Spa Pilgrimage

Recovery and learning to cope with chronic illness at a holistic spa in Thailand

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Thesis submitted in partial fulfilment of the Master degree

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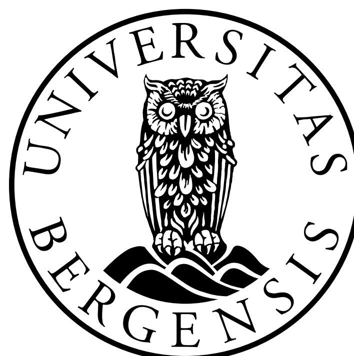
May 2013



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Acknowledgements

I would like to thank the Meltzer fund for their generous support, without which this project had not been possible.

Also, a big thanks to my supervisor, Prof. Anne Karen Bjelland has been my pilot and guide throughout this project. It has been a great experience, and I am only just beginning to realise how much I have learned from her.

I would like to thank all the people I met during fieldwork, who allowed me to observe them, hang out with them and engage with them in deep and existential questions. They have all been crucial to the research for this thesis, but they have also been important to my own growth and development.

Also a huge thanks to Dr. Suppachai and the staff at the Ram hospital in Chiang Mai. I received such excellent treatment there, and am touched by the care they had for me while I was there. I would also like to extend my thanks to ANSA student insurance, who paid up and offered me telephone support.

I would like to thank Dr. Carol Howard Wooton for her support and encouragement during the writing process, and Prof. Emer. Jill Dubisch for taking such an interest in my work. Her reading recommendations and discussions have been inspirational and opened my eyes to a new world. I also wish to thank Ass. Prof. Deana Weibel for her encouragement, comments and suggestions, I am so truly grateful. My reading will continue.

My friends and family have all contributed and supported in untold ways, and I would like to give a special mention to Leiv Prestegård, Gurli Skodvin, Kristin Skodvin Prestegård, Øygunn Skodvin Prestegård, Marion Casey, Fatima Fowsi Al-Ali, Mari Norbakk, Mari Lilja Svarva, Mona Nyberg, Nina Bergheim Dahl and Eva Jeppson for being so absolutely wonderful. They have offered critical support and guidance without which I would have got lost. Not forgetting Jim, for always knowing this project would come about. Also thanks to Gene Roddenberry for teaching me to think outside the box. A final thanks goes to Andreas, for all your love and support, always.

Vignette

Several years ago I happened to be at a site frequented by pilgrims. My reason for being there was as a companion traveller, and I had not considered pilgrimage as a reason for my travel. In one of the local shops I came across a keepsake-card with a prayer on it. It reads:

> Pilgrimage Prayer
>
> O Lord Jesus Christ yourself the way, the Truth and the Life; Grant to us who shall tread in your earthly footsteps, a sense of awe, wonder and holiness. May our hearts burn within us as we come to know you more clearly, love you more dearly and follow you more nearly. Amen.

This prayer stayed with me and during the years I have been wondering about what happens to someone during a pilgrimage, and how this journey may facilitate change and transformation. Since studying social anthropology, I have also been wondering what sorts of journeys constitute a pilgrimage and in what ways. For whom would a journey be a pilgrimage, how and why? Then I encountered people during my fieldwork that related their recovery from illness and learning to cope with chronic illness to a pilgrimage, and I was reminded of this prayer and the internal changes it seeks to promote.

Image 1: Rice paddies in Northern Thailand

Introduction

My intention with this thesis is to show how some people with chronic illness, or an experience of trauma, think and behave in innovative ways. According to themselves, this is in order to get the most out of life in spite of the limitations they are experiencing. The empirical examples were collected at a holistic spa in Chiang Mai, Thailand between January and August 2012. As I will show later in the introduction, the spa is owned by an American man and his Thai wife, and run according to American philosophies. In many ways it is coincidental that the spa is in Thailand. The spa first came to my attention through British newspapers around a decade ago because of the American-developed therapies offered there. The Thai location is relevant with regards to climate, economy and workforce, but I think it could just as easily have been located in for example Brazil or India. I have therefore not emphasised the Thai-specific aspects of the spa – I felt this was slightly off topic and therefore beyond the scope of the thesis. The spa has international fame, as do several others in the region. I have made the spa is anonymous and it could perhaps best be seen as one of many sites around the world where people converge for health, holiday and holistic reasons. I will discuss this further in the positioning the project-part of the introduction.

The spa clientele are primarily women, primarily from the West. By that I mean that the women live in or come from Europe, North America or Australia/New Zealand and share a very broad cultural heritage that we might recognise as Western. They come to the spa as a continuation of their existing lifestyle rather than as a complete change from it. This means that they already live what they consider to be healthy lifestyles, attending yoga and meditation classes, having massages and other complementary and alternative therapies regularly at home. They are familiar with vegetarianism and the raw food movement, and can also be said to fit into the very broad category of *Religious Creatives*. I will define and explain this term later in the introduction. In some ways the spa visitors might be said to fall within a new-age category, but I think that partly the term is unfavourably charged and partly several of the visitors would object to this label, so I have found another more appropriate term. This categorisation is not in order to reduce them in any way, but rather a way of speaking about their shared values, understanding of the world, approach to illness, health, spirituality and pilgrimage. The spa visitors did not previously know each other although some of them met and became friends at the spa where I conducted fieldwork. They connected over their shared outlook on life, and this is what I turned my anthropological gaze

upon. One common pre-requisite for this particular shared outlook seemed to be adversity around health issues, specifically recovery and learning to cope with chronic illness. It fascinated me to learn more about how they maximise scope for manoeuvrability and agency, and create meaning in their lives. My thesis is therefore concentrated on some people for whom different kinds of pilgrimage is a strong motivating factor. Pilgrimage is here a metaphor for process and transformation, and does not relate to physical journeys as such.

I will present eight women whose stories in different ways illustrate and develop the topics, the points and the narrative of this thesis. In order to achieve this, I have dedicated the four chapters to different topics that make up important parts of women's worldview, or lived experience. As I will show, the women construct a personal understanding of their life situation rather than adhering to the more common dichotomy of health:illness. This personal understanding is individual for each woman, yet they overlap. After a while it became clear to me that all the women I talked with shared some ideals and values. This is the *religious creativism* I will describe later in the introduction, and also develop in the final chapter as *fields of validity.* I will argue that this personal understanding gives them a greater scope for manoeuvrability in managing their lives, and according to themselves, enables them to access higher levels of wellbeing and life satisfaction than a binary view might give them. In other words, I will show how adopting a non-dichotomical view, or adapting the dichotomy, of health and illness adds agency to the lives of these women who might otherwise find themselves limited by the dichotomy.

I wanted to research attitudes and values among Western people in order to gather information that might be transferrable to a Norwegian context. As I will show, Norwegians experience both a high level of chronic illnesses and sickness absence from work. I wanted to learn more about the spectrum of attitudes and values towards illness. In order for this information to be possibly loosely transferrable to a Norwegian context, I searched for people who come from backgrounds where they have what we might recognise as some form of welfare state, yet opt for something as different as a holistic spa as part of their healthy lifestyle. I found them at the spa where I conducted fieldwork – and I think their stories are good examples of the variety of values, beliefs and attitudes that exist within the Western population. This thesis does not address the Norwegian context in any depth, but rather sets it out as a backdrop. It is my hope to be able to continue my anthropological research and then

look more specifically at the Norwegian context. In that case, this thesis will form the foundations of my continuing research.

In the *Anthropology of Religion*, Fiona Bowie writes that "[a]nthropology has few tools for dealing with personal experience, and pilgrimage, with its enactment of a physical, spiritual, emotional journey, and a search for transformation, healing, or sociality, presents a particular challenge" (Bowie 2006:237). This is because much of what happens on a pilgrimage is internal to the pilgrim and hidden from view. It is also highly personal and often private, and how is this possible to observe? Bowie goes on to write that "[t]he study of pilgrimage therefore calls for a combination of approaches, ideally drawing on a variety of disciplinary perspectives" (Bowie 2006:237), and it is this that has inspired my own fieldwork and writing. It is precisely the personal experience that is my focus, as my empiric examples will show. In order to analyse and discuss these, I will draw on writings from religious studies, psychology and anthropology, and in particular phenomenological approaches.

Phenomenology is the study of how the world appears to us based on our experience of it, rather than a higher, objective truth. Entering into anthropology from philosophy, phenomenology is closely linked with terms such as *intersubjectivity*[1] and *embodiment*[2] and has been much applied in medical anthropology and the anthropology of religion (Knibbe and Versteeg 2008:50). I anchor my understanding of phenomenology in the writings of Michael Jackson, Kim Knibbe, Peter Versteeg and Paul Stoller.

> "In phenomenological anthropology, the focus is on the way in which meanings become and are *reality* to the people themselves: how meanings appear to them and coincide with the practical everyday world in which one needs to survive."
>
> Knibbe and Versteeg 2008:51, their italics

A critique has been that "phenomenology offers only a limited methodology: It is good only for understanding people's subjective experiences at a surface level" (Desjarlais and Throop 2011:95). Another critique has been about whether we can ever really know what someone

[1] *Intersubjectivity,* loosely speaking, refers to a way of relating to and understanding others. According to Alessandro Duranti, *intersubjectivity* means "the understanding made possible by the possibility of exchanging places". Duranti bases his understanding of intersubjectivity on Husserl. (Duranti 2010:21)

[2] *Embodiment* can be said to be the reality as experienced through our bodies, which is the material or physical way of being present in the world. According to Thomas Csordas, "the body is not an *object* to be studied in relation to culture, but is to be considered as the *subject* of culture, or in other words as the existential ground of culture" (Csordas 1990:5, his italics)

else is thinking (ibid), and the consequence of this is that any such empirical material is above criticism, because this is how it is for the person who experienced it. Desjarlais and Throop argue that these critiques are based on misunderstandings of phenomenology and what it intends to do (ibid). For my purposes I do not offer an opinion in this discussion, but utilise a phenomenological approach as a tool.

My interest in phenomenology is also related to issues of representation, and I think the approach I have taken in this thesis balances the different considerations of representation, theory and analysis. While writing, I was wary of Knibbe and Versteeg's warning that anthropology wants to reduce the topic of study to factors alien to it. In their case, the topic was religion, and they asked themselves "how can we study religion as a social and cultural phenomenon if we are unable to take seriously the experience of a religious reality, central to the people we study" (Knibbe and Versteeg 2008:48). I was also conscious of Desjarlais and Throop's advice that "It is important to avoid creating or reaffirming any false dichotomies or problematically conventional ways of categorizing the world" (Desjarlais and Throop 201:93).

I will argue through my empiric examples, that anthropology is well placed for understanding these particular kinds of personal pilgrimage. I am using my own experiences in addition to other empirical examples here in order to illustrate the experiential and learning process that occurred when I was taken ill. This was the experience that enabled me to understand the words of the women I had talked with in a new and deeper way, because of my own experience their words gained a new meaning. In the words of Knibbe and Versteeg: "Phenomenology simply extends the understanding of Intersubjectivity beyond that of verbal communication" (Knibbe and Versteeg 2008:52).

Positioning the project

Chiang Mai

Image 2: Map of Thailand with Chiang Mai highlighted. Map is © 2003 Map of Thailand & Rob Hilken. Url 1.

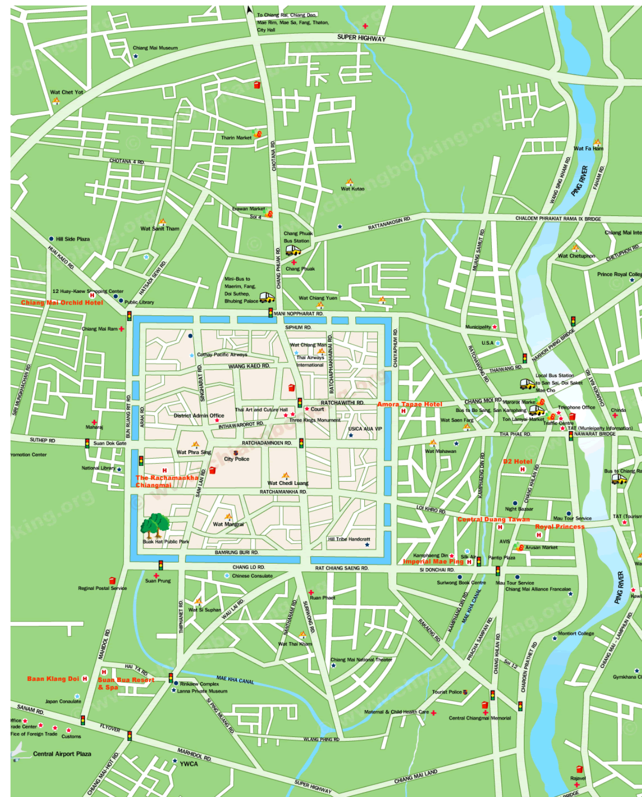

Image 3: Map of Chiang Mai ©Chiangmaibooking.org. The old city with its square ramparts is clearly visible. Url 2.

Chiang Mai is the name of a province in the far north of Thailand, and also a city. The province borders Myanmar in the north, and boasts several holy sites (the most important is Doi Suthep, a holy mountain and temple all Thais 'must' visit when in Chiang Mai), a national park, the King's Winter Palace and adventure activities for visitors. Elephant camps and tiger rescue centres are among the most popular places for visitors. There are also numerous 'hilltribes' in the area, some of who invite visitors to come and see how they live. Hilltribes is the name given to indigenous and migrated tribes who lead a traditional lifestyle in the high hills of Northern Thailand. Some of the best-known hilltribes in the area are the Long-neck Karen, Akha and Hmong peoples. The main industries in the region are agriculture, cotton and silk production, hand-made umbrellas, teak logging, production of wooden and rattan furniture, pottery, silverware and tourism.

The city of Chiang Mai is Thailand's second largest with around 200.000 inhabitants, and the undisputed centre for Thai massage. The country's best Thai massage schools are here, and

this accounts for many of the visitors to the area. Another factor is the climate – it is slightly cooler and drier here than in other parts of Thailand (although it is still a tropical climate), and Westerners therefore often find it more comfortable. Prices are also low to affordable, with the exception of the high-end market, so it is easy to maintain a comfortable standard of living. The city of Chiang Mai is a place where many Westerners come to retire and take advantage of their increased affluence compared to home. For some, it offers an increase in social status, especially when considering what their money can actually buy. This, with the exception of the massage schools, are all common to many other places and countries (such as Kenya, Uganda, Brazil, India, Panama etc.) and not exclusive to Thailand and Chiang Mai. Chiang Mai offers a safe enclave where foreigners and their money are welcomed into familiar places such as Starbucks and Pizza Hut along with the "real" Thailand at Sunday Market Walking Street and other street markets.

Image 4: Chiang Mai

Image 5: Buddhist monk walking in Chiang Mai

There is another side to Chiang Mai as well, which is evident when navigating through the city. This is also a centre for medical tourism and the beauty industry. However, the city has distinctly separate areas where the atmosphere and clientele is different. For instance, near Sompet market is the backpacker area, where massage parlours and bars line the streets. There is the Night Market area, with expensive high-rise hotels and the famous night market, along with seedier bars and more obvious sex industry. And there is Santitham, with the YMCA and other guesthouses, but with a stronger Thai area identity. The old city is approximately 2,25 square kilometres and acts as a natural meeting point for all these different Chiang Mais.

I rented a room just beyond the Chiang Mai old town and conducted participant observation at a spa resort around 30 minutes' drive outside the city. The clientele were predominantly Western, but a few Asians too. We were hanging out together, talking over morning coffee

and at the detox centre whilst finishing our detox drinks. I endeavoured to undertake the same activities as the people around me, alongside them. I joined a yoga class, underwent fasting- and spa treatments, had massages, visited Buddhist temples, the Sunday Night Market and silk factories. I spent time hanging out, chatting and taking part in the discussions that went on around me. I also used interviews and focus groups, in order to gain information about particular topics. The quotes in this thesis have been recorded in writing and checked with the person who said it. I did not use a voice-recording device, just pen and paper. As we talked, I might ask the person to repeat something so that I could write it down, or to put something in a quotable way so that I could use it in my thesis. In a few instances, I have, with permission, inserted phrases from emails.

Spa

The spa sector is a major global growth industry. It is a part of the wellness tourism- and medical tourism industries, which are in some ways overlapping and complementary of each other. These are also industries with great variations, as the image overleaf illustrates. Spas are now so much more than a small Belgian town by the same name[3] (British Medical Journal). Some spas are water-based, some are not, and the word *spa* is no longer synonymous with water and water therapies. Spas include and offer everything from cosmetic surgery and indulgent massages to ascetic fasting and bootcamps. That means that spa guests fall into the categories of health tourists, medical tourists, spiritual tourists, wellness tourists, backpackers, luxury travellers, weekend travellers, hen and stag parties, birthday or anniversary travellers, retirement or gap year travellers, adventure travellers and so on.

[3] Spa is a Belgian town where people came to drink the local water from the 15th century onwards.

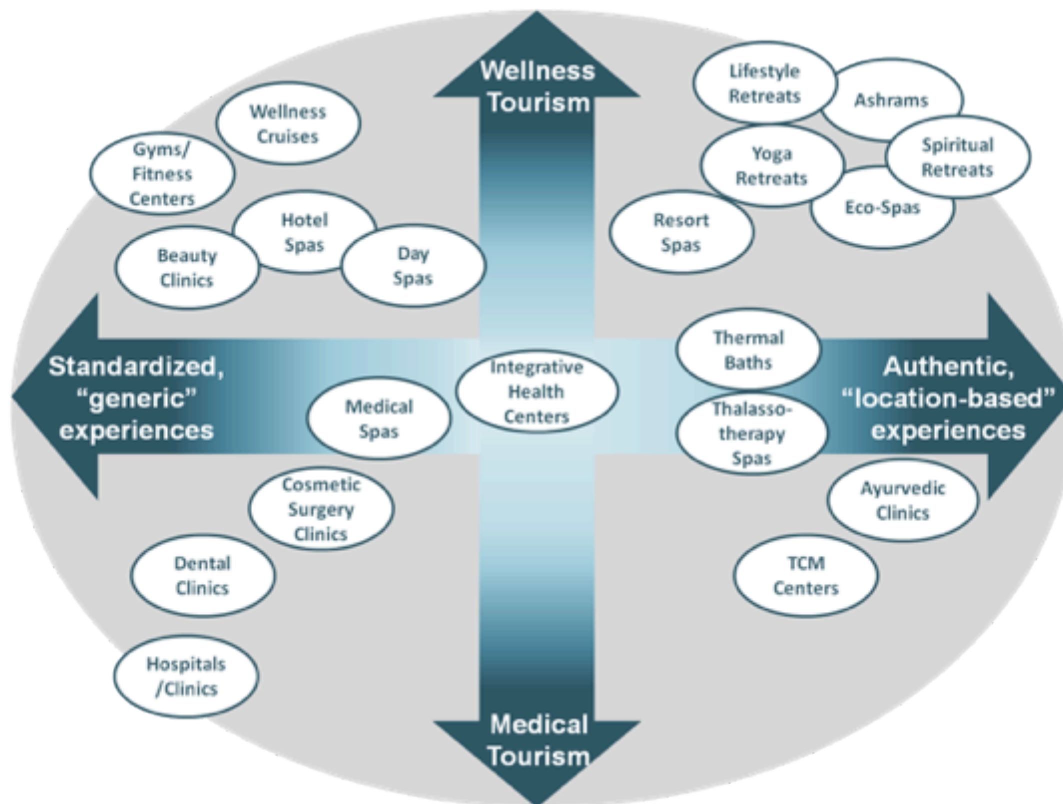

Image 6: The *Wellness Tourism* and *Medical Tourism* Market Spectrum. Image from Global Spa Summit LLC.

A Global Spa Summit report from 2011 gives the following clarification between medical and wellness travel:

> ***"Medical tourism*** *involves people who travel to a different place to receive treatment for a disease, an ailment, or a condition, or to undergo a cosmetic procedure, and who are seeking lower cost of care, higher quality of care, better access to care or different care than what they could receive at home.*
>
> ***Medical tourist:*** *Generally ill or seeking cosmetic/dental surgical procedures or enhancements.*
>
> ***Wellness tourism*** *involves people who travel to a different place to proactively pursue activities that maintain or enhance their personal health and wellbeing, and who are seeking unique, authentic or location-based experiences/therapies not available at home.*
>
> ***Wellness tourist:*** *Generally seeking integrated wellness and prevention approaches to improve their health/quality of life"*
>
> Global Spa Summit 2011:iii

The Spa I visited would be positioned somewhere around Resort Spas and Yoga Retreats on image 6. That would place the people I am writing about squarely in the top right-hand quadrant of the image. I would also position these people in the wellness-bracket and not medical-bracket of image 6. Whereas this is useful because it shows how the women I met see themselves, it still positions the project within the field of medical anthropology, as well as anthropology of religion and psychology. The Global Summit Report mentions *Holistic*

Retreats as an emerging concept related to medical and wellness tourism, and this is the most fitting definition I have found. A holistic retreat, they suggest, is a facility that is purpose-built for guests to stay and conduct body-mind-spirit activities such as yoga and meditation, and possibly complementary therapies and treatments of different kinds. There are set programs and group activities, and beyond this there are usually no other attractions. The aim is to promote a good balance of the body, mind and spirit during the stay, and the report adds that "some retreats have a specific focus, such as yoga, meditation, detox or spirituality" (Global Spa Summit 2011:83). Websites such as Retreats Online (Url 3) and the Retreat Company (Url 4) list several thousands of retreats, and have been listing online for over 15 years. Such sites are a major source of advertising and recruitment to the spas, including the one I visited in Thailand.

