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## **Alternative Healing as Magical Self-Care in Alternative Modernity**

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### **Abstract**

Alternative healing, including spiritual healing, unconventional, traditional/folk and complementary medical treatments, is an increasingly relevant health-care resource in contemporary health-care systems, and a broad, constantly changing, and heterogeneous field of medical pluralism. Some suggestions for classifying spiritual healing as presented in the academic and gray literature are summarized and discussed. The findings are interpreted in terms of the paradigm of alternative modernities. In the direction of, but also in addition to, this paradigm, magic is introduced as a concept to denote certain, highly ambiguous occurrences in the alternative modern. Magic is still very much alive and not easy to determine merely as a counterpart of rational, knowledge-generating, disembodied modernity. In this setting, spiritual healing might be seen as a form of magical self-care. Magic is neither modern nor traditional nor irrational per se, but has to be contextualized and described in terms of characteristics like holistic diagnosis, interpersonal congruence, imaginations on agency, and efficacy.

### **Keywords**

spiritual healing – holistic medicine – alternative modernity – magic

### **Introduction**

Cultural constructions of healing and medicine have recently undergone great changes. Older ideas of psychosomatic medicine from the 1940s and 50s drew on a much narrower, psychoanalytically informed understanding than what Anne Harrington calls mind-body medicines, which have arisen only since the 1990s (Harrington 2008). It is this recent field of healing we will investigate here. The focus will be on the finely intertwined relations of rationalistic and, as we will call them, alternative approaches to health and well-being. There are studies which show that in any given month about 75% of the population in the USA feel unwell and suffer physical symptoms (Ananth 2009). The majority of these people find for themselves an explanation of their problem and how it can best be dealt with. This can range from going to bed earlier or drinking more fluids, to trying not to get so anxious about things. Most symptoms are relieved by self-diagnosis and self-treatment. These figures leave no doubt that the biggest health-care resource is the population itself. If we now consider that, according to other studies, 60 to 90% of people who seek medical advice consult a doctor because of “stress”-

induced symptoms (Klein & Albani 2011), then it is clear that behavioral adjustments and the attribution of meaning to their own way of life are extremely important for improving the patients' subjective well-being. I will address this efficient behavior as a form of self-care. Self-care is crucial to an understanding of the changes in question, as it plays a significant role in the field of alternative health care. Self-care is typically connected with late-modern subjectivity and mostly follows a particular action logic. This action logic can partly be characterized as magical, and this article will inquire into the occurrence of such magic or re-enchantment with regard to healing, like the New Age "quantum field" and invisible "energies," for instance in quotes such as "Healing happens beyond methods and therapeutic interventions. The healing field – by analogy with the quantum field – is an unlimited resource, an ocean containing all possibilities, from which fundamental healing processes can be shaped" (Platsch 2010).<sup>1</sup>

The article pursues a double aim. First, discursive formations of mainly scholarly taxonomies in the field of alternative healing during the recent years of debate are mapped. This article is not about the historical accurateness of these categories in the multiple countries covered by the literature. This would need much more regional and historical work that takes legal, political, and other specific factors of political economies into account. The objective therefore can only be to consider the categories and terms employed, in a self-reflexive attempt at scholarly ordering. Second, these findings are interpreted in the framework of alternative modernity and its discourse on magic. This frame should help us to take a closer look at historical contingencies of alternative healing without a rationalistic bias or an orientalist lens. Beyond common associations like modern with progressive, rational with predictive and efficient, "energetic" with ineffective, and so on, magic is conceived as playing an important part in constructions of local modernities. I will not treat magic normatively as a concept representing the shadow, the counterpart, or the dark side of modernity, but as an always relative, integral part of it, designating phenomena of fascination, holism, this-worldly agency, and so forth.

### **Alternative Healing in the Context of Alternative Modernity**

Alternative healing encompasses complementary, traditional and alternative medical treatments, and spiritual healing. Spiritual healing typically designates diverse forms of healing which are regarded as complementing or competing with conventional medicine, which see themselves as holistic, and frequently involve references to healing beings or healing powers.

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<sup>1</sup> Translation of German citations by Ruth Schubert.

According to the definition of the German Association of Spiritual Healing<sup>2</sup>, for instance, healing is holistic, relies on one's own responsibility, and activates self-regulating healing forces. The latter is a way of translating spiritual healing into popular scientific language, and it suggests an effective mechanism: the psychosomatic immune system. Spiritual healing is only one example of the huge changes that have taken place in the religious field during the past few decades. Migration or late capitalism could also serve to show how power relations and competitive relationships change between religious organizations. In all these historical processes, there is a shift in the constellation of religious, scientific, legal, political, and economic formations of knowledge that include formations of magic in the conceptual sense developed in this article.

The main reasons for these changes are the global transfer of body techniques and the densification of knowledge. Various new conceptions and treatments are fed into the social imagination in respect of what health is, and how it can be obtained: old Indian Ayurvedic healing, Chinese energy meridians and acupuncture, neuropsychological guided imaginary programs, and neo-shamanistic soul retrieval. In modern societies innovative forms of healing materialize almost daily. The use of aura-soma therapies or Buddhist attention techniques in clinical therapies creates hybrid forms: they are combined with cultural traditions to form a new code, where the experience of the participants as the acid test of the ritual contributes to determining structural changes within the ritual. When changes take place in the style of experience, motivations, needs, and expectations of the participants, they will experience the ritual differently, as appropriate, helpful and effective or "empty."

Spiritual healing must also be related to its environments: to conventional medicine, which is directly affected and challenged; to traditional medicine or medical folk practices which contribute more to a local than to a religious identity; to everyday life, for eating habits, work-life balance, and stress-coping techniques interact with conceptions; to body techniques and other ritual practices of spiritual healing. In the environment, religious organizations and interpretive models of wholeness also play a role. Among the consequences of the overlapping fields are polemics, sharpened profiles, and niche formations. The increase in healing services in the Christian sphere, for instance, could be a discursive effect of this environment. In 1982 Pierre Bourdieu spoke of the dissolution of the religious field into the broader field of symbolic manipulation of meaning, where psychotherapies, Asian martial arts, yoga, and spiritual healing all work together. This field of symbolic manipulation of meaning is also part of the environment of spiritual healing. It would be important to make a study of the diversifica-

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<sup>2</sup> "Geistiges Heilen – was ist das?" Deutscher Dachverband Geistiges Heilen. URL: <http://www.dgh-ev.de/was-ist-geistiges-heilen.html> (accessed 4 March 2015).

tion of spiritual healing in the context of consumer culture, market phases in the healing sector, product standardization, commodification of indigenous healing, and the push to innovate. Helpful here are cooperation with health economics (Bowman 1999) and the adoption of economic action theory in the economics of religion and new institutional economics.

