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Transnational Spirituality and Healing: An Ethnographic Exploration of Alternative Medicine in Lisbon and Athens.

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Abstract:

In contemporary Portugal and Greece, the number of individuals who resort to alternative medicine continues to rise. From yoga, meditation and energy therapies to healing based on various religio-spiritual traditions, there is a variety of therapeutic practices one can choose from. The main objective of this paper is to show how a therapeutic and spiritual pluralism is produced through the implementation of transnational influences on spirituality and healing. It investigates the diverse ways in which the practice of spirituality through healing leads to a better understanding of how current processes of globalisation, transnationalism and multiculturalism affect, develop and negotiate one's individual, social, spiritual and medical identity. Based on ethnographic fieldwork in Lisbon and Athens, the Portuguese and Greek capital equivalently, the paper explores the pluralistic and transnational character of alternative medicine and the spiritual creativity with which such therapies are practised. Taking the role of the (spiritual) holistic practitioner as healer as a point of departure, it provides an empirical account of the shifting status of both religiosity and healthcare in two southern European countries that are still followed by the stereotype of being predominantly linked to Christianity as the denominational religion, and to biomedicine as the predominant healthcare system.

Keywords: Alternative Medicine; CAM; Holistic Healing; New Age; Transnational spirituality

Introduction

Complementary and Alternative Medicine (CAM) has long been considered as a form of 'Cosmopolitan Medicine' (Leslie 1976), adopting a medical pluralism that is directly connected to globalisation, multiculturalism and transnationalism. Despite the renewed interest in transnationalism, namely in 'various kinds of global or cross-border connections' (Vertovec 2001, 573), no attention has been paid on its impact in the domain of spirituality and healthcare, especially regarding these alternative forms of healing that are considered more cosmopolitan. Given the rapid degree with which globalised, multicultural and transnational processes affect and transform individual and collective identities and relocate sociocultural boundaries, a 'postmodern medical diversity' (Kaptchuk and Eisenberg 2001, 189), which has resulted in a transnationalisation of spirituality and healing in the contemporary world, has to be acknowledged.

Taking into account the fact that, when it comes to Portugal and Greece, the field of complementary and alternative¹ healing practices has received almost no research attention by social scientists, the primary goal of this paper is to place these practices at the centre of the analysis by focusing, in particular, on these practices of ‘alternative’ – rather than ‘complementary’ – medicine that are directly connected to non-denominational forms of spirituality. In doing so, it shall create an analytic space where transnational spirituality and healing are approached as contemporary sociocultural concerns (McGuire 1993) and are brought together to illuminate certain segments of the Portuguese and Greek society and culture that have been neglected anthropologically.

Part of the Complementary and Alternative Medicine (CAM) constitutes the so-called ‘holistic health movement’, which appeared in the USA in the 1970s, having grown out of the need to go back nature, a turn to eastern spirituality and mysticism, the feminist movement and so on (Baer 2003). The ‘holistic health movement’ is by many considered to be part of the New Age movement. As Poulin and West (2005, 257) put it: ‘The New Age movement (...) has created a space for holistic healing to become more accepted and sought after.’ Holistic healing gives priority to the balance between the mind, body and spirit (Baer 2003, 235). Being part of the New Age, it seeks to break with official, legitimised establishments, namely biomedicine and official religions (McGuire 1993, 149) and, as a spiritual healing movement, it expresses ‘the dissatisfaction with the limitations of the compartmentalised, rationalised medicine’ (ibid., 148).

Based on ethnographic fieldwork on the theme of New Age² spiritual healing in two southern European countries, Portugal and Greece, this paper focuses on people’s everyday engagement with a multiplicity of ‘holistic spiritualities’, namely ‘those forms of practice involving the body (...) which have as their goal the attainment of wholeness and well-being of “body, mind, and spirit”’; Such practices are now pervasive within New Age (...) and shade into the realm of complementary and alternative health care practices (CAM)’ (Sointu and Woodhead 2008: 259). Furthermore, transnational spirituality and healing is understood here as a form of religiosity and healing that travels across, both actually and symbolically, and transcends national, sociocultural and religious borders and deconstructs religio-spiritual and healing boundaries, leading to a pluralistic, diverse and creative spiritual and healthcare identity. More precisely, the concept of transnational spirituality and healing is used in order to denote the multiplicity of non-biomedical discourses, practices and healing adaptations through different religio-spiritual traditions, like Buddhism, Spiritism and Shamanism. It offers an analytical alternative to the still widely adopted stereotype that connects the countries of southern Europe, such as Portugal and Greece, with one predominant religious identity (Christian) and one predominant healthcare identity (biomedical); a stereotype that leaves no space for spiritual and healthcare transgressions.