The Global Summit Report further states that "[a] handful of countries are emerging as major spa and wellness destinations (e.g., Thailand, Bali/Indonesia), driven largely by growth and promotion of high-end luxury resort spas and destination spas" (Global Spa Summit 2011:33). All the spas in the Chiang Mai area aimed their marketing at the middle-to-high-end market. This was evident in that their marketing materials were first in English, and Thai second, if at all. This means that they direct their marketing at people who speak English and excluding Thai-only speakers, which in some ways can be seen as a class or sociocultural capital identifier. Some used French and Chinese as well, and a couple of places had information in Japanese. Also, accommodation is Western-style (Thais tend to sleep communally) with private bathrooms, around a pool or restaurant area. In some ways, spas are becoming rather generic, similar to hotels, as they are offering services to an international clientele with clear and high expectations.

A brief note on the financial expense of the spa stay: it is worth noting that at the time I was there, the average Thai monthly wage was around £200,-[4] for a 7-day working week. Working conditions for ordinary people are harsh, with low employment security and few possibilities of saving money. The World Bank rated poverty in Thailand at 7,8% in 2010, between Montenegro (6,6) and Sri Lanka (8,9) (Url 6). While local Thais work at the spa, they do not visit the spa. The class- and exclusion issues this indicates are beyond the scope of this thesis, but knowing that they are present further helps ground the project. In Thailand the

[4] 9.000 THB, $307,- or 1.797 NOK by XE Currency converter 28.03.2013, Url 5

government is taking a leading role in developing both medical and wellness tourism (Global Spa Summit 2011:27). The spa I visited was a private company and was endorsed in different ways by government agencies, such as by meeting the regional spa and restaurant standards.

At the same time as categories of medical and wellness tourism are useful to think with, they do not reflect how the women I encountered talk about themselves. The terms people applied to themselves were invariably “traveller”, “visitor”, “guest” and “pilgrim”. I am also uncertain of how beneficial the categories of medical- and wellness travel will be for my arguments and discussions, as the terms never cropped up during my fieldwork. One reason for this could be that the term wellness travel or tourism is new, and as yet not well established. Another reason could be a focus on spirituality and pilgrimage, as expressed by several people, being difficult to categorise in tourism terms. The theme for my thesis is recovery and learning to cope with chronic illness and not spas, spa visitors or tourism per se. This leads me to mention the categorisations here in the introduction, as simply an aid in positioning the project.

The spa is a holistic detox spa, one of several in the area, specialising in fasting treatments and raw food[5], along with yoga and meditation holidays. American owned, the spa follows the views of Dr. Richard Anderson[6] regarding fasting, diet and lifestyle. There are raw food classes in-house, and the fasters are introduced to their programme through a dvd followed by an appointment with the in-house doctor. All the supplements and detox products are, as far as I could tell, imported directly from the USA. This is a further indication that the location in Thailand is not crucial for the spa per se, but rather that Thailand conveniently offers a suitable climate with low employment costs and overheads, on line with countries such as Indonesia and Brazil as mentioned in the Global Spa Summit report (Global Spa Summit 2011:33).

[5] Raw food is fruit, vegetables, nuts and seeds that have not been heated above 40°c. Cooking the food is thought to destroy important nutrients, and be less beneficial for the body. Raw food is thought to aid recovery and good health, help stabilize weight, enhance the immune system and promote longevity. Raw food has become a movement in its own right, information is widely available on the Internet. See Url 7, Url 8 and Url 9 as examples.

[6] Dr. Anderson is famous for his approach to fasting and intestinal cleansing as a way to restore body and mind to good health. His website (Url 10) sells detoxing products, and products like these are used at the spa. The intestinal cleansing advocated by Dr. Anderson is controversial, as explained in an article from the Wall Street Journal (Url 11).

Detoxing is the concept that the body needs help to rid itself of toxins: chemicals created by the body through stress, but primarily chemicals that have entered the body through food or pollution and remained there. Detoxing has become an increasingly popular concept, where the notion of purifying and healing the body is strongly implied. Detoxing is thought to delay or prevent ageing, reverse or prevent illness and disease and be a prime instrument in the creation and maintenance of a healthy being. Most spa guests come for either the 3 ½ or 7 ½ day fast, but some for as long as three weeks. These fasting programmes involve not eating any solid food for the duration, but drinking a soup, Liver Flush- and Detox drinks in addition to taking large amounts of herbal supplements. There are also optional coconut juices and carrot juices, which are said to support various organs in their detoxing process, and there is such a high liquid intake that fasters do not actually feel hungry while on the programme. The main talking point among spa guests, however, was the colema – this is a self-administered enema, performed up to twice daily depending on the programme. The fasting programmes and several other packages are strictly regimented with activities at different places in quick succession. It is worth noting that when the spa started, it was one of very few places worldwide that offered this type of fasting and detoxing. Now even the colemas have become mainstream, and you can purchase your own enema kit on in a variety of places including Amazon (Url 12). Similar spa therapies and retreats can also be had in the UK (Url 13, Url 14), Norway (Url 15) and New Zealand (Url 16) amongst other places, and this illustrates the global nature of the spa industry.

Image 7: Spa accommodation and pool.

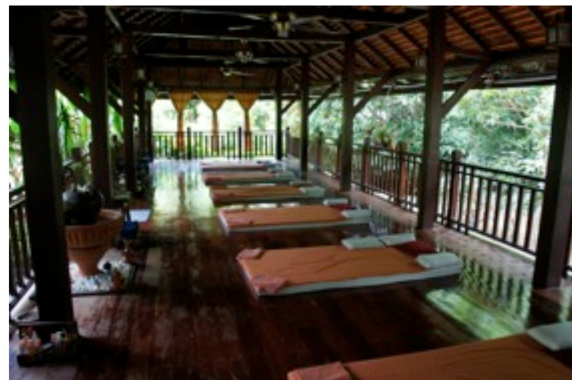

Image 8: The Jasmine Spa

Guest accommodation is clean and functional with all rooms facing a small pool. The spa is situated in landscaped gardens within a hilly mango grove, and there is a 20-minute hike uphill to the yoga pavilion, where morning meditation and yoga takes place. Between the spa and the road there is exercise equipment and the paths covering the hilly terrain make a good

jogging route. There is a restaurant there, serving raw food, vegetarian food, meat- and fish dishes from a Western and Thai style menu. At the spa there are also villas, owned mostly by regular fasters who have been coming to the spa for years. Finally there is the Jasmine Spa, where different massage therapies and treatments are carried out.

The fasting programmes are taxing on both body and mind, so most guests are very tired and rest in their rooms or by the pool, only socialising with others at the detox centre or in the restaurant. Spa guests have to work hard for their wellbeing, and the colemas turned out to be a deterrent for several guests while I was there. It might be fair to say that the spa has quite a high threshold for booking a stay, and it also requires the guests to be proactive and self-directed. The doctor is available during much of the day should his advice be required, but the spa guest herself follows the programme as written out in the leaflet she's given on arrival. The colema board and other equipment is delivered to the guest's accommodation and the doctor shows how to set it up and use. After that, the guest is on her own.

Spa Visitors

The spa visitors are primarily Western people from a range of different backgrounds. The ones I am presenting in this thesis share a set of values that seem to inform their decisions to visit the spa and also how they navigate their respective life situations. In order to categorise the spa visitors, I will use Anthropologist Deana Weibel's term *Religious Creatives*[7] throughout this thesis. Weibel defines this term to mean "Westerners who see mind, body and spirit as a single system, who see the earth as sacred, and who seek authenticity and novel experience" (Weibel 2005:114). I wish to point out that *Religious Creatives* is here a term used by me – the women you will meet in this thesis all said they were spiritual but not religious. As I will show in Chapter 1, spiritual in this context of this thesis means something akin to "life force". I could have changed Weibel's term to *Spiritual Creatives*, but because Weibel's definition is so fitting I have used the term as it is.

> "Religious Creatives tend to believe that "all religions are true," and feel free about picking and choosing among spiritual traditions as though they were modular structures capable of being taken apart and reassembled in pleasing new forms to accommodate individual, personal values."
>
> Weibel 2005:114

[7] Weibel draws on Paul Ray's term *Cultural Creative* (Weibel 2005:114).

Rather than being grounded in the New Age movement and belonging to radical or alternative factions of society, they are informed by authors and practices that may have started out as New Age and alternative but that have now become mainstream. This includes practices like yoga and meditation, vegetarianism and raw food, and authors and personalities like Paulo Coelho[8], Deepak Chopra[9], Rhonda Byrne[10], James Redfield[11], Neale Donald Walsh[12], Eckhart Tolle[13] and Louise Hay[14]. Books, dvd's, inspirational talks and chat show appearances are now available in the spa clientele's native languages, and often at their place of work. Jeremy Carrette and Richard King have carried out an interesting and very critical analysis of how business utilises spiritual motivational material in order to increase efficiency at work in *Selling Spirituality, the Silent Takeover of Religion,* I shall return to this in chapter 4.

At the same time that it is necessary to categorize spa guests in order to say something about the community they are part of, I am cautious of taking the categorisation too far – Lila Abu Lughod discusses in her famous article "Writing against Culture" from 1991 how anthropologists can avoid making generalisations that *other* people. She suggests we can instead look at how individuals experience certain ways of doing things, focusing on the particularity of the individual experiences (Abu-Lughod 1991:153). I take this on board, as well as Mitchell's advice in Ellen's *Ethnographic Research: A Guide to General Conduct* from 1984. Mitchell suggests there that we search for *telling* rather than *typical* cases (Mitchell in Ellen 1984:239). A typical case may not exist, and the search for one may not be particularly fruitful. In addition, searching for typical cases in my opinion increases the risk of *othering* the people and communities being observed. A telling case is one where "the particular circumstances surrounding the case, serve to make previously obscure theoretical relationships suddenly apparent" (Mitchell in Ellen 1984:239). In each chapter I will therefore present two *telling cases* that allow me to develop my theoretical points at the same time as presenting the women fairly. Whilst they all can be said to belong to a *Religious Creatives* category, they do so in different ways and to different extents.

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[8] Famous for *the Alchemist* and other books. Coehlo's weekly syndicated column was translated to Norwegian and published in Bergens Tidende in 2003 (Url 17), and his yearly calendar along with his many books are available in several languages (Url 18).

[9] Famous for *Creating Health* and other books. Chopra has a famous wellbeing centre and clinic in California (Url 19).

[10] Famous for The Secret film and spin-off merchandise. Byrne shares the secret key to success, more about this in chapter 4 (Url 20).

[11] Famous for the *Celestine Prophecy* book, an international bestseller (Url 21).

[12] Famous for the *Conversations with God* books, all international bestsellers (Url 22).

[13] Famous for the book The Power of Now, international bestseller. Also inspirational speaker (Url 23).

[14] Famous for *Heal Your Body* and other books and merchandise (Url 24).

I also conducted a brief survey whilst at the spa, in order to gain a demographic and motivational overview. I have drawn up two pie charts in order to give a visual overview of the spa clientele that I surveyed. Of 85 respondents, 73% were women. Of all respondents, 74% were below 44 years of age. In addition, 63% of respondents said they saw themselves as spiritual, and of the 37% who were not, several told me that they were indeed spiritual but not religious. 86% of respondents were from Europe, the USA or Canada, Australia or New Zealand. The remaining 14% were from the Middle East and Asia. The two following pie charts are self-explanatory, although I wish to draw attention to image 10. The Internal outcomes shown in the chart refers to mindfulness, inner balance, inner peace, wellbeing, spiritual benefit and the like.

Initially I had thought all spa visitors would be wealthy by Western standards, but a large number of guests had middle-income occupations such as teaching, secretarial work, the civil service and the holistic and health sector. On the one hand this can be explained with member packages being reasonably priced (returning guests are offered special rates as an incentive to come again), like on a cruise or similar member-oriented holidays. Whereas an initial 7 ½ day fasting package with other therapies and the cheapest accommodation might cost as much as £1350,-[15] a returning guest would pay £1036,-[16] for the same package. The flight is usually a considerable part of the outlay, my return flight from Bergen, Norway cost £1027,-[17]. Return flights from other cities can range from £555[18] (London) and £1.212,-[19] (New York) to £1.093,-[20] (San Francisco) and £744,-[21] (Sydney).

All the spa guests I spoke with said the flights and spa visits were major expenses, and some spoke about saving up for it for a long time. However, they all viewed the spa visit as an investment in their health and wellbeing. The guests who were returning spa visitors talked about the impossibility of measuring their health and wellbeing in financial terms, and all said it was well worth the expense coming here. I think this point is especially relevant in terms of

[15] 60.000,- BHT, $2.000,- or 12.000,- NOK by XE currency converter 28.03.2013 (Url 5)
[16] 46.037,- BHT, $1.567,- or 9174,- NOK by XE Currency converter 28.03.2013 (Url 5)
[17] $1.555,- or 9.142,- NOK by XE Currency converter 28.03.2013 (Url 5)
[18] $839,- or 4.914,- NOK by XE Currency converter 28.03.2013 (Url 5)
[19] $1.833,- or 10.730,- NOK by XE Currency converter 28.03.2013 (Url 5)
[20] $1.653,- or 9.678,- NOK by XE Currency converter 28.03.2013 (Url 5)
[21] $1.125,- or 6.587,- NOK by XE Currency converter 28.03.2013 (Url 5)

those visitors who have chronic conditions that they are learning to cope with, or in recovery from illness. It then becomes a question of quality of life, and of meaning.

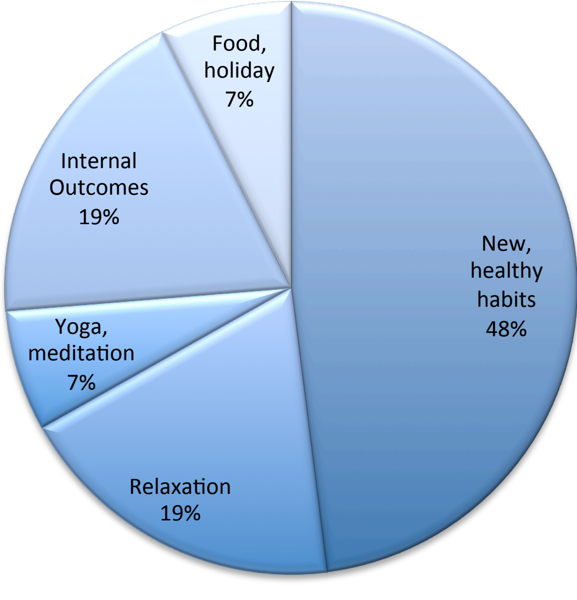

Image 9: Reasons for visiting the spa

Image 10: expectations from spa stay

It is important to note that people already spoke very openly about personal matters, and I did not often need to direct conversations as they were already discussing the things I wanted to talk with them about anyway. When we talked about subjects that were sensitive to the individual, we would go for a walk or meet in their rooms where we could speak privately. At the same time, I noticed a sense of isolation among several guests and many seemed apprehensive to talk with others. Several guests would read or listen to their iPods while at the restaurant, and explain that they didn't really want company or to talk. Perhaps this was an extension of the nature of the fasting therapies, particularly the colema where the guest would carry them out in private, alone. There were also several guests who were delighted to talk and meet new people. Some expressed having felt isolated or lonely and became eager research participants. I found that I had an impact on the group dynamics at the spa, as I would speak with everyone and once they knew me they would come and sit with me in the restaurant and thereby get to know others. This made the experience of fasting more communal and the participants shared stories and offered each other support.

All the people who participated in my research are anonymous in this thesis, and I have made further changes where necessary in order to protect their identities. Names and ages have been

altered, and as have details about their lives and experiences that are not crucial to the telling of their stories, but that make it less likely for individuals to be identified. All the people who participated in this research were volunteers and made an informed decision to participate. They all received a written introduction to the project and signed a consent form, in accordance with NSD[22] guidelines. The research was conducted exclusively in English. Although people spoke openly and freely with each other about their various life experiences, I respect the fact that they may have shared information with me in confidence that they would not have shared in an open forum. I have therefore endeavoured to write about them as respectfully as possible, acknowledging their individuality as well as understanding them as members of a changing Western culture.

Positioning the researcher

Outside my anthropological studies, I am a professional aromatherapist[23] with an interest in holistic health practices. Having extensive experience working with women with wide range of conditions and ailments gave me some sense of different modes of understanding and thinking about one's own life in a Western context. I have long been intrigued by the way in which individuals understand and relate to their respective health conditions, life circumstances and choices, and anthropology has given me the perfect opportunity to study this in depth. I have also been interested in exploring the role of spirituality in understandings of health, in particular around meaning-making. From my previous work with different kinds of disadvantaged people in the UK, I am also very interested in agency and what difference a sense of choice and possibility can make to someone.

I would also add that I'm a white, divorced woman in my late 30's, so in that way very similar to many of the people I encountered. While this certainly helped to get me accepted as I will show in the thesis, my research subjects and I were not so alike on closer examination. I would like to make a point of clarifying that this project was not a case of me studying "my own kind", as has been increasingly popular with anthropology students in recent years. The activities I participated in were mostly new to me, and I joined as a sometimes hopeless beginner in contrast to most of the people who participated in my research, who were more experienced at yoga, meditation and so forth than I. While I was familiar with many of the

[22] NSD is the Norwegian Social Science Data Services, ensuring ethical standards of information gathering.
[23] I trained and practiced in England for several years. Aromatherapy is the practice of using essential oils from plants and flowers that are thought to have specific properties. These oils are selected and blended for each client, and applied through massage or steam inhalation. Aromatherapy is said to help in for instance managing stress levels and to support the body's immune system.

ways of thinking and living that I encountered, my familiarity was mostly a vague and theoretical one. By that I mean that I knew that spas like this existed, but I had never been to one before. I knew that there existed people who took very individualist approaches to managing their health and life, but I had never met anyone who did it to this extent before. I had read about this kind of community[24] in holistic professional magazines, in blogs and on websites, but never been to one before.

Meeting people who manage chronic conditions was very interesting to me – since moving back to Norway from living in England for many years I have been interested in how Norwegians cope with chronic illness. The Norwegian Institute of Public Health reports that chronic diseases and conditions "have become the major challenge for public health in Norway today" (Url 25) The 2010 Status of Public Health in Norway report says that 46% of people between 25 and 44 years of age, and 64% of people between 45 and 66 years of age have a long-term condition (Norwegian Institute of Public Health, The Status of Public Health in Norway 2010 – report:39). The report further states that many people still classify themselves as being of sound health, and suggests that this could possibly be because their respective health issues have a negligible impact on their everyday lives. I found this assumption very interesting, as it was not clear to me how this conclusion had been reached. The report also notes that women have a higher level of chronic illnesses than men, and also a higher level of sickness absence from work (Norwegian Institute of Public Health, The Status of Public Health in Norway 2010 – report:39). Sickness absence figures in some areas of the country top 8% (Ulr 26), whereas unemployment remains at the most around 3,5% (Url 27). An OECD report in 2006 noted that "the longer people are on sickness benefit, the higher the likelihood of a transfer into disability benefit" (OECD). Another OECD statistic shows that in 2007 each employed person in Norway lost nearly 2.5 weeks due to sickness absence compared with an EU total of just over 1 (OECD Going for Growth:137). Exploring how other Western people in Chiang Mai think around health and illness, and deal with recovery and learning to cope with chronic illness, was interesting to me in terms of deepening my understanding of the possibilities they see as open to them in their given condition. This will have impact on my work as an aromatherapist, as well as a continuing commitment to academic study.

[24] Community as in the collection of people who were at the spa.

Many of the conversations and activities I participated in were directed at maintain good health and managing chronic conditions. I have psoriasis, and this proved a very useful access point to the many different understandings about health. Much of the advice I received for my condition was very different from any doctor's advice I have ever received (such as if I stop eating cheese, it will clear up in weeks, or if I let go of anger from my past life my liver can heal and the psoriasis will go). While this gave me a better insight into the ideas, values and practices the people I met engaged with, my presence in the thesis will be mainly around my own hospitalisation in June 2012 and subsequent recovery. This experience is the embodied experience where I was able to understand the words spoken to me before in a new way. This experience enabled me to understand different elements of recovery from illness, or learning to cope with chronic illness, differently. Here, I am dealing with phenomenology and the utilisation of emic[25] vocabulary for a deeper analysis, as well as the continued process of understanding.

Chapters

Chapter 1 deals with the dichotomy of health and illness. I will present two empirical examples of how people with chronic illness or health issues dismantle this dichotomy, find agency and exercise resistance in their situations. They focus on living in health, and discard illness from the equation. I will show how the women talk about this decision. Their view is that this life choice is empowering and adds meaning to their lives, as they focus on what they are able to do as opposed to what they can no longer do as a result of their conditions. Then I describe my own hospitalisation and recovery, and show how this experience is relevant for my thesis. I offer a phenomenological intake to understanding illness and recovery, drawing on Carol Laderman's shamanic experiences as a reference. I also show and discuss how I was able to utilise the vocabulary I had been learning, in order to translate my experiences to more general, easily recognisable cultural experiences. My own account also includes a phenomenological account of liminality, and the stages, or elements, of recovery as I experienced them.

