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“Accept and Utilize”: Alternative Medicine, Minimality, and Ethics in an Indonesian Healing Collective

Abstract

Cosmopolitan forms of “alternative medicine” have become very popular in contemporary Indonesia. Many healers have trained in an eclectic range of techniques, predicated on ontological claims so diverse that they call each other’s legitimacy into question. This article explores how a collective of alternative healers in Central Java navigated the quandaries presented by such therapeutic eclecticism over a six-year period. Healers’ engagement with, or indifference towards, the principles underpinning therapeutic efficacy fluctuated in ways that allowed them to surmount the dilemmas of Islamization, the changing demographic of their collective’s membership, and the threat of commercialization, thereby maintaining a medical landscape in which alternative healing was widely available and accessible. Transformations in their understanding, experience and practice of healing should thus be understood in terms of how enduring ethical commitments are refracted through ongoing engagements with a changing social world.

Keywords

alternative medicine, ethics, Indonesia, medical pluralism, minimality

Interest in pop psychology, “New Age” spirituality, and associated forms of alternative medicine (AM) has skyrocketed in Indonesia over the past two decades—a development that reflects both the coming-of-age of an educated, well-traveled and cosmopolitan-minded middle class, and the “weakening of state controls in all arenas of national life” following the 1998 collapse of President Suharto’s authoritarian “New Order” regime (Howell 2005, 476-80; see also Hoesterey 2016).¹ Every week, a lively training circuit stages countless seminars and workshops in which Indonesians can master the basics of AM practices ranging from hypnotherapy and neuro-linguistic programming (NLP) to cupping, energy healing, and magnetism.² It is common for prospective healers to attend multiple such seminars over the course of a year, thereby acquiring a wide, if shallow, AM knowledge base.

However, the therapies in which Indonesians might train are not always easily reconciled, being predicated on ontological claims so diverse that they could easily call each other’s legitimacy into question. For instance, while magnetism and energy healing claim to heal patients by manipulating the flows of cosmic energy into and through their bodies, hypnotherapy understands such practices as underpinned by symbolic suggestion. Conversely, energy healing traditions such as Reiki consider speech itself imbued with a “force” that allows it to “mold the world” (Ross 2012, 143), problematizing hypnotherapy’s claim that it is patients’ interpretation of suggestions that renders therapeutic language efficacious.

In this article, I explore how, and to what effect, Indonesians active on the AM circuit navigated these competing paradigms and the different models of therapeutic efficacy (and, indeed, of reality) that they propose. Over fourteen months of multi-sited research with therapists and healers living across Indonesia (conducted between 2011 and 2016), I have encountered diverse responses to AM’s eclecticism. Some Indonesians undertake a quintessentially modernist process of “purification,” assimilating all therapies into a single

understanding of efficacy (usually “energy” or “suggestion”), or strictly policing the boundaries between different therapies on the basis of how they are thought to work (see also Lang 2017). Others, however, steer clear of making ontological pronouncements, offering elliptical responses when asked to account for their therapies’ efficacy. “That’s the beauty of this therapy!” declared a Jakarta-based practitioner of SEFT (Spiritual Emotional Freedom Technique), a treatment which involves tapping on “meridian points” to alleviate pain or distress, “From the point of view of energy psychology, it’s energy flowing through the meridians that makes us well. But from the point of view of hypnosis, tapping is an anchor.³ And from the point of view of NLP, it’s a kind of reframing.” When I asked him which of these explanations *he* preferred, he simply repeated his earlier answer, suggesting I choose whatever explanation I liked.

To make sense of the different ways in which Indonesian healers respond to the eclecticism of globalizing AM, I turn to the case of the Komunitas, a collective of over one hundred alternative healers, nearly all male, in the Central Javanese district of Jepara.⁴ The case is instructive because, over a six-year period, Komunitas members’ discursive and praxiological engagement with the ontological questions raised by AM has undergone considerable change. Inspired by the principles of Ericksonian hypnotherapy, the Komunitas was initially committed to a “purified” psychologistic worldview, re-interpreting the spirits, black magic, and cosmic energies posited by local healing practices and other forms of AM as potent symbols, rather than actual realities. As the organization subsequently expanded, however, its members came to abandon their Ericksonian convictions, cultivating an ethic of indifference regarding the basis of their techniques’ efficacy and downplaying the differences between varying forms of AM. By 2016, whilst indifference persisted regarding the *proximate* causes of therapeutic efficacy, Komunitas members were increasingly explaining their treatments with reference to a monistic metatheory inspired by quantum physics.

I argue that these transformations in Komunitas members' ontological reckoning reflect the ways in which enduring ethical commitments—to piety, to social harmony (*rukun*), and, above all, to the accessibility of healthcare—could be realized at a time when both the internal organization of the Komunitas and Jepara's regional economy were undergoing precipitous change. By placing the ethical imagination at the heart of my analysis, I speak to ongoing conversations in the anthropology of intermedical encounters, whilst providing a critical reassessment of Last's (1981) seminal analysis of why “not-caring-to-know” can become an institutionalized feature of medical cultures. In the process, I document an emergent new medical landscape in Indonesia, identifying the factors that are shaping its evolution.

