The biopolitics of alternative belonging

Self-healing, self-making and spirituality in a neoliberal age

By Georgette Veerhuis

Submitted to

Central European University

Department of Gender Studies

In partial fulfillment for the Erasmus Mundus Master's Degree in Women's and Gender Studies

First Supervisor: Hadley Z. Renkin (Central European University)

Second Supervisor: Alexander C. Ornella (University of Hull)

Budapest, Hungary 2018

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Abstract

This thesis is about the gendered character of biopolitical subject-formation. The subject in question is Dolores: a middle-aged woman living in the Netherlands who ten years ago decided to start her own practice in alternative health care. Since then, she has not only been crafting an empowered feminine identity based on alternative health practices and spiritual practices but also one that is professional and entrepreneurial. In this thesis I therefore tease out how Dolores engages in these processes of self-formation, and how these are tied to larger biopolitical structures of regular medicine, science, and neoliberal capitalism. Importantly, I look at how biopower produces an embodied feminine subjectivity that is premised on gendered notions of care, the body, health, nature, truth and authenticity.

At the same time, this thesis is about the biopolitical character of alternative medicine and contemporary spirituality – two systems that intertwine in the context of 'healing' in western wellbeing culture. Indeed, it is *through health* that Dolores turns her lived experience into a narrative of her gendered self. *Why is spiritual CAM so powerful for Dolores?* It provides Dolores with the technologies to construct her self, her body and her activities as *more authentic and essential* and thus as *more natural and true*. In Foucaultian terms, this means that CAM attempts to present a counter-discourse to the hegemonic narratives that are constructed by medicine and science but that the same biopolitical logic applies. Ultimately, CAM *intensifies* the biopower that flows through it.

Declaration of original research and the word count

I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

I further declare that the following word counts for this thesis are accurate:

Body of thesis (all chapters excluding notes, references, appendices, etc.):
25,674 words
Entire manuscript: 29,162 words

Signed: Georgette Veerhuis

Acknowledgements

This thesis is dedicated to my mother, who has been and always will be a tremendous source of wisdom for me. Regardless of my criticisms at times, I hope that she knows that my scholarly interest in her comes from a place of love, respect and awe for what she has (as of yet) accomplished.

Special thanks to my friends Alenka, Jasmin, Celeste, Sofia, and other friends and family members who have in their own ways contributed to this thesis. Most importantly, in the care and friendship they gave me when I felt most alone and overwhelmed. I was able to warm myself to their love – even in the hot summer months in Budapest – which helped me push through.

Lastly, I wish to express my eternal gratitude to my supervisor Hadley Renkin. His unrelenting confidence in me picked me up when I needed it most and encouraged me to finish what I started. He moreover did so with enthusiasm, which I hope will reflect in my work.

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Introduction

When I was at home in the Netherlands over Christmas my mother, Dolores, whispered to me that she had 'shamelessly' spoiled herself with gifts. With her eyes wide open with excitement she told me that she had bought no less than three new decks of Tarot cards! She was planning to learn how to do professional Tarot readings, which would be a nice addition to the services she wants to offer when she envisions her future business enterprise: a place where women can relax, receive a diversity of alternative health and beauty treatments, and nurture their feminine selves. What Dolores hopes to give to other women, is also something she searches for herself: a sense of wellbeing and belonging.

In my view, this relates to her particular upbringing and other gendered experiences in her life. Dolores grew up in a peculiarly mixed family with a father who was a Hungarian refugee from the 1956 Hungarian Revolt and a Dutch-Indonesian mother with roots directly in the Dutch colonial period. Although loving in its own way, this was a troubled family. At best characterised by a 'culture clash', this family was built on tensions, trauma, the repression of women's (sexual) bodies, and non/Dutchness. Raised in the Catholic Church, Dolores' father was particularly concerned with the sexual promiscuity of his wife and daughters, and did not allow their bodies express femininity and sexuality. Her mother, on the other hand, would often tell Dolores to be sweet and silent.

When Dolores was twenty-four she married Rick and became pregnant with their first child. In 1992 they moved to a suburban area of a medium-sized Dutch city, where they began setting up a comfortable upper middle class life for a soon-to-be family of five, of which I am the middle child. Dolores initially worked on and off but she began to struggle with debilitating fatigue and other recurring health complaints

and so settled in the role of fulltime caretaker and homemaker. When Dolores turned to medical professionals for help she experienced what you may call ‘stereotypical female patienthood’: she was disbelieved, dismissed, or otherwise doused with heavy medications. Disappointed with regular medicine, Dolores began exploring different ways of healing – not only with regard to her physical health but also emotionally and spiritually. This journey is best described as both an attempt to heal her/self and to discover her ‘authentic self’.

Ten years ago, Dolores divorced her husband and decided to professionalise in alternative medicine. The focus of care shifted to herself as she mostly let go of motherhood. As painful as this was to me as her sixteen-year old daughter, I now understand that this uncompromisingly selfish act was crucial in the process of opening up Dolores’ potential to cultivate new identities. Now in her fifties, she has accomplished herself as an alternative health practitioner with a background in different types of massage, muscle testing (kinesiology) and hypnotherapy. She has her home-practice and is always looking for ways to improve herself, her health, and her small business. Most importantly however, she finally feels healthy.

I see Dolores as an incredibly resilient woman who has struggled and grown into the visionary alternative health professional she is today. Yet, as a feminist scholar, I cannot but notice the structural underpinnings of the tensions and conflicts Dolores has experienced and which have informed her agency, gendered person-hood and embodied being. In my view, this pertains to Dolores’ internalisation of misogynist doctrines that woman is never good enough, healthy enough, or whole enough, and how these articulations have justified the project of ‘male’ science and medicine to tie women’s bodies to their ‘faulty biology’ and keep them under their control (Braidotti, 2003; Cixous, 1976; Haraway, 1991; Harding, 1997; Lupton, 2012;

Purdy, 1996; Schiebinger, 1999). These oppressive gendered power structures are thus the context in which Dolores has experienced invalidation and marginalisation, and that have left her with little power to realise herself as a self-determining individual. Dolores' participation and professionalization in alternative medicine should therefore not be trivialised but seen as revealing 'much about the larger issues [women practitioners] face concerning power, status, and equality in the twenty-first century' (Flesch, 2007).

There is much literature that discusses alternative and complementary medicine (CAM) in terms of its potential to empower women. Some authors argue that CAM reproduces gendered identities by tapping into traditional female resources and re-enacting gendered behaviours (Brenton & Elliot, 2014; Flesch, 2007; MacNevin, 2003; Nissen, 2011). CAM seems to be particularly valuable to women who no longer comfortable in their roles of wife, mother and nurturer and who use (spiritual) CAM practices to transform their identities and to get in touch with their 'authentic core self' (Woodhead, 2007). When it comes to their *professional* identities women stabilise the connection between femininity and the traditional roles of caring and nurturing (Flesch, 2007; Keshet & Simchai, 2014; Woodhead, 2007). CAM thus renews the idea that emotional labour is part of women's identity. Yet it also allows female CAM practitioners to establish a career and financial independence (Flesch, 2007, 2010; Nissen, 2011; Sointu, 2011). CAM may furthermore provide an avenue to explore self-directed care instead of traditional other-directed care (Nissen, 2011; Sointu & Woodhead, 2008; Sointu, 2011). Finally, it can offer women a discourse of wellbeing that not only 'defines wellness through values such as individual fulfillment, freedom, agency, and control' (Keshet & Simchai, 2014:81), but also create a sense of recognition and belonging (Sointu, 2006).

But what is CAM exactly and where does it come from? The World Health Organization (2013) states that CAM consists of a wide variety of practices that have no origin in a country's cultural tradition or conventional system of medicine, yet are also not (fully) integrated into the national health care system. Although not all CAM therapies engage with spirituality, they originate from holistic health movements from the 1960s and 1970s that endorsed 'concepts of holism, spirituality, vitalism and energy, and … unity of body, mind, and spirit' (Campbell, 2007; Keshet & Simchai, 2014:77). CAM has since become a widespread phenomenon in many western European countries and the U.S. (Campbell, 2007; Flesch, 2007; Nissen, 2011; Heelas, 2008).

In the Netherlands, specifically, a national survey from 2014 found that in the period between 2010-2012 nearly one million citizens had received alternative health treatment, which is almost 6% of the Dutch population (CBS, 2014). Among them were mostly women, 30 to 60-year olds, higher educated persons, and individuals with supplementary health insurances. The Dutch predominantly sought medical care through acupuncture, homeopathy and chiropractice (CBS, 2014), but a wide variety of therapies are offered such as electromagnetic healing, chakra healing, Ayurvedic medicine, shiatsu, Traditional Chinese Medicine, Bach flower remedies, hypnotherapy, etc. In the Netherlands, CAM is only partially regulated by a framework of accreditation and health insurance coverage. The Dutch government does not prevent practitioners from practicing medicine outside this framework, which is what Dolores does.

Since CAM developed as a critique against regular medicine (Winnick, 2005; Fadlon, 2004; Flesch, 2007), CAM's model is premised on values that modern medicine struggles to achieve: self-awareness, bodily integrity, empathetic listening,

patient autonomy, equality in the patient-practitioner relationship, and self-determinacy (Coulter & Willis, 2007; Flesch, 2007; Keshet & Simchai, 2014; Lupton, 2012; Nissen, 2011; Kleinman, 1988; Sointu, 2006). CAM has also been labelled as a 'feminine' type of health care due to its focus on 'normative caring, communication, gentleness, 'natural' remedies, touch, and release of emotion' (Keshet & Simchai, 2014:81). Some however argue that these notions do not challenge, resist or transform the hegemony of biomedicine and the inequalities it perpetuates, but instead that CAM provides a 'comfortable fit' by answering the demand for affective changes in medical practice (Cant & Calnan, 1991; Flesch, 2007). Other claims that CAM does not address structural inequalities (Flesch, 2007; MacNevin, 2003; Nissen 2011); and increases medical (self-)surveillance (Fadlon, 2004; Flesch, 2007; MacNevin, 2003).

