# Lucid dreaming: Revisiting medical pluralism in postsocialist Bosnia

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In contemporary Bosnia lives seem habitually at stake. The question of barely living preoccupies people from all walks of life, whose subsistence after the end of Yugoslav Socialism, the 1990s war, and the peace-building ever since, increasingly depend on the de-monetized market. People tend to relate the shortage of money and the elaborate informal debt schemes that underwrite institutional lending to a variety of health disorders, while the everyday existential concerns inspire plural medical pursuits across clinical and pharmaceutical, alternative and traditional therapeutic terrain.

Anthropologists have amply recorded existential complaints related to the post-socialist condition across the East and Central Europe and the former Soviet Union (Bridger and Pine 1998), and have argued against the tendency to reduce local voices to a narrow economic focus on surviving strategies and resorts. I take this point to heart and to Bosnia, to argue that the contemporary health emergency is intimately related to the economy but the plural health care practices are not guided by considerations of dire necessity. Patients tend to mix herbal and home remedies even when receiving professional and expensive health care; professionals and local elites are found at the traditional healers' as often as in the regional clinic or in treatments with "spiritual technologies;" and very many Bosnians are consuming pharmaceuticals, the inexpensive anxiolytics in particular, in addition to whatever other therapy they might be receiving. Departing from the recent scholarship on cosmologies of healing and alternative spirituality in post-communist Europe (e.g., Lūse and Lázár 2007), I approach popular plural health pursuits by foregrounding experience and practice. In other words, the mass appeal of alternative and traditional medicine is neither a coping strategy of last resort nor a meaning-seeking quest for the Bosnia's unemployed, moneyless, disenfranchised, and disillusioned post-proletariat.

Starting with this basic premise that economism and cosmology do not explain the new health practices in post-socialism, I bring an ethnographic attention to plural forms of health care that tend to the experience of barely living, to invite a rethinking of the relationship between embodiment—local forms of bodily being in the world—and economic forms. Anthropology and critical political economy have long questioned the assumptions that body and economy are separate domains. Medical anthropology has shown pluralism to be the norm rather than an exception in health care the world over, notwithstanding the global dominance of biomedicine and pharmaceuticals. My inquiry into the relation of market and health, however, shifts the focus from symbolic anthropology and local cosmologies to plurality and materiality of bodies. Following the local medical travels, bodies emerge as ontologically plural, inasmuch as they lend credence to multiple forms of diagnostic assessment of the same aches and complaints. Bodies also respond to therapeutic management along divergent maps of organs, fluids, or energies or treat a physical ill or well being as extending beyond the bodily limits and accessible to spiritual entities and other incorporeal extensions, such as thoughts, looks, and wishes of benevolent or envious others. The aim of this paper is to revisit theories of medical pluralism with an eye on the Bosnian lived reality and efficacy of experience, to ask whether bodily ontology, not only medical epistemology, might not be plural.

I start with the local plural medical scene and provide some historical and ethnographic reasons why the traditional concerns with epistemology and cosmology in the anthropology of healing inadequately explain the Bosnian case. Next, I turn to the therapeutic and experiential entanglements of health and wealth that the alternative health practitioners and popular commonsense take for granted and which, I suggest, require a theory of how political economy interrupts embodied existence. In the final sections of the paper I bring insights from different theories of capital, knowledge, body, and experience to rearticulate the problem of medical pluralism in Bosnia and beyond.

**Medicine in the market**

*Aura*, a by-weekly periodical for "Healthier life, culture of living, alternative medicine, and fates," is an odd genre that nevertheless captures and facilitates popular pursuits of alternative and traditional therapies with seriousness that other Bosnian media do not grant to this quotidian health care practice. An August 2009 issue is a mess of articles, patient testimonials about health, wealth disorders, and failed or efficacious treatments, fortune, future, and fate readings, tips on good health and better living, and advertisements of clinical or spiritual technologies. Clients among the Bosnian Diaspora in North Europe and America and the many Bosnian contractors at the American military camps in Iraq and Afghanistan are addressed by regular mention of therapies offered at a distance. An ad for a polyclinic in central Bosnia, for instance, displays a peachy-pink façade with an open door framing tightly a figure in a white coat, not so much welcoming as leaving no room for doubt that doctors are there, and a pricelist for medical services from ultrasound ("only 30KM [Konvertbilna Marka]!"),[1] to cardiologist's exam (70KM), to "marital psychotherapy" (40KM). A few pages later, a Sufi shaykh advertises his variety of Koranic Healing available at order on CD and DVD, "a perfect protection for every family, home, and firm," that treats jinn intrusion and *sihiri*, a Turkism for many regional forms of sorcery. Next, Ahmet Srabović, "doctor of energy, natural, and spiritual medicine," a young superstar healer (and a heartbreaker), is reported having treated successfully yet another case of neurosis, apprehension, and insomnia, the experience of which, the article states, is "familiar to thousands of our young people who suffer unemployment, uncertainty." Dr. Ahmet, I learned in the field, is a jinn exorcist and an inventor of a home appliance that regulates and generates good energy for the needs of any home or firm. A therapist from Sarajevo, in another article, elaborates on the method of "computer analysis and bio-scanning that can detect illness of an organism in its earliest phase" developed by Russian applied physicists. In the global idiom of "New Age," subsequent article discusses the journey of soul through the universe, "Part Four: Lucid Dreaming."