Theorizing Intermedical Encounters

Benson and Lester (2013, 2) have suggested that a current priority for the anthropology of alternative medicine is to develop “rich theorizations of how local healing systems, and the forms of conscious and unconscious experience they enlist, are evolving and adapting amid the expansion of biomedicine, Western psychiatry, pharmaceutical logics, and biotechnology, as well as the restructuring of markets, economies, and political systems.”

Two themes usually animate studies of this kind. The first concerns the politics of what Greene (1998) terms “intermedicality.” Even pluralistic and “integrated” medical systems have been shown to be riven with power relations, the scientific logic of biomedicine typically carrying hegemonic force (Hollenberg and Muzzin 2010). Moreover, since biomedicine's “gold standard” for determining a medical intervention's efficacy is the randomized controlled trial, a form that frequently excludes or overlooks the very features that render “alternative” treatments efficacious (Barry 2006), AM's legitimacy has been frequently contested. As well as affecting access to treatments, such contestation can also

change the ways in which practitioners (and patients) relate to therapies—for example, by compelling them to render it legible, and thereby understand it, through the conceptual arsenal of Western (social) science instead of, or in parallel to, the emic concepts of the therapeutic tradition (Barnes 2005; Evans 2008).

Analysis of the politics of therapeutic respectability thus dovetails with a second key area of debate: whether—or, more precisely, under what circumstances—the global dissemination of biomedical knowledge changes the ontological postulates underpinning local healing practices, and what implications any such transformations might have for both healthcare and everyday sociality. The ethnographic record offers a mixed picture. Sometimes, newly arriving medical knowledge becomes “hegemonic”, radically transforming how subjects relate to themselves and the world (e.g. Georges 1996, 160-61). Sometimes, pre-existing medical beliefs show “resiliency” and endure, either apart from foreign medicality (e.g. Ross, Timura, and Maupin 2012), or “agential[ly]” appropriating it on their own terms (e.g. Greene 1998). Sometimes, healers and patients integrate different strands of expertise into novel, syncretic, worldviews and regimes of practice (Hsu 2008, 317). But, as the Komunitas case demonstrates, such trajectories are not necessarily stable—ruptures can backslide, resiliencies can implode—and the theoretical challenge lies in accounting for why different outcomes occur precisely when and where they do.

Empirically, this article seeks to broaden the scope of these discussions, cognizant that the contemporary moment is one in which various AM practices are themselves globalizing rapidly, leading to synergies and frictions not just with pre-existing medical systems but also each other. Such dynamics have been studied far less intensively than AM’s interface with biomedicine. Yet with anthropological studies revealing AM to be internally riven with political divides, and documenting the marginalization of treatments and practitioners considered “backward” or culturally inauthentic (e.g. Keshet and Popper-Giveon

2014; Langford 1999, 36), there is clearly much to be gained by investigating whether and why the arrival of “modern” and cosmopolitan (but also foreign and unfamiliar) forms of AM triggers certain kinds of intermedical politics in certain contexts, and what consequences these have for both healers’ ontological modeling and local medical landscapes. In particular, I seek to move beyond the question of whether newly-arrived forms of AM resonate with, displace, or are modified in line with pre-existing worldviews (as explored by, e.g., Jennings 2005, 467-69; Pritzker 2016), to examine how, and to what effect, the wide range of cosmopolitan therapies in which Indonesian healers are becoming versed might mediate *each others’* reception and practice.

Theoretically, I account for the diverse, often non-linear, ways in which healers’ discursive and praxiological engagements with ontological postulates either evolve or endure in the wake of intermedical encounters by drawing on Moore’s (2011, 16-18) concept of “the ethical imagination.” Structured by affect, unconscious fantasy, and embodied experience, as well as social imaginaries and reflective practices, the ethical imagination is the “form and means” by which subjects relate to themselves and others. It determines the kind of person a subject wishes to be, how they wish to be seen, and how they envisage the matrix of relations in which they wish to inhere. Its significance is evident in those studies of medical pluralism that, by analyzing how patients navigate different therapeutic options, reveal them to be as motivated by concerns about status, morality, or social capital as by the prospect of cure (e.g. Brodwin 1996; Crandon-Malamud 1993). Similarly, healers aspire not only to become skilled at healing, but to practice their craft in ways they (and others) consider admirable. They may also wish to embed their practice within a particular medical landscape: one free of “quacks,” for instance; or one where they can turn a fast profit. Such ethical commitments not only underpin the politics of therapeutic respectability, they also influence how healers engage with the ontological premises of the diverse medical traditions they encounter, and the

models of reality they consequently espouse. In Graeber's terms, "the universe comes into being around the value" (2013, 232). Thus, when the ontological postulates of a medical system either transform or hold fast, this may say less about the "resiliency" of a worldview *per se* than it does about the durability of healers' ethical commitments. Then again, as witnessed in the Komunitas, the continued pursuit of steadfast ethical commitments in dramatically changing circumstances may itself be a reason for subjects to proffer emergent new ontological claims.

