Amsterdam Master’s in Medical Anthropology

Relationship between health and healing subjectively interpreted among participants of a Zen Buddhist healing group in Amsterdam

By

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Chapter One

Anthropology and alternative therapies

New Age healing approaches

During the past three decades, Western societies are witnessing phenomena that are inspired by the so-called New Age Movement. One of its important dimensions is associated with a ‘humanistic and holistic movements in health care’ (Hastings, Fadiman and Gordon, 1979), gathering ideas and practices concerning healing. The term gathers variety of new healing perspectives and practices regarded as alternative to currently dominant cultural trends within the system of health care.

The movement had its ‘start during the 1970s, emerging especially in their second half, and came to full development in the 1980s’ (Hanegraaff, 1996:12). Encompassing healing systems of ‘esoteric’ or ‘mystic’ traditions, mainly derived from Buddhist, Kabalistic, Sufi, Hermeneutic, Gnostic or Yogi doctrines, the movement has a religious connotation. It gives the movement a distinction in several respects from many other religious movements. It includes ‘an absence of generally recognised leaders and organisational structures, normative doctrines and common practices’ (Hanegraaff, 1996:14).

The central core of New Age approaches to healing is the notion of Holism. According to New Age believers, it refers to the ‘universal interrelatedness of all things’, including views about nature of the cosmos and the relationship of human individuals to the universe and the God, a conceptualisation typical for Eastern traditions (Hanegraaff, 1996:120). Concerning the alternative healing systems, the notion of Holistic Health is of great importance. The term carries the conviction that
‘every human being is a unique, interdependent relationship of body, mind, emotions and spirit’ (Fuller, 1989).

In that context, ‘healing is a process in which a person becomes a whole physically, emotionally, mentally and at deeper levels, resulting ideally in an integration with the underlying power of the universe’ (Weber, 1979:21). Within the domain of holistic health, ‘illness refers to a complex physical, psychological, social and spiritual condition of a person and constitutes the proper domain of healing’ (McGuire, 1985:270). In this sense, the holistic convictions extend the notions of health and illness beyond the horizon of official medicine.

On one hand, official medical system is concentrated on curing diseases as relatively isolated entities, treating them as particular biophysical conditions. Another point of difference is the rigid dichotomy between mental and physical illnesses in biomedicine, while alternative approaches emphasise the body-mind connection. In this sense, ‘mind and body are seen as two aspects of human beings, extricably bound to each other, the unity that often may be seen as part and parcel of “All”, which belongs to the realm of spirit’ (Van Otterloo, 1999:195). Apart from the criticism directed against dualism in biomedicine, New Age believers also stress the rejection of reductionism. In medicine, it refers to the fragmentation of organic wholes to their smallest components, which means focusing on small, isolated diseases.

On the other hand, alternative healing approaches aim at healing the whole person, not just curing a disease. Viewing the interaction between physical, emotional, mental and spiritual aspects of patient’s experience, they focus on ‘giving a meaning to an illness, offering interpretative contexts which are of religious nature’ (Hanegraaff, 1996:44). In that way, the religion and healing are intertwined, an issue abandoned by the Western scientific and rationalist view.
Another aspect of the movement is the stressed *individualisation* in health care. It presents the need for individuals to find meaning for the appearance of their own illness, and the reasons responsible for its creation. This implies that everyone is personally responsible for creating his/her own health. The individuals see the important role for themselves in their own health care, which emphasises their own responsibility towards their health. ‘The unique individual in his/her undivided wholeness’ is the centre of attention in the movement (Reisser, 1987:217).

Also, the individual is challenged to use the illness as an instrument for learning and inner growth. This demonstrates the very important element, so-called the element of ‘personal growth’. It is defined as “deliverance from human suffering and weakness that can be reached by developing the human potential, which will result in increasingly getting in touch with one’s own divinity” (Hanegraaff, 1996:44). It refers to the idea of a universal process of evolution of consciousness which holds spiritual lessons. Consequently, the process of learning them will lead eventually to Self-realisation or Self-actualisation. Above-mentioned elements are derived from Eastern traditions.

Apart from the individual approach in healing and the notion of personal growth, New Age approaches tend to promote health and health lifestyle, considering the fact that they view the illness as a condition that can result from every aspect of living.

**Current anthropological questions**

A wide range of possibilities for health care currently available in Western societies inclines people to consider different kinds of alternatives, present parallel to dominant medical system. The entering of new ideas into the field of health care, mainly inspired from the healing systems of ‘esoteric’ traditions has raised a number of questions.
Their promise of healing bodily and mental ills is of central importance to understand the attraction of individuals to groups that practice this kind of healing techniques, considered as alternative to dominant medical systems. To portray the process of choosing health care, i.e. the questions how and why people are making choices to consult either medical practitioners or alternative ones are considered important to be investigated. The question emerging from the above discussion is the one that tends to explore the underlying individuals' ideas and beliefs about health and illness, expected as responsible for the health seeking behaviour. While not discounting the above approaches, the most relevant anthropological questions asked are related to the healing experiences by those having participated in this kinds of healing groups, described from an emic perspective.

This present study attempted to address the previously mentioned questions. Being conducted in a New Age healing group in Amsterdam, among participants who practised Zen Buddhist healing technique, its main approach was to delineate the experiences linked to healing of participants. The study also addressed their perceptions of health and illness and their process of choosing health care, both in medical and alternative therapies, expected as co-related with the main objective of the study. Being a small-case study, conducted among limited number of participants, the study describes the cases extensively.

Review of literature

There has been accumulation of evidence within anthropological studies that suggested that ‘participation in certain healing groups and practices can have therapeutic effect’ (Kleinman 1980). In the study of McGuire (1983) it has been noted that ‘this kind of healing practices can aid in the relief of the psychosocial distress, existential malaise, or life stress among participants’. She showed that
techniques used ‘can heal negative states of anomie, anxiety, or despair linked to life experiences’. Glik (1988) carrying out the study of New Age and Christian Pentecostal healing groups, suggested that ‘healing within ritual context in highly effective in suggesting psychological, social and even psychobiological states or changes in states within participants’, noting that this type of healing meets the ‘psychological, social and symbolic needs of the population who currently seek it out’. In this context, Weston (1974) has pointed out that this type of healing ‘fits the current individual anxieties’.