Additionally, the complex role of alternative medicine in the contemporary world has already been demonstrated profoundly in other contributions (see, for example, Ross 2012). The aim of this paper is not to provide an exhaustive account of alternative medicine in Portugal and Greece, but to focus on two research locations, affected by transnational sociocultural processes, where (anthropological) research on the theme of alternative medicine is scarce. Attention is cast on specific

alternative practitioners as healers, whose therapeutic practice has a transnational spiritual character; and who, through their practice, challenge the stereotypical relationship between biomedicine and alternative medicine, whilst offering a better understanding of how religious and medical identity in the Portuguese and Greek context can transcend its Christian and biomedical roots.

The Ethnographic Context

The ethnographic findings presented in this paper derive from periods of anthropological fieldwork that was conducted in the capital cities of Lisbon and Athens between November 2011 and July 2017, on the theme of New Age spirituality and healing. More specifically, qualitative research methodology was used and the data and direct quotes in the paper come from interviews, informal discussions and direct engagement with about fifty alternative healing practitioners, who are actively involved in holistic spirituality, and whose real identity is protected via the use of pseudonyms throughout the text. All the interlocutors were chosen randomly and through the snowballing method, in order to avoid research and analytical preconceptions; the only predetermined criterion was their involvement, to a smaller or greater degree, with the main research theme, namely with New Age spirituality and healing.

The majority of my interlocutors were Portuguese and Greek by birth and upbringing and did not come from a diverse ethnic background. Their religious identity background was Christian, and since their involvement with New Age spirituality they have either continued to identify with it, nominally at least, sometimes involve it in their holistic spiritual practices, or reject it altogether. Also, most of the individuals I spoke to belonged to middle or upper middle class, were educated, and ranged between thirty and seventy years of age. Lastly, although interviews were conducted with both men and women, women appeared to be more active in the practice of New Age spiritual healing (see Fedele and Knibbe 2013) and, as such, seem to have dominated the field of alternative spirituality and healing in Lisbon and Athens.

Moreover, my permanent residency in Lisbon from 2011 to date, as well as my Greek ethnic and sociocultural origins and my frequent visits to Athens, have allowed for a deeper involvement in and understanding of the field, within but also outside the particular ethnographic periods I spent in my two fieldsites. In addition to following closely the everyday spiritual and healthcare practices of my fifty interlocutors, I have also had the opportunity to engage with a considerably larger number of holistic healing practitioners in Lisbon and Athens at a more informal and less frequent, but nonetheless equally important, way. Such ethnographic immersion has permitted to observe thoroughly the transformations in the Portuguese and Greek sociocultural context during the last decade; it has, furthermore, allowed me to become a direct witness of the increasing practice and rising popularity of transnational spirituality, CAM, New Age and holistic healing in Lisbon and Athens.

What follows is an ethnographic exploration of the transnational and globalised manner with which the residents of Lisbon and Athens negotiate their individual and sociocultural identity, through applying diverse religio-spiritual traditions on their healing practices. In order to better capture the comparative aspect of the argument and the potential ethnographic and sociocultural diversity between Lisbon and

Athens, the Portuguese and the Greek ethnographic data are presented separately, in two different sections. Attention is cast upon four particular cases of practitioners of alternative medicine, whose therapeutic stories have been chosen because they constitute typical and representative examples of the transnational spiritual character of how alternative medicine is practised in contemporary Lisbon and Athens. Finally, before reaching the concluding section, the relation between CAM, power and politics is examined.

Transnational Spirituality and Healing through the Ethnographic Lens: Lisbon, Portugal

Transnationalism and Portuguese religiosity are closely interlinked (Saraiva 2008). Due to the long migratory history and constant cultural exchange between Portugal and its former colonies, Lisbon has been highly influenced by transnational processes of multiculturalism and globalisation. Moreover, despite the fact that Christianity is the predominant religion of Portugal, with 81 per cent of the population identifying themselves as Catholic according to the national Census of 2011, an everyday pluralism is observed in everyday life. Islamic religious traditions (Mapril 2007), transnational African religions (Blanes 2007; Saraiva 2008) and Afro-Brazilian religions (Saraiva 2010), among others, claim a central part in the spiritual landscape of Lisbon. It is worth noting that, as Saraiva (2010, 267) explains, and especially when it comes to Afro-Brazilian religious practices, ‘many of these religious constructs or movements appear as new forms of cult that present themselves as alternative therapeutic practices’.