### ***Debates on Modernity – the Current Concept of Alternative Modernities***

A relevant frame of reference for all these changes is the transdisciplinary discussions of modernity that have taken place over the past few decades. When the unifying frame of a single supernatural order disappears, as happened in central Europe in the modern period, self-affirmation is increasingly based on self-reflection. The “second modernity” from the 1960s onwards is therefore also called “reflexive modernity.” More specifically, such diverse scholars as Michel Foucault, Thomas Luckmann, Judith Butler, Ulrich Beck, and Jürgen Habermas show how knowledge is socially inaugurated by means of constructive and performative processes. In the 1970s, the social theories of late capitalism were centered around the paradigm of multiple modernities. Distinctions have been made between types of civilization, and sociologists and political scientists such as John W. Meyer and Shmuel N. Eisenstadt have sought to define the specific properties of the West. The post-modernity of the 1980s criticized this understanding of modernity as being too normative. Post-colonialist debates contributed especially to “provincializing Europe” and came up with a variety of perspectives from diverse countries and histories and “her-stories” about “Europe.”

Since the 1990s, the concept of modernity has been taken up again and conceptually multiplied. Some people talk of the critically modern, which, despite globalization and cosmopolitanism, takes local circumstances into account (Appadurai 1996), and pays attention to imbalances of power, inequality, and dependencies (Knauff 2002a). Alternative modernities are social formations which cannot be described in terms of an opposition between Western and non-Western. In a postcolonial setting “*modernity can be defined as the images and institutions associated with Western-style progress and development in a contemporary world*” (Knauff 2002b: 18; italics in the original). All over the world, the appearance of an increasing number of spiritual forms of healing has accompanied the diffusion of modernity. Reiki, charismatic healing, yoga therapy, purportedly indigenous healing practices such as Hawaiian *huna* and *lomi*, or neo-shamanism are only a few. The paradigm of alternative modernities, which makes it possible to describe the local relation and articulation of traditional and modern, wealth versus poverty, participation and exclusion, also makes it possible to localize healing practices. According to the anthropologist Bruce Knauff (2002a), modern is that which is

considered as Western-style and as progressive in the local context, and – a second important feature – that which is connected with the hope of obtaining wealth or a better way of life.

The concept of alternative modernities as defined by Knauff leads to the following questions with respect to alternative healing: 1. Similarity and difference: how can we explain that transnational versions of healing traditions are found everywhere in such similar forms, spread through processes of reception, while in the local context they are embedded in very different power relations and cultural configurations? 2. Contexts for pricing: who has the economic means to try out expensive Chinese medicine or osteopathy, and who has to stick to homeopathy because it is cheaper? 3. Knowledge formation: what kind of educational background is needed to find shamanistic techniques convincing? And who is socialized in such a way that, for instance, the Healing Angels scene is the only form of healing they will consider?

Thanks to the perspective of alternative modernities, inequalities, ruptures, path dependencies, and locality are seen in transcultural comparison. Only in this way can we discern whether spiritual healing in a particular context belongs to tradition, to what is old and archaic, or to what is modern, technical and progressive. In the framework of an empirical study of a new religious group (Koch & Meissner 2011), the interest in carrying out a pilot study on spiritual healing was regarded by the group's members as a modernization of academic research: at long last a university was showing interest in spiritual healing, rejecting its rationalist prejudices, and smoothing the way for the medicine of the future, which is holistic. In the eyes of the healers in the study group, conventional biomedicine is traditional medicine, while their own form of healing is modern. With the concept of alternative modernities, we can examine these cultural encodings. What is still lacking in the model of alternative modernities, or what is not so much in focus, is a level to relate magic and its non-magical counterpart. Hence, with magical self-care I will introduce the pole of magic as a further dimension of relational modernity and enquire how this category relates to such fundamental dimensions of the alternative modernity theory as the modern/traditional, the rational/irrational, effective/ineffective, and powerful/powerless.

### ***Spiritual Healing in Cultural and Religious History***

In psychological research on spirituality and spiritual healing, Wilhelm Wundt's model of consciousness "as the negative of vulgar spiritism," which "traumatized" psychology around 1900 (Kohls & Sommer 2006: 209-210), was common in experimental psychology for many decades. This means that transcendence was structurally excluded and the physical determin-

ism of the 1880s was adopted as an academic theory. As a counter-movement, the sacralization of psychology in humanistic and especially transpersonal psychology, and the psychologization of healing returned in parts of the psychological and emic discourse on healing. More than anything, it was health psychology that “discovered” the importance of spirituality for health in the mid-1970s. And studies by scholars of religion have shown that some of the medical and psychological secondary literature on spiritual healing can be classified as belonging to religious history (Binder & Koch 2013). This literature often eschews direct references to anything religious or spiritual, and offers a secularist interpretation of healing, chiefly by invoking holism and New Age interpretations of quantum mechanics. In the essay mentioned above, Kohls & Sommer use the same line of argument to render concepts from quantum mechanics such as non-locality and complementarity available for explaining spiritual healing.