Some of the studies conducted in alternative healing groups have been concentrated on the consideration influential for choosing alternative health care. Some of the scholars argued that individuals make this particular choice only from pragmatic reasons, when ‘they were unable to find help for their health problems from conventional medical services’ (Montbriant and Laing, 1986). Furnham and Smith (1988) suggested that ‘patients are pushed toward alternative therapies because of negative past experience with the medical system rather than being pulled by their belief in alternative health care’. Goldstein (1992) in his study of health movement in the United States, suggested that the spread of New Age attitudes of healing ‘encourages people to look beyond conventional medical care and make their own judgements about what types of therapies are most suitable for their problems’.

Concerning the main approach of this study, the studies that depicted the healing experiences from an insider’s perspective are very few in number. Finkler (1981) studying participants of Mexican Spiritual groups, found that although symptoms seemed to clear up with ongoing treatments, there was a general tendency to restructure perceptions about afflictions over time. Chordas (1983) in his study among Catholic charismatic healing groups in United States noted similar propensities to realign perceptions of self. Studying the participants in the spiritual healing groups in Baltimore, Glik (1988) suggested that there was ‘a trend for symptoms and conditions to be redefined over time’. In the studies of Kleinman and Sung (1979) and Finkler (1981), it was noted that ‘for some respondents the
underlying conditions tended not to change substantially over the course of the healing process described, although symptoms might be relieved or lessened'. They found that reports of healing experiences apply to a broad spectrum of personal change.

Considering the fact that there are very few scholars that described the New Age healing approaches from an anthropological perspective, taking into account the insider’s perspective, it calls for more research into this field to aid to a deeper understanding of alternative healing within the system of health care.

Statement

This current study tends to give elaborate participants’ descriptions of healing experiences due to the participation in a New Age healing group. It also intends to demonstrate their ideas and beliefs of health and illness and to portray their process of choosing health care. Apart from previously mentioned studies, conducted mostly in a long duration period, encompassing cluster of groups, and mainly in comparative study type, this study attempts to demonstrate insights and in-depth information concerning its main objectives, but is limited to a small number of cases. The healing experiences were followed up extensively among all participants in a relatively short duration period.

Objectives and research questions

Objectives:
1. To describe the experiences linked to healing among participants in a Zen Buddhist healing group in Amsterdam.
2. To describe participants’ perceptions on health and illness.
3. To portray participants’ process of choosing health care.
Research questions:

I. What do they consider by a healthy person or the health in general?
   - How does a person become ill?
   - What constitutes the healing process?

II. How will they describe their health seeking behaviour?
   - When and why do they choose a medical treatment?
   - What are the possibilities and limitations perceived of the medical treatment?
   - When and why they choose an alternative treatment?
   - What are the possibilities and limitations perceived of the alternative treatment?

III. Have they experienced healing in this particular healing group?
   - How will they describe it?
   - What is healed?
Chapter  

New Age healing processes that encompass a variety of healing techniques, including the transfer and realisation of consciousness and improvements in the body and mind. This includes less well-known realisations.

The Centres of the New Age have books related to meditation, opportunities to understand the spiritual path. The Centres offer different healing practices.
Chapter Two

New Age healing groups in Amsterdam

New Age healing in the city of Amsterdam is organised in a form of New Age Centres, that encompass schools, universities and therapeutic institutions. Their purpose is to transfer and apply knowledge and skills of a variety of esoteric healing therapies that aim to achieve well being. The therapies stress the power of mind and faith in healing the body and the psyche, by reliance on ritualised behaviours to achieve health improvements. Heavy emphasis is put on bodywork, having the fact that New Age believers consider the body as a means to enter and follow the ‘spiritual path’. As previously mentioned, spiritual path refers to the element of personal growth, which includes lessons that have to be learnt in the process of self-development or self-realisation.

The Centres offer a New Age ambience, which is seen in displayed goods, such as books related to esoteric healing, and natural products for diet and health care, as well as opportunities to use a vegetarian restaurant, sauna or massage room. Their activities are advertised by brochures and leaflets, targeting courses in Positive visualisation, Zen meditation, Touch for health, Polarisation massage and Yoga practising.

The healing activities take place in small groups that are led by healers, who often themselves have gone through hardships, seen as obstacles to be overcome on their spiritual path. The groups consist of regular participants that gather at appointed time. The Centres often offer inspirational lectures or readings, conducted by therapists of different healing techniques.
Zen Buddhist healing group

This case study focuses on a Zen Buddhist healing group in Amsterdam. It practices Satipatthana, a specific form of mental training and meditation. Mobilisation of individuals for participating in this particular healing group is done by advertising in the local New Age Centres, as well as by word-of-mouth referrals. “Sati Association” led by one therapist, also distributes brochures to business companies, offering courses with elements of Satipatthana technique, that can help in dealing with stress.

For the purposes of this study, a course was organised in co-operation with the therapist of the Zen Buddhist group. The course was attended by seven participants in duration of five weeks, and included five Monday’s evening sessions (21.00-22.30h) and a workshop of one day (10.00-17.00h). Nuffic funded two thirds of the total fee of the course; the participants paid the rest themselves.

Satipatthana healing technique

Satipatthana healing method is one of the varieties of healing techniques that are derived from the Buddhist traditions. According to the Buddhist traditions, the healing process is viewed as a ‘mind’s deliverance from conflicting emotions’ (Goleman, 1997:4). The conflicting emotions are seen as responsible for creating an imbalance in the psychophysical body, that eventually will lead to illness.
As a healing method that places the main emphasises on the power of mind in healing, it has its basis on practice a mental training. The mental training consists of developing 'mindfulness'. This notion refers to a careful attention to a 'present moment of mind's activity, which includes observation and introspection of mind and bodily processes'. It teaches how by selecting and controlling the thinking process, one can learn to deal with 'unnecessary complication of thought caused by the influence of subconsciousness' (Nyanaponika, 1962:80). In this sense, it implies how by the use of the attention the calmness and stability of one's mind can be developed. Learning meditation, a bodily state of deep muscular relaxation and practising a series of physical exercises the attention or 'mindfulness' is trained. In this sense, this healing method can be classified as bodywork technique.