This clutter of messages and epistemologies may read as merely a dreamy counterpoint to the reality of making the ends meet if it weren't for the practical guidance on therapeutic choices and pricelists found in the *Aura.* These texts also take part in the informal circulation of health referrals as people cite them at marketplaces and sites of therapy in northeastern Bosnia. Under Yugoslav governance and until the 1990s, Bosnia was dominated by an efficient socialist health care system. In 2006 and 2007, the region's private medical services were exploding. While investigating traders' and their clients' debts and gifts during those years, I realized that reciprocal, intimate exchanges of health complaints, advice, and medicines participated in and, in many ways, illuminated the particular logic of contemporary market. In urgent quests for the "real" (*pravi*) therapist and the right cure, in the midst of growing evidence of clinical

malpractice, people regularly consulted biomedical and pharmaceutical professionals while also making rounds of alternative and traditional practitioners, from bioenergists, PEAT (Psychic Energy Aural Treatment) technicians and yogic healers to herbalists, traditional anxiety therapists (*stravarke*) and imams, the latter two all too easily confused with entrepreneurs in local forms of sorcery also now commercialized and advertised to an unprecedented extent.

**Epistemology**

Anthropology has regularly treated medical plurality as an epistemic problem: how can competing claims persist at the level of individual reason or collective belief despite their incoherence or falsity? Symbolic anthropology of healing that hinges on native belief in coherence of ritual, suggests several answers: 1) that an obvious failure of a treatment is attributed to a particular healer rather than taken as consequential for the healing practice as a whole (Turner 1968; Danforth 1989); 2) that spiritual healing is kindred to magic, which is inherently muddled and tolerated as such because of its irrelevance for the constitution of an individual or communal identity, which depends on putatively more coherent religion (see Bringa's 1995 ethnography of Bosnian Muslim identity); and 3) that a public exposure of a trick poses a serious threat to collective, cognitive integrity, which is resolved in a concerted effort to reinstate the validity of healing magic (Levi-Strauss 1976, but see also Taussig 2003 for a different theory of trick and magic). On the other hand, scholars suspicious of the classic anthropological emphasis on coherence, provide a common answer that patients are pragmatic, caught up in the logic of practice and thus unconcerned with or unaware of formal contradictions between disparate therapies and etiologies (Kleinman 1981; Lock and Gordon 1988; Lock and Nguyen 2010; Napolitano 2002).

However, for Bosnians who are still very much committed to the ideal of "modern" things and habits, traveling from conventional to alternative therapy is a habitual but never quite natural practice. In the course of Bosnian history of Yugoslav socialism, science alone authoritatively defined illness and healing experience and modernity was measured by development yardsticks such as dietary habits, personal hygiene, as well as the use of clinical health services (Štahan 1974). The Socialist state was deeply involved in the bodily matters of its population: according to senior health professionals I worked with, mobile health teams patrolled the countryside administering vaccines and providing consultations. Massive public health projects included travels of hygienists, nurses, and volunteers to the countryside to coach peasant women in proper cooking, cleaning, housekeeping, and child-rearing ([*Front Slobode* 14 March 1960]). These campaigns went hand in hand with others aimed at cultivating the proper socialist humans: in body, spirit, and not least, taste. For movies, for instance: mobile cinema teams and film critics were dispatched regularly to rural "Homes of Culture" (*Dom Kulture*) showing local and Hollywood fare (*Front Slobode* 18 January 1960). The modernist pedagogy of socialist Yugoslav state was so very efficient precisely because cleaning, dietary, and health care habits jelled together with aesthetic sensibilities to feed the age-old distinctions between urban and rural, growing in salience with mass migration to the cities, expansion of industrial and clerical employment, and compulsory public education. As "village" became further associated with tradition (and resistance to socialist projects, such as collectivization attempted and aborted in the early 1950s), religion, and backwardness, the threat of ridicule as much as the official ideology of socialist modernity discouraged being, thinking, and appearing obviously a peasant. This has always implied a sensitivity to and self-consciousness about "most-modern"

(*najmoderniji*) habits of thought and fashions, so often surveyed from head to toe, as when in the 1960 a young woman left a dance floor abruptly with her new date having discovered that his dancing was not "modern" ("I should have known right away, having seen your shoes," she blamed herself to his face later in the street [*Front Slobode* 18 April 1960]). More recently, in 1996, when at a provincial weekly market in northeastern Bosnia, my interlocutor, a trader, recognized a "peasant child" in the rough soles exposed in high heels.

I took this detour to explain why so many patients of alternative and folk medicine today are ill at ease about therapeutic mixing even if the authority of biomedicine is losing all obviousness in the wake of serious deterioration of the post-socialist health care system and despite the quotidian evidence of medical professionals' corruption and negligence. Even if the contemporary state has withdrawn bio-political interest in its population and the alternative forms of medicine are left unchallenged and unregulated in the market, Bosnian patients tend to be aware of a conceptual muddle and feel compelled to explain experiences and therapeutic efficacies that go against the scientific (and hence modern) grain.[2]

## Cosmology

Because of Bosnian commonsense that health naturally concerns the state and that medicine ought to be submitted to scrutiny, scientific and experiential, contemporary medical pluralism cannot be adequately understood within the rubric of "cosmology," as used by the Lūse and Lázár. Lūse and Lázár propose "cosmology" as a "less culturally specific, less disciplinarily rigid," (Ibid:2) idea than is "religion," but their definition of cosmology as "religiously inspired theorizing" absolutely leans on "religion." "Religion" is defined precisely in culturally specific, that is Judeo-Christian, terms: as a "worldview" and rationality hinged on the difference between this worldly and otherworldly. Reading Geertz, Lūse and Lázár argue that people in post-communism seek healing alternatives in order to alleviate the suffering brought about by historical changes, by imbuing the embodied experience with meaning. What this implies, in effect, is that the volume that calls attention to emotional experience, popular practice, and exit from the mind-body dualism (Ibid:2, 21-2, 132), ends up reducing bodily ailing and healing to the level of the symbolic, thus denying the efficacies of visceral and experiential in favour of individual intentionality.