In most industrialized countries, the most recent wave of spiritual healing belongs culturally to a broad social trend which led to the development of new social movements in the 1970s and 1980s in the wake of the 1968 revolution. Woken up by the events of 1968, the oil crisis of 1973, and cuts in social services after the rapid economic growth of the 1950s and 1960s, various groups started looking for “alternative” forms of economy, communal life, and political participation. People protested against globalization, the arms race, and nuclear power, while extra-parliamentary opposition, squatters, and anti-consumerists became organized. The women’s liberation movement fought for the equality of men and women and demanded that women should be included in power structures at their place of work. In Germany, the ecological movement led for instance to the founding of Greenpeace in 1971 and the political party Die Grünen in 1980. These changes can be seen as a neo-romanticist counterculture (Tripold 2012; Tiryakian 1992). The rise of spiritual healing in modern Western religious history is due to colonial contact, esotericism, and above all to the New Age. Psychotherapeutic techniques, for instance, in humanistic psychology, new body and dance therapies in the wake of the Esalen Institute, as well as theosophical beliefs, and spiritual management training programs, were revitalized or invented. Points of intersection were the quest for communal, anti-consumerist lifestyles, which many hoped to find in the Osho/Bhagwan and Hare Krishna movements, and the search for meanings and practices which could compensate for the downside of social cuts, risky technologies, the arms race, and so forth. Some of the key elements here are the idealization of nature, social closeness, and ethical guidelines. There is a need here for an evaluation of this discourse segment based on a detailed historical study. This ideologization, new inwardness, or depoliticization, is frequently diagnosed as a retreat

into the private sphere, which is said to have taken place both in the public discourse in the 1980s (the debate on sects) and in the specialist literature on this period by scholars of religion, and especially by sociologists of religion.

Another context is reflexive ritualization, which is described by Michael Stausberg (2004) as the transfer of individual elements of anthropological ritual theory to everyday spiritual practices. This kind of “spiritualization,” in the sense of the adoption in society of elements linked to religion, can also be observed in the sector of alternative medicine. In continuation of Stausberg’s concept, we might perhaps speak of “reflexive curing.” If we take as an example the establishment of Ayurveda in Germany from the 1970s to the present, it is possible to reconstruct phases of homogenization, popularization, and diversification, which overlapped depending on when the different institutions were launched on the market (Koch 2005). In Germany, an increasing number of “Ayurvedas” have appeared since the 1990s, which often expressly describe themselves as spiritual, or use religious concepts (cosmological and anthropological doctrines of happiness). That this movement has been able to establish itself shows that there is a gap in the market supply and in the collective imagination of conventional medicine, as well as in the religious field. The diversification of these Ayurvedas can be seen by looking at the web pages of about ten major Ayurveda suppliers. Despite many differences in their market share, products, target groups, and traditional self-positioning, the self-descriptions created for such virtual and mediatized representations are surprisingly uniform and show few variations. This finding can be interpreted as an indigenous revitalization like many other alternative healing practices on offer (Tibetan medicine, Haitian healing, etc.), for which uniform descriptions are important in order to aid recognition and reciprocal legitimization.

Also relevant for the societal position of spiritual healing is a new proactive attitude towards health called “health promotion” in post-industrial knowledge societies, risk societies, and “health societies” (McQueen & Kickbusch 2007). The aim is to enable people to live longer and be fitter. In sociology this approach is regarded by many as psychologism and medicalism. When the causes of a lack of well-being are sought in the patient’s psychological condition, and the focus is on the individual as is customary in medical practice, it is easy to believe that the quality of life can be improved through the instrument of health promotion and prevention. Spiritual healing is strongly connected with behavioral changes and the quest for coherence in worldview, justification, meaning, and freedom of action in one’s own life. This is what sociologists Susan Sered and Amy Agigian call holistic sickening: a sense-making narrative of the disease for one’s own life is more important than a causative explana-



tion (2008).

## **The Field of Alternative Healing**

### ***The Context of Complementary and Alternative Medicine (CAM) - Terminology***

The rise of scientific medicine since the end of the eighteenth century has from the beginning been accompanied by the emergence of alternative medical systems (Jütte 1996, 2010; Kaptschuk & Eisenberg 2001; Harrington 2008; Wahlberg 2007). New methods of diagnosis and healing were quickly caught up in the battle lines of medical discourse between empiricists and rationalists. For example, allopathy is the polemical term used by Samuel Hahnemann to refer to “conventional medicine,” the opponents of his homeopathy. The dominant social influence has always been a wealthy, educated clientele (Kelner & Wellman 1997: 205-206; Jütte 2010; Wolff 2010: 181, 208; Astin 2000: 109). Both kinds of medicine are part of one and the same market, which is clearly seen in the current economization of health-care. For what is excluded from the public financing system in one sector reappears as a demand in the complementary sector. Currently this mainly applies to the psychosocial dimension of healing and what at least claims to be a holistic approach. The concept of complementary medicine arises from debates in the 1980s, at first in Britain and later also in the U.S., over efforts to integrate both sectors into the British health-care system (Stange 2000: 36; Wahlberg 2007; Fisher 2010). Alternative medicine is a term that grew out of the confrontation with the dominant sector in the medical field, and is distinguished by its different conceptions of science and healing (Jütte 2010: 25). Some people make a distinction between individual alternative methods and complete alternative theories and systems, such as traditional Chinese medicine (TCM) or homeopathy. However, this is not always helpful. A closer look at present-day homeopathy shows that this form of alternative medicine alone can be divided into three very different types: a rationalist or scientific type, a type that sees itself as integratable with other healing practices, and an ideologically original type (Jeserich 2010: 212-219). As a third strand, traditional European medicine (TEM) must be added, for instance the medieval monastic medical knowledge of the Benedictine nun, St. Hildegard of Bingen, or the water cures of the Catholic priest, Sebastian Kneipp, as well as herbal treatments or geomancy.

Over the past few decades, complementary and alternative medicine has usually been mentioned in the same breath. Since 1995 this has been illustrated by the renowned *Journal of Complementary and Alternative Medicine* published by the International Society for Complementary Medicine Research and the Society for Acupuncture Research. Empirical studies

show how large the informal CAM network has become.<sup>3</sup> Linguistic usage further distinguishes evidence-based medicine from energy medicine or integrative medicine (Utsch 2003). Evidence-based medicine sees that many needs remain unanswered and frequently integrates placebos and naturopathic treatments. Surveys carried out in Germany in the mid-1990s showed that alternative treatments were already very popular and were considered as complementing conventional medicine (89% of respondents) or even as the better choice (61%) (Binder & Wolf-Braun 1995: 146). The best-seller success of a Master's thesis in religious studies, with sixty thousand copies sold, has to be understood against this background: Magali's *Guérisseurs rebouteux et faiseurs de secret en Suisse romande* (2008) was chiefly sold in Catholic Switzerland and included a list of addresses of healers.

