

Sensory Approaches in Health, Care and Medical Anthropology

Introduction to the Thematic Focus on the Aesthetics of Healing: Working with the Senses in Therapeutic Contexts

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“The contemporary practice of health, despite all scientific process, presents itself as a fragmented overspecialization. Besides that, it often lacks the individual support regarding resources of self-knowledge, wisdom, and (self-)love, which would be the basis of health-seeking behavior in the sense of permanent efficacy.” (MOREIRA 2013: 23, English translation by HELMAR KURZ)

Brazilian Spiritist medical doctor MOREIRA addresses contested realms of healing at the intersection of *scientific* and *spiritual* knowledge, postulating *holistic* approaches towards health, care, and well-being. He also acknowledges the *positionality* of “patients” as humans being *diagnosed* according to biomedical and/or psychiatric categories and *exposed* to treatment rather than actively participating in their own healing experience. For over a decade, I have explored and investigated related Brazilian Spiritist practices in (mental) health/care, exploring practices of *healing cooperation*, *translocational relations*, and, moreover, performative, sensory, and aesthetic aspects of health and healing (cf. KURZ 2015, 2017, 2018a/b, 2019a). It has never been my aim to propagate or evaluate “alternative” approaches to healing in terms of their efficacy but, instead, to facilitate comprehension, communication, and appreciation towards alternate explanatory models as aligned to certain socio-cultural frames, dynamics, and negotiations. However, I am also interested in *efficacy* as related to *experience*. I therefore, as a medical anthropologist, deem it crucial to integrate conceptual models of *performance*, *embodiment*, *aesthetics*, and *sensory anthropology* into my investigation of healing practices. Accordingly, with this *Curare* special issue, I seek exchange of and contest with authors affiliated with different scientific disciplines and therapeutic approaches to explore what a conceptualization and discussion of the *aesthetics of heal-*

ing might implicate on a theoretical and practical level.

The Context

Medical anthropologists increasingly explore the social production of therapeutic spaces (cf. DILGER 2013; ZANINI *et al.* 2013; KRAUSE *et al.* 2014) and related impacts of sensory experience in therapeutic settings (cf. NICHTER 2008). Similarly, religious scientists have addressed *religious experience* as *aesthetic engagement* (cf. MÜNSTER 2001; SCHMIDT 2016a; WILKE & TRAUT 2015). From this perspective, we continue to explore how *healing* addresses illness and affliction by “working with the senses” and creates *diversified spaces of care*. Related processes of *hybridization* and *diversification* have been addressed with practice-oriented methods in reference to LATOUR’s (2010) *Science and Technology Studies*, focusing on how health-related knowledge is produced in multiple networked practices instead of assuming that any given (socio-cultural) knowledge would automatically result in systemically based defined interventions (cf. MOL 2003, 2008). Therapy, therefore, is understood in terms of mutually linked interactions (cf. KRAUSE *et al.* 2012: 20).

Such a perspective considers bodily experience and practice as crucial factors of health and healing, and accordingly, fancies a debate on *embodiment* and *habitus* as conceptional tools (cf. BOURDIEU 1991; CSORDAS 1993), giving also space to divergent and contested cosmologies on *body*, *mind*, and *spirit/soul* as opposed or complementary to the Cartesian dichotomy of mind and body and related explanatory models and diagnostic systems (cf. COLEMAN & WHITE 2010; CSORDAS 1990, 1999, 2002; FEDELE & BLANES 2011; KIRMAIER 2003; VOSS 2011; NARAIN DAS *et al.* 2014). The tripartite model of a *mindful body* (cf. SCHEPER-

HUGHES & LOCK 1987) as grounded in *phenomenological body* experience, *social body* interpretation, and *political body* control here serves as another influential analytical tool by framing subjective experience, intersubjective practice, and external factors such as social control, body politics, or structural violence.

Theoretical concepts of *embodiment* and the *mindful body* extrapolate the dichotomy of body and mind within “Western” cosmologies and scientific approaches as grounded in a fundamental distinction between rationality and emotion, or, in other words, cognitive and sensory perception. Current research in the cultural and social sciences transcend this dichotomy with an extended focus on social and cultural foundations of aesthetics and sensory experience. Accordingly, an increasingly influential *anthropology of the senses* produces innovative approaches, concepts, and tools: they imply the idea of the human sensorium as socially and culturally produced and constructed (cf. CLASSEN 2005; HSU 2008). Other approaches focus on the medial quality of the senses (cf. PINK 2009; STOLLER 1989). HOWES (2005), for example, regards the senses as media that produce and represent socio-cultural meaning to, e.g., medical or spiritual phenomena. The focus is on social implications and intersubjective interaction as foundations of sensuality *and* sociality in so far as social experience is construed by sensory perception and attachment (cf. CHAU 2008; HSU 2012; VANNINI *et al.* 2012). NICHTER (2008), in a further step, explores “the senses in medical anthropology” in terms of transformative experiences of healing and health-seeking behavior in diversified therapeutic markets (cf. DESJARLAIS 1992; HALLIBURTON 2009), and addresses sensory modalities and their perception (cf. HINTON & HINTON 2002). This also includes questioning clinical and cosmological constructions of *normal* and *abnormal* sensory experience (cf. MCCARTHY-JONES 2012; LUHRMANN 2012).