Chapter 2 deals with liminality, recovery and learning to cope. I present two empirical examples of women who in different ways have experienced trauma and recovery. In this

[25] "An emic model is one which explains the ideology or behavior of members of a culture according to indigenous definitions. An etic model is one which is based on criteria from outside a particular culture" (Barnard and Spencer 2002:180). Although a problematic term, I will use it in this thesis to differentiate between inside and outside perspectives.

chapter I define what I mean by recovery from illness and learning to cope with chronic illness. The term liminality is most often used to describe something transitory, temporary state, leading *from* something and *to* something else. Another line of thinking around liminality is perhaps less known, and derives from what Victor Turner termed the *liminoid*. By this he meant someone who is permanently liminal (Barfield 1997:477), but as Turner himself wasn't always consistent in differentiating the liminal and the liminoid and the term did not catch on (Url 28). The concept of permanent – or longer term – liminality has been further explored through the poet John Keats' term *negative capability*. Anthropologists such as Michael Jackson have discussed its uses in anthropology, and I will show how this concept is both relevant and useful in this thesis. I also discuss the necessity of liminality and *negative capability* in both recovery and learning to cope, and how some people choose to remain on the fringes of society, opting in and out depending on their capacities at any given time. Discussing empiric examples, I will show how some people utilise this ambiguous space to endow their lives with positive meaning and a sense of purpose. One way they do this is through the recreation or reinventing of their personal myths, and through pilgrimage.

Chapter 3 is about different kinds of pilgrimage the people I encountered engage in. I discuss pilgrimage as metaphor, pilgrimage as a coping mechanism and pilgrimage as a concept to think with. As my empirical examples show, the women live their lives as a pilgrimage and here utilise a more fluid understanding of both pilgrimage and liminality. I look to religious studies for some theoretical grounding on pilgrimage. I also draw on anthropologist Jill Dubisch's account of a pilgrimage to Greece and Jungian psychotherapist Edward Tick's work on healing through archetypes[26] in order to underline the transformative power of pilgrimage. This chapter also deals with the importance of a spiritual dimension in both recovery and learning to cope.

Chapter 4 discusses consumption and values, in that the spirituality and non-consumerist attitudes expressed by people I encountered at times seem somewhat at odds with their actions. Through empirical examples I explore consumption of health and spa therapies, as well as how health is used as a value judgment. There is a tension here, as well as a power dimension that lies in the right to define. The chapter also introduces my own concept *Fields*

[26] Jungian term meaning "a collectively inherited unconscious idea, pattern of thought, image, etc., universally present in individual psyches" (Url 29).

of Validity, which has grown from Foucault's concept *discourse*, as a way of illustrating both the different arenas of meaning and values, and the power of definition.

Chapter 1: Health and Illness

Introduction

In reading medical anthropology – and in reading about health in general – it seems that health is usually best understood in relation to illness. In Barfield's *Dictionary of Anthropology*, the entry for "health" reads: "See DISEASE, ILLNESS, MEDICAL ANTHROPOLOGY" (Barfield 1997:234). However, I discovered that some of the people I met at the spa in Thailand did not think like that. Rather, they thought in fluid and ambiguous ways, changing their understanding of the world as their circumstances altered. These *religious creatives* chose to separate the health and illness dichotomy in order to arrive at an understanding of the world that better suited their lived experience. Here, I have explored my findings and discussed their implications. I use the term *illness* consistently throughout this thesis as it is indeed the lived experience, the personal understanding of it that interests me, as opposed to the clinical and more objective term *disease*. Likewise, it is the personal and subjective experience of health that I am concerned with.

In this chapter I present two *telling cases* of women who remove illness from the equation of health and illness, and remain in health. Thinking and living in this way seems to open up new opportunities for them and offer them both a quality of life, and scope for actions, they might not have had otherwise. Drawing on Laura Ahern's understanding of the concepts agency and resistance in my analysis illuminates different stances these *telling cases* take to illness and health.

In this chapter I also present my own experience with illness and recovery. This is when I gained new and deeper insights into the experiences all the people I met talked about. Their vocabulary also gained a new and deeper meaning for me, and I understood it in a different way prompted by my own hospitalisation. I have chosen to place this experience here as an empirical example, but also to show my own learning process and methodology.

Diana

This is Diana's second time at the spa. She is a German woman in her 40's who lives in France and works there as a teacher. Diana is here for the yoga and raw food and also enjoys the massage therapies and steam bath. She is a tall, athletic-looking woman with an assertive attitude about her. When we talk we sit in the spa restaurant, sipping detox drinks in the shade. She tells me that she is single "by choice, I refuse to be defined by a man" and fills her life with friends and her friends' children. "I never wanted any of my own, so I don't mind that my reproductive years are finished. I have uses other than bearing children," she says. Diana tells me that she is in excellent health. "Attitude is how you are," she says with a grin. Spirituality is also closely connected with good health for Diana, and she experiences this as a desire to help other people. "What is that if not spiritual," she asks me.

I would here like to insert a brief note on the emic, or inside, definition of health and spirituality: health was generally understood to mean feeling good and comfortable with oneself. Good health is when everything is in a good balance (between bodily systems, body, mind, and spirit, work-life and so on) and working well. Whereas health was often said to mean *life*, Spirituality was taken to mean the *life force*. This explains some of the interconnection between the two that is evident throughout his thesis. People would frequently say to me that "spirituality is more than the sum of its parts", that it is a sensation, an experience or feeling. Spirituality, I was told, is beyond words, and is about how we handle life, like remaining calm in a traffic jam.

> "Health is about embracing life and making the most of what you've got. Living well, and making the most of it is the key. Illness doesn't come into it at all, it's got nothing to do with health"
>
> Diana

I ask Diana about illness, if it comes into it at all. Diana shakes her head – even just after having been "profoundly disabled" following a road traffic accident, she considered herself healthy the whole time. This is because she took it well, she tells me, she coped with it well and dealt with it well. This indicates that for Diana, illness and health are neither extreme points on a continuum, nor opposites in a dichotomy. It suggests that she places her focus on health and illness then loses importance, and thereby loses its hold over her in terms of everyday life and meaning. This is particularly interesting in the view of Diana's medical history, having survived severe accident and recovered remarkably well. However, she still

experiences back problems and severe pain as a result of the accident, and is in some ways limited by this. So Diana focuses on health: health becomes a sphere in its own right and illness is removed from the equation. I speculate that this has been a way for Diana to cope with what happened to her and the subsequent recovery: if her focus had been on what she had lost she may not have had the strength to work so hard to recover. Focusing on what she had and could do, instead of what she had lost or was unable to do, helped create a sense of achievement in every little improvement and the positivity gained momentum. It strikes me that one way she was able to do this was to remove any separation between body and mind.

Through emphasising the importance of attitude and embracing life and juxtaposing this with good health, Diana set herself up to achieve within her new parameters as opposed to measuring herself against the now unobtainable achievements prior to her accident. The importance of achieving and being successful for the positive development of one's self esteem and development is well documented. Entire directions of psychology and counselling have developed in order to systematise and teach techniques for taking control of one's thought patterns and achieving success, such as cognitive development therapy (CBT) and neuro-linguistic programming (NLP). I don't know if Diana planned this coping strategy or if developed gradually, but the result is that she appears unafraid and adventurous as she travels alone and explores new countries and cultures.

The idea of deliberately changing or controlling how one thinks as agency is interesting – it implies that thoughts create, or greatly affect, one's lived reality. It also indicates a constructivist perspective, where there is always choice and room for movement in order to maximise potential. In Diana's case, this is liberating and affirmative to her, because she already manages so well. I think the idea of owning one's thoughts to this extent and thereby being personally responsible for how one copes with life is perhaps most beneficial to people who are already doing well, in that it supports and confirms their success and way of life. It places a heavy responsibility on the individual in that they are personally responsible for how they are dealing with their own situations. A slightly different perspective emerges from Carol's story. She too, takes responsibility for how she manages her life, but she hasn't always done so.

Carol

Carol is a slim, dark-haired woman from England. She is a retired secretary[27] in her 30's who is at the spa for yoga and meditation. She has booked herself a three-week package and has just returned from a day-trip to the Doi Suthep temple, one of Chiang Mai's 'must-see' attractions. "You've got to see some of the sights when you go somewhere," she tells me as we find a table in the spa restaurant. Carol is very interested in my research and asks many questions about what I have been finding out so far, how many people I have spoke with and so on. We chat in the over a vegetarian dinner and fruit juices.

Carol has a Multiple Sclerosis (MS), which is a chronic, debilitating condition. One of the most important things to Carol is being proactive. Carol says, "I am a participant in this, I can either succumb to it [the illness] or resist it." Arriving at this understanding took a long time for Carol, and adds that having a chronic illness – with much pain – is also frustrating and can bring on depression and hopelessness. She says sometimes it feels like she's "sitting on a railroad track waiting for the train to come" but now she's doing something – and that alone is empowering. I asked how effective her spa stay has been on her condition – Carol said that it's been good for her mental wellbeing. Carol believes that you have a choice, and a responsibility for your decisions: "when you take control of your health, it gives you a certain amount of power." I ask her about health and illness, and Carol explains that as she has a chronic condition, if she were to see illness as the opposite to health she would never be able to see herself as healthy. This would be detrimental to her wellbeing, she thinks. She therefore chooses to view health as something separate from illness, and concentrates on her health. For Carol, health has to do with how she copes with her life, and how well she lives it. Leaning back in her chair, Carol tells me smilingly that she is living a pilgrimage, "a pilgrimage for health".

It's also very important to Carol to be happy – she sees happiness closely linked with health and spirituality. Carol said she lives in a large house with several other people back home and finds the community they have incredibly supporting. Likewise, she has friends who step up for her when she needs it. This gives her a sense of belonging, of not being alone with anything. I ask her if she thinks that happiness is a choice, Carol agreed and said that

[27] I think it is interesting that Carol presents herself as a retired secretary and only later tells me that she retired on medical grounds due to the onset of MS. She could have presented herself as disabled or chronically ill, but this only comes out later in the conversation. I think this is telling for Carol's attitude to health.

determination and pro-activeness is key. Understanding her motivation also played an important role to her: “People don’t realise they’re driven by positive feelings, if they did, perhaps they’d make different choices.” She gives the example of a bonus, and says that people think they are motivated by the bonus itself whereas it is really the good feeling of achievement and success motivating them. I ask Carol how it is possible to achieve and be successful, especially when experiencing pain and illness. Carol explains that there is a necessity to be realistic about one’s choices and ambitions – if not, happiness cannot be achieved. Much of the unhappiness in the affluent West today is due to a mismatch between expectations and reality, Carol says. By supporting someone in thinking about their expectations and setting these expectations at a realistic level, Carol thinks more people will be happy more of the time. She speaks from experience, and uses meditation- and yoga retreats as tools to maintain both a good mental health and a realistic understanding of what is important in her life and what she is able to do.

> “Health and illness are separate because if they were not, I’d never be well. It is a coping strategy, sure, but it really is how I experience life. I’m not sure if it is true because I believe it, or whether it is true and I therefore believe it.”
>
> Carol

I’m not sure whether Carol is very aware that this way of seeing health and illness, and indeed the world, is a conscious choice that she has made for herself. For her, this is an empowering choice that enables her to live a far richer and more fulfilling life than if she chose otherwise and became what she describes as passive in relation to her condition. For Carol, the focus is on being active, on being empowered and taking charge of one’s life. She doesn’t think she can stop the MS, but she can slow it down and she can chose how she lives with it. Freeing herself from the health:illness dichotomy was the biggest thing she had ever done, she told me, as it changed her world and the possibilities that were open to her. Carol questioned the relationship between doctors and patients, saying that when the doctor is in charge, the patient is passive and disenfranchised. But when the patient takes charge, the doctor becomes one of many health professionals that work with her to stay well and healthy.

Health and Agency

It seems to me that although Carol consciously removes illness from the equation, she lives within a continuum of health and illness nevertheless. She is more concerned than Diana with the limitations her condition places on her life – probably because she is likely to eventually

die from her condition, whereas Diana has a different prognosis. Like Diana, Carol takes action to ensure she is as well and happy as possible, but I suspect that her life is to a greater extent than Diana's restricted by her condition. Perhaps it would be more accurate to say that Carol lives in health within a greater context of illness, whereas Diana seems to be living in health within a temporal history of illness. Agency for Carol is in being proactive, in doing something, whereas for Diana it lies in the actual taking control. Laura Ahern defines agency as "the socioculturally mediated capacity to act" (Ahern 2001:115). For Carol and Diana, and the others I will present in later chapters, agency is about self-empowerment, self-determination and self-expression within a specific context of adversity where the person maximises her potential and ascribes meaning. Although I am here describing agency at the level of the individual, I do agree with Ahern that agency is socioculturally mediated – all the women I write about are Western people of roughly middle-class background and values. The ways in which they understand and exercise agency are different from the Thais around them, but it is also different from a lot of other Western people who do not come to Thailand to attend holistic spas or meditation retreats. Western culture is not one thing, and examining these particular takes on agency helps to get a wider view of the scope available to Western people in thinking and dealing with health and illness. Understanding that health is agency to these women is useful when examining the ways in which they innovate and expand possibilities for themselves.

Health and Resistance

I would also suggest that both Diana and Carol are practicing resistance to their respective illnesses and situations, both in that they deny their illness' importance and in that they focus on the positive stuff of what they can do. This I see as slightly different from agency, where the agent is empowered to act and express herself. I understand resistance as directed *at* something, as Foucault says, "where there is power, there is resistance" (Foucault 1978:95). Ahern points out that it would be "misguided" (Ahern 2001:115) to equate agency with resistance. Resistance, she writes, is oppositional agency and "oppositional agency is only one of many forms of agency" (Ahern 2001:115). It seems to me that Diana and Carol also exercise resistance in the way they manage their respective illnesses, accessing a minimum of Western healthcare in that they both get painkillers from their GP's and attend check-ups. Beyond this, they opt out of the patient mind-set and look to food and diet, yoga and meditation, healing and chanting for relief and well-being. They share a belief of the importance of the entire being, and the non-separation of body and mind. They also share a

defiance of their diagnoses and prognoses – in Carol's words: "I am more than my disease". Resistance is here specifically in the context, or should I say opposition, of illness. It must also be said that the distinction of resistance is one that I am making, as neither Diana nor Carol were concerned with the resistance to their illness or situation. They were both simply concerned with what they could do to make the most of their situations. So perhaps a question of power of definition also creeps in here: would I have seen Diana's and Carol's stories in terms of agency *and* resistance had they not had medical conditions? Am I unfairly categorising them both in my analysis due to the diagnostic labels they carry with them, or have I seen something they have not?

Image 11: Raw food

Image 12: Massage equipment

My own illness

On the 5th June 2012, while still "in the field," I was admitted to hospital. I had abdominal pains, they had been growing in intensity and I thought it might be appendicitis. By the time I was admitted, I was writhing in pain and very glad for the pethidine that was liberally administered. Now the pain was reduced to a manageable level, and I was headed for the operating table. My appendix was fine, but removed anyway, and so was the cause of the pain – a cyst the size of a small melon. I recovered well and was released after three days.

In the days and weeks that followed my friends offered help and support that warmed my heart deeply. One friend packed my things at the spa and paid my bill (I later reimbursed her). One friend came to ensure I wasn't alone during the admittance proceedings. Another friend sat with me before and after the operation. Yet another friend came to give me news of life beyond the hospital walls and offer support in the recovery process, and I had several visitors who came to see how I was and to say they cared about me. When I was released from hospital friends called around to see if I needed anything. Strangers popped in to see me,

they'd heard of my situation they said, and wondered if they could do anything to help. I was overwhelmed by the love and support my friends – and strangers – demonstrated.

These were people I hadn't known a few months ago. Everyone was so kind, so helpful and yet they were new friendships and acquaintances. There were no old friends here, as we were all travellers. We'd spent months talking about the importance of being loving, kind and proactively living goodness in our lives – and now I was in a vulnerable situation they came through for me. I had never thought I'd a) put the theories to the test and b) that they'd actually come through in the way they did. Friends and strangers sent me healing, gave me oils, fruit and other practical things to aid my recovery. My landlady did my laundry for me free of charge until I was back on my feet again, as well as move me to a ground floor room from where I could more easily get out and about. I had several people tell me to call them day or night if I needed anything, anything at all.

While in hospital, and later while confined to my bed, I considered my experience and what it felt like. I started thinking I might be able to use it as an intake to writing about the topics I'd been discussing with the women at the spa for months, and began talking about my own experience with them. I had the time to think about what it really felt like, and after having spent so long talking and thinking about meanings of health and spirituality, I was able to utilise the emic vocabulary I had learned and to which I had become accustomed. I had been grappling with what recovery really feels like when it happened to me and my project took an unexpected phenomenological turn. By that I mean that up until then my understanding of the words, concepts and experiences the women described had been somewhat theoretically and intellectually understood by me, albeit empathetic. Now I not only experienced it myself, but I also experienced it through their words and concepts, because of the in-depth research I was engaged in. I took on their understanding of the world and experienced my own illness and recovery through that.

Experiencing recovery myself proved crucial to my project as I moved further from the observer and closer to the participant. The anthropological method, participant observation, is designed, I think, for this shift to happen in order to enable the researcher to experience phenomena, societies and events from different perspectives. This is needed in order to gain a deeper understanding of what is being studied, and in turn to carry out a deeper and more insightful analysis than would otherwise have been possible. The words of the women I had

talked with at the spa suddenly gained a new and deeper meaning as I understood what they had said in a different way. My finding words to describe my own experience made possible the conversations on what recovery is really like for the people I engaged with, and moved my research beyond the concepts of health and spirituality. The Jungian psychiatrist Jean Shinoda Bolen writes in her memoirs that "without words or names for an experience, memory is hampered: it's a bit like not knowing how to access information that is stored in a computer" (Bolen 2004:51). I discovered that once I began describing my experiences, there was a resonance (interestingly, several people used this word) with others who had experienced recovery, or learned to cope with something. I had finally learned the local language.

My own reflections

Recovery felt to me like a bubble of existence, outside the ordinary world and my ordinary life. It was an altered state of consciousness, brought about by either pain or painkillers, and the process of recovering. This bubble was a liminal state, stage and place that I drifted in and out of as my recovery progressed. I think this experience is transferrable to other forms of illness or reduced health-conditions and their recovery. I was unprepared for the fluidity of this bubble – as I lay in bed I was aware that I was at times more part of the external world, such as when I had the energy to talk with visitors, watch the television of write emails. Then my consciousness would alter, and all I could hear was my own heartbeat and a hissing sound that I think was my blood circulating in my head. At these times I would be completely submerged in the bubble, giving myself over to the recovery. Allowing my body to heal as it needed to, was an interesting experience for me. It was within this bubble of existence that healing and recovery took place. It happened in spurts, and particularly as I slept. I could tell because I would feel my wound healing, I could feel my body focusing all its energy on this. My appendix was also now gone, and my body was learning how to deal with it and how to heal the wound. The times outside of this bubble was when I came up for air, so to speak, entered into my ordinary world. The recovery or healing was paused then, as if my body needed to re-charge and rest before entering another recovery-spurt. The two states were very different from one another but were also gradual and fazed in and out of each other.

As the days went, and my healing and recovery progressed, it felt very much like taking fragile steps along a long, well-trodden path. I had become a metaphorical pilgrim, journeying towards my recovery. I felt that I would walk with intention, with purpose, in order to re-build

myself and my life in the best possible way. Martin Robinson in his *Anthology of Pilgrimage* writes that “the pilgrim seeks to be changed by the experience of pilgrimage” (Robinson 1997:9). In my case, change had already happened to me and I was keen to follow it through and make it as meaningful as possible.

I learned that recovery requires time & energy. It is slow, and there are setbacks. Recovery requires a plan, support, a network and a variety of therapeutic practices. I overestimated my own progress, and I underestimated my capabilities. Recovery required that I got to know myself all over again. It was a paradigm shift, it was fresh eyes, it was forgetting everything I thought I knew about myself. Taking charge of this process, once I had been discharged from hospital, I was very conscious that this was a bigger undertaking than some of my previous projects. I’d had a major operation, and now there was healing to be done with fascia, ligaments, skin and nerves. My muscles had to be re-built in a way that supported my overall recovery and didn’t impede it. I planned for the short and long term, and worked tirelessly towards these goals. There was a fine balance between resting and exercising that I found hard to get right. Some days I overexerted myself, and experienced pain and weakness afterwards. Then there were days when I didn’t do enough, and found myself unable to sleep because of it. And I kept working at it, I had after all decided to recover, to heal and get well.

The physicality of recovery can be managed with time, patience, painkillers and practice. But I also experienced a spiritual dimension. It was in the love of my friends and of strangers, and daring to let them in, allowing them to help me and asking for their support. It was in my understanding and experience of my own fragility, mortality and place in the world. It was about a sense of purpose. It was about feeling a part of humanity, the world, the universe. I sensed that I had the power to heal myself, just as the earth heals herself. This was definitely an emic understanding of living in the world that I was tapping into while recovering. The spirituality of recovery was also about a sense of awe that I was actually healing. A key ingredient in this process was definitely my own active participation. By being active in the recovery process I moved from having something happening to me in a passive sense, to taking charge of what was happening with, or in me, in an active sense. My doctor may have prescribed me painkillers, but I was the one who must decide if and when to take them, and I was the one who must judge how far to walk today and how much rest I needed. I must decide what foods would be beneficial for me today, what meditations to do and how to best live my life today. The responsibility for living my life well rests with me, and not my doctor.

Time spent in the initial recovery profoundly changed me, it was a time where I was in flux (who am I, who am I becoming) and my body, mind and spirit were re-negotiating their points of balance. After few months' time when my body had recovered more from the operation I might be more inclined to spiritual pursuits than before, or less. My physical health may be stronger than before, or weaker. I may value my academic pursuits more highly than before, or less. My point is that this was a time of change, where my values as well as my physicality were being renegotiated and manoeuvred through a liminal space to something new. I didn't yet know what or how that new state would be, but I did know it would be an outcome of my experiences and of how I dealt with them. I was also acutely aware that although I spoke of recovery, I could not go back and find what was – I could not recover anything from the past. Instead I had to go forward and help create what was to come. I realised that the term recovery might not be a good word to think with, as there was no way back, only forwards. I will return to this point in the next chapter.