This principle extends to the question of how invested subjects even are in the ontological questions raised by healing. As Trawick (1987, 1032) notes, it is technically possible for healers to be "strict operationalists," their central aim being "not to know, but to heal." Indeed, in a now-classic paper, Last (1981, 387) observed that "under certain conditions not-knowing or not-caring-to-know can be institutionalized as part of a medical culture." This had happened, he argued, in Nigeria's Malumfashi district because the encroachment of "hospital medicine" and, especially, Islamic medicine, had triggered the disintegration of a previously systematized "traditional Hausa medicine." Malumfashi healers thus had little understanding or certainty regarding their own treatments, an ignorance they masked by adopting an ethic of extreme secrecy. Yet Last considered the Malumfashi situation "inherently unstable," arguing that a new "dominant system" would eventually emerge after this "transitory" period of "relative anarchy" (1981, 392)—thereby inadvertently naturalizing a professional (or perhaps human) will to knowledge and viewing indifference as nothing more than a stopgap adopted defensively to conceal an ignorance thrust upon healers by outside forces.

An alternative, and more productive, theory of indifference is offered by Piette (2015, 2016), who argues that the capacity to exist "minimally"—by, for example, demonstrating *fluidity* (the cognitive capacity to cope with inconsistency, contradiction, and vagueness) and

docility (the emotional capacity for inertia)—is a vital, socially generative, aspect of the human condition. Minimality, he notes, allows the circumvention of “risks” posed by intelligence, reflexive consciousness and the acquisition of knowledge (2016, 21; also Kamat 2008, 118), and would have proven essential for sedentarization, introducing “shock absorbers” into newly intense and conflictual modes of sociality (2015, 209). Whether or not one accepts his claim that the capacity for minimality was the key evolutionary advantage *Homo sapiens* held over Neanderthals (2015, 205-10), Piette’s argument enables us to recognize indifference as a socially consequential mode of engaging the world—raising the prospect that healers’ intellectual curiosity may sometimes be actively curtailed, and a disposition of not-caring-to-know actively cultivated, because doing so proves ethically, socially and medically propitious.

Introducing Jepara

Occupying the Western half of the Muria Peninsula on Central Java’s North Coast, the district of Jepara is home to just over 1,188,000 residents.⁵ As Geertz (1963, 58) notes, the historic influence of cosmopolitan trading links on the North Coast has led it to be characterized by a distinctive *pasisir* (coastal) culture, more Islamically devout and more oriented towards trading than Java’s courtly heartlands, where Hindu-Buddhist influences predominate and the pursuit of wealth is considered indicative of “low status, lack of refinement and a corresponding lack of spiritual potency” (Brenner 1998, 140). Such differences, however, should not be overstated. As Schiller (1996, 48-51) remarks, Jeparan Islam is itself highly diverse, ranging from reformism to involvement in mystical *kebatinan* sects. Many of the district’s residents combine Islamic faith with beliefs in tutelary spirits and sorcery (Martin-Schiller 1984), although, as elsewhere in Indonesia, such local heterodoxy is becoming increasingly problematized by the Islamic movement’s advocacy of orthodox,

“global” forms of Islam. Meanwhile, although trading is not necessarily injurious to status (besides practicing as healers, numerous Komunitas members ran businesses or worked in sales, some acquiring considerable prestige from their accomplishments in those fields), the single-minded pursuit of wealth can nevertheless elicit moral ambivalence, with many Jeparans reporting themselves torn between money’s allure and the moral value of *sacukupe*, which urges moderation, and not taking more than is needed (Kato 2010, 56).

In other aspects of everyday life, Jepara exemplifies many of the features that ethnographers have documented across Java: a widespread interest in the performing arts; an intense attention to status and hierarchy; and, above all, a profound commitment to *rukun*: “the determination to ‘maintain harmonious social appearances’” (Geertz 1961, 147).⁶ *Rukun* can be achieved in various ways: by making decisions via *musyawarah*, consensus-seeking meetings in which all voices are heard and able to contribute to the solution sought (Mulder 1998, 63); by controlling one’s impulses in situations of conflict, so as not to set up reverberating emotional impulses in others (Geertz 1961, 147); and by cultivating moral and conceptual relativism, so that one can “agree to differ” and “shift perspectives—when the occasion demands” (Beatty 2002, 469). All of these, as I illustrate below, were evident in the way Komunitas members conducted their affairs.

If the cultural values and social practices evident in Jepara are fairly typical of *pasisir* Java, the region’s tumultuous economic history is anything but. “Relatively isolated and under-developed” for much of the twentieth century, the rapid development of the carved teak furniture industry in the 1980s and 1990s transformed Jepara into “one of the most prosperous non-resource rich districts in Indonesia” (Schiller 2007, 327). By 2016, however, the prevailing narrative had become one of decline, the furniture industry hit badly by the depletion of local teak plantations, difficulties in meeting international requirements for certified timber, and growing domestic and international competition. This downward

trajectory had a direct impact on Jeparans' health. Kartini Hospital observed a "sharp increase" in patients presenting with mental illness during the early 2010s, a trend which its deputy director attributed to "economic pressures."⁷ Those self-same economic difficulties have left many Jeparans unable to afford the fees charged by the district's hospitals and community health centers.

