss spirituality with her; for him that was ‘rather nonsensical’.

Laura: I think women have problems in managing their partnerships, lack of knowledge, what to do when problems start to repeat themselves and with the ‘illusion of being in love’. Many people tend to blame their partners when ‘the magic is gone’. Jona explains, ‘the illusion of love’ - that you think you are in love with someone but when problems appear you blame the other person and seek to be ‘in love’ again with another person. One older guy told me that ‘the magic of relationships is gone in four years and then you should find someone else’. But my girlfriend, who has been married for 20 years, suggested to me that one should ‘try to find that magic again’. That is harder than just breaking up. I would say that being ‘in love’ or not, is a pressing problem for many women.

In the context of post-modern life women are, through media discourses, encouraged to ‘live to the fullest’ and simultaneously ‘reminded’ of the patriarchal norms of ‘proper behavior. Jona told Laura that when she was a student she had many boyfriends who ‘adored her’ but she treated them ‘disrespectfully’. On the basis of Jona’s personal experiences and ‘energy principles’ she advised Laura to be ‘honest’ with her boyfriend and express that if they did ‘not have mutual goals they would separate anyway’. By this, Jona wanted to ‘protect’ Laura from ‘bad karma’, a concept very much used in new age spirituality that presupposes ‘the pain we cause to others will return to us’. For Jona, it was important to explain to Laura that the way she treats her partner is crucial, even if they do

not remain together, for her future ‘happiness in love’. This aspect of new age spirituality derives from the notion that our partners are ‘our mirrors, reflecting our masculine or feminine side’. One should respect both sides of him/herself in order to be ‘balanced’. In Jona’s view, it is extremely fortunate to have only one partner in life. It is common to have several different partners over decades. According to ‘energy principles’, the least desired is to ‘repress ourselves’ because of ‘what others will think about us’. Jona ‘warned’ her clients that having one or more partners does not ‘liberate’ one from ‘his/her own negative patterns that will be reflected back to them in any relationship they choose’. At the treatments, Jona encouraged the women to stay in their relationships, as long as they were not abusive. Her advice was that if a woman managed to be ‘independently happy’ and her partner left her, it would be different from her leaving him when she was *reacting* (angry/jealous/disappointed). Jona believed that such a ‘process’ gave a woman ‘a better chance for a harmonious relationship’.

Antoniette had an elaborate opinion about the position of women in society and perceived femininity as highly problematic in the Slovenian context. She thought her generation ‘denied femininity’, because ‘we were experimenting’. Antoniette appreciated the socialist regime as she felt that they (women) all had the right for empowerment but ‘every single one of us who was not mediocre was immediately labeled as a slut or a saint and nothing in between’. As a company manager, she perceived that most men had difficulties with the fact that she was ‘the boss’. She told me that she flirted with her employees and ‘pretended to be stupid’; as she believed that otherwise she would not manage the team. Her experiences were so exhausting, she told me, that she wished her daughter would never take up a management role, in order to have a ‘less complicated life’.

Antoniette: I wish my daughter could have a simpler life ... because sometimes I think it isn't worth it ... to have a career and pretend all the time, because men can't handle the

fact that you are their boss. You read in the eyes of your clients 'What, she is your boss?', at all those meetings they (men) feel somehow threatened by a woman giving them orders, even if it all worked fine, and it did. I don't expect such men's behavior to change any time soon.

If Antoniette was somehow bitter that she had to 'play down' her hierarchic position in her own company, because of her gender, she was very enthusiastic when she talked about her maternal grandmother:

Antoniette: My great grandmother was such a fighter ... I am proud to have such ancestors ... she was a single mother - at that time, can you imagine! She rode a bicycle and started to work in a factory, she managed to build her own little house with the money she earned herself, without a husband. In those times that was nothing but a miracle! I guess I have her genes, which is why I became a boss and went against all the social prejudice ... like her ... it is so hard ... but I just can't help myself being like that ...

During our interview, Antoniette mentioned that her mother too was a successful businesswoman, and still managed to have a 'normal family life'. Antoniette thought that this was because during socialism, working hours were more 'human' and neighbors and relatives had time to be together. Now, she said 'all the pressure' was on the nuclear family, which is why it became 'impossible' not to be stressed out.

Gretchen, being involved with visual presentation of women, felt empowered by being 'an attractive woman' doing 'such business', but on the other hand it was very demanding for her (competition between colleagues). Gretchen was interested in the new age spirituality practices that emphasize the role of feminine traits in spirituality; the so-called 'Goddess

Principle'¹⁰¹.

Gretchen: I think that in general the feminine energy is somehow not present ... we are lacking the feminine touch ... things are not balanced, if you want to be a CEO and be feminine at the same time, no-one would pay attention, you would have no power or authority at all. Female power is different ... it is about gentleness ... it is hard to explain.

Gretchen felt that the female principle was denied access to spiritual competence and she was very keen to explore options that new age spirituality offered on that subject. She did not want to conform to 'social norms' and had left her son with her ex husband. At Jona's treatments she often mentioned that 'she had him when she was too young'. Jona encouraged her to 'balance her relationship' with her son and be 'more stable' in her role as a mother. Gretchen perceived femininity as a form of empowerment stemming from new age spirituality and somehow, Jona's practice, for her, was 'limiting her options'. Gretchen's opinion was that 'female power' was about 'gentleness'. The way she talked to me and at the treatments, her attitude was assertive and not oriented towards 'gentleness' the way most people understand the word. Once, Jona and Gretchen were meditating together and Gretchen saw her own heart during the meditation – it was made of metal pieces. Jona told Gretchen that she should consider 'her vision' and try to have a more 'soft heart'.

Chantal had held a prominent position in society; she was pleased with her appearance and her career and the fact that men appreciated her company. It was during her marriage, when her husband refused to have children 'that all the problems started'. She felt 'betrayed' and for the first time felt 'less worthy', because she didn't have children:

¹⁰¹ 'Goddess spirituality' is already mentioned in the text in several chapters.

Chantal: For me, femininity is about motherhood, tenderness, and receptivity, to be able to submit, to be strong. To be breakable but at the same time 'able to survive all'.

Similarly to Gretchen's interest in 'gentleness', Chantal's interest in 'tenderness' and her actual life style were different. Chantal was engaged in athletics and competitive sports that were far from 'submission and receptivity'. In her position at work, and in her marriage, she was also on the dominant side:

Chantal: During the first three years of our marriage we really had a lot of sex, we loved it, but it was almost too much, we did it several times every day. Then in one month he went twice to Japan because of his work and I went to tango festival where I had an affair ... we stopped having sex. I panicked, totally, I was sure he had an affair as well ... but after 10 years I realized ... I was having sex with others, but he never did. I reacted with panic and denial and I suppressed it all ... I started to make him jealous to show him how other men think that I am the most beautiful woman ... I also started to control him... but not to control him openly ... I never showed it ... but one can never not notice such things in a relationship ... I try to let go of this control, but it is very hard ...

Chantal spoke very openly about her marital issues that revealed the drama between her and her husband. Her experiences exposed the complicated relationship between empowerment, as sexual exploration, fear of rejection and manipulation that seriously threatened a marriage she wanted to keep. Despite the turbulent events in her relationship, Chantal did not discuss them with her husband.

The narratives of these women, about how they experienced themselves as women, were less 'straightforward' than I hoped as a researcher. Macpherson mentioned several academic efforts to 'locate the gender' in new age spirituality.

For an individual is affected by 'authoritative' discourses from the fields of science, medicine, religion and politics etc., in relation to 'how one should be as a human being'. Correspondingly, the 'experts' in this field promote standards of 'acceptable behavior' for the individual in relation to gendered bodies, minds, and souls. (Macpherson, 2008: 168)

Unlike in 'authoritative' fields, she writes, the category of gender in new age spirituality is often messy and unstructured, thus allowing individuals to draw from it what they need (Macpherson, 2008: 168). 'Being a woman' and femininity were not central issues at Jona's treatments. All her treatments were directly and indirectly connected to the subject, as her clients were women. Jona's treatments were feminist in the sense that they were empowering the women to take their 'full position in society and family' and dedicated to equality among people. For Jona it was equally 'unbalanced' if a woman was trying to dominate a man, and vice versa. The same 'energy principle' should be applied in all structures of life.¹⁰² To be a woman, for Jona, meant to be balanced, to be independent and to be in an open dialogue. At the treatments, Jona often referred to writings of Carlos Castaneda as he wrote that a uterus is a place 'for manifestations', not only in the sense of reproduction but 'spiritual power'. This biological 'predisposition' of women is supposed to bring about a spiritual evolution. It does not mean that women are more spiritually 'talented' than men, but 'that they can receive energy in a different way'.

Jona: I read that Don Juan told Castaneda about 'this world being tailored to suit men'. While it was women who carried out the biological evolution of humanity, it is said that they will also bring about the spiritual evolution. Saying this, we have to know that both

¹⁰² Parenting is not understood as dominating but explaining and being 'balanced'. For Jona adults must take care of children and give them rules in order to provide them with structure and meaning. But most all children should see 'balanced' relationship between parents – where no one dominates over the other.

genders are equally necessary for the dynamics in the Universe to function. The friction between plus and minus, darkness and light, male and female – creates energy. The female energy has its own quality, and the male likewise its own. As with spirituality – some religions have status and power and some don't – men currently have more status and power than women. It is important to accept this negative fact, especially if you are a woman. Women are very quickly labeled as less worthy, especially if they speak of their problems. If a man does the same thing, it is seen as a sign of power, that he has the courage to be vulnerable. Women in leading positions showing weakness are labeled as imperfect, not strong enough, not worthy. Women judging other women for their weakness in this way contribute to the maintenance of a patriarchal order, which does not appreciate equality. The outward manifestation of women can be the opposite – one can fight for the equality of women but, inwardly, still have men on a pedestal, as more worthy.

At the treatments, Jona promoted the role of women to be the one of knowledge. She did not consider it is necessary for a woman to be a mother or a wife in order to be 'fulfilled'. If marriage and children were a 'burning wish' of a woman, it was, in her opinion, better to 'have that experience instead of pretending to be above that'.

Macpherson noticed, during her fieldwork in Scotland, 'some fixity of gender role' with women often locating themselves relationally as wives and mothers in the first instance (Macpherson, 2008: 85). During Jona's treatments the women were encouraged to perceive themselves as individual 'souls' with 'a mission'. Some of those 'lessons' might include being a mother and wife. In any 'lesson' Jona told her clients that it was important to be balanced. Jona often 'warned' her clients not to be 'too obsessed with their children and partners' as 'they might have their own paths'. It meant that partners could leave them for several reasons and children could decide to leave home early or otherwise be out of contact. Therefore, for Jona, women should try to be aware that people around them

cannot be 'controlled', as they are all a part of the constant changes we face. As Jona suggested, all her clients could control was how they would respond to a certain situation.

I perceived Jona's treatments to be challenging the notion of what it means to 'live as a woman'. The role of a woman, in this context, was not primarily connected to gender identity but 'energy'. Femininity in this case becomes a 'side effect' of 'energy' embodied in a female body that is individual, as each person has an individual 'soul purpose'. Such a concept of femininity tends to be less oppressive for women, as each person has 'a unique role'. From the perspective of 'energy' it is important that one is 'balanced', not influenced by social expectations that vary through time and different cultural environments.

According to Jona, what is important for each person is how an individual uses his/her 'energy' to bring about his/her personal and social well-being.

We need, so the narrative goes, to let go of ego-driven mores and selfish, self-serving behavior and get back in touch with our higher spiritual purpose [...] in general emphasis is placed on taking responsibility for one's Self and actively healing the social factors that are causing distress and corresponded dis-ease, such as problems at home or in the workplace (Macpherson, 2008: 65).

A common 'social expectation' is that women should be partners and mothers with the ability to earn an income. It became clear that problems appear when their immediate environment rarely promotes discussion of the content of their relationships, and how they can be 'maintained'. I concluded by discussing with my respondents that we are mostly not equipped with the knowledge to manage conflict, but usually are forced 'to learn as it happens'. Managing certain social expectations is but a beginning of 'healing femininity' since 'ego-driven' impulses, as Macpherson formulated, are much harder to dissolve. Jona's clients, in previous chapters, described the process of 'dissolving the ego'

as quite a devastating personal experience. Do women in the context of new age spirituality and complementary healing exchange just one set of ‘demands’ for another? Yes and no. On a spiritual path, one (whether a man or a woman) should become balanced, and by this, help themselves and others. Being balanced, being ‘healed’ in this context, is not a final destination, but an ongoing process that should bring about inner sense of stability, peace and joy. I remember how the women at the treatments cited to Jona: ‘I try so hard and yet – no results! Others are not even trying to change! Does what we are doing make sense at all? I just want to give up!’ When reading Macpherson’s (2008) ethnographic description of her fieldwork in the European context I did not come across doubts as strong as those I witnessed during my fieldwork. I suspect that even if they were not mentioned, they are an integral part of each personal transformation. ‘Healing femininity – balancing energies’ for Macpherson means:

On a practical level, emphasis is placed on the fact that there are alternatives to bio-medical and mainstream religious designations, of being human, as we have seen. New models are individuality developed based on experiential practice, where the sacred becomes re-embodied and the self empowered. For women, this is active engagement in a politics of reclamation (Macpherson, 2008: 221).

V. Why Are Women Doing It? Personal and Social Reconstruction

1. New Age Spirituality - Consumerist Escapism or Civil Movement?

State-provided security was the cornerstone of socialist ideology in Slovenia as a part of Yugoslavia. As such, it was experienced contradictively as a ‘totalitarian oppression’ and a ‘golden era’. In Slovene political discourse, this binary opposition is still present when referring to this period. The state-planned economy in Slovenia was replaced after 1991 by

neo-liberal market logic and consumerism. This shift was also reflected in everyday life experiences. During my graduate studies, lending lecture notes to colleagues was something taken for granted. Recently this practice became a marketable transaction, evidenced by a Slovenian web search for ‘selling lecture notes’ returning 581,000 sites.¹⁰³

Bauman commented on such occurrences:

Once life-enhancing goods start to move from the non-monetary realm to the commodity market, there is no stopping them: the movement tends to develop its own momentum and becomes self-propelling and self-accelerating, diminishing yet further the supply of goods that by their nature can only be produced personally and can only flourish in the setting of intense and intimate human relationships (Bauman, 2008: 8)

For Bauman the willingness to be less cooperative with others, on the basis of principles that ‘no money, can’t buy’, had far reaching consequences. With less intimate human contact the sense of identity is being lost, he wrote, and substituted with the commodities of a neo-liberal market economy (Bauman, 2008). For large numbers of people, being engaged in social life today means being immersed in the world of instant and constant media messages, ruled by, it appears, the unavoidable advertising industry. It means inhabiting a culture of mobile phones, laptops and web connections. Technology has significantly changed access to information and accelerated communication in professional and private lives. Bigger segments of the population have access to biomedicine that, by using advanced technologies, enables many people to survive, live longer and have a better quality of life, which could hardly be imagined a decade ago.

¹⁰³ A female student when asked about solidarity among students replied: ‘Individuality is the trend of the time we are living in, with an exception of student parties, where we don’t compete’. Professor Jogan commented this situation that intellectuals being overwhelmed with neo-liberal individualism will be hardly able to operate crucial positions in the society, where ethical principles – well-being of the entire society is necessary (Perinović, Grča, 2009: 17).

International transport has expanded, more people travel, ideas can be shared, and social networks like *Wikipedia*, *Facebook* and *Twitter* further blur the distinction between public/private and local/global. With those changes also came the war on ‘terrorism’, genetically modified food, destruction of natural habitats, global warming, biometric passports and camera surveillance. After a media scandal *par excellence* in 2010 – where Wikileaks revealed classified diplomatic correspondence to the public - there was much disappointment over the anti-humanitarian politics of democratic governments. Information that ‘leaked’ presented the so-called developed world as profit-oriented, eschewing humanitarian values. Seemingly affluent Western society can no longer be considered a ‘promised land’ of human rights, but predominantly a highly competitive market, where the priority is to find or keep a working position, and a regular income. In such an environment, structures like state, religion and family often don’t act as ‘safety nets’ for our existence. In the era where anxieties and concern for the planet’s pollution are acute, people look for alternatives like new age spirituality that strive to preserve a balance between people and environment. In fact, new age spirituality connects the pollution of environment and people:

Those of us who enjoy the benefits of living in modern civilization also suffer from disadvantages: pollution of our air, water and food by chemicals and radiation, pollution of our minds by noise and information overload, pollution of our humanness by automation, specialization, and the pressure of deadlines, and pollution of our emotions by loneliness, alienation and the breakdown of the family (Svoboda, 2004: v).