The wide variety of therapies also indicate how CAM fits in with the neoliberal medical marketplace where it offers myriad products and services that promise overall wellbeing (Brenton & Elliot, 2014; Nissen, 2011; Sevenhuijsen, 1998). Like many liberal countries, the Netherlands changed their national health care policy in 1991, which encouraged individual choice and personal responsibility with regard to health (Sevenhuijsen, 1998). Some argue that CAM and regular medicine find themselves in a necessary growing partnership in order to respond to increasing individualism, consumerism and self-responsibility for health (Brenton & Elliot, 2014; Cant & Calnan, 1991; Nissen, 2011). In fact, CAM's 'eclectic mix of science and spirituality' appeals to health consumers as they attempt to 'expand the possibilities for behavioural options, identity, experience and meaning-making' (Brent & Elliott, 2014:94).

It is remarkable then, that alternative medicine is still often stigmatised as quackery and its patient-consumers as naive and irrational for believing in it (Bos, 2016; Winnick, 2005). In large part this move against CAM is predicated on its lesser or non-scientific status within the medical landscape (Brenton & Elliott, 2014; Sointu 2011; Coulter & Willis, 2007). This is backed by the influential Dutch 'Association against Quacks', which has 'protected' the status of 'real' physicians since 1881 and actively campaigns against (mal)practices in alternative medicine (Bos, 2016).

It is within these larger biopolitical structures of regular medicine, science, and neoliberal capitalism that I locate the ways in which Dolores cultivates a feminine subjectivity that is premised on gendered notions of care, the body, health, nature, truth and authenticity. My focus is thus on how these structures produce gendered subjectivities that feed into Dolores' sense of self – even as she resists, shapes and consumes an 'alternative' self through CAM. Finally, I suspect that the discursive tools that CAM offers 'help resolve the tension between neoliberal discourses of self-reinvention and personal responsibility and structural inequalities' (Brenton & Elliot, 2014:2014). The corresponding question that I therefore aim to answer is: *How are the particular selves that Dolores cultivates through CAM and its wellbeing discourses articulated in relation to the nexus of biopolitical power structures of medicine, science and neoliberal capitalism?*

Consequently, in the first chapter I will look at the question: *In what ways have medicine and science shaped Dolores' gendered subjecthood, and how does she negotiate this?* In the second chapter, I ask: *How does CAM allow Dolores to stabilise and naturalise her alternative identity narrative and reposition herself in society as a professional?* And lastly in the third: *By means of which (spiritual) self-*

technologies does Dolores shape an authentic feminine self, and how can this be understood in the context of neoliberal biopolitics?

In a sense, these chapters are stories. They will give a snapshot of Dolores from three different angles (with a very specific lens). Stylistically, this is also why I choose to characterise each chapter with a different Tarot figure (The Fool, The Alchemist and The High Priestess). The first chapter will provide part of Dolores' personal history with medicine, upon which I will build the other chapters that are more 'contemporary'. This means that the first chapter is based on interviews, whereas the other chapters largely draw upon my field observations. An ethnographic approach helps me get an intimate picture of Dolores' embodied practices of self-making. It moreover allows me to show Dolores as caught in the complexities of daily life, in which she both acts rebelliously against as well as complying and furthering gendered, scientific, and neoliberal power structures.

Through ethnography I will get an intimate picture of Dolores' embodied practices of self-making. This moreover allows me to show Dolores as she is caught in the complexities of daily life as she finds herself negotiating gendered, scientific, and neoliberal power structures. I believe this case study will therefore make important feminist contributions by focusing on how the lived reality of one particular Dutch person is organised by biopolitical structures, and thus how biopolitics may be locally specific. This thesis also sheds light on 'the gender puzzle': why more women than men use as well as professionalise in CAM (Flesh, 2007; Nissen, 2011; Heelas, 2008:236; Keshet & Simchai, 2014; Sointu, 2011).

Ultimately, these chapters are stories. They will give a snapshot of Dolores from three different angles with a very specific lens. This is also why I choose to characterise each chapter with a different stylistic Tarot figure (The Fool, The

Alchemist and The High Priestess). Together they tell a story about Dolores and her search for health and alternative belonging. Yet selfhood is conflicting and complex (Scott, 1988). Let me therefore also emphasise that it is impossible to fully capture a person in writing, nor should one want to. If there is one thing my mother has taught me is that she is ever-changing. She is always *becoming*.

Methodology

'Family is an interesting place to do ethnography,' said feminist philosopher Sara Ahmed on 16 November 2017 at an event in Manchester where she talked about her new book *Living a feminist life*. These words came to me at a time when I was not sure if ethnography-at-home would be the best thing to do in terms of methodological justification, but then I remembered that it could also be characterised as feminist scholarship *par excellence*. It rightly goes against the historical trend to use ethnography as a colonial method in which the researcher studies the distant 'Other' (Skeggs, 2001). It thus unsettles the boundaries between self/other, insider/outsider and subjectivity/objectivity (O'Reilly, 2012; Skeggs, 2001).

A feminist epistemology

According to feminist scholars Sandra Harding (1992) and Donna Haraway (1988) this should be part of the feminist project. Haraway (1988:579) does not beat around the bush when she states: 'Feminists don't need a doctrine of objectivity that promises transcendence…' Both feminist scholars have critiqued western Science for spinning powerful narratives premised on 'objectivity', which has governed the power relations between multiple dualisms such as mind/body, subject/object, fact/fiction, culture/nature, private/public and male/female. Haraway (1988) therefore suggests that feminists productively engage with these tensions so as to contest and deconstruct them, and see them for what they are: interconnected.

An ethnographic approach furthermore allows me to focus on Dolores' life, her voice, her views and her experiences. This therefore provided me with an excellent feminist methodology (Skeggs, 2001). I could moreover produce what bell hooks (1989) calls a 'view from below', that is, I could analyse Dolores' situatedness. The

importance I place on this is derived from Feminist Standpoint Theory, which argues that each individual has its own standpoint or perspective on the world, and thus its own partial subjective truth based on particularly structured experiences (Harding, 1992, 1997; Scott, 1992; Hill Collins, 1995). These authors explain that, as a feminist epistemology, it deems personal knowledge a valuable source of knowledge and articulates the marginalised knower as (privileged) authority. Importantly, Haraway (1988:583) states that these subjects 'are knowledgeable of modes of denial through repression, forgetting, and disappearing acts – ways of being nowhere while claiming to see comprehensively.' Understanding this can open up the possibility to see that marginalised individuals themselves carve out epistemological positions that might counter hegemonic and expert knowledges (DiAngelo & Allen, 2006).

Romanticising these positions, however, is also dangerous. Haraway (1988:583) clearly states: 'The standpoints of the subjugated are not 'innocent' positions.' Indeed, their experience should not be exempt from critical investigation as if it conveys unmediated and unchallengeable truths (Haraway, 1988, 1991; Harding, 1992; Scott, 1991). Rather, experience should be seen as articulated through the intersections of race, gender, class, power and knowledge construction (DiAngelo & Allen, 2006). It is created within a relational web of historically specific social relations (DiAngelo & Allen, 2006; Haraway, 1991; Scott, 1991; Wekker, 2016). Experience, in that sense, is about contradiction as well as necessary connection (Haraway, 1991). Taken together, these feminist discussions on perspective and experience have allowed me to position Dolores as a *knowing subject,* yet also to understand her knowledge as a *situated social construction* like all other knowledges (Bloom, 1998; Haraway, 1988).

A shared positionality

Since this work concerns my mother Dolores, I am implicated in the research in particular ways that would have been different for individuals who would not be related to her. This has brought up some issues that require reflection (see also my discussion on objectivity above). Yet these issues are always already present in ethnographic research, and so I believe they were simply made more tangible to me *because of* our family connection (and perhaps more productively so).

In my attempt to make the 'familiar strange', I found that being an insider was both an advantage and a disadvantage (O'Reilly, 2012:98). It produced a certain *knowledgeability* of the issues at hand and how they relate to our shared histories as well as an *insensitivity* towards our shared embodied positionality as white middle class women. I noticed that I sometimes relied too much on my assumptions that informed our supposedly shared understandings. I solved this by drawing insights from literature that particularly explores the intersectional complexities of gender, race and class, which I may have missed in the moment but could still be seen in my field notes.

Motivations and opportunities

I also wish to highlight *why* I decided to do ethnography with Dolores as my research subject. I have been interested in sociology of alternative medicine for a couple of years now, and my mother has been my leading source of inspiration. Now, however, I wanted to challenge myself to create an intimate, up-close, *lived* account of the role(s) of alternative medicine in women's lives. This made me return to my anthropological roots and take up the method of ethnography. Yet, for ethnography one needs to be able to invest considerable time with those you research and create

plenty of moments for what anthropologist Clifford Geertz called ‘deep hanging out’, that is, immersing oneself in a cultural setting on an informal level (Geertz, 1988; Van Maanen, 1988/2011; O’Reilly, 2012; Skeggs, 2001).

Researching my mother, therefore, opened up to me as an opportunity to do this quite effortlessly. Moreover, I already was a part of Dolores’ lived reality. I thus knew that her life history was important in understanding her decision to become a CAM professional and her overall meaning-making within this framework. The impressions that I had been collecting unwittingly over the past years could now be used to inform my research. *What a great head start!* I thought. In this sense, ethnographically researching my mother allowed me to squeeze a lengthy process of gaining access, building rapport, and gathering data into a short time span of two months.