Place-Making is another aspect in terms of the production of therapeutic environments. Spaces shape bodies and bodies create spaces by movement, experience, and interaction (cf. CASEY 2001). RODAWAY (1994) develops the concept of *sensuous geographies* as an integrative perspective on physical, socio-cultural, and aesthetic dimensions of human experience and its framing/

structuring in certain environments and spaces. HOWES (2005: 7) refers to spatial factors of sensory experience and/or embodied knowledge as *emplacement* (cf. INGOLD 2000; PINK 2009), that is, a complex network of sensory experiences and interactions, or, in other words, specific *body-mind-environments*.

The intersection of “religion” and “medicine” (cf. BASU *et al.* 2017) is of special interest here, too. Religious-spiritual approaches toward health implicate continuous and long-term processes of learning and cultivating (self)perception in terms of shifting attention to sensory-bodily experiences and expressions (cf. ESPIRITO-SANTO 2015; SELIGMAN 2014). Related explanatory models, idioms of distress, and coping strategies are not only negotiated on a cognitive-rational level but also in corporeal-sensory terms (cf. SCHMIDT 2016).

Having these aspects in mind, I intend to (re-)introduce the concept of *aesthetics of healing* as a methodological tool to be implemented in the investigation of body-mind-environments in therapeutic spaces. To my knowledge, KAPFERER (1983) first came up with this term when he extended TURNER’s (1968) performative model on the importance of aesthetics within healing rituals, perceiving the performative power of symbols offside structural frames and shaping the experience of people involved. Performance studies stress the idea of symbolic conflict management where social relations are (re-)established, and interpret healing rituals as transformative acts adjusting experience, emotion, identity, meaning and practice. Participants develop agency to overcome psycho-social problems and/or to (re-)shape social structures (cf. TURNER 1968: 20; KAPFERER 1983: 175; LADERMAN & ROSEMAN 1996; SAX 2004: 302). ROSEMAN (1988) stresses the use of patterned sounds, movements, colors, shapes, and odors as therapeutic techniques and has criticized that medical anthropology remains curiously inattentive to the “aesthetics of healing rituals” which would actually bridge the conceptual gap between “structural” and “experiential” approaches in anthropology.

This special issue of *Curare* takes up the thread again by integrating some new perspectives and insights. SAYERS (2004) introduces *Visual Arts* as helpful in therapy by establishing connections between “inner and outer experience,” which

she deems crucial for psychotherapy. ARANTES and RIEGER (2014) relate to “sound experience” as socio-cultural practice which would transform human perception and actively used in terms of creating “soundscape” as “techniques of perception” could help individuals to (re-)connect to themselves and others.¹ In this regard, practices of *mindfulness* and related techniques of *interoception* have been a widely discussed phenomenon, mainly among psychotherapists (cf. KABAT-ZINN 2003; BOHUS & HUPPERTZ 2006; Kirmayer 2015). Neuroscientists developed a certain interest in religious practices as technologies of self-transformation, -regulation, and social interaction which would resonate with certain brain activities (cf. MCNAMARA 2009), thus postulating a “neurobiology of religious experience” (DAQUILI & NEWBERG 1999) which addresses (healing) rituals as “working with the senses.” Accordingly, CAVE and NORRIS (2012) investigate how in religious settings “synchronized ritual behavior” shapes bodily awareness and perception by repeated postures and related somatic modes of attention (cf. CSORDAS 1993). They observe that certain body techniques shape sensory perception and may address spiritual imbalances as gateways to work on the “self.”

These interdisciplinary approaches also affect the contemporary discipline of medical anthropology by shifting the focus from political frame and social context back to individual experience. By taking up on the aforementioned performative approach toward spiritual healing practices, DOX (2016: xx), declares that social dynamics and cultural contexts are important for their comprehension, but that we must also explore processes within “selves,” their feelings, experiences and needs. Healing practices are not mere representations of social frames, patterns, and moralities, but are to be taken seriously by the participants’ own terms and sensed experiences. DOX does not take spirituality (e.g., in dance therapy, yoga, or neo-shamanism) as a symbolic representation but as corporeal engagement with sensation, perception, rational thought, and the material world. She therefore tends to ask what kind of (internal) sense of self is cultivated in spiritual practices and argues for research strategies to turn to the body as a main source of knowledge. Accordingly, NICHTER (2008: 163) postulates research strategies focusing modalities of healing practices, ask-

ing who addresses which senses in which way, and how healing spaces and experiences are aesthetically and sensually patterned. I also suggest taking into consideration alleged “deviant” perceptual formations as e.g., mediumship and related therapy models which often do not aim at the extinction of perturbing perceptions, but at their transformation in terms of an adjustment of “inner” and “outer” sensory stimuli (cf. HOWES 2006). This approach defines “the senses” as resources to receive, process, and react to information from the outside world and the inner organism, both being central to perception and interaction. A major insight has been that certain sensory experiences might be interpreted and evaluated differently among distinct cultures (cf. BEER 2000; HOWES 2005; HSU 2008; PINK 2009), whereby discussion on the predominant effects of collective cultural patterns or individual experience has remained unclear.

The negotiation of different bodies of knowledges and their implementation into practice, as well as related practices of contest have inspired me to organize a conference on the “Aesthetics of Healing” that would likewise address different concepts and models but, moreover, create a space of communication among researchers and practitioners from various disciplines to develop new ideas of how to approach affliction in a way that acknowledges and supports patients’ resources, agencies, wishes, and aims.