While practice is much invoked throughout the Lūse and Lázár volume, the research (with the exception of Lindquist's chapter) is imprisoned within the quest for the cosmological worldview or assumed to be graspable simply by means of discourse, such as interviewing people about what and why they do (2007:56). Even "participant-observation" is attuned to mere listening for the meaning without regard for how ideas and ideals are lived in the domains outside therapeutic or spiritual.[3] And when local practice comes through, it can be insufficiently meaningful: the natives are too literal-minded and their cosmologies too superficial. Hall, for instance, faced with some such symbolic skimpiness of healers and practitioners who insist that bodily "blockages" are not metaphorical but actual sensations in the flesh, and that impurities are nothing but unclean, concludes by saying that "symbolical concepts seem to resist their transformation to the level of the shallow sign" (Ibid:101). Anthropology can find the lost symbolic meaning—and remember that the introduction proposes cosmology as the region-wide attempt to render suffering meaningful—to let the analytic muscle deal with people's staunch pragmatism.

Furthermore, the contributors, and Lázár in particular (Ibid:129-158), turn to the idea of psychosomatic experience and illness, which Lock and Gordon sufficiently critiqued (1988:12, 25, 58). Rather than seeing body as always already mindful and illness always already social and biological, the "psychosomatic" reproduces the binary logic of biomedicine. According to this logic, some exceptional, and somehow less real, illnesses arise from emotions out of control and are effectively remedied by restoring reason or diminished by means of meaning.

Finally, Lūse and Lázár seem to propose that the multiplicity of incommensurable worldviews, ideas, and practices is the defining characteristic of the post-communist societies, emerging from the recent historical upheavals (2007:1) and that the collective project of the volume is to examine how this incommensurability plays out in daily practice.[4] In Bosnia, on the contrary, I found people comparing different medical practices against the expectations of a gift exchange and evaluating efficacy claims by means of experiential evidence narrated in informal and intimate networks. Given that the field of alternative and traditional medicine is equally treacherous, people rely on personal experience and informal referrals to evaluate competing medical promises and claims. To that purpose, people quote the popular commonsense that a healer for real, or a "real" doctor, asks no price but provides service and takes whatever patients can give. The common assumption informing health travels is that bodies and disorders are legible in different, but contiguous, anatomies from one therapy to another and are receptive to multiple medical interventions. To illustrate this point ethnographically, I want to take a quick tour of the few local health practices.

*The Queen of Health*

The region's most powerful and popular healer, Nerka, renders patients in examination utterly superficial: she sees, by means unknown, the insides of their bodies marked with health and life histories as well as with traces of consumed pharmaceutical or spiritual remedies, say, Koranic suras[5] issued by imams and copied faithfully or not so, through an inversion spell. Nerka insists that her patients abstain from medications on the day of the visit—because the medicines interfere with her interventions and because she and her patients are so linked sympathetically in the treatment, without surfaces of their bodies ever touching, that their medication "poisons" her—and to suspend all other therapies for the length of hers. Nerka, whom patients lovingly, fearfully, crown their "Queen of Health," (king and queen are also idiomatic titles for the masters of cool), quantifies the chemical imbalances of the body at the scales of biomedical technology: bacteria or blood pressure levels, red blood cell count, or heart rates. Her vision, as she explains it to me, is a form of experiencing that knows a human "at the level of each pore that sustains life," life itself being legible to Nerka in its entire historical trajectory, its accumulations and divestments, from the first breath to the latest heartbreak, from the first gift[6] to the latest debt. Although Nerka's diagnosis is frequently articulated in biomedical terms, she draws parallel anatomies of her patients' bodies and ailments; in her drawings, rooty forms are superimposed on, but alien to, human anatomy. She connects lesions or imbalances to origins of life histories. She uses multiple effects, including spiritual or magico-textual interferences, to find links that biomedicine would not likely draw between signs, symptoms, and causes. However, among the some hundred patients who visit her daily are medical doctors, nurses, and pharmacists. Nerka will frequently refer her patients to the clinical center for a surgery or a parallel procedure or else to a laboratory, to monitor responses to her therapy or else to test the accuracy of her diagnosis.

*Lazar*

After retiring from a career in civil engineering, Lazar began practicing healing with a range of therapies, from spiritual technologies developed by a Belgrade-based, globe-trotting inventor and teacher, Živorad Slavinski, to crystals, herbal medicine, and Reiki. For healing, Lazar relies primarily on energies cultivated through years of meditation, focused and channeled with prayers. Follower of a South Indian avatar, Sai Babba, whose popularity in Bosnia is growing within limited urban circles, Lazar lives off of alms and a retirement check. He claims to have no interests in savings or belongings, and the flower I bring he takes only as far as the altar in his living room, with Sai Babba's photo, Buddha figurines, praying beads, Koranic suras, crosses, and crystals. Lazar's treatments are collaborative projects that include referrals to and from herbalists, medical doctors, and an elderly woman who diagnoses illness and recommends remedies by means of divinatory dreaming (*istihara*). Lazar regularly provides an emergency treatment at a distance and stops channeling at his patients' texted cue: an "ok." He cites for me a North American clinical study of the efficacy of prayers, published in *Science* (see Harris et al. 1999), as a clear, though conflicted, sign that biomedicine alone does not explain reality and that reality of spiritual treatment withstands (or necessitates) scientific scrutiny.