Constructing the new Me gave me an opportunity to decide who I wanted to be in the future. It enabled me to listen to different aspects of myself, as I floated between different states of consciousness. By thinking about any of my aspects that I may have under-communicated or supressed, and contemplating how I have become the woman I am today, it felt as if I had been given another opportunity to become me. I decided that I wanted to be more compassionate and have more time for people in the future. I had been shaken by my experience, and realised that my life was what I had got *right now* and it could not be put off, postponed or moved in any way. The new Me was embracing the moment. In one sense this was liberating, it allowed me to let go of fear of uncertainty. In another sense it felt like spin – desperation and panic might be just as appropriate words to describe my state of mind. As I considered why I chose to put this positive slant on my experience and the way I understood it, I realised that it made it easier to live with myself, and easier to face myself in the mirror in the morning if I had got a positive outlook. This was another key insight that better enabled me to understand where Carol with her chronic, debilitating condition and Diana with her recovery were coming from. It brought me back to thinking about agency. I gained more depth in understanding this specific "socioculturally mediated capacity to act" (Ahern 2001:115) as I saw myself on the one hand being brave and optimistic, on the other hand panicked and at a total loss of what appropriate action to take. I chose what might have seemed courageous on the outside but actually felt the easiest on the inside. I chose it because

it felt the easiest. If this was agency, I learned that it is not one thing and it is not easily defined.

Concluding Remarks

In this chapter I have presented two *telling cases* where the women separate the dichotomy of illness and health, and focus on health. This is, as I have shown through Laura Ahern's definition of the concepts of agency and resistance, related to ways of creating scope for themselves whereas they might otherwise have been limited and restricted by their respective conditions. I have also anchored my changing understanding of the issues, processes and vocabulary involved in my own experience with illness and subsequent recovery. I argue that without having experienced these processes myself, my understanding of the people I met at the spa would have remained empathic but somewhat theoretical. With this new experience I have been able to communicate with them at a deeper level, and to put these insights into writing.

It seems to me that the people I met and have written about in this thesis are utilizing Western notions of individualism in a new and innovative way. In different ways, they all report having experienced circumstances where their future appeared to be set for them, where their path seemed clearly defined. This has been most apparent around their experiences of illness. The path laid out for these women is one they report as being centred on their illness, on medicines and exercise regimes, things and activities they cannot do and a feeling of increasing passivity, institutionalisation and powerlessness. Rejecting this as their only possible way forward, as their only optional way of life, they instead design their own individual lives and value systems. One important component of this process seems to be the separation of health and illness, so that they can remove the focus from what they cannot do and rather focus on what they are able to do. This reassessment of thought patterns seems to purchase some level of agency and scope for navigating life for the people I met. Perhaps separating health and illness is something they are able to do because they already have a good level of empowerment and agency – this is difficult to measure considering the stories are self-reported and in past tense. For the people I met, dismantling the dichotomy of health:illness seems to create scope in both how to think about and live their lives in a positive, empowered and meaningful way. Next, I will show how this understanding of health and illness, the focus on illness and personal experience is related to the process of recovery

or learning to cope with chronic illness. For the people I met at the spa, this was a logical continuation of focusing on health.

Chapter 2: Recovery and Learning to Cope

Introduction

In this chapter I will discuss recovery from illness and learning to cope with chronic illness. Whilst discussing aspect of these processes I will also discuss liminality and how different understandings of the liminal may be beneficial in understanding recovery and learning to cope with chronic illness. Liminal means threshold (Url 30), and in anthropology has come to mean the transition phase between two social states, often connected to *rites of passage* or significant life events. The liminal is often described from an outside perspective – the anthropologist observes the boys leaving the village, perhaps spend time with them in the forest and observe their re-integration into society. The liminal is also frequently linked with ritual theory, but I will not do that here. Seeing the processes described here in terms of rituals and ritual theory would be reifying in this context, inaccurate and beyond the scope for this thesis. By looking at liminality from a phenomenological perspective, and by exploring different aspects of the experience of liminality, a notion emerges of how liminality can be useful to work with in processes of transformations. I ground my understanding of liminality in Bruce Kapferer's analysis from Sinhala exorcism rites, here the liminal is a transformation process that shapes the reality of the senses (Kapferer 2005:135). I will also draw on terminology from psychology and myth here, but please note that in the context of this thesis I am employing these perspectives not as universal truths but rather as cultural constructs of what we might recognise as a Western culture. Further, the experiences and understandings of aspects of liminality are here firmly grounded within Western cultural understandings of individuality, free will, and the importance of the individual experience that may be different in other societies. I would also like to stress that I am not by any means reifying Western Culture, I am rather suggesting that within this large and very varied cultural sphere people can emphasise different aspects and play down others in order to create their own distinct values and identities. In this chapter I will describe and discuss the particular understanding and experience of recovery, learning to cope and thereby liminality, within this particular segment of people from a Western cultural background.

I present two *telling cases* of women who in different ways have experience with recovery and learning to cope. I will show that liminality has a temporal dimension, and that the women find mythic models within Western culture for how to handle this liminality. Through the creating and recreating of their own hero-myths they both find ways to understand and think about their respective situations in empowering ways. Drawing on John Keats' term *Negative Capability*[28] (used in anthropology by Knibbe & Versteeg, Jackson and Stoller) in my analysis illuminates the emic value of embracing ambiguity and *being in* rather than *transforming into*. This brings a different aspect to my analysis of liminality in that it also has a permanence to it.

Nancy

Nancy is a retired civil servant from Australia in her late 50's. She is laid back and youthful, and very sociable with other spa visitors. Nancy is at the spa for a week's juice-fast and yoga package, and is enjoying it very much. She tells me that she is a brain stroke survivor. It is over ten years since her stroke, but it changed her and the relationships she has with people.

> "As hard as it was for me to recover, learn to walk and talk again, learn to look after myself and go about my day, it was harder for my children. I was their mom, and suddenly I was a vegetable. That was really hard on them. To this day they do not fully understand that I am changed somehow, that I am unable to do some of the tasks I could do before."
>
> Nancy

Nancy was a high-level civil servant and had to take early retirement in her 40's because of her stroke. She finds it challenging to be around people who knew her prior to her stroke, because they don't adapt to the way Nancy is now. It has been much easier all around to make new friends, who don't compare her to how she was before. There will be times when Nancy experiences high levels of stress from not being able to do something, from pain or worrying about doing something. To an outsider this sudden spike in stress levels might seem odd and inappropriate. Nancy is aware of this, but says at the same time that she has "recovered almost completely".

[28] *Negative capability*: John Keats defines it as "when a man is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason" (Keats 1990:370) in a letter to his brothers in 1818. The way I understand Keats, he is describing Shakespeare's ability to explore the human condition and what is at times uncomfortable, imprecise and ambiguous, and stay with it, such as Hamlet's "to be or not to be, that is the question" (Shakespeare 1994:1100, line56).

Nancy's case can in some ways be seen in terms of as a classic *rite of passage* – the stroke was the liminal phase between her before and after conditions. Nancy would disagree with this analysis though, she told me she sees herself as being constantly outside and permanently on the fringes. This is because of how she has changed, and she says that family and friends are both an anchor of security and a weight holding her down in what she once was: "They have a mind-set about what I am and was, and should still be". Because of the long, slow path to recovery, Nancy had to recreate herself within the new parameters of her condition. Being a highly competent, professional woman one day and completely incapable the next was a huge shock to Nancy. She drinks a tall glass of fruit juice as she talks to me, and speaks calmly about her mental and emotional focus during her initial recovery. "I was thinking why me, why did this happen, did I not take care of myself? Why did I become so ill – and why did I survive so well? One tries to discern the meaning of life." Nancy says she thinks the way we understand how things happen to us affect the way we recover.

Nancy started thinking of herself as being on a long journey, focusing on one day at a time. Trying to make life-choices such as should she retire, should she move, was impossible so she focused on immediate challenges such as being able to move her legs, take supported steps and finally unaided steps. Keeping the recovery process concrete and detailed meant that Nancy could be in charge of it, and kept her looking forward. I would suggest that Nancy was able to exercise a great deal of agency in her recovery process. The biggest problem for Nancy turned out to be how to find meaning in her life. The things that had given her meaning previously were now not important or beyond reach, so she put all her efforts into finding new ways of being useful. "Being useful is the most important thing", she told me. Creating new meaning was a challenge because she said the people around her did not understand her change of focus. Finally, Nancy settled on helping friends and local organisations with organisational advice, drawing on her extensive experience from her government career. Nancy spoke of being unable to go back to who she was prior to her stroke, and yet having recovered so well that she no longer required the stroke support system. She had moved forward to being a different person with no obvious physical challenges, and often found herself being not well enough for something or not ill enough for something else.

Nancy's recovery has been remarkable, but as she herself indicates the stroke has left her in a permanent liminal state, outside and beyond her life as it was before. This has led Nancy to

create her own space, designing a life that is fully suited to her needs. She travels widely, meets new people, enjoys eating what she considers to be healthy foods, taking spa therapies and exploring other cultures. When at home, she retains some of her old life, meeting some of the same friends and living in the same house. Nancy's new life seems to have an area of overlap over her old life. This is a theme I will return to in chapter 4, in my discussion on overlapping *fields of validity*.

Shirley

Whereas Nancy's recovery was regarding from a physical condition, Shirley's was from an emotional trauma. She described her happy marriage and the life she lived prior to her husband leaving her. It had come as a complete shock to her, no warning or indications of any kind. "Out of the blue," she says while looking me in the eyes, "just like that". Shirley is an energetic Scottish woman in her 60's. She is a retired teacher and lives in Thailand because of the climate and economy – her pounds go further here than in Scotland. Shirley visits the spa for recreation, relaxation and socialising with other Western women. She describes how she had built her life around the family and how she had found fulfilment in her role as a wife and mother. Shirley had been good at it, by her own account, and dedicated herself to – invested in – her marriage. Then her life fell apart. Every premise she had built her life on, was now gone. As Shirley is telling me her story her voice becomes quiet. She says that she and her husband had been "the perfect couple," they lived a very happy and harmonious life together. Their friends often commented on it too, says Shirley, and they were seen as *the* solid couple that would last for life. She thinks he had a midlife crisis regarding not fulfilling his own ambitions. Shirley says matter-of-fact that her husband leaving his wife and family had meant that he didn't have to face the people who knew about him not having become as successful as he wad wanted to. She says that ending the marriage had for him meant a fresh start (he is now re-married) and at the same time he had avoided facing up to himself and the choices he had made. Shirley has clearly thought about this a great deal and she speaks about her marriage in a reflected way.

Shirley also speaks about suddenly being on her own, having to figure out who she was and where to go from here. Here Shirley describes a very common experience following relationship breakdowns: she lost touch with some friends and felt uneasy about the expectations of other friends. She says some friends expected her to hate him, be spiteful and vengeful to him. Other friends expected her to grieve in particular ways and withdraw from

the world, and it was a challenge to find her own way in the midst of these varying expectations. There were so many things she didn't know, as she had never lived alone and her ex-husband had take care of her financially and practically. In hindsight, Shirley says the shock and grief she felt was as much about losing her familiar life and identity as wife, as about losing her husband. Having invested in her marriage, Shirley says she never thought she would have had to consider these things but now he had gone he had effectively closed that life to her. She had to start afresh.

Shirley found an inner strength she didn't know she had, she says. At 55, Shirley got her first very own apartment, and she was by this time able to see this as a big, positive step. She was very aware that much of life was unexplored, and she was now free to do it. Shirley has created a new life for herself now, found a new purpose and is very content, she says, although her marriage, her love for her ex-husband and the pain of the marriage-breakdown will always be with her. Now, several years following the divorce, Shirley is glad for it. She has discovered aspects to herself she never knew she had, and directed her own development. Shirley now lives a life she had "never in my wildest dreams imagined," and says she feels privileged and blessed to have been given this new chance at life. Shirley talks about being able to find goodness in everything. "That is part of who I am," she says, "and has been in my core."

> "You putting words on your hospital experience and what your recovery felt like helped me to understand my divorce and come to terms with it in a new way. I have thought about the different aspects of recovery that you talked about and related it to how I have been feeling when my husband had left, and in the time afterwards."
>
> Shirley

Thinking of her life as a pilgrimage gave her hope, she said, and also gave her a focus for concentrating her efforts. Shirley tells me that using a pilgrimage metaphor gave her a framework for understanding that it was an on-going process but which would be going forward in time nevertheless. I hadn't thought of the description of my own recovery as being translatable to traumatic events other than illness or accident of until Shirley spoke to me about it. We talked about the importance of vocabularies with meaning in order to be able to really talk together, to have deep and profound learning experiences that are beneficial and move us on in life. For Shirley, my description about the time following my operation was such an experience.

Nancy and Shirley have both undergone a recovery, but whereas for Nancy it was from a physical and externally visible trauma, for Shirley it was from an emotional and invisible trauma. Nancy's had been a serious life-threatening medical condition whereas Shirley's trauma had been non-medical and emotional in nature. A further difference between them was that in spite of an excellent recovery, Nancy was still occasionally visibly marked by her trauma whereas Shirley was not. Shirley's trauma and subsequent recovery had taken place internally, privately and unnoticed to whereas Nancy had the diagnosis and medical support system in place to help her. I found this interesting because when they talked about their experiences, Nancy referred to her diagnosis as a way of communicating to myself and others the gravity of her trauma. Shirley on the other hand, was unable to gain validity from a diagnosis and had to elaborate on the experience of trauma in order to communicate to myself and others that it had been shocking and traumatic for her. A further consequence of this was that when Nancy spoke about her stroke, she used words like "cerebellum" and "neurosurgeon" that added a clinical scientific aspect to her experience, and this enabled Nancy to retain an emotional distance from the experience of the stroke. In contrast, Shirley spoke about her feelings, and at one time she said "Oh, I don't know if I'll be able to go through all this again". This indicated to me that Shirley relived her feelings from the trauma in telling them – it was as if the close emotional proximity to the trauma was how she outwardly validated her experience. In chapter 4 I will discuss *fields of validity* and pick up on some of the issues I have mentioned here.

I was intrigued by how they both used similar language about their life before the trauma and after – they both found their previous lives closed to them, they both found it difficult to be around old friends who had certain expectations from them and they also both talked about the importance of being active and positive, looking forward and taking charge of their lives. They also both had to re-invent or re-create themselves from the perspective that they and their circumstances were now so altered that their old selves were no longer accessible. Both Nancy and Shirley had also experienced a time of confusion, bewilderment and uncertainty regarding how to navigate and indeed, shape, their futures and they also both shared a narrative about process, looking forward and finding new purpose. They related to each other's experiences when they chatted together at the spa, and spoke of having undergone the same long process of recovery.

Recovery and learning to cope

So what do I mean by recovery, and what do I mean by learning to cope? Recovery is a term that may not be fully appropriate to use, as the recoveree moves forward and not backwards in time and healing. One cannot recover one's limb following an amputation, yet we speak of a recovery. One cannot recover one's former state of health following a stroke, as one will be changed by it. Both these examples illustrate the literal limitations of the term recovery, and show that it is a problematic concept. At the same time, recovery is the term that Nancy and Shirley used themselves. Therefore, I will use it as they did, and explain what recovery means in the context of this thesis rather than substituting the word. The best alternative word would be healing[29], but this word has other connotations that are beyond the scope of this thesis.

Dictionary.com explains recovery as the "restoration or return to health from sickness", or "restoration or return to any former and better state or condition" (Url 31). It is important to note that although these definitions point backwards to finding something again, in my research this is not what people talked about. They told me about having moved away from something, improved, got better, become healthier – and most of all, about feeling good. In many cases people used the term recovery to describe having left a bad situation behind, such as an illness or relationship, and they were not looking to back to a prior state but rather to move further ahead in their lives with added experiences and wisdom. This is one of the ways their *religious creativism*[30] became evident. Recovery meant re-creation, re-invention and innovation, it meant a fresh start, a new life or a second chance. Learning to cope, on the other hand, implied that there is a situation one cannot get away from, such as a chronic condition or complicated relationship one chooses to remain in. In learning to cope, people talked to me about learning to change the way they thought about the situation, building confidence in their ability to manage and thrive in the situation[31] and about focusing on the choices they felt were available to them. While learning to cope is also about innovation it may be more about internal changes to ways of thinking and reacting. At the same time it is important to note that the two are very closely linked, and that for many people recovery came after having learned to cope. These women saw having learned to cope was a precondition for recovery because of the answers they had found inside themselves. On the other hand, recovery could refer to

[29] In Norwegian: leging

[30] Deana Weibel informs me that she prefers this term rather than *religious creativity* because it refers to a way of approaching religion or an attitide, and not just to creativity (Weibel, private communication).

[31] In Norwegian we call this *mestring*, the mastering of something.

aspects of their being, such as mobility or balance, whereas the women had to learn to cope with their whole situation.

Psychotherapist Carol Howard Wooton works with stroke survivors in California. She writes about how you can never recover, as in go back and find what you lost, but you can move on: “I hate the word “recovery”: it implies a return to a prior state. But moving forward from a stroke is not as simple as trying to get your life back to the way it was before, because it will never be the same” (Url 32). Dr. Wooton’s work includes offering support in the re-creation and re-invention of the self, and emphasises the going-forward aspect of recovery and learning to cope.

Liminality as pre-requisite to recovery

Recovery in my experience not only contains but in fact requires a liminality of its own, outside ordinary life where time is not linear. This is a view shared by the people I spoke with, although the question was posed by me based on my own experience. My understanding of the liminal builds on Kapferer’s analysis of the liminal in terms of the virtuality of Sinhala exorcism rites. Here he sees the liminal as a processes or dynamics that take place, shaping and forming the reality of the senses (Kapferer 2005:135). In this thesis, by looking at the individual phenomenological experience, I am suggesting that the liminal can be a state, as in a state of mind, rather than a space. I am suggesting that the liminal can be understood from within as an ambiguous state and a state of flux and change, both in temporal and spatial terms. If an aspect of the liminal is then the “crux of reality formation” (Kapferer 2005:135) it suggests that there is within this liminal state, something or somewhere that facilitates the creation or change. I am wondering if this pivoting point is the core of the liminal, quite literally where healing can take place and change be brought about.

In traditional uses of the term liminal, the focus has often been on the outside place-aspect, such as when initiates leave the village and enter into the liminal state in the forest (as described by Victor Turner in Betwixt and Between: The Liminal Period in *Rites de Passage*, p. 100). In contrast, my focus is on the temporal aspect of the liminal state. Rather than disagreeing with traditional understandings of liminality, I wish to add to them and expand the way in which the term is understood.

The temporal aspects of liminality are profound mainly because the world and life, for the person experiencing it, seems so different from her "normal" or usual perceptions. In this liminality there is a memory of a past and a vision of a future, where the present (which is the liminal) slowly and gradually brings the future into being, transforming the future into the present. Time is not linear here: in my case, I experienced time as changing – the present changes the past, bringing about a different possible future. By this I mean that how I think about the past, how I understand myself and my own past was being changed by my present condition. I had no knowledge of my condition prior to the acute onset of pain and need for surgery. I had thought of myself as a fit and healthy person, now I was forced to revisit this belief. So my past was being re-visited, reimagined, re-interpreted in light of my present liminal condition. I re-visited my own narrative and explored my foundation myth – asking myself the questions who am I, where do I come from, what am I about. Constructing the answers formed an important part of how I came to understand my situation. I also explored my quest myth and wondered what was I doing here, what was my purpose and where was I going. These are deep and fundamental questions, and over the course of a lifetime may have many answers. What was so profound at the time was that there was nothing else to do but consider these questions. All other distractions were gone, all other activities were unimportant. Also, from my sickbed I re-imagined, re-structured my myths in this liminal state. Drawing on understandings of myth from religious studies and anthropology as I have done here, has given me tools for understanding, and also for discussion with others. It enabled me to merge the emic vocabulary as used by the people I met, with academic terms transferrable to this thesis. I see this as being in the anthropological tradition, with the *being there* experience as a necessity for the development of a process of understanding. It is after all through the anthropologist as an instrument that experiences are interpreted. As I recovered, I was re-constructing the passage of time, but also experiencing and exploring it differently. Now I have the knowledge that I had a serious health issue at a time when I felt well – this clearly has implications for how I view my health and look after myself in the future. For instance, I will not be able to trust how I feel to necessarily be a true reflection of my good health. For the immediate future it was clear that my physical exercise plans must be changed, I now had a huge abdominal scar, which would require time to properly heal before I could undertake strenuous exercise. These are examples of how the present changes the past and possible futures. Seeing recovery in these terms and not simply about the physical, or clinical, recovery makes it a transformative event, one where future possibilities emerge and disappear.

Nancy was quite literally outside her everyday life following her stroke, with a prolonged hospital stay. Shirley was also quite literally outside her everyday life once her husband left her, what had been her everyday routines and her lifestyle was no longer possible. Naturally, there are physical and spatial aspects to liminality, but perhaps also a state of mind. I wonder if liminality is the state that enables these processes to take place. This is what both Nancy and Shirley described to me. Changing the emphasis of the liminal from a space to a state is interesting in that it internalises it, individualises it and makes it highly relevant for the person. All the people I engaged with during my fieldwork were very involved in exploring their own individuality as understood from a Western perspective, knitting friendships and networks across continents and creating their own families in addition to and sometimes instead of their biological ones. A permeating belief was the importance of the individual experience, often expressed to me as "Why did this happen to me?" With the emphasis on *me*.

Within this liminal state it is safe, possible, and perhaps even necessary to revisit the different temporal aspects and possibilities of one's own life. I wonder if it is from this state that agency emerges, if it is connected to the way in which we understand our past and present situation, and that we from that estimate what options we have open to us and what the future might bring.