According to Satipatthana, by learning to control the mind's activity, i.e. the thinking process, the 'perception will be transformed' (Goleman, 1997:4). The transformation of perception is seen as 'a gradual healing process, which leads to synchronising the body and mind' (Goleman, 1997:4).

For the study's purposes, the intensive course organised, introduced the basic elements of Satipatthana healing method. Mainly, the technique involved exercises for training attention or 'mindfulness' and learning to deal with stress by practising meditation. Using this particular technique, the participants were taught how to move towards greater health and well-being.
Chapter 1

Methodology

The study related relatively to health. Besides, the study was limited to a specific study. The study followed in-depth information.

Research theory

Certain research influenced on the topic.

1. Woman's personal factors:
   - Age
   - Class
   - Religion
   - Education
   - Occupation
   - Income
   - Marital status
Chapter Three

Methodology

The study reported in this thesis is a descriptive, small-scale study, carried out in the relatively short duration of six weeks. The study attempted to delineate experiences linked to healing of participants in a Zen Buddhist healing group in Amsterdam. Besides, the study intended to achieve insight into participants' ideas and beliefs about health and illness, and to portray their process of choosing health care. Being limited to a small number of cases (seven) extensively, it was classified as a case study.

The study followed a qualitative methodology, aiming at producing more insight and in-depth information of the questions addressed by the major research themes.

Research themes and variables

Certain research themes were identified, considered as necessary due to their indirect influence on the main objective. They are as follows:

I. Woman's personal characteristics:

- Age
- Class
- Religion
- Education
- Occupation
- Income
- Marital status
II. Perception

- Participants
- Participant's
- Participants'

III. Woman's

- Choosing a
- (including per)
- Choosing an
- (including per)

IV. Description

(dueto the per)

Data collection

Collection of the second week
As a prelude to the were as follows:
The first interview helped themes of the str
II. Perceptions (ideas and beliefs) of health and illness:

- Participants’ perceptions of health or a health person
- Participant’s perceptions of when and how a person becomes ill
- Participants’ perceptions of what constitutes the healing process

III. Woman’s health seeking behavior:

- Choosing a medical treatment
  (including perceptions of the possibilities and limitations of the medical treatment)
- Choosing an alternative treatment
  (including perceptions of the possibilities and limitations of the alternative treatment)

IV. Descriptions of the healing experiences
   (due to the participation in Zen Buddhist healing group)

**Data collection techniques**

Collection of the data occurred during a six-week period (from the end of May till the second week of June 1999), using a combination of data collection techniques. As a prelude to the study, two interviews with key-informants were conducted. They were as follows:

The first interview was done in the period of exploring the context of alternative healing methods in Amsterdam with a therapist of a Japanese massage. This interview helped to identify the most appropriate methods for approaching the major themes of the study, and connected the researcher with the therapist of the Zen
Buddhist healing group in which the study was carried out. This key-informant also provided the individuals that participated in the study.

The second one was with the therapist of the Zen healing group. Introducing the healing method and especially her experiences of healing individuals, it gave a direction in choosing the manner in which the study was structured and organized.

The data collection techniques were the following:

1. Semi-structured in-depth interviews

The interview schedule was used to ensure that all issues were covered and discussed. The researcher allowed flexibility of timing and the order in which questions were asked. The questions were open-ended and as possible as structured in a neutral way. This was aimed at pre-empting the informants to logical and expected answers.

The initial phase of interviewing was performed among all seven participants before the beginning of the course, at the end of May. This round of interviews gathered data on the contextual variables, i.e. the personal characteristics of the informants, and data underlying their perceptions on health and illness. Participants were also asked about their health-seeking behavior, which included their perceptions concerning the conventional and alternative healing approaches. The current health problems they suffer from were documented, as well as the expectations from the course in terms of their health problems.

The second phase was conducted in the middle of June, aiming at broadening the answers from the first interviews, particularly those that the researcher considered as insufficient in supporting the objectives. These interviews also involved new questions, based on relevant issues that came up in the first interviews.
The final phase occurred in the first half of July, two weeks after finishing the course. As it was considered necessary to postpone this phase, so to allow experiences and impressions sufficient time to be synthesized and absorbed. The questions asked were about healing in general and also problem-specific.

2. Homework

The participants were asked to write down their experiences in the period between two sessions. It was agreed and welcomed by all of them, and the homework was submitted to the researcher every Monday session. The intention behind this researcher’s idea was to remove any restrictions in their expressions imposed by the researcher’s guideline biases.

3. Observation

The researcher herself a participant in the healing group has introduced her study’s purposes openly. The observation aimed at focusing on the individual’s behavior, creation of social support and the development of a therapeutic climate. The impressions regarding the observation in this particular healing group are given in the concluding chapter.

Sampling

The study population numbered seven (7) respondents. The limited number of cases involved in the study was a result of the shortage in time in the preparation period. As above-mentioned, the researcher had little control in the selection process. The respondents themselves have decided to enroll on the course and be interviewed for research purposes. They have received the information about the course from one
respondent, who was supplied by the researcher with a brochure that explained the program of the course and the study’s purposes.

Six of the respondents attended the Zen Buddhist group for the first time. Only one has been familiar with this particular healing method, practicing it for two months before the course was started. All of the respondents showed willingness, collaboration and support for the research.

**Validity of data collected**

**Possible biases in data collection**

*Selection bias*

Considering the fact that the time available for starting the course and study itself was too short, the researcher had little control over the selection process. The informants were self-selected, provided by one of the participants of the group.

*Effect of the interviewer on the informant*

To reduce the biases, the researcher attempted to adequately introduce the purpose of the study to the informants, took sufficient time for interviewing and assured the informants that the data would be kept confidential. Attention was hold to the style of interviewing and structuring the questions in a neutral way. Also, being an ‘insider’, an equal member of the group, she shared her own experiences in the group and outside it (during the informal appointments).

**Ethical considerations**

Ethical considerations were taken into account throughout the fieldwork. The informants were told of the purpose of the study and their permission was sought
before collecting any information from them. The information collected was kept confidential and no attempt was made to identify the individuals involved in the study.

Data Processing and Analysis

During the data collection, the researcher was taking notes. A taperecorder was not used. The transcription followed. The collected data were coded and compiled under different variables. The analysis examined the data for sameness and variability, trying to find common linkages between various themes.