*Strava*

Some healers think that bodily language of distress is not always transparent to biomedicine, given the division of labor between what doctors measure and what lies in the competence of the women who "pour out fears" (*saljevaju stravu*) in the traditional, region-wide healing practice. In the words of one *strava* practitioner, "I believe in doctors, but all they can do is prescribe drugs. They only fix you up with pharmaceuticals, just so you live. Medicines provide temporary relief only." People know to seek a *strava* woman when all 'the lab-tests are good but you are unwell' or when the medical records indicate afflictions that elude pharmaceutical management. One healer, Fahra, regularly consults local health center and the regional clinic particularly in attempt to evaluate, by means of laboratory tests, the efficacy of all kinds of dietary and herbal remedies for her many ailments, including stubborn bacteria in her urinary tract. Fahra, "believes in doctors" but doubts that physical and nervous disorders are comparable, as is implied but disputed in global biomedicine and pharmacy (see Applbaum 2006:107). In *strava*, anxiety and depression are diagnosed and treated with molten lead poured at the level with some key points on the body, and rendered visible as the lead solidifies in contact with water into images of past and future of nervous, physical, and monetary disorders.

*Strava* women I encountered adhere to a strict law, inherited with the practice from a dying female relative (often paternal grandmother), never to quote a price or ask for money but take whatever is given and forgive when given nothing other than promises of later payment. A couple of *strava* therapists in the city of Tuzla with a fixed and inflated pricelist for services are a scandal among other practitioners who feel compelled to forgive and forget money, even when financially strained.

**Health and wealth**

Different medical practices in Bosnia hold in common the idea that the precarious existence is shared and literally embodied, even if life histories, economic circumstances, and

dispositions are varied and singular. The nature of life under the new market condition is anxiously questioned. "What kind of a life is it if you have to worry whether you have bread?" nurse named Amira wonders one day smoking and venting out at a sidewalk market display of make-up and accessories run by an informal trader in the regional capital of Tuzla. "It's a struggle for life, a surviving," she concludes. The nurse, nearing retirement but not without a fight, marked each day in boldest, brightest colors she applied to her face and in bitter arguments with her younger colleagues over what constitutes health care professionalism, which she alone, she feels, has upheld since the better days of Yugoslav Socialism. The trader, at a close distance from Amira's pointing finger, became an example of how everyone barely lives: "She is not formally employed, her future is uncertain, she has no pension guaranteed… Her [life] is under a big question mark. It's a short life, of such people. Everyone, actually, every day, experiences a shock… These are existential questions."

A 50-year old trader of shoes and bags at a provincial weekly market, once an accountant at the Socialist industrial giant *'Energoinvest,'* but was ruined in the war as much as in the post-Yugoslav fragmentation of the market and privatization schemes. She finds "living like this," meaning the move from an office to the marketplace, hard. "Abandoned by the state, I'm struggling to survive […]. But the bills keep coming. No one asks you how you [manage]. Before, in Tito's state, we all had [plenty] […]. Now, only thieves and war profiteers live. Everyone who stayed without work came here [to the market] to survive."

What this woman knows, I take, is to live after the Socialist state is to be left to your own means, which are scarce, not least because they are variously misappropriated. Furthermore, to live, properly speaking is to live well. The average income[7] today cannot sustain the ideal of a good life taught during Yugoslav socialism, whose well-known exceptionalism included an official ideology of comfort and consumerism, underwritten by the lesser known fact of substantial grants and loans of foreign, mostly American, capital (Lampe, Prickett, and Adamovic 1990; Woodward 1996). Following the experiential evidence of growing health complaints and evident rise in the use of pharmaceuticals since the 1990s war and peace, Bosnians confidently relate poor health to the condition of barely living and to the new market that spread pervasively. Marketplaces appear wherever there is traffic and draw shoppers and traders who previously shunned this low venue of trade. Bosnians dependent on the increasingly competitive markets to buy and sell with a limited amount of money are involved in extensive networks of formal loans and intimate debts, given and taken in gifting relations (Jasarevic 2010), which are felt to be suffered variously in illnesses that overlap with but exceed the global clinical categories of anxiety and depression. In an answer to my question, "What is it like, working at the market?" traders would gut pharmaceutical contents of their purses and pockets or else they would itemize their work disorders: high blood pressure and blood sugar, heart problems, rheumatism, nervousness, insomnia, stress, and worrying-sickness (*sikirancija*).

A pharmacist in Tuzla, cantonal capital of northeastern Bosnia, explains, "The economic situation, every stress, worries one sick (*sikira*). All that reflects on health. […] Just imagine, your children are asking you for money and you don't have any. There you have it – stress… Everyone is worrying themselves sick, all are nervous, irritable, everything spins around money and by the time you get a hold of it, there goes your health."[8] In one of our conversations back at the street market, the nurse Amira voiced a known fact in Bosnia that summer vacation is a health issue: "I cannot make it with this salary, I cannot go to the coast without taking a loan […]. And so many people cannot afford it. People will get sick with osteoporosis for the lack of

vitamin D! A child should be going to the sea from age six. This is a war, an economic war. There is no life here without 2,000 KM."

In the midst of unemployment, purchasing crisis, and restricted circulation of capital, what money there is, it must be shared, as people are frequently reminded by relatives, friends, neighbors, and colleagues seeking loans or recommending generosity.[9] This is also why some healers recommend alms and gift-giving to the patients to improve their health and fortunes and why healers read bodies for chronic money shortages or sudden losses and gains or intervene in disorders of health and wealth simultaneously. How come, I ask therapist Mevlija, that you treat the woman's fears and learn about the state of her wealth (*nafaka*)? "Well, that's why they came" she replies, matter-of-factly, "for [the sake of] health and wealth." Domains of body and money in this vision are not confused as much as exposed side-by-side, surfacing in diagnostic and therapeutic scrutiny as a composite terrain of intervention. Nerka, similarly, knows when her patients have borrowed money and can enumerate their losses and overextensions with such apparent accuracy that her clients regularly consult her for their budgetary matters. "Give a Bosnian money, and he will be healthy," Nerka delivered this speech to the audience of her patients, and the ethnographer, more than once, "the fact that there is no money, that he owes all over the place, that he has no [money] is ruining his health." What local forms of health care presuppose is that material nature extended in multiple forms (aural, energetic, visceral, microbiological, biological, skeletal, psychological, soulful, mindful) all meet in the single embodied experience of a market disorder.