Image 13: Thai herbal compress

Image 14: 'Doctor Fish' (Garra Rufa)

Recovery and Hero Myth

I think there could be a parallel between recovery and learning to cope, and hero archetypes and quest myth, with trials, obstacles, ordeals and the general testing of character. The important thing is that it is an individual internal process. Others can be with you, but you

have to do it yourself. Drawing on the Quest myth from religious studies and Jungian psychology, I will give some examples here. One important point is highlighting the importance of determination, and accepting the possibility of failure. Some examples are the King Arthur legends, where the king and knights are heroes in their own right. Whether the legends are read through the words of Malory or Tennyson, there is rich hero-myth material here. From Arthur to Percival to Gawain, the hero endures trials and challenges only he can complete before he succeeds and rises to power and glory. Every adventure of Gilgamesh is a hero quest, as is Homer's Iliad and Odyssey. My point is that the hero myth is a familiar theme in our cultural heritage.

A good example of a modern hero myth this is J.R.R.Tolkien's Lord of the Rings: the Hobbit Frodo is the only one who can carry the ring. This is because he is a hobbit, and hobbits are more resistant to the will of the ring than wizards, elves, dwarfs or men. Frodo accepts the task with a heavy heart, knowing it will be a hazardous journey. He travels forth with a set of companions, but he alone must carry the ring. It is only Frodo who can get the ring to its goal, where the ring will be destroyed in the fire of Mount Doom. If Frodo doesn't succeed, the evil Sauron will rule over (and destroy) the entire world, so the stakes are high. In spite of the fellowship travelling with him, Frodo is completely alone with the burden of the task he must carry out. (Tolkien, 1995.)

An older example is found in the Bible, where Moses is called to lead the Israelites out of Egypt, through the desert and towards their homeland. Robert Ellwood, drawing on Joseph Campbell, mentions Moses as an example of hero-myth (Ellwood 2008:77). Only Moses can carry out this task, although he is supported by his brother Aaron and others. Moses is alone on the mountain when he receives the Ten Commandments, and he is alone with the burden of guiding his people safely home (Ellwood 2008).

For more recent myths there is teen tv-series Buffy the Vampire slayer – again, she's the only one who can do the very, important task she has been chosen for. In Buffy's case, her having been chosen as the vampire slayer interferes with all other areas of her life, making the burden of being the *slayer* even heavier. At the same time as she has a band of helpers who support her in her task, it is her task to carry out (Url 33). Following the classic steps of the hero myth, it is interesting to note that there are far more male hero-characters than female. Here,

Buffy is an exception and this perhaps goes some way to explain why she has become a subject of academic study (Url 34).

This aloneness is again liminal, it removes the person from any collective she may be in and puts her in an altered state in relation to others around her. The recovery processes are internal and individual. Dr. Wooton reminded me that the hero must descend before he can ascend again, and again we have myths full of examples of this (private correspondence). Osiris, Mithras and Jesus all descended into the netherworld before arising to greater glory, as did Inanna[32]. Cinderella and Isis were brought low before they could rise to a place of power and exaltation. This is reflected in transition rites, as described by Victor Turner. The chief is brought low and treated as a slave before he once more is restored to power (Turner 1967:101). On the one hand this reflects the betwixt-and-betweenness of liminality as a temporary state in *rites of passage*, but on the other hand I think it may also reflect an exploration of the range of the human condition. I am not thinking of this in terms of dichotomies, but rather in terms of broadening, widening the range of one's experiences and resulting orientation in the world. Jung wrote about his own experiences during a period of severe illness, and it was following this that he wrote "a good many of [his] principal works" (Jung 1995:328). During his illness, Jung experienced visions and altered states of consciousness that had a profound effect on him. He wrote that "[t]he insight I had had, or the vision of the end of all things, gave me the courage to undertake my new formulations" (Jung 1995:328). I think this is an example of the transformative power that an experience of illness, recovery or learning to cope can have.

Recovery as a solitary project

That recovery resembles, or mirrors, the hero archetype was a real eureka-moment for me. I am wondering if this could be a key to recovery in some aspects of Western culture – and also to mastery, as in when someone is learning to cope with something. The fact is that we have a mythology full of examples of people who have done this before us. Recovery is a process where the usual mix and combination of human alone-ness and togetherness is altered, whether one is alone or has support through it. It's different from sharing a meal, where everyone is eating and drinking together – when one is recovering one experiences it alone, others in a supporting role are of course helping, but not going through it themselves. They may be doing the caring, the nursing, the helping, but the processes of recovery are internal to

[32] Inanna was a Sumerian goddess.

the recoveree. This is also the case even if several people are recovering together, and at the same time. This point was emphasised several times by the women I talked with. In my own case, the liminality, the aloneness was thrust upon me, and I was totally unprepared for it. The being outside my normal life, outside my normal self, was unsettling and frightening.

My hospital experience and subsequent recovery reminded me of Carol Laderman's account of when she conducted fieldwork in Malaysia. Laderman experienced her understanding of the shamanic rituals she was participating in changing from an outside, etic perspective to an inside and emic perspective. Her understanding shifted along with her knowledge and insight into the Malay culture she was studying. Laderman's informants had spoken of "the winds", a similar concept to the humours within the body, yet when she asked them to describe what it felt like to experience these winds whilst in trance, "they couldn't, or wouldn't, answer" (Laderman 1994:193). One day, in a ritual, she felt them herself, and was surprised at the force with which they were raging inside her (Laderman 1994:194). One point here is about the necessity for phenomenological experience in order to find appropriate language. Another point is about also about emic and etic perceptions. Here again creeps the question about power of definition in. I would never have realised the importance of focusing on the positive if I hadn't experienced it for myself. Up until that point I had thought it was an act of courage and resistance from Diana, Carol, Nancy and Shirley to be so cheerful and optimistic all the time. It wasn't until I myself was getting back on my feet following my operation that I realised that it was easier to live with myself that way. Looking on the bright side meant that I didn't have to face the aspect of myself that was ready to surrender and give in to the pain, the shock of it all. I realised that if I did give in, if I did give up, there would also come a moment when I would be horrified at what I had done. And so it was easier to keep looking forward. From my perspective it was the easy option – after all, what was the alternative? I am not suggesting that it was definitely like this for everyone else, but realising that being positive also had a self-preserving aspect deepened my understanding of the women I talked with.

Laderman would not have realised the winds were real unless she had experienced it herself, and it became a part of her own world. She was then able to utilise the emic vocabulary in her analysis, and bridge the emic and etic models of understanding. Laderman writes "we all experience empirical reality, the reality of our own senses" (Laderman 1994:196), and this is a crucial point of this thesis. Truth, or reality, is individual, experienced, internal and absolute – once something has happened it *has happened*, no matter how others might interpret or see

it. For all my empathy and cultural relativism, my understanding of illness, recovery and learning to cope changed dramatically once I experienced it for myself. It was inscribed on my body in the form of a huge scar, removing my ability to distance myself from it. I thought of Michael Jackson's description of the Kuranko initiation rituals where the participants are subjected to extreme emotional and physical pressure, and how the necessary social knowledge in this way was inscribed on their bodies through various methods (Jackson 1983a[33]). I now understood how profoundly effective this form of learning was. My hospital experience also helped me to appreciate the value of first-hand experience, and to understand that while it was absolute and life-changing to me, it was also completely individual, only comparable with others who had experienced illness and recovery themselves. My universe changed overnight – but it was only *my* universe changing, not *the* universe changing.

[33] "We can therefore postulate that initiation rituals maximizes the information available in the total environment in order to ensure the accomplishment of its vital task: creating adults and thereby recreating the social order. (Jackson 1983a:335)"

Meditation session: learning to just be

I went up to the Yoga Pavilion quite early. It was chilly in the air, the fog was still covering the valley below. I wore my jacket, thinking I might need it to keep warm. There were others there, a couple preoccupied with themselves and a woman looking a little lost. There was a man who seemed to know what this was about, and then another woman arrived. She wasn't sure where to put her shoes, so I showed her. That broke the ice, so we started chatting. Finally the meditation teacher arrived. He was a quietly spoken German man, very tall, bald and with gentle movements. He opened up the cupboard and everyone found cushions to sit on. We settled down in a semi-circle around the teacher. We all had a view over the valley, seeing the day emerge.

We were doing mindfulness meditation, and learning to 'just be'. The teacher spoke quietly and asked us to focus on the top lip below the nose. Feel the cold breath going in and the moist, hot breath coming out, he said. The meditation lasted an hour, and I found it uncomfortable to sit still for that long, so I stretched quietly. I noticed that a few others did the same. We focused on our top lips for the longest time, before moving our focus down to the abdomen. The teacher asked us to feel the abdomen expanding and contracting with each breath. He said that if we build up this sensitivity we will strengthen our hara (the centre and power of vitality) which is located in the abdomen. The teacher asked us to accept the flow of life around us and just go with it. "Acceptance is the key", he said, "breathe into it. Just breathe, just be."

The session seemed to go on forever. From time to time the teacher would say something and give instructions, but it soon became impossible for me to hear anything as he spoke quietly and the birds woke up. It was a party atmosphere, and I found it really hard to concentrate on meditation. Especially when the most exotic-sounding bird of them all joined in – it sounded like a Jew's harp. It took me a while to realise that it was a bird, and that was only because the bird moved from treetop to treetop. Then there was a cricket-like insect that sounded like a chainsaw – I found it very distracting.

When the meditation session was completed I put my cushion back in the cupboard and picked up my bag. A yoga session was about to begin, and most people stayed on. I felt relieved it was finished, but very tranquil all the same.

Liminality and Negative Capability

The liminal was as I have written, a major part of my recovery. My liminal experience conforms to the traditional understanding of liminality – there was a clear, although brief, separation stage, a long and experience-packed liminal stage and a clear period of incorporation. For many people, hospitalisation and operations are indeed *rites of passage*. But there is also another kind of liminality, and Victor Turner noted that some people "assume a permanent liminal condition" (Barfield 1997:477). These might be called *liminal characters* such as shamans who straddle different realities and have a foot in each world.

One such example is Lévi-Strauss' Cuna Indian shaman assisting the midwife in the Cuna birthing song (Lévi-Strauss 1972). The shaman is liminal because of his skills, abilities or office, and may be thought of as embodying or harnessing magical powers. In the Cuna birthing song, the shaman travels to the supernatural world in order to restore order so that the woman can give birth (Lévi-Strauss 1972:188). Although Lévi-Strauss does not use the term liminal (instead he compares the shaman to psychotherapists), I think this is a good anthropological example of someone who has a permanent liminal role. I think that Nancy is to some extent a liminal character in her communities back home. She can participate up to a point, but has different expectations from her life, experiences high levels of pain and physical limitations in her everyday lives. This means that she in some ways lives on the periphery of what might be considered a normal life, in the context of Western generalisations. Shirley might be considered a liminal character back in Scotland due to her divorced status and how she has dealt with it – others may not quite know how to see her and relate to her. Shirley spoke about the dinner-party-trap, when friends constantly tried to fix her up with someone or didn't invite her because she didn't have a partner. In Thailand both Nancy and Shirley are also liminal characters in that they are very obviously not Thai, and they do not fit into (indeed, do not attempt to fit into) an everyday Thai routine. They are pilgrims, visitors, guests and travellers. They speak only a few phrases of Thai, but their Western appearances make it very clear that they are people in between worlds. They are now in the East, but still living a Western lifestyle. In this way, they also experience the spatial dimension of liminality, in that they are in a different physical location to where they normally live or come from. At the same time it is interesting to note that many aspects of their lifestyle remains the same here as at home, such as eating raw food, drinking juices, detoxing, fasting and doing yoga and meditation. In this way it is only their location that has changed, and it cannot be likened to the liminal stage of the initiation rite. For both Nancy and Shirley, coming here to the spa is an extension of their everyday lifestyle at home. They both talk about how much time they spend on health-promoting activities, and what is easily done, found or experienced both at home and in Thailand (in Shirley's case, Thailand is home now). Wanting to spend quiet, introspective time detoxing and practicing yoga and meditation, they are here mostly because they have been here before and it is a familiar place to them both. Perhaps then the spa offers a safe and familiar space to spend introspect time and explore the liminal state.

I have been looking for ways to understand the permanent liminal state, and have discovered that several anthropologists[34] are referring to the poet John Keats' term *Negative Capability*. Keats himself defines *negative capability* as "when a man is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason" (Keats 1990:370). It places the focus on *being in* rather than *transforming into,* and seems to be a useful concept for understanding both the permanence that liminality clearly can be, as well as the phenomenological experience of it. Michael Jackson uses the term as a literary approach to understanding wholeness of being (Jackson 1983b:142).

I argue that Nancy and Shirley are not liminal characters in the sense of initiation rites – they do not go through some form of initiation and receive a different status when they go home. Instead, they spend their lives living in this liminal, in-between state. They are not moving through a phase of illness, as I did. Instead they are always there in the sense that their physical parameters are dictated by medical conditions, and they can only make the most of it, they can't change it completely. They are indeed "capable of being in uncertainties" (Keats 1990:370), and understanding how they navigate this space is very interesting. Some of the key lies in how they recover or learn to cope, as I have discussed. Some of the key lies in how they understand their role in the world and endow it with meaning, and here I am in particular thinking of the way they embrace being the hero in their own myth. When faced with a change of circumstance such as accident or illness, taking time to choose how to understand it and relate to it can seemingly affect the extent of agency the person experiences in relation to their situation. Choosing a hero-myth understanding then becomes a tool or an approach for navigating these changes and the path into an unknown future.

Image 15: The Yoga Pavilion

[34] Michael Jackson, Kim Knibbe and Peter Versteeg, Paul Stoller.

Ambiguity as a virtue

I also discovered that the people I met attempted to avoid categorisation. They did not want to be categorised, end neither did they want to categorise others. Ambiguity was for these people a virtue, it was the embodiment of letting go of control. By being ambiguous, fluid and open these women saw themselves as working to rid themselves, their community and the world of control and hypocrisy. Drawing inspiration from teachers from Taoism, Buddhism, Hinduism as well as Christianity and Islam, avoiding categorisation and pigeon-holing was one way to be loving and accepting in practical terms. One way in which this was done was the sharing of food. When not fasting, the person who arrived first at the table would order food for three or four people and then share it with others who arrived later.[35] They deliberately attempted to undermine distinctions between "yours" and "mine", saying that we are all Children of the Universe. Along this vein, some told me they had stopped speaking and thinking in terms of gender and only used gender-neutral terms. Another way of resisting categorisation was to leave things open, to not verbalise things and to navigate and communicate with emotions and gestures such as stroking and touching one another. This reminded me of Michael Jackson's realisation that "[i]t is because actions speak louder and more ambiguously than words that they are more likely to lead us to common truths; not semantic truths" (Jackson 1983a:339)[36]. Yet another way of embracing ambiguity and the continuous process of recovery was to undertake various therapeutic practices, such as different kinds of massage, fish therapy (see image 14), fasting and cleansing. Through these practices the recipient would examine how she felt, any changes to her wellbeing, any thoughts or memories that would emerge and so forth. The experiences would then facilitate reflection and inner contemplation, and emphasise that the person was in continuous transition. These practices were rarely sought in order to cure an ailment but rather to help measure and evaluate the process of recovery, learning to cope and indeed living. These various practices were also described as encouraging to a mindful presence. *Mindful* refers here both to a careful and thoughtful way of being, as well as the practice of mindfulness meditation, which is the "art and science of paying attention to this moment" (Url 35). Mindfulness is an increasingly popular form of meditation in the West, being used by such varied groups as yogis and therapists on the one hand to the armed forces on the other (Url 36).

[35] The actual payment of food and treatments did not occur until checkout, so it was possible to remove the focus from the financial transaction and instead emphasise the sharing.

[36] We talked about the need for a vocabulary on the one hand, as I mentioned in relation to finding words to my experience and the need for ambiguous and non-verbal communication on the other – the women said that this was not about a tension but rather about opening up for different interpretations and ways of thinking.

Whereas Nancy might be seen to be in a permanent liminal state due to having had a stroke, other women consciously chose liminality as their state of being. Not only does this resemble Keats' Negative Capability in their *being in* uncertainty, but it also picks up Desjarlais and Throop's point mentioned in the introduction about "false dichotomies" in their innovative dealing with health, illness, recovery and learning to cope. Rather than reproducing the dichotomy of health:illness because of how it fits with a cultural model, and the logical extensions for how to think about and manage illness, the women I met delved into their experiences and interpreted the meanings they held for them. From my perspective I find it interesting that here are people who reject the traditional Western understandings and instead create their own. I also see a resemblance to Richard Schweder's concept of "presumptive universals" in his 1997 article The Surprise of Ethnography, where he argues that our concepts may not travel well, there might not be such a thing as a family meal, emotions or stages of life in the different societies that anthropologists study. He argues that we must be careful with what we take with us and presume about the people we study. In the case of the people I met, they were questioning the presumptive universals they had been taught as part of their Western heritage, and rejecting the bits they didn't feel fitted or suited them.

One consequence of this is that anthropologists may need to question what we see as "our" cultural concepts. Rather than assuming that all Western people share a common grounding in concepts such as a health:illness dichotomies, perhaps there is a need to question who the "we" are who are supposed to think in this way and how the people being studied understand the concepts. The *religious creatives* that I met were arguing that they knew that illness and health could be seen as opposites, but they rejected this as a way of thinking for themselves. They chose instead to absorb themselves in health and focus on the constant changing process of learning to cope and of recovery. Choosing ambiguity and uncertainty over a static dichotomy was for these women a conscious choice that gave them a sense of power in their lives. In one way this is an extension of the *Religious Creatives* concept in it's innovative mix and patch approach, and in another it also questions what Western culture is really like. The internal innovation and ways of understanding Western culture is a theme I will return to in chapter 4.

Concluding Remarks

A consequence of dismantling the dichotomy of health:illness as discussed in Chapter 1 is that the people I met reported questioning other dichotomies. They talked about having started to resist other forms of categorisations. They told me about having learned from their changing physical parameters following the onset of illness that they didn't want dichotomies to apply to them in their lives. This could perhaps be seen as a reaction to new and unwanted categories being imposed on themselves, such as *disabled* or *ill*, and them not wanting to pass on what they saw as a negative experience to others. Mindful of the opportunities that ambiguous undefinedness offered them, the people I met embraced the state known in anthropology as *liminality*. It was through resting in uncertainty and *being in* ambiguity that they were able to learn to cope with their illness, or to recover from it. This liminal state is most often seen as a process or transition to another state, but the people I met seemed to want to remain there. To them, it was an internal state of mind rather than a place or activity. In this case, the process becomes an end to itself. This process doesn't necessarily lead to anything beyond the process itself, and is what the poet John Keats described as *Negative Capability*.

In this chapter I have presented two *telling cases* of how women experience and handle recovery and learning to cope. The two cases are very different in that one describes the physical and medical condition of a brain stroke, the other a divorce. Although the two explanation models differ, one refers to medical and clinical terms, the other to emotions, the women agree that they have experienced the same processes of trauma and subsequent recovery. My analysis has explored the temporal aspect of liminality, and also shown that this liminality can have a permanence to it and not always be about transforming from one state to another. Through drawing on terminology from myth and psychology I have shown how the construction and re-construction on one's own hero myth[37] can be empowering on this process. Next I will show how the permanence of liminality is described and talked about, and how the virtue of ambiguity is embedded in this understanding.

[37] Here understood as the way in which a person understands and sees herself in the world.

Chapter 3: Pilgrimage

Introduction

According to Barfield's Dictionary of Anthropology, pilgrimage "is the practice of journeying to physical sites on earth where special spiritual or sacred power is understood to be especially accessible" (Barfield 1997:359). This is perhaps a classical definition of the term, and it is around this that Victor and Edith Turner conducted much of their work on pilgrimage. The International Encyclopedia of the Social & Behavioral Sciences states that "the journey may be considered to occur in a purely metaphorical sense, involving spiritual development and transformation within the person" (International Encyclopedia of the Social & Behavioral Sciences, 2001:11445).

> Acts of healing are often sought and sometimes reported by pilgrims. The holy place is seen as a physical location where the membrane between this world and a reality beyond is especially thin, where a transcendent reality impinges on the immanent. The hopeful traveller seeks to meet with the holy as a means of bringing meaning to his life.
>
> Robinson, 1998:2

Pilgrimage contains a linear spatial and temporal perspective, in that the pilgrim moves along a road through time and through a landscape, towards a goal or shrine. Along this journey she undergoes a process of change, of outside-ness, growth and reflection. It is the journey that facilitates the process in some pilgrimage accounts, it is what happens on the way that helps bring about what happens at the shrine. I am suggesting that for the people I met while researching this thesis, pilgrimage can be understood as a manifestation of the liminal state. Pilgrimage is a metaphor for transformation and change for the people I met, and the concept brings with it a rich vocabulary, imagery and points of reference. It is worth noting that for the *religious creatives* that I write about, pilgrimage is not a ritual. It is more a focus, perhaps a state of mind and a way of life. This may include ritual, but for these people pilgrimage is much more.

In this chapter I present two *telling cases* where the women describe themselves as being on a lifelong pilgrimage. I suggest that pilgrimage is the main metaphor through which the women think and talk about their liminal state. Pilgrimage to them is therefore not an activity or ritual with an end, such as visiting a shrine and then going back home. To these women, pilgrimage

is a way of life and a way of understanding and talking about processes of transformation that are continuous. Pilgrimage is to these women primarily a metaphor or concept to think with, and they draw on a religious language and role models as they create or find meaning in their journey. Drawing on Jill Dubisch's work on New Age pilgrimages in Greece, I argue that the meaning is here created in the journey, the process itself.