Svoboda, as a doctor of Ayurveda in the manner of new age spirituality, pointed to the ‘price’ of modern civilization that is perceived overall as ‘pollution’. New age spirituality aims for transformation in all things that are not in ‘balance’ in the environmental and social sense. It promotes humanity, peace and respect for nature as well as for human

relations. These ideals are popularly known under the term “the Age of Aquarius” , an astrological era when everyone should try to live in harmony with one another and their environment, not on the premise of fear, command or laws but out of developed consciousness – the ‘true human potential’.

The concept of New Age comes from the astrological theory that we are entering the Age of Aquarius as we approach the year 2000 and that this is stimulating a planetary shift in consciousness, which will result in human beings living together more peacefully (Brink, 1992: 7).

This ethos is reflected also in the lyrics of the song *Aquarius/Let the sunshine in* that appeared in the film *Hair* (1967):

*Harmony and understanding,
Sympathy and trust abounding,
No more falsehoods or derisions.
Golden living dreams of visions,
Mystic crystal revelation
And the mind's true liberation.
Aquarius! Aquarius! (The 5th Dimension, 1967)¹⁰⁴*

The excerpt from the song outlines the plot of the film *Hair* that portrayed the hippie youth movement in the United States during the time of Vietnam War. It promoted non-violence, equality for all people and breaking from a solely materialistic way of life, while embracing eastern spiritual practices. The Hippie movement was significant as a subculture in the 1960's and 70's, but is not to be considered synonymous with new age spirituality, though it does share the same views on the Age of Aquarius (Puttick, 1997).

¹⁰⁴ <http://www.elyrics.net/read/0-9/5th-dimension-lyrics/age-of-aquarius-lyrics.html> (23. 8. 2010).

New age spirituality cannot be considered a youth subculture, as it is practiced by adult segments of the population who integrate differently in social life from youth movements. There is another important difference between the hippie movement and new age spirituality – the latter does not encourage experimenting with consciousness altering substances such as, marijuana.¹⁰⁵ With new age spirituality putting great emphasis on health and well-being, such conduct would not be seen as promoting ‘balance’.

The narrative of new age spirituality says that institutions such as the church, the state and science have disowned humans of their potential, and that people must have the opportunity to seek their ‘inner truth’ (Hanegraaff, 1996). Not that structures like science, the church or the state are negated by practitioners of new age spirituality – they are, rather, seen as agents of power that have denied the full empowerment of the people. That is why in new age spirituality ‘all knowledge of the World’ counts, if it leads to ‘balance’.

With the advent of the New Age it is believed that people will become more aware that we are all part of an interconnected network of beings (whether human, animal, plant, mineral or alien) and that separation is an illusion because everything we do and think and feel affects what goes on around us. Technology is essential to the promotion of this more global awareness (Brink, 1992: 7).

As I noted during this research, information technology such as Brink formulated, with its implemented social networks, thrives with civil initiatives inspired by new age spirituality to ‘better the World’. The narratives are full of a sense of urgency that ‘the World should change’ and that ‘everyone counts’, regardless of age, ethnicity or gender.

¹⁰⁵ During 1966 and 1967 in San Francisco *psychedelic movement* occurred promoting the use of marijuana and LSD as means to experience ‘love’ unburdened by denominations of race, ethnicity, religion and other conventions (Ban, 2008: 139).

If personal transformation on large scale is possible, argues the New Age, then social and cultural transformation is also possible. It is, of course, this hope of complete transformation of society that gives the movement its name (Melton, 1992: 19 in Mears and Ellison: 291).

New age spirituality is, as Ban writes, a ‘Western cultural phenomenon’ that began in the 19th century and to this day has had no elected holy texts, official spiritual leaders, headquarters or location (Ban, 2008: 21). Hanegraaff’s description of new age spirituality distinguished four ‘branches’: holism (complementary healing), neo-paganism, transcendental communication and new age science (Hanegraaff, 1996: 23). I have already written about holism (complementary healing) regarding Jona’s practice, as well as transcendental communications that denote ‘the guidance within’ or other sources of light/spirit/energy that inspire a person towards ‘balance’, peace or similar. To outline neo-paganism – it is present in countries with Celtic traditions (England, Scotland, Ireland and subsequently North America). It promotes the ‘Goddess principle’ and the ‘true’ feminine principles that were suppressed by (mainly) Christianity. For Ingram, contemporary goddess spiritualities attempt, by uncovering stories of women’s lost heritage, to restore an image of powerful womanhood. This is in order to correct the concept that subordination is a natural condition for women (Ingram, 2000: 51). In neo-paganism there is also an attempt to disabuse the term *witch* as denoting a ‘woman of knowledge’. Instead, they use the term *Wicca*, which has become a synonym for neo-paganism (Macpherson, 2008; Ban, 2008). In Slovenia, Wicca is, to my knowledge, seldom¹⁰⁶ practiced and this terminology is not common to most CAM and new age spirituality practitioners I talked to. New age science is yet another term that demands an elaborate explanation. Since this is not the subject of my research, I refer to Hanegraaff’s

¹⁰⁶ To my knowledge there is no systematic quantitative research about new age spirituality users in Slovenia available - this information is based on my fieldwork experiences.

description that claims it to be an appropriation of ‘real’ science to the domain of new age spirituality – most frequently regarding physics such as quantum field theory (Hanegraaff, 1996). Although, Macpherson commented, New Agers ‘may be critical of science as reductionist and rational, they as equally happily adopt scientific theories when they appear to support their own theories’ (Macpherson, 2008: 168).

Most popularized aspects of new age spirituality in Slovenia, as far as I could detect during this research, are complementary healing and transcendental communications, being most frequently used in every day discourse and popular media. If anything, new age spirituality is perceived and described in a broad spectrum, as it is a polymorphous subject for those who use and practice it, as for those who observe it from a lesser or greater distance.

Ban commented that new age spirituality ‘uncritically’ draws from Buddhist, Christian, Hindu, Tao, Islamic and acclaimed secular, philosophical and scientific works. Each of these influences on new age spirituality, are according to the author, ‘non-committing’ for a practitioner, as each can choose his or her priorities according to an experiential basis. From my own fieldwork experiences, I partially oppose Ban’s statement following Macpherson (2008): that practitioners of new age spirituality are ‘uncritical’ and ‘non-committing’ when gathering their information/knowledge. I do agree that such conduct appears puzzling and disoriented when observed in practice, as it was for me in my fieldwork, but after witnessing the amount of personal investment by a practitioner such as Jona, and her clients, the term ‘non-commitment’ cannot be considered accurate, since they had to be *committed* to carrying out and applying ‘energy principles’ in their daily lives. An ‘un-critical’ approach to spiritual content can be only understood, if perceived through a ‘white/male/Christian’ position of knowledge as a normative. Women who are practicing new age spirituality appropriate religious content and tend to disregard the established protocol of interpretation. Thus, Sutcliffe noted, new age spirituality is

considered as ‘*plebeian* and *vulgar* spirituality’ (Sutcliffe, 2003: 10 in Macpherson, 2008: 27). At Jona’s treatments, spiritual content was contested in the dynamics of the relationship between practitioner/clients and their immediate environment. Macpherson mentioned the same notions: that there are ‘multivalent discourses of power within treatments’ and that ‘New Age teachers set up contexts where a person may look within him or herself for a source of authority’ (Macpherson, 2008: 166, 186).

Defining spirituality and locating it within social life is notoriously difficult. Much like religion or experience, spirituality is bewildering, not by a lack of definitions but by almost endless proliferation of them. Most definitions – including those that are historical or genealogical, as well as those that are psychological, perennial, or neurological – have served to protect, defend, debunk or claim certain territory for the spiritual; these definitions conformed more than they illuminated (Bender, 2010: 5).

Bender claims that the elusive nature of spirituality doesn’t prevent it from thriving among people (Bender, 2010). In new age spirituality transforming and redefining self, personal change is essential, if one is to become ‘whole’ or ‘healed’. The body is understood in the terms of ‘energy’ as explained in TCM, Ayurveda, and many other healing systems. Such contexts state that, in order to understand illness as ‘a message from the physical body that some life situation is being ignored’ (Macpherson, 2008: 94). Not only the body but the entire human existence is seen through the perspective of ‘energy’, consciousness and spiritual purpose. These principles encourage new age spirituality practitioners to become, Macpherson noted, ‘active agents’ who can perceive ‘new images of what it means to be a man or a woman’. Persons involved in personal transformation, healing and empowering practices of new age spirituality as social beings, reflect and share their involvement in different social settings. Therefore new age spirituality is an individual and civil movement. It is inspired by a person’s need to seek advice, help, company and means of

transformation also outside the domain of established structures. For Jona, new age spirituality presented opportunities as well as challenges. For her, opportunities were stemming from a personal freedom to see ‘unity’ in all spiritual practices, while challenges were due to greater responsibility of the individual’s spiritual agency and an imperative of being ‘fluid’.

Jona: Women in new age spirituality face more difficulties than teachers of more established spiritual paths who have a firm course and systematized knowledge that has been in use for centuries supporting their work. Such paths are good for spiritual development, but the world is changing, knowledge has become accessible to everyone, all techniques and beliefs have one common goal. That is why differences are diminishing and unity is appearing. Personally I am not enlightened, which is why I have to accept various challenges. New age spirituality is supporting an independent spiritual guidance available to each person; it does not expect us to follow one teacher or technique for our entire life. One can get a new teacher or guidance for other dimensions. Everything changes and moves, which is why it is most important to be fluid. Without accepting things the way they are for others, and ourselves with all our faults, we will not be in peace. Despite our dedicated spiritual effort we can get caught in a fixed position, which will lead to suffering. We must continue to balance our energy with any technique we can use – breathing, prayer, affirmations, whatever is most efficient to calm us and make us understand.

Macpherson noted that new age spirituality practitioners ‘eclectically pick from a variety of traditions which they mold into new forms according to their own empirical testing’. Their clients are in a position to put their trust in them until they test the ‘truth’ of their path themselves (Macpherson, 1994: 46). Jona described her practical problems of having less support (financial and other) as a new age spirituality practitioner. In her narrative,

secular and sacred aspects of her engagement are openly presented and discussed. That is probably why as Potrata found, theoretical definitions of new age spirituality ranged from being described as ‘revival of metaphysics’ to ‘spiritual marketing’ (Potrata, 2001: 164). For Bender, it is secular logic, rather than connections to an esoteric or subterranean nature, which makes academia disregard current spiritual endeavors (Bender, 2010: 182). To complicate matters further, new age spirituality in practice resists the idea of secularization, as it aims to perceive all aspects of life as sacred, and as Jona said ‘everything is energy and every moment counts’. Nevertheless, new age spirituality most often comes across as secular or even, as Sutcliffe wrote, ‘plebian and vulgar’ (Sutcliffe, 2003: 10 in Macpherson, 2008: 27). New age spirituality escapes the theoretical outlines of ‘secular’ and ‘sacred’ while repeating what most known forms of belief claim: that people should seek to be in contact with the divine/light/energy (in whatever form) and live in harmony with others and their environment. It is the secularized practice of these principles that places new age spirituality outside the domain of traditional religions and beliefs. A presentation of the paradoxes surrounding new age spirituality can be traced on a pack of herbal tea available in almost every store in Slovenia:

The preciousness of time – there are only a few occasions in modern history that have changed time as the sixties. YOGI TEA® was a pioneer in the west when it was first served in 1969. YOGI TEA® began with the purpose of building a conscious relationship with the Body, Mind and Spirit and by that became part of new world renaissance, where cultures opened up to exchange and share wisdoms to support new rhythm of life. YOGI TEA® applies collective knowledge and wisdoms to create tea formulas for everyone to enjoy.

Being a yogi would most commonly include a dedicated practice of yoga, which is demanding in its elaborate instructions about exercises, diet and entire lifestyle. There would be but few ‘customers’ in the Western market who could identify with the name of

the tea and what it represents, unless, as advertised, this tea was actually ‘for everyone to enjoy’. The company advertises this ‘trade mark registered’ tea by a name that was ‘invented’ by people at some geographical and historical distance. It seems they ‘registered’ something they never took part in ‘inventing’, while they claim they are collaborating in a ‘new world renaissance’. On every pack of tea (the blend I purchased is called *Forever Young*) there are some yoga postures described and on every individual bag of tea there is a motivational sentence, for example: ‘When ego is lost limit is lost.’ They state no author for this proverb either. Being intrigued by this new age spirituality innuendo, I searched for more information about this tea company on the web and discovered that it happened to be immersed in a legal battle. The information I found suggested that the brand ‘yogi tea’ was inspired by a Sikh spiritual leader who has taught yoga in Oregon (USA) since the 1960’s. His wife and children (the spiritual leader being recently deceased) issued a lawsuit against the board members of the company making the tea. One of their accusations was, among others, that board members were not giving enough money for ‘religious purposes’, ‘moving away from tradition’ and were ‘pushing away the relatives’ of the mentioned Sikh yoga teacher. The Sikh community in Oregon, meanwhile, considered this particular yoga teacher to be ‘disregarding Sikh tradition’ and leading a ‘sect’.¹⁰⁷

The multi-layered dimensions of new age spirituality can be recognized in the context of late post-modern life by observing as mundane an object as a pack of herbal tea. This informs us that new age spirituality is most often inspired by ‘ancient’ knowledge, and can be presented in a ‘matter of fact’ form to a consumer in another cultural environment. The ‘yogi tea’ promotional text exposed several paradoxes of new age spirituality: appropriating traditional forms (like yoga), addressing the masses (for everyone), appealing to a civil movement (new world renaissance, new lifestyle, collective), offering a better quality of life, while promoting a complementary approach

¹⁰⁷ <http://www.sikhnn.com/node/1505> (13. 8. 2011).

(connecting mind, body and spirit). This commercial message could be cynically dismissed, but the fact is that it is present with its content and meaning on the market shelf as it obviously sells. Otherwise, it would be removed.

Since most of practitioners of new age spirituality are middle class, educated and grounded in their environment, they are less likely to undertake radical practices to transform their lives. Rather, they seek to support, to various extents, that what they believe and experience is better for their well-being in their current social reality. Purchasing power enables them to select a market commodity and by this support 'the cause' they want. According to Bender, metaphysical practitioners don't ignore the differences between popular sociology's invisible forces ('the state', 'the economy') and metaphysical forces ('karma', 'energy', 'soul clusters'), as each system, social process, or 'force' 'presents moral stories about how they can be changed, resisted, or lived within' (Bender, 2010: 186). That is why new age spirituality is both a civil movement and a flourishing market. The boundaries between secular and sacred in new age spirituality are fluid, as, according to Bender, metaphysical 'messages' can be fully translated in the mundane realms of daily life. The author noted that such practice demands creativity and a conscious expansion of a person's spirituality that, above all for the practitioners, is above mere choice, more 'a calling' (Bender, 2010: 186).

2. Why are Women Doing It – Personal and Social Reconstruction

As authors from the field of CAM and new age spirituality stress, women get involved with such practices, methods and groups in far greater percentages than men (Hanegraaff, 1996; Potrata, 2000; Ban, 2008; Macpherson, 2008). There are different perspectives on why it is so. The first answer is a historical fact: it is because they were not allowed to fully engage in the hierarchic structures of religion, state and science, not only in Slovenia

but also in the majority of existing societies. Even today it remains so, to a greater or lesser degree. Women, by being involved with 'alternative' spiritual or healing practices, did and do so, to challenge the existing injustices of the hierarchical systems denied to them, or used and use them as the only option, or one of few, available them. According to Wade, associations between women, the feminine and oppositional knowledge were present since the late-nineteenth-century (Wade, 2004: 79). The author noted that women were considered as 'mystical' and men as 'rational', when it came to choices regarding spirituality or healing. According to Wade, scientific explanations of that time reported an 'unfortunate antipathy' between the "scientific - academic mind" and the "feminine - mystical" mind'. Alternative political movements and systems of knowledge were therefore regularly feminized with the intent of dismissing them as superstitious (Wade, 2004: 78-79). Today, women users and practitioners of new age spirituality are not considered more 'rational', as they were in the 19th century. According to Macpherson, they are considered as 'gullible to succumb to "non-scientific" belief' or even as 'charlatans due to promotion of such practices to fee paying clients' (Macpherson, 2008: 38).