The Call

On behalf of the *Association for Anthropology and Medicine* (“Arbeitsgemeinschaft Ethnologie und Medizin,” AGEM)² and in cooperation with the Department of Social and Cultural Anthropology at the University of Muenster/Germany,³ we developed a CFP for AGEM’s 32nd annual conference to take place in Muenster from 24–26 May 2019 with its focus on *The Aesthetics of Healing—Working with the Senses in Therapeutic Contexts* which here, I have slightly adapted due to ongoing dynamics in the field:

The concept of aesthetics covers very distinct aspects and meanings. In public discourse, it relates to ways of human expression including the arts, theater, music, and dance and its appraisal through categories such as “beautiful” or “grace-

ful." Taking into consideration the original meaning of the ancient Greek word *aísthēsis*, the concept relates to sensory perception as delimited from rational-cognitive processes. To discuss "Aesthetics of Healing" thus means to focus sensory aspects of therapy and to integrate them into a theory of the meaning and effectiveness of healing practices. During the *performative turn* of the social and cultural sciences in the 1980s, this idea mainly related to symbolic practices to ritually resolve psycho-social conflicts. Since the 2000s, it also depicts an integration of medical and sensory anthropology: the capacity of the human sensorium to perceive and to react to stimuli from the environment or the proper organism is central to perception and interaction in the therapeutic context. Healing practices can address, intensify, or diminish different sensory functions, and meaning and assessment of the particular senses differ in distinct cultural and social frameworks. Research on the interrelation of culture and the sensorium has produced the insight that humans consist of more than the five senses (seeing, hearing, smelling, tasting, touching) reproduced in public discourse. Bodily sensations such as interoception, pain, empathy or mediumship thus constitute another vital source for the comprehension of health, illness, and healing. The intersection of religious/spiritual and therapeutic practices is of particular interest here. Religious-spiritual healing practices require the acquisition and cultivation of specific perceptual processes, including the shift of sensory attention and bodily expression. Consequently, coping strategies and explanatory models of illness often do not refer to cognitive/rational but to bodily/sensory perceptual forms. Further, contemporary popular healing and health practices like yoga, meditation, and mindfulness training focus on multiple bodily sensations and are increasingly integrated into the psychotherapeutic context. This tendency also unfolds perspectives on mechanisms of the institutionalization and commodification of these practices and related political and economic dynamics.

With a few exceptions, the current interdisciplinary discourse is reduced to the insight that culture, embodiment, and emotion are interrelated without really opening the 'black box' of bodily and sensory processes and dynamics. We thus have little knowledge on how sensuality and sen-

sory manipulation influences health-seeking behavior, therapeutic decision-making, and the establishment of healing cooperation in the context of increasing medical diversity. In a conference in Berlin in September 2018, the CRC "Affective Societies"⁴ introduced the theoretical approach of "Affective Arrangements" in therapeutic environments, initiating an interdisciplinary discussion of sensory-emotional factors of (mental) health, well-being, and therapeutic potentials and deficits in the context of current cultural, social, (health-)political, and economic developments (cf. KURZ 2019b). In cooperation with the CRC "Media of Cooperation"⁵ at the University in Siegen/Germany, AGEM carried out a series of three interrelated conferences on "Healing Cooperations" (June 2017), "Preparing for Patients" (June 2018), and "Preparing for Physicians" (June 2019). Further developing related approaches, our aim is to now explore the mentioned aspects, questions and problems with the focus on "Aesthetics of Healing." We thus invite you to participate in our discussion on "working with the senses" in the context of health, illness, and healing. We want to investigate how sensory modalities influence therapy as a transformation of self, perception, and experience and how they are embedded in social and hierarchical relations and political and economic dynamics. Our broad spectrum will integrate diverse approaches to sensory experience in the context of health, illness, and healing. The conference will be inter- and transdisciplinary: cultural and social scientists, medical professionals, psychotherapists, physiotherapists, nurses, music and art therapists, practitioners of complementary and alternative medicines, as well as patients and relatives are welcome to contribute with their experience, expertise, and evaluation.

Questions of interest include, but are not limited to: What is the importance of sensory perception in different healing practices? To what extent are sensuality and aesthetics relevant factors for illness experience, health behavior, and therapy decision? How do different therapeutic practices address the particular senses? Which patterns of (self-)perception are generated and cultivated? What is the importance of place, equipment, and substances? Is there a difference between treatment at home and out- or inpatient treatment? How do sensory aspects of therapy contribute to

the diversity of the health sector? Which social, political, and economic dynamics are involved? What is the importance of “Aesthetics of Healing” for the integration, complementarity, or competition of different health and healing practices?

The Conference

To our delight, we received a great deal of international, interdisciplinary and intersectoral feedback from anthropologists and religious scientists, artists and art scientists, health professionals and therapists, and media producers from Austria, Brazil, Canada, Finland, Italy, Germany, Netherlands, and the UK. It has been quite a task to connect and integrate manifold approaches within a broader negotiation, discussion and contest on how to “make sense” of the concept *aesthetics of healing*. Some speakers developed strategies how to interpret healing practices in sensory terms. Others discussed possibilities of how to integrate “aesthetics” into therapy, while others either deconstructed my approach towards the *aesthetics of healing* as primarily focusing sensory perception or made use of it to criticize “traditional” biomedicine and psychiatry. The conference became a fairground of mind-blowing and body-spinning attractions which altogether created a transitional *third space* (cf. BHABHA 1994) of performing, negotiating, and transforming knowledge and experience. A detailed report in German language has been published in the previous issue of *Curare* (NAUBER & KURZ 2019), and a few further reflections of participants (PAUL DIEPPE; NATALIE HARRIMAN; LEONARDO MENEGOLA) are displayed below. However, I will provide a brief overview to illustrate the vividness and variety of the conference, mentioning also those contributors who, for diverse reasons, do not appear as authors in this volume as, on the other hand, also authors contributed here who did not make it for the conference.