Devon

Devon is a young woman in her 20's who is attending a meditation break at the spa. She has recently completed a massage course in Chiang Mai, and is enjoying a short break before going back home to England. Devon tells me she is on a pilgrimage that started long ago. She dropped out of college and did not know what direction she should choose. Then she began learning massage and fell in love with learning. Once she graduated, she began saving for this trip where she would go alone to a different place learning a different style of massage. Now she has completed a course in Thai massage, and has a week to spare before going home.

> "I am on a pilgrimage that started long ago. It is a pilgrimage for the love of learning and the accompanying spirituality. I'm really into pilgrimages. I like the concept of spiritual distance that is played out physically. Pilgrimage is about a God and about becoming closer to that God – about a changing you, a dynamic you, a process. It's not I've *conquered* some kind of distance, but I have *become* a distance. Pilgrimage is not about a static you, and not about a finish line."
>
> Devon

She is very happy to talk with me because she finds most people don't know about pilgrimages and what they are. Devon says she thinks pilgrimages re-play something ancient like retracing the steps of Jesus and we can therefore tap into it. Famous pilgrimages represent a process, and at the end of the original journey someone reached a spiritual enlightenment or holiness. Devon wants to walk the Santiago de Compostella pilgrimage – she refers to Rebecca Solnit's book *Wanderlust* (Solnit 2002) and talks about walking as a means of undertaking change and enabling processes to take place inside the person.

> "The pilgrimage is one of the basic modes of walking, walking in search of something intangible […] Pilgrimage is one of the fundamental structures a journey can take – the quest in search of something, if only one's own transformation, the journey towards a goal – and for pilgrims, walking is work."
>
> Solnit 2002:45

For Devon, it seems that pilgrimage provides a conceptual framework through which she can understand and direct her life events, challenges and developments. Although Devon says she is a spiritual person and wants to walk famous pilgrimage routes, her primary focus in terms of pilgrimage is on learning and change. For Devon, pilgrimage means *being in* a process of change, and she speaks of becoming a distance and gaining experience as she lives her life. I find it interesting that Devon is enjoying the *being in*, she can perhaps be said to have embraced a liminal state. Relating this to pilgrimage is one way of finding a vocabulary that has words for changes and process. Pilgrimage brings models and examples from history and from all across the world, so Devon tells me she thinks it is a useful concept through which to explore the human condition. The concept of pilgrimage also has room for a spiritual dimension, and as Devon has experienced, learning and spirituality for her goes hand in hand. As an example of this, Devon tells me that both she and her sister have been troubled by digestive issues. Devon has chosen alternative ways of treating and managing her condition – she mentions diet, acupuncture, massage and meditation – and her sister has chosen "Western medicine". She told me "I'm fine and she's still suffering". I asked Devon if she saw her learning to manage her condition as part of her pilgrimage, and she nodded. Devon explained that her condition was simply a part of the bigger picture of her life, and spirituality, learning, growth and development was at the centre.

I am wondering if Devon might be seeing pilgrimage as a conceptual framework through which she can remain in a liminal state in terms of embracing change. This seems to be a voluntary choice made by Devon, which is rather a contrast to Nancy from Chapter 2. Nancy embraced the liminal state because she was already there due to her health condition, whereas Devon seems to have positioned herself there as a life-choice. Nevertheless they both remain in a liminal state, with a continuing process of change and transformation.

Kay

Kay told me she was on a pilgrimage. This spa stay wasn't a pilgrimage in particular, but the transitional time she was living was. She's "been trying to fit within other people's constructs" and feels that it's not time to "gotta get this right". Kay is in her 40's and lives in New York. Around 10 years ago she started gaining an understanding of how health, diet and spirituality is connected. She had several illnesses and she was "at least 20 pounds heavier than now". Kay learned to meditate and go into the body to connect with the area that was sick through visual meditation, and saw a "significant improvement" in her health. She

changed her diet and lifestyle when she became vegetarian and stopped drinking coffee, and the migraines are gone. When Kay learned that food affects the body and also learned to be strict with it, her allergies went away. Two years ago she discovered tumours on one ovary and also in her uterus, and managed to reduce sizes through holistic measures. Then she chose to have a full hysterectomy to remove them. She is still in recovery, but it is going very well.

Kay says she has spiritual experiences every day. For her it's about a way of life. She has an awareness and understanding about what she puts in her body. She says this is at the centre of her life, and that she would rather have a spiritual experience than watch the latest blockbuster. Kay was raised a Christian but felt it wasn't enough, so embraces all religions now. She wants to be fully present in the present – she was telling me how sometimes it's hard not to be distracted or thinking about other things than the here and now. During yoga this morning the teacher read out a quote and Kay felt it helped her achieve being present, and felt she's made a breakthrough.

> "I see my whole life in terms of a pilgrimage, where I am journeying from one way of living towards another. I have made a connection between what other people expect of me and my previous lifestyle and health conditions. I am not saying that one has caused the other but rather that these elements together are an aspect of my life I have now distanced myself from. I have freed myself from their expectations and I have reclaimed my health."
>
> Kay

Kay has focused on what she considers to be healthy food, yoga, meditation and spirituality as the good habits she wants in her life on her "journey to becoming a better person". She explains that this is the goal of life for all humans, to improve ourselves and work towards becoming the best people we can be. She wants to do what is right for her, not what others expect of her. In some ways, Kay is dealing with classic feminist issues around identity, personhood and self-fulfilment, and indeed spoke about embracing feminism and womanhood. Because spirituality is such a major element in Kay's life, thinking of her life in terms of a pilgrimage gives her an entire conceptual framework to draw from. There is a rich vocabulary concerning pilgrimage, as well as a multitude of role models that she can choose from. I am wondering if perhaps pilgrimage is providing a blueprint on which Kay can design her new and improved life.

In Kay's case, there is a distinct something that she is moving away from, and towards. In terms of traditional understandings of pilgrimage, this is very appropriate in that the pilgrim seeks to be changed by the encounter with the saint or deity. Kay is seeing this change as being facilitated by spiritual experiences, such as her yoga experience when she managed to not only be completely present, but also take with her a learning experience onto her journey. Devon is not moving away from something in the same way as Kay, she is simply on a journey. For Devon, pilgrimage is a way to live her life with intention and meaning, encouraging and embracing change, and in this way become a "better and more authentic person". For Kay it is about hope and focus on the positive rather than negative in her life. Pilgrimage gives them both connections with other people through time and space – other pilgrims who have travelled before them. Devon says this explicitly in her thought of connecting with the people whose steps the pilgrimage might be retracing. They both experience that pilgrimage places them outside the ordinary measures of time and expectations in their culture (such as education, marriage, children, promotions at work and so on), and frees them up to choose and direct their own lives. In this sense, pilgrimage might also be understood as a model with which other models can be broken or re-negotiated.

Image 16: Tibetan Singing Bowls, used for yoga practice, meditation and other therapies.

Image 17: A polystyrene Ohm (Hindu and Buddhist meditation symbol, sound and prayer) in the yoga pavilion

Pilgrimage as metaphor and concept to think with

I have already mentioned the vocabulary of pilgrimage. It is rich and well-developed, both in vernacular and academic language. Transferring the religious language of pilgrimage beyond religious experience lends vocabulary to other areas of life, such as recovery from illness or learning to cope with chronic illness. Thinking in terms of pilgrimage also seems to free these

women from other cultural models such as the binary thinking of health:illness discussed in chapter 1. Within the concept of pilgrimage the women I met found space to create their own understanding of what was going on in their lives, ways to deal with it and innovate in order to get the best out of life. It was through the images of pilgrimage that they were able to put words to the ambiguity they valued and the internal, transformative processes they sought.

Pilgrimage as a metaphor seems to be for both Kay and Devon a way of imbuing meaning into one's own experience and giving it a sacred reference point. The sacred or spiritual aspect is important as to both of them it is related to meaning, the personal and the profound. Pilgrimage also emphasises a serenity, tranquillity and mindfulness that they both seek and in many ways embody. A reference to a sacred purpose might make it easier to stay focused on the meditation and yoga that they both find so beneficial, and help them to make space for it in their everyday lives. Jill Dubisch writes about a pilgrimage that "[t]he entire journey creates a space of spirituality" (Dubisch 2009:293), and this seems to be the experience of both Devon and Kay.

I am unsure of where the metaphor ends and the literal takes over – I observed several people speaking about pilgrimage at the spa. There seemed to be an ambiguous space between a metaphorical pilgrimage and a literal one, where one flowed into the other and back. Devon had travelled to Thailand to learn massage and to meditate at the spa as part of her on-going life-pilgrimage. Kay was in the middle of dealing with illness, recovery and creating her new self. The metaphor of pilgrimage gave them vocabulary, framework and role models to look for. It also gave them the flexibility to create what worked for them. The metaphor enabled them to dare to not know, to *be* in uncertainty. The literal pilgrimage led them here to the spa, to meditation and yoga sessions. The literal pilgrimage may in the future take Devon to Santiago de Compostella or other well-known pilgrimage routes that she can walk and explore. For Kay it has become the concept she refers to when she is talking about her life, the before and after, the change and unknown.

Pilgrimage might open up a new world of understanding suffering, struggling and adversity. Looking to the experiences of previous pilgrims, role models can be found who exemplify different ways of handling both suffering and ecstasy. This is a contrast to what some of the people I met described as Western ideals of an easy life, happiness and success. Pilgrimage

offered a metaphor for thinking and talking about deep and existential issues and transformations, in difference to the instant gratification marketed through glossy magazines.

> Pilgrims […] often try to make their journey harder, recalling the origin of the word *travail*, which also means work, suffering, and the pangs of childbirth. Since the Middle Ages, some pilgrims have travelled barefoot or with stones in their shoes, or fasting, or in special penitential garments."
>
> Solnit 2002:46

Kay says thinking of her life in terms of pilgrimage makes it easier to deal with the illness she has gone through. It has also been helpful in terms of her recovery and balancing all her needs, bodily, spiritual, mental, emotional, and creating a better life for herself. The concept of pilgrimage has provided her with tools to understand the suffering, the emotional anguish and the aloneness she felt as she was approaching surgery, but also in coming to terms with the hysterectomy and following slow recovery.

Feminism, agency and purpose

Pilgrimage might also offer feminist role models, in that both famous pilgrims have been women, and pilgrimage shrines have been dedicated to women. Not only did several of the people mentioned in this thesis talk about inspirational pilgrims or pilgrimages, such as Margaret Kempe (1373 – 1439)[38], Hildegard of Bingen (1098 – 1179)[39] and of course, different Marian apparitions (Lourdes[40], Medjugorje[41]), but they also spoke about feminine energies, the sacred feminine and the Goddess. This is another example of their *Religious Creativism* and meaning-making. There was also a strong sense of communitas between several women at the spa – there was a togetherness and a sisterhood that was to some degree feminist. Being on their respective journeys together, whether metaphorical or literal – or both – the women talked openly about womanhood, their everyday lives, dreams, disappointments and struggles. Several conversations were about the diffuse and undiagnosable problems that many women experience such as fatigue and exhaustion, joint and muscle pains, period pains

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[38] Margaret Kempe was a famous medieval pilgrim and spiritual woman who wrote an autobiography. In it, she also wrote about being torn between a spiritual calling and her duties as a wife and mother of 14 (Dickens 2009).

[39] Hildegard of Bingen was a nun who received visions from God. She is reckoned as one of the medieval eras great thinkers. She wrote extensively on several topics, including medicine (Dickens 2009).

[40] Following a series of apparitions of the Virgin Mary in 1858, Lourdes has become a famous site of pilgrimage. The Catholic Church accepted the apparitions as authentic in 1862 (Url 37). The girl who saw the apparitions, Bernadette Soubirous, was canonised in 1933 (Url 38)

[41] Medjugorje in what is now Bosnia has become a popular site of pilgrimage following the apparition of the Virgin Mary to six children, Ivan, Jakov, Marija, Mirjana, Vicka, and Ivanka in 1981. These six people have experienced daily apparitions at the same time since 1981. The Catholic Church has yet to authenticate the apparitions and miracles that are said to occur (Url 39 and Url 40).

and emotional changes. Many spoke about not being believed by their doctors or family members, and were glad of the chance to share their experiences now. As I wrote in the previous chapter there is an aloneness to recovery, and the women spoke at length about this. Sharing the stories about their respective aloneness was an important part of the impromptu gatherings around the table at the restaurant, and seemed to a commonality in their pilgrimage stories. Through the spa pilgrimage, they were alone together.

Psychotherapist Carol Wooton suggests that "to even see your life as a pilgrimage already implies a degree of agency" (Dr. Wooton, private communication). Drawing on the model of pilgrimages, resonating with earlier pilgrims (many of whom suffered illnesses and went seeking cures), walking a hard walk forward through time and space might be a way to increase one's agency and possibilities. For Devon and Kay, pilgrimage as a concept to think with seems to make them more positive in times of adversity – after all, one expects adversity on a pilgrimage. It also seems to enable them to enjoy the good times better – perhaps as a sign of success or advancement. There is such hope in a pilgrimage, and I am thinking that perhaps by viewing their lives as a pilgrimage, Devon and Kay are choosing stubbornly, wilfully, to focus on the positive. There is after all, a process on a pilgrimage that takes the pilgrim from the profane to the sacred. Viewing life itself as a pilgrimage designs in a good outcome (the journey doesn't end until life does) and continued progress (as they progress through the years, so on their journey) along the way.

Another way pilgrimage can be useful to think with is in order to find meaning or purpose. Living a pilgrimage, a "journey with intentions", as Devon says, might endow the everyday with more meaning and scope than otherwise. Devon finds purpose in her love of learning, and Kay in her continued recovery. Kay is also focused on redesigning her life to suit her own needs instead of those of others, and this adds to her sense of purpose. Dr. Wooton says that "it's not so much the *what happens*, but *how do I respond to what happens*" (Dr. Wooton, private communication), and when everything that happens is seen in light of a pilgrimage this affects the responses. The women I met at the spa often reported feeling in safe hands, led, guided and protected. They spoke of feeling assured that everything would be all right, and that they were watched over on their respective journeys. This is another way in which pilgrimage can be seen as a safe way to be in uncertainties, because the pilgrim has a personal conviction of being provided for.

Yoga session: A pilgrim activity

The women at the spa recommend I join in the yoga sessions there. Yoga is an activity that helps many of them to gain clarity or insight into their own situation in addition to the exercise and toning of the body that the movements offer. Some women tell me that yoga is like spiritual worship to them, and that I should try this for myself. So I sign up for a session.

We enter the yoga pavilion. I choose a mat and roll it out on the floor. I look around – there's the yoga teacher, myself and two others. One of them I know quite well, the other is unfamiliar. I know that Carol has done yoga before and enjoys the gentleness of these sessions. The other woman says nothing, but she stretches in convincing ways. She looks and behaves as if she's really good at yoga. She seems very confident. Carol and I stretch a little as the teacher prepares the music and explains to the new lady how the session is going to work. We're jovial and familiar with each other, and make a point of smiling to the new lady so that she won't feel excluded. We're wearing t-shirt and fishermen's trousers – she's in special yoga clothes. We both look more casual than her. I'm thinking that perhaps we've been at the spa longer than her and know the local dress code, whereas if she has recently arrived she wouldn't know that yoga wear is a little overdressed.

The session gets underway. The teacher starts the music and explains that in Dru yoga the joints are kept soft and movements are slow and gentle. Dru yoga is a combination of Hatha yoga, Tai Chi and Qi Gong. There are other forms of yoga offered here too, but I have chosen this class because it's so gentle.

So we start shaking. This is the warm-up. First the wrist, then elbow and shoulder of the right arm. Then the left. Then we shake the right leg: ankle, knee, hip. Shake the leg forward, out to the side, back and bring it through. I topple over as I can't hold my balance. Carol, the teacher and I laugh – the woman says nothing but is clearly used to practicing a different form of yoga. She doesn't follow the teacher's instructions much and has started stretching again. As the movements begin I struggle to synchronise my breath to the movement. Hold both arms out in front of you. Turn the right palm up and look at it. The palm is a mirror of you, follow the palm with your eyes. Move the right palm around you to the back while you breathe in. Slowly. Breathe out as you move the arm back. Turn the palm of the left hand up and look in the mirror. Move the arm around you while following the palm with your eyes. Twist from the waist up, breathe in. When you get to the end, hold for a little before breathing out and moving back.

I think I'm getting the hang of it (how hard can it be to coordinate one's movements and breath – isn't this child's play, really?) when I realise I'm supposed to do something with my feet too. Breathing, arms and feet is too much for me, I ignore the feet for this time. The lady next to me is doing pirouettes with rigid joints and Carol is struggling to hold her balance. After the session I notice that I'm feeling light and energised, but at the same time calm and restful. And I who didn't even do it right! I walk home to my room and decide to practice some more that evening.

Jungian Psychotherapist Edward Tick argues that archetypes (images and patterns of energy and story, such as the hero myth, the trickster figure, wise old man, mother and so on (Tick 2001)) can be used therapeutically for our healing and recovery. He has treated war veterans for many years, and arranges pilgrimages to Greece for veterans and others to visit ancient places of sacred healing. In his book *the Practice of Dream Healing*, he explains how these places seemingly facilitate transformative experiences.

> Pilgrimage can be form of conscious mythmaking. Traveling with an attitude of serious engagement, seeking a thorough cultural and mythic immersion, knowing there was a living spirituality here that worked for the ancients and can be accessed by us, invites dreams and unusual events to occur to us.
>
> Tick 2001:44

Anthropologist Jill Dubisch has participated in two of Edward Tick's pilgrimages in Greece and writes about the transformations that take place that "[t]hings may begin to emerge that were not revealed at the beginning of the journey, sometimes things that event the pilgrim herself did not realize she held within her" (Dubisch 2009:292). The pilgrimage is here used as a therapeutic tool, with profound results. During the pilgrimage, both Dubisch and Tick describe a variety of rituals that the pilgrims undergo. I have not delved into rituals and ritual theory in this thesis as I felt it was beyond its scope. Rather, through a phenomenological approach I wanted to look at of how health, recovery, liminality and pilgrimage are connected and what they mean to the people I met at the spa.

Pilgrimage as metaphor for process.

Pilgrimage has long been studied in relation to liminality, as a transformative ritual or activity that traverses the sacred and the profane. In this thesis the liminal, or *negative capability*, is discussed in its permanent state, and therefore differs from much other writings on pilgrimage. Also, the pilgrimages discussed here are primarily metaphorical. Pilgrimage becomes a metaphor for process or transformation, but also a process that is without end. Spirituality is a strong motivating factor for the people I met, and pilgrimage also offers a language for thinking about and communicating their experiences. I find it interesting that the religious concept of pilgrimage gives models, imagery as well as vocabulary for thinking about and understanding change, the ambiguous and undefined. The transformations in question are around individual ways of maximising potential and wellbeing in everyday life, they are about increasing their levels of empowerment and agency. Some of the *religious*

creatives used the term pilgrimage as a way of communicating to others the spiritual importance of their individual projects. I also wonder if emphasising the sacred dimensions of individual processes and transformation could be seen as an attempt to remove it beyond the criticism of others? Pilgrimage becomes the manifestation of the liminal state, or *negative capability*, but also a concept that travels well and enables others to accept their choices as part of a religious framework.

Spiritual and Sublime

Can it be argued that spirituality is the same as, or at least resembles, the sublime? When I was in hospital, I experienced a profound spiritual aspect to my initial recovery. It was part of solitary project of recovery. I wonder, when someone gets well, and a spiritual dimension is experienced, can it then be said that for that person, spirituality is the spark or the catalyst for recovery? Can the spiritual be understood to be indescribable, beyond comprehension and definition, just as Kapferer argues the sublime is? In the Sinhala healing ritual Kapferer describes, the sublime is the zenith that must be reached in order to allow healing to take place. It changes one's perspective and orientation in the world, it takes a human being to the edge of reason and exposes us to things we can't explain or understand. Both the sublime and spirituality defy the senses, definition or categorisation – and they remain individual experiences. It seems that these profound spiritual or sublime experiences often stay with us and are a source of reference and reflection over the years. Because the experience is beyond logic, comprehension and any point of reference it stays with us and can affect us long after the event. Jung sums this up when he writes "…he struggled to get his original experience into a form he could understand" (Jung 1991:9). Both the spiritual and the sublime seem to be something beyond linguistic communication and comprehension. Could pilgrimage then be seen as a tool through which to seek out these sublime or spiritual experiences in a coherent or facilitated way?

What I am suggesting, based on my own recovery experience as described in Chapter 1, is that recovery can be seen to take place in the liminal state. This liminal state has an aspect that is the "crux of reality formation" (Kapferer 2005:135). This "crux of reality formation" is the spiritual or the sublime – something so beyond our comprehension that we can only experience it. Once we have experienced it, it changes us and hence recovery can take place. The pilgrimages described by both Edward Tick and Jill Dubisch have elements, whether they are places, atmospheres, emotions and responses, that take the pilgrims beyond their comfort

zones and into a state beyond (because it can be both above and below[42]) normal consciousness or experience. Once this zenith has been reached, life looks different. Perhaps a good example would be a near-death experience where the victim turned her life around following the event.

My interest in where recovery takes place comes naturally from my wondering what happened to me, but also from talking about it with the women at the spa. Several women reported having had similar experiences and reflected upon them. As Kay in chapter 3 put it, "Spirituality is more than the sum of its parts. When I do yoga and I move into a posture – and get it right – there is a release of tension, a rush of energy and what feels like a step forward, upward, towards enlightenment. It can be described in terms of oxygen to the brain, the brain learning new stuff, body & mind moving together – but the mechanics of it misses the experience. And the experience is spiritual, sublime, beyond words. It enriches you, changes you, even if you only ever experience it once. And this is the key – there is a before and after-moment." I am therefore wondering if the women at the spa are seeking out spiritual or sublime experiences in order to facilitate transformations. Perhaps this is some of the reason why they engage in yoga and meditation, spa treatments and connect spirituality with health in the way that they do (see Diana's story in Chapter 1).