The recent increase in the popularity of alternative treatments can be explained in terms of cultural changes: preventive health care has become an important concept in many societies. For many people a proactive attitude is deeply rooted in their way of life, involving a sense of responsibility for their own health and self-healing techniques, which finds expression in diet, exercise, fitness, wellness, methods of relaxation, or even the manipulation of one's own appearance through cosmetic surgery. Sociologists speak of cultural creatives or LOHAS (Lifestyle of Health and Sustainability). This also applies to the ecological movement. To these people, the way things are experienced is important. Events, the aestheticization of products or their moralization, wellness programs, and Zen design reduced to the "essentials," become meaningful as part of a total lifestyle. While some claim that today's "high-tech medicine" has lost sight of the patient as a person, others argue that the border between conventional health-care and alternative medicine is becoming more and more blurred. As more and more people choose natural remedies, there is a growing tendency towards self-medication. Access to the market is becoming easier for alternative medicine because patients are paying more out of their own pocket, and some private health insurance companies have agreed to pay for alternative treatments. There are also attempts to join up the different sectors in the medical field. For instance TCM is 'translated' as "vegetative medicine." TCM is based not on organs but on neuroaffective activation patterns. Each functional circuit in TCM, in which diagnostically relevant signs are grouped together, also has an emotional aspect (Greten 2007). Besides this method of comparison and translation, attempts have been made to scientifically demonstrate the efficacy of the active ingredients in Chinese remedies (Eferth 2010).

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<sup>3</sup> There were more doctor-client contacts within the CAM sector than in the conventional medical sector. For the U.S., see Eisenberg et al. 1998; for Germany, see Stange 2010.

The National Center for Complementary and Alternative Medicine of the National Institutes of Health in the US lists four types of CAM (2007), which show that there is much overlap between the medical and religious or ideological fields:

- Mind-body medicine (e.g. meditation, yoga, acupuncture, tai chi, hypnotherapy, deep breathing exercises, progressive relaxation)
- Natural products and herbal medicine (e.g. phytotherapy, diets, macrobiotics, dietary supplements)
- Manipulative and body-based practices (e.g. chiropractic, osteopathy, massage therapy, spinal manipulation, shiatsu)
- Other CAM practices
  - Alternative medical systems (e.g. homeopathy, TCM, ayurveda)
  - Movement therapies (e.g. Feldenkrais method, Alexander technique, Pilates)
  - Energy field therapies (e.g. magnetic field therapy, Reiki)
  - Traditional healers (e.g. indigenous healing)

What we refer to here as spiritual healing mainly comes under the heading of energy field therapies, which includes certain body techniques such as deep breathing, hypnosis, and auto-suggestion. This area of spiritual healing needs to be distinguished from the “alternative medical” area where complementary therapies are used by (conventionally trained) medical doctors. Conventional treatment is complemented here by treatments based on homeopathic, classical natural, Chinese, and Ayurvedic medicine. Many groups offer their services in hospitals. Examples in Germany of this are the Naturheilklinik Martinsried (a “natural cure” hospital) of a new religious group called Universelles Leben (Universal Life), and the anthroposophical hospitals belonging to the Association of Anthroposophical Hospitals.

A predictable debate was triggered by a recommendation made in 2000 by the British House of Lords Select Committee on Science and Technology in respect of complementary and alternative medicine (Wahlberg 2007: 2311-2). This recommendation hierarchizes CAM methods from three points of view: those whose efficacy has been established, at least for some conditions (acupuncture, chiropractic, herbal medicine, homeopathy, osteopathy); those that are offered as complementary therapies without a solid scientific basis (Alexander technique, aromatherapy, Bach remedies, body work therapies, counselling, stress therapy, hypnotherapy, meditation, reflexology, shiatsu, Maharishi Ayurvedic medicine, nutritional medicine, yoga); and those which have no scientific basis at all (anthroposophy, Ayurvedic medicine, Chinese herbal medicine, Eastern medicine, naturopathy, TCM, crystal therapy,

dowsing, iridology, kinesiology, radionics).

### ***The Field and Forms of Spiritual Healing***

In our sample of mainly scholarly but also grey literature, spiritual healing is systematized from several perspectives. Below we present a dozen taxonomies in which different interests and discursive contexts are manifested.

One obvious way is to categorize forms of spiritual healing according to the different historical traditions on which they are based. Thus, the American medical doctor Jeff Levin, for instance, bases his classification on whether methods are rooted in kabbalistic, gnostic, shamanic, or mystical traditions (Levin 2008), the British sociologist James Beckford speaks of “new religious healing movements,” (1984) and the British sociologist Steven Hunt distinguishes Christian tradition, New Age, human potential movement, and alternative medicine (Hunt 2003). Hunt bases his system on the narratives with which new religious groups associate themselves. Whether indigenous traditions are followed only in name or by imitating older practices, and how traditions are changed by different lifestyles and legal contexts, can only be shown in detailed individual studies (for Switzerland, see Sharma & Magali 2009). In central Europe the following traditions and forms of healing are frequently found:<sup>4</sup>

- Neo-shamanic healing (important elements: inner journey, totem animals, shamanic disease, soul retrieval) (von Stuckrad 2005)
- Healing based in Eastern traditions (e.g. prana healing of Sai Baba, Reiki, some yoga schools), awareness therapies in Buddhist traditions of awareness steering. Self-awareness techniques like Vipassana have been taken up in the human potential movement and serve not only to gain spiritual insight, but also to achieve healing. Mindfulness-based stress reduction assumes that thoughts can influence well-being (e.g. Kabat-Zinn). These techniques belong both to the religious field and, as forms of therapy, also to the psychological field (Deyo et al. 2009)
- Esoteric healing (New Age, Wicca, crystals) (Crowley 2000)
- Other indigenous healing practices (e.g. Hawaiian, African, Siberian, Native American) or forms of healing with the fiction of following some indigenous tradition, as practiced for example by some member groups of the German Association of Spiritual Healing (DGH)

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<sup>4</sup> See, for instance, the list of healing practices (URL: <http://www.dgh-ev.de/heilweisen.html> [accessed 5 March 2015]) and the programs for the annual conferences of the Association of Spiritual Healing (Dachverband Geistiges Heilen) (URL: <http://www.dgh-ev.de/kongress/14-dgh-kongress-vom-2-bis-4-oktober-2015.html> [accessed 5 March 2015]).