AM is not the only option available to address such issues; Jepara is also home to a thriving market of *dukun*. Sorcerer-healers who address clients' medical and personal problems via both mundane and supernatural means, *dukun* are increasingly derided as "backward", "superstitious" and "blasphemous" in contemporary Indonesia (Nourse 2013, 419-21), and it was they for whom the cosmopolitan "alternative healing" of the Komunitas presented the fiercest competition. Despite considerable overlap in their practices, Komunitas members advocated AM as a more moral, scientific and respectable response to the tribulations of the times than *dukun* practice because it achieved its results without any question of involvement from the supernatural realm.⁸ This was an ontological claim on which they refused to budge. On other questions regarding the basis of therapeutic efficacy, however, their sensibilities and interest proved far more volatile.

The Origins of the Komunitas

The Komunitas was founded in 2010, after Cecep, a psychotherapist from West Java, agreed to stage a free workshop on hypnotherapy as a favor to a friend whose nephew, Estu, was starting out as a hypnotist. He did so on condition that Estu advertise the workshop widely, allowing all interested parties to join in. So it was that around twenty young men, mostly unmarried, convened in Estu's house in Jepara's rural hinterland to study hypnotherapy. The Komunitas was born.

Cecep's syllabus was resolutely psychological, arguing that all manner of problems could be surmounted if one used therapeutic suggestions to access and restructure "the subconscious" (*pikiran bawah sadar*), which, accounting for 88% of mental capacity, had far more influence on the way humans experience the world than conscious thought (*pikiran sadar*). However, doing so could be difficult, since the human mind contained a filter, known as a "critical factor" (English used), which trapped language in the conscious realm, rendering it proposition rather than suggestion, and stripping it of therapeutic effect. The art of hypnotherapy lay in circumventing this *critical factor*, drawing clients into a "trance state" (English used) in which they would be highly responsive to suggestions.

To do this, Cecep advocated a professional ethic of "accept and utilize" (English used), as championed by the Ericksonian tradition of hypnotherapy. Every client encounters their hypnotherapist already inhabiting, and invested in, a particular model of reality, the contours of which can be elicited during the initial phase of the consultation. Rather than try to contest that reality, or apply a standardized script that may resonate imperfectly with it, the hypnotherapist should *accept* it in its entirety, *using* it to identify particularly effective verbalizations that will circumvent the *critical factor* (Gilligan 2002, 3-4). If a client suspected they had been ensorcelled, for example, the most effective treatment would involve suggestions structured around the—evidently compelling—symbols of sorcery and its resolution. Cecep's Ericksonian approach thus harnessed the human capacity for minimality: therapists needed to be both cognitively fluid and docile, disavowing their psychologized understanding in the intersubjective reality they constructed with the client, and potentially tolerating claims about reality that they found deeply problematic. Yet they did so whilst simultaneously scouring their clients' words for potent linguistic symbols, thereby praxiologically affirming the ontological assumptions of Ericksonian psychology. At this

point in their careers, Komunitas members could hardly be considered indifferent to the question of therapeutic efficacy.

Nevertheless, the ready embrace of Ericksonian hypnotherapy shows how the subscription to particular ontological postulates can be underpinned by complex and multi-faceted forms of ethical imagination. Cecep's promise that *accepting and utilizing* would prove effective for healing patients rendered his psychologism highly attractive. But *accepting and utilizing* also offered Komunitas members an appealing strategy for navigating the predicaments posed by Indonesia's ongoing Islamization. Whilst supporting the promotion of piety, they balked at the destruction of long-standing Indonesian cultural forms and their substitution with ways of life that felt "Arab" (see also Brenner 1996). They admired the approach of Jepara's early proselytizers, who had spread Islam in a "non-frontal" manner (*secara non-frontal*) by appropriating and adapting pre-existing cultural forms, building mosques in the Hindu-Buddhist architectural style, and adapting animist rituals (such as Jepara's annual *larungan*, in which a severed buffalo head was given as an offering to sea spirits) so that they could continue in an Islamically permissible way. The Ericksonian approach allowed them to do something similar. Rich cultural traditions of talking about spirits could continue, such entities now being recognized as powerful symbols rather than actual realities. The spells and rituals conducted by generations of local healers could now be embraced as highly effective suggestions. The language of psychology rendered such practices secular, scientific, and Islamically permissible, thereby preserving local culture whilst also, as some Komunitas members admitted, affording opportunities to savor the otherwise forbidden pleasures of acting as if they really did have magical powers.

Perhaps unsurprisingly, given these benefits, Cecep's workshop was a hit, its attendees deciding they should continue to convene even in his absence. Before long, however, several radical changes occurred.

The Komunitas Expands

Initially, the Komunitas configured itself as a group of psychology enthusiasts who met monthly in Estu's house, where he would teach them hypnotherapy. The arrangement did not last long. Estu was rapidly becoming famous on Indonesia's AM training circuit, and was rarely in Jepara to teach. In 2012, it was agreed that Komunitas activities should relocate to Kota Jepara, the district's urban center, where, every month, members would convene in an unused property belonging to Irsyad— the collective's new President, who, having graduated from university in nearby Semarang, now worked in furniture sales.