Why would women risk such a social stigma, as described by Macpherson, to be involved in questionable practices? Medical anthropology seeks to unveil the social as well as cultural circumstances of any human endeavor. For most women in Slovenia, living through transition from the socialist model of a state-planned economy to the contemporary market oriented economy, was a major shift, with a specific effect on them. The women who participated at Jona's treatments, perceived new social conditions with changed moral landscapes as a significant challenge to them. Changed social conditions, however, were not the single, isolated reason why they became engaged with complementary healing, in the context of new age spirituality. Rather, political and social changes affected the structure of their everyday lives, resulting in the modification of

decisions they, as women, made regarding their lives. These social changes affected their intimate relationships regarding the dimensions of social security, gender equality and social expectations. According to recent research conducted by biomedical authorities in Slovenia, based on a postal survey of 3181 women, this transition had ‘undesirable side effects on their quality of life’ (Pahor et al. 2009: 283). One of the major reasons for the decline in quality of life was stress, due to a permanent threat of losing a job, the research claims. For a woman in Slovenia, having a job is ‘extremely important’, the research noted, since her ‘contribution to the family budget is substantial’. Pahor et al. noted that apart from uncertainty, working hours changed as well; before the year 2000 they were from 8 am to 4 am and occasionally longer; nowadays in private companies women (and all employees, but women especially) are ‘silently’ expected to stay as long as they might be needed. In fear of losing a job, women accept inappropriate working conditions (Pahor et al., 2009: 285-286). According to data released by Eurostat¹⁰⁸ Slovenia's GDP per capita expressed in purchasing power standards, reached 90% of the average for all 27 members of the EU in 2008. While these economic statistics place Slovenia in the domain of so-called developed countries, this number does not reveal all the aspects of everyday life for women. It should be taken into consideration that the current social circumstances in Slovenia would most likely be experienced differently under changed historical and cultural influences.

Cross-culturally, the same objective condition may be perceived as one of distress or as one to be taken for granted (Csordas and Kleinman, 1996: 13).

We have to take into account Csordas and Kleinman’s notion when reading Friedan as well. The author identified a ‘problem with no name, of epidemic proportions’, describing the living conditions of housewives in the 50’s and 60’s in the United States, in the midst

¹⁰⁸ http://www.stat.si/eng/novica_prikazi.aspx?id=2452 (7. 12. 2010).

of economic prosperity. In this specific situation the problem was that women were not encouraged into education and public involvement, and therefore felt numbed.¹⁰⁹ At that time it was expected of women to be 'naturally fulfilled', by staying at home being mothers and housewives (Friedan, 1963: 37). I referred to Friedan to suggest that women's position in Slovenia should also be understood through the intersection of different cultural and social influences, global as well as local.

After the 1990's, women in Slovenia encountered social transition, not entirely without resemblance to Friedan's writings. An awarded poet, Barbara Korun, was asked about the position of women in Slovenia. Her answer managed to present the social reality women face today:

It seems that all feministic efforts disappeared. I can see a sort of surrender and fatalism in today's youth, there is no revolutionary spirit, they prefer to seek shelter in a family circle. Maybe this is because it is very hard to get a permanent job placement, I can understand that is the reason why they seek safety and protection that we had in society, in family. I was a child of socialism; we were 'raised' by a society that enforced our sense of solidarity.¹¹⁰

But not all women can find 'shelter' in the midst of their families. In this social context new age spirituality could be understood as an ideal 'get away' from social injustice that often results in a personal drama. Rather, as Puttick suggested, new age spirituality groups present a critique of society, as they offer the possibility of a stabilizing effect for its participants, or 'viable alternatives to the dysfunctional nuclear families into which many

¹⁰⁹ As Rommelspacher noted: 'Autonomy must not be the fundamental criterion for human rights but rather expression of specific living conditions, especially in advanced capitalism where everybody can and has to live more or less on their own (Rommelspacher, 2008: 194).

¹¹⁰ <http://www.delo.si/kultura/knjizevni-listi/veronikina-nagrajenka-barbara-korun-vsec-mi-je-kadar-me-oznacijo-za-feministko.html> (23. 8. 2011).

participants were born' (Puttick, 1997: 3). That is why some women in Slovenia decide to seek non-institutional help to reconstruct their well-being. Considering that New Age spirituality has to be paid for (as in the case of Jona), the question is "why are women doing it?" According to Pahor's findings:

Cultural norms in Slovenia put enormous pressure on the women aged 30-35. On one hand they are 'obliged' to create a family, while on the other they want to consolidate their professional career, and this pressure cannot be totally managed. Consequently stress breaks out (Pahor et. al, 2009: 284).

Research found that some women tried to avoid the negative experiences of their mothers by having none or fewer children, if they were forced to choose between the professional career and the traditional role of a woman in the society. Women in Slovenia still do the majority of housework (28.5 hours per week, men 7 hours per week) and childcare (27.3 hours per week, men 17.9 hours). Given the nearly 85% employment rate among women aged 25-49 years this workload means a double burden for them. Expensive child-care services and a non-availability of suitable housing gravely co-created the problems in transition (Pahor et al. 2009: 286). Political discourse in Slovenia officially 'invites' women to get fully involved in both public and private spheres. For women 'to get involved' is based mostly on financial resources that are scarce for most of them, meanwhile being told they have 'all the possibilities'. The narratives of Jona's clients revealed, and as I could observe, social reality in Slovenia is different from a political discourse that is declaratively democratic but often fails when it comes to applying these principles to everyday life. Notions of Mears and Ellison could explain their attendance of Jona's treatments:

New age groups and practices give women greater voice, allowing them to move out of

traditional roles and to overcome their marginal status within mainstream religions and communities (Mears and Ellison, 2000: 293).

Mears and Ellison perceived such women's engagement to be an act of empowerment and upward mobility (Mears and Ellison, 2000: 292). The main critique of new age spirituality (in the context of which most complementary healing practices are embedded) is, according to Mears and Ellison as well as Rutar, that they actually propel neoliberal economy and 'self-management' (Mears and Ellison, 2000: 308; Rutar, 2009: 157). The main critiques of new age spirituality in the context of the post-socialist environment are that it is materialistic and consumerist – aligned with dominant American cultural themes with 'emphasis on personal and societal transformation, self-actualization, self-help and empowerment, and the efforts to harmonize spirituality, science and politics' (Mears and Ellison, 2000: 308). While these aims cannot be denied for most new age spirituality practices, it is important to note that new age spirituality promotes these principles in the context, as Potrata observed, of ethical conduct and respect for nature and all beings (Potrata, 2002: 187). Thus, it motivates individuals to 'reflect upon and develop new ideas of personal identity and autonomy' (Macpherson, 2008: 85). I described in my ethnographic observations that Jona's clients were not passive followers, but rather users, of complementary healing embedded in a new age spirituality which propelled them into personal change. Therefore, as McGuire has found, their 'healing is linked with personal empowerment; issues of meaning, moral order and responsibility; and alternative [non-medical] understanding of the self in the relationship to society' (McGuire 1998: 202 in Macpherson, 2008: 94).

The women attending Jona's treatments 'were doing it', because biomedicine could not provide them with complex answers for their questions, which range from social issues and marital conflicts, to metaphysical realms. Their working environment was stressful,

family life often tense and, due to a constant threat of financial instability, they had to invest most of their time in work. With almost no free time they had fewer options to spend time with friends, colleagues or relatives who could provide them with meaningful support. Complementary healing and new age spirituality are more than a critique of society, ‘a helping hand’ or a ‘surrogate family’. By providing ‘energy’ principles, they enable a different perspective on life, leaving room for a different kind of agency. ‘Being healed’, as Macpherson explained, is not ‘an end result, but an ongoing transformation of self-to-society’. The main difference between biomedical and other social approaches is that complementary healing in the context of new age spirituality ‘is about becoming a balanced energetic whole’ (Macpherson, 2008: 218, 221).

Conclusion

Medical anthropology is involved with researching medical pluralism, as was my research. It aims to ‘emphasize different perspectives (of professionals, patients, users, and institutions) and the multiplicity of realities within each field to understand the ways in which different therapeutic approaches act side by side, sometimes in competition with each other, while also having mutual impacts’. I agree that today, medical pluralism is an important field of research and reflection, ‘especially while there are constant renegotiations and new dynamics, which need to be taken into account’.¹¹¹

New medical approaches linked to biomedical treatments, with fast developing technological equipment, are spreading globally. Not only modern biomedicine, but various other methods of healing, and understanding of the body, are spreading throughout the world. Both affect the professionals/practitioners and users in the way we experience and think about health and body. Each method, be it biomedical or, for example, complementary, is appropriated to the local environments with their specific needs and

¹¹¹ <http://www.easaonline.org/networks/medical/events.htm> (13. 6. 2011).

moral perspectives.

*Simultaneously, these dynamics involve different actors (humans, artifacts, groups, communities) across the world, and different institutions (for instance hospitals, professional organizations, enterprises, governments, non-governmental organizations) on inter and transnational levels. In various ways these diverse actors and institutions have divergent goals and pursue distinct interests, which deeply shape health policies and thus contribute directly and indirectly to the hierarchical organization of pluralistic medical arrangements, and to their constant re-negotiation.*¹¹²

Kleinman and Good, as leading medical anthropologists with biomedical backgrounds, both emphasized the need to change certain paradigms in biomedical discourse towards health, healing and above all, its users. The main imperative to change rests in the notion that biomedicine is not an objective science but rather a set of constantly contested and improved knowledge shaped by social environment. Kleinman observed that there is no such thing as ‘essential medicine’, since all are dependent on historical context. As he noted: ‘The moral, political, and medical are culturally interrelated’ (Kleinman, 1995: 16,23). Kleinman proposed the following question to explain why the need for biomedical self-reflexivity is important:

[W]e need to specify how it is that the very processes that make biomedicine effective as a technical rationality and strategy of social action so often become, under particular political and economic regimes, a barrier, at times the major barrier, to improved health and good-quality health care. A chief predicament for the profession concerned with human problems is how they contribute to those problems, or, at least, limit the potential solutions (Kleinman, 1995: 17)

¹¹² *ibid.*

One can hardly object to biomedical efficiency and its rationality and most users are acutely aware of that. Thus the efficiency and rationality of biomedicine cannot represent the totality of personal/human experience regarding their well-being. Despite that, Good commented that in the current social climate lay beliefs, which are still considered to be ultimately 'false' and in need of 'correction by public health' (Good, 1994: 23-40). That is why as David noted, that in this postmodern age any other approaches to health that are not biomedical will be labeled as comprising:

[I]ndigestible leftovers generated through the binary thinking endemic to Western rationalism: a residue in excess of what biomedical model can accommodate or explain (David, 1998: 70).

The author observed that human discomfort 'is never a matter for theorists but always contains deeply practical imperatives: something must be *done*, often quickly and with imperfect knowledge' (David, 2000: 6). In the case of my field research, the necessity for taking action, which was not met by biomedicine, was for some of the women I accompanied on their experience met, or partially met, through complementary healing. Jona's complementary healing practice offered them practical solutions as well as accentuated spiritual aspects of their well-being. The spiritual connotation of their experiences appeared to be troubling as well as revealing to the women I talked to. Thus that did not mean that they wanted to entirely replace biomedical approach with complementary healing in their lives. What I can conclude from my intensive fieldwork is that the observed group of women in Slovenia attending non-institutional treatments were motivated by complementary techniques for balancing energies because they saw in them the possibility to reconstruct their well-being. Jona's practice was, for them, a motivation and challenge at the same time, through which they could enable their individual, social

and family life to rise to what they perceived to be a more profound level. I could suggest that these treatments were a process:

[w]hose general tendency is to place cohabitation as the origin for harmonizing people's life similarly to movements like eco-feminism namely that tends not to surpass or break down the established categories like gender, humanity, culture, nature, but rather only repositions the woman and the man in them (Zobarič, 2001: 87).

For Zobarič, issues regarding femininity and the specific role women have in each intersection of time and place in human history, stem from various cultural patterns (Zobarič, 2001). In Slovenia, women were exposed to images and discourse about the 'perfect' Mother-Mary-like figure of motherhood, to contemporary demands of 'perfect' sexually attractive beauty. Struggling with imposed cultural images, certain women pursued complementary practices and new age spirituality to appropriate or replace them with ones that gave them a sense of empowerment. By balancing energies and healing;

[S]pace is also made for women to break away from traditional, patriarchal representations of what the female body is 'supposed to be' (virgin, mother, wife) so that women can explore what they 'want to be' (Macpherson, 2008: 218).

There are other opinions such as Rutar's warning that striving for well-being is just another competition in a capitalist market and that 'only the healthy ones can join the elite in the spectacle' of postmodern life (Rutar, 2009: 157). I could affirm due to my observations, that the attending complementary treatments by these particular women had another rationale as 'being a competent consumer', although complementary healing and new age spirituality do represent a major market on their own. A shift from a socialist state providing health care, to one operated by market logic, made the women in Slovenia

acutely aware of their personal responsibility for health. This can result in positive and negative consequences. It can signify the beginning of the medicalization of life and the marginalization of certain life styles (Kamin and Ule, 2009: 151) as well as an increased personal engagement in all practices that affect well-being.

Kleinman suggested that ‘at some point medical anthropologists must propose alternative ways of responding to human problems’ (Kleinman, 1995: 17). How can one propose, if, as Good questioned, ‘the discussion of other’s beliefs come to be invoked with irony?’¹¹³ (Good, 1994: 14). Researching the field of non-institutional complementary healing in Slovenia was many times met by hidden or open irony, since, it seems, it somehow fails to appeal to the seriousness of academic research, especially with it being connected to new age spirituality and women. The practices of women and ‘others’ outside the established social structures were for centuries academically disregarded. Additionally, women were mostly excluded from being ‘practitioners’; they were rather ‘followers’ within certain social structures. New age spirituality claims that it strives for equality in all aspects; everyone involved is considered to be a practitioner and a follower at the same time. That could explain why mostly women are interested in such spirituality. As Macpherson suggested, within new age spirituality and complementary healing, those who are ‘leading’ encourage persons to ‘look within him or herself for sources of authority’ hoping that their ‘example’ of living will also serve as ‘an instrument for promoting harmony’ so, ‘that one may help others’ (Macpherson, 2008: 173- 186).

Involvement with my female respondents at Jona’s treatments presented for me a great moral obligation that cannot be easily dismissed. I was writing up this research with a clear thought that complementary healing would not fade any time soon; rather it presents

¹¹³ Good was refereeing to ethnographic notions of Jean Favret-Saada, *Deadly Words; Witchcraft in Bocage* (1980); Cambridge University Press.

itself as a partner in a dialogue with biomedicine. For David, approaches to health, which are understood as alternative or complementary, are not even capable of rivaling biomedicine, nor are they ‘business as usual in the health care industry’. Rather, the author suggests, they should be understood as an uneasy question, if the biomedical model is an adequate approach to human problems (David, 1998: 70). This idea, according to David, meets ‘rocklike resistance’ among users and practitioners of biomedicine as they are committed to ‘the biomedical model that has dominated Western medicine for the past 150 years’. The complementary paradigm:

[u]psets established patterns of thinking not only about disease but also about the relationship between bodies and minds. No wonder many people resist. (David, 1998: 70).

A partial answer to this resistance is that it took decades to make biomedicine efficient and technologically advanced. It was a goal of many generations of biomedical doctors and researchers who managed to achieve wondrous advancements for saving and improving human lives. At some point, however, the biomedical paradigm lost its connection with many needs expressed by users (of current health policy in Slovenia). That is why biomedicine can engage more actively in a meaningful dialogue with subjects who are most often not a part of its curricula; not to substantially change, but to be empowered, as the women who were attending Jona’s treatments tried to be. Empowered, in the sense of a dynamic understanding of what it means to be a human being. Complementary healing in the context of new age spirituality would for many users, without a doubt, prove a far from optimal solution for their problems. This approach to healing is experiential, uncertain and demands an active personal investment of time and money, alongside physical, psychological and spiritual engagement.