Experiences during the fieldwork

Initially, starting the data collection, without any previous experience in conducting anthropological studies, the researcher had difficulties in the process of interviewing. Those were in terms of 'letting the story flow', structuring neutral questions and probing in sufficient depth. Some of the questions appeared to be 'too abstract' for respondents, so the necessity of making them more simple and acceptable emerged. However, the interviews themselves were the best teaching method, as well as the useful remarks of the supervised work.

During the informal appointments with the respondents, the researcher kept alert so as not to combine explicitly the both roles. Being equal participant and sharing intimate topics in the group, she aimed at creating confidence, as well as the impression of an insider. That led to open, intimate conversations with the respondents, who at the same time showed great support for the study itself.
Chapter Four
Findings and discussion

Participants’ profile

This chapter introduces the participants’ profile, presenting the background information on the individuals involved in the study. These contextual variables are given in the table below.

<table>
<thead>
<tr>
<th>Informant</th>
<th>Julia</th>
<th>Dusica</th>
<th>Velika</th>
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<tr>
<th>Informant</th>
<th>Flora</th>
<th>Angela</th>
<th>Anastasia</th>
<th>Lena</th>
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</tr>
<tr>
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<td>single</td>
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</table>
Notes on background data:

The study group comprised of seven women, aged between 30 and 42. It is these particular social attributes, female and middle-aged participants in this kind of healing groups that are found in other studies of healing, mainly carried out in an American setting (Wardwell 1973, Ness 1980, McGuire 1981). None of the participants were currently married. Although majority was single, two were engaged in stable relationships. Only one was living together with her partner and one was widowed. All of them were highly educated, with long art careers. Three of the participants’ were unemployed, supported by welfare state payments. The remainder hold professional artistic positions, albeit on a low income. Slight differences on income were found among the respondents. A significant difference was found in terms of their cultural background. Three of the seven were of Dutch origin, the four remaining were of mixed background.

Although none of the group had religious affiliation, all of them emphasised their ‘spiritual orientation’ and the importance of spirituality in their lives. The term ‘spirituality’ appeared consistently during the conversations. The shared spiritual beliefs demonstrated in common language were expressed in terms such as ‘my own path’ or development, massages or lessons on the way, coincidences, awareness, truth in myself and others.

Angela: “I am searching for the truth in myself. I do not press anything on my way; people and things come on my path. They are lessons I should learn. I have my own knowledge; I do not want to be in a certain square. I pick up from anything. I have developed myself in that way”.
Anastasia: “I am interested in my own development. At one stage, coincidences brought people to me. I learnt lessons through them. You have the daily life to manifest what you have learnt”.

Julia: “Spiritual messages are messages from me, they are answers of my own questions. I learnt to understand them, to be self-aware. Only if you are aware, you do not judge people and things. We are all one, we should support each other”.

Velika: “It is awareness of people and things around you. Everyone should one’s own lessons, not to adapt to others. I take from different theories and views. Not to be in one, than is more like a religion. I believe in holism, when you put different things together”.

Dusica: “Spirituality is a promise of freedom, you get insight, an answer of something... It is part of a daily life, it’s not a religion”.

Flora: “I do not like religion. I want to do things on my own, I do not believe in truth and no truth; there is only truth in myself”.

Lena: “It has a bad name, it’s like above, but only has to do with awareness”.

The respondents expressed ‘spirituality’ as an on-going process of self-development, seen as evolving through self-designed lessons. They regarded it as a fulfilling of experience of everyday actions with deeper purpose and meaning. The distinction between religion and ‘spirituality’ was clearly made, viewing the religion as a dogma. In
this context, the term ‘spirituality’ included a holistic perspective of one’s experience, gained by the knowledge that belongs to different theories. This supports the important aspect of New Age, seen in inclusion of different religious traditions, concerning not only the notions of health and illness, but also extends to a broader view of life.
Chapter Five
Perceptions on health and illness

What is health?

Participants applied the notion of health to a broad spectrum of descriptions. Their expressions contained some common terms used consistently, such as balance, body/mind connection, awareness, energy, blockages or content of life.

Three of the respondents attributed health to a balance.
Angela said: “Health is a balance emotionally, physically and spiritually”
Julia's perception was: “Health is a harmonic balance between mind and body”.
In similar fashion, Velika perceived health: “It is a whole between mind and body, which means being aware of what you are doing; if not, you are not close to yourself and you are out of balance”.

This term refers to the ‘idea that all living organisms have an electromagnetic dimension that can become depleted or unbalanced, similar to theories in many Oriental healing systems’ (D.Glik, 1988:1201). This dimension includes each aspect of living, the emotional, physical, mental and spiritual, thus any disturbance of it will create an imbalance, resulting in illness.
The term ‘balance’ also encompasses the connection between body and mind, seen as a harmony between these inextricably bound two parts of human beings.
The term awareness appeared in Velika’s description of health. In New Age it is used to delineate the ‘individual task to raise consciousness to a level of godliness’, a conceptualisation seen in many Eastern traditions (Wilber, K, 1979). In Julia’s formulation, it was described:
“Awareness means to be in touch and connected with the energy of the universe. At this moment, I look at it as a human being to be in touch with nature, other people, everything that is alive; to experience it, to be in the moment, open for influences, to be aware of what is happening”.

Health was defined in terms of ‘real needs’ or ‘stay yourself’. Dusica described it as:

“Health is a discipline, good food and sport. You should be open for everything, but always in touch with your own needs”

Similarly, Flora’s perception was:

“Health is energy. You are ill from now and then, but you need energy to overcome it and break certain blockages; to stay yourself”.

‘Real needs’ or ‘stay yourself’ refers to the notion of being free from the old conditionings or conflicts (in psychological terms), present from childhood experiences.

Flora was the only respondent who defined health in terms of energy. Her explanation referred to the human’s electromagnetic dimension so-called aura, seen as unblocked energy flow. This notion apart from familiarity with Eastern healing systems is also present in the Western bioenergetic body therapies, derived from Wilhelm Reich’s psychoanalytical bodywork. In that sense, illness is a result of blockages of the energy flow, which requires cleansing in order for the healing to occur. This concept will be elaborated further in this chapter.

Two of the respondents’ perceptions extent the notion of health to a more broader view on life. In this context, Anastasia said:
“Accept the life as it is, go through struggles, live the truth, whatever it costs. But, be respectful to what is given to you”.