Collecting data

I planned two research periods of a month: one in December/January and one in March/April. In these two months, I attempted to impact Dolores’ daily life as little as possible but I was present in her home most of the time. Whenever she was at work in her home-practice, I would be somewhere else around the house to, for example, take notes. I would sometimes ‘covertly’ listen to her interactions with clients as they came downstairs and said their goodbyes. This provided me with additional insights into Dolores’ identity as a practitioner, the type of encounter she constructs with clients and how her performance of herself extended beyond my relationship with her. On the other hand, I did not eavesdrop or participate during the therapeutic encounter in the practice-room upstairs. I believe this to be crossing an ethical line about the intimacy and confidentiality that Dolores promises her clients as a

practitioner. Any data that I used outside this room, I used sensitively by omitting parts that I deemed too personal.

Whenever Dolores did not have appointments, we had conversations about her experiences in life and the many things she was learning about with regard to alternative medicine. These conversations often happened spontaneously, meaning that I did not always initiate them and Dolores shared these things with me of her own accord. Sometimes these conversations slid more into discussions where I became more critical of Dolores' views. On the one hand, I may have released my researcher position too much and become 'too engaged' in the conversation; on the other hand, this is how our usual interactions would go as well and thus I was able to maintain a sense of naturalness to our talks. Leslie R. Bloom (1998) responds to this tension by arguing that feminist interviews should break down traditional interview techniques based on the hierarchy between researcher and participant, and that interviews should thus be dialogic. In her view, both subjects are allowed to 'reveal themselves and reflect on these discourses' (Bloom, 1998:18).

At other times, I would conduct semi-structured interviews to help myself disengage somewhat from the complex lived reality in which Dolores and I were both immersed. Although most of our talks were situated in the comfort of our home, I decided to conduct my longest interview (approx. 120 minutes) in a different setting: a forest bordering the city. I did this consciously because I wanted to create a moment away from home-life that was not in-between appointments or did not consist of brief conversations. Although the latter are just as important, I wanted more narrative depth to surface this time.

I am aware that during these interviews Dolores and I both participated in storying Dolores' selves. I set a certain framework with my questions and thus had

preconceived connections that I wanted Dolores to respond to. In that sense, I already had a story in mind. Secondly, the self comes into existence through discursive practices, and so also in our mutual construction of Dolores' self-narrative (Holstein & Gubrium, 1999). Yet, I must believe that the semi-structured character of the interviews and my observations of her habits and behaviours allowed for some openness so that Dolores' selves could emerge in unexpected ways.

In total I have, with permission, recorded three semi-structured interviews, and sometimes also recorded our day-to-day conversations if they seemed to give me substantial data. After our talks ended (recorded or not), I would quickly write down what happened as vividly as possible in my journal on my computer. In order to do so, I tried not to create distance by writing myself 'out' of the experience, and to acknowledge the role of my own 'embodied, sensual, thinking, critical and positioned self' (O'Reilly, 2012:100). In this journal I also took field notes in which I regularly described daily affairs and other insightful moments.

Approach, presentation, analysis

Because of my focus on self-making in relation to particular experiences in Dolores' life, I used a biographical ethnographic approach in the way I collected my data. This allowed me to listen to Dolores tell about her life and experiences (Bloom, 1989). Further, it allowed Dolores to draw from 'important personal events and concrete knowledge as [a] thinking and feeling [being]' (MacNevin, 2003:19). Due to this personal information this research showcases I decided to give my mother the pseudonym Dolores. (She had told me in passing that if she could have chosen her own name, this would be it). Finally, an ethnographic approach helped me in the

presentation of my data to preserve much of Dolores' own voice and actions by including many quotes and fragments of field notes.

Apart from regularly asking for clarification on the things that Dolores had said and whether I had interpreted them correctly, I have not allowed much space for Dolores to participate in the interpretation of data or editing of my final product. I was mainly focused on the 'interaction between the structure and agency at the site of the social' (Skeggs, 2001:426). In part I decided to do so, so that I could better distinguish my own voice as I 'drowned' in the dizzying dynamics of daily life. Yet, I also believe that as a researcher I may call upon my modest authority to select data and make analytical connections where my respondent might not make them (H. Renkin, personal communication, 13 March 2018). Moreover, since the interviews were semi-structured and all other conversations were not structured at all, this allowed Dolores' input to a great extent. Upon Dolores' suggestion, I moreover incorporated her written piece 'Goddess Manifesto'.

Before collecting the data, I had first read extensive literature on alternative medicine so that I would have a general picture of the issues at hand. I went into the field with general research questions and theoretical framework in mind. After collecting the data, I translated it from Dutch into English or directly transcribed it in English. I then tagged various themes, which I would later divide over my three chapters. In analysing the data, I first outlined in each chapter the part of my theoretical framework that I would apply. Then I would present the data and connect back to the theory. Ultimately, this thesis provides a small snapshot of Dolores' life, as seen through my eyes and within the bounds of what I considered relevant theory.

Theoretical Framework

In this thesis I look at the ways in which Dolores engages in processes of self-making in the context of alternative medicine, and how these processes are embedded in historical power structures that have shaped today's western societies. Specifically, I adopt a framework of *advanced biopolitics* to critically address the interplay between situated articulations of subjecthood and complex modern power structures of science, medicine, technology and governance (Foucault, 1978, Lemke, 2011; Rose, 1999). Since I am interested in understanding Dolores' agentic role in shaping her subjectivity, I supplement this biopolitical framework with a model of *performativity*, which is based on anthropological practice theory and theory on *technologies of the self* (Butler, 1993; Foucault, 1988; Mahmood, 2001; Morris; 1995). Especially anthropological mediations on religious/spiritual practices provides me with a theoretical understanding of how individuals can alter their own affective structures through self-disciplining techniques. All theory in this framework is couched in post-structural thought, which means that it problematises the dualistic logic of structure/agency, compliance/resistance and subject/discourse.

Biopolitics

Judith Fadlon (2004) argues that CAM has developed in reaction to the penetrating 'gaze' of biomedicine, that has fragmented, alienated and depersonalised the human body. In this sense, its discourses on holism, energy and empowerment are an attempt to repair this ruptured (postmodern) body. It is therefore my contention that complementary and alternative medicine (CAM), like modern medicine, is best understood within a biopolitical framework in which it produces particular subjectivities through an (alternative) regime of truth regarding health, bodies and

selves. This would mean that CAM operates through the workings of *biopower* – a modern form of power which disciplines and governs individual bodies through 'their acts, attitudes and modes of everyday behaviour' (Foucault, 1980:125). The reason that biopower is so effective is that it instils a *governmentality,* or *a will to govern oneself and others*[1], in individuals (Foucault, 1978:140; Rose, 1999:5).

Biopower first appeared in the seventeenth and eighteenth century, and turned life into a potent field of intervention. Consequently, political technologies were developed to manipulate the quality of life and discipline individual bodies, which in effect constituted a politics of life, or *biopolitics* (Foucault, 1978:145). These biopolitical technologies were specifically developed through medical science and they produced particular regimes of truth on health, (human) nature and the body. What arose in the eighteenth century was a science of the population, 'imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births and mortality, the level of health, life expectancy and longevity' (Foucault, 1978:139, emphasis in original; Foucault, 1980:124). Armed with this new type of knowledge, modern governments implemented systematic interventions and regulatory controls on individual bodies in order to influence the health of the 'species body'.

In this moment power and knowledge interlocked through the production of scientific knowledge of life's 'natural' phenomena. This natural(ised) knowledge was granted a status of truth and generated new political effects. Foucault (1980:131) called this a change in the *régime of truth*. This was possible due to ruptures in the patterns of scientific discourse that this new biopolitical consciousness had caused (Foucault, 1978:143; Lemke, 2011:62). Modern science began reordering truth

[1] In Care of the Self, Foucault (1988:19) defines governmentality as the 'contact between the technologies of domination of others and those of the self.' Importantly, this also points to a modern subjecthood that dominates itself.

according to a new relationship between nature, life and human. Or, as Bruno Latour (1987:11) has famously termed it, *works of purification* were installed to restructure the scientific order of things.

What is particular about this production of scientific knowledge, Donna Haraway (1988:578) explains, is 'the domination of nature in the self-construction of man.' Science was particularly keen on creating 'natural' human bodies as they fit in an evolutionary narrative of heredity, natural development and cultural/moral progress (Haraway, 1989; Lancaster, 2006; Latour, 1991; Oosterhuis, 2000:51). Looking at primatology, Haraway explains:

> Especially western people produce stories about primates while simultaneously producing stories about the relations of nature and culture, animal and human, body and mind, origin and future. Indeed, from the start, in the mid-eighteenth century, the primate order has been built on tales about these dualisms and their scientific resolution. (Haraway, 1989:5)

Under this new biopolitical logic, modern medicine became a crucial domain where such 'natural' knowledge was produced. It began building its authority by producing 'objective' facts about social behaviours and established a (moral) science of the ab/normal human body (Foucault, 1978; Oosterhuis, 2000; Schiebinger, 1999). Hence, health would become one of the main vehicles through which to police individual bodies – and still is to this day (Foucault, 1978; Gilman, 1985; Lemke, 2011; Lupton, 2012; Rose, 1999; Schiebinger, 1999; Sheehan, 1997; Showalter, 1980; Theriot, 1989).