**Medical pluralism revisited**

Medical pluralism, of course, is not at all exceptional in a cross-cultural perspective. Moreover, the phenomenon has been so fruitfully documented and explored for the past 50 years, (Charles Leslie in India, Arthur Kleinman in China, and Libbet Crandon-Malamud in Bolivia), and so thoroughly theorized in a number of recently edited volumes (Nichter and Lock 2002; Koss-Chioino, Leatherman, and Greenway 2003) that there seems to be very little left to contribute to the theme. However, my ethnographic attention to Bosnian health pursuits suggests that some received lessons of medical pluralism need rehearsing, particularly in the context of post-socialist Europe, and others are ripe for re-examining in the light of some writing outside medical anthropology.

Outside the sub-discipline of medical and healing anthropology, medical multiplicity still finds anthropologists surprised. An anthropologist of Bosnia, for instance, discovered but could "barely believe" that her interlocutor, an urban and educated woman, actively sought a cure for spells. People's plural health repertoire too readily evokes a schizophrenic model of reality, whether the model was the social scientist's or native, that sustains conflicting worldviews. Victor Turner, writing about Ndembu healing rituals in the 1960s, famously articulated the distinction between the native and professional reality (1968: 43-4). Leaving aside for the time the problem of the anthropologist's mind, medical anthropologists have since argued that medical pluralism is not about native rationality (Crandon-Malamud 2003) but about patient pragmatism, mentioned earlier. With an accent on the logic of practice, others have consistently critiqued the idea of "belief" (Good 1994; Lock and Gordon 1988) that legitimizes the entrenched dichotomy between (scientific) reality and (vernacular) belief and reifies all the corollary politics of knowledge at play in secular, scientific, or developmental interventions into the affairs of the others. But what then is medical pluralism and what is it about?

In the global perspective, medical multiplicity is the norm (Nichter and Lock 2002). The fact that other ethnographers of Bosnia were fairly surprised to learn about the thriving field of popular medical practice is the testimony to the efficacy of a modernist myth. According to the myth, the spread of evidence-based, cosmopolitan medicine would eventually do away with all traditional and alternative forms of health care. While pharmaceutical and clinical practice has indeed become globally authoritative and pervasive, thanks to the international and domestic development campaigns as well as to the pharmaceutical vested interests, biomedical influence is uneven and regularly challenged, complemented, or combined with other ideas about illness and health care. Moreover, the notable rise in alternative and complementary medicine around the world since the 1980s has been related to the growing criticism of and disillusionment with pharmaceutical and bioscientific technologies. The technologies are seen as compromised by business and political interests (Applbaum 2006; Rajan 2006; Nichter and Lock 2002), by controversial forms of knowledge production, including the clinical trials (Lakoff 2005; Petryna 2009; Taussig 2009), by aggressive and cunning education/awareness/marketing campaigns (Petryna, Kleinman, and Lakoff 2006), by adverse drug reactions and scandals that the industry only reluctantly faced, not least in relation to anxiolytics and antidepressants (Medawar and Hardon 2004; Healy 2002 and 1997), and finally and simply because clinical and pharmaceutical treatments have proved ineffective for a number of disorders (Nichter and Lock 2002:22).

**From post-modernity to New Age**

Diversification of medical practices, especially in the cosmopolitan centers, has also been frequently interpreted as a symptom of the global postmodern condition. The rise of the market in alternative spiritualities drawing from specific cultural traditions, from Europe to post-socialist Russia to North America and Australia, are usually bunched together under a rather unhelpful category of a "New Age," which tends to undermine the very field of practice it tries to grasp[10] (Possamai 2005; Sutcliffe and Bowman 2000; Sutcliffe 2003; Heelas 1993, 1996 and 1999). The label lends an appearance of a unitary movement to rather divergent trends and philosophies whose adherents themselves largely refuse to self-identify as "New Agers" (Possamai 2005). Plural health practices thus fit squarely among emergent forms of being, feeling, and representation that, according to David Harvey's influential critique of the condition of postmodernity, mimic the larger dynamic of flexible capitalism and its attendant, frantic, and volatile movement of labor, capital, and ideas. The Subject in flux, shifting dispositions, shedding fashions, and changing jobs, is the very site of contradiction inherent in the new flexible form of capital accumulation. Schooled in Fordist expectations of certainty and coherence, the postmodern Subject longs for practices and politics rooted in essence, identity, and national, religious, or communal belonging (see also Csordas 1994; Giddens 1991). However, in order to travel outside global cities and to peripheries, the historical dialectic of global capital and embodied existence need to be allowed to play out in some locally particular ways. Just like the global condition of neoliberal or flexible capitalism does not adequately describe the exchanges at the local markets, so a theory of subjectivity modeled on an Anglo-American, neoliberal, consumer tells us very little about a post-conflict, post-socialist-modern Bosnians.