In this transnational context, CAM possesses a legal position, since relatively recent changes in the Portuguese Law (2013) have come to recognise officially the practice of certain CAM-related therapies, such as acupuncture, homeopathy, Chinese traditional medicine, osteopathy, naturopathy, phytotherapy and chiropraxis (Almeida 2012, 15). This recognition can certainly be considered as an important step towards a better integration of non-biomedical paths into the Portuguese healthcare system, officially pushing biomedicine and CAM into a friendlier coexistence. Yet, it has concurrently encouraged the process of camisation, namely ‘the process of applying CAM treatments and solutions to everyday human problems’ (Almeida 2012, 92). Additionally, the legally recognised CAM practices are the ones considered as more ‘scientific’ and hence more complementary to biomedicine and which, despite their connection to certain spiritual traditions, do not place as much emphasis on the relationship between holistic spirituality and healing as New Age healing does, and may thus be thought as less alternative.

In Lisbon, one can observe an increased tendency to practise ‘individual “homemade” religion’ (Dix 2008, 80) and New Age spirituality has begun to gain popularity (Bastos 2001; Saraiva 2010, 269) to date. As a result of the increasing presence of New Age spirituality in the city, holistic healing practices have in turn become very popular and sought after (c.f. Fedele 2016). Yoga centres, meditation retreats, sound, colour and crystal therapy, Buddhist centres, Hindu ashrams, wellbeing studios, reiki healers, shamanic teachers and therapeutic tarologists, among others, all vividly claim their spiritual therapeutic space in the Portuguese capital. Lisbon, as an urban locality, offers an expanded opportunity to experience holistic healing, by accommodating various spiritual and/or wellbeing centres that

function successfully, as well as a plethora of alternative healthcare choices through individual healers, who usually welcome their patients and conduct the healing sessions in the familiarity of their home or in certain outdoor green places in the vicinity of Lisbon, which hold special energetic and spiritual power.

I was born and bred Catholic. The Catholic Church is like biomedicine, they want to impose religion on you, like biomedical doctors want to impose science on you. So, I don't regard myself as Catholic any more. If we want to treat a patient holistically, we have to be open to spirituality...to let go of our religious preconceptions...I mean, I am not Catholic, but I have patients who are. I respect that. But they also have to respect that I have travelled to India to learn from Hindu spiritual masters, I have learned from Buddhist spiritual masters etc. Holistic healing is open spiritually.

The above words come from Ana, a Portuguese sound therapist in her sixties, who amalgamates Hindu techniques of relaxation with Chinese spirituality, New Age crystals and Buddhist healing sounds in order to treat her patients, following a transnational spiritual pathway in her healing practice. When one first enters Ana's house, where she conducts her healing sessions, the first thing s/he notices in the living room is a picture of her Indian spiritual guru, New Age books and crystals on the table, while New Age music plays in the background and there is a smell of Indian sage. One of the prerequisites for Ana's healing, as she explained above, is for her patients to be spiritually open to her transnational spiritual healing; they do not necessarily have to adopt a transnational spirituality themselves, just be willing to receive spiritual influences other than Christianity.

For many years, Ana suffered from acute pain and her biomedical experience with visits to physicians and pharmaceutical treatments simply worsened her wellbeing. Following the separation from her husband in the United States, she became involved with a holistic centre there, where she practised yoga, meditation and acupuncture. She then travelled to India, had intensive courses with various spiritual gurus and was ultimately completely healed. Drawing on her experience with biomedicine, CAM and holistic spirituality, Ana decided to return to Portugal and become a sound therapist. She brought her spiritual experiences from the USA and India and incorporated them into her healing practice. Ana has since combined her transnational spiritual and healthcare experiences to help other people with her own practice of alternative healing in Portugal (c.f. Stöckligt et al. 2015a, 184). She continues to follow her own CAM pathway, distrusting medical doctors when it comes to her personal wellbeing.

That's what the medical profession does. They isolate. They say 'oh, it's a tumour here, and we've got to kill it, otherwise it will spread everywhere else'. They don't take into consideration what has caused that. So, when you are healing the body, you haven't healed everything.

Ana belongs to the category of alternative healers I met in Lisbon who are inclined towards a negation of the efficacy of biomedicine as a healthcare system. She has treated quite a few patients³ with serious diseases, mainly cancer, in an efficacious

way, and believes that her treatment against cancer is successful because she treats the person spiritually and holistically. Her distrust towards biomedicine derives mainly from the narratives and experiences of her patients, who seek for her help after biomedicine has failed them. For Ana, biomedicine lacks empathy and the ability to feel the patient's needs not in a literal but a spiritual and energetic manner.