Modern medicine

There is no doubt that historically the knowledge produced by medical science has devastatingly differentiated and dehumanised bodies. These bodies were placed in complex and contradictory (colonial) hierarchies of race, gender, sexuality and class with the male white middle class heterosexual (able) body as the hegemonic norm (Ahmed, 2002; Caplan, 1999; Chauncey, 1994; Gilman, 1985; Kapsalis, 1997; Oosterhuis, 2000; Sheehan, 1997; Somerville, 1994; Stoler, 2002). A crucial tool in this violent process has been the development of the *medical gaze*:

> This is the gaze that mythically inscribes all the marked bodies, that makes the unmarked category claim the power to see and not be seen, to represent while escaping representation. This gaze signifies the unmarked positions of Man and White…' (Haraway, 1988:580)

This gaze has not only colonised the surfaces of 'othered' bodies – primarily by using the Black female body as template – it has dissected these bodies into knowable fragments and distorted them through a *pathologisation of difference* (Ahmed, 2002; Caplan, 1999; Gilman, 1985; Somerville, 1994). As medicine gained authority over the production of truth/knowledge in the nineteenth and twentieth century, it began to shape subjectivities by medically defining and pathologising non/normative bodies (Ahmed, 2002; Caplan, 1999; Foucault, 1978; Ussher, 2011; Theriot, 1989).

Large part of medicine's moral praxis was based on a rhetoric of visibility and a strong 'desire to know the 'truth' about the bodies of others who were marked as different' (Ahmed, 2002:49; Somerville, 1994; Caplan, 1999). The general idea around this time was that the body showed visible anatomical markers that differentiated normal from abnormal bodies (Schiebinger, 1999; Somerville, 1994). As Beverley Skeggs (2001:426) explains, 'it is part of the scopic economy of Western knowledge in which the observable is semiotically rendered into meaning.' This

would later also feed into Science's positivist/realist paradigm premised on the distinction between real/somatic and imagined/psychic (Haraway, 1988, 1989; Kleinman, 1988; Skeggs, 2001; Ussher, 2011). Dominated by the gaze, the physical body was posited as fundamentally more 'real'. Modern medicine was thus equipped to 'objectively' assess, categorise and produce 'facts' about the 'reality' of this body.

Yet the marking or *making visible* of bodies – as much as making them invisible – requires social practices of differentiation (Ahmed, 2002; Gilman, 1985; Somerville, 1994). In the production of these bodies as both objects and subjects of white male science, they became things to be scrutinized, to be known, and, in respect, to regulate (Ahmed, 2002:48). At the same time, this also produced normative bodies (with normal sexualities) that could equally be known and disciplined (Oosterhuis, 2000:64).

Then, at the end of the nineteenth century, science became increasingly occupied with spinning an evolutionary tale in which humans were set apart from the rest of the animal world in terms of their 'exquisite' mental capacities (Oosterhuis, 2000). A science of the mind blossomed in the form of psychology. As a result, the self opened up as a new area of knowledge, truth and intervention – particularly through scientific investigation of sexuality and its implications on morality, deviance and selfhood (Oosterhuis, 2000; Rose, 1999). Harry Oosterhuis explains:

> From the eighteenth century on, Western society has a shift in emphasis from the social, institutional components of identity to identity as a set of inner motives and impulses, personal desires and needs. Increasingly, individuals began generating self-definitions internally: personal identity was equated with the "real" or "true" inner self that could only be discovered in the private sphere. (Oosterhuis, 2000:128)

According to Rose (1999), this meant that biopower had found a new locale through which it could multiply and produce effects of truth: the self. Interestingly, particularly middle class individuals began participating in the psychological constructions of their selves (Oosterhuis, 2000). This became a part of a broader practice of the bourgeois self-narrative, in which these individuals confessed the 'true nature of their inner self' (Oosterhuis, 2000:220). This both produced their authentic selfhood as well as normalising their potentially deviant experiences. This self-reflexive, self-intervening subject became characteristic of bourgeois identity, which will be particularly informative for my discussion on how CAM's wellbeing discourses create authentic selves and for *whom*.

Women and health

According to Foucault (1978:145), medicine rose in power through the medicalisation of sex. The history of the science of sex moreover shows that medical evidence was typically used 'to argue for women's social inequality using a paradigm of radical physical and intellectual difference' (Schiebinger, 1999:112). A succinct example is the deterministic scientific mantra 'biology is destiny', which equates the cultural-scientific understandings of women's reproductive system with what it means to be a woman.[2] A whole cluster of meanings was ascribed to the inherent female condition, articulating her as emotional, dependent, incomplete, weak, unstable, sick, abnormal (Lupton, 2012; Schiebinger, 1999).

Particularly the bodies of white middle class women were construed as in constant need of medical control (Garner & Michel, 2016:180). Her body leaky and

[2] Through the ages several metaphors mediated this idea: first the 'wandering womb' was substituted by the weak female nervous system which required women to only spend their feeble energies on their reproductive organs (Laqueur, 1986); then sex hormones were discovered which equally tied women to their bodies (Leysen, 1996; Ussher, 2011); and finally, the sexed brain which leaves few options open for fluid understandings of gender difference (Schiebinger, 1999).

dangerous, she threatened the moral order and social stability of Victorian society. One of the ways male doctors forced these bodies to conform to what they considered proper bourgeois women's behaviours – or rather to contain their excessive animalistic sexuality – was by the category of insanity (Oosterhuis, 2000; Showalter, 1980; Theriot, 1989; Ussher, 2011). Historian Elaine Showalter (1980:180), who has written about the connections between women and insanity, explains: 'The traditional beliefs that women were more emotionally volatile, more nervous, and more ruled by their reproductive and sexual economy than men inspired Victorian psychiatric theories of femininity as a kind of mental illness in itself.'

This, then, is the historical context for the emergence of the hysterical woman in the nineteenth century. She became a particular historical figure for female mental illness who reflected restrictive gendered dynamics in Victorian western society – especially for white (upper) middle class women.[3] Foucault (1980:104-5) argues that she was carved out as privileged object of knowledge and was fashioned into one of the pillars of the knowledge/truth project of modern science. Her antithesis was the naturally moral (white) mother. This hysterization of women meant that (white) feminine bodies became infused – indeed, *burst* – with sexuality.

Not only had Science the power to ground this imaginary in truth, it also increasingly located this truth inside the un/natural body (Foucault, 1978, Oosterhuis, 2000). From the second half of the nineteenth century onward, (sexual) deviance was less seen as immoral behaviours and more as deriving from the physiological-psychological make-up of individuals, that is, their brain structures (Oosterhuis,

[3] French neurologist Jan-Martin Charcot theorised that hysteria also occured in men, especially in working class men (Micale, 1991). His medical views did not effeminate these men, as one might expect. On the contrary, Charcot established gender-specific differences of hysteria so as to naturalise them in the binary categories of male/female. Charcot not only located male symptomology firmly in the body, he also posited them as singular, unchanging, requiring more serious prognosis, and less suited for therapeutic techniques. Female symptomology is effectively constructed as its opposite: capricious, polysymptomatic and demanding psychiatric intervention.

2000). This also meant that the temporary character of deviation was transformed into ‘a pathological state of being’ (Oosterhuis, 2000:43). This pathological state subsequently served to (dis)qualify women, to draw their bodies into the realm of medicine, and to keep them in place through medical intervention (Foucault, 1978; Schiebinger, 1999; Sheehan, 1997).

The invalidation of women’s health experiences is still visible in the many biases that general medical practice exhibits against women (Haraway, 1991; Lupton, 2012; Purdy, 1996; Schiebinger, 1999; Ussher, 2011) This extends to medical professionals’ dismissive attitudes toward female patients in so-called *medical encounters* (Purdy, 1996; Smith, 1996); the diagnoses, treatments and medications they do or do not receive (Smith, 1996; Ussher, 2011); whether medical trials are controlled for biological sex (Holdcroft, 2007); or which medical conditions and technologies are considered important or profitable enough to research [4] (Harding, 1997; Ussher, 2011). In reality, these social situations reproduce prejudices that maintain the hegemonic power structures that produce them (Purdy, 1996).

Jane Ussher (2011) furthermore maintains in her book *The Madness of Women* that contemporary madness, firmly located in cultural constructions of femininity, is still a regulating mechanism for normative femininity. Instead of an internal pathological state, ‘mad’ is a gendered subject position – one that women take up or are imposed on by others who position women as intrinsically more maladjusted. Scientific ‘stories’ of madness and contemporary female subjectivities are thus inextricably connected.

[4] The Week magazine recently published an article on the extreme cultural and scientific bias on female pleasure, and found that PubMed had published 1,954 clinical trials on erectile dysfunction, while dyspareunia was granted 393, vulvodynia 43, and vaginismus only 10 (Loofbourow, 2018).

Advanced biopolitics and the neoliberal self

By the end of the twentieth century, with the onset of neoliberalism and its dependency on consumerism, this had developed into a self-regulating subject based on principles of autonomy, individuality and free choice (Lemke, 2011; Oksala, 2013; Rose, 1999). In other words, biopower now flows through mechanisms of diversification and individualisation (Wallenstein, 2013).

This was caused by the limitations that (neo)liberal democratic societies placed on the power of the state to coercively intervene in the lives of individuals (Lemke, 2011; Rose, 1999).[5] Since governments could no longer justifiably act in a direct manner, individuals had to be indirectly governed through the regulation of their interior, that is, the subjective experience of their selves. In essence, neoliberal democracies *require* citizens to *regulate themselves* by means of their own interventions. This is how market-oriented regulations have come to play a pivotal role: consumer choices and lifestyle have become the primary means by which identity is defined and self-actualisation made possible (Giddens, 1991:156; Hall, 1996). Now, new political mechanisms incite contemporary subjects to regard themselves as active participants in, and creators of, their lives while guiding their choices to align with 'political values of consumption, profitability, efficiency, and social order' (Rose, 1999:10). Hence, a subject emerged who is 'prepared to take responsibility for their actions and for whom the ethic of discipline [is] part of their very mental fabric' (Rose, 1999:227).