## Visions and revisions

There are several compelling reasons to revisit medical pluralism. To begin with, symbolic anthropology is still a default approach to body, disorder, and healing, with the consequence that material, carnal bodies, lived experience, and rather mundane practices of health care are regularly sidelined in favor of bodily idioms and iconographies, modes of representation, or deeper and structural signification of local distress (Lock and Farquhar 2007; Csordas 1994). Ever since Victor Turner's (1968) and Levi-Strauss's (1976) classic studies of healing, anthropologists have developed a metalanguage to uncover the richly signifying reality of key symbols or universal mind, beneath the appearances of a native ritual practice. Among the contemporary symbolic anthropologists, spirit possession is a polyvalent language of social tension, a means of resistance to the given or past power relations (Boddy 1989; Stoller 1995). Alternatively, spiritual healing is seen as expressive of identity and formative of a community (Danforth 1989 and in the Bosnian context see Bringa 1995). Native practice is therefore always confined to the order of representations and signification, in short, to the cosmological order. Cosmologies, philosophical, mythical, ethnic or spiritual narratives about the nature and meaning of the world, marginal in the global scheme of things and inevitably at odds with official epistemologies, even or especially when the locals are drawn within the spheres of global corporate power. For example, in her most excellent study at the transnational factory floors in Malaysian free trade zones, Aihwa Ong (1988) sets out to "decipher the cryptic language" of spirit possession. While the corporate interests interpret possession in medical terms and manage it through various methods , the anthropologist recovers the native worldview on violations of taboo and moral transgression but supplants the spectrality with a more substantial and political meaning of possession as a protest against the changing social and spatial circumstances. In the same way, medical pluralism is interesting to explore inasmuch as it speaks of something larger than itself, from vernacular modernity (Napolitano 2002) to historical contradiction of global capital (Comaroff 1980 and 1992).

## Social scientific mind

Bruno Latour's (2005, 1991) critique of a form of cultural relativism posits multiplicity of cultures, but assumes the unity of nature. He also calls for an expanded definition of the social to include all sorts of agents, "from Virgins to fetishes," that compel, inspire, allow, enable, and entice natives to action, suggest ways of studying and thinking of competing knowledge claims. In effect, Latour wants social scientists to think about metaphysics and draw inspiration from native practices to imagine action beyond the model of action-reaction and to account for actors other than intentional subjects (2005:58-62). In place of Turner's split between native and professional reality, which presumes a single physical world knowable by means of science and not divination, Latour proposes a symmetrical inquiry. He suggests looking into ways that all cultures form culture-nature assemblages out of concerns including material, discursive, technological, ideological, and political phenomena, too animate and underdetermined to be divided simply into objects and subjects. Most importantly, Latour insists that social scientists devise ways, terms, means, and measures to render different cultures' natures commensurate. However, anthropology inspired by Latour's symmetrical method and practical metaphysics can be so caught up in descriptions of symmetry that does not privilege any conventional form of knowledge, and so disregards history that commensuration is nothing other than a relapse into a

relativist, non-stance on nature-culture. We are left groping for sense and for some sense of materiality. Take Stacey Langwick's 2007 article on politics of translation and ontological implications in competing definitions and treatments of malaria and local affliction *degedege*, sprit intrusion in Tanzania. Langwick treats illnesses, bodies, afflicting entities and therapeutic treatments, as Latour's "propositions," intending to de-essentialize claims and to exit the binary of culture/nature, belief/science, or real/make-believe. What we get in the end, however, is the old constructivist argument that objects of healing, from disease to bodies to afflicting agents, emerge in the course of intervention as social constructs without reference to any reality, or history. Call me pre-postmodern, but my take on metaphysics entails ontology of entities, essences, even if not presentist, and matter, even if subtle like surplus value, psyche, or an intangible asset. In my reading of Latour, questions on nature, science, fetish, or efficacious action cannot be settled by pointing to the constructed and historical nature of epistemology and the indeterminacy of its objects that just happen to be living bodies, deadly illnesses, and therapeutic or harmful substances.

**Plural ontologies**

A way forward, I propose, is to think across these different takes on medical pluralism and by extension, to think through the underlying idea of body and of embodiment. This entails, firstly, to account seriously for the material and historical realities of capitalist political economy as it impinges on and forms bodily knowledge and knowledge about bodies. David Harvey's 1990 critique of the new historical face of capitalism and its existential consequences is singularly important. His reworking of several theories of habitus—dispositions structured through material conditions but infinitely transposable across events and fields of social action and a material history turned into bodily nature and structuring everyday practice – are also important. And a recurrent theme in the anthropology of new bio-sciences is that capitalism as a form of epistemology co-emerges with new forms and conceptions of bodily life (Lakoff 2005; Rajan 2006; Petryna 2009). But Harvey mainly thinks about subjectivity and psychological implications of material conditions and tells us little about the ways in which material bodies fare in flexible capitalism.

Let alone the ways in which particular bodies relate to local articulations of global economy. With this problem in sight, I turn to a common point in anthropology of health, that body is inextricably situated (Lock and Nguyen 2010; Farquhar 2002; Lock 2002), meaning that there is no abstract, universal body separable from its wider cultural, historical, pedagogical, and ideological milieu or devoid of its idiosyncratic ways of being and feeling. To the extent that this is true, no body is the universal body presumed in biomedicine as much as in philosophical phenomenology or symbolic anthropology. Since her comparative study of menopause in Japan and North America, Margaret Lock (1993) has been proposing a daring but persuasive idea of "local biologies." To capture the difference in Japanese women's reporting of symptoms related to *konenki,* a term broader than menopause and associated with bodily and social process of aging, and particularly, low reporting of hot flashes, insomnia, and night sweating that are paradigmatically identified by post-menopausal American. Lock wanted to go further than simply point to the social construction at work behind the categories of illness and treatment. Instead, she suggests that illness experience is informed both by the physical body and by the social and discursive environment. In other words, "local biologies refers to the way in which biological and social are inseparably entangled over time, resulting in human biological