After an introduction by HELENE BASU⁶ and HELMAR KURZ, ANJA LÜPKEN (this volume) and SVEA LINDNER (this volume) opened the conference with their particular contributions on the realm of *dance*: ANJA LÜPKEN discussed a practice of dance “therapy” in the Münster area, while SVEA LINDNER introduced her project of *visual anthropology* in terms of filming practices of “trance-

dance” in Malawi. With focus on *music*, LEONARDO MENEGOLA (see below) vividly illustrated sensory experiences in contemporary music therapy in Italy, whereas BERND BRABEC DE MORI, specialized on the intersection of “song” and “health” and/or “wellbeing” in the Amazon (cf. 2015), contested an alleged separation of “cognitive” and “sensory” perception, as well as their philosophical and moral implications. Reading between the lines, this issue has also been addressed by LEONARDO MENEGOLA, who displayed examples of persons suffering from dementia recalling memories through playing certain melodies. With focus on *technology & movement*, FELIX FREIGANG addressed so-called “mood-trackers” as digital applications to control states of mental well-being, whereas SHIRLEY CHUBB (this volume) introduced digitally supported research approaches and results related to chronic pain, movement, and environment.

As keynote-speaker at the end of the first day, GRAHAM HARVEY (this volume) introduced *Indigenous, environmental, and spiritual aspects* of health and healing which would also inform discussions of the second conference day: JOHANNA KÜHN (this volume) explored “alternative healing experiences” in Lebanon, TESSA BODYNEK (this volume) in Brazil, and ANDREW R. HATALA (this volume) in Belize. DIRCK VAN BEKKUM (this volume) then asked how we could translate experiences of Indigenous healing “there,” and their anthropological interpretation, into therapeutic models “here.”

Contributing to this question, PAUL DIEPPE (this volume), JAANA ERKKILÄ-HILL (cf. 2017) and TYNE C. POLLMANN (cf. 2019) explored different approaches of integrating *art* into therapy or therapeutic spaces. Some of these environments (*psychiatry & hospital*) were further addressed at the end of the second and the beginning of the third day by SABRINA MELO DEL SARTO (this volume), JAHANGIR KHAN, and SJAAK VAN DER GEEST (cf. 2020). KATHARINA SABERNIG⁷ then completed the contest on biomedical and psychiatric practice by introducing models of organs and afflicted body parts she herself handknitted to have patients sensorily understand what is going on within their bodies. The last panel was dedicated to *substances* as shared between HANNAH DRAYSON (this volume) on the bitterness of remedies and NATALIE HARRIMAN (this volume) on homeopathy. How-

ever, HANNAH DRAYSON was not able to come, and to her and my surprise, NATALIE HARRIMAN suddenly did not just become the last speaker of the conference, apart from my final wrap-up, but moderated a final discussion which reflected all the contested approaches, ideas, and perspectives in such a dedicated, engaging, and secure way, that I just decided to let it go and not “insist” on my role as a final discussant. I was actually very grateful, and it could be a first lesson to be learned from that conference that in a paradigm of the *aesthetics of healing*, we, as researchers and therapists, should not take ourselves too seriously but let it go, see what happens, and facilitate agency. To also share some reflections and comments of other participants on the conference, the next section provides a summary of NATALIE HARRIMAN’S, PAUL DIEPPE’S and LEONARDO MENEGOLA’S experiences and interests, before I will properly introduce the contributors in this volume.

The Comments

It’s been a thorough path across the multiple fringes of how sensoriality and aesthetics intersect with the field of therapy and care in multiple contexts. These two concepts have been deconstructed indeed in distinct aspects and meanings by different papers. Plural forms of human expression, and multiple ways of socially organising—either at the level of representation or at that of practice—sensory perceptions have been elicited in the ethnographic analysis of the sensory aspects of therapy and of its meaningfulness and effectiveness.

I proposed, with very encouraging feedbacks indeed, a medical anthropological analysis of contemporary “music therapy” practices in Northern Italy, by highlighting the multiple ways in which, through the study of here-and-now, embodied interactions between the therapist and the patient, a thick description of the ethos of care, the epistemology of healing, and the social and political imbrication of music therapy practices can be articulated, by unfolding the implicit models of personhood and disease music therapy representations and practices convey.

BERND BRABEC DE MORI argued for a step back into considering the gnoseological and ontological status of the concept “aesthetics” for an anthropology of the auditory. What is at stake there is the judicial, normative nature of aesthetics, considered either as the human experience of fruition of participation in a sense-

centered interaction, or the adoption of an analytical framework (a)critically based on any unquestioned concept of “aesthetics.”

JOHANNA KÜHN proposed a virtual journey through the ways in which “alternative healing practices in Beirut, Lebanon” foster journeys of “sensual self-perception” that help people build narratives of self-representation and autobiographical experiences. Letting emerge such a construction apparently seems to be the very role of the “spiritual” healing practices depicted in the paper.