Biomedicine holds a significant role in Portugal. It is the official state healthcare system, free for all Portuguese citizens and foreigners with proof of residency in Portugal, and is organised around health centres, which are the first point of reference when a person is sick. Being attended in a health centre, as most of my interlocutors in Lisbon have observed, usually implies long hours of waiting, an even longer waiting list to have the relevant medical exams performed, and it is hardly considered to be a positive medical experience in terms of personal healthcare. A faster route to biomedical care is through the various social security schemes offered for a monthly or yearly fee; yet, such a route signifies a certain level of financial stability and not everyone can afford it.

Alternative healing does not come without a price either. For example, Ana charges around sixty euros per individual healing session that usually lasts up to two hours. As far as my fieldwork has allowed me to observe, this is the average price alternative healers in Lisbon charge for personalised sessions. Consequently, one has to come from a particular financial background to be able to afford private holistic therapy and this is one main reason why most of the practitioners I met in the Portuguese capital belong to middle and/or upper middle class. At the same time, however, one needs to take into consideration the fact that Ana, and many of the healers I met, practise their healing for free for anyone that needs it but might not be able to afford it. This personalisation and flexibility of the therapeutic exchange in alternative medicine comes in contrast with the biomedical rigidity and constitutes one of the main differences between the state and the alternative healthcare sector in the Portuguese capital.

Most healers in Lisbon share Ana's opinion that biomedical care is rigid, far from holistic and simply treats one's biological symptoms rather than a person as a mind-body-spirit. There are some holistic healers I met in Lisbon, however, who perceive the boundaries between biomedicine and alternative medicine as more fluid and do not completely reject the biomedical system. One of those healers is Maria, a Portuguese woman in her forties. As she has told me:

Nowadays, I don't feel I need a doctor. If something happens and I need to go to the hospital, I am open to it...if there is an emergency, I am in the hands of the doctors, I trust them; if I go to the hospital I totally trust that it is the place for me to be. For instance, giving birth, I wanted to do it at home but things weren't working, I arrived at the hospital and I had so much pain and I just told them, 'just take me off this pain!' (...) I know some people in the alternative world that have deep beliefs [against doctors and hospitals] that I don't have any more.

Maria decided to become a healer after attending a shamanic retreat in 2010 in order to deal with an important familial loss she had experienced shortly before the retreat.

After being treated through extensive shamanic healing, and following the encouragement of her shamanic teacher in that retreat, Maria realised it was her calling to become a shamanic healer herself. She very often uses a former monastery, the *Convento dos Capuchos*, now transformed into a cultural centre, as a locus of her healing sessions, where she usually sings Buddhist mantras and applies her shamanic healing techniques that come from the teachings of Peruvian shamans.

The simultaneous presence of globalised spiritual elements in her healing performance, where she mixes Peruvian shamanism, Christian teachings, Buddhist mantras, Hindu meditation techniques and New Age elements attributes a transnational meaning to Maria's alternative healing. Such transnational spirituality is something she seeks to apply during her therapeutic practice. During a typical therapeutic session, Maria uses New Age music, burns Indian incense, connects with her Christian Archangels and shaman spirits and asks her patient to do the same, while applying what she calls bioenergetic healing techniques to complete the spiritual healing session. She usually wears energetic stones and Indian-style shamanic feathers as jewellery, while always carrying two books with her: The Gospel of Mark, which designates her Christian spiritual heritage, and the Seven Laws of Success of Deepak Chopra, who is one of the most popular New Age figures and alternative medicine representatives around the world.

I often read St. Matthew's gospel, I resonate a lot with it. We had cases in the [shamanic] group with cancer, and there was one person, especially, that she had a surgery, she had breast cancer, she had chemotherapy....and after she started with us she only did two more sessions and [the cancer] was gone. And we work with the hospitals, we don't work against anything...

Maria argues for cooperation between biomedicine and alternative medicine and between Christianity and holistic spirituality. She believes that biomedicine and alternative medicine, as well as Christianity and New Age spirituality, should not work against but with each other. It is the transcendence of boundaries through their amalgamation that leads to successful healing and to an improvement of one's spiritual and health wellbeing, where 'the patient's wellbeing is perceived and understood as a form of agency' (Sointu 2006, 337). (Shamanic) healers in Lisbon like Maria, who are 'wounded' (Halifax 1982), have empirically tested the efficacy of alternative medicine, assuming the role of the patient in the process (Macpherson 2008, 70), and are, consequently, more open to negotiate the meaning of illness, healing, and cure with their patients (Bowman 1999, 183).