The move to Kota Jepara coincided with four major changes in Komunitas activities. Firstly, with Estu rarely available, and several members now quite experienced in hypnotherapeutic practice, it was decided that meetings should involve members teaching each other about techniques they had developed or found successful. A different member would lead each month's session. Secondly, the Komunitas, newly formalized, began charging membership fees. In addition to a small payment of 15,000Rp (US\$2) to cover the costs of catering and teaching materials at each meeting, each member paid a one-off life membership fee of 250,000Rp (US\$30). The amassed dues were used to invite guest trainers to Jepara, to send members to attend training seminars elsewhere (at which they could acquire knowledge to share upon their return), or be lent interest-free to members with pressing financial needs. Thirdly, moving to the Muria Peninsula's main urban center prompted an influx of new members, many of whom already had experience in diverse healing practices, both "alternative" and biomedical, and were excited to add hypnotherapy to their repertoire. However, when it was these new members' turn to lead Komunitas meetings, most felt more comfortable presenting on their established areas of expertise than on the hypnotherapy they were only just beginning to learn. This led to the fourth change: the

Komunitas abandoned its exclusive commitment to the study of hypnotherapy and embraced a full range of AM practices.

Nearly all these new therapies were premised on theories of efficacy that were avowedly non-psychological, seeming as mystical as the sorcery of village *dukun*. Fauzi, for instance, claimed that cupping and leech therapies were effective because bloodletting improved the flow of energy around a patient's body, opening up their chakras. Abdullah, the only Komunitas member to have taken the pilgrimage to Mecca, manipulated cosmic energies, which he referred to as both *chi* and *prana*, in order to heal the desperately sick. Others had expertise in chiropractic, acupuncture, herbalism, magnetism, Reiki: the list went on. For the Ericksonians, such practices presented a conundrum: did they really work in the ways their practitioners claimed, or through the power of suggestion? Were they anything other than placebos? Were these new members wrong? This was an intellectual conundrum—but also a social one, for, if the legitimacy of these new therapies were interrogated too rigorously, the Komunitas as an organization might not be able to survive the fallout.

As Piette might have predicted, such dangers were averted via minimality, the Ericksonian mantra of *accept and utilize* now being adopted not just as an ethic by which therapists should engage with patients, but also how they should associate with each other. Members insisted that even though they might not initially agree with each other's approaches, it was crucial to “mutually respect” each other and try to learn from each other as best they could—echoing the widespread Javanese discourse of “mutual respect” as integral to achieving and safeguarding *rukun* (Wiriyomartono 2014, 31). They also demonstrated the “conceptual relativism” that Beatty (2002, 486-87) witnessed “pervading village life” in the pluralistic settlements of Banyuwangi, detaching from the strong Ericksonian precepts in which they had previously been invested and substituting their previous appetite for making

sense of the world with indifference towards the intellectual conundrums therapeutic pluralism posed. Irsyad described his revised outlook as follows:

My guiding philosophy is that in therapy, what matters is that the outcome is good. It doesn't matter what method is being used, as long as it actually manages to provide a solution to the patient's problem. It was Mr. Cecep who introduced me to the concept of *accept and utilize*. Take chakras. They say humans have chakras that can be opened or closed to allow cosmic energy to flow in, out, around. I don't know if that's true or just suggestion. But it doesn't matter. I *accept and utilize* provided it's effective.

The phrase that Cecep had taught his students to help them see everything as fundamentally psychological had now been repurposed (indeed, *accepted and utilized*) to pre-empt and preclude any foundational claims about the ultimate basis of therapeutic efficacy whatsoever. The benefits of such an approach went beyond safeguarding *rukun* and cultivating mutual respect. Since Islam considers lying a serious sin, it spared Komunitas members the moral anguish that, as some of my interlocutors elsewhere knew all too well, could accompany treating patients with therapies that one secretly believed “only” worked via the “placebo effect”.⁹ Moreover, cultivating a harmonious atmosphere helped draw people in to the Komunitas, exposing them to new ways of healing, and thereby increasing public access to life-improving therapies.

For all these reasons, the Komunitas shifted from a position of psychological orthodoxy to one of heterogeneous orthopraxy. Just as Barnes (2005, 239-40) has described for U.S. acupuncture, Komunitas therapies became rendered as “devices” independent of paradigms, open to the insertion of a wide variety of explanatory models, and thereby

sustainable as pluralistic systems in their own right. This is not to say that forms of censorship and disapproval were entirely absent, as emerged when one member suggested running a workshop on “body interviewing”—placing a patient into a deep trance and asking their body directly whether, when and how it wished to be healed. There was a marked lack of enthusiasm regarding this prospect, and the proposal was eventually deflected by Irsyad suggesting that, since there was a visiting anthropologist in town, it would be more interesting if I ran a session on “therapies of the Western World”. He later explained that many of the group had tried similar therapies to body interviewing in the past, and had not found them especially effective. Significantly, the issue with the body interviewing proposal was not (framed as) the plausibility of the ontological claim that bodies could autonomously communicate their healing needs. In the era of *accept and utilize*, the grounds for embracing or challenging a proposed seminar topic were those of its prospective utility. And yet, ultimately, even such utilitarian concerns were considered subordinate to maintaining harmonious relations within the group. If the therapist persisted in wanting to run a session on body interviewing, other members would be expected to forego their misgivings and attend. As Irsyad put it, “It will be good for us to give it a go and see what happens. There might be some circumstances in which it proves useful.”