difference, difference that may or may not be subjectively discernible by individuals" (Lock and Nguyen 2010:90). Furthermore, physical body is both the subject of evolutionary and historical change, and local biologies are unstable moments in the interaction between the social and biological, which is the continuous process of "biological differentiation." Melissa Melby's study 2005 of *konenki* in Japan twenty years later found the reporting of hot flash among her sample of subjects nearly doubled, but at 22.1 percent still significantly lower than in North America (quoted in Lock and Nguyen 2010:87), the difference that researchers attribute to a host of changes, including diet, life style, as well as the medicalization of *konenki* in medical and media discourses. And because Lock is well aware that idea of biological difference might invoke the specter of measurable differences and eugenic and social engineering projects, she insists that local biologies do not coincide with imagined or represented communities (2010:92). Because bodies are both vulnerable to and protected from the social and natural environment that powerfully forms them, we can read the material surroundings at the level of biological or microbiological. Culturally distinct processes of aging become credible as do propositions of embodied racism and poverty, for instance (Lock and Nguyen 2010:98-99). Consequently, the concept of local biologies urges us to pay closer attention to experiential knowledge, even when it jars against biomedical or social scientific commonsense, rather than simply mine the latter for clues about symbolic reality or semantic value.

What I want to emphasize here, risking redundancy, is the implicit point that embodied experience powerfully determines ways of being, feeling, and knowing the body. Moreover, that experience is a product of manifest differences that can be collective as much as "infraindividual," so that we are never one and the same but contingent on our existential circumstances – beautiful or suffering a bad hair day, needy or indifferent, heavier or leaner in the light of a holiday diet or exercise regiment (see Nancy 2000:7-8). Put simply, experience is efficacious. Phenomenological attention to the encounter between a subject and the wider social world at the level of senses, perception, and consciousness verbal and nonverbal (peripheral or inchoate experiences that for different reasons are not articulated in language), suggests that the experiential process of becoming a body, is contingent (Merleau-Ponty 1958 [1945]; Csordas 1994). If we can accept this proposition, we could entertain the possibility that abstractions, such as global capital, which in its presence-absence profoundly disorders bodies in the new economy of Bosnia. The forms of existence emergent at this market are viscerally marked by capital in ways that are ethnographically specific but possible in terms of ontology. As Jean-Luc Nancy, writing a post-structural phenomenology, suggests, thinking ontology "does not mean we have to leave the realm of economics and sickness, any more than we have to abandon the order of *praxis*" (2000:47). Rather, such thinking urges inquiry into "existence" determined by capital.

Investigation of local bodies must rely on Latour's symmetrical inquiry but take his practical metaphysics of action more literally. We would then speak of nature not only within the tentativeness of quotation marks, but as indeed a biological reality already out there, but reality always partial rather than definitive (Lock and Nguyen 2010:93-94).

And, finally, with an eye on Bosnia, a thought on local bodies perhaps even more metaphysical or outrageous: that each body is a plurality of natures. Not one nature, one biochemical, neurological, skeletal-visceral entity that alternative therapies explain or know differently, closer or further from the biomedical technology's imaging of the body, but rather the therapies presuppose different natures, forms of management, and mechanics of action in interventions that are not innocuous, but either therapeutic or disordering, to whatever degree. Perhaps this is another case of lucid dreaming, but emphasis on lived reality raises the question

of how to explain the interlocking of the intangible capital and the bodily matter of which natives complain.

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## Notes

[1] Since 1995, Bosnian currency, Konvertibilna Marka, has kept stable by the restricted money supply within the currency board policy that aims to fix the amount of money in circulation to the hard currency reserve. Originally "pegged" to the German Mark and now to the euro, KM exchange rate oscillated around 0.7 KM to a US Dollar in 2007. For the sake of comparison, minimum monthly retirement is some 340 KM and an average salary amounts to 400 KM. Furthermore, pensions and incomes are regularly late and insufficient for sustaining a family on a monthly basis.

[2] A trader at the regional *Arizona* market, a refugee from Srebrenica was bashfully telling me about her combining hormonal and surgical treatments for infertility, following advice of several gynecologists, with remedies issued by two practitioners of Koranic healing. Conversely, a friend from the city of Tuzla, an engineer and an NGO worker, attributes her pregnancy matter-of-factly to hormonal, herbal, and surgical interventions and above all to Nerka, the Queen of Health.

[3] The contributors' treatment of "experience" and emotion is also problematic. Experience is reduced to the narration of feelings, to the psychosomatic, or else to some "sacral" communicative ground that somehow provides insight into the experience, thought, and emotion prior to communication and interaction, that is in short not only pre-verbal but also pre-social (2007:xv). They propose continuity between spiritual and bodily existence but provide no methodological or theoretical means or examples of such an existence (2007:8).

[4] It is not clear how the practices that the contributors see as marginal, involving a "statistically insignificant numbers of population," are actually defining the region as a whole. Particularly given the suggestion that the described therapeutic alternatives are so much at odds with the ideas of the dominant society, they alienate practitioners and patients from the dominant society and cause them further suffering.

[5] Suras are organizing units of the Koran. In therapies that rely on the healing power of Koran, suras are recognized for their different efficacies and prescribed to the patient or used by the healer accordingly. In case of healing practices with long history in the region, such as stomach-setting, fears and skin treatment, (*'struna*,' *'strava*,' *'crveni vjetar'*) for instance, key suras are kept a secret and transmitted in the line of practitioners.

[6] Bosnians of all confessions and cultures greet the newborns with the gift *na čelo* or *babine*, gift of gold or money (or gold money), with which you touch the child's forehead (*čelo*). This gift, which is said to initiate their ability to draw wealth, certainly opens up their first debts, not a small step towards accumulation, given that Bosnians, as I argue elsewhere (Jasarevic 2010) generate wealth from debt networks.