- Healing in theosophical and anthroposophical traditions, chakra work
- Traditional European medicine (e.g. Hildegard medicine, Sebastian-Kneipp cures, herbal treatments, Paracelsian medicine)
- Christo-centric healing (e.g. White Eagle Lodge) and Christian-charismatic healing, especially in Neo-Pentecostalism, the working of the Holy Spirit, increasingly also as individual healing outside church services in so-called healing rooms
- Mediumistic healing, ranging from agents who purport to channel the messages or energies to those who claim to produce them through their own powers (Voss 2011).

Some traditions of spiritual healing can also be grouped together typologically in other categories, depending for instance on the medium said to be used for healing (light, energy, quantum, supernatural beings) or how the healers become able to heal (by initiation, training, or calling). The psychologist Eckart Straube uses the term alternative spiritual healing methods to refer to treatment by people who have been taught outside the universities and other accredited training institutions (2005: 131). An important distinction is whether a group or religious movement offers healing as one technique or practice among others, or healing is its main activity. Another difference is whether healing refers only to oneself, or nature, the human world, or the cosmos can also be healed. Since all alternative spiritual methods heal through the “mind,” from a formal point of view they are psychotherapies (Straube 2005: 131). Besides identifying the origin of individual elements in religious and ideological backgrounds such as Islam, Christian, and Eastern religions, and shamanism, Straube also mentions scientific schools (mainly physics) and psychological schools (Jungians, humanistic and transpersonal psychology, body therapies) (Straube 2005: 125-132). In his classification of the different tendencies, there are overlapping schemata. On the one hand, “energy transfers” including contemplation, shamanic healing, mediumistic healing, healing energies, rebirthing, alternative diagnoses, counselling and astrology, as well as healing practices with no spiritual background are distinguished. Energy transfer is also subdivided according to the medium (by laying on of hands or therapeutic touch, crystals, etc.). Some distinguish between near-contact and distant-contact healing (Wolf 2005: 133, Walach 2005). Other distinctions in the sphere of esotericism are pranic, telepathic or radiatory healing (Landsdowne 1986). Academic discourses frequently classify various kinds of spiritual healing as para-physical, energetic, and magnetic methods (Aldridge 1993).

Forms of communal relationship and types of actors can also be distinguished sociologically. Thus, the much disputed German healer Harald Wiesendanger<sup>5</sup> distinguishes between traditional, esoteric, and medical healers (2008). This follows the division usually made by scholars of religion into indigenous, esoteric, and alternative medical healing practices. What are missing are Christian healing processes, and hybrid processes which do not originate from an “indigenous” or esoteric tradition, but have developed, e.g., from the natural sciences or medicine, into practices like bio-resonance with technical devices or floating in tanks. For the mid-1990s, Markus Binder and Barbara Wolf-Braun paint a very heterogeneous picture with their survey of 214 healers in Germany (1995). According to their results, and on the basis of their meta-survey of previous studies, it is not possible to divide healers into types. On the basis of their questionnaires and their correlation of the results, they are able to set up three clusters. Important here is the division of healers into the following groups on the basis of typical features which do not overlap: the all-round healer is opposed to the specialist, since the latter concentrates on just a few, usually somatic, disorders; professional healers are distinguished from voluntary healers, because there is a considerable difference in the duration of treatments (the professional healer spends more time with the patient), in their understanding of their powers (the professional uses the energy of the patient instead of an “outside energy”), and the relevance of the individuality of the client (the professional tends to be more interested in the patient’s history); a sociable healer usually has more experience of healing and also interacts with doctors and non-medical practitioners, while the unsociable healer is an all-round healer and is not interested in further training or exchange of views; finally, there are statistical differences between healers who do not belong to an association and those who do: the latter frequently regard themselves as spiritual healers, actively seek further training, and see themselves as mediating a healing energy which comes either from outside or from the client.

By traditions or schools from history of religion

Mystery school tradition, gnosis, kabbalah, initiatic traditions (sisterhoods, brotherhoods), Eastern and Western mystical tradition, shamanism, New Age

Religions/shamanism, sciences, psychology (Jungian, humanistic and transpersonal psychology, body therapies)

Indigenous (mainly Eastern Asian and shamanism), human growth and

<sup>5</sup> Himself a healer and author of several books on the German healing scene, he has set up criteria for ‘genuine’ healers and created a virtual information platform on healers (URL: [www.psi-infos.de](http://www.psi-infos.de)). He is criticized particularly because of his often very exaggerated promises of healing, and his claim to be able to tell ‘quacks’ from ‘genuine’ healers.

	New Age, theosophical and anthroposophical, Christo-centric
	Reductionist medicines – mind-body medicines
In contrast to medicine	School medicine/conventional medicine – Complementary and alternative medicine; alternative-spiritual, nonconventional
	Orthodox – unorthodox
	Botanical, herbal medicine – biomedicine
	Allopathy – homeopathy
Typological	Vehicle of healing power (healer, light, energy, resonance, crystals)
	In need of healing (mankind, social order, nature, universe)
	Healers (initiation, calling, professional training, instrumental)
Segmentation of the field	Transfer of energies, contemplation, shamanic healing, mediumistic healing, rebirthing, alternative diagnosis, counseling und astrology, healing without spiritual background
	New religious healing movements, Christian tradition, New Age/self-optimizing, alternative medicine
By features	Holistic, complementary, strengthening of self-regulating forces, taking self-responsibility into account
	Pranic, telepathic or radiatory healing
	Paraphysical, energetic and magnetic methods
	Local: near, contact or therapeutic touch healing and distant healing
	‘Indirect’ healing (acupuncture, homeopathy, phytotherapy) and “direct” healing (healing intention)
By type of healer	Traditional healer, esoteric healer, medical healer
	All-round healer – specialist, professional – voluntary healer, sociable – unsociable healer, does not belong to an association – belongs to an association