Concluding Remarks

This is not about what constitutes a pilgrimage and what does not, as Jill Dubisch writes: "To the participants they are indeed pilgrimages. That is what they call them, that is how they experience them" (Dubisch 2009:297). In this chapter I have presented two *telling cases* of women who report to being on a pilgrimage. Putting this into context with my discussion on liminality, recovery and learning to cope with chronic illness in chapter 2, I have here looked at the meaning pilgrimage has for these two women. I have discussed pilgrimage as a metaphor or concept to think with for these women, particularly in relation to ways of dealing with life. I have been particularly interested in the spiritual aspect of the pilgrimage. I think the *religious creatives* use pilgrimage as a metaphor for process, for transformation and change. Putting the sacred into the profane, they can then turn their disadvantage of illness or other life circumstance to their advantage, and remain in the process, forever changing. In

[42] Both a descent into the darker aspects of the human condition, and an ascent into the best of our potential is reported in Dr. Tick's book. This is a familiar Jungian theme related to consciousness – we speak of unconscious rather than subconscious, because the unconscious can be both subconscious and superconscious at the same time, i.e. both below and above consciousness (Jung 1980:137).

Carol's words: "It's about being comfortable with ambiguity and uncertainty. There comes a point when you realise you can't control everything. You just have to accept it if you want to move forward. That's what gives pilgrimage its momentum." It seems that the emic perspective of living one's life as a pilgrimage enables meaning and purpose to be created along the way, and in this way the clearly shows the meaning-making aspect of the innovative and pick-and-mix approach of the *Religious Creatives*. Next I will show the consumerist aspect of spa pilgrimages and discuss the relevance of such an analysis.

Chapter 4: On consumption and values

Introduction

In this chapter I will present two *telling cases* where the women highlight some inconsistencies in the embracing of ambiguity where they want to be not categorised themselves but categorise others. I will also discuss the consumption of spirituality and the meaning-making of spirituality. This has relevance to the power-of-definition theme recurring throughout this thesis. Drawing on Carrette and King, I will show how an analysis of the consumption of spirituality might miss the meaning-making and the values that spirituality holds for the person concerned. Drawing on Schaanning and Foucault, I also argue that the values of the *Religious Creatives* are overlooked or ignored in the official or public sphere because they are sufficiently different from the mainstream to fall outside it, but not different enough to be completely on the outside. In order to illustrate this, I will introduce my own concept of *Fields of Validity*. I also discuss implications of power of definition, and the relevance this has for the women I met.

Rosemary

Rosemary is an English businesswoman in her 30's who visits the spa regularly. Her consultancy company takes her to Thailand on business travel several times a year, and then she usually takes a week or two off and books herself in for a fast and raw food package. She has been coming here for several years and tells me jokingly that she is "probably what you would call a detox junkie". Rosemary said she came to the spa to repair her body, "full of toxins from a fast lifestyle," to get a break from her everyday life and to prepare her for going back to it. For Rosemary, a spa fasting package has both a restorative and preventative purpose: "I put on so much weight a few years back that I developed diabetes 2. Then I came here, lost the weight and the diabetes disappeared. That's why I make sure I come back

regularly." Rosemary tells me she also attends pilates and meditation classes at home, but she is unable to attend classes as often as she would like due to her busy work schedule.

The spa package Rosemary had bought consisted of detox drinks, herbal supplements and colonic irrigation. Meditation was included, but she told me she felt too tired to get up early and attend the meditation class. The fasting process is draining on the body, and guests are advised to relax as much as possible during their fast. Rosemary spent her days around the pool, reading and listening to her iPod. She would speak a little with other fasters, and then go back to drowsing in the sun. Rosemary was the only woman I encountered at the spa who sun-bathed without sunscreen, and therefore sported lobster-red sunburned skin.

The quiet time gave Rosemary an opportunity to reflect on things she didn't always have time for. She told me that the spa stays also function as emotional therapy sessions in the sense that "I work through different stuff that I've hung on to, and then I let it go. I let it all go down the drain." I asked Rosemary what she meant by this and she explained that she uses a visualisation technique where she imagines things she has hung onto (here she mentioned past relationships, mistakes she's made, past hurts or regrets) leaving her body during the colonic irrigation. This makes the colema twice as effective, she said, as it cleanses both her body and her mind.

Rosemary was also at the spa to prepare herself for breaking up with her boyfriend. Having time to herself gave her the opportunity to really think it through before going back and talking with him. She told me she had decided to end her relationship with him because it seemed they wanted irreconcilably different things. "I want children and he wants a career," she said quietly, "and that's probably just the tip of the ice berg. It's better to deal with it now, much as I love him." They had been together for a few years, and although Rosemary felt the relationship was great and loved him very much, she felt him slipping away from her. For a while she'd been wondering what to do about it, and now it had all become clear. She said that now she had made a decision on the relationship, her grieving could begin. Going through the colema when the grieving process started would help, she said, and flush him out of her system faster. Rosemary sat quietly on her sun lounger and stared into the pool. "This is without a doubt the hardest thing I've ever had to do," she said.

Back in the 90's Rosemary took a gap-year and travelled mainly in India. She told me that she had picked up a lot of information from different gurus and teachers, and possessed an enormous amount of knowledge, albeit alternative, about health, the body, the mind and the soul. Rosemary described being healthy as a virtue, and she spoke about the importance of living well.

> "If you live well, you live in the light. When you live in the light, if you get ill, it touches you only lightly. I mean, just look at how I've recovered from Diabetes 2"
>
> Rosemary

Being healthy was as important as meditation or kindness to others, Rosemary explained to me. "Being healthy is something I always work on, just like I always work on my compassion and my patience. For me, being healthy is connected to the highest potential in human beings – if we can be healthy in body, mind and soul, then we will have peace and enlightenment."

Enlightenment was a frequently used word among the spa visitors – like the pilgrimage vocabulary it comes from religion and refers to a heightened sense of awareness. I was told that in Buddhism enlightenment is the state you achieve when you realise your own Buddha nature. In Christianity enlightenment usually refers to either the epoch of enlightenment (late 18th century) or to a heightened sense of awareness when you feel particularly close to God or saints, or feel that they are communicating with you. Therefore, when someone is working towards enlightenment, they are striving to better themselves, purify their soul, be as good and kind as they possibly can. At the same time, several guests pointed out that enlightenment also means having to fulfil one's human potential first, in order to then move beyond it. Some talked about an enlightenment that comes after life on earth, others about moments of enlightenment, or flashes of insight. There were also some who said that enlightenment was a blissful state bestowed upon good people, like a heaven-on-earth state. A more scholarly take is offered by Daniel Budd, where he suggests that enlightenment usually means "having a relationship with the divine, with God, with Goddess" (Budd 1989:124). It seems to me that the term has moved beyond religious language and into vernacular language through New-Age teachers, mystics and authors such as Paulo Coelho, Deepak Chopra and Rhonda Byrne to mention a few.

As I got to know Rosemary I noticed that she would often explain her choices (life, career, partners, food etc.) with them being healthy, or one choice as being healthier than others. I was sometimes confused at how she arrived at her conclusions, because I couldn't see the difference, or deemed another choice the healthier one. She would speak of heating healthy food, praise the benefits of raw food and then mention crisps and take-away food. I would have categorised these as unhealthy foods, but when I asked Rosemary about this she said that her body had needed the extra salt/fat/carbohydrates on that day. "Listening to what your body needs is where it's at," she said. "There is no definite guide to what's healthy food and not, it's all about what's right for you today."

Health was also a value judgement to Rosemary, and if she wanted to criticise someone she often said they were unhealthy, or made unhealthy choices. The abstract concept of health seemed to encompass all good and positive values for Rosemary, it appears to have become polysemic to the extent that it has taken on a new level of abstraction in this extended use. She talked to me about another spa visitor with whom she had been chatting. "Do you know, she went back to the same man three times. Can you imagine anything so unhealthy? All that anger and resentment, all that baggage accumulated over the years. No wonder she needs to detox herself here. She told me it was finally over, but do we believe her? After all that abuse she has subjected herself to, it sounds terribly unhealthy."

For Rosemary, one of the key ingredients to health was love. It's hard to define what she meant by love but she spoke of it as a vague and wide concept, encompassing romantic, platonic and parental love, as well as compassion, respect and forgiveness. Love meant giving oneself space to err and allow others to err, as well as setting boundaries. This sounded to me like lessons learned from experience. Rosemary placed a huge focus on always being able to see the bright side, as to her, this was what enabled her love to flow, and for her to maintain good health. At the same time it struck me that Rosemary always had the power of definition here – she decided what was healthy, she defined "love" at any one time and this purchased a certainty, which sometimes translated as her being right. Because "love" also meant setting boundaries she could refuse to help someone (she told me she had stopped helping her brother because "he needs to learn to help himself") and think of this as a loving, healthy act.

Crystal

Crystal is a Canadian yoga teacher in her 30's. She has long dark hair down to her hips and has an energetic and spontaneous way about her. She is lounging by the pool and waves me over for a chat. Crystal laughs and says she's in holiday mode as she attempts to pick herself up from the sun lounger she is reclining on.

Crystal takes the personal responsibility of one's circumstances even further than the others I have written about so far. She refers to *the Secret* by Rhonda Byrne and says that literally, what we think is what we create. *The Secret* is an internationally best-selling self-help book and film by Rhonda Byrne. Byrne promotes *the Secret* as a universal law of attraction, which was previously known only to a select few such as Plato, Newton, Leonardo da Vinci and Shakespeare (Byrne 2006:4). This law is that you get what you attract, that is, you get what you think about. By changing the way you think you can get anything you want, because "thoughts become things" (Byrne 2006:9). That the Secret is now publically available means "that anyone can access its power to bring themselves health, wealth and happiness," according to Byrne's author's page on Amazon.co.uk (Url 41).

Image 18: *the Secret* logo, book and film by Rhonda Byrne. © TS Production LLC

I hesitated when Crystal started telling me about this "universal law", wondering what this meant in practice. Crystal explained that it was "a universal law that is everywhere, working and doing its thing, but you can't see it. It doesn't matter whether you believe in it or not, it doesn't affect the working of the law. It's like gravity, it is neither good nor bad, it just *is* a universal law." I was quite surprised when I realized that she meant this literally, that she saw

her success in life directly linked to her ability to work with this law. Crystal went on to tell me it was a little like surfing, you found the wave and coasted along it and everything fell into place.

> "I myself come from humble origins. I had nothing, no job, no income, I was all alone with no prospects. Then someone told me about the Secret. Once I realized that this was how it worked, I spent time and energy on thinking what I wanted, imagining how I wanted my life to be. And it became real, because of the *secret* that what you think is what you create. I don't need much, so another person with my means might not consider themselves wealthy, but I do. I've got what I want, so I can do what I want and go where I want in the world."
>
> Crystal

I had not heard about this universal law before, and asked what it meant for people less fortunate than Crystal. Were they responsible for their own dismal situations? Were starving and displaced people to blame for war or famine in their country, I asked. Crystal was quite matter-of-fact about it, it wasn't that they had wished it upon themselves, but they just hadn't wished good stuff and good fortunes upon themselves either. Crystal was quite sure that these people could improve their chances by applying the tips in the book – I must say I was amazed at what I saw as the lack of empathy or care for those less fortunate. To my mind this represented a privileged perspective ignorant of how the majority of people in the world live and also showed a huge discrepancy between theory and practice. Crystal laughed at my dismay, saying again that it was a universal law just like the law of gravity. I must admit, there is certainly something of a detached Buddhist perspective to Crystal's explanation of the Law of Attraction – but I think it is mixed with a Calvinist notion of success here on earth being a visible proof of salvation, or the love of God. In this way, two interpretations of different religious guidelines amalgamate into a highly innovative and individualist, ego-centric approach. I don't think Crystal had thought of the Secret in that way until I pointed it out, she was so caught up in how well she was able to use it.

Both Rosemary and Crystal were somewhat different from other spa visitors in that they were very defensive (sometimes almost aggressively so) and talked a lot about their own successes and accomplishments. They were also the two who showed the least compassion (in practice, that is – in theory they were very compassionate) towards others, whether they were staff or visitors. On the other hand, I think there is a chance of Rosemary and Crystal in different ways simply taking individualist attitudes to a further extreme than any of the others. That is

why they make such excellent *telling cases* for this chapter. They both seemed to enjoy the luxurious surroundings very much, and said things like "well, I'm worth it" or "sometimes I've just got to give myself a treat" whereas other guests seemed more focused on their respective cleansing and catharsis. Also, both Rosemary and Crystal told me about early experiences with abuse and this may well have left defensive and egocentric marks. This is, I think, an example of their *religious creativism*, where their past experiences have brought about a re-ordering of their outlook on life in "pleasing new forms to accommodate individual, personal values" (Weibel 2005:114).

Health as a value judgement

I suggested above that Rosemary uses health as a value judgment. She is not alone in this – health, obesity, poverty and all the accompanying ailments, too many children or not enough, criminal records, inability to cook are all among traits that receive a bad press and can be used to say something about a person's moral character. So bearing this in mind, I do not find it at all surprising that people are wanting to invest in their health and ensure their good health for as long as possible. The question is about how to make a moral and value distinction between certain kinds of people – in other words it is about how to categorise them. It is interesting to note that even among people who profess to not want to categorise others, they sometimes do. On the one hand, categorisation can serve as a mental construct through which to think of and understand others, and on the other it can be a way of reducing and *othering* another. I do not presume to guess how the women I met used categorisation, I only note that there were at times discrepancies between what they said and what they did regarding categorising others. While using health as a value judgment may seem unfair, it was clear that it was logical to the people I met at the spa. We had several discussions around access to information, poverty, perspectives on life and values, and I pointed out the inequality of distribution, or different socio-cultural capitals. The spa visitors acknowledged this, but told me that everything is unequally shared, and this is as good a way of making a value judgement as any. They felt they were able to do so because health was of such prime importance to themselves, and it informed they way they saw the world. It would be interesting to explore this further in the future, as it brings up questions about how to fairly categorise people, and if there even is an objective way of doing so. For this thesis though, the relevance is on the power of definition – the importance of using health as a value judgment for the spa guests was that they were in charge of deciding who were healthy and who were not.

The Pure Body and Mind

> "I think there are necessarily biological means of entering into communication with God."
>
> Marcel Mauss, 1973:67

There are rewards for fasting – they are subtle but clear. Following a fasting cleanse it is common to feel clean and good. Several guests spoke about the colema creating a euphoric feeling that could be almost spiritual. These experiences of fasting, emptying the body and euphoria led to some guests speaking about enlightenment, seeing clearly and taking a moral high-ground to others who were not here or who were unable to complete a fasting program.

Fasting became for some a way of making health concrete and tangible. Practicing meditation and yoga, having massages and steam baths were other ways of entering into a euphoric and enlightened state. These altered states of consciousness seemed to me to be about creating a bodily, mental and spiritual experience, and these were the manifestations of the therapeutic successes. This phenomenological experience would then become a point of reference. One important aspect was that the spa visitor should not feel the experience as purely physical, mental or spiritual, but they sought sensations and experiences where the senses were overwhelmed and the physical, mental and spiritual felt merged. Another important aspect was that these were highly individual and private experiences – people would speak of the experience being sacred or holy, and having been a pivoting point from where everything else would now be informed. Rosemary, for instance, was ready to leave her boyfriend following "a moment of clarity following the colema session."

I think that the practices undertaken by the spa visitors might serve as phenomenological catalysts, but also as both anchors or stepping stones in the their *religious creativism*. Having achieved an experience of communion with God, enlightenment or moment of clarity was proof that a person was 'one of us', on the right path in her life and that she was a healthy person. Such experiences were part of the healthy value judgement because one is thought to have to be sensitive, humble and in touch with oneself in order to be able to have such overwhelming experiences.

Image 19: Bucket collection point for colema

Image 20: The colema kit set up

Consumers of health

The spa's main therapy is as I mentioned in the introduction the detoxing cleansing – which is a metaphor for colonic irrigation. These are enemas with water and a solution of either coffee, garlic or bentonite clay. The enemas are called Colemas here at the spa. The enemas are self-administered and are made up of water and coffee. The enema "kit" was delivered to my room the afternoon of arrival. In order to learn how to do it correctly, the spa provides an instructional dvd as well as an introduction by the in-house doctor. There is also a leaflet in every room explaining what to do in case visitors forget. In spite of this, a lot of guests misunderstand and misinterpret.

Cleansing practice: Colema

The kit consists of a colema board (also referred to as the green surfboard) a 5.5 gallon (20.8 litres) bucket, a thin tube, a bulldog clip, some connecting tubes and the insertion tube, and lubrication. There is also hydrogen peroxide for cleaning the equipment with after the colema, and a water jug. Then there is a strong hook on the wall for holding the bucket, a small stool that is the same height as the toilet.

I lift the toilet seat and place the colema board on the toilet, with the head-end supported on the stool. Then I hang the bucket up, first testing that the hook will hold the bucket's weight. I hang the bucket up, fill it up with tap water (the water is filtered and safe to use) half hot and half cold. The water should be slightly tepid. Checking to make sure the end of the tube sits at the bottom of the bucket I then connect the insertion and connecting tubes.

I start the water flowing from the bucket, clip the tube off with the bulldog clip and connect the tubes, get on the surfboard and insert. Then I release the bulldog clip. Lying on the surfboard I relax and let the water fill me up until I feel full, then I reach over and clamp off the tube. Massaging my abdomen gently, I then release the water and any matter along with it. Then I unclamp the tube and the water fills me again. I can feel it going up my left side – and I can feel an internal pressure being reduced with each intake and outlet.

A good session is when I can feel the water reaching all over to my right side. This happens several times during my 7.5 day fast. When the bucket is empty I get off. It can be a bit awkward at first, but gets better with practice. I flush the toilet, hose down the board with water and then spray it liberally with the hydrogen peroxide. I also clean the tubes the same way, and store them in a plastic bag for the next session.

People travel from the other side of the world to have this treatment, and buy yoga, massages, raw food classes as well. The spa visit is, as I mentioned in the introduction, an expensive but necessary and worthwhile investment for the visitors I spoke with. At the same time it would be easy to follow on from Carrette and King's analysis in *Selling Spirituality*: they write in their introduction about "the ways in which popular discourses about 'spirituality' tend to displace questions of social justice, being increasingly framed by the individualist and corporatist values of a consumer society" (Carrette & King 2005:X). Both Rosemary's and Crystal's stories can be viewed in this light, and it is obvious that everyone I have written about in this thesis are consumers. We all are – we consume things whether they be food or clothes, travel or information. People who visit the spa can be said to consume health, or even spiritual catharses – either as an exotic out-of-the-ordinary experience on the other side of the world, or as a part of a health-oriented lifestyle. Carrette and King's main argument in their book is that "the term 'spirituality' is in the process of being appropriated by business culture to serve the interests of corporate capitalism and worship at the altar of neoliberal ideology"

(Carrette & King 2005:28). I have used Carrette and King's argument here as a representative of a consumerist analysis. Although I find Carrette and King's argument interesting, I take objection to such a conflictual perspective. As the *telling cases* in this thesis have shown, while every one of the women might be a consumer, she is also creating meaning and purpose in her own life. Also, the women do not seem to blindly follow any corporation's definition of spirituality, nor anyone else's. If I were to agree with Carrette and Kings perspective, I would have to ignore the women's own perspective and impose my own judgments on them. So my argument is that Carrette and King's consumerist perspective is not very useful when it comes to looking at values and meaning-making. There are two reasons for this: Firstly, it implies that the analysts have a greater understanding of the truth than the people who are 'worshipping at the altar of neoliberal ideology'. The authors are employing a neo-Marxist perspective with a false consciousness-approach. Whereas this is both an interesting and useful perspective, I think that it is just a perspective. Furthermore, it is a top-down perspective that by implication suggests that they are the purveyors of the truth, that they have the monopoly on the truth. Secondly, such a perspective fails to take into account the beliefs, meanings and values of the analysed. It fails to look at the world from the perspective of the analysed, and does not offer understanding, respect or even fair representation to the people they are analysing. By extension this means that the analysed are being reduced and de-humanised, just the opposite of what the authors would like to achieve. The authors clearly have the power of definition here. Much has been written about the material aspects of consumption, pilgrimage, spas and recovery, and they are all important perspectives. At the same time, I wonder if meaning-making and the acceptance of what matters to others is not just as important.

Overlapping fields of validity

This thesis also deals with understandings of what is valid in a given context. If you're ill, how do you treat your illness, how do you cope? How do you think of yourself, how do you understand yourself and your place in the world? The spa visitors, or *religious creatives*, that I met at the spa give interesting answers. They are focusing on their health, not their illness. They see themselves in a process, transformation that is without end. They relish this outside and ambiguous situation that this puts them in and they create their own meaning and values. Within their own *field of validity*[43], their realm of existence, their social life-world and

[43] Valid in this context refers to legitimate, rational, sound and not valid as a term in statistics or quantitative research.

community, their logic makes perfect sense. Unresolved thoughts about reincarnation, spiritual growth and life choices are happily unresolved, and the *Negative Capability* that Keats so poetically defined is truly aspired to.