[7] According to a 2004 survey of 6 villages, 394 households, only 25% of households can cover their monthly expenses, compared to 82% of households in 1989, just two years before the Bosnian war. (Livelihood Study "Coping with War, Coping with Peace" by FIFC – Feinstein International Famine Center and Researchers at Taft University. Mellon Grant to FIFC, Fulbright-US-UK, USAID, 2005).

[8] People compare the lifestyle changes in Bosnia to the popular image of the capitalist West: relentless chase after money (that Bosnians, who are very interested in elegance and in dressing up in the latest global fashions and brands, summarize as: 'the life reduced to pajamas and work suits.') Capitalism, according to the popular consensus, is not good for you. The essence of capitalism is capital, self-valorizing value, in distinction to the material wealth (or use values), which the Socialist Yugoslav state generated value by means of industrial production. Due to Yugoslavia's particular form of socialist "self-management" and market, including exchanges with East, West, and South during the Cold War divide, the state was closely tied to the global industrial and financial capital. The economy and the redistributive policies, the latter geared towards making the Yugoslav's life comfortable rather than deferring the good life until the full realization of Communist utopia, were underwritten by substantial amounts

of foreign, mostly American, capital. In post-socialist times, where the state is withdrawn from the concerns of popular health and wealth, the common sense recommends that what matters is money, to be spent and given (in gifts, alms or loans), not saved, expanded through interest rates or production capital.

[9] Neglect to give and share is disciplined both by the shrinking of a person's intimate networks and by the envy which is variously efficacious. Networks can suffer from the loss of lenders and borrowers, if there are no takers for giving, if others withdraw from the intimacy of asking for money or taking gifts and invitations. Envy can arise from spells, *sihire*, to *uroci*, not so much "evil eyes" as the envious looks or gazes of frustrated desire. For a trader named Sena, it is not paper nor plastic that recommends shopping bags, but the opaqueness that hides my purchases from her small store from the eyes of the street, or else "someone might sigh after what you have."

[10] A mere glance at the popular or scholarly references to the "New Age" serves as a disincentive to use the term. "New Ageism" carries connotations of pretentious, gullible, and self-indulgent nature of spiritual and lifestyle pursuits. Mainly attributed to "faddists," "New Agers" can afford a consumption of alternative commodities (from homeopathic drugs to organic foods and yogic exercises) and whose fickle tastes for the eclectic and "exotic" are part of the self-conscious production of a cosmopolitan image. New Age has been described as "psychobabble," "self-sacralization," "religion a la carte," "narcissism" and "bulimic practice" consistently related to postmodernity, consumerism, and late capitalism or post-socialist individualism, while "New Agers" are the object of relentless critique or ridicule. I take seriousness here as a research disposition that is concerned with longer historical and locally-contingent investigation that engages "subjects" as interlocutors and their texts and their readings of texts as sources. More serious students of the "New Age" have seriously questioned the usefulness of the category (Possamai 2005; Sutcliffe and Bowman 2000; Sutcliffe 2003). Self-description is a matter of deep concern among the practitioners of the many different things grouped under "New Age" who opt for more specific markers of their practice, from Wicca to neo-pagan, or engage practically and professionally with therapies, products, and ideas in pursuit of better life, leisure time, or health (see for instance Hedges and Beckfort's (2000) study of nurses in the United Kingdom trained in "holistic massage"). In his study of "New Age" movement in Australia, Possamai found that 40% of his respondents, engaged in alternative spirituality or lifestyle, defined "New Age" as "shady business." Several contributors in the Lūse and Lázár (2007) volume acknowledged the problematic nature of the New Age category but use it anyhow, as if the problem were only a pedantic one, a squabble over an adequate name rather than a matter of basing a study on the assumption of a certain phenomenal and ontological reality that is globally pervasive. Portata, for instance, proposes that New Age designates certain commonalities of idea and "a single system of understanding of health, illness, and healing" (2007:110) and as such applies to the communities of practice that she studied in Slovenia even though her interlocutors would strongly deny the proposed similarities. She concludes her text with a claim that "New Age is more than just a ridiculous emulation of the West – it is firmly grounded in the post-socialist social context" (2007:124) which precisely rehearses the question whether it is "The New Age" that we are talking about or something else. I don't think that globalness suffices to make kriya, or any other alternative spirituality quite the monolithic "New Age." Similarly, Dorota Hall, working in Poland, folds Sudharshan Kriya and the Art of Living Foundation into the "New Age." This seems rather problematic to me. Art of Living is more productively theorized as a part of the emergent global NGO governmentality, since its foundation operates much like a humanitarian NGO and proclaims itself as such. There is no narrative of the coming of the new age in the founder's, Ravi Ravi Shankar, philosophy. Moreover, his teaching fits squarely within a longer tradition of Hindu or Buddhist monks, gurus, or avatars who act on a revelatory insight to reach out to and teach the West (and the rest, as for instance in Sai Babba's case) how to live. Acknowledging, in footnotes, that "the New Age" is a problematic term, she proceeds to use it since the controversy is "not substantial to the essence of this paper" (Ibid:105). But it is perhaps because she relies on the term, with all its conceptual baggage, that she ends her paper suggesting that the New Age purification practices are "paroxysmal and compulsive, just as compulsive might be today's voracious consumption of commodities, images and symbols. The New Age purification is bulimic" (Ibid: 100). Perhaps I cannot speak about Poland, but to speak metaphorically of someone practicing Kriya in Bosnia as a bulimic would be to seriously misunderstand the practice. In training or the weekly meditation groups are middle-aged women doing something outside their routines, students looking to manage test anxieties, daughters and their mothers bonding, people in mourning or dealing with illness or indebtedness, the young and bored looking for a psychic trip, and a whole host of people trying out a meditation practice which is cheap—no designer yoga mats here—and formative of some intermittent communities. But these communities are of neither consumers nor individualistic compulsive bulimic post-communists.

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