**Fig. 1: Overview of some taxonomies of spiritual healing in academic literature**

### **Discussion**

These phenomenological taxonomies are very revealing. They have the advantage of categorizing the field, and being close both to the way healers describe themselves, and to salient features of their practice. But as a systematic categorization they are very arbitrary, and often focus on brand-building features whose purpose lies in the context of primary and secondary constructions of the field of spiritual healing, instead of features which would be important from the point of view of an interest in embodiment, perception, and effective mechanisms (aesthetics of religion), or a historical interest in classification of religions, or a sociological interest in the creation of communal relationships. Remarkably, folk medicine or traditional medicine is rarely mentioned in the literature on the field, despite its significance and wide use. This is perhaps due to its long-standing presence, making it less visible than modes of

healing that brand themselves as new, scientific or exotic. The taxonomies are more concerned with healing in the context of esotericism and New Age, on the one hand, and local (mostly Asian) or alternative medical systems on the other hand. Sometimes folk healing is subsumed under CAM, for instance in the category of herbal treatments. Natural products are widely accessible in pharmacies and promoted in their leaflets. Another perceived deficit of folk healing might be that it is not associated with a systematic worldview, and does not refer to “scientific insights.”

The historian of science Anne Harrington (2008) chooses a quite different solution in order to characterize the contemporary field of healing in stating that the bringing together of different narratives is its key feature. She calls this conglomerate “mind-body medicines” and refers to the self-care aspect as the “cure within.” She suggests that mind-body medicines are a reaction to “reductionist medicines,” like the mapping of the human genome or the idea that brain sciences can explain everything. Among the combined narratives is religious thinking, positive thinking and (auto)suggestion as powers of healing, placebo and brain research, as well as exotic healing techniques from the Far East and traditional techniques of the patient’s own culture (Harrington 2008: 244-246). Harrington’s claim that those practices that are secularized versions of religious healing still “echo” their religious origin, and are different from non-religious, newly invented mind-body healing techniques, is more difficult to maintain, since, firstly, it is necessary to define what to count as religious, and, secondly, it is not easy to determine what constitutes cultural “echoes.”

The American placebo researchers Ted Kaptchuk and David Eisenberg think that the “dissolving of a single modernist medical narrative has formed an increased awareness of medical pluralism” (2001: 193). This acknowledges an ethnically, religiously, and culturally diversified society. They also name important sources for the formation of unconventional treatments by identifying groups representing similar cultural conceptions, and in particular distinguish “nature, vitalism, ‘science,’ and ‘spirituality’” (1998). What is inherited from neoromantic nature is thought to be wholesome and comforting. Vitalism designates various theories operating with postulated forces such as qi, vital essence, fluids, astral energies, or psychic capacities. “Scientific evidence” or the appeal to science is part of alternative medicine and some literature on spiritual healing (see also Binder & Koch 2013). Naturally this purported evidence cannot be tested by control situations and other methodological requirements, such as the statistical significance of effects, as in biomedicine. From the perspective of the relational model of alternative modernities, there is nevertheless a closing of the gap between magic and its opposite, the methodical exploration of the world. It is important to



distinguish here the levels of popular and scientific discourse, which do not attach the same importance to the role of scientific evidence. By spirituality the authors mainly understand the appeal to vital forces and the building of a unifying worldview.

It is very difficult to distinguish between “direct” healing (acupuncture, homeopathy, phytotherapy) and “indirect” healing (healing through the sheer intention to heal) as the psychologist Harald Walach suggests (2005: 81-83), since it is not clear, for instance in healing with light, whether the light should be regarded as an instrument. This distinction, as well as the distinction between contact healing (therapeutic touch) and so-called distant healing (e.g. radionic homeopathy), is based on theories of causality. Such thinking tends to explain the efficacy of spiritual healing in terms of the medicine given, or in the contact between healer and patient and what happens between them. For “distant” healing, healers typically refer to the concept of quantum entanglement. But in this distinction between types of healing it is important to clarify whether “local” and “non-local” are key dimensions of the act of healing. It should be considered whether there are not categories which are more important, such as awareness, or knowing that one is being healed, in other words a category such as expectation that is central to placebo research. It may not be helpful to classify intercessory prayer, for instance, as distant healing, when it could better be described using the categories of expectation or non-expectation as effective factors. In the light of the possibility of using these methods to complement conventional treatments, a taxonomy based on effective factors seems most useful. This taxonomy need not mirror the narratives on the efficacy of CAM or spiritual healing provided by practitioners and users, but can be informed by methods used in the humanities and medicine.

### **Spiritual Healing as “Magical” Self-Care and Alternative Modernity**

How should spiritual healing and alternative treatments be assessed in discussions on modernity? Barbara Potrata and Anzurat Akobirshoeva (2020) uncover an orientalist bias in the strategy of the World Health Organization (WHO) regarding the conservation of traditional medical knowledge. To overcome this bias we have introduced the contextual model of alternative modernities. In this framework, spiritual healing must be seen as part of a fabric of relations, and, as we have seen, its many heterogeneous forms can be found in very different places. Whether spiritual healing is regarded as something old and traditional, or as something modern and progressive, can only be determined in the particular local context and often it is seen as both. And if spiritual healing is seen as holistic and transcending body-soul dualism, does this in the eyes of its practitioners make it a harbinger of a new or of an ancient era?

Some see a move away from antagonistic relationship between biomedical and alternative treatments towards the acknowledgement of medical diversity (Eisenberg & Kaptchuk 2001). The paradigm of the alternative modern also observes diversity but perceives it more in terms of incoherency and rupture (Knauff 2002b: 2). The question remains: how is this new positively or negatively experienced diversity in the field of healing structured and how it is it to be evaluated?

With the model of alternative modernities as an analytical tool, we can get to the bottom of the observed switch to alternative healing practices. These are not to be located at the pole of tradition but of modernity. This modernity is a highly ambiguous modernity in integrating magic. This second-order concept of magic in modernity theory goes beyond the historic current of witchcraft.<sup>6</sup> In the following several criteria will be introduced to define the conceptual dimension of magic.