Transnational Spirituality and Healing through the Ethnographic Lens: Athens, Greece

In the last few years, partly due to the economic and the refugee crisis (see Cabot 2014; Dalakoglou and Agelopoulos 2017; Kirtsoglou and Tsimouris 2018), Athen's urban landscape has been transformed, being afflicted by an influx of migrants many of whom move to the Greek capital for a better future. As a consequence, the city has become substantially affected by multicultural and transnational processes of intercultural and interreligious dialogue. Orthodox Christianity remains the institutionalised religion of the country with around ninety seven per cent of the population being considered as Orthodox (Alivizatos 1999; Roudometof and

Makrides 2010). Within the context of the Greek crisis, which has also resulted in the rise of extreme right-wing politics (Kirtsoglou 2013), Orthodox Christianity has been used as a tool to create a neo-populist association between religious and national(istic) Greek identity. On the other hand, however, Greece has a long historical presence of religious pluralism (Prodromou 2004, 477), and there is definitely a close link between Orthodox Christianity and globalisation (Roudometof 2014). Contemporary Greek religiosity has been affected by a European as well as global shift towards novel pathways of religious diversity, and the rising popularity of New Age spirituality and healing in the Greek capital is a clear indication that Greek religion has ceased to be synonymous to Orthodox Christianity, while the boundaries of Greek Orthodoxy have become less rigid (Roussou 2013).

Just like Orthodox Christianity is the institutional religion of Greece, biomedicine is the national healthcare system in the country, as it holds political power and state recognition. Biomedicine is organised primarily through public social security schemes, which allows for the patients to have their family doctor and do all necessary exams for free; the price they have to pay for such free healthcare, however, is that they almost always have to wait for sometimes months in order to have their exams performed or even be attended by certain medical specialties. There is a large percentage of the Greek population, then, that opts for a private family doctor and other specialties instead, where one is normally attended within a week of requesting an appointment; in this case, they only pay a reduced subscription towards the costs of pharmaceuticals and examinations that are performed in the private sector and are generally offered a thoroughly better medical service.

In the Greek healthcare system, CAM-related practices have yet to be lawfully legitimised by the Greek state and it is thus impossible to be chosen as official treatments, as they are not covered by any social security schemes. However, my fieldwork has indicated that, during the last few years, CAM practices such as acupuncture, homeopathy and chiropraxis have gained popularity; even medical doctors recommend occasionally that their patients try a CAM practice as a complementary therapy. One may observe a certain level of tolerance between biomedical doctors and the practices of complementary medicine considered by them as more ‘scientific’, like homeopathy and acupuncture; such tolerance nevertheless is not extended to the alternative medicine and its practitioners. Despite their ambiguous status, alternative forms of healing continue to gain ground in the healthcare field of Athens. Yoga, reiki, energetic and mind-body-spirit therapies, transcendental meditation, aura cleansing, crystal and colour therapy and healing that is based on religious traditions such as Buddhism, Shamanism, Hinduism and Spiritism are among the most popular alternative practices. They are constantly and widely sought after, claiming a dynamic space in the healthcare landscape of the Greek capital and being performed by holistic spiritual healers, mostly in the privacy of their homes and in specially transformed rooms that can offer spiritual protection.

Fani is a Greek spiritual healer in her late sixties. Her journey to alternative medicine began more than thirty years ago, when she joined a group of energetic healing and had the opportunity to try a few versions of New Age healing as a practitioner. She passed from the role of the healing recipient to that of a spiritual healer by chance, after a random visit in Brazil, where she was first acquainted with Brazilian Spiritism and its therapeutic element of the so-called *passé*, an energetic

cleansing with hands, similar to reiki, which almost always involves the presence and aid of spiritual entities. During a second visit to Brazil, Fani was introduced to qi gong, lian gong and other Chinese-oriented therapeutic techniques. When Fani returned to Greece, she took all her transnational spiritual and healing influences back with her and gradually introduced them in her own healing method. Fani creatively mixes Brazilian Spiritism and the performance of *passé* with Chinese philosophy and bodily healing methods, such as qi gong, Indian meditation, New Age energetic healing and (neo)shamanic elements of spiritual travelling.

Fani's patients vary from individuals who face psychosomatic problems to those with cancer, their age ranges from late twenties to early seventies, they come from different social class and financial backgrounds and are both men and women. What they all share is that they regard Fani 'as their doctor', as many of them have told me, and they appreciate the fact that she performs the individual healing sessions of *passé* for free and as often as one needs. For the weekly sessions of qi gong and bioenergetics, a very affordable monthly fee is charged. Besides, Fani does not take the money hand-in-hand; she has left a box where there are papers with the names of everyone who attends her therapeutic classes, and each person pays in the box and ticks the relevant month and his/her name, hence creating a space of common trust. If for any reason one cannot afford to pay for a month or a longer period of time, Fani insists that this person should continue to attend for free instead of interrupting the therapy. Furthermore, all of Fani's patients trust their health on her therapeutic power, considering her as a medical expert, who is even better than their physician, since Fani approaches their ill-problems with personal care and she is always there when needed.