This is an outcome of neoliberal reforms that were implemented in the 1980s and 1990s to alleviate the economic pressures of many western social welfare state,

[5] Liberalism is a political ideology rather than a capitalist one in the sense that it embodies a new political rationality in which maximum efficiency and economic profit should be realised through minimal state intervention (Wallenstein, 2013:25).

and to achieve a more efficient and profitable medical system (Lemke, 2011). With regard to the latter, this created greater self-determinacy and responsibility for patients and transformed them into patient-consumers (Winnick, 2005). As they operate through a logic of neoliberal capitalism, they find themselves in a pluralised 'medical marketplace' where they can purchase and consume medical products and services (Sevenhuijsen, 1998; Winnick, 2005). This in turn has expanded health to encompass wellbeing more generally as more and more areas have opened up for subjects to self-responsibly invest in and manage themselves, their bodies and their health (Kaw, 1993; Sointu, 2005). Eeva Sointu (2005:255) explains: 'In a consumer society, wellbeing emerges as a normative obligation chosen and sought after by individual agents.'

However, Lemke (2011) is cautious in celebrating this reflexive subject as 'empowered'. To him, it demonstrates the ways in which 'individuals and social groups are governed by freedom and choice' (Lemke, 2011:37). He calls this the cultivation of 'controlled autonomy' and explains that it intimately ties ideals of self-determination to societal demands and institutional constraints. In addition, Rose (1999) argues that psychological therapies plays a pivotal role in the cultivation and regulation of this new subject. In a similar vein, it is my contention that CAM offers self-shaping technologies that also function to regulate individuals.

Technologies of the self

This brings us to the techniques at our disposal to work on ourselves, which Foucault (1988) famously called *technologies of the self.* These are a set of practices that are consistently applied to shape the modern self on the basis of knowledge about this self (Foucault, 1988:18). It has in large part been the project of modern science –

medicine, psychiatry, even economics – to produce this type of knowledge (Foucault, 1988; Oosterhuis, 2000; Rose, 1999; Scott, 1988; Wekker, 2016). Opening up the self as an area of scientific expertise simultaneously creates means of intervention and control over individual bodies *through* the self (Oosterhuis, 2000; Rose, 1999). As the *subjective self* was discovered, this knowledge in turn allows individuals to operate 'on their *own* bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection and morality' (Foucault, 1988:18, emphasis added; Rose, 1999).

It is important to understand the role of the body in self-cultivating practices, and to view it as the site which establishes the interiority of the essential self (Ahmed, 2014; Mahmood, 2001; Trulsson 2013). It is thus through bodily practices and techniques the subject can reorient itself. These self-technologies train 'the body, emotions and reasons as sites of discipline' until this reorientation has become embodied (Mahmood, 2001:212). Importantly, this inverts the neo-Romanticist idea that our emotions and desires come from within and determine or guide our outward behaviours. Rather, these 'natural feelings' are *naturalised through* our performances (Ahmed, 2014; Hochschild, 1983; Mahmood, 2001). Indeed, human work is involved in being emotional and affected in the first place (Wetherell, 2015). The body plays a key role in this since it becomes *a learner* itself: knowledge is experientially transferred through ritualised practice and imprinted on the body (Trulsson, 2013). Thus, there is a mutually constitutive relationship between body learning, body sense and sense of selfhood (Mahmood, 2001). The point is here that the subject – its will, desire, intellect, and self – emerges *materially* (Mahmood, 2001:216). This *embodied* subject, to put it in Foucault's terms, could be seen as an *effect* of these bodily technologies.

The late Islamic feminist Saba Mahmood (2001) used this framework to look at practices of self-formation among Muslim women in Egypt. She broke new ground by critiquing the liberal underpinnings of feminism in its conceptualisation of agency. Mahmood (2001:210) drew insights from what feminist philosopher Judith Butler (1993) calls *the paradox of subjectivation*, wherein power both dominates and produces the subject. In particular, the set of power relations that enable the formation of the subordinated subject, also creates its possibility to become a self-reflexive agent that attempts to subvert the order by which it was produced (Butler, 1993). This also resonates with the Foucaultian idea that power produces resistance (Foucault, 1978; Sawicki, 1986). Yet Mahmood did not adopt Butler's version of performativity theory. She criticised Butler for deploying a liberal conception of agency, which suggested a universal desire for freedom, and could in this emancipatory framework only imagine power in dichotomous terms of subordination/dominance. [6] It would therefore always centre on moments of resistance.

Instead, Mahmood urges us to view resistance as one performative act out of many, and shifts agency to the cultivation of appropriate capacities and skills for those acts. Instead, Mahmood proposes a non-liberal conception of agency which denotes 'the practical ways in which individuals work on themselves to become *the willing subjects* of a particular discourse' (Mahmood, 2001:210, emphasis added). This means that even in a neoliberal discourse of autonomy and freedom, subjects

[6] In Butler's theory of performativity, the reproduction of gendered power structures is dependent on the failure or success of reiterative gender performances (Butler, 1993). If the performance succeeds, the power relations that enable the performance are maintained and the status quo is reproduced. If the performance fails and the copy is not exact enough – and this possibility is always present – these power structures are destabilised and possibly subverted. According to Mahmood (2001:211), Butler privileges this moment as 'a paradigmatic instance of agency.'

have to put in considerable effort to embody these ideals.[7] In this line of reasoning, 'agency is predicated on [the] ability to be taught, a condition classically referred to as docility' (Mahmood, 2001:201). This is particularly insightful for my analysis because it points my attention to agentive practices that are consciously applied to reshape the self yet are not subversive *per se*. This widens the conceptual space to include practices of self-transformation without necessarily according emancipatory values to these practices.

On gender, race and class

It is through the complex biopolitical histories that I described in the first part that categories such as 'woman', 'white' and 'middle class' have come to exist as they structure our bodies and selves. Hence, what I may call 'women's' experience' is similarly a product of these histories. However, gender is no *a priori* category.

Instead, it is the gendered performances that come to constitute the gendered subject. The flesh becomes gendered as subjects perform their genderedness; gender is thus an *effect* of performance and the gendered body is the *product* of its gendering (Ahmed, 2002; Butler, 1993). Morris (1995:568) states that gender is increasingly theorised as *a process* which structures subjectivity, rather than as a fixed set of power relations (Fausto-Sterling, 1998). Butler (1993:xi) adds: 'bodies only appear, only endure, only live within the productive constraints of certain highly gendered regulatory schemas.'

These conceptualisations of gender can be located in the "gender turn" or post-structural feminism more broadly. They respond to the call of feminist literary scholar Joan Scott (1988:33) for feminist theory 'that will let us think in terms of

[7] This resonates with what Thomas Lemke (2011) calls the paradox of 'controlled autonomy', and what Rose (1999) calls 'therapies of freedom'.

pluralities and diversities rather than of unities and universals.' One of the principles of the post-structuralist project was to deconstruct the category of gender and replace it with a complex understanding that disallows 'old hierarchies' to simply be reversed or confirmed (Scott, 1988). A focus on difference, multiplicity and conflict in the relative articulations of these 'fixed' categories, moreover destabilises their essentialising and hierarchising tendencies (Scott, 1988).

Feminist theory on race similarly understands racial categories as an effect of performances and historical power relations (Ahmed, 2014; Wekker, 2016). Ruth Frankenberg (1993) defines whiteness as a set of material, cultural and subjective locations of structural advantage. Whiteness is moreover 'a standpoint, that promotes Eurocentric ways of thinking, allowing the relational production of norms to remain unrecognized and invisible' (Lee & Bhuyan, 2013:100). Lastly, whiteness involves of a set of practices that dynamically shapes white subjects in ways that erase whiteness from their experience (Frankenberg, 1993). In effect, white positionality is conceived of as unmarked and universal, which maintains already existing racial hierarchies (Ahmed, 2002; Wekker, 2016).

Finally, there are also performances that can be described as typically middle class. Oosterhuis (2000) describes how a distinct middle class identity developed throughout the twentieth century in which individuals increasingly psychologised themselves, and created a distinct confessional self-narrative. This type of story-telling, very much informed by science, became an integral part of bourgeois self-fashioning (Oosterhuis, 2000). Bourgeois selfhood is further particularly premised on performances of self-differentiation, self-intervention and self-control (Kearon, 2012).

These three axes of oppression and privilege will intersect in particular ways in particular moments (Crenshaw, 1989). Attention to this will help me not only

understand how Dolores shapes and performs her identity but also how this articulation is enabled by the power relations in which she is embedded.

Self: fragments and stories

Finally, let me also take a moment to define the important concepts *subjecthood, self* and *identity*. In this thesis I will often use these concepts interchangeably, since these concepts refer to the myriad ways we relate to and shape our/selves. But there are slight differences. The self may be seen as embodied consciousness[8] or the thinking subject[9] (who is enfleshed). Subjectivity, on the other hand, designates the historical processes that have created (the possibility of) this being. Identity, finally, are cultural representations that are available in society, and that we internalise so as to pattern our subjective feelings with regard to the social and cultural structures we inhabit and consequently embody (Hall, 1996:598).