FELIX FREIGANG proposed a paper focusing on a mobile app for “assisted mood-tracking:” a stimulating topic, which opens further questions to the researcher, such as: is “mood” meant to be treated as an achievement, or as a matter of self-management technique? Is emotion a product or a process in contemporary, post-industrial society?

PAUL DIEPPE brought from England a thorough restitution of a project based on the use of “art to create healing spaces in hospitals.” In this work, art is discussed as a mediator to help people express their understanding of their state of health/disease, of their identity as patients within the medical institution, and as protagonists of a program that through qualitative research techniques within a phenomenological framework, and through the organization of a final exhibition, invites all social actors getting in touch with the project to explore around the question: “where does healing come from?” Still, DIEPPE’S paper stimulates broader questions relating to medical pluralism matters, such as: are the healing practices, and/or the apparatuses provided by current health systems more thinkable of as “sanctuaries of care,” or as “supermarkets” (filled with diverse models of knowledge and intervention virtually anyone can resort to, pick from and draw on)?

Also, the work of JAANA ERKKILÄ-HILL introduced the public space and “setting” issues. The Slow Labs project is a program in Finland aiming at creating what I would call “proto-therapeutic” spaces, where the expressive tools for meaning-making and for socializing personal storytellings are driven by starting from the non-verbal grammar of art and creativity. ERKKILÄ-HILL’S presentation introduced some issues pertaining to the creation of free, empty, available, slow, still-standing spaces, not biased with any expectation on the side of users and bystanders of producing any thing. The Slow Lab configures a participative approach and consequent methodologies in order

to develop and provide caring methods and routines, spaces and activity schedules, that fit individual users' requirements and requests and thus express "inclusive" values. In this framework, one would wonder: what is the social status of vacuum, e.g. silence, as a factor of care?

SJAAK VAN DER GEEST's paper introduced the necessity to explore a diametrically opposite fashion of the "aesthetic" in human experience and anthropological methodology, by focusing not on pleasurable pieces of art and expression, creativity, metaphors and narrative—all conveyed through various sensoria and non-verbal mediators—but, on the contrary, on the "unpleasant" as a matter of social construction and negotiation, both in everyday practices of ordinary life as well as illness and care, and in the ritual arena of healing. A "well-known," but highly untracked, fringe of human experience emerges as a terrain suitable for unfolding new opportunities for analysing what constitutes, through the sensory-focused practices of our being in the world as individuals, patients, sick persons. It is clear not by chance at least since DOUGLAS' [2001(1966)] *Purity and Danger* that what lays beyond the comfort zone of decency, outside the margins of the solar system of moral and (in fact) aesthetic values, shows various practices of shamefulness pave the way for us to mediate our identity and our belonging, to position and negotiate our own selves' personhood and agency in the interaction with the others. (LEONARDO MENEGOLA: personal communication 2019-07-04)

I am a doctor with a long-standing interest in healing, and a more recent interest in arts and health, so this was the meeting for me. There are very few academics studying either subject, and a paucity of serious meetings about them. And I was not disappointed by the meeting in Münster, it was wonderful.

The words "aesthetics" and "healing" are both slippery, and difficult to define. This is perhaps because there is a major experiential aspect to both. An added problem is that the words have varying usage in different cultures and languages. So what are "aesthetics" and what is "healing?" There was much useful discussion on both subjects during the two and half days of this meeting, and it was clear that both words were interpreted slightly differently by different attendees.

"Aesthetics," I concluded, was about sensory experiences that can enchant—a beautiful concept provided by one of the speakers, and one that really reso-

nated with me. The definition of the word "healing" was more difficult for me to come to a clear conclusion about, even though I have been researching it for some years. The word can be used as a noun, an adjective or a verb: it is used to describe practices of healing, the healing process, or the outcomes (the healed state). Furthermore, today the word "healing" is used to mean different things by conventional Western medicinal practitioners (who use it to denote wound healing and other repair processes in the body), and the so-called complementary and alternative medicine practitioners (who generally use the word to describe an holistic process that involves achieving integrity of mind, body and soul, leading to wholeness, rather than just the repair of body parts).

During the meeting it also became apparent that there was some confusion between the concepts of "healing," "curing," and "treating," caused in part by linguistic problems in different languages (some languages only have one word for all of these concepts). For me, "treating" someone with a health problem is about using some intervention to try and help—a very general concept that can include both "curing" and "healing." "Curing" is a more restricted concept, it is about trying to find some pathological cause for illness and then eradicating that cause, so that the person is returned to their previous state or to "normality;" "curing" is based in the current biomedical, reductive, materialistic concept of how the world works. In my opinion this approach, which has a stranglehold over medicine, is not enough to describe how illness can and should be treated.

"Healing," I think, is different and more compatible with a spiritual, or metaphysical view of how the world works. Many different ideas were aired about its meaning and its facilitation; beautiful concepts such as:

- Transformation leading to Well-Being
- Sense-Making beyond the "Rational"
- Synchronicity and Harmony
- Crafting an Improved Self
- Co-creation of Wholeness
- Stepping into Another Reality
- Flourishing
- Grace and Love
- Spiritual Transformation
- Re-Orientation to Greater Meaning
- An Emergent Property of the Whole

Each of these fantastic words or phrases are in my notes from the meeting. The final speaker tried to de-

fine healing for us—a bold undertaking that was, for me, both helpful and successful, but one that I think still requires more work and discussion. During the meeting we heard a lot about different artistic/creative activities that might help facilitate the healing of individuals. They varied from movement and dance, music, visual arts, making things, the natural environment, religious rituals, to medical interventions. We were assailed with a rich mix of different approaches, within varying countries and cultures, all of them aimed at the transformation of people to a better state. The talks on these subjects were both engaging and enlightening.