Many people, I may note here, enter their healing programs as if they were being punished

(Myss, 1996: 24)

Myss was referring to the complementary and new age spiritual healing, which she conducts, and not biomedical treatments. She further explained that ‘a commitment toward becoming spiritually conscious does not guarantee your health’. ‘It will however, enhance your life and self-understanding’ (Myss, 1996: 26). From what I could observe at Jona’s treatments, engaging with such a practice gave the women another perspective on their lives, surpassing the fixed categories of their social environment. ‘Chakras, aura energy’, for them, as Macpherson also noted, offers new opportunities for ‘wholeness and health different from Western scientific and biomedical paradigms’ (Macpherson, 2008: 88). For biomedicine and medical anthropology these notions are important as they present the dynamics of our social reality that cannot be ignored, especially if they, in their own manner, contribute to an understanding of how we can optimize the healing processes.

Anthropology enables understanding of various cultural structures in different environments and contributes to the deconstruction of categories such as ‘us’ and ‘others’. The notion of ‘other-ness’ is not solely connected to colonialist politics, but also to class and gender divisions, as a source of human inequality. The concept of ‘other’ as ‘less’ in need of ‘correction’ has predictable consequences of conflict and struggle. It is a concept that proves not to lead to wellbeing. Medical anthropology tries to present different players involved with health and healing to promote a dialogue between all involved. In the case of Slovenian Health Policy, it could be misplaced to suggest that complementary healing, being closely linked to Asian healing traditions and spirituality, is disregarded as a partner in dialogue on the premise of colonial politics, although it is partially so. Understanding of body, gender and human life that differs from the biomedical paradigm are too often met with unobjective rejection that should not be a part of a science so intrinsically linked to one of most important facets of life: our health. Moyers suggestion

is that:

We in the West do not have to give up our own proven resources in order to appropriate the best another culture has to offer; here may well be the crucible where East meets West to forge a new source of healing (Moyers, 1993: xiii).

It is not only Eastern traditions that should be re-examined as qualified partners in a dialogue considering health. It is within the domain of most individuals who want to be engaged in developing their well-being. There is a grounded fear that some practices or people might take advantage of the newly introduced paradigms of complementary healing, but that should not be a reason to shun the complementary notions that could benefit our understanding of health. Eisenberg¹¹⁴, a biomedical doctor, learned as an exchange student in China about differing health paradigms:

We invented the notion that 'biology' and 'physics' and 'psychology' and 'psychiatry' are separate. But if we want to deal with health, and we're looking only at the chemistry or the emotional state, we have an imperfect glimpse. The patient sitting before me brings with him or her not only chemistry, but also family, relationships, emotions, and character. The distinction we bring to a hospital in terms of mind and body are abstractions that we make. The patient is still a whole person, and to help him or her get better, ideally we would deal with all these aspects – the balance of a person's life (Eisenberg in Moyers, 1993: 310).

Eisenberg observed that in the West, medicine is defined from the viewpoint that when

¹¹⁴ David Eisenberg, M.D., is an internist at Beth Israel Hospital in Boston and is on the staff at Harvard Medical School. In 1979 he was the first medical exchange student sent by the National Academy of Sciences to the People's Republic of China (Moyers, 1993: 305)

somebody is sick, that is the pathology; while to the Chinese, health is viewed as a continuum. Where a doctor's job is not only to help you when you become sick but 'helping you lead a more balanced life, thereby increasing your vital energy' (Eisenberg in Moyers, 1993: 311). Eisenberg commented that through Chinese traditional medicine he realized that the West does not 'have a monopoly on understanding the human body or the relationship between the mind and the body'. He became convinced that in order to understand health, the physical body as well as mind and spirit have to be included (Eisenberg in Moyers, 1993: 314).

With Eisenberg's notions about Chinese traditional medicine and biomedicine in the West, I tried to illustrate the need for openness and dialogue between different perspectives on health. Instead of Chinese traditional medicine, I could use as an example, Ayurveda, Reiki, Wicca, complementary healing, homeopathy and many others. I believe it is of crucial importance that the science of health and healing is dedicated to exploration, allowing different dimensions and understandings that are oriented towards the promotion of well-being, to coexist. Health and healing cannot be reduced to biomedical (chemical) facts, however important they are. As the totality of human life and health is much more than biochemical data, denying it does not mean that human needs will change or disappear. On the contrary, as my participant observation demonstrated, people will seek and try to find what they are missing in current health institutions.

Remen spent more than twenty years talking to people with life-threatening illnesses and has held numerous retreats with cancer patients. As a biomedical professional (a pediatrician) and as someone who had personally experienced severe illness, she pointed to what I noticed to be the most neglected part in our understanding of healing. Remen's observation is something that, in my opinion, sums up the essence of my fieldwork:

I think that healing happens only in the context of our imminent awareness of something larger than ourselves, however we conceive that. When Sylvia got that image of the city of gold, everyone in the room recognized that it was like a promise. This is not something that can be proven to anyone, but it's something one can experience.[...]I can only share what my experience has been. That's all I have – my experience. And I don't believe we are alone. We are such a gift, each of us to each other, we human beings (Remen in Moyers, 1993: 363).

POVZETEK DOKTORSKE DISERTACIJE

ZDRAVLJENJE ŽENSKOSTI – URAVNOVEŠANJE ENERGIJ

**Ženske in novodobna duhovnost v kontekstu ne-institucionalne komplementarne
prakse v Sloveniji**

Uvod

Pričujoča raziskava je potekala v Ljubljani s prisotnostjo na tretmajih, ki so združevali komplementarno zdravljenje in novodobno duhovnost. Tretmaje je vodila inštruktorica¹¹⁵ Jona. Skupaj z njenimi klientkami je privolila v mojo prisotnost oziroma opazovanje z udeležbo na tretmajih od leta 2007 do vključno leta 2010. Namen te raziskave je bil prvenstveno usmerjen k razumevanju zakaj se določene ženske v Sloveniji odločajo za ne-institucionalno komplementarno zdravljenje in kako to poteka. Ženske se udeleževale Joninih tretmajev, da bi razrešile težave, ki izvirajo iz njihovega družinskega in širšega socialnega okolja. Moje raziskovalno vprašanje se je navezovalo na paradigmo komplementarnega zdravljenja in novodobne duhovnosti kot orodja za osebno rekonstrukcijo v času temeljnih družbenih sprememb. Takšnim spremembam smo priča v času tranzicije v Sloveniji, ki jo spremlja ekonomska kriza. Ta se je v državi poglobila z vstopom v Evropsko unijo leta 2004 in se zaradi različnih dejavnikov nadaljuje še danes. V tem obdobju se je v Sloveniji sočasno pojavila diverzifikacija pristopov k zdravljenju, nekateri med njimi v času neoliberalnega trga skušajo repositionirati določene principe (enakost, prostovoljstvo), ki so bili promovirani v času socialistične ideologije. Z razliko, da je sodobno dogajanje oprto na duhovnost (z gnostičnim poudarkom), ki ni bila del socialistične ideologije.¹¹⁶ Raziskava opisuje tudi zakaj so se ženske, ki so obiskovale Jonine tretmaje namesto za biomedicino in medikalizacijo z antidepresivi odločile za ne-institucionalno prakso. Ne samo spremenjena družbena klima, tudi drugi dejavniki so spodbudili Jonine klientke, da so iskale pomoč zunaj biomedicinskih okvirov. Kar motivira ženske, ki sem jih opazovala k uporabi ne-biomedicinskih praks so tudi globalni

¹¹⁵ Ta termin je razložen v poglavju *Praksa – seznanitev z okoljem komplementarnega zdravljenja*.

¹¹⁶ Kot piše Jerajeva sta se socializem in komunizem distancirala od religije, kajti cerkev je kot institucija nastopala konzervativno. Podpirala je patriarhat in razredne razlike. Vendar, kot piše avtorica, jugoslovanski režim ni eksplicitno vztrajal na tem, da se ljudje odpovedo verovanju (Jeraj, 2005: 131).

trendi, ki skozi medije promovirajo komplementarni pristop k zdravljenju, ekologijo ter ekonomsko pravičnost.

I. Ženske zaznamovane s tranzicijo

1. Socialni položaj žensk v Sloveniji

Ženske v Sloveniji predstavljajo polovico celotne populacije (51%), ki je pridobila večino svojih pravnih in političnih pravic po 2. svetovni vojni. Kot pišejo Štih, Simonitti in Vodopivec je jugoslovanski režim po 2. svetovni vojni uspel implementirati pomembne socialne spremembe kot je ustavna enakost med moškimi in ženskami. Enako pomembna je bila vpeljava socialnih pravic iz naslova enotnega zdravstvenega zavarovanja za vse delovno prebivalstvo (tudi upokojene in brezposelne) leta 1945, kakor tudi vpeljava brezplačnega šolstva za moške in ženske (Štih, Simonitti, Vodopivec 2008: 432). Te pozitivne spremembe so bile po mnenju Štrajnovne zahtevne za socialno okolje Slovenije, ki korenini v tradicionalizmu, patriarhalnih vrednotah, segregaciji in nagnjenosti k uniformnemu načinu življenja (Štrajn, 2000: 254). Jerajeva navaja, da omenjene socialne spremembe niso bile zahtevne le za moški del prebivalstva, temveč so se tudi ženske indoktrinirane v patriarhalne kode vedenja težje znašle v novo nastalih okoliščinah, ki jih je vpeljala država. Zato, kot opisuje Jerajeva so se številne ženske znašle v precepu med tradicionalnim družinskim življenjem in možnostjo aktivnega udejstvovanja v družbi (Jeraj, 2005: 94). Po navedbah Jerajeve so komunistični ideali, kot osnova ureditve socialistične Jugoslavije¹¹⁷, omogočali ženskam ekonomsko in politično udejstvovanje, vendar se je od žensk na drugi strani še vedno pričakovalo, da so matere in gospodinje (Jeraj, 2005: 123-124).

Petdeset let socialističnega režima je še danes razumljeno v javnem diskurzu kot 'raj' za

¹¹⁷ Navedba socialistične Jugoslavije je v izogib razumevanja Jugoslavije kot monarhije, pred 2. Svetovno vojno.

nekatero in kot 'pekel' za druge (slednje predvsem zaradi montiranih političnih procesov). Neizpodbitne pridobitve za ženske so bile možnost zaposlitve, od 70-ih let dalje možnost splava in zagotovljeno zdravstveno zavarovanje. Urejeno je bilo tudi dostopno varstvo otrok in plačana porodniška odsotnost. Socialistični model socialnega varstva in ekonomije se je končal z razglasitvijo Slovenske neodvisnosti leta 1991. Vse do vstopa v Evropsko unijo leta 2004 so bile navkljub menjavi režima razmere relativno stabilne in prebivalstvo ni občutilo večjih sprememb. Po vstopu v Evropsko unijo pa lahko govorimo o težavnejšem tranzicijskem obdobju, z zmanjšano zaposlitveno, socialno in zdravstveno varnostjo, ki je zaznamovala prebivalstvo z očitnim upadom življenjskega standarda. Tržna ekonomija je vplivala na destabilizacijo zaposlitev. Zdravstveno zavarovanje in šolanje sta se občutno podražila (Erjavec in Volčič, 2009: 125). Jonine klientke so to doživljale kot zmanjšano ekonomsko sposobnost, napete socialne odnose in s tem posledično vpliv na njihovo blagostanje.

Ženske, ki so prihajale na Jonine tretmaje so bile stare med 27 in 64 let, to pomeni, da so večji del svojega življenja preživele v socialističnem režimu Jugoslavije. V času tranzicije so se soočale s številnimi moralnimi dilemami, ki so jih povzročale novo nastale družbene okoliščine. Na delovnem mestu so bile priča spremenjenim delovnim odnosom, ki so bili izrazito nestabilni zaradi pogostih političnih posegov v gospodarstvo. Na te okoliščine so dodatno vplivala družbena pričakovanja, ki se nanašajo na ženske kot vloga 'dobre matere, hčerke in žene'. Kombinacija pričakovanj in stresnih okoliščin se je izražala v njihovem domačem okolju (odnos s starši, partnerji in otroki) in širšem socialnem okolju. Jonine klientke so jemanje antidepresivov razumele kot nekaj, kar ne more razrešiti kompleksnih življenjskih okoliščin v katerih se nahajajo. Menile so, da farmakološke substance¹¹⁸ ne morejo spremeniti realnosti, ki jo ne želijo 'ignorirati', 'potlačiti' ali 'se pretvarjati, da jim

¹¹⁸ Kleiman biomedicine prepoznal kot institucijo, ki je bolj povezana z vladanjem in poslom kot s sistemom zdravljenja (Kleinman, 1995: 39). V tem oziru je pogosto predpisovanje antidepresivov v slovenskem kontekstu lahko razumljeno tudi kot izogibanje resničnemu izvoru stresa, ki ga doživljajo ženske.

gre dobro'. V intervjujih so mi nekatere zaupale, da so iskale pomoč za svoje stiske v okviru javnega zdravstva oziroma v biomedicinskem okviru. Njihovi osebni zdravniki, psihologi in psihiatri (vse so navajale moške osebe) so jim pojasnili, da njihovo stanje ne predstavlja 'resnega' medicinskega problema. Ostale sogovornice so mi v intervjujih razkrile, da kakovostne pomoči v okviru biomedicine in javnega zdravstva niso niti poizkušale iskati, ker so vedele, da 'od njih ni kaj za pričakovati'. Kleinman komentira pričujočo situacijo v biomedicini kot posledico, da je biomedicina prvenstveno usmerjena v tehnične in praktične intervencije, ki zadevajo zdravje oseb, medtem ko trpljenje, ki ga številne osebe doživljajo nima teleološkega pomena v biomedicinskem kontekstu (Kleinman, 1995: 155-156).

2. Družbena pričakovanja v preteklosti in danes

V okviru današnje, zdaj samostojne Republike Slovenije, je zadnjih petdeset let prevladoval socialistični diskurz. Vpliv katoliške cerkve ga prekaša, saj je na tem območju prisotna že več kot petsto let.¹¹⁹ Katoliška cerkev je skozi stoletja predstavljala avtoriteto *non plus ultra*, ki je poudarjala specifično vlogo žensk v družbi. Accatijeva, ki se je poglobila v rimsko katoliško pravo in imaginarij ugotavlja, da je cerkev zapovedovala ženskam materinstvo kot moralno dolžnost po zgledu Device Marije (Accati, 1998: 11). Čeprav Accatijeva opisuje italijansko cerkveno zgodovino (krajevno locirano neposredno na meji s Slovenijo) je (bilo) tudi v slovenskem religioznem življenju vidna prisotnost Marijinega kulta (romarska središča, cerkve). Odraz tega lahko zasledimo v slovenski literaturi 19. in 20. stoletja izpod peres moških avtorjev, kjer je 'ženska moč' transformirana v zmožnost projekcije čustev krivde. Novak Popova opisuje *personae* slovenske ženske skozi prizmo Prešerna, Cankarja, Vrance in Kresnika. Navaja, da so

¹¹⁹ 24. Januarja, 2010 je bil Anton Stres razglašen za 35. škofa rimske katoliške cerkve, ki je v Sloveniji prisotna že 549 let.