Although identity and self should both be seen as articulations embedded in particular cultural and historical contexts, identity rather refers to 'our sense of ourselves as integrated subjects' (Hall, 1996:597) whereas the contemporary self imbues us with an essence (Butler, 1993; Foucault, 1978; Holstein & Gubrium, 1999; Oosterhuis, 2000). *Self-identity,* in that sense, points to our sense of ourselves as integrated subjects *with selves*, or whose selves are integral to (the articulation of) this experience. The latter is pertinent to our postmodern subjecthood, as our identities have become increasingly destabilised, fragmented and contradictory (Hall, 1996). One could say even that self-identities are an attempt to prevent our alleged unitary subjecthood from disintegrating; that they are contemporary products of a narrative about a lost sense of self; that they are stories we tell ourselves about

[8] This term originally came from Maurice Merleau-Ponty who posited that the self cannot be known without a theory on the body; the self is an inherently embodied experience.
[9] In traditions of theoretical philosophy (Foucault, 1988:22).

ourselves (Giddens, 1991; Holstein & Gubrium, 1999; Lancaster, 2006). Indeed, some scholars use subjectivity to include our '*self-stories',* that is, the narrative practices we engage in to make sense of our selves and to create meaning (Holstein & Gubrium, 1999; Oosterhuis, 2000; Sinha, 2016). Interestingly, according to Rosalind C. Morris (1995:568), this 'crisis of identity' or fragmentation should not be seen 'as a violation of selfhood but as the paradigmatic form of subjective experience.'

Ultimately, our profound confusion over who we are not only leaves us grasping at straws but also opens up space to reinvent ourselves in myriad ways. CAM, by deeply engaging with subjective experience, emotions and the authentic self, seems to respond to and ameliorate this crisis. At the same time, however, it may also 'relapse' into the unquestioned naturalness of these constructs.

1. The Doctor and the Fool
Bad, mad and marginal

> 'Lord-man will materially protect liege-woman and will be in charge of justifying her existence: along with the economic risk, she eludes the metaphysical risk of a freedom that must invent its goals without help. Indeed, beside every individual's claim to assert himself as subject—an ethical claim—lies the temptation to flee freedom and to make himself into a thing: it is a pernicious path because the individual, passive, alienated, and lost, is prey to a foreign will, cut off from his transcendence, robbed of all worth. But it is an easy path: the anguish and stress of authentically assumed existence are thus avoided. The man who sets the woman up as an Other will thus find in her a deep complicity.'
>
> ~ Simone De Beauvoir, The Second Sex (1949, p. 30)

> *I stand at the centre of all possible paths in the universe, yet even I must take the first step. It is that single step that pushes me headlong into life, immerses me in the wonders and trials of the world and all it has to offer, and I take it all gladly and joyfully, because all is experience and none of it may be discounted.'*
>
> *~ The Fool by Kim Huggens (2013, p. 5)*
>
> *The Complete Guide to Tarot Illuminati*

Introduction

In this chapter I trace Dolores' experiences and struggles with regular medicine. These experiences will expose the gendered power dynamics at play within the medical encounter and outside of it, and how the hegemonic structures of medical-scientific authority produce particular subjects. My question therefore is: *In what ways have medicine and science shaped Dolores' gendered subjecthood, and how does she negotiate this?*

This chapter lays out the groundwork upon which Dolores' construction of her 'alternative self' will be based. Mostly this relates to health but I have also included a section on work and neoliberal selfhood, which in turn feeds back into Dolores' alternative self and particularises her illness experience through class. It moreover gives broader context of Dolores' lived reality of about twenty-five years ago. Overall,

this chapter will be telling of Dolores' illness experiences, feelings of marginality and anxieties about abnormality and madness. Although this paints quite a negative picture, one should remember that these are nonetheless the *productive effects* of biopower (Foucault, 1978). Because of biopower, modern science and medical practice have a great deal of power to decide over truth, and to determine which bodies are normal and whose suffering is real (Foucault, 1978; Oosterhuis, 2000; Schiebinger, 1999; Ussher, 2011).

Since its inception modern medicine has functioned to justify and legitimise its own patriarchal, racist and classicist project. This can be traced back to nineteenth century when white male doctors began building their authority by 'professionalising' medicine at the expense of women (folk) healers and midwives (Ehrenreich & English, 1973). Consequentially, modern medicine began producing women – of different classes, races and sexualities in their own particular ways – as in need of medical control (Gilman, 1985; Schiebinger, 1999; Sheehan, 1997; Theriot, 1989). Also in the case of mental illness – hysteria, puerpal insanity, 'sexual inversion', even kleptomania – we see how psychological discourses are historically gendered (Abelson, 1989; Hunter, 1983; Oosterhuis, 2000; Theriot, 1989; Showalter, 1980). Throughout the nineteenth and twentieth century science has sought to locate these truths in the gendered corporeality of the body and its (self-)experience. Hence, this chapter discusses how biopower *produces* an embodied feminine subjectivity that is premised on gendered notions of the body, health, normality, and truth.

The exhausted mother

We were sitting in a café at the edge of the forest one morning when Dolores tells me that even though she loved having children, all three of us were 'cry-babies' who

made it impossible for her to sleep through the night for nearly eight years. ‘It was an unbelievable battle against exhaustion,’ she says with a small voice. When Dolores started visiting the doctor and other specialists for her continuous exhaustion, they did not accept her complaints:

> I was always sent away everywhere I came. So if I went to the doctor and said ‘I have this, this, this’, then I was sent away. ‘Because you have three children, so it’s normal to be tired. Your hart rate is fine. Your blood pressure is fine. We can’t see any abnormalities in your blood. Your lungs are fine. Hence, you’re fine. We can’t do anything.’

Interestingly, Dolores was dismissed on two levels. Not only were her complaints of exhaustion deemed normal for a mother with young children, they were also not objectively measurable. Since no physical evidence of illness was found, Dolores’ body was not perceived as abnormal or ill. As a consequence, medical professionals did not validate or perhaps even believe Dolores’ illness experience. This points to the ‘mischievous’ dichotomy of somatic/real and mental/imagined that undergirds western medicine, which comes at the cost of many patients who experience distress or who are mentally or chronically ill (Kleinman, 1988; Ussher, 2011). When western medicine fails to find a physiological cause for patients’ health complaints, this dichotomy constructs them as imagined. By contrast, only that which is physically traceable and objectively measurable is deemed real by medical professionals, which harkens back to the construction of the powerful ‘medical gaze’ (Haraway, 1989; Oosterhuis, 2000; Somerville, 1997; Schiebinger, 1999; Ussher, 2011).

Secondly, medical professionals considered Dolores’ body – that of a young exhausted mother – as *normal*. Dolores’ suffering was virtually articulated as a quality of motherhood: as a mother it is normal to be exhausted and normal to be ill. In other words, her body was read as a proper reproductive body, which in turn was

aligned with proper femininity (Schiebinger, 1999; Sevenhuijsen, 1998). This objection to provide medical assistance should also be read as a highly moralising move: not only is Dolores a normal mother, her suffering may in fact be what indicates her good morality. This indicates that medicine has the power to shape particular gendered selves, and particularly how 'normal' subjectivity of motherhood is interspersed with moral and scientific meanings. Biopower, in this sense, *produced* Dolores as a normal mother who was expected to suffer. In other words, her normal-suffering-mother-body only appeared, endured and lived within 'the productive constraints of certain highly gendered regulatory schemas' (Butler, 1993:xi).

It becomes clear that regular medicine does not only have the power over deciding whose body is ill or normal, but also whose is worthy of medical attention. This regulatory mechanism can leave patients feeling invalidated, and not only their accounts but also their selves delegitimised. Dolores was not alone in this: many women experience dismissive responses by their physicians who simply do not take them seriously enough (Purdy, 1996). This gendered bias moreover excluded Dolores from a partnership with her doctor in medical decision-making. As a stereotypically paternalistic and one-sided 'professional' encounter, it left Dolores with little power to resist and voice her lived reality as 'real' medical complaints (Kleinman, 1988:136; Purdy, 1996).

The ill outsider

A recurring theme in Dolores' accounts are her experiences of absent-mindedness, detachment or outsiderness. For example, she explains that she has long felt unable to go along with or even understand 'normal' society, which subsequently feeds into her self-narrative of 'being alternative'. In her narrative of these feelings this seems to

harken back to a moment in which she fell terribly ill as a result of heavy medications that were prescribed for her when she was twenty-three, and which completely disconnected her from life. Dolores explains:

> I only got more and more ill. And then I needed to take it another month! I couldn't take it anymore. I had bladder infection after bladder infection, withdrawing gums. I was a corpse. All I could do was sleep. I couldn't get out of bed. I have often said: when I took that medication, I died. Not really, but I also didn't have a life anymore.

In this passage Dolores explains that she symbolically experienced death as an effect of these medications. From her perspective, she never was the same again. With such an intense illness experience, it is likely that Dolores has felt her bodily order dissolving which then also collapsed her sense of self (Horvath, Thomassen & Wydra, 2015:2; Kleinman, 1988). In a way, Dolores became what Haraway (1991) called an 'odd boundary creature' occupying a border-body: one in-between life and death, sickness and normality (the exhausted mother-body).

Yet I also believe that Dolores' experience of extreme marginality is as much due to sickness as it is about other gendered issues such the expectation to work and to be independent, as I will describe below. My intention is to point out the parallel between Dolores' ill body and the fact that she found it difficult to participate in mainstream society.

Work and the bad citizen

Despite her incessant tiredness, Dolores as a young mother worked on and off. She did this not because her husband or her parents expected her to do so but because of internalised pressures of society. 'It's expected of you that you work, that you have an income,' Dolores explains. However, she confesses that she did not like working

at all. ‘I thought working was really stupid,’ Dolores whispered to me as if she isn’t allowed to express this opinion.