### ***Magic – Fascination – The Unforeseeable – Placebo Causalities***

Peter Pels (2013) speaks of magic as the other side of the coin of modernity. According to him, magic is an integral part of modernity and not its opposite. Magic plays with hiddenness and openness on the discursive borders between taboo and intimacy, privacy and power constellations, visible and non-quantifiable forces. Magic returns in the mass phenomenon of fascination exercised by charismatic personalities, in public funerals, national cults, and media attention, as Pels demonstrates using the example of the public death of Lady Di. This first criterion can be used on a public and societal level to identify unforeseeable phenomena and the emotional effects they produce.

In this we can detect the causality criterion classically connected with magic as a non-causal effect, and the belief in non-causal occurrences. Causation is therefore an important dimension of comparison, and in the model of the alternative modern it forms a pair with physical linear causation, on the one hand, and on the other hand the interruption of this logic chain. Most interestingly, in contemporary placebo research, physical causation is explained in terms of brain biochemistry and the complex circuits of learning processes. An attitude of expectation and states of emotional upheaval are preconditions for most placebo responses. Science here seems to use the black box of magic that tells nothing about cellular and neural regulatory loops. Harrington has identified this Janus-faced phenomenon as the power of sug-

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<sup>6</sup> We naturally differ therefore from Titus Hjelm's reconstruction of an emic use of magic in his examination of alternative religion and contemporary witchcraft, which locates magic close to "good religion" and describes it as the discursive position that negotiates the boundary to mainstream religion (2007).

gestion, and sees placebo research as one of several “fresh narratives” for mind-body medicine (2008: 66).

So post-postmodern science introduces a ruled, and in this sense rational, formation into fields that were for long seen as magical phenomena invoking vital forces, such as the intentional changing of body temperature, levels of consciousness, or capacities of concentration. Instead of the attribution of agency to powers like the aether or the aura, the agency resides within the individual. A classic case is mesmerism that was later renamed hypnotherapy. But it has to be repeated that this is always an ambiguous interpretation, according to the model of alternative modernity, insofar as causality by emotions and causing by expectation are still ritualized in spiritually designed settings which often appeal to healing energies and numinous authorities. Eisenberg and Kaptchuk stress that only these cultural premises enable the “participatory experience of empowerment, authenticity, and enlarged self-identity” (1998: 1061). Nevertheless, in the awareness of most participants in relevant rituals today, these experiences are based on medical and psychological principles; they naturally speak of the immune system’s forces, of bio-feedback, psychosomatic correlations, and so forth. The poles of magic and scientific assumptions come closer.

### ***Magic – Reconnecting – Agency: Empowerment and Easing***

Suffering from a disease has widespread subjective expressions. But it seems that the feeling of belonging to those around us and the feeling of intactness of the self are disturbed. Forms of magical self-care may work here in a special way by restoring the patient’s sense of belonging and sense of intactness. This ability of alternative healing comes from its setting and performance in interpersonal contact and within a cosmic or nature-based narrative. Magic might also be involved here in an aesthetic sense: the experience of healing as a sensory feeling is “the magical moment of recognition and acceptance of one person by another as powerful, enchanting, endearing, is always profoundly social, anchored in the structures of meaning and practice” (Lindquist 2002: 339). In this sense, magic denotes a feeling of congruence with the healer that is negotiated as charisma in a specific situation of healing. Beside the embodied aesthetics, aesthetics as a symbolic influence should not be neglected.

Magical self-care further relies on a specific form of subjectivity that goes hand in hand with formations of the alternative modern. The neo-romantic ideal and ethics of authenticity is inherent to the 1960s countercultural movement (Tripold 2012). The imperative of self-care is somehow connected to this background. In romantic love, for instance, the face-to-face relationship transcends the self, and, as Edward Tiryakian states: In thisworldliness

humans may exert greater agency (1992). That changes the place of power in healing and the role and responsibility of individuals. Self-cure does not necessarily mean that patients pull themselves up by their own bootstraps, but only that they react to their symptoms by choosing a form of spiritual healing. The self is the central category here (cf. Woodhead 2007). Tiryakian (1992: 84) speaks of the secularization of magical consciousness, meaning an orientation to this world and an enchantment of the mundane, but what he outlines is only one side of the coin. Participating in alternative healing rituals is a magical form of self-care insofar as its agency is double-ended. Magic in healing resides in this ambiguity of power: on the one hand, the higher obligation to practice self-care, and on the other hand, the re-inauguration of healing powers. Thus, undergoing a healing treatment may mean an increase of agency, and at the same time a decrease of agency with regard to the person seeking healing. Therefore, alternative modernity is not only about “how and why some people become disenfranchised and disempowered relative to others” (Knauff 2002: 2), but also about the inner ambiguity of agency. The arguments in this paper are based on an idiosyncratic understanding of the agent’s causality in his or her emic perspective. This ambivalence is also reflected in surveys of the motivation of consumers who choose alternative healing. They are motivated neither by the enchantment of modernity nor by alternative ideologies (Kelner & Wellman 1997). These forms of treatment are positioned in the middle of society.

At the same time, sociologists of religion have observed for a long time that a subcultural “holistic milieu” has grown up in which many identities of persons in spiritual healing can be placed (Heelas & Woodhead 2005; Voss 2011). The understanding of modernity in the observed field of healing is characterized by holistic aspirations to bind together scientific, traditional, and alternative health care. Harrington stresses this binding together as the key element of the mind-body conglomerate that she distinguishes terminologically from holistic medicine as opposed to behavioral medicine in the 1970s. Thus, holism in the sense of existential relevance to one’s own life indeed works as a meta-narrative of healing for modern subjectivities. One element is that the efficacy or the success of healing is measured in terms of a holistic understanding of health: “the CAM providers have re-diagnosed the patient with problems not identified by the oncologist. Thus, (holistic) healing will be measured in relation to the CAM practitioner’s diagnosis” (Sered & Agigian 2008: 625). The improvement of a relationship, forgiving, reappraising past life-stories, vegetarianism, a metal-free bed: all of these may be means to achieve holistic healing. Like the holistic and open-ended use of unconventional treatments, the narratives on efficacy are also open-ended, and retrospectively it may remain undecided whether the intervention was helpful. On the contrary, etiologies are

vastly elaborated as a means of biographical interpretation and accommodation of the disease. Perhaps the lack of a focus on efficacy in the scholarly literature also mirrors the fact that this narrative is not of any great importance in the emic field.