<http://aktualno.rkc.si/?id=1020> (07. 02. 2010).

težke življenjske razmere žensk v Sloveniji omenjeni avtorji prikazovali z opisi trpečih in žrtvujočih se mater, ki so zavrnjene tako s strani družbe kot partnerjev in otrok. Ta čustvena in socialna drama se v literarnih zapisih moških avtorjev odraža v občutkih krivde, ki jih obhajajo ob spremljanju usode žensk v svoji bližini (Novak Popov, 2008: 53-67). Leskoškova dodaja, da niso bile mučenice le matere, tiste, ki niso bile v tej vlogi so občutile še veliko hujše zavračanje z vseh strani družbe - z izjemno nuncijata (Leskošek, 2002: 190 - 192). Avtorica navaja, da katoliška cerkev v Sloveniji ni bila le moralna avtoriteta temveč je obvladovala tudi administracijo, izobraževanje in vzgojo, medicinsko nego in dobrotelost. Skozi vse te družbene dejavnosti je katoliška doktrina ženskam narekovala naj konstruirajo svojo identiteto kot šibkost, čustvenost in zmanjšane zmožnosti, da odločajo same o sebi (Leskošek, 2002: 77). Močnejši odklon od krščanske doktrine konstruiranja ženske identitete se pojavi med 2. svetovno vojno. Ženske na ozemlju Slovenije so namreč aktivno sodelovale pri uporabi proti okupatorjem. Slapšakova piše, da je bila partizanka ne samo borka, ki se jo borila z moškimi z ramo ob rami, temveč je sodelovala tudi pri razrednih spremembah novo nastajajoče družbe, ki je imela več idej o socialni enakosti (Slapšak, 2000: 58). Po drugi svetovni vojni se je večina žensk v Sloveniji zaposlila, nekateri in nekatere so, kot omenja Jerajeva pod sledeč krščanski doktrini nasprotovali 'nenaravni' emancipaciji žensk, ki naj bi uničevala družinsko harmonijo (Jeraj, 2005: 16). Vendar so bile v Sloveniji za časa Jugoslavije ženske večinoma zaposlene izven domačega okolja s socialnimi in drugimi družbenimi pravicami, o katerih ni bilo moč misliti v primežu katolicizma. Nov val sprememb za ženske je nastopil z osamosvojitvijo leta 1991 in še bolj opazno z letom 2004, oziroma vstopom Slovenije v Evropsko unijo. Socialistični ideali in krščanska preteklost so dobili spremljevalca v obliki potrošništva in novih izzivov za ženske. Sodobna ženska v Sloveniji naj bi združevala socialistični imperativ aktivnega udejstvovanja v družbi, katoliško maksimo predanega materinstva in potrošniško predstavo o 'mladostno popolnem videzu', ki sledi modnim trendom. Družbena pričakovanja do ženske se tako

kopičijo in ustvarjajo pritisk, ki se v življenju vsake posameznice odrazi na svoj način. Ta splet okoliščin je bil razviden tudi na Joninih tretmajih, kjer so ženske izpostavile svoje težave kot nenehno stisko, če so 'dovolj dobre' kot matere, hčere, partnerke in osebe s kariero.

II. Terensko delo in raziskovalna metodologija

1. Terminologija

Za razumevanje disertacije je potrebno definirati terminologijo, ki je uporabljena v besedilu. Termin *biomedicina* se nanaša na alopatsko, uradno ali zahodno medicino. Evropska organizacija CAMbrella¹²⁰ s področja komplementarne in alternativne medicine sicer ne podpira uporabe tega termina v evropskem prostoru za definiranje medicine, ki je uporabljena kot uradna v evropskih državah. Razlog temu je, da je termin *biomedicina* prvenstveno definiran s strani vodilnih severno ameriških medicinskih antropologov z Univerze Harvard (Good, Kleinman). Termin *biomedicina* sem vseeno uporabila. Predvsem zato, ker se je na področju medicinske antropologije uveljavil kot oznaka za uradno medicino, ki temelji na bioloških dejstvih. Good opisuje *biomedicino* kot vedo, ki naj bi zagotavljala univerzalni, znanstveni pogled na človeško telo in bolezni (Good, 1994: xi). Kleinman pa *biomedicino* opiše kot institucionalizirano vedo in dominanten poklic na področju zdravja v zahodni družbi, ki drži v rokah primat epistemoloških in ontoloških pogledov na bolezni (Kleinman, 1995: 25). Termin *zdravljenje*, ki so ga uporabljale inštruktorica Jona in njene klientke zajema tako fizično počutje kot mentalno, čustveno in duhovno blagostanje. Zdravljenje sicer ne sodi med dihotomijo medicinske antropologije,

¹²⁰ Osebna korespondenca s profesorjem Bernhardom Uehleke z Univerze v Zürichu, ki vodi razpravo o KAM terminologiji in <http://www.cambrella.eu> (26. 07. 2010).

ki loči *disease* in *illness*.¹²¹ *Disease* označuje fizično – biomedicinsko diagnozo, medtem ko *illness* označuje doživljanje bolezni s strani osebe kot vse socialne dimenzije tega stanja. Moja raziskava se ne more strogo umestiti v ti dve kategoriji. Jonine klientke se niso zdravile pri njej zaradi specifične diagnoze (*disease*), tudi o *illness* bi težko govorili, v smislu kot ga navaja definicija Klienmana, da je *illness* pravzaprav specifični odziv posamezne osebe na bolezen oziroma *disease* (Kleinman, 1980: 72). Lloyd podaja drugačno interpretacijo te dihotomije, *disease* ostaja biomedicinska kategorija bolezni – diagnoza, medtem ko *illness* označi kot subjektivno kategorijo 'ne počutim se dobro' (Lloyd, 2007: 86). Z vidika Lloydove definicije bi Jonine klientke sodile v kategorijo *illness*, ki ni definirana kot 'stranski učinek' *disease* kot jo definira Kleinman. Proces zdravljenja kot ga je promovirala Jona in kot so se o njem pogovarjale ženske z njenih tretmajev definirajo besede zdravnice Remnove, ki se ukvarja tudi s področjem komplementarnega razumevanje zdravja, kjer je 'zdravljenje proces, ki vodi človeka k celosti' (Remen¹²² in Moyers, 2002: 344).

Definicija kratice KAM (komplementarna in alternativna medicina) oziroma izvorno *CAM* (*Complementary and Alternative Medicine*) predstavlja širok spekter praks, ki niso del biomedicine in biomedicinskega kurikulumu. Evropska organizacija CAMbrella podarja, da tudi izraz KAM ne označuje enake vsebine glede na lokalno okolje.¹²³ Jonina praksa ustreza terminu komplementarnega zdravljenja, ker ne ona, ne njene klientke niso *proti* biomedicini, temveč pogrešajo v njej določene vsebine, ki jih doživljajo kot pomembne. Za razliko od biomedicine večina KAM praks poudarja neločljivo povezanost telesa, čustev, mentalnega stanja in duha. Iz definicije KAM ni razvidno, da večina komplementarnih in alternativnih praks izvira iz vzhodne medicine, ki je neločljivo

¹²¹ Eisenberg, ameriški psihiater definira kategoriji *disease* in *illness* leta 1977 (Lambert, 2002: 320).

¹²² Rachel Naomi Remen je ustanoviteljica *Institute for the Study Health and Illness at Commonweal*, pogovor z njo je objavljen v sklopu intervjujev z vodilnimi osebami s področja medicine, znanosti in komplementarnih pristopov v ZDA; Bill Moyers *Healing and the Mind* (2002); New York: Broadway Books.

¹²³ <http://www.cambrella.eu> (26. 07. 2010).

povezana s filozofijo in različnimi duhovnimi praksami. Gre predvsem za kitajsko tradicionalno medicino (KTM) in indijsko tradicionalno medicino ali ayurvedo. Osredotočila sem se predvsem na uporabo besedne zveze komplementarno zdravljenje, saj je termin alternativno pogosto uporabljen pejorativno (predvsem v medijih in s strani biomedicinske stroke) in ne poudarja možnosti dopolnjevanja različnih oblik zdravljenja. Jonina praksa je ne-institucionalna kar pomeni, da njen pristop k razumevanju in ohranjanju ravnovesja oziroma zdravja ni ovrednoten ali priznan s strani institucij. Termin novodobne duhovnosti je prav tako fluiden se pogosto združuje z vsebinami KAM, ki imajo specifično razumevanje zdravja in zdravljenja (O'Connor 2000 v Potrata, 2002: 5). Novodobna duhovnost je družbeni fenomen s socialnimi in kulturnimi razsežnostmi, ki se kot navaja Hanegraaff, usmerja predvsem na zdravljenje in osebno rast. Novodobno duhovnost, pojasnjuje avtor, je zelo težko natančno kategorizirati (Hanegraaff, 1996: 43). Novodobni duhovnosti se posvetim še v temu namenjenem poglavju.

2. Antropološko terensko delo

Sodobno antropološko raziskovanje nadaljuje s predstavitvijo raznovrstnih interpretacij družbe in se ne osredotoča le na homogene zahodne perspektive (Marcus in Fischer, 1986: 1). K temu je pomembno dodati, da vse večje število antropoloških raziskovalcev ni le 'belcev, moških in kristjanov' (Gupta in Ferguson 1997: 2).

Moje terensko delo se je začelo s kontaktom z Jono, ki je podrobno opisan v disertaciji, leta 2007. Obisk njenega tretmaja, ki posega v vsakodnevno življenje žensk, z eklektičnim pristopom k duhovnim vsebinam in osebne izkušnje žensk, ki so jih pripovedovale, so vzbudile mojo raziskovalno pozornost. Osrednje zanimanje mojega terenskega dela je bilo zdravljenje, zato sem za primerjalno literaturo uporabljala dela s področja medicinske antropologije.

Kot sem omenila je večina komplementarnih praks povezana z vzhodno filozofijo, natančneje vzhodnimi duhovnimi praksami kot sta na primer joga in budizem. Antropologa Gupta in Ferguson opisujeta kako je 'lokalno' razumljeno kot tisto kar je avtentično in 'globalno' tisto kar je neavtentično. Avtorja ta proces poimenujeta kot 'nostalgija za izvornim' (Gupta in Ferguson, 1997: 7). To navajam, ker kakor je pokazalo moje terensko delo in tudi odzivi kolegov in kolegic iz akademskega okolja, sta novodobna duhovnost in komplementarno zdravljenje pogosto označena kot neavtentična saj prenašata duhovne vsebine iz Azije v zahodne okvire. Raziskovalca novodobne duhovnosti Sutcliffe in Heelas omenjata, da je akademsko raziskovanje komplementarnega zdravljenja v povezavi z novodobno duhovnostjo zato nemalokrat sprejeto z očitkom, da to ni 'prava' raziskovalna tema (Sutcliffe, 2003: 10; Heelas, 2008: 3). Hanegraaff kot zgodovinar filozofije s področja novodobne duhovnosti govori o 'zgodovinskem nelagodju', ko gre za prakso vzhodnih duhovnih vsebin v zahodnem okolju. Saj naj bi 'magijske, iracionalne, primitivne' vsebine ne sodile v sodobno zahodno družbo (Hanegraaff, 1996: 407). Navedeno se je odražalo pri mojem terenskem delu, ki ga je spremljajo nelagodje raziskovanja vsebin, ki so ne-institucionalne in potisnjene izven vsakodnevnega diskurza. Ženske, ki so obiskovale Jonine tretmaje so o svojem udejstvovanju govorile le redkim, zato je bilo potrebno pridobiti njihovo zaupanje in še bolj pomembno zagotoviti njihovo popolno anonimnost v času terenske raziskave. Nobena izmed udeleženk raziskave se namreč ni doživljala kot 'njuejdžerka' (praktikantka novodobne duhovnosti – iz ang. *New Age*). Ta izraz je v pogovornem diskurzu izrazito slabšalen. Naslednja specifičnost mojega antropološkega terenskega dela je bila, da sem si za raziskavo izbrala 'domače' okolje. Antropološke terenske raziskave 'praviloma' potekajo v drugih kulturnih okoljih. Kot navajata antropologa Clifford in Marcus ta situacija prinaša tako prednosti kot slabosti (Clifford in Marcus, 1986: 9). Moj antropološki teren je bil povezan z majhno skupino žensk (10 oseb). Prednost mojega terenskega dela je bil jezik sporazumevanja. Omejitev pa je predstavljajo socialno okolje mesta Ljubljana, kjer je

potrebno zagotoviti varovanje osebnih podatkov udeleženk raziskave. Antropologinja McCarthyjeva je pisanje etnografije opisala predvsem kot proces, ki ga lahko zgradimo skozi čas, saj osnovo predstavlja krhko ravnovesje medsebojnih odnosov (McCarthy, 1999: 12). Ker sem na Joninih tretmajih opazovala z udeležbo so tako udeleženke o meni kot jaz o njih vedele informacije zaupne narave. Glede na specifičnosti opazovanja z udeležbo na terenu, ki združuje novodobno duhovnost in komplementarno zdravljenje sem se zgledovala predvsem po avtorjih in avtoricah s sorodnimi izkušnjami kot so McCarthy 1999, Puttick 1997, Sutcliffe 2003, Goldstein 1999 in Portata 2000.

Kakor poudarja Hanegraaff je osnovo teoretsko orodje, ki zagotavlja raziskovalno legitimnost razloček med emskim in etičnim pogledom (Hanegraaff, 1996: 6). Sutcliffe ugotavlja, da sodobna antropologija prehaja med emskim in etičnim pogledom na raziskovalno temo (Sutcliffe, 2004: 26). Saj je etični pogled raziskave lahko konstruiran kot emski znotraj druge socialne paradigme (Barnard, 2002: 182). V svoji raziskavi sem razmejila etični in emski vidik in podala samorefleksijo svojega raziskovalnega dela.

3. Raziskovalna orodja

Za opazovanje z udeležbo, analizo in interpretacijo ne-institucionalne prakse, ki so jo obiskovale ženske v Ljubljani ter kako je ta vplivala na njihova vsakodnevna življenja, zdravje in medsebojne odnose, sem uporabljala uveljavljena raziskovalna orodja. Črpala sem predvsem iz metodoloških okvirov antropologije, socialne zgodovine in etnografije. Uporabila sem pregled sorodne literature, etnografsko terensko delo z opazovanjem in udeležbo ter poglobljeno spremljanje doživetij posameznic in zbiranje njihovih oralnih pričevanj, ki jim je sledila tudi interpretacija. Moje raziskovalno delo je bilo tako večplastno. S pomočjo antropoloških teoretskih izhodišč sem skušala razčleniti svojo temo raziskave, ki se nanaša na ženske, komplementarno zdravljenje in novodobno duhovnost. Opazovanje z udeležbo kot ključna antropološka prava je bilo pomembno tudi pri moji

raziskavi, saj so se izjave udeleženk tretmajev in njihovo vedenje skozi leta opazovanja pomembno razlikovala ali dopolnjevala. Prisotnost na Jonih tretmajih je bila nujna podstat za razumevanje uporabe in implementacije vsebin komplementarnega zdravljenja in novodobne duhovnosti v življenju žensk.

Druženje z udeleženkami moje raziskave je bilo omejeno na opazovanje na tretmajih, ki sem ga nadgradila z neformalnim druženjem po tretmajih, četudi ne pogosto in za kratek čas. To je pripomoglo k izoblikovanju pristnejših odnosov, kar se je kasneje odrazilo pri snemanju strukturiranih intervjujev, ko so Jonine klientke lažje sporočale vsebine zaupne narave. Teoretska izhodišča za izvajanje in razumevanje procesa intervjuja sem črpala od referenčnega avtorja s področja oralne zgodovine – Portellija (Portelli 1991, 1998).

Portelli poudarja predvsem transparentnost osebe, ki intervjuira, saj šele to omogoča enakopravno izmenjavo pričevanj.

Glede uporabe tehničnih orodjih sem se posluževala pisnih zabeležk s terena, ki jih nisem delala na tretmajih, temveč takoj ko sem prišla domov. Direktno zapisovanje bi namreč intimnost tretmajev lahko oviralo. Intervjuje sem digitalno snemala in kasneje zapisala. Vedno sem intervjuirala samo eno osebo na enkrat, intervju s posamezno osebo sem ponovila čez eno leto, če je bilo to le mogoče. Pogovori so bili snemani v slovenščini, kasneje sem prepisane intervjuje prevedla v angleški jezik za potrebe disertacije. Več pojasnil sem potrebovala pri izrazoslovju in dekodiranju pomenov vsebin s tretmajev, za kar sem pogosto spraševala Jono kot inštruktorico tretmajev. Vsem udeležnim osebam sem ustno in s pisnim formularjem pojasnila zakaj snemam intervjuje in jim zagotovila popolno anonimnost. Vsa imena so arbitrarna, določene osebne lastnosti ali življenjske situacije, ki bi lahko povzročile morebitno škodo sem umaknila ali modificirala.

4. Interpretacija

Hayden se sprašuje ali antropologija potrebuje 'epistemologijo odtujenosti', da bi lahko

interpretirala določene procese v družbi (Hayden, 2009: 91)? Zame je bilo vprašanje Haydnove zanimivo iz dveh razlogov, ker sem opravljala terensko delo v 'domačem' okolju in ker je antropologija kot veda tesno povezana s kolonialno preteklostjo držav, ki so razvijala antropologijo kot znanstveno disciplino. Slovenija ni bila neposredno povezana s kolonijami, vendar kljub temu uporablja diskurz zahodne znanosti, ki jo je sprejela za svoj vzor. Na to sem skušala biti pozorna pri svoji interpretaciji zbranih informacij. Interpretacija mi je omogočala, da sem bila pozorna na pojav določenih kulturnih vzorcev, družbenimi odnosov in reprodukcijo le teh. Zanimali so me razlogi zakaj so se ženske odločale za tretmaje pri Joni. Torej za obliko pomoči izven biomedicinskih okvirov. Vodil me je namen, da bi razumela ta naraščajoči družbeni fenomen, ter kako je pozicionirana implementacija vsebin komplementarnega zdravljenja in novodobne duhovnosti v vsakdanja življenja žensk.