Many of the presentations were about healing practices in countries within the developing world; excellent anthropological studies of healing in different cultures from those of most of the speakers who live in Westernised rich countries where biomedicine dominates. So, what is the role of healing in such countries? Well, I think it has a crucial role. Biomedicine offers us much in terms of improved health; it is good at many things, such as infectious disease, surgery for bad hips and knees and for cataracts, and many other conditions. But biomedicine finds it difficult to offer much help to people with chronic pain and many other chronic conditions, to those with age-related disorders such as dementia, and the increasing numbers with multi-morbidity (more than one health problem). And even when a cure is achieved for others, many such patients are left with mental suffering and identity issues resulting from their illnesses that require healing. Healing can help all of these people. So, I believe that we must find ways of combining the “art” of healing with the “science” of curing. We must integrate healing and curing to achieve integrity of mind, body and soul. (PAUL DIEPPE: personal communication 2019-07-04)

I was very nervous in the weeks leading up to the AGEM Healing conference; I had never presented these ideas before, even though they had been forming for the better part of ten years – I guess I never had the courage. I knew they were still ill-formed, but I needed the opinion of others to move forward. So, I had to gather myself and compile something semi-intelligible, worthy of presentation. Healing is a fundamental human experience that, as a practicing homeopath, I have witnessed many times. It filled me with awe and fulfilled something very deep inside, something important about how human beings really operate,

how things really work. Watching my patients journey through this process, knowing that I was just a bystander, a reflector at most, brought me to the realisation that I was participating in something not understood or even acknowledged by biomedicine and being the well-trained scientist that I am, I wanted to understand the underlying principles. So, I started reading and thinking. I guess I was also trying to reconcile the apparent opposites in me—the “homeopath” and the “biologist.”

Helmar’s conference arrived at the almost perfect time: I had decided to return to Europe to live, primarily to continue with this work, and I was ready to get out there and see what others thought. My first encounter in Münster on the first day was with a fellow South African from Rhodes University, working on aspects of our own political and cultural healing process; we laughed about politicians and I knew I’d be ok. That feeling continued and grew—as the talks and the discussion proceeded, I realised that I had lucked out; these people would “get” what I needed to communicate, and I would learn enormous amounts from them. So many of the themes that I had identified over my years of reading came through and it was a joyous and exciting confirmation for me.

Transitional spaces seemed essential for any sort of healing and were discussed by almost all the speakers, but what are they and how are they created? DIRCK VAN BEKKUM addressed this at length and believed that what we learned through observing indigenous healing practices should be translated to inform biomedical contexts. It has already been acknowledged in psychotherapeutic circles—Carl Rogers called it ‘unconditional positive regard’ or love, but it needs to be authentic. Within these transitional spaces, a strange or magical sort of process occurs that was often characterised as creative or imaginative (ANJA LÜPKEN) where the patient frequently relived old trauma (SVEA LINDNER) or brought memories to mind (ANJA LÜPKEN) which would then bring about a change within or a ‘crafting of an improved self’ (JOANNA KÜHN). This is essentially transformation of the self, a common observation among healers, which was first directly mentioned by LEONARDO MENEGOLA, a music therapist, who described it as a transformation of personhood. He discussed techniques of transformation as part of a holistic approach, something very difficult to realise as a therapist—how do you conceive of and deal with a whole which you then attempt to influence and heal—but he mentioned noticing small details in the patient

that he used to represent the whole which struck me quite deeply. Homeopaths use small, usually peculiar, individually characteristic details in their patients that can be viewed as analogues to the whole; this is our way into the whole when diagnosing. It also reminded me of the spiritual principle—“as it is above, so below”—the microcosm mirrors the macrocosm... much like holograms.

TESSA BODYNEK brought up the idea of the wounded healer: that in order to heal, you need to have been healed, which sparked an interesting discussion on how psychotherapists are expected to undergo their own therapy during their training and certainly resonated with my own experience. I think it might be about the personal experience of trauma allowing you to connect to your patient and also enabling you to create that safe transitional space—the mutual recognition of pain, of our common humanity and the complete acceptance of that and the other which facilitates connection, and this is what many people see as key to healing (PAUL DIEPPE). Paul also spoke of the stepping into another reality, through the gateways of religion and perhaps art which chimed with Anja's and Svea's work on dance. ANDREW HATALA characterised this reality as a shared mythical world between patient and healer who were on a journey together where meaning was generated through the body.

Journeying was a common theme in all of the discussions, and I think it may be a key aspect and differentiator when trying to define healing and it is logically connected to the theme of transformation – a journey through an altered reality in a transitional or liminal space to another way of being, guided by one who has already taken that journey. My question then is why, what for? The answer that seemed to emerge during the discussion was new or greater meaning. Paul's work characterised this as a movement from chaos to order or fragmentation to integration. Perhaps illness is a form of chaos, breakdown, and healing is that search for a new integrated order with a different orientation or meaning?