Lena perceived it as follows:
“I see it as a way to learn about the content of life, not to be busy with healing all the time. It is freedom. When there is freedom, you can grow. But, go also through the bad things, learn what is good for you, learn yourself. That’s also healing”.

**How and why illness comes?**

Perceptions how an illness is created varied among members of the study group. Some attributed it to a lack of harmony between mind and body, created by feelings of discontentment and dissatisfaction, or a bodily over-exhaustion. The majority viewed the illness as a result of unresolved psychological conflicts of emotional nature.

Julia’s convictions of the power of mind in creating an illness were expressed in this way: “Body is ill when you are mentally obstructed, not satisfied or you have a burden of something. Then tension arises and if it is present for a long time, creates an illness. Mental spirit controls the physical...” She also aided: “When I am ill, I give my body only positive thoughts”. She believes that by wrong thinking which includes negative attitudes, illness can be caused. In that context, healing should be directed towards mental transformation of the negative attitudes.

Dusica, a professional dancer, considered all her health problems as a result of the long and very stressful dance career. She reported: “Body reacts when you do not control it, you are not aware of its needs or you are over exhausted, over the limitations of it”.
Flora, expressed the need to 'stay yourself' in creating and maintaining health: "First, you should find a cause. That's means to ask yourself who are you, how you react. If you behave like you are someone else, illness comes. But, sometimes it is only a physical cause". She emphasised the need to find a cause for its appearance. She referred the cause to the psychological interpretation of one's behaviour in terms of old conditionings or conflicts, also adding the possibility of a physical cause. She mentioned: "it can be sometimes a result of bad food".

The need to find a cause of an illness was shared also by Lena, who emphasised the individual approach in treating the illness. "When you are ill, you should look at yourself without blaming, or pity yourself or drain others".

Anastasia's perceived the illness as: "... a choice. It helps you to become more aware of something you ignore for a long time". The conversation revealed that it referred to the ignorance of unresolved emotions that make blockages, and those body blockages make the symptoms and create the illness. In this sense, she attributed the healing process to a psychological resolution of emotions.

Velika also shared the same view. She said: "Some things are only physical, but mainly they are emotional. It's strange; the way emotions come out. I believe, every person has a weakest point where emotions come out".
What constitutes a healing process

The statements revealed some of the notions present in New Age conceptions of healing, such as the notions of ‘letting go’ or ‘energy blockages’, as well as the important elements of it like the individuality in health care and the emphasised body-mind connection in the healing process.

In Julia’s view, the healing process was perceived as rest and openness: “When I heal myself I rest my body as much as I can. I let go, I experience the life now, what is on my way, I open-up for my surrounding and people”.

In similar fashion, Flora said: “You should relax and let go’ not to think about it. Mind is strong when you believe in it. You should see the old patterns and the energy they block”.

Velika’s belief of “energy blockages” resulting in the old patterns present from childhood experiences was shared also by Dusica. In her opinion, they are even carried out through the previous incarnation.

“I have so many problems with my relationships... It’s hard to cut it. It’s my karma”.

In their belief, the physical and spiritual cleansing of the blockages is necessary in order for the healing to occur.

* The notion of ‘letting go’ past conditionings was familiar to the respondents, even before it was introduced within Zen Buddhist technique. Deriving from Eastern healing techniques, it refers to non-attachment to any conditionings or habits from the past (Roshi, 1998:43). In their formulations, they defined it as experience of the present moment, without thinking on past events or future plans.
Angela perceived the healing process as a permanent one. "Healing is life for me. If you are aware person, you are always busy with it. If you are sharp on yourself, you can do always something in a different way".

Anastasia shared her opinion. "You do healing every hour, every second of your life. But, you should be open to receive it".

In the conversations, they clarified that the healing process intertwines with the process of self-development, which extends throughout the lifetime. Their view mirrors the issue of 'personal growth' in New Age convictions.

Velika noted that the healing process should include both, the physical and mental part, citing that bodily resolution as first. "First, you should solve it physically. Then to work mentally to see the body/mind connection".

In contrary, Dusica emphasised the change of the mindset as a start of the healing process. She said: "Healing is a change of your body if you already have changed your mind. Information and knowledge will guide you".

"When you heal, look at the symptoms and interpret them yourself. When you find the cause, treat it and empower yourself" was reported by Lena. Her beliefs were consistent to the individual approach in treating the illness, emphasising the process of self-interpretation of the symptoms. In her case, she referred it to the necessity to give a psychological meaning to the causes responsible for the symptom's appearing.

This chapter has presented a number of pertinent statements regarding perceptions of health, illness and healing. The overall impression was that participants’ perceptions were highly influenced by New Age conceptions of health. Although their perceptions of health were variable, they unanimously emphasised the unity of body, mind and spirit, seen as balance or unblocked energy flow. Consequently,
Chapter Six

Choosing health care

This chapter portrays the decision-making process for consulting either a medical practitioner or an alternative one. It intends to identify the reasons behind participants’ choices. For that purpose, the participants were questioned how they perceived both, the conventional medical and the alternative treatment.

Perceptions of the medical treatment

Quotations on perceived possibilities of the medical treatment are given in the table.

<table>
<thead>
<tr>
<th>Julia</th>
<th>“It is organised. It is good for emergency cases like trauma or intoxication”.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dusica</td>
<td>“It is necessary for some diseases as TBC or pneumonia. It is very helpful in war situations”.</td>
</tr>
<tr>
<td>Velika</td>
<td>“It is powerful, you believe in it because it is accepted as science”.</td>
</tr>
<tr>
<td>Flora</td>
<td>It can help when your body is not strong enough. For ex, if you have cancer”.</td>
</tr>
<tr>
<td>Angela</td>
<td>“You need it for surgery, emergency cases, and chronic things, in extreme situations. It is a quick method”.</td>
</tr>
<tr>
<td>Anastasia</td>
<td>“It is a social system, you need it; it’s good to know about the physical body. It makes you feel safe, for ex, if you deliver a baby in the hospital”.</td>
</tr>
<tr>
<td>Lena</td>
<td>“It focuses on problem, not on issues around. For ex, a focus on a vaccine for Aids, that’s how they establish a lot of growth”.</td>
</tr>
</tbody>
</table>
No one of the informants showed hesitation in seeking medical care, especially in cases with clear-cut organic diseases, emergency cases or chronic health problems. Their attitudes varied towards psychological or psychiatric services, doubting the results of long psychotherapy sessions.