I would say that I am someone who is consistent and loves a lot and cares for the person I have in front of me (...) through what I do, I wish they find that inner piece of themselves and take a breath and say 'oh, this is good, I feel better!' But I do not believe I have a charisma, I do not believe I am a healer. Because I don't believe in authoritative leaders, and the healer, when she has patients, is a leader, she has an authority, right? I do not get along with any kind of authority. And I want everyone to have his and her own power and be the authority of their own selves. I am just there to help them (...) the healing relationship in our practice is a relationship of trust, not of power (...) And I believe that behind me there are other beings, other entities that help in the healing. I am just the mediator in-between.

Whereas in biomedicine the healer-patient relationship is based on a duality between the medical doctor and the patient, in spiritual healing this relationship shifts to include a third actor in the therapeutic encounter, that of a transcendental source (Stöckligt et al. 2015b, 7), where the healers help their patients '(re-)connect with their spirituality' (Stöckligt et al. 2015a, 187). Fani, and many of the other healers I met in Athens, see themselves as a 'channel which allows an intuitive, subtle, or even clairvoyant perception' (Stöckligt et al 2015b, 5). Fani is very intuitive, perceptive and sees her patient's aura and in which part of one's body, chakras and meridians she should direct her therapeutic energy. As she has stated above, she usually has a general feeling when her Brazilian spirit guides and of other spiritual entities that

always assist her healing are around but she does not possess, although she would very much like to, clairvoyant abilities.

There are many of Fani's patients who see and/or perceive spirits during the healing sessions with her, independently of their personal beliefs and spiritual influences: for instance, a female patient of Fani, who defines herself as Christian, frequently sees the spirit of an Indian leader who comes to help her; another man, who has fought against his Orthodox roots, has occasionally perceived Christian angels and saints in the healing room. The spiritual entities that come to contribute to Fani's healing are transnational: a Brazilian spiritist teacher, a Greek saint, a Peruvian shaman, an Indian spiritual leader are among the few spirits that have already made an appearance. And whether seen, perceived or simply being there, the spirits' presence attributes a sacred character to Fani's healing, transforming the therapeutic self into a 'sacred self' (Csordas 1997).

Eleni is a Greek woman in her early fifties. She has been engaged with CAM for more than a decade, having learned acupuncture and Ayurvedic acupressure under the guidance of an alternative healer, Theodoros, a man in his late fifties who comes from her hometown of Thessaloniki, the second largest city of Greece.

He [Theodoros] was a student of an acupuncturist for many years. Then he decided to create our group and began to teach us acupuncture, seed therapy and shamanism, without charging us anything. He is very charismatic; he is our spiritual leader and healer. And he has always told us that all healing should be offered for free, otherwise it should not be called healing but biomedicine. Ok, he comes from a very stable financial situation, so maybe it is easier for him. But is more of a matter of principle, of ethics.

When she moved to Athens in 2014 and could no longer attend Theodoros' spiritual gatherings and collective healing performances, Eleni sought healing in the Greek capital and ultimately received therapeutic aid from two women: a homeopathic doctor, who is also a physician, and a spiritual healer who practises alternative medicine. Eleni developed a very good relationship with the homeopathic doctor and felt she was attended well every time she visited the doctor's office, having developed a truly reciprocal encounter and emotional response, similar to the one she had experienced with Theodoros in the past. On the other hand, despite the fact that her therapeutic relationship with the spiritual healer had begun in good terms and Eleni was initially responding well to her alternative healing, this therapeutic encounter ultimately failed. Eleni felt that the spiritual healer was not empathetic towards her in the same way the other two healers were, and such lack of emotional correspondence led to an ineffective therapeutic relationship, forcing Eleni to ultimately cut the therapeutic bond with the spiritual healer.

I wanted her [the spiritual healer] to understand me, to feel how I was feeling, to take care of me. Instead I faced a wall at some point; a wall that I couldn't break. And then I decided not to go back. My healer, my shaman, will always be him [Theodoros]. But also Katia [the physician] is really nice too, she always receives me with empathy, she understands, you know?