At the same time, the spa visitors are relating to another field of validity, another rationality, other community rules when they are dealing with their respective doctors, specialists, lawyers, insurance companies, pension companies and employers. They are relating to official, government sanctioned guidelines, to a system of bureaucracy and rules and regulations that govern daily life in the modern world. Rather than seeing these as dichotomies in tension, a more useful view might be that they are two overlapping spheres or *fields of validity*. While this might be reminiscent of Kleinman's model of illness[44] I think it has a different focus and I have therefore chosen to not use it here. My understanding of Kleinman's model is that it looks at cultural understandings of illness, and not world-views that have been formed by the experience of illness. In other words, Kleinman's model considers culture, or cultural perspectives, as existing prior to illness, and therefore a way through which people understand their illness. The *fields of validity* that I describe are about world-views that have been formed through the personal experience of illness, recovery and learning to cope.

Continuing the individualist aspect of the *religious creatives*, it is important to note that the spa visitors speak of these fields in individual terms, as in their very own reality. They have each created their own personal field of validity, which has much in common with the other *religious creatives* they meet at the spa and other places. The community that the *religious creatives* represent is acephalous, and in some ways invisible. The *religious creatives* are teachers, secretaries and retirees, living in your street and mine. They are hard to define – we saw in chapter 2 that this in on purpose, they like being ambiguous and indeed see ambiguity as a virtue. Yet they share values and ways of seeing the world that are becoming increasingly mainstream in the West.

In the term *fields of validity* I borrow from Foucault's terms *discourse*. I think that what I observed at the spa has slightly different meanings from *discourse* and so I would rather use the term *fields of validity* than using Foucault's concepts. My understanding of Foucault here is filtered through Espen Schaanning's article Diskursens Materialitet, where he defines

[44] Here I am referring to both Kleinman's model of health care systems (Kleinman 1978a:86) as well as the well-known Kleinman's eight questions (Kleinman et al 1978b:256)

discourse as a “network of statements, equipment, practices and institutions that are set into play so that the current appears as valid” (Schaanning 1997:184[45], my own translation). The similarities between Foucault’s *discourse* and my *fields of validity* is the “official” *field of validity*, which I describe as a way of being in the world that is informed by government – sanctioned recommendations and guidelines, scientific progress, bureaucratic realities and education. The world from within the *official field of validity* seems the only logical, informed way of being. The “Official” *field of validity* represents the generic ideas and values that Western society holds true or valid. By valid I mean sound, logical, rational, legitimate. Someone who orients herself within this field is conforming to norms and expectations of normality and social acceptance. I have called it “official” because this field is related to different bureaucratic levels of local, regional and national government, such as education, health practices and, I believe, the notion of a welfare state or at least a social contract. It covers everything from education, welfare and economics to laws, science and government, and contains all the elements that make up a well-adjusted social being in the Western world.

I am attempting to create a model that shows how the world looks from an individual perspective. A person who orients herself within this field might be said to have a good education, understand and believe in scientific progress and have her children vaccinated. She might believe that milk is good for her and that her diet should be cereal based. She might be moderately religious but perhaps predominantly secular. She might see herself as a typical or ordinary person. Frequent further examples that the women I talked with used were of people who had believed the Iraq invasion had been legal, of people thinking genetically modified foods are a good idea, of people not seeing the influence of the pharmaceutical industry on national health policy, and of multinational corporations such as MacDonald’s or Shell as being positive influences in the places that they operate. This very broad generalisation is based on conversations with the women at the spa on how they described themselves before they became to describe themselves as pilgrims. I find it interesting to note that some of these themes might seen to be bordering on subversive, or conspiratorial.

The difference from Foucault’s discourse is that I present the *religious creatives field of validity* just as valid, real or rational as the official field. This perspective draws some inspiration from Actor-Network theory in that “it has no a priori order relation; it is not tied to

[45] "...nettverk av utsagn, hjelpemidler, praksiser og institusjoner som settes i spill slik at det gjeldende fremstår som gyldig”

the axiological myth of a top and a bottom of society" (Latour 1996:371). This then enables us to see that for the *religious creatives*, each person is at the centre of her own life, and understands the world from an ego-centric rather than a socio-centric perspective. Their personal experience matters more to them than the recommendations of governments or agencies. Bringing the gaze down to the individual level highlights how they as Western social beings live and make sense of their lives through their own individual perspectives. I am not looking at a power dimension here, but rather a way of being. Rather than looking at coercive methods of discoursive formations I am exploring the mechanisms by which the *religious creatives* create scope for themselves and experience purpose, empowerment and agency. The *religious creatives* have often moved from deeply within the official sphere to their own individual sphere. By this I mean that a person has often discovered the truths that *Religious Creativism* holds for her gradually and over longer periods. Most of the women reported this process beginning at the onset of illness or the immediate subsequent recovery, when their existing way of understanding their place in the world was challenged. The slowness of this process and their continuing re-ordering of their world meant that they gradually created a worldview that suited themselves, and both differed from and overlapped the "official" *field of validity*. That means that while they can navigate the official sphere, the official sphere often cannot orient itself in theirs. At the same time there is an obvious discoursive formation going on in that the authors from whom the *religious creatives* draw inspiration (such as Deepak Chopra and Paulo Coelho) have become mainstream over the last twenty years.

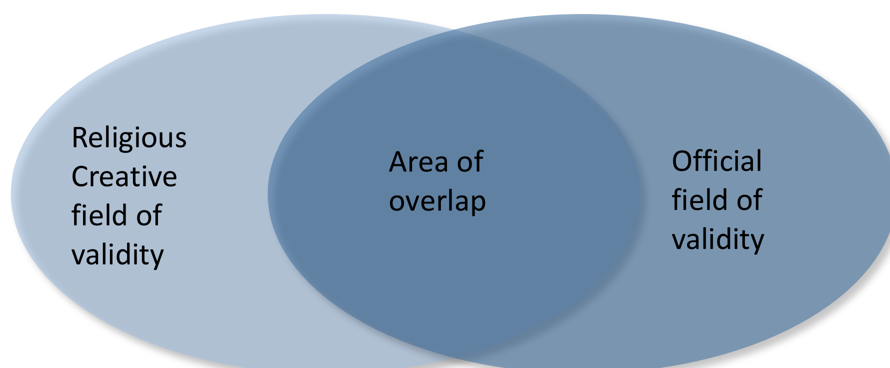

Image 21: Overlapping fields of validity

Reflecting on the values and perspectives of the *religious creatives* I met at the spa, I was reminded of Anne Fadiman's book *The Spirit Catches You and You Fall Down*. Fadiman describes how a Hmong family in California and local hospital doctors struggle to

communicate over the health care of their daughter, Lia. From the American doctors' point of view, Lia is epileptic and has complex medical needs. From Lia's family's perspective, Lia's soul has been separated from her body needs to be put back. Lia's family have their own cultural and religious understanding of how to deal with Lia's condition, and her American doctors follow medical procedures. The communication difficulties become so intense that at one point, Lia is taken away from her family and put in foster care. Fadiman writes that "Hmong culture […] is not Cartesian. Nothing could be more Cartesian than Western medicine" (Fadiman 1998:259)[46]. There is a power dimension inherent in this – the doctors are practicing the science of medicine and have the authority to have Lia taken into care when they feel her family aren't administering the necessary medication. It is their understanding that they, the American doctors, are the stewards of truth. The *religious creatives* I met at the spa were not as different from their doctors or other official representatives as Lia's Hmong family were, but I think the point is valid. They told me repeatedly that in fact, the visual, cultural and social similarity between the *religious creatives* and representatives from the official field of validity wasn't always an advantage. Whereas on the one hand, the religious creatives were able to navigate the system effectively, they were on the other hand automatically assumed to share values and understandings with the official sphere. After all, they were educated, well-adjusted Western people just like you and I. Areas of disagreement were for instance cancer treatments, recovery prognoses and diabetes 2 (See Rosemary's case). Shirley (from chapter 2) said that I had clearly needed the doctors at the hospital for my operation and immediate recovery, but now I needed complementary and alternative therapies.

It is very difficult to define the *religious creative field of validity* – that is sort of the point – but it could be said to be alternative, complementary (as in complementary medicine, seeing itself as a valid complement to allopathic medicine) and experiential. The emic view is that the experiential discourse is the only sensible one. The focus is on lived experience and anecdotal advice is because these are seen as trusted sources, whereas the government is seen as a herder and controller of people. In addition, government advice and recommendations are often seen to be random and untrustworthy. An example of this is the *five-a-day* campaign many countries are running in an attempt to encourage their citizens to eat more fruit and

[46] The case of Lia's family are a good example of how Kleinman's model of illness is useful – here is a Hmong family living in the USA and interacting with American doctors. This example also further illustrates my point of the difference between an a-priori different worldview and an emerging different worldview based on experience. The mis-communication and the power of definition experienced by both Lia's family and the *religious creatives* might be said to be the same.

vegetables. Carol pointed out that in Japan the government recommends 14 a day. “14! What is so special about the Japanese that they need so much? Or why do we need so little? Tell me that if you can!”[47]

The *religious creatives* that I encountered were engaged in different ways with creating a safe space for themselves, both in terms of a space where they could focus on what they were able to do rather than unable to do, and in terms of a space where they would be free to do what they wanted, free from criticism and reproach. As I have shown, the metaphor of pilgrimage is one way to achieve this, perhaps partly because it might fit better with the *“official” field of validity*. Religious concepts, such as pilgrimage, might travel better than “finding myself” terminologies. After all, the *religious creatives* do not set out to break with the official sphere, but rather manoeuvre a comfortable and self-identified space for themselves that to some extent overlaps the “official” field of validity. Religious concepts are then perhaps one way of communicating meaning and meaning-making to those around.

The case of Neon Roberts

Here is an extreme case of *overlapping fields of validity* from the news, as reported by the BBC. Recently, a British case hit news headlines, where a seven-year old boy, Neon Roberts, was abducted by his mother in order to prevent him from receiving radiotherapy to treat a brain tumour (Url 43). The BBC reports that Neon’s mother, Sally Roberts, had wanted her son to receive alternative and complementary therapies instead of the radiotherapy, whereas the boy’s father was in favour of radiotherapy. Mrs. Roberts and Neon were found, and the High Court ordered the boy to undergo treatment. Mrs. Roberts argued that it was her love for Neon and concern for his welfare that led her to oppose radiotherapy so strongly. Her solicitor said that she felt radiotherapy would be “brain-altering” (Url 44). The judge understood that Mrs. Roberts had been under severe stress, but added “I fear her judgement has gone awry” (Url 45). The etic view, is as illustrated by the case of Neon Roberts, that once the experiential discourse veers away from the *official field of validity*, sanity leaves with it.

While I think Neon Roberts’ case is telling with regards to attitudes around alternative approaches to health case, there is also a very important difference between this case and the cases I have presented from the spa. Neon Roberts is a child, under the care of his mother. It

[47] I have been able to partially corroborate this with an article from the Guardian Newspaper in 2006, where the journalist claims the Japanese recommendations are 13 portions of vegetables and four portions of fruit per day (Url 42)

is his mother whose judgment was questioned, not the child's. All the *religious creatives* I encountered at the spa are adults, and their health practices are potentially harmful to no one but themselves. For the record, the BBC reports that Neon Roberts has responded well to treatment and that his doctors are "cautiously optimistic" (Url 46).

Power of definition

Who has the right to decide whether or not someone is healthy? Or ill? To what extent do medical diagnoses represent a "higher truth", and to what extent do they represent a perspective, a *field of validity* or discourse that is no different from other modes of understanding? Who has the right to decide how we treat, or manage health conditions, illnesses and our lives in general? Diana and Carol choose to think of themselves as healthy, whereas their respective doctors might not. Is there a right and wrong in these cases?

Although none of the *religious creatives* I met talked about avoiding the medical profession to the extent of Mrs. Roberts, they did share a similar understanding of their perspectives not being seen as valid. Their respective situations were not at this point life-threatening, meaning it doesn't matter so much how they think of themselves or what sort of treatments they choose. There just isn't as much as stake for them as it is for little Neon Roberts. Everyone I spoke with though, shared some notions of disapproval of what they saw as big-brother interference. Several people spoke animatedly, repeatedly, about the pharmaceutical industry having power of definition within medical science. They spoke of cases where drug trials had been funded by specific companies, where they were expecting specific outcomes. Likewise, they said that research into alternative and complementary therapies were often set up to fail – here they would frequently mention homeopathy as an example.

The women also talked about having different values and ideals from their family members. Having moved from within the *official field of validity* to a *religious creative field of validity*, they understood their relatives' perspectives. However, they spoke at length about not receiving the same understanding back. Several women talked about being ridiculed and attempts of coercion in relation to how they manage their conditions and live their lives. Both Shirley and Rosemary on separate occasions described this as lack of respect for their outside-the-ordinary life choices, and wished their friends and family attempt to understand their perspective a little, instead of trying to impose their own. At the same time, a great degree of relativism prevailed among the women at the spa – they would often agree that each

individual has her own journey. By this, they meant that we all must find and do what is right for us, and not impose our own values on others. Yet as the case of Neon Roberts, his mother and the judge shows, there are a great many issues to consider when people other than oneself are involved. How do we solve these issues when children and other vulnerable people are involved? For the authorities to not intervene might be negligent, just as authority intervention might be abusive or harmful, depending on one's perspective. In cases of greatly diverging *fields of validity*, finding a good solution for everyone might be a challenge.

Concluding Remarks

This chapter has dealt with consumption of health and spa therapies, as well as the positive values these represent to the women. In this chapter I have also shown through two *telling cases* that there are inconsistencies between they people say and what people do in relation to categorising others. While this is a marked difference to the ideal of ambiguity, where people attempt to avoid categorisation (discussed in chapter 2), I suggested some possible explanations here. I have shown that an analysis that focuses on the consumptive, or materialist, aspect, might miss the meaning-making and values that are important to the women. Thinking through Foucault's concept *discourse*, I have then constructed a new model that on the one hand illustrates the prevailing, public, *official field of validity* that made up the world view held by the women I spoke with before they experienced illness and came to describe themselves as pilgrims. On the other hand the model focuses on the individual perspective, their lived experience and how this differs from the *official field of validity*. Drawing the gaze down to the individual level, the model illustrates that a person is at the centre of her own life, and that she, as a *religious creative*, has her own logic and rationality, that differs from but also overlaps the *official field of validity*.

Finally, this chapter has discussed some issues around the power of definition. This has been a recurring theme throughout my thesis, and sums up how people orienting themselves within a *religious creative field of validity* respond when the official field of validity does not recognise or respect their perspectives and life choices. This is when a power dimension comes into play, and the discoursive formation is slow to adapt to an increasingly mainstreaming of *Religious Creativism*. Next, I will reflect on some of the open questions that remain, and conclude my thesis.

Summarising Reflections

In chapter 1 I introduced Diana and Carol. They had both experienced illness and were to differing degrees defined and limited by their diagnoses. They had separately and independently both chosen to dismantle the health:illness dichotomy and focused on health as a way of creating a self-defined and comfortable way of life. Or had they? Going through an experience of illness and recovery myself, I was able to understand them better following my operation. But I was perhaps also influenced by my operation. I thought I had seen something, understood something of anthropological interest and value – but has my portrayal of Diana and Carol reduced them to mere agents who simply live in health? They are after all, complex human beings with conflicting and contradictory thoughts and actions. Is it possible to dismantle a dichotomy to the extent that I claim both Diana and Carol do? Perhaps the dissolution of the dichotomy is more to do with their way of thinking about their possibilities than anything else – these are after all internal processes and cannot be observed. A methodological weakness here is that I gather my information more from what people say than what people do. So whereas it might remain interesting and valuable in anthropological terms, it also warrants further research in order to re-examine and further explore the things I have written about.

With hindsight I do see that there is an aspect of the author's narrative here, this story has been formed by my words and it is I who have illustrated it with eight different women. In Chapter 2, I presented Nancy and Shirley as two women who have different experiences with liminality and *Negative Capability* in terms of recovery and learning to cope. But is it really liminality that they are experiencing? And is this a useful question? There seems to be an on-going anthropological debate about this, as traditional understandings of the concept refers to a temporary transition and newer understandings also conceive a possible permanence to liminality. Nevertheless, the term *Negative Capability* describes the betwixt-and-betweenness of liminality in a permanent way, and here the focus is on *being in* rather than *transforming into*. It has been a very useful concept for me to think with and to understand recovery and learning to cope through, as I tried to understand how the lives and values of the *Religious Creatives* had changed since they came to see themselves as pilgrims. At the same time, I am conscious of the impossibility of describing these things in words – as Bourdieu suggests, words fix, or set, action and thereby limit the possible interpretations and make them "falsifiable" (Bourdieu 1977:120). Although Bourdieu is writing about habitus and rituals, I

believe it is a valid point in relation to the internal workings and values that I have written about in this thesis.

In chapter 2 I have shown the how links between cultural myths and the recreation of one's own myth might lead one to think of one' owns recovery and learning to cope. The women I met spoke about this and told me that they saw this realisation as an important part of the process of finding new meaning in their lives. They told me that this was a key component of learning to enjoy the uncertainty, the ambiguity that now were their lives. A methodological question is then, did this realisation process seem important and meaningful at the time, or is it with hindsight that the women have found this explanation model? Could the embracing of ambiguity be a useful way to guide someone through recovery and learning to cope, or would it only make sense after the new reality had been experienced for a while? Should I have been more critical when talking with the women about this, and challenged them on their explanations more than I did? These are certainly questions I will be exploring for a while, and perhaps they warrant further research in the future.

In chapter 3 I presented Devon and Kay, who in different ways describe themselves as pilgrims. They talked about a way of living that was explorative, open to change and a continuing quest, and they called this a pilgrimage. I wonder if they had done so if I had challenged them more on the concept? Although all the women in this thesis said they saw themselves as pilgrims, did my prior knowledge of this concept make it easier for them to arrive at this self-identification in their communications with me? Would they have told another anthropologist that they were pilgrims? I have thought about this a lot, and think that the most respectful way of resolving this, and the fairest representation, is to use the emic understanding as it was presented to me. Although I have suggested that the religious language and metaphors might help move the pilgrim's life choices into a sacred realm beyond the reach of criticism, I do not think this was the main reason for their seeing themselves as pilgrims. Rather, it seems pilgrimage is a recognisable model through which these women can explore their internal journeys, spiritual values and experiences. Pilgrimage therefore seems to be a useful concept through which the women find and explore meaning. All the while I was engaging with the women prior to my operation I thought of this as a metaphor – metaphor for change, for process and for individual sometimes solitary choices. After my operation I came to place a greater emphasis on the continuing transformation that the women had talked about. It wasn't that they hadn't talked about this before, but I was just

better able to hear that part of their stories now. That is why my own story is so important in telling the women's stories, because the way I understood them changed so profoundly during my fieldwork.

A methodological weakness is that although I conducted research for seven months, most of the women I engaged with were only there for a short while and most of them did not meet each other. The exceptions are Nancy and Shirley who met and got to know each other at the spa. The thesis contains little social or community observations, and most of the women engaged with me on a one-to-one basis. At the same time, all the people I spoke with at the spa during the entire seven months shared so many of the values and attitudes I have written about here. I therefore think the *Religious Creatives* I have presented in this thesis are *telling* with regard to the category or movement, although I think further research is warranted to study larger groups or communities over longer periods of time.

Much of this thesis is about meaning. Can an outsider understand or define meaning? I have pointed to my own deepening understanding of the meanings within the concepts as my experiences progressed – can I be sure that I had understood correctly in the beginning or at all? I think my grasp of meaning improved as I continued doing activities with the women, such as yoga and meditation, fasting, visiting the market and so on. Spending time with them deepened my understanding of the intangible, unspoken and internal values and processes that held meaning to them. Talking with the different women and observing them over seven months led me to think that I could perhaps describe some of the ideals and values that were important to them.

In chapter 4 I wrote about Rosemary and Crystal who in different ways highlight inconsistencies in the *Religious Creatives* shared values of ambiguity and health. This reminded me of theories of consumption in relation to spas, therapies and spirituality. I have been far more critical of Rosemary and Crystal than any of the others – was this a good decision from my part? I realise as I read the chapter that in some ways I have been more of an outsider with Rosemary and Crystal than with the others. I didn't quite manage to see their world from the inside, my own values prevented me from absorbing their perspective to the extent I had been able to with the others. Perhaps I have been unfair to these women – although on the other hand they are the clearest example of inconsistencies I noticed in all the women I met. I therefore chose to discuss power of definition through Rosemary and Crystal,

because I felt they were such good *telling cases*. At the same time I realise this chapter might have looked very different if I had written about Carol, Devon or Shirley.

Presenting my own concept *fields of validity* and an explanatory model might seem ambitious in a master thesis. I wondered for a long time whether to leave it out or not, but I found I wasn't otherwise able to say what I wanted to about how this resembles yet differs from other concepts and models. The model clearly requires much further thought and research in order to be presented as anthropological theory, but it might suffice as a tool to think with in this thesis. At the same time there is a risk of seemingly leaping before I look in that there is a methodological weakness in presenting a model based on only seven months worth of fieldwork. It seems that this warrants further research over a longer period of time, as well as in participation with others.

This thesis will form a baseline for my understanding that there is more than one way to approach health and illness, it may or may not have a spiritual dimension and explanation model, and processes of change may or may not be understood as temporary and passing. Another thing I have learned from this project is the necessity to listen to what people say, to how they experience and explain their lives and values. With regard to the Norwegian context, further research is needed to examine the dynamics of chronic illness, quality of life and sickness absence. It may be that the high levels of sickness absence rather than reflecting a lazy and debilitating society (as suggested by some newspapers), reflects a higher level of inclusiveness in the workforce? This, and the surrounding attitudes and ways of coping with chronic illness has had little anthropological research attention in Norway, and I think there is a need to explore these issues. Whether my research will be transferrable to a Norwegian context or not remains to be seen, but it is a place to start.

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