Velika, who suffered from social phobia for years said:

“I have changed seven psychotherapists, but they did not do much for me. They told me not to be afraid, but I cannot control it. They are mirroring, but there is no reaction, no reflection...they do not show their personality... They need six months to know you better, but you already know that much more...I started to think that the problem is in my body. When I visited one biodynamic massage therapist, it worked from the beginning”.

Flora, who is suffering from clinically diagnosed depression for more than eight years mentioned:

“I am not functioning for years, I still feel very bad. I visited one psychiatrist for three years, than another one. They gave me Prozac, but it did not make any good for me. They forced me to take it, but I am careful with medicines. I know my body is strong, it can fight itself, I do not want to make it dependent on medicines”.

In general, all of the respondents took a somewhat critical view of the medical treatment.

Flora showed concern about the adverse side effects of the medicines and the heavy reliance on them, as well as their quick prescription in the medical system.
The poor communication between patients and medical practitioners, especially the lack of willingness to discuss the emotional factors was pointed out by three respondents.

Julia, a professional therapist of Japanese massage working mainly with stress related problems reported:

"I think clients come to me because their problem is getting attention. I hear very often 'physiotherapy has helped me, but the pain is back'. I consider, too little time and attention for a problem will not result in healing. My clients complain that they do not have with whom to talk about it " . She also stated her belief in the temporal relief that medical system offers.

" There is no feelings, no respect for the patients" was said by Angela who reported previous negative experiences of the medical system, due to two surgical operations which were result of incorrect diagnosis.

Anastasia, who experienced ten years of long hospitalisation due to severe skin disease as a child said: " They do not talk, they behave as Gods".

The temporal relief given by a medical treatment pointed out by Julia was shared by Velika, too. She said: "They offer a temporal relief. They look at a small part, but everything is connected".

This refers to the current critics against reductionism in medicine, its focus on the small parts of the body, without a holistic approach to the patient’s experience. In this sense, Julia added: “ Eastern medicine looks at the problem and the person behind it. It is not the case with Western medicine”.

Anastasia also reported a womb cancer treated a year ago. “ They do not do everything in the treatment. They should ask what emotions are blocked there, in that particular place where illness occurs”. Her report supported her health beliefs discussed in the previous chapter.
The critics towards the treatment of a problem, not the cause underlined the health beliefs of Dusica.

"Medicine is not preventive, it is curing. Most of the things are psychological. They do not try to find the reason. It's like you do not take the work seriously'.

Lena stated:
"They are not capable to really help, they treat the symptoms, not the cause".

Perceptions of the alternative therapies

Choosing a treatment in alternative healing methods revealed the participants’ essential beliefs in holistic based health care.
As noted by Anastasia, seeking for a particular alternative practitioner was a result of the search for better health and personal growth.
"It's a personal search, you adventure, sometimes you get the answer from a book, sometimes from a certain technique. You have to learn a lot for your body and for your mind".

"There is no moment solution for anything. You should change your mind, your way of living and your diet. If you want something to work effectively, you need self-analysis and awareness’. (Lena)

Some of the respondents consulted an alternative practitioner, after the medical treatment that did not respond successfully to their ailment. Angela, suffering from eczema on the foot, said:
“I have the eczema for almost two years. I’ve been using Cortisone for more than two years. Except the side effects of the drugs, there was no improvement. I consulted a skin homeopath and after two sessions, it is almost gone. It’s amazing”.

Lena who entered the course with a complaint of being ‘burnt out and completely drained in energy’ has consulted the medical practitioner. Concerning the treatment received, she mentioned:

“Only thing the doctor said to me was: ‘Go to the library and find your answer in books. I can not help you. I hope this course will give me the answer’.

It can be argued that some ailments can not fit the medical healing practice. It brings an argument that individuals are pushed toward alternative care when they can not find a relief for their problem in the medical healing system. In this context, Julia’s remarkable story is an appropriate example.

“Once I had deep tissue Japanese massage. Suddenly, a pain came in my pelvis, similar to one I had years before. I felt like my body is broken, like I am 100 years old, I was dizzy. I went outside, and a voice inside me told me to find a tree and to hold it. I did it and started to meditate in front of the tree. A clear voice said to me- ‘A healthy mind lives in a healthy body. Stop the anxieties and fears, you are ruining your body’. I was just listening, I felt so vulnerable, I could not walk, and my belly was so painful. I ended up in a hospital. For two months my blood was so bad, the doctors thought that I would die. But suddenly, everything stopped, they did not know how to explain it, they were so confused. After this experience, I take care of my body...”

* Such a complaint has not a biomedical definition nor can be resolved at the level of professional health care.
However, all of the respondents in spite of their broad range of experienced alternative healing methods, clearly placed emphasis on the limitations of these healing approaches. The perceived limitations are discussed below.

Their hesitations were mainly oriented towards the absence of a scientific proof. The examples of quotations are as follows:

Flora said: “It’s tricky, you can not put a finger on it, you can just guess, you don’t know what is exactly”.

“Some people are not ready to heal, they need more education, also science should get more into it. The market is not ready and some of them are using it for material purposes” was mentioned by Dusica.

Anastasia shared: “You can loose yourself there, you must be aware with whom you are doing it, to stay on your feet”.

The participants’ health seeking behaviour was dependent on the health problem in question. Both, the medical and the alternative treatment were seen as options from which they can select a form of treatment. The medical treatment was seen adequate for clear-cut organic and chronic diseases, and emergency cases. Its insufficiency was seen in terms of not taking into consideration the treatment of the cause, particularly causes of emotional nature. This relates to their underlined health beliefs discussed in the previous chapter.

Seeking for a treatment in alternative health services was heavily influenced by their beliefs in holistic based health care. The reports suggests that they sought for alternative treatment when they were unable to find a relief for their health problem at the professional system of health care. Apart from the pragmatic reasons, alternative treatment was sought for ailments which do not have corresponding biomedical diseases, nor fit biomedical healing practices.
Chapter Seven

Experiences of healing

Data collected aimed at providing insights of healing experiences due to the participation in Zen Buddhist healing group. The analysis examined the data for sameness and variability in descriptions of healing experiences. The questions asked were related to healing in general, but also a problem specific.