It becomes apparent then, that as a young adult Dolores felt different and detached from what she saw as ‘normal’ working society. Perhaps this sense of ‘outsiderness’ was shaped by her intersectional background, in which her parents – a Dutch-Indonesian mother and a Hungarian father – embodied othered racial bodies in the Netherlands (Wekker, 2016); or because of their particularly oppressive parenting that in Dolores’ experience had made her silent and invisible. In any case, she did not comply with the neoliberal truth that seemed to govern others around her, namely that work creates a sense of self-fulfilment (Rose, 1999; Sayer, 2000). It may therefore indeed have been taboo to express her antagonisms against the ideological underpinnings of an economically driven neoliberal society. More importantly, it produced Dolores as an outsider or a ‘bad citizen’ who struggled to live up to the expectations of neoliberal Dutch society (Sevenhuijsen, 1998). This seems not just a consequence of her chronic exhaustion but also due to a sense of failure for not successfully embodying those neoliberal values.

Yet, the following fragment suggests that Dolores ultimately was *not* so detached from those normalising values:

> I always measured myself against what society wants from you or how they look at you, or what kind of degrees you need. Then I always felt less. Then I would think: *They don’t want me anyway, because I can’t do anything. I can’t do anything in the ‘real world’.*

Here, Dolores explains that because she did not have a degree in higher education, she felt like she wasn’t good enough to work. This means that her sense of failure is produced within the same discursive framework as are those moral values of neoliberal society. Furthermore, Dolores was physically not able to socially

participate so as to be self-sufficient or to lead an independent life, economically, socially and politically (Sevenhuijsen, 1998:130). It is therefore entirely possible that Dolores struggled with neoliberal expectations of proper citizenship in both a bodily as well as a moral sense.

Interestingly, Dolores' choice to stop working did not seem to generate any anxiety about her loss of financial independence, which is another highly valued principle in a neoliberal democracy and which underpins neoliberal subjecthood. However, this fits well within a Dutch context in which it was (and still is) normal for Dutch women from all classes to work less after they start a family (Tijdens, 2006:3). Indeed, as a young mother Dolores finds herself in an increasing trend since the 1980s of working mothers who occupy a part-time position[10] (Tijdens, 2006:3). It is moreover notable that when Dolores withdraw from the labour market, she never requested social welfare benefits. It becomes clear, then, that Dolores embodied a secure middle class position by merit of her husband's financial status. Dolores is aware of this:

> 'This [ill health] has determined a large proportion of my life,' Dolores says, 'but at the same time it's also not terrible, you know. Because this is how I got the chance to, in a very protected environment, attain all sorts of information–'
>
> 'What do you mean by protected?' I ask her.
>
> 'I have barely worked…' Dolores responds.
>
> 'Oh. You mean that your relationship to dad has enabled this?'
>
> 'Yes,' Dolores says. 'I have even been able to own a horse!'

The fact that Dolores was able to opt out of employment and explore her illness without endangering the high quality of lifestyle she enjoyed is intimately tied to her privileged middle class position. Instead of becoming financially dependent on social

[10] In 1994, when Dolores births her third child at the age of 29 and stops working, nearly 50% of the women aged between 25-39 in the Netherlands are employed (Tijdens, 2006:8).

welfare due to sickness, Rick and Dolores implicitly entered into a traditional social contract in which Rick was the breadwinner and Dolores the homemaker and nurturer (De Beauvoir, 1949). Dolores thus became *the enabler* of Rick's neoliberal self and his male identity based on business and success through their traditional heterosexual marriage. Dolores' self, on the other hand, became tied to the traditional female roles of mother and wife.

The madwoman

More than once I heard Dolores mentioning that she was relieved to find out or be assured of the fact that she was not 'crazy'; that she *knew* something was wrong with her health, and that she had to find an explanation (and recognition) for it on her own. She says this in relation to the inability of western medicine to help her and the invalidation she therefore experienced. There is one particularly evocative incident that seems to tie in many of the negative experiences Dolores has had with regular medicine. This was four years ago when Dolores was fifty years old. She had requested all her medical files because she wanted to find out whether her continuous health complaints could be explained by the medications she had taken when she was in her twenties, which at the time had devastating effects on her body, her mind and her sense of self. Dolores explains:

> I wanted to get a grip on what had happened to me. My head was getting clearer because I changed my diet, especially without gluten. And that medicine had been stuck in my head because I had always thought that when I took it the light went out with me. I really experienced that medication can have lasting negative effects on the body.

I decided to take my mother on a walk through the forest to create a peaceful space to ask her about this experience. On a cold morning in early spring this year, she spoke about how her hunch about the medications that caused this was confirmed:

> 'Three or four years ago I requested almost everything [medical files],' Dolores says, 'and that's when I looked up that Nizoral because I remembered my gynaecologist saying that he was going to give me a radical treatment ['horse medicine' in Dutch] which kills everything. *Why, I've experienced that*.' Dolores adds gravely.
>
> 'I then discovered that this medicine has been taken off the market,' Dolores resumes, 'because people died from it due to liver failure or they needed a liver transplant. In the U.S. there are several lawsuits. Here you can't do anything, of course.'
>
> 'How did this information affect you?' I ask.
>
> 'There was some kind of relief.' Dolores explains. 'I thought: *I'm not crazy. Neither have I been crazy. And I am still not.'*

What emerges in this passage is that the idea that she was 'mad' had weighed heavy on Dolores. If her symptoms could not be explained as a side effect of Nizoral, she ran the risk of being seen by medical professionals as someone who had imagined her symptoms – or at least their connection to Nizoral. Indeed, Dolores tells me that tests for a particular recurring health complaint would often have negative results even though her body *visibly* showed symptoms and she 'would *swear* [she] was experiencing another episode'. Again and again, this produced a wave of bewilderment, anger and powerlessness. This is telling of Dolores' struggle with Science: *to her* demonstrating its incompetence, while *she* was produced as potentially insane by these structures of authority. It also points to the contrasting biopolitical truths that are at work here: on one side there is the dominant truth of medical tests whereas on the other there is the counter-discursive truth of the body that produces authentic experience.

Again, this is an effect of medicine's powerful mind/body dualism, which dictates that what is physically traceable and objectively measurable is real (Haraway, 1989; Oosterhuis, 2000; Somerville, 1997; Schiebinger, 1999; Ussher, 2011). Anything else is posited as imagined (personal subjectivity) and therefore less valid (Haraway, 1991). This originates from the power struggle in which the psychological sciences were caught around the turn of the twentieth century when it attempted to fashion its own structures of authority, specifically by psychologising sexuality (Oosterhuis, 2000:60). In order to do so, psychiatry drew upon modern medicine's somatic model: it became essential to its project to differentiate outwards behaviours from mental experience and imagination, *and* to simultaneously describe the underlying somatic mechanisms of the latter (Oosterhuis, 2000:60, 100). This granted psychiatry the status of natural science, therefore gaining scientific credibility and legitimacy. Mental illness as rooted in physiology consequently became more 'real' (Oosterhuis, 2000:100-1). In this sense, Dolores' anxieties about being 'crazy' are the imprint of this realist-positivist ontology espoused by modern medicine. If Dolores were labelled a 'madwoman' it would have cast her in an invalidated subject position, and her health complaints would likely have been deemed figments of her imagination. She could have lost her moral agency (Oosterhuis, 2000:42).

The self on medical record

Interestingly, the label 'madwoman' could also have related to another discovery Dolores made when she requested those medical files. Twelve years ago Dolores was sent to a clinical psychologist by her doctor in order to rule out any psychological cause for her chronic fatigue. To her surprise, this psychologist had diagnosed her with a personality disorder. Dolores was never informed of this. I remember Dolores

being incredibly upset, and I have a vivid image of her sitting on her red sofa half-covered with medical files. She was angry with the psychologist or the doctor, or anyone whose responsibility it should have been to disclose this information. Looking back now, Dolores says:

> 'I read the report of the clinical psychologist and she simply wrote that this lady has a dependency personality disorder. So I thought: *OK… Hey, couldn't you have told me that or something?* And there was also a little description about me–'
>
> 'Well, no doubt it's true,' Dolores adds while chuckling. 'You know how I can come across to people…'
>
> 'But apparently, when I did all those tests,' Dolores continues, 'I asked for a cup of coffee. Maybe I shouldn't have asked that. Maybe it's like that. But should you draw conclusions from *that*? Or is it just someone who feels free [to ask]? I don't know…'

Apart from the fact that Dolores now seems to remember this experience with less intense emotions than I could remember, there are several interesting things going on in this passage. Firstly, Dolores questions the analysis of the clinical psychologist who observed Dolores' behaviour as transgressing certain social norms, that is, whether it is appropriate in this social situation to ask for coffee. In the opinion of the psychologist this description added necessary explanatory weight to the diagnosis of a personality disorder. Dolores, on the other hand, wonders if her behaviour could not have been interpreted differently. She expresses that her 'transgression' seems too trivial to her to infer such a harsh medical verdict.

Secondly, it is likely that Dolores questions this analysis because she is sensitive to the control that is exerted over her through this medical file. Indeed, textual mediations hold their own power in constituting particular selves (Holstein & Gubrium, 1999; Oosterhuis, 2000). According to Arthur Kleinman (1988:130-1),

composing medical records is not a harmless process: it is a 'profound, ritual act of transformation'. In this sense, Dolores is may be objecting to being objectified through medical files, because she is necessarily translated into medical jargon and thereby stripped of her holistic personhood. Although they 'don't continually or consistently represent who we are,' formal (medical) documentation in practice becomes *the* record of our identity (Holstein & Gubrium, 1999:206). Hence, medical records are powerful narrative resources to assemble and represent patients' identities, especially because they connect to scientific expertise over the truth of identity (Oosterhuis, 2000).