Med interpretacijo tako intervjujev kot mojih izkušenj in opazovanj sem se morala prilagoditi epistemologiji komplementarnega zdravljenja in novodobne duhovnosti. Zato je bila prisotnost na Joninih tretmajih zame dejansko vstop v 'nov svet', ki ima določene zakonitosti in značilnosti. Pomembno vlogo pri interpretaciji je imelo tudi moje 'preverjanje pomenov', saj se je pogosto dogajalo, da smo Jonina 'navodila' interpretirale vsaka po svoje, tako njene klientke kot jaz. V interpretaciji sem skušala zajeti vse tri plasti razumevanja njenih besed. Tako s strani mene kot raziskovalke, Jone kot inštruktorice ter njenih klientk. Interpretacija mojega sodelovanja z udeležbo je bila toliko bolj zahtevna, ker je vključevala težko opisljive teme kot so 'energija'. Metodološka opora so mi bila tudi Portellijeva spoznanja, ki navajajo, da tudi zvest zapis intervjuja iz pogovorne v pisno obliko vključuje določeno mero inventivnosti (Portelli, 1991: 47). Znanstvena verodostojnost interpretacije je tako pogojena predvsem z osvetlitvijo vseh vidikov raziskave.

5. Antropološka samorefleksija

V tem poglavju sem skušala osvetliti svojo motivacijo za izbiro teme disertacije ter določena osebna izkustva. Naš lastni samo-spoznavni interes namreč ni ločen od izvajanja raziskave, enako velja za akademska orodja, ki kakor opozarja Rutar niso nikoli politično nevtralna (Rotar, 2004: 375). Zato naj kot del raziskovalne samorefleksije poudarim, da stremim k socialističnim principom, ki zagotavljajo enakopravnost vseh oseb v družbi. S poudarkom na kakovostnem javnem zdravstvu in šolstvu. Moje videnje je, da so družbene vede in humanistika dolžne spodbujati socialno enakost in ekologijo.

Medicinski pluralizem kot dialog različnih pristopov k zdravju, zdravljenju in bolezni je odsoten v Slovenskem prostoru, predvsem zaradi specifičnih zgodovinskih in socialnih okoliščin. Namen moje raziskave je predvsem odpirati vprašanja, zakaj se ljudje vse pogosteje odločajo za komplementarne oblike zdravljenja in zakaj so to najpogosteje ženske. Kot sem opazila med raziskavo so bile ženske, ki so prakticirale komplementarno zdravljenje in novodobno duhovnost deležne posmeha. Tako s strani neposredne okolice kot biomedicinske stroke. Vendar kot kaže se ta dva fenomena ne nameravata tako kmalu umakniti iz življenja številnih ljudi, nasprotno, uporaba narašča. Komplementarne prakse so lahko 'pozitivne' kot 'negativne', prvenstveno pa predstavljajo družbeno realnost, ki ima različne posledice za vsako individualno osebo.

III. Status komplementarnega zdravljenja v Sloveniji

1. Upadanje zaupanja v biomedicino

Biomedicina je s svojim delovanjem pripomogla k daljšanju življenjske dobe ljudi in razvila mehanizme reševanja in izboljšanja kakovosti življenja, ki so v pomoč številnim uporabnikom in uporabnicam. Življenjsko ogrožajoča stanja, kirurgija in farmakologija so področja medicine, kjer je njena učinkovitost nesporna. Sporne plati biomedicine, ki se nanašajo na 'disciplino teles' in 'kontrolno', ki vlada v biomedicinskih institucijah, je raziskoval Foucault. Avtor je ugotavljal, da si biomedicina jemlje pravico, da odloča o 'patološkem' in 'normalnem'. Foucault opisuje, da je biomedicina pridobila to moč razsojanja na račun statusa 'objektivne' znanosti in skozi optiko naravoslovnih metod. Avtor meni, da biomedicina kot znanost, čeprav črpa iz naravoslovnih premis ni 'nevtralna' in da je bila skozi zgodovino tesno povezana s politiko države in kot taka potrjena s strani zakonodaje (Foucault, 2003[1963]: xii-18). Uletova navaja, da je ta večplastnost biomedicine še bolj razvidna v 3. tisočletju. Ne le akademski diskurz, tudi uporabniki in uporabnice doživljajo biomedicino kot institucijo, ki se vse bolj zanima za dobiček in ne blagostanje prebivalstva (Ule, 2003: 9). Uletova je locirala razlog za upadanje zaupanja v biomedicino v pomanjkljivem in nezadovoljivem dialogu med biomedicinsko stroko ter uporabniki in uporabnicami (Ule, 2003: 144; 165). Čeprav je diskurz sodobne biomedicine usmerjen v partnerski odnos med stroko in uporabniki ter uporabnicami, implementacija te prakse ni prisotna na terenu, je pripomnila Uletova na podlagi svoje raziskave¹²⁴ (Ule, 2003: 11). V njej se kažejo vsi vidiki pomanjkljive komunikacije med biomedicinsko stroko in uporabnicami ter uporabniki, ki jo doživljajo kot birokratsko, neosebno in takšno, ki ne omogoča osmiselitve njihovega trpljenja ob bolezni (Ule, 2003: 144). Foucault je ta proces opisal kot povzročanje socialnega trpljenja, ki ga obbolele osebe doživljajo v biomedicinskih institucijah (Foucault, 2003 [1963]: 18). Upad zaupanja v

¹²⁴ Ule, M., Tivadar, B. (1998). Komuniciranje s (pljučnimi) bolniki. Raziskovalno poročilo. Ljubljana: Fakulteta za družbene vede.

biomedicino sloni na kartezijskem dualizmu ločitve telesa od uma, kot piše Uletova, zaradi te ločitve vse dimenzije doživljanja bolezni, ki niso telesne, ne sodijo v predmet biomedicinske obravnave. Biomedicinski nadzor na telesom pa povzroča pri uporabnikih in uporabnicah strah vzbujajočo avtoriteto, ki jim daje vedeti, da sami niso kompetentni odločati o svojem telesu (Ule, 2003: 111-150). Glede na opisano ni presenetljivo, da vse več ljudi išče pomoč izven biomedicinskih okvirov. Takšne oblike pomoči so navadno ne-institucionalne in skušajo človeka obravnavati celostno in ne skozi prizmo kartezijskega dualizma. Uporabljene metode večinoma niso priznane s strani biomedicine in običajno sodijo v okvir komplementarne in alternativne medicine (KAM). Lipovec Čerbronova navaja, da teoretski koncepti KAM večinoma izvirajo iz azijskih medicinskih modelov ali znanj in veščin, ki jih je biomedicinska stroke zavrgla (Lipovec Čerbron, 2008: 102). Uletova pojasnjuje, da je priljubljenost metod KAM predvsem v zanimanju, ki ga kaže za celostno obravnavo človeka, upoštevajoč trpljenje posamezne osebe in cel spekter doživljanja bolezni (Ule, 2003: 263).

Slovenija je v času socialistične državne ureditve stremela k zagotavljanju kakovostnega javnega zdravstva, temelječega izključno na biomedicini. Izobraževanje zdravniške stroke je potekalo na brezplačni javni medicinski fakulteti. Kot navaja *Euro-Canada Health Consumer Index* (ECHCI) je kakovost slovenskega javnega zdravstva, ki se ocenjuje po večih kriterijih (dostopnost, kakovost, čakalne vrste, ...) padla iz 12. na 21. mesto v sklopu skupaj 31-ih držav, ki jih indeks obravnava. Padec je zabeležen v letu 2007, leta 2009 je Slovenija uvrščena na 20. mesto v istem sklopu kriterijev in sodelujočih držav. Razlog za nazadovanje kakovosti javnega zdravstva je predvsem intenzivna privatizacija zdravstvenih uslug po letu 2004, ko je Slovenija vstopila v Evropsko unijo. S tem je biomedicina postala del tržne ponudbe. Komplementarno zdravljenje je tudi plačljivo, zato se ga poslužujejo predvsem osebe v urbanih okoljih z dohodki, ki presegajo povprečni zaslužek. Najpogosteje govorimo o uporabnicah, saj predstavljajo večinski del odjemalcev

tovrstnih praks. Ti socio-demografski dejavniki uporabnikov oziroma uporabnic KAM so po trenutno dostopnih podatkih univerzalni (Sharma 1994, Goldsten 1999, O'Connor 2000). Porast uporabe KAM gre pripisati tako upadu zaupanja v biomedicino kot družbenim trendom, ki promovirajo ekologijo in celostni pristop k zdravju. Moja terenska raziskava se navezuje na komentar Cantove in Sharmove, ki navajata, da uporabniki in uporabnice KAM cenijo pri teh praksah predvsem to, da si za njih vzamejo čas, jim prisluhnejo in da so usmerjene v njihovo blagostanje tudi na čustvenem in duhovnem področju (Cant in Sharma, 2003: 429). Večina KAM praks se izvaja ne-institucionalno in ni priznana s strani biomedicine. Slovenski *Zakon o zdravilstvu* je rigorozen (v primerjavi z drugimi državami Evropske unije), saj na primer osebam z diplomom medicine prepoveduje prakticiranje homeopatije skupaj z biomedicino (*Uradni list*, paragraf 15, 2. odstavek, str. 12646 / Št. 94 / 16. 10. 2007). V splošnem zakonodaja ni naklonjena metodam KAM, temveč skuša predvsem zaščititi uporabnike in uporabnice pred škodovanjem zdravju, ki bi jih lahko povzročila KAM. Lipovec Čebrova komentira dejstvo, da *Zakon o zdravilstvu* sodi pod Gospodarsko zbornico in ne Ministrstvo za zdravje kot znak, da slovenske oblasti ne nameravajo kmalu vzpostaviti dialoga med biomedicino in KAM praksami kot v nekaterih evropskih državah (Lipovec Čebrova, 2008: 99).

*Sustainable Health Care White Paper*¹²⁵ (maj, 2008) opisuje nastalo dihotomijo med KAM in biomedicino kot tisto, ki povzroča pejorativno razumevanje tako KAM kot biomedicine. Uporaba uveljavljenih znanstvenih metod (dvojno slepe randomizirane klinične raziskave) za dokazovanje učinkovitosti KAM metod in praks niso ustrezne, saj gre za dva različna pristopa. S takšnim pristopom ocenjevanja KAM praks so uporabniki in uporabnice še vedno primorani uporabljati farmacevtsko usmerjeno biomedicino kot

¹²⁵ http://www.anh-europe.org/files/100617-SustainableHealthcare_White-Paper.pdf (8. 10. 2010).

tisto, ki naj bi bila znanstveno dokazano najbolj učinkovita. (str. 14).¹²⁶ Lockova in Nichter poudarjata, da se še vedno prikriva javnosti kakšen vpliv imajo delniške strukture farmacevtskih družb na 'znanstvena dejstva' številnih biomedicinskih raziskav (Lock in Nichter, 2002: 21). Vendar navkljub pomanjkanju znanstvenih dokazov uporaba KAM praks narašča in vedno pogosteje predstavlja primarno in sekundarno izbiro zdravljenja s strani uporabnikov in uporabnic (Cant in Sharma, 2003: 426-439). Številni drugi družbeni dejavniki vplivajo na povečano uporabo komplementarne in alternativne medicine, kot so prevalenca kroničnih bolezni, povečan obtok informacij o zdravju, upad zaupanja v znanost in povečano zanimanje za duhovnost (Wayne, 1999: xiii). V nasprotju s stereotipi KAM uporabljajo izobražene osebe (Kelner, 2000: 1). Zakonodaja, ki je KAM prakse izločila iz biomedicinskega kurikulumu, na drugi strani želi prebivalstvo zavarovati pred neustreznimi KAM praksami. Te pa so se zaradi zavračanja umaknile v ne-institucionalni in ne-legalizirani sektor. Zaradi vseh teh značilnosti je številne skupine, ki izvajajo KAM prakse večinoma povezane z novodobno duhovnostjo praktično nemogoče nadzorovati. Cerar ocenjuje, da je v Sloveniji več kot 1500 neregistriranih izvajalcev in izvajalk več kot 200 različnih KAM praks, ki se ukvarjajo s preventivo, diagnostiko, terapijo in rehabilitacijo zdravja (Cerar, 2006: 4-20). Nekatere dejavnosti so registrirane provizorično v obliki društev, zavodov in drugih oblik nevladnih organizacij.

2. Pričevanje Jone

Jona je predstavljala ključno osebo pri raziskavi, kajti moje sodelovanje z udeležbo se je odvijalo na njenih tretmajih od leta 2007 do 2010. Kot izvajalka komplementarnega zdravljenja in praktikantka novodobne duhovnosti je svoje znanje in izkušnje posredovala svojim klientkam. Njena življenjska zgodba, njeno pričevanje zato predstavlja pomemben del razumevanja opazovanega procesa ter interakcij med izvajalko in udeleženkami. Jono

¹²⁶ *Ibid.*

sem spoznala že v mladosti preko skupnih znancev. Kot priseljenka iz drugega dela takratne Jugoslavije, se je v Sloveniji uveljavljala kot umetnica. Primarno se je za selitev odločila, ker se je poročila s Slovencem. Zakon se je po 14-letih končal, bil je težaven, a kot pravi Jona, jo je vodil v duhovno rast. Jona je z mano delila vse intimne osebne izkušnje, to pa ni bilo omejeno le na dialog z mano. Tovrstne vsebine je delila z vsemi ženskami, ki so obiskovale njene tretmaje. Med tretmaji je večkrat poudarjala, da je oseba, 'ki dela na sebi' in ima zato bolj 'uravnovešeno energijo'. To stanje naj bi dosegla z dolgoletnim 'treningom' duhovnosti in KAM praks. Jona ni želela, da jo njene klientke ali jaz obravnavajo kot 'razsvetljeno', kot je pojasnila:

Nočem, da bi me kdorkoli imel za preroka, nisem razsvetljena! Imam svoje slabosti, ki jih priznam pred vsemi, predvsem pa delam na njih, da bi se to spremenilo.

Jonino stališče je značilno za novodobno duhovnost, kjer ima vsaka posamezna oseba možnost za 'stik z božanskim' in dopušča individualno interpretacijo duhovnih izročil. Za Jono je novodobna duhovnost predstavljala 'napredek' in 'duhovno evolucijo', ker je spodbujala posameznike in posameznice na poti duhovne rasti zunaj uveljavljenih religij. Jona ni želela bit naslovljena kot 'duhovna učiteljica' in še manj kot 'terapevtka'. Ustrežal ji je izraz 'inštruktorica', ki je bil v veljavi na treningih kitajske mojstrice Wangove, ki jih je obiskovala sedem let.

Ženske, ki so prihajale na Jonine tretmaje tja niso prišle zaradi biomedicinske diagnoze – specifične bolezni. Morda so imele zdravstvene težave, vendar ne življenjsko ogrožajoče (boleča hrbtenica, glavoboli, nespečnost, ...), ki pa so jih povezovale s stresnimi življenjskimi okoliščinami v družinskem in delovnem okolju. Jona ni zavračala biomedicine, kar je pogrešala (kot večina uporabnikov in uporabnic) je možnost dialoga z izbranim zdravnikom ali zdravnico. Jona je sama redno hodila na biomedicinske preglede,

kar je svetovala tudi svojim klientkam. Svoje srečanje s KAM praksami in duhovnostjo mi je natančno opisala. Njene ponavljajoče ginekološke zdravstvene težave je odpravila s pomočjo kitajske tradicionalne medicine (KTM), kar ji je svetoval bivši mož. Prijateljica ji je predstavila duhovno učiteljico Aiping Wang, kar je najmočnejše zaznamovalo njeno življenje. Postala je njena učenka in se posvetila intenzivnemu treningu njene metode *Shen-Qi*¹²⁷, ki bazira na KTM. Mojstrica Aiping Wang je od popularnosti (stotine učencev)¹²⁸ padla v javno nemilost, saj je za svoje usluge zahtevala vedno več denarja. Jona se z njenim odnosom do denarja ni strinjala in se tako po sedmih letih odmaknila od mojstrice. Wangova je za njo predstavljala pomembno prelomnico, saj se je s področja umetnosti preusmerila izključno v komplementarno zdravljenje in duhovnost. Ključno duhovno vodilo za Jono so predstavljale sanje, ki jih obravnava kot 'notranje vodstvo'. 'Posebne sanje' je imela Jona še preden se je odločila za to, da bo inštruktorica in jih zapisovala v dnevnik. V njih je prepoznala 'sporočila' in 'opozorila' ter 'navodila božanske energije'. Znanje, ki ga je pridobila s treningom pri Wangovi ji je služilo kot nadgradnja in predvsem sklop vaj ter dnevna disciplina (vstajanje ob zori, izvajanje vaj, dihalne vaje, samomasaža, prehrana). Jonin pristop k zdravljenju oziroma 'uravnovešanju energije' kot se je sama izražala, je eklektična mešanica azijskih filozofskih principov ter aktualnih novodobnih učiteljev (Osho, Castaneda). Njen pristop bi lahko označili kot 'epistemološko avtoriteto, ki izvira predvsem iz osebnih izkušenj z zdravjem in zdravljenjem' (O'Connor, 2000: 57).