Before enrolling on the course, the respondents reported more than one health problem. Problems initially described are classified as stress-related, psychological and psychosomatic health problems. They are given in the tables below.

<table>
<thead>
<tr>
<th>Informant</th>
<th>Stress-related</th>
<th>Psychological</th>
<th>Psychosomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia</td>
<td>&quot;My left side is weak compared to the right which is stronger with too much stress and heaviness&quot;*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dusica</td>
<td>&quot;Tension in the stomach and breathing&quot;</td>
<td>&quot;Relationship problems&quot;</td>
<td></td>
</tr>
<tr>
<td>Velika</td>
<td>&quot;Tension in breathing, I can not relaxed or concentrate&quot;</td>
<td>&quot;I have social phobia, I am scared of people, being judged &quot;</td>
<td></td>
</tr>
</tbody>
</table>
Informant | Stress-related | Psychological | Psychosomatic |
---|---|---|---|
Flora | “I worry too much; I can not handle the daily life, I get paranoid. I feel stressful”. | | |
Angela | “My superficial breathing”. | | “Eczema on the foot”. |
Anastasia | “My problem is to learn to open -up, not to do anything on my own”. | | |
Lena | | | “I feel burnt out, drained in energy” |

The health problems reported by Julia and Lena do not correspond to biomedical diseases nor can be defined in biomedical terms.

The respondents were asked about expectations from the course in terms of healing. Some expected a relief of the psychosocial distress.

Dusica: “I want to get rid of the irritation and confusion in more balanced way”.

Flora reported: “I expect to let go the old patterns and fears and relax”.

Some of the respondents articulated their expectations in terms of on-going personal processes.
Julia: "To add information, knowledge and more insight in things I already know. I don’t expect, I know it will happen".

Anastasia said: "To get more technical staff of what I do to myself and use it in daily life".

Lena reported: "To handle the energy. But, I know it’s up to myself" Her expectation reveals the strong conviction of individual responsibility in one’s health care.

Articulation of experiences

What appeared evident during the descriptions of the healing experiences is their articulation in terms of psychological idioms. Quotations given below are taken from the ‘homework’ descriptions, that described the experiences during the participation in the course.

Lena: "I learnt a lot from the exercises. The reason why I get angry is when I am pulled out from my comfortable inner world. I know, it’s a prison around my fantasy world and me. I used to do that when I was a child...I am insecure. The hardest thing to do is to accept myself the way I am. I want to prove others that I am worth.”.

Julia about her on-going personal process: “I experienced the letting go of my controlling mechanism. My right side of the body felt for a long time wrinkled and worn out. I learnt that this side is my male side which includes will power, controlling and determination. Due to my upbringing as a child, the pain and lack of trust that was within it, I
overdeveloped this side not to be hurt any more. This self-defence made me strong, but also overcontrolled and cut off from loving feelings and emotions. This period I am learning to let go my overcontrolled attitude.”

Anastasia: “What I discovered is that I am afraid of being judged by people, of not doing what I suppose to do, of not making the right decisions, of showing people who am I”.

Flora: “I am experiencing my fears stronger than usual.” Flora who suffered from paranoid thoughts and depression shared I know it’s all in my head”.

In spite of the expectations that the healing experiences will be articulated in spiritual terms, having in mind their shared ‘spiritual’ vocabulary, the problems were psychologised, i.e. couched in secular terms. With exception of two respondents, the remainder has gone through long psychotherapy sessions. It can be hypothesized that these therapeutic systems might have influenced the individuals to use psychological idioms as most appropriate for definition of the health problems.

Experiences

Data revealed that all of the respondents expressed positive responses concerning healing.

The majority claimed some degree of healing associated with the reduction of a symptom rather than a cure.

I. Reported experiences of a symptom alleviation:
"I am more social now, I do not spent much time alone. I live more in the reality, although it's difficult to give up my daydreaming. I do not know if it has to do with the course. I feel more secure, more self-confident. I can go alone in the bar; I do not feel scared any more. I can relax more physically, but not in my mind. The concentration is still bad, but the breathing is better" was said by Velika who entered the course with the following complains: the tension in breathing, difficulties in being relaxed or concentrated, and social phobia.

"The breathing is not completely ok, but the eczema is gone". "I know the homeopathy helped, but also the let go exercises" (Angela).

Dusica who reported relationship problems said: "I am learning to trust myself. I am less afraid to communicate with people, I feel more confident for the choices I make in the relationships. By using the technique, I can see what is really happening, I am more centred and I can make better judgements"

"Now I exchange more with the people I know. I am more relaxed being with people, the fear is less"-was said by Anastasia whose expectation regarding the course was to learn to open-up, defining herself as a very closed person.

II. Some of the respondents articulated their healing experiences in terms of adopting of a new perspective towards oneself.

"I do not give too much damage to myself, I learnt not to hurt myself by giving too much pressure to my body. I can see the split of my right and left side, I can handle it better, without thinking; the awareness is much bigger now. I can help myself now, without
harming myself” was shared by Julia who entered the course with a complain of heavy and stressful right side of the body.

“ I feel more stronger, more self-confident. I can see clearly what is happening when I am in old patterns. I can draw my borders clear and not involve myself in an unhealthy relationship. I enjoy the present moment deeper than before. Nothing bothers me, I do not question, I just let it go” (Angela).

“I learnt to trust myself, my abilities. For years I was not secure in my power. Now, I can be myself more and more. I dare to be myself and take up my own authority without asking permission” Lena shared, viewing her experiences as a result of her on-going personal process.

“I feel stronger, I am learning to trust myself and love myself, to be an example for myself” (Velika).

“I discovered my strength. I feel I am near my centre, but there are still old layers to get rid of” (Anastasia).

The reported healing experiences were described within broad spectrum of personal change.

III. Considering the fact that this particular healing technique was directed towards training of the thinking process, some of the experiences were contributing to the knowledge received from the technique. Quotations are given below.

“I realised how the thought can not do any good sometimes. I learnt to let them go and be in the moment. I saw my paranoid thoughts and the world they create. It’s different
the problems reported do not have clear aetiologies nor are biomedically defined. Therefore, this type of health problems can not be sought relief at the level of professional health care.