The Limits to Indifference

The analysis presented so far illuminates why some alternative healers should have spoken so indeterminately of the mechanisms underpinning the techniques that they and their counterparts learned and used—even in cases where they had once addressed that self-same issue with fervor and conviction. And yet, intriguingly, despite professing indifference towards the question of precisely how their therapies worked, many Komunitas members did not *completely* eschew a theory of efficacy, instead remarking that, whatever the precise

mechanism of therapeutic efficacy might be, therapies were most effective when healers had love in their hearts. This section explores the origins and implications of this second-order explanation, arguing that, like Komunitas members' indifference to first-order explanations, its emergence in the group can be understood as an ethically motivated response to the changes affecting Jepara and the Komunitas itself.

Komunitas members' talk of love was heavily influenced by the concept of *quantum*, which has acquired considerable purchase across Indonesia following the publication of Erbe Sentanu's *Quantum Ikhlas* (Quantum Sincerity) in 2007. A self-help book in the prosperity vein, *Quantum Ikhlas* advises readers that, at a subatomic level, all matter is energy vibrating at particular frequencies, and that the universe is animated by a "Law of Attraction" that draws entities vibrating at the same frequency towards each other. Thus, by changing the frequency at which we are vibrating, which can be done via highly focused thought, we can draw the object of our desire towards us.¹⁰ Equally, worrying about negative outcomes will, ironically, make them occur. Such claims already enjoy a long vintage in "New Age" writing on "the power of positive thinking." Sentanu's text introduced them to an Indonesian audience, but with a twist: it was no good *consciously* thinking about what one wanted if one's *subconscious* remained fixated on alternative or negative outcomes. Prosperity—indeed, any form of success—depended on ensuring that one wanted it through and through, and on having total faith in God (and in the Law of Attraction) as one pursued it.

Quantum discourse has afforded Indonesians new possibilities for understanding social relations; after all, "prosperity" and "success" did not arrive in intangible form, but via people and things, suggesting that entities were "connected" (*terkoneksi*) to each other via energy fields, constantly affecting each other via their vibrations. Estu explained that "when we devote our attention and thoughts to something, we energize the world". Thus, while he had never come across a "genuine" case of black magic (*santet asli*), in which suffering had

been engendered by a ritual or a spell, he had often encountered “black magic of the mind” (*santet pikiran*)—the “connectedness” of humans, and their capacity to energize the world via their attention, meaning that “if people are thinking many negative thoughts towards somebody, then misfortunes will certainly occur to that person”. Conversely, Irsyad explained, the immediate ease one felt in the presence of “very holy people” was itself attributable to the *quantum* effect. Their pure-hearted love, peace and openness with God led to such powerful vibrations that their mere presence had a calming, soothing effect on those around them. And so, when Khambali the chiropractor was badly injured in a motorcycle accident, Fauzi immediately took to the Komunitas Facebook page. “Pray for Khambali,” he urged, before adding, “N.B. Let’s use our HEALING ENERGY AND HEALING VIBRATIONS specifically for OUR FRIEND” (capitals in original).

As Fauzi’s post indicates, the *quantum* principle had implications for healing. It framed therapeutic encounters as involving more than the professional administration of medical techniques. They, necessarily, also involved healers and patients affecting each other via their energy fields. Since the subconscious domain of feelings and emotions accounted for 88% of human mental capacity, and therefore generated the most powerful vibrations, Komunitas members claimed that the most successful healing was that in which therapists were full of what Irsyad termed “*quantum love*,” focusing wholeheartedly on the wellbeing of the patient, and wanting nothing other than for the patient to recover. “Love,” in this discourse, was an individuated quality – a disposition with which therapists engaged the world—rather than a relational construct established through interaction with patients. There was no need to cultivate an emotional connection with the patient: connectedness was already present, an inevitable corollary of mutual existence in the world. One simply needed to attune oneself to that connection whilst letting feelings of goodwill suffuse one’s entire mind. This was typically achieved via a short meditation—either in front of patients, or just before they

arrived. If one was vibrating at the frequency of love, goodwill, and fully focused on patients' recovery as one administered therapy, Irsyad explained, the Law of Attraction would, somehow, beckon health and wellbeing into patients' lives. Perhaps it would make patients more responsive to suggestion; it might open their chakras—the precise mechanism of its operation would depend on how a therapy worked—a matter on which Komunitas members were disinclined to make pronouncements. Nor did the *quantum* concept require them to. Indeed, its capacity to accommodate minimality was doubtless part of its appeal. But its articulation should also be understood in light of Komunitas members' growing anxieties about therapeutic commercialization.

Historically, healers in Java, and indeed across the Malay World, have not charged patients for their services. The commitment never to ask for money could even be a prerequisite for receiving healing powers from a spirit guide (Daniels 2009, 58-60). While patients and their families were expected to offer a “tribute” in recognition of the healer, this could take many forms—cash, rice, spices, consumer goods—the healer accepting however much was given (Sobary 1997, 112; Werner 1986, 96). Most healers “could not live from the payments for their services and thus had to carry out other activities as well” (Hesselink 2011, 14-15), although the respect successful healing generated could “carry over” into other economic fields, boosting their income (Laderman 1991, 19-20). At first, Komunitas members had also endorsed this “no-fee” philosophy. Estu notwithstanding, every member had a “day job”, mostly within or supporting Jepara's furniture industry. Therapy was a sideline, a source of merit (*pahala*) and social capital. But as furniture sales dwindled, and Komunitas members moved from being unattached bachelors to husbands and fathers with extensive financial obligations, some began to see therapy, and the Komunitas itself, as money-making opportunities.