V okviru komplementarnega zdravljenja in novodobne duhovnosti fizično obolenje ne predstavlja edinega predmeta zdravljenja. V okviru teh metod zdravljenja se 'uravnovešajo' družinski miselni in čustveni vzorci (vedenja), ki 'potrebujejo zdravljenje'. Celoten koncept zdravljenja se močno razlikuje od biomedicinskega, saj skuša preko

¹²⁷ *Shen Qi* je duhovna metoda, ki temelji na kanaliziranju energije in jačanju energetskega polja. Pomembno je tudi odpravljanje osebnih 'blokad' in uravnavanje 'reakcij', ki povzročajo, da posamezna oseba 'izgublja energijo'.

¹²⁸ Ko sem se o disertaciji pogovarjala s svojo babico – predano katoličanko z ruralnega okolja, me je nemalo presenetilo, da je tudi ona obiskovala tretmaje 'tiste Kitajke'. »Pokazala je vaje, ki jih še danes delam in pomagajo«, mi je pojasnila babica.

duhovnih sporočil usmerjati življenje posamezne osebe k blagostanju (*well-being* ang.).

IV. Ne-institucionalna raba komplementarnih tehnik

1. Prehajanja med medikalizacijo in psihologizacijo

Prehajanja med medikalizacijo in psihologizacijo zdravja predstavljajo sodobno socio-politično dinamiko zdravja. Ta proces omogočajo in generirajo predvsem nevladne strukture in civilna družba, ki spodbujajo dialog o številnih dejavnikih, ki vplivajo na zdravje in razumevanje zdravja v družbi. Tudi to so razlogi, da ljudje iščejo nasvete in pomoč izven biomedicinskega okolja. To lahko trdimo predvsem za tako imenovani razviti del sveta.

Kot navajata medicinski antropologinji Fainzang in Haxaire je proces medikalizacije konceptualiziran s strani družbenih ved in določa stopnjo do katere lahko zakonodaja posega v življenje posamezne osebe. Kajti s procesom medikalizacije postanejo 'aspekti osebne eksistence predmet medicinske avtoritete'. Fainzang in Haxaire sta komentirali, da proces medikalizacije ni nujno usmerjen v prikrivanje družbeno političnih okoliščin posameznih zdravstvenih težav; proces je lahko tudi obraten (Fainzang in Haxaire, 2011: 18). Psihologizacija je podobno kot medikalizacija posledica določenih družbenih okoliščin. Z razvojem psihoanalize je koncept 'nezavednega' postal del družbenega znanja in se umestil kot del samospoznavanja. Epistemologija psihoanalize je vplivala ne samo na znanstveni diskurz, temveč tudi na način komuniciranja izven akademskih okvirov. Diskurz psihoanalize se je prenesel tudi v popularne medije in vplival na medsebojne odnose. Fromm je menil, da je zato posledično postalo družbeno sprejemljivo, da z drugimi delimo svoje notranje občutke, brez sramu ali zadrževanja, kar je bila prej zahteva vljudnega vedenja (Fromm, 1956: 163). Effig meni, da je ta proces izpovedovanja in delitve notranjih občutij še pospešil razmah literature s področja popularne psihologije in

knjig za samopomoč. Diskurz psihologizacije po Effigu zajema tako iz področja zahodne znanosti in tehnologije kot vzhodnih filozofij, ki se nanašajo tudi na komplementarno zdravljenje. Avtor meni, da so na ta način dosegle širše javnosti vsebine, ki sicer ostajajo v domeni akademije (Effig, 2009: 133). Prav razširitev diskurza popularne psihologije in samopomoči je vplivala, da so se začeli združevati ljudje, ki so jih te metode zanimale in so jih skušali integrirati v vsakodnevno življenje. Tako so nastala društva, ne-vladne organizacije ali neformalna druženja ljudi s skupnimi interesi. Kolumbijska enciklopedija¹²⁹ definira skupine za samopomoč in nevladne organizacije kot tiste, ki združujejo ljudi s sorodnimi težavami oziroma s skupnimi interesi. Z združevanjem zbirajo informacije, si nudijo medsebojno pomoč in nasvete, za katere menijo, da niso popolni ali zadovoljujoči z vladne oziroma institucionalne strani. Omenjena socialna gibanja so se začela uveljavljati po 2. svetovni vojni in se razširila v 60-ih in 70-ih letih 20. stoletja.

V Sloveniji trenutno deluje okoli sto¹³⁰ nevladnih organizacij, ki se posredno ali neposredno ukvarjajo z zdravjem in blagostanjem prebivalstva. Nekatere organizacije v svoje delovanje vključujejo tudi KAM in novodobno duhovnost. Število nevladnih organizacij s tega področja narašča tudi v Sloveniji, kot posledica nezaupanja v biomedicino, ki promovira predvsem medikalizacijo, ljudje pa si poleg zdravil želijo še drugačno pomoč. Zastavimo si lahko vprašanje, kaj prinaša psihologizacija vsebin s področja zdravja? Kar zagovarja večina nevladnega sektorja (če vključujejo KAM principe ali ne) je, da vsi imajo vse zdravstvene težave tudi pomembne ne-biološke aspekte, predvsem na nivoju medsebojnih odnosov. V tem vidiku se psihologizacija razlikuje od medikalizacije, ki jo uveljavlja biomedicina. Posledično se psihologizacija zdravja uveljavlja v ne-institucionalnem sektorju. Avtorici Rose in Myss, prva s področja

¹²⁹ The Columbia Electronic Encyclopedia, Sixth Edition; www.cc.columbia.edu/cu/cup/ (12. 6. 2010).

¹³⁰ <http://www.mreza-zdravja.si/index.php/lanice-mree.html> (26. 10. 2010).

psihologije in druga s področja komplementarnega zdravljenja opozarjata na negativne vidike psihologizacije zdravja. Roseova meni, da psihologizacija lahko preveč individualizira težave (Rose, 1998: 74). Myssova pa meni, da psihologizacija težav lahko preveč zaznamuje identiteto posamezne osebe 'sem zdravljen alkoholik', namesto da bi se osebe spodbujalo k premiku v nove življenjske izkušnje (Myss, 1996: 212).

Jonina praksa ni temeljila na promociji medikalizacije, vendar je ni radikalno zavračala. Tretmaji so deloma povzemali psihologizacijo zdravja vendar z vpeljevanjem konceptov KAM in novodobne duhovnosti. Jonina praksa je bila ne-institucionalnega tipa in je združevala ženske, ki so na drugačen način želele reševati svoje težave. Jonine klientke so v skladu z družbenim trendom iskale pomoč izven domene biomedicine. Tretmaji niso temeljili na 'izpovedovanju', čeprav je bila prisotna podpora v težkih trenutkih, vendar na po principih zahodne psihologije, temveč vzhodne filozofije, ki je pogosto povsem drugačna. Namen srečanj je bilo predvsem uvajanje novih znanj in vsebin v življenja posameznih oseb, ki temeljijo na 'energetskih principih', kot se je izražala Jona. Vsebine vzhodne filozofije so v takšnih kontekstih, kot je Jonina praksa, prilagojene aktualnim življenjskim pogojem klientk. Dawson pojasnjuje, da lahko vsebine privzete iz vzhodne filozofije kot je 'meditacija' in 'karma' zaživijo tudi v zahodnem okolju. S prilagojenim razumevanjem, ki temelji na premisli neosebnega univerzuma (Dawson, 2006: 23). V tem primeru je Jona predstavlja učiteljico, ki posreduje praktično uporabo in znanje neosebnih energetskih principov, ki naj bi jih njene klientke uporabile za doseganje blagostanja.

2. Praksa – seznanitev z okoljem komplementarnega zdravljenja

Tretmaji pri Joni so potekali v njenem zasebnem stanovanju, ki ga je najemala v centru Ljubljane. Klientke so prihajale na tretmaje zjutraj ob sedmi uri in popoldan ob pol petih. Večina klientk je prihajala vsak dan (tudi ob vikendih), nekatere pa so prihajale dvakrat ali

trikrat tedensko. Tretmaji so potekali v dnevnem prostoru, ženske so se posedle na kavč ali zofo ali na tla, kakor je kateri ustrezalo. Če je bilo kateri slabo ali je bila zaradi kakšnega čustvenega stanja zelo izčrpana se je tudi ulegla. Jona je večkrat poudarjala pomembnost tretmajev v stresnih situacijah, zaradi 'nabiranja energije'. Princip ali vodilo Joninih tretmajev je bila 'energija' kot neosebna življenjska sila. Kot navajata O'Connor in Goldstein večina znanih KAM praks temelji na predpostavki, da je človeško telo vzdrževano in posledica posebne energije (O'Connor 2000, Goldstein 2000). Jonini tretmaji niso temeljili na zdravljenju specifičnih bolezni (diagnoz) temveč predvsem na odpravljanju določenih vedenjskih, čustvenih in miselnih vzorcev. Osrednji del Jonine prakse je zajemala interpretacija sanj kot tehnika za celostno razumevanje posamezne osebe. Jonina praksa v vseh pogledih ustreza opisu novodobne duhovnosti s principi komplementarnega zdravljenja. Kakor navaja Dawson psihologizacija duhovnosti in misticizma vodi v formiranje praktičnega znanja, čigar vsebina se napaja predvsem iz vzhodnega religijskega diskurza. Ne ozirajoč se na kulturno okolje, naj bi določeni duhovni principi omogočali videnje realnosti kot univerzalne (Dawson, 2006: 22).

Na tretmajih je Jona uporabljala poseben diskurz, ki ga je prevzela po kitajski mojstrici Aiping Wang. Ta pa ga je po moji domnevi kot poznavalka kitajske tradicionalne medicine prilagodila razumevanju njenih evropskih klientov in klientk. Tako sem lahko opazila prenos terminov iz biomedicine, ki je znana evropskemu prebivalstvu v domeno komplementarnega zdravljenja. Beseda 'injekcija', pomeni injiciranje določene vsebine z namenom zdravljenja v biomedicini. V kontekstu Wangovih in tudi Joninih tretmajev pa je pomenila besedni prenos sporočil, ki naj bi osebi pomagala. Kot je pojasnila Jona pri dejanju 'injekcije' na njenih tretmajih je vsebinska sporočilnost njenih besed en vidik, medtem, ko je ključni vidik v energetske strukturi njenega sporočila klientki. S pomočjo takšne 'energetsko verbalne injekcije' naj bi se energetske polje klientke uravnovešalo. Zelo pomembna dimenzija tega transferja med Jono in klientko je bila pripravljenost klientke prejeti 'injekcijo'. Klientka je lahko to tudi zavrnila, oziroma je Jona komentirala:

'Vidim, da ne pustiš, da ti dam injekcijo.' To je za opazujoče udeleženske pomenilo, da dotična klientka ne želi slišati ali sprejeti drugih vidikov situacije, ki je zanjo boleča. Podoben transfer izraza je bil prisoten pri izrazu 'operacija ega'. Zopet je uporabljen biomedicinski termin – operacija, ki ga je uporabljala Wangova in po njej povzela Jona. Tako 'energetska' kot fizična operacija sta izvedeni z namenom izboljšanja počutja osebe. 'Operacija ega' v kontekstu Joninih tretmajev ne pomeni pomenila kirurške – fizične odstranitve nečesa, temveč poseg v strukturo miselnih in čustvenih odzivov, ki je za osebo tako boleč in neprijeten kot dejanska fizična operacija. Pri Joni so klientke lahko zavrnile 'operacijo ega', čeprav je bil to eden izmed ciljev tretmajev, kajti 'uspešna operacija ega' naj bi omogočala osebi uvid in s tem povečanje energetskega pretoka in posledično blagostanja. Jonini tretmaji so vsebovali še druge principe, ki jih je osvojila na treningu pri Wangovi (dihalne vaje, sproščanje, samomasaža). Razlaga sanj kot notranjega vodstva je bila Jonina pot - Wangova tega ni uporabljala. Jona je izkušnje s sanjami imela zgolj na podlagi lastnih izkušenj. Sanje (svoje in od klientk) je razvrščala v različne kategorije kot 'čiščenje' (sanje brez posebnega pomena kot del čiščenja podzavesti), 'opozorilo' (sanje, ki so sanjavko lahko opozarjale na kaj naj bo pozorna v svojem življenju), 'navodila ali sporočila' (sanje, ki jih je Jona interpretirala kot napotke po katerih naj bi sanjavka ravnala v vsakodnevem življenju). Spremljanje in opazovanje interpretacije vsebin sanj so bile lahko dramatične za klientke in tudi Jono. Kot inštruktorica je Jona menila, da naj bi človek prisluhnil 'notranjem vodstvu' ki se razodeva v sanjah. Nekatere klientke so zelo težko sprejemale vsebino sanj kot možna navodila za njihovo vsakodnevno življenje. Skozi raziskavo sem imela možnost opazovati vpliv interpretacij, ki je bil za večino žensk pomenljiva v smislu ozaveščanja miselnih in čustvenih načinov odzivanja na življenjske okoliščine.

Kombinacija komplementarnih tehnik, ki jih je uporabljala Jona je bila eklektična in eksperimentalna. Takšna kombinacija naj bi po mnenju McGuirrove bila značilna za

sodobne skupine, ki združujejo zdravljenje in duhovnost (McGuire, 1993: 149). V takšnem kontekstu, po Goldsteinu izrazito izstopa posebna vloga tiste/tistega, ki zdravi. V tem je tudi pomembna razlika med standardnimi oblikami zdravljenja (Goldstein, 1999: 63). Pri Jonini praksi je bilo to očitno, saj so njene življenjske izkušnje transparentno vplivale na informacije, ki jih je posredovala klientkam.

3. Ženski glasovi – doživljanje Joninih tretmajev

Poglavje je namenjeno predstavitvi Joninih klientk, ženskam, ki so obiskovale njene tretmaje vsaj tri mesece. Časovna doba je bila zame pomembna, ker sem na ta način z njimi lahko vzpostavila bolj pristen stik in jim omogočila, da so spoznale mene in jim razložila namen raziskave. V besedilu predstavljam deset žensk, ki ne predstavljajo vseh Joninih klientk, število se je skozi čas povečevalo ali zmanjševalo.¹³¹ Nekatere ženske so prišle po nasvet za akutno težavo in tretmajev niso obiskovale dlje časa.