In CAM therapeutic encounters, the emotional involvement of the healer with the suffering of the patient constitutes a crucial part of the healing performance and therapeutic exchange. When the CAM healer is ready to be emotionally involved with his/her patients' suffering and 'radically empathise' with them (Koss-Chioinio 2006), his/her spiritual healing is successful. In the majority of the therapeutic encounters I witnessed ethnographically in Athens, the healers 'respond[ed] altruistically to persons in distress seeking their help' and the 'individual differences between healer and sufferer [were] melded into one field of feeling and experience' (ibid., 877-878).

Eleni was and still is open to transnational spirituality and has sought for a healer in Athens who can offer a holistic and pluralistic understanding of illness and healing, the same way as her shamanic healer Theodoros had done; she partly found one in a homeopathic physician but not in an alternative healer, who did not show radical empathy and did not play her therapeutic role according to Eleni's expectations. In alternative medicine, especially when spirituality of transnational influences is involved, the patient needs to be convinced of the healer's performance in order for the healing to be effective (McClellan 2013, 67). It is the meaning response of the patient to the performance of the healer that primarily makes the transnational spiritual healing effective, for 'healing practice is not about making things up, but about ensuring that diagnosis and healing align in some meaningful way with client expectations, experiences, and beliefs' (ibid., 66).

CAM, Politics and Power

In April 5, 2019, an article published in *Público*, one of the largest and most well-circulated newspapers in Portugal, raised a big wave of disapproval among most of my interlocutors in Lisbon, as well as the general public in favour of CAM. The author, a Portuguese biologist and researcher, wrote an opinion article against CAM, which subsequently became popular and was widely shared in social media. Assuming a 'scientific position', the author argued, among other things, that all practitioners of alternative medicine are 'charlatans', who have created a 'lobby' and 'sell false hopes' and 'illusions' and that CAM is 'part of an emerging cult of irrationality', stating that 'it is necessary to create a culture in which people will be ashamed to say that went to an homeopathic doctor or are homeopathic doctors'. When reading this article, most of my interlocutors in Lisbon were insulted; this public shaming of CAM, they felt, was nothing but another effort in a game of power politics: the biomedical professionals and the positive scientists have been feeling so threatened by the rising popularity of CAM and the almost official legitimation of some CAM practices, that they revert to such strategies so as to discourage a pluralised medical system where CAM would gain a powerful position, equal to biomedicine, in the Portuguese healthcare context.

In 2018, in the southern European neighbour of Portugal and Greece, Spain, the Government announced that it would begin an effort to abolish homeopathy and the rest of alternative 'pseudo-therapies'. During the same year, the Greek Biomedical Association of Athens unanimously condemned the recommendation by the Central Health Council, which is the official advisory body on the structure and functioning of the National Health System in the Greek Ministry of Health, that 'homeopathy should be allowed to be practised by specialists that may or may not be

physicians'. The Association argued that 'homeopathy, just like every alternative therapy, has to be performed exclusively by physicians'. Homeopathy is considered in Greece as perhaps the most 'scientific' CAM practice, homeopathic pharmaceuticals are sold legitimately by specialist pharmacies and there are some physicians who practise it in Athens. The physicians I spoke with during my Greek fieldwork were not against CAM per se, as long as it was performed by them and not by alternative medical experts; the contrary would compromise their medical authority and would hand therapeutic empowerment to alternative healers instead.

At a more general level, the above mentioned public 'attacks' against CAM, whether initiated by an single scholar, as in the Portuguese case, or by the collectivity of a legal association, as in the Spanish and Greek case, reveal the complex role CAM holds in contemporary southern European societies. Interestingly enough, these public expressions of disapproval against CAM are directed towards the legitimised – or the potentially legitimised – complementary practices, such as homeopathy, and not towards the more alternative healing practices of a New Age spiritual character, like the ones that constitute the focus of the present paper. Such choice appears to designate a politics of power: it is the CAM practices' legal status that could potentially compromise biomedical authority from an official standpoint, with financial, sociocultural and other implications. At the level of everyday healthcare practice, however, the transnational spiritual therapies constitute a perhaps more unofficial but stronger threat against the authority of biomedicine. They offer a critical discourse against biomedicine as the dominant medical system, expressing an urgent need for healthcare renewal, and simultaneously claiming their own position of power within the Portuguese and Greek medical and religious system, from below.