This became clear during a *musyawarah* about whether to set the Komunitas's life membership fee at 500,000Rp. The key advocate of this proposal was Fauzi, the bloodletter, still unmarried and in financial difficulty. He found strong support from Andhy, a father-to-be with hopes of raising his children in a "modern" brick house. They argued that higher fees would render members more invested in Komunitas activities. The older members, however, expressed concern. Abdullah objected that 500,000Rp was prohibitively expensive for poorer Jeparans. Irsyad echoed this, stressing the importance of accessibility. Taciturn Ruslan, who ran a furniture business, said little but glowered at Fauzi, who squirmed in his seat and protested, desperately, that the Komunitas funds had run too low to invite further guest speakers to Jepara. It seemed obvious that he was hoping to borrow money from the accounts. Ultimately, the *musyawarah* agreed to a compromise proposal—fees would be capped at 300,000Rp, with supplementary whip-rounds to fund visiting speakers. Andhy accepted this graciously, but Fauzi seemed distracted for the rest of the afternoon. That evening, they called me to ask for money.

Irsyad later admitted that the *musyawarah* (and my unwelcome phone call) had confirmed his worst fears: the Komunitas was becoming "profit-oriented". He worried that a combination of commercial thinking and financial desperation would encourage Komunitas members to charge hefty fees, as was becoming more frequent amongst local *dukun*, and amongst alternative healers in Indonesia's urban centers. He deplored such practices as "taking advantage" of people's misfortune, especially since AM practitioners had such limited costs to recoup. He then allied this ethical discomfort, rooted in both long-standing moral ideologies regarding how healers ought to behave and the Javanese moral value of *sacukupe* (moderation), to an ontological claim of far more recent vintage. If profit was sought, he argued, then therapies—whatever they were—would no longer prove effective. How could they? If a therapist's subconscious mind was preoccupied with self-interest and

the profit motive, associating a patient's presence with the prospect of earnings, then it would be impossible for them to deliver their therapy with the single-minded focus on the recovery and wellbeing of the patient that, by the *quantum* principle, was integral to successful healing. What allowed people like him and Ruslan to be effective healers, Irsyad argued, was precisely the fact that, supported by steady furniture revenues, they healed only because they wanted to.

Abdullah, who had foregone a life of market trading to become a full-time healer, agreed. Confronted with the tension between altruism and economic survival that faces any commercial healer (Sharma 1992, 175), he sharply differentiated between the therapies he offered. Most of his income came from treatments for augmenting sexual pleasure. Adamant that these were respectable (since satisfying sex ensured household harmony) he nevertheless classified them as “just for fun” (*untuk main-main*) and felt no compunction in charging high fees. However, his energy healing, offered for conditions including stroke, diabetes, cancer, and organ failure, ran on a donation basis only. Should it fail, he would not accept any compensation for his time. “I use my *quantum*,” he explained, contrasting his prospects of therapeutic success with those of his profit-oriented peers. “Andhy is certainly clever,” he conceded, “but he spends too much time using his head and not his heart. It’s going to affect his healing.”

Quantum, as a richly elaborated but ultimately vague explanation of therapeutic efficacy, illustrates both the importance and the limits of instituted minimality in a setting where the “no-fee” ethic of local healing has historically been a key line of defense against predatory medical practice. The dangers of exclusion and exploitation posed by commercialization of Komunitas activities were ethical “red lines” for senior members who, consciously or unconsciously, latched onto *quantum* as a way of anchoring their qualms in ontological postulates. By *quantum* logic, profit-oriented healing was in nobody’s interests:

patients would not recover; and though healers might make a profit in the short-term, their reputations would soon be in tatters. Irsyad, Abdullah, Ruslan and others could thus attempt to curb younger members' commercial leanings not via moral confrontation, which risked disrupting *rukun*, but via good-natured, seemingly objective, practical advice. Yet they could do so precisely because *quantum* discourse's remove from specific truth claims regarding alternative healing's proximate mechanisms rendered it relevant to every procedure in the Komunitas's arsenal.

Quantum discourse could not quash commercial instincts completely. Some Komunitas members used the concept to justify charging a fee. Healers were not the only ones whose subconscious vibrations affected a treatment's outcome, they reasoned; patients might not truly want to overcome their problems, or might not take AM seriously. A cash outlay would encourage them to embrace treatment more wholeheartedly. Yet, as Estu pointed out, there was no reason why the patient's "sacrifice" had to take a cash form, nor why its level should be specified by the healer. So, at the very least, by forcing therapists to scrutinize their inner motivations, ensuring their practices were guided by their clients' best interests and not their own avarice, *quantum* discourse could constrain commercialism, if not preventing it entirely. Ironically, Sentanu's quintessentially neoliberal prosperity discourse was being "accepted and utilized" to protect Jepara from the worst ravages of capitalism.