By the time it came to my turn to speak, I was confident that I was in sympathetic company, but I was nervous—I had decided to stick my neck out and attempt a definition of healing. I think we need something concrete to use as a connector and a differentiator to collectively describe this phenomenon and I think we can find that definition through collaboration, through finding what it is that is shared. We can then use it to begin a challenge to the dominance of

Western biomedicine and find a more complete way to treat our patients. Not only does biomedicine largely dismiss ideas of transitional spaces and healing journeys, but its dominance obscures any other perspective, both Western alternative and Indigenous. My brave stab at a definition of healing turned out to be too biased towards homeopathy—understandable—but what I learned from a few days with a group of mainly medical anthropologists, some artists and some medical doctors is that through creating our own transitional space, we could gently, but critically share ideas and knowledge across disciplines and that this was the only way to possibly forge a transformation within medicine which itself may go some way to healing the split between ‘science’ and ‘magic’. I also felt that I'd made some friends on my own journey into healing the split in me. (NATALIE HARRIMAN: personal communication 2019-08-05)

The Contest

Divergent approaches toward a conceptualization of the *aesthetics of healing* framed the conference and continue to contest in this volume. The diversity of contributions illustrates the multivocality of perspectives and the challenge of how to grasp it in theoretical and practical terms. This special issue consists of double-blind peer-reviewed articles and other formats such as reflections, a keynote and essays. I want to clarify that this structural categorization does not mirror any evaluation of the contents but rather differentiates (anthropological) research reports, reflections on the topic, and practitioners' accounts. This multiperspectivity constitutes the uniqueness of this project.

INGA SCHARF DA SILVA is an artist and anthropologist with whom I share my interest in Brazilian spiritual healing practices. From my perspective, her painting *Hoffnung* (“hope”) in the conference's official poster and program integrates many of the aspects we are discussing here. The cover of this volume has been a template for that painting and she reflects on her experiences and intentions to contribute her work to our thematic discussion (in German and English).

Keynote speaker GRAHAM HARVEY explores how *animist* concepts may inform practices and experiences of well-being and healing. Whereas especially in the 19th century, evolutionist anthropologists used this term to denigrate alleged “pre-

modern” systems of knowledge and practices, he illustrates how to apply it as a tool to describe, analyze and interpret health-related models of “selves” in their relation to particular environments. He compares and reflects on ethnographies from around the world, including accounts on North America’s *First Nations*.

Although not applying the concept of *animism* to “make sense” of their research data, the first two of the total seven peer-reviewed articles share the perspective of how comparable approaches inform experiences and practices of healing. On an auto-ethnographic base, CATHY FOURNIER and ROBIN OAKLEY discuss the opportunity and its challenges to integrate North American *First Nations* Indigenous healing knowledge and practice with cosmopolitan medicine to facilitate what they identify as a *Two-Eyed Seeing*. Instead of favoring one, and diminishing another approach, their complex discussion on the impact of (post-)colonial negotiations of health postulates and facilitates *healing cooperation* (cf. INCAYAWAR *et al.* 2009; VOSS & SCHUBERT 2018) in terms of a therapeutic diversification as opposed to discourses on the supremacy of any therapeutic approach or “medical systems” (cf. BAER *et al.* 2013; KRAUSE *et al.* 2012, 2014).

ANDREW R. HATALA and JAMES B. WALDRAM investigate *Q’eqchi’ Maya* aesthetics of healing practices in Belize as unequivocally related to socio-cultural formative processes of cosmivision, relationality, morality, and environmental factors. Whereas both, FOURNIER and OAKLEY’s, and HATALA and WALDRAM’s contributions address aesthetic qualities regarding “Indigenous healing” in accordance to HARVEY’s account, they offer quite different views on the “compatibility” or “translatability” of healing practices and their aesthetic modulations (cf. KIRMAYER 2015 on the example of *mindfulness*).

JOHANNA KÜHN mediates these alleged opposing perspectives by investigating meditation practices in Lebanon as spaces of bodily and sensory informed negotiations of identity especially among young middle-class women who experience themselves as torn between “cultural tradition” and “cosmopolitan modernity.” From this point of view, “healing” does not attempt to fix or (re-)establish social relations (cf. TURNER 1968) but to mediate controversial and disruptive expe-

riences by concentrating on oneself and only from there to (re-)engage with a particular environment and dynamics of socio-cultural transformation.

In a different geographical but nonetheless comparable context, TESSA BODYNEK explores (Afro-)Brazilian approaches of negotiating “selves” in mediumship practices. Besides providing multiple accounts on sensory aspects in the religion of *Umbanda*, she addresses a realm that has us rethink and adjust our categories and concepts: do we understand healing as “transformative,” that is, a way to learn to understand and live with our affliction, or as “restorative” in terms of redistributing a previous state of well-being (cf. WALDRAM 2013)? Taking this further, her account maintains the discussion on what is *healing* and/or *curing* (cf. WALDRAM 2000).

SABRINA MELO DEL SARTO and ESTHER JEAN LANGDON refer to another quite contested Brazilian phenomenon of Spiritist psychiatries (cf. THEISSEN 2009; BRAGDON 2012) which has also been my focus of research. While not neglecting my interpretation of Spiritist practice (cf. KURZ 2017) as aesthetic and comforting engagement with patients, they clarify that it depends on socio-economic capital and resources. Moreover, they illustrate how spiritual practices like the *passe* (“laying-on hands”), which I describe as soothing and supportive, may be also experienced as transgressive and disciplinary practices of control.