Kot je poudarila Lukšič-Kacinova osebe postanejo ženske skozi proces socializacije in so si med seboj lahko zelo različne. Zato avtorica predlaga, da se razumevanje kulturnih in socialnih odnosov skuša utemeljiti skozi prizmo individualne ženske (Lukšič-Hacin, 2009: 64-66). K temu sem stremela tudi sama v vlogi raziskovalke in skušala čim manj posegati v pričevanja žensk, zato so heterogena. Namen tega poglavja je bil predstaviti vsako individualno osebo, njeno doživljanje Joninih tretmajev in specifične življenjske okoliščine v skrajšani obliki, ki jo dopušča forma tovrstne raziskave in zaščita osebnih podatkov. Nekatere podrobnosti sem morala izpustiti, ker bi lahko preveč izpostavila sodelujoče v raziskavi. Z večino žensk sem se pogovarjala neformalno po tretmajih, z vsemi pa sem posnela intervjuje izven tretmajev v času, ko so hodile na tretmaje in leto dni za tem (nekatero so tretmaje še obiskovale, nekatere ne). Z vsemi ženskami zaradi

¹³¹ Prišli so tudi kakšni moški, otroci in domače živali, vendar je bilo več kot devetdeset odstotkov žensk, zato ni bilo ključno zato raziskavo.

različnih okoliščin ni bilo mogoče ponoviti intervjuja (v dveh primerih).

a) Jonine klientke

Potrata v svoji doktorski disertaciji predstavi skupine v Sloveniji, ki prakticirajo novodobno duhovnost in navaja, da so številne ženske prav z obiskovanjem tovrstnih praks izboljšale kakovost svojega življenja – postale so bolj neodvisne, odšle od nasilnega partnerja, poiskale bolj zadovoljujoče delovno mesto in se počutile bolj opolnomočene (Potrata, 2002: 28). Podobno sem lahko zasledila tudi sama skozi pogovore z Joninimi klientkami. Ženske, ki so obiskovale Jonine tretmaje so bile stare med 27 in 64 let. Njihova osebna pričevanja razkrivajo razloge zakaj so obiskovale Jonine tretmaje, zakaj so jih prenehale obiskovati, kakšni so bili njihovi dvomi in kaj jim je ustrezalo. Vsaka je imela svoj pogled na Jonino prakso, ki pa se je v celoti navezoval na družbene trende (naraščanje uporabe KAM, prisotnost kritike biomedicine, psihologizacija zdravja). Navajam stavek iz intervjuja s posameznimi Joninim klientkami:

»To da sem hodila k Joni ... zdaj sem bolj pozorna na to v kakšnem stanju pravzaprav sem, da se tega zavedam ...« Avona, 34 let.

»Mislim, da je bistvo Joninih tretmajev preseganje vzorcev vedenja, da se jih sploh zaveš.« Teodora, 39 let

»Ko sem začela hoditi k Joni sem se naučila komunicirati s starši otrok.« Poopy, 31 let

»Vsi imamo v sebi slabe strani, zato sem vesela, da sem spoznala Jono, pokazala mi je kako lahko to obvladujem.« Annabel, 64 let

»Sama najbolj spoštujem tradicionalne načine zdravljenja, Jona pa je bolj new age ...« Barbara, 34 let

»Odprto lahko govorim o svojih izkušnjah pri Joni, ko srečam prijateljice in s tem tudi komu drugemu dam nasvet ...« Laura, 27 let

»Zdaj imam občutek, ko hodim k Joni, da lahko vplivam na potek stvari, ki se mi dogajajo.« Antoniette, 48 let

»Mogoče zveni nenavadno, ampak zdaj šele vidim koliko lahko naredim v svoji karieri.« Chantal, 42 let

»Zame je bilo obiskovanje Joninih tretmajev kar intenzivna preizkušnja.« Beatrice 30 let

»Jonini tretmaji so mi predstavljali uravnovešanje vseh področij mojega življenja. Gretchen, 30 let

b) Komplementarno zdravljenje in biomedicina

Vse Jonine klientke so bile redne uporabnice biomedicine oziroma uslug javnih zdravstvenih zavodov in tudi zasebnih specialističnih ordinacij. Poglavje je nastalo ne namenoma, ker je večina žensk med intervjujem spontano začela opisovati svoje, večinoma neprijetne izkušnje znotraj zdravstvenega sistema. Predvsem kar se tiče pomanjkanja komunikacije, nezanimanja za vzroke njihovega slabega počutja in zdravstvenih težav ter neosebnega odnosa. Uletova navaja sorodne razloge, zakaj so uporabniki in uporabnice razočarani nad uradno medicino – prvenstveni razlog pa je pomanjkanje komunikacije in enakovrednega dialoga (Ule, 2003). Podajam nekaj izvlečkov iz pogovorov na temo izkušenj z biomedicino, ki so mi jih opisale Jonine klientke:

»Nihče me ni poslušal, samo predpisali so mi antidepresive.« Annabel, 60 let

»Počutila sem se, kot da sem lesena noga, ki jo želeli odžagati.« Poppy, 31 let

»Vključili so me v neko doktorsko raziskavo, v kar sem privolila. A mi sploh niso povedali, da sumijo pri meni neko nevarno bolezen. Bila sem pretresena.« Antoniette, 45 let

“Zdravniki mislijo, da so bogovi, to je zelo moteče. Vse ostale informacije zanikajo.” Gretchen, 32 let

»Večini žensk s katerimi sem se pogovarjala ponujajo antidepressive, ... farmacevtski lobiji in denar ...« Teodora, 39 let

*»Najbolj pogrešam možnost dialoga, da bi stvari razložili in bili pripravljeni prisluhniti.«
Jona, 56 let*

»Meni uradna medicina v določenem trenutku ni mogla več pomagati, tudi antibiotiki niso več prijeli ...« Beatrice, 33 let

*»Mene zanima nekaj več, sodelovanje, ne da so vsi procesi obrnjeni proti naravi.« Laura,
27 let*

Neprijetne izkušnje z biomedicino oziroma želja po celostnem pristopu k njihovem zdravju in izboljševanju počutja so bili odločilni, da so Jonine klientke začele iskati rešitev v komplementarnem zdravljenju in novodobni duhovnosti.

c) Zdravljenje ženskosti – uravnovešanje energij

Obravnava ženskosti je izmuzljiva tako s teoretičnega kot doživljajskega vidika. V tem poglavju kategorijo ženskosti obravnavam predvsem z vidika opazovane komplementarne prakse in feministične teorije. Kot navaja Accatijeva je bil pojem ženskosti v prostoru pod dominantnim vplivom rimsko katoliške cerkve vezan predvsem na 'sveto materinstvo' po vzoru Device Marije, medtem ko so bile ženske prvine izključene iz moškega trojstva 'Sveti Duh, Sveti Oče in Sveti Sin' (Accati, 2001). Puttickova tako povzema, da so se številne feministke prav zato odvrnile od krščanske duhovnosti, ker naj bi povzdigovala le moški/falični princip. Medtem, ko se je od žensk pričakovalo, da so v podrejenem položaju (Puttick, 1997: 1). Pri zavzemanju za žensko enakopravnost je obstajal tudi konflikt kar zadeva duhovnost, saj so se feministke usmerjale predvsem v praktične, politične rešitve in ne v metafizične dimenzije. Po ugotovitvah hooksove pa se ženske vseeno niso nehale zanimati za duhovnost (hooks, 2000). Macphersonova ugotavlja, da je

prav novodobna duhovnost tista, ki ima sorodne cilje kot feminizem, ker stremi k uveljavljanju interesov žensk (Macpherson, 2008: 84). Kot navajata Puttickova in Hanegraaff naj bi bila novodobna duhovnost tista, ki stremi k temu, da združuje zahodno in vzhodno filozofijo ter kategoriji moškega in ženskega v sinergijo (Puttick, 1997: 12; Hanegraaff, 1996: 517). Puttickova opozarja tudi na nevarnost vnovičnega podrejanja žensk prav skozi prizmo novodobne duhovnosti in iskanja 'prave ženskosti' in 'duhovne rasti' (Puttick, 1997: 1). Jonine klientke sem spraševala v kakšni luči so doživljale Jonino prakso kar zadeva njihovo opolnomočenje v vlogi žensk oziroma kako doživljajo svojo vlogo v družbi. Podajam kratke navedbe iz intervjujev:

»Moj partner ne želi, da hodim k Joni ... tam so ženske, ki se neprestano nekaj pogovarjajo ... po njegovem to ni ravno dobro.« Avona, 34 let

»Ko sem bila študentka sem imela za vzor umetnico, ki se je oblačila tako, da ni bila preveč ženstvena tako ... kul (...) jaz sem si večkrat želela biti v krinolini. To ti da moč.« Teodora, 39 let

»Po moje smo ženske ujete v vlogi žrtev že skozi generacije.« Poppy, 31 let

»Zame so ženstveni gibi pomembni in definitivno so mi bolj všeč ženska telesa, ki so vitka.« Beatrice, 33 let

»Opazovala sem ženske, ki so prihajale v mojo restavracijo, veliko je strahu in pretvarjanja, vse z namenom, da bi obdržale svoje partnerje.« Annabel, 64 let

»Mislim, da imajo ženske največ problemov v partnerskih odnosih, kako ravnati ...« Laura, 27 let

»Želim si, da bi moja hčerka počela kaj bolj enostavnega v svojem življenju ... včasih se mi zdi, da je vse skupaj prenaporno ... biti direktorica v svetu, ki je naklonjen moškim.« Antoniette, 45 let

»Zdi se mi, da manjka ženstvenega principa, da smo to izgubili ...« Gretchen, 32 let

»Ženskost pomeni, da si ranljiv, ampak da si hkrati zmožen vse to preživeti.« Chantal, 42 let

Kategorija ženskosti ni bila osrednja tema Joninih tretmajev, vendar kot navaja Macphersonova komplementarno zdravljenje in novodobna duhovnost s svojim ohlapnim ne avtoritativnim podajanjem kategorij moško/žensko omogočata uporabnicam večjo svobodo in individualnost pri formiranju identitete in s tem opolnomočenje (Macpherson, 2008: 168). Vloga ženske v družbi skozi novodobno duhovnost ni določena po parametrih 'družbenih sporočil' temveč išče za vsako osebo individualen izraz.

V. Zakaj ženske to počnejo – osebna in družbena rekonstrukcija

1. Novodobna duhovnost – potrošniški pobeg ali civilno gibanje

Zahodna družba predstavlja visoko kompetitiven trg, kjer številni ne vedo ali jih na koncu meseca čaka mesečno plačilo. V postmoderni so se strukture, ki so nekdaj veljale za 'stebre družbe' kot so država, cerkev in družina zmajale in ljudje jih ne doživljajo več kot zaupanja vredne. V tem času se je razmahnil pojav novodobne duhovnosti. Ta namreč promovira 'dvigovanje zavesti', 'sožitje' in 'nenasilje' (Brink, 1992: 7). Novodobna duhovnost sloni na premisi, da če je možna osebna transformacija s pomočjo določenih energetskih (duhovnih) principov, potem enako velja za družbo in socialne razmere (Melton, 1992: 1 v Mears in Ellison: 291). Kot piše Banova je novodobna duhovnost zahodni kulturni fenomen z začetkom v 19. stoletju, zanj je značilna eklektičnost, razpršenost in to da nima določene vodje, centra ali svetih spisov (Ban, 2008: 21). Novodobna duhovnost črpa navdih iz povsod in skuša vse združevati v 'višjo celoto'. Pogosto je novodobna duhovnost prav zato označena za 'plebejsko in vulgarno' (Sutcliffe, 2003: 10 v Macpherson, 2008: 27). Za novodobno duhovnost je značilno, da si prisvaja in preoblikuje elemente tradicionalnih oblik duhovnosti (kot na primer joga), nagovarja

najširše skupine ljudi in skuša spodbujati ljudi v nove življenjske sloge in civilno iniciativo (vegetarijanstvo, ekologija). Vpliva na uporabo komplementarnega zdravljenja, saj zagovarja celostno obravnavo človeka – tako na telesnem čustvenem, duševnem kot duhovnem nivoju. Ti dve dejavnosti se navadno eksplicitno ali implicitno prepletata. Zato je novodobna duhovnost tako individualno stremenje k opolnomočenju kot civilno gibanje, saj večina, ki jo prakticira stremi tako k osebni kot družbeni transformaciji. Po Joninih besedah je navidezna lahkotnost novodobne duhovnosti lahko varljiva. Sama je menila, da je ženskam, ki vodijo različne novodobne prakse težje kot praktikantom in praktikantkam že uveljavljenih duhovnih praks. Menila je, da je izrazita prednost novodobne duhovnosti, da le ta spodbuja iskanje 'božanskega vodstva' v sebi. Kot navaja Benderjeva so praktikantki in praktikantke novodobne duhovnosti večinsko ženske, z dobro izobrazbo in dohodkom ter integrirane v svoje okolje (Bender, 2010).

2. Zakaj ženske to počnejo – osebna in družbena rekonstrukcija

Kot navajajo avtorji in avtorice s področja komplementarnega zdravljenja in novodobne duhovnosti se s tovrstnimi praksami ukvarjajo večinsko ženske (Hanegraaff, 1996; Potrata, 2000; Ban, 2008; Macpherson, 2008). Razlogov za to je več, med drugim tudi zgodovinska nesprejetost žensk v duhovnih institucijah. Kajti z 'ženskim' se je povezovalo vse tisto, kar je bilo ovrednoteno kot manjvredno. Wade navaja, da so bila alternativna politična gibanja in sistemi znanja podvrženi feminizaciji kot učinkoviti oblike diskvalifikacije (Wade, 2004: 78-79). Za razliko od novodobne duhovnosti, ki vztraja na enakopravnosti in alternativne predloge praviloma skuša integrirati.

Novodobne skupine in prakse dovoljujejo ženskam, da se izrazijo in stopijo izza tradicionalnih vlog ter presežejo svoj status marginalnih vlog, ki jih imajo v skupnosti in uveljavljenih religijah (Mears in Ellison, 2000: 293).

Zato so prakse, ki združujejo komplementarno zdravljenje in novodobno duhovnost nemalokrat zatočišče za ženske, kjer skušajo stabilizirati svojo socialno in družinsko dramo. Puttickova meni, da na ta način tovrstne prakse podajajo kritiko družbi, ki zavrača pogled od disfunkcionalnosti s katerimi se srečujejo ženske (Puttick, 1997: 3). Macphersonova meni, da proces zdravljenja kot ga razumeta novodobna duhovnost in komplementarni pristop nimata končnega rezultata, ampak predstavljata način življenja, ki stremi k individualni in družbeni transformaciji ter 'energetski celosti' (Macpherson, 2008: 218, 221).

Zaključek

Medicinska antropologija se ukvarja z raziskovanjem medicinskega pluralizma, ki želi poudariti obstoj različnih perspektiv (zdravstvene stroke, uporabnikov in uporabnic, institucij) in množva pogledov ter izkustev na različne terapevtske prakse. Menim, da je medicinski pluralizem pomembna tema v času, ko se soočamo z različnimi pristopi in dinamikami zdravja, ki jih je potrebno upoštevati.

Kleinman kot vodilni medicinski antropolog z biomedicinskim znanjem poudarja potrebo po spremembi nekaterih paradig in diskurza v biomedicini, ki se nanaša na zdravje in zdravljenje predvsem pa na uporabnike in uporabnice. Poglavitni razlog za to je lociral v spoznanju, da biomedicina ni objektivna znanost, temveč znanje, ki se neprestano dopolnjuje zaradi različnih socialnih vplivov. Kleinman meni, da ne obstaja 'prvobitna medicina', kajti vse metode zdravljenja so pogojene z zgodovinskim kontekstom. Poudaril je, da so morala, politika in medicina medsebojno prepletene (Kleinman, 1995: 16, 23).

Jonina komplementarna praksa je ponujala pomoč ženskam, ki niso našle posluha v okviru biomedicine oziroma ga tam sploh niso iskale. Komplementarne prakse so jim blizu ker nagovarjajo zdravje človeka celostno. Novodobna duhovnost kot sestavni element je tako dobrodošla kot moteča vsebina tovrstnih praks, na katero so se Jonine klientke različno odzivale. Nobena od Joninih klient pa ni nameravala biomedicinskih posegov zamenjati s komplementarnim zdravljenjem, kajti to sta dve ločeni oziroma dopolnjujoči področji. Prednost komplementarne prakse, ki so jo obiskovale so videle predvsem v možnosti opolnomočenja in doseganja blagostanja, ki ni podana skozi prizmo biomedicine. Kar lahko povzamem po svojem triletnem opazovanju z udeležbo je, da so ne-institucionalne prakse možnost, ki jo uporabljajo ženske za rekonstrukcijo svojih življenjskih pogojev. Opreznost ob temu, da komplementarne prakse kot ne-institucionalen segment, ki posega v življenje lahko tudi škodujejo, je upravičena. Vendar komplementarno zdravljenje in novodobna duhovnost ne moreta zadovoljiti biomedicinskih paradig preverjanja, ker temeljijo na drugih –'energetskih' dimenzijah. Zato je toliko bolj pomemben dialog med različnimi razumevanji zdravja in zdravljenja in poglobljeno spoznavanje vsebin s katerimi se ukvarjajo komplementarne prakse in novodobna duhovnost.

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