Conclusion

The Komunitas case complicates straightforward metanarratives of how healing systems change following encounters with new forms of medical discourse. The initial adoption of Ericksonian methods might, superficially, appear to exemplify a global trend towards "psychologization" (see De Vos 2013) and the hegemony of Western discourse. Yet such an analysis risks underplaying the extent to which Komunitas members agentively embraced

Ericksonian hypnosis in order to pursue various goals impelled by their ethical imaginations—from cultivating themselves as good Muslims and preserving the region’s heritage, to enjoying the personal pleasures of acting “as if” a sorcerer, all whilst maintaining harmonious professional relations and providing accessible, affordable medical care during a period of economic decline. Moreover, when these goals were obstructed by changes in the organization’s structure and the increasing economic pressures felt by its members, Ericksonian commitments, and the Cartesian dualism on which they were premised, were jettisoned in favor of an openness towards multiple ontological possibilities, and the monistic metatheory of *Quantum Ikhlas*.

How, then, to theorize this latter transformation? As the hegemonic impact of Erbe Sentanu’s work? As a resilient indigenous worldview steadily circumventing the influence of, or appropriating and vernacularizing, a (previously hegemonic) Western psychological discourse? No. Such explanations, very common in anthropological studies of intermediality, cast ontological postulates as the battleground in a Gramscian “war of position”, thereby presuming all parties’ investment in addressing and resolving quandaries regarding the ultimate nature of reality. Yet, as I have argued, such investment is only ever the product of a particular, historically situated ethical imagination that itself needs to be accounted for. It is easy to understand why it might feature prominently in encounters with biomedicine. Explaining reality is a key value at the heart of the scientific paradigm; it can bring worldviews into battle. Yet such confrontation is not inevitable. As I have shown, those involved in the global dissemination (and reception) of AM may relate to ontological questions in a far more indifferent, subjunctive, or improvisational manner, engendering different kinds of intermedical politics. In the Komunitas, these centered on how to safeguard social harmony, mutual respect, and widespread access to medical care: ethical concerns for which ontological claims became a proxy. By 2016, the accessibility, availability and

affordability of Komunitas therapies hinged on its members no longer thinking too deeply about how they effected cure at a proximate level, whilst nevertheless insisting on the second-order explanation that it was essential to be loving: on instituting relative (but not total) indifference towards ontological questions. Successive emergent regimes of thinking about and acting in the world resulted from concerted, and, in this case, fairly stable, projects of moral striving—underpinned by commitments to particular ways of being a healer, but also to inhabiting certain kinds of medical landscape—refracted through the emergent dilemmas posed by socio-cultural, organizational and economic change.

Having recognized this possibility, one can look at cases in which subjects' ontological postulates are either radically transformed or highly resilient in a more theoretically sophisticated manner. Rather than debating the presence or absence of “agency” in our interlocutors' intermedical encounters (cf. Greene 1998), the question becomes one of what directs their agency—taking us not only into the social imaginaries, affective impulses, and reflexive practices that shape their ethical imaginations and influence how they engage with ontological questions, but also how their broader circumstances afford certain modes of engagement, whilst, perhaps, precluding others. Such factors can help illuminate why ostensibly similar intermedical encounters often yield strikingly different results.

Komunitas members were, admittedly, privileged in terms of their capacity to realize their ethical visions—a luxury not available to all, especially in contexts where AM faces intensive state regulation; the approach developed here seeks to complement, rather than displace, critical analysis of power relations within medicine. Nevertheless, to the extent that such relations can be navigated within any given social terrain, examining the dialectic between ethical imaginations and the broader historical circumstances in which they are embedded can offer deep insight into how and why any given healing system is evolving at a

historical moment characterized by the simultaneous globalization of ontologically irreconcilable medical forms.

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Notes

¹ For an overview of New Order medical governance, see Ferzacca (2002).

² The Indonesian state reserves the term “complementary-alternative medicine” for practices proven effective by biomedical science, and learned via “structured education” (see Ministry of Health Regulation No.1109/Menkes/Per/X/2007). Other “non-conventional treatments,” provided they are “scientifically proven” to be safe, are classified as “traditional medicine” (see Government Regulation No.103/2014). While the state would label many of the “AM” treatments taught on the training circuit “traditional medicine,” my interlocutors reserved the term “traditional” for treatments long practiced in Indonesia, using “AM” (*pengobatan alternatif*) as general term for non-biomedical treatments. This article follows their usage.

³ A gesture that can be used to elicit an affective state with which it has been associated subconsciously.

⁴ “The Komunitas” is a pseudonym, as are all personal names.

⁵ See <https://jeparakab.bps.go.id/linkTableDinamis/view/id/11>

⁶ For more contemporary discussions of harmony and mutual tolerance as moral values on the Muria Peninsula, see Kato (2010) and Tohar (2013).

⁷ See <https://www.facebook.com/Jeparaco/posts/393493407459982>

⁸ Some healers interviewed elsewhere in Indonesia were more open to the possibility that spirits could be used within even ostensibly secular forms of AM, such as hypnotherapy.

⁹ The difficulty here stems from the placebo effect’s dependence on the therapist convincing the patient their treatment is not a placebo (Waldram 2000, 617).

¹⁰ Sentanu (2015, 21) grounds this claim in the Qur’anic promise (in Al Mukmin, 60) that prayers will always be answered.

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