Redirecting our gaze to Europe and other forms of “control” in terms of “measuring affliction,” SHIRLEY CHUBB, ANN MOORE, KAMBIZ SABER-SHEIKH, and NEIL BRYANT introduce their innovative and interdisciplinary research project *Significant Walks* which focuses interoceptive processes related to the experience of pain and environmental stimuli. They investigate the impact of walking on patients with chronic low back pain by combining video documentation with simultaneously gathered biomechanical data and narrative accounts. Their research project thus combines different media and technologies to analyse sensory aspects of affliction and therapy success.

HANNAH DRAYSON discusses the media of taste and language as related to health, illness, and healing. Referring to the human experience of *bitterness*, she illustrates how in many cultures “suffering” is linguistically related to the experience of bitter tastes, and how Bitter substances in

many vegetables and herbs support animal and human health and well-being. She thus complements our perspective on the interconnection of humans, animals, and plants—just that she does not refer to spiritual agencies but to bio-chemical processes.

These research articles are complemented by five more practice-related discussions on the different layers and aspects of the *Aesthetics of Healing* both by therapists and researchers. They apply, develop, question, and reflect on the rather theoretically embedded anthropological accounts in the context of their particular practical engagement, sharing personal experiences, insights, opinions, and ideas.

DIRCK VAN BEKKUM reflects on the importance of “transitional spaces” in his and his students’ multiple therapeutic approaches. Reflecting anthropological ritual theory, he translates related insights in non-European societies into a therapy models in the European context of supporting, e.g., traumatized soldiers and families with a migratory background.

NATALIE HARRIMAN also digs in this goldmine of integrating different perceptions of healing: she blows off the cover of “rationality” that allegedly distinguishes cosmopolitan biomedicine and psychiatry from so-called alternative and complementary medicines (CAM). I read her contribution as a manifest against a certain “hegemonic arrogance” among medical scientists, health professionals, and related public media against “deviant” therapeutic approaches like, e.g., homeopathy. However, this is not the place to contest “what is right or wrong,” and accordingly her strength is to not play off different ideologies but to postulate a practice of “gnosis,” that is, learning to practice *empathy*, to *connect* with patients, to learn to *understand* their life situation instead of treating them as “organic machines.”

PAUL DIEPPE shares his experiences of participation in an art project in hospitals where patients could communicate their feelings, fears, and hopes. He reports of immense resonance among patients, relatives, and hospital staff members – except from the medical professionals. His compelling account relates to discourses on *placebo* and wonders what it is that heals: remedy, attention, agency, or their integration?

ANJA LÜPKEN dedicates to the *Tamalpa Life/Art Process* as an “expressive arts therapy” integrating body movement, imagination, and expression in dance-like interactions and performances. She addresses interrelated “somatic modes of attention” (cf. CSORDAS 1993) toward self and others and analyzes the practice according to concepts such as “movement,” “metaphor,” “movement as metaphor,” “imagination,” “aesthetics,” and “healing.” She therefore wraps up our exploration of divergent perspectives on the *Aesthetics of Healing*.

So far, we have hardly addressed related ethnographic methodologies which have been, among others, informed by SARAH PINK (2009), DAVID HOWES (2006) and TIM INGOLD (2000). SVEA LINDNER (in German) reflects on her methodology and field data while exploring and filming the *Vimbuza* “healing dance” in Malawi. Her accounts and experiences provide a guidepost on how to implement innovative ethnographic and anthropological techniques to engage with the *Aesthetics of Healing* and related practices of “working with the senses in therapeutic contexts.”

A Conclusion?

My introduction and summary only touch some aspects I deem crucial for our ongoing dedication to the *Aesthetics of Healing* and in the accounts of the contributors both of the conference and this volume. However, they are so rich in their contesting and complementing divergent perspectives that I want to invite the dear readers to explore them on their own, from their own perspectives. Comments, discussions, or critiques are very much looked forward to; please do not hesitate to communicate directly with me (email below). Accordingly, I will not provide a synthesis or wrap up, implementing my opinion on them. I will not share a final definition on what *are* the *Aesthetics of Healing* and on *how* we could methodologically integrate this concept in our attempt to grasp sensory aspects of therapeutic practice. Many questions remain and I want to encourage all of you to develop future projects by integrating innovative approaches and technologies to explore an experience that is crucial to all of us: health and healing.

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Notes

1 I personally associate contemporary *psy-trance* music festivals with that sphere, as some students of mine already did within my seminars. I suggest this field for future research on the *Aesthetics of Health/Well-Being* in terms of further developing SPENCER's (1985) accounts on “Society and Dance.”

2 <http://agem.de/?lang=en>

3 <https://www.uni-muenster.de/Ethnologie/en/index.html>

4 <https://www.sfb-affective-societies.de/en/index.html>

5 <https://www.mediacoop.uni-siegen.de/en/>

6 https://www.uni-muenster.de/Ethnologie/en/personal/professor_innen/helenebasu.html

7 <https://www.knitted-anatomy.at/>

8 <https://gepris.dfg.de/gepris/projekt/273588344?language=de&selectedSubTab=2>

9 <https://www.uni-muenster.de/InternationalOffice/en/index.html>

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