### ***Magic: Also a Market Phase***

Spiritual healing should not be discussed in terms of models of secularization or spiritualization, since this would hide the fact that these practices are bound up in a process that goes through various phases. Spiritualization may characterize a temporary market phase, perhaps when a healing practice is first launched on the market, in order to make it attractive in a certain cultural and historical situation. With increasing professionalization, other attraction markers may become more important, such as the wish to be economically integrated in this society's health-care system. This could bring the healer closer to conventional medicine (initially with the subordinate status of a non-medical practitioner). In this context there may be intermediate stages, involving on the one hand a kind of "reformed medicine" which becomes more holistic, more interested in therapeutic dialogue, more systematic, and so on, and on the other hand spiritual healers who are not averse to becoming objects of academic research, and are happy for their healing practice to be translated into scientific terminology, because this offers a chance of gaining greater social recognition. And this is not necessarily the end of the process. Due to relations within the field as a whole, various actors will continue to practice with different kinds of training, different self-images, and different financing concepts. In some cases hybrid forms of cooperation are found, such as the scenario of a shaman who carries out rituals in a hospital, either with the relatives or with the patient. This is a hybrid form of healing and a part of alternative modernities only when the shaman is regarded not as a pastoral visitor, but as a medical practitioner, for instance on the basis of a knowledge of placebo effects.

### ***Magic: The Universalism vs. Particularism Antinomy***

In the negotiation concerning understandings of health and illness, and ways of achieving health, we see that they are positioned between particularistic and local interests on the one hand, and universalistic interests on the other. Cosmic healing energies, or background assumptions which make healing possible, such as the assumption of a subtle continuum, are universalistic, and at the same time the actors, as the modern self, demand that their individual characteristics be accepted. Empirical surveys have shown that, within the coordinate system of modernity, spiritual healing is usually located closer to the individual pole than to the col-

lective pole. Both healers and clients clearly agree that the causes of illness are to be found in the behavior of the individual, rather than in social circumstances, working conditions, or the environment (Binder & Wolf-Braun 1995: 161). Patients spend much more time thinking about the causes of their disease than about how the various CAM treatments they undergo might be effective (Sered & Agigian 2008). On the other hand, the majority of people questioned believe that there is a cosmic dimension to healing and its causes; in a few cases it is explained in terms of karma, but more often in terms of a treatment narrative which transcends the level of the individual. Just as common are explanations of healing in terms of models that take psychosomatic processes into account, and thus focus on the individual side both for health and for illness.

This is the typical modern universalism-particularism antinomy, according to Eisenstadt (2000), and the different ways in which this antinomy of modernity is resolved, or fought out, form the basis of a dynamics of multiplication which can also explain how healing practices have become so differentiated around the globe. We only need to think of the seventy or more different kinds of Reiki. Another engine for the current positioning of spiritual healing in modernities is the trend towards globalization, materialized through intensive use of the new media. Many tendencies, such as the yoga therapy taught by Desikachar, are embedded in a global network in the sense of making trips abroad, communicating in social media, and attending international workshops. A nice example of the wandering of voodoo magic in globalized communication and multi-faceted modernity is Galina Lindquist's field study of a voodoo priestess in post-soviet Moscow (2004).

## **Conclusion**

Beyond classic concepts like secularization, magic in the sense of irrationality, and autonomous subjects, a complex picture of alternative modernities has been depicted using the example of the field of healing. This discourse is characterized by the emergence of continually new forms. Taxonomies express the diverse interests and perspectives of agents. With longer life spans in post-war societies, self-fulfillment is sought through self-realization. Self-care as an autonomous, open-ended and often incoherent endeavor has to be seen in the framework of alternative modernities, as a highly ambiguous form of subjectivity. It is ambiguous insofar as the search for authenticity is an empowerment and a burden to be alleviated by appealing to a formation on the borderline between spiritual healing, holistic curing, indigenous traditions, and popularized insights into placebo, psychosomatics, and brain functioning. Magical self-care in alternative or nonconventional healing seems to be a congenial device of choice. In the

fabric of relations, this overworked concept of magic reveals an anomaly in the understanding of causality: spiritual healing, in as far as it is based on a treatment myth that sees the mind as the cause of bodily changes, leaves behind the physical doctrine of cause and effect on the level of the treatment myth. Another option of an emic magic self-understanding is to assume a healing energy instead of the power of the mind or self. At the same time, spiritual healing is rationalized on the scientific level (here, as placebo research). From this scientific perspective, so-called spiritual healing no longer has to be regarded as a breach of scientific notions of causality, for it is possible to speak rationally of the way ideas and interpersonal communication can influence a person's well-being, organ functioning, and immune system. Magic as a relative pole in the fabric of a local modernity can be associated with the image of vital forces or be understood as scientifically-based and proven. Therefore, this new concept of magical self-care offers something for everyone: "One of the most interesting features of mind-body medicine is its unstable status as both a mainstream/professional and an alternative/popular body of knowledge and practice" (Harrington 2008: 247). Antinomies, magical self-care, holistic sickening narratives, and subtle interdependencies between subcultures and mainstream trends have been presented as vital processes and an integral part of alternative modernities.

I think there are mainly two reasons for magical self-care becoming such a big issue in unconventional health care right now. First, with the increasingly felt responsibility of individuals in recent forms of subjectivity, the realm of moral values, freedom, giving meaning to life, and self-realization, have gained in importance. As a consequence, they have required action and responses to quite different life circumstances on this individual level. As a result of this background system-overlapping and bridging, forms of action arose between idiosyncratic response and scientifically or rationally set orders of the world. Part of these responses is what I call magical self-care. The responses are both: on the one hand modes of delegation and easing of the burden of responsibility, and on the other hand intellectual performances expressing a unifying worldview. Second, with the progress in medicine and psychology towards acknowledging the influence of psychological states and hormonal, biochemical modes of operation for well-being, many new links and regulatory circuits have been named and discussed. The popularization of this discussion offers room for speculation and more subjective experience-based contributions that help produce magical forms of explanation in the current phase of health care.

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