Experiences of healing among respondents were articulated in psychological idioms found as most appropriate for ‘healing’ descriptions. Their healing experiences were mainly embedded in their on-going personal processes, applying to different aspects of personal change. All of them expressed positive responses to healing, describing it as a symptom reduction or an adoption of a new perspective towards themselves, citing improvements in some life situations. Some reported changes on a more deeper level, although there was no lessening of the symptoms.

What was evident from the group observation, also from ‘healing’ descriptions is that the spiritual healing processes mirror the processes of self-discovery and individualisation similar to those in psychotherapy.
Chapter Eight

Conclusions and discussion

This present study attempted to explore and understand the relationship between health and healing subjectively interpreted, by examining study group participants. Being conducted in a New Age healing group in Amsterdam, it addressed several questions considered as ones that underlie the attraction of individuals to such kinds of healing groups that practice alternative healing techniques. Questions why people choose to seek for treatment in alternative health care services and how they experience ‘healing’ are dealt with in this study. Besides, it investigated the participants health beliefs found as co-related to the main approaches of the study.

Female and middle-aged participants are the particular social attributes of such kinds of healing activities, found in other studies of healing mainly conducted in an American setting (Wardwell 1979; Ness 1980; McGuire 1981). An important element of participants’ profile was their ‘spiritual’ affiliation assumed as significant contributing factor related to the participation in New Age healing. The notion of ‘spirituality’ was formulated as a process of self-development that includes learning self-designed lessons found in the experience of everyday actions, which were given a deeper purpose and meaning. Considering religion as a dogma, they distinguished it from ‘spirituality’ in its formulation as a holistic approach to one’s experience gained from different frameworks of knowledge. This supports one of the dimensions of New Age, its inclusion of various religious traditions that are not narrowed only to the notions of health and illness, but extends to a broader view of self and reality.
As assumed, participants' health beliefs are found closely related to experiencing healing in such kind of healing groups. Data documented strong New Age conceptions of health, with main emphasis placed on the notion of holistic health. In spite of the variability in statements concerning perceptions of health, they all emphasized the unity of body, mind and spirit seen as their balance or unblocked energy flow, conceptions that extend the notion of health beyond the horizon of conventional medical system. Consequently, illness was perceived as a lack of harmony between the above-mentioned aspects, resulting from unhealthy living, feelings of discontentment or thinking process based on negative attitudes. The importance was seen in the need of finding a cause responsible for illness creation, with significance given on causes with psychological background. It was one of the main critics directed towards the biomedical system; its strong division on mental and physical illnesses and the issue of not treated cause, but the health problem itself.

Contributing factor assumed important to understand the attraction of individuals to New Age healing groups is the type of a health problem in question. Health problems that sought resolution in this particular group were classified as stress-related, psychological and psychosomatic problems, a finding common in other studies of healing carried out in alternative healing groups (Kleinman 1977; Fishman 1979, Scultans 1979; Finkler 1981). Although less serious and less medical, some of the reported health problems were without clear biomedical etiologies and did not have corresponding biomedical definitions. Considering the fact that such health problems do not fit the medical healing practices, they can not treated at the level of professional medical system. It provokes an argument that individuals are pushed towards alternative care for the health problems they can not find relief in the medical system and that do not have corresponding biomedical diseases.

Individuals studied, the consulting of the medical or alternative practitioner related to the health problem in question. Both healing systems were seen as options from which
they could choose a form of treatment. The medical treatment was seen adequate for clear-cut etiologies, such as organic and chronic diseases, as well as emergency cases. Concerning this treatment, the critical view was oriented to not treated cause of the illness, and the poor communication between medical practitioners and patients. On the other hand, the choice of alternative services apart from health problem in question, was mainly influenced by their health beliefs in holistic based health care. The absence of a scientific proof of alternative healing techniques has made them hesitant and cautious in decision-making process.

As one approach of the study was the to document the experiences of healing among individuals, their perceptions of what constituted the healing process were questioned. Seen as continuous one, that extends throughout the lifetime it was intertwined with the process of self-development so-called the element of personal growth in New Age. The meaning attributed to a symptom or cluster of symptoms was a lesson that should be learnt by interpreting it through past conditionings derived from childhood experiences or even karmic debts from previous incarnations, seen as responsible for the present blockages. The healing process was considered as an on-going task in order to achieve a personal transformation, focussed mainly on individuals taking actions themselves, assuring responsibility for their own health care. This supports the notion of individuality in one's health care consistent with New Age convictions.

Followed in short duration of time, participants' experiences of healing were documented. Although expected that their 'spiritual' affiliation would articulate their experiences in spiritual idioms, their couching was done in psychological ones. It might be argued that the 'psychologisation' is resulting from their previous exposure on the psychotherapeutic systems. Other studies have noted that the nature of this kind of group healing processes mirror the therapeutic processes of self-discovery or individuation similar to those of psychotherapy. It appeared evident during the healing descriptions, as well as the group observation. The latter revealed that the group
membership was beneficial as social support among the members, in creating friendship and mutual aid in voluntary helping each other. The creation of a therapeutic climate and empathy among the members, supports the above-mentioned fact that these groups mirror the therapeutic processes similar to ones in psychotherapy. A major difference is that the definition and articulation of the health problems is not dominated by a psychotherapist as in Western healing systems, but by the individuals themselves.

The participants in the study group expressed positive responses to healing, claiming some degree of healing mainly associated to a symptom alleviation or as an adoption of a new perspective towards themselves, citing improvements in some life situations. The experiences noting different range of personal change were described as a part of their ongoing personal processes, referred to the notion of inner transformation or self-development. For some the symptoms were not lessened, in spite of the claims of healing that has occurred on a deeper personal level.

In conclusion, the present study has been focused on a Zen Buddhist healing technique healing derived from Eastern religious traditions, considered as alternative to dominant medical system of health care. It shows how Eastern ideas adapted in Western frameworks within the New Age Movement can address some of the psychosocial and psychosomatic ills of the individuals involved, contributing to their well-being. Also, it is evidencing that entering of the new religiously inspired ideas into the system of health care heavy influence people’s perceptions of health and illness, as well as their health-seeking behavior.
Annex I.

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