Concluding Remarks: a comparative account of alternative medicine in Lisbon and Athens

This paper has placed the relationship between spirituality and healing at the centre of the analysis, while examining the complex encounter between biomedicine and alternative medicine, along with the diverse discourses and power politics involved in the process. The objective has been to show how a therapeutic and spiritual pluralism is produced through the implementation of transnational influences on spirituality and healing; how diverse religio-spiritual traditions are adopted and adapted to create a dynamic field of personal, spiritual, medical and sociocultural transformations through alternative medicine; and how holistic spiritualities are amalgamated in the everyday therapeutic practices of the residents of Lisbon and Athens, creating novel forms of spiritual belonging and healing itineraries.

One might argue that an attempt has been made to focus on the similarities rather than differences between the two ethnographic locations and, as a result, the two fieldsites may appear to be more socioculturally uniform than they really are. I have taken into consideration the fact that my research was conducted in two different countries and in two distinct sociocultural settings, and I have tried to indicate the sociocultural specificities of each setting in the relevant chapters of this paper. Yet, my comparative fieldwork has pointed to the surprising perhaps factor that, when it comes to New Age spirituality and alternative medicine, there is an almost parallel itinerary between the Portuguese and Greek case. At least during the years I conducted my fieldwork, Lisbon and Athens shared a common difficult route,

being the city capitals of two countries that were radically affected by the socio-economic crisis in the southern European context. Furthermore, and perhaps most importantly, both Portugal and Greece are socioculturally contextualised according to the 'single-faith' Christian stereotype that follows most southern European countries (Catholic in Portugal, Orthodox in Greece), and in both countries biomedicine is the national healthcare system.

In the context of the economic, sociocultural and political challenges the crisis brought, the response in terms of negotiating one's religious and medical identity is strikingly similar between the Portuguese and Greek context: a slow yet steady shift towards alternative spirituality and healing, under globalised and transnational spiritual influences. Judging from my ethnographic experience from 2011 to date, this shift does not necessarily mean cutting one's bond with official religious traditions and medical institutions. However, it does offer a critique against the rigidity, authoritative status and lack of a pluralistic approach that is – more often than not – found in the framework of Christianity and biomedicine, while designating an intention for a transnational spiritual openness that moves towards an alternative therapeutic fluidity, where healing practices are spiritually, bodily and mindfully accommodating rather than ruptured.

To conclude with, in Lisbon and Athens alternative medicine is a culturally legitimised healthcare path. An increasing number of individuals in the Portuguese and Greek capitals revert to alternative medical experts that are not physicians, establishing patient-healer relationships that are more emotionally oriented, empathetic and meaningfully responsive, albeit equally efficacious to the more clinical patient-physician ones. A diversity of transnational spiritual and healing practices, where practitioners 'can choose one form of healing or put together a package, from a huge reservoir of alternatives, according to personal choice' (Bowman 1999: 184), is offered in the two urban localities. These healing itineraries are indicative of how their practitioners deal with their spiritual and healthcare individuality within a sociocultural context where, 'in contrast to conventional medicine, with its measured objectivity, alternative medicine offers a charged constellation of expectations' (Kaptchuk 2002, 818).

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Notes

1. During my field research, I found out that the terms ‘complementary’ and ‘alternative’ were used in alternation by some, or one of the terms was rejected by others accordingly. For some of my interlocutors, ‘alternative’ possesses negative connotations, promoting exclusion from the mainstream healthcare system. For most of them, however, ‘alternative’ is the preferable term to describe their healing practices, since it offers a stand-alone healing pathway the therapeutic power of which is equal to biomedicine. Consequently, in order to respect the most widespread emic categorizations with regard to the two concepts, the terms ‘alternative healing’, ‘alternative medicine’, ‘New age healing’ and ‘holistic healing’ are used alternatively, signifying the forms of non-biomedical healing practices I came to study in Lisbon and Athens.
2. The concept of ‘New Age’ has received criticism (e.g. Sutcliffe and Bowman 2000; Wood 2007), being considered to be an umbrella term, together with the concepts of ‘CAM’, ‘complementary’, ‘alternative’, ‘holistic’, ‘well-being’, and so on, carrying a strong etic weight and quality. While I am aware of the difficulties and the complications it entails, I also take into consideration that sometimes my interlocutors themselves use the term ‘New Age’, as well as the rest of the concepts mentioned above, in order to contextualise their practices. I therefore find ‘New Age’ and the other concepts useful and I apply them, from both an emic and an etic perspective, in the present paper so as to denote the more individualised and transnational spiritual paths that my interlocutors follow during their everyday lives.
3. When it comes to the term ‘patient’, my intention is far from attributing passive qualities and meaning to its significance (see Kleinman 1980). Instead, both ‘patient’ and ‘healer’ terms are utilised as a tool to define the two sides of the healing relationship, maintaining throughout the text that such a relationship, the roles and the identity dynamics involved are constantly under transformation.

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