Thirdly, this medical file is embedded in institutional discourse which mediates a message that effectively shapes Dolores' subjectivity: it constitutes her as a woman who is excessively bold/immodest (Holstein & Gubrium, 1999; Oosterhuis, 2000). More importantly, labelling Dolores' behaviour as transgressive and 'sick' is a discursive practice within medicine that is interspersed with gendered discourses on mental illness, aimed at controlling women's behaviours (Abelson, 1989; Foucault, 1978; Hunter, 1983; Oosterhuis, 2000; Schiebinger, 1999; Showalter, 1980; Theriot, 1989; Ussher, 2011). In effect, the medical file presents the psychologist's moral judgement on what she accepts as proper *feminine* behaviour. There is good reason to believe that this act of candour would be differently perceived if performed by a white man, for whom it would be deemed normal to ask this question. It is not, however, within the performative bounds of femininity. Hence, it is not appropriate to ask for coffee *for Dolores as a woman*. As much as psychological discourses are gendered, they produce gendered subjects.

In light of the particular personality disorder Dolores was diagnosed with, her behaviour may not have been interpreted as unfemininely bold but as *needy*, that is,

as an *exaggerated* form of femininity (Foucault ,1978; Oosterhuis, 2000; Showalter, 1980; Theriot, 1989; Ussher, 2011). This presents a paradox: to be a woman is stereotypically to be dependent, yet too much of the latter is pathologised. As a result, Dolores' subjectivity is shaped in a particular way: as a woman who cannot control herself and who is, it would ironically follow, *in need of* control. This is a classic move of medicine to control women by pathologising them – through their bodies, their minds and their selves (Gilman, 1985; Schiebinger, 1999; Sheehan, 1997; Theriot, 1989).

The force of files

The power the document exerts becomes especially apparent when, instead of self-confidently waving it aside, Dolores wonders whether her behaviour *really* wasn't acceptable. It seems then, that the medical file is still an effective tool to regulate Dolores: even twelve years later her discovery makes her reflect on her behaviour. This affirms the unwavering authority of medicine to establish truths, particularly truths of the gendered self and madness (Duggan, 1993; Foucault, 1969/2002, 1978, 1980; Oosterhuis, 2000; Rose, 1999; Schiebinger, 1999). However, it also points to the ways in which such documents 'flow about' one's everyday life and shape our selves, even after its original production (Holstein & Gubrium, 1999). The following example demonstrates the way in which Dolores experiences real pressures of ever-presently 'being on file'.

> It was around 10AM on Friday 19 January 2018 when Dolores suddenly rushed downstairs. 'The Netherlands has gone mad!' she yelled as she ran out of the house. 'I'll tell you all about it when I come back!'
>
> The front door slammed shut.

When Dolores returned, she immediately went upstairs and began making phone calls. I could hear her being kept on hold with an automated message, which seemed to go on for ages. When I went upstairs I found Dolores in her new study. Her laptop screen displayed a white page with blue details and an image of a smiling white man in a white coat. It was the website of the ophthalmology department of the hospital, with the contact details of one of their eye doctors.

Dolores started explaining what had happened earlier. She had wanted to make an appointment at the hospital but they informed her that she needed a reference from her doctor. That is why she rushed out of the house earlier: she would make it just in time before the doctor's lunch break after which his practice is only open for appointments.

I listened to her as she opened the reference letter. I saw her eyes sliding over the paper when they suddenly widened. They seared with rage. Dolores shoved the piece of paper in my hands and said loudly: 'This has absolutely nothing to do with my eyes!'

I looked at the reference letter. It presented a short medical history. The mention of two types of health complaints had made Dolores particularly upset: one regarding her mental health and one regarding her vaginal health. Dolores said that the ophthalmologist wouldn't need this type of information. She moreover thought it was outrageous that the doctor would so carelessly make this information public. Then Dolores stated that it was ridiculous that she had to go to the doctor to begin with, who knew nothing about the situation with her eyes yet who could decide over the matter by means of a reference letter.

Rising quickly from her chair, Dolores announced: 'You know what? I'm just going to cross out these parts with a black marker!'

She swiftly went through her new office space to find said marker. Once she had found one, she pressed the tip against the piece of paper and, in a few decisive moves, drew fat black lines over the text.

Even though this diagnosis was made over ten years ago, it has recently come back to 'haunt' Dolores as a durable evaluation of her self, which is devoid of the context in which it was originally produced. Interestingly, this is also an example of how biopower has shifted: truths about the self are found in the physiological structures of the mind (Oosterhuis, 2000; Rose, 1999; Ussher, 2011). This gives mental disorders a sense of permanence by being 'rooted' or 'wired' in the brain. It is my assumption that Dolores understands that her medical history generates this robust 'truth' about her, and why she resolutely acted against it. It was to prevent her self from being storied in this particular way, and to resist these potential effects of biopower. Biopower nevertheless also produced the *possibility of* her resistance (Butler, 1993; Foucault, 1978).

A story of (stalled) self-development

Even though Dolores questioned the diagnosis of a personality disorder in the incident that I described earlier, Dolores explains that the diagnosis nevertheless did not surprise her. This means that the disorder makes sense in relation to her lived reality: that it fits with her experiences of her social relationships and even wields some explanatory power (Theriot, 1989). Dolores only regrets not knowing about her diagnosis at the time:

> 'I constantly thought that if I had known, I could've taken steps to work on this dependent behaviour pattern. Then my life perhaps would've looked different.' Dolores explains. 'But it's no use [thinking like that], because it isn't the case. So I immediately let it go.'
>
> 'You were able to let it go directly?' I ask somewhat surprised.
>
> 'Well, no.' Dolores replies. 'It took some time but I don't think about it anymore.'

Although Dolores before acted strongly and affectively to avoid the risk of the label of mental illness stigmatising her, here Dolores modestly interprets the delayed diagnosis as a missed opportunity for self-development. As a result, Dolores emerges as a self-reflexive and self-determining being that was in need of therapeutic intervention (Giddens, 1992; Rose, 1999). This is biopower at work *par excellence*.

Dolores' life narrative is strongly thematised by health and self-development, which I will explore in more depth in the third chapter. This falls into a broader tradition of psychological bourgeois self-narratives that developed around the turn of the twentieth century (Foucault, 1978; Giddens, 1991; Oosterhuis, 2000; Rose, 1999). Incited by the development of Christian confessional techniques, *voluntary* narratives about the self have become a critical part of self-fashioning in advanced biopolitical western societies (Foucault, 1978; Lemke, 2011; Oosterhuis, 2000; Rose, 1999). Oosterhuis (2000:215) furthermore explains: "The scientific 'will to know' in psychiatry moved forward at the same pace as the concern for the authentic and voluble self and the searching scrutiny of the inner life.' These 'autobiographical reflections' that produce a self-conscious identity have their roots in bourgeois history, in which middle class patients attempted to establish an essential psychological nature (Oosterhuis, 2000). Paradoxically, this journey of self-discovery is highly scripted and rather *fashions* authentic selfhood than finding it (Hochschild, 1983; Oosterhuis, 2000). In other words, such narratives create a depth of subjective experience, *essentialises* it as natural (and human), and therefore also opens it up for self-intervention or self-development (Ahmed, 2014; Hochschild, 1983; Oosterhuis, 2000; Rose, 1999).

The ways in which Dolores understands, justifies and narrates her self is thus embedded in a larger biopolitical project of truth, nature, authenticity and health. It is therefore neither surprising nor unusual for Dolores to turn her gendered experience into a self-story *through her health*. It is what makes her story not only intelligible but also powerful.

Coming of (middle) age

> We were lying in bed together when Dolores suddenly questioned whether she has ever been a mother to us, her children. Whether she hadn't been a child with her children and had only been messing around. Dolores also wondered if she had discarded her motherhood when we, her children, got older. 'Because now I feel human, not mother,' Dolores says.

Several times during my research Dolores comes back to the idea that she has not adequately developed her personality, and that she did not transition into adulthood until quite recently. This therefore seems a crucial part of Dolores' narrative of (un)healthy self-development, a delayed coming of age story. She explains:

> At some point I decided not to see grandpa anymore, as you know. I didn't see him for about eight years. And that's also when I divorced. That came together, when I started seeing him again coincided with me leaving Rick. So symbolically I made a step toward adulthood by leaving Rick but apparently also by, or that's how I translate it, that I was able to see my father without still needing his attention, love and approval. Or wanting to receive it in the way that I wanted to have it. And in the years that I didn't see him I was working a lot with forgiveness. And I believe that I succeeded in that.

Dolores' experience of growing into adulthood here goes together with her shedding her tripartite identity of daughter/mother/wife. The latter seems to have confined her

to one particular role, one that solely cares for others and so implies a lesser developed self (De Beauvoir, 1949; Sointu & Woodhead, 2008; Woodhead, 2007). Through divorce, children who are less dependent on her for care, and by moving to a new house – a symbolic, social and spatial space has opened up for Dolores to work on her self-development and cultivate new selves.

Conclusion

In this chapter I investigated myriad elements connected to health and medicine that have produced Dolores as embodying particular feminine subjectivities. In a general sense, it has become clear that Dolores has for a long time felt profoundly marginal with a sick body and failing to fit in with 'normal' neoliberal society. Here, I have argued how Dolores performed her illness at the intersection of gender and class privilege. I have furthermore shown the ways in which Dolores has experienced denial of her agency, normalisation of her sick body and invalidation of her truth of her embodied self at the hands of medical professionals. I also mapped the ways in which the structures of medical authority assert their power in shaping Dolores' gendered subjectivity *beyond* medical encounters. This is particularly visible in Dolores' anxieties and negotiations over 'madness', which is particularly illustrative of modern medicine's power in defining truth. These medical power structures thus penetrate and shape everyday life, which is why biopower is so powerful. It creates effects of medical truths (as rooted in physical nature) which Dolores then agentically counters by grounding *her* (equally biopolitical) truth in the authentic experience of *her* body. Lastly, Dolores' biopolitical self-story also hints that she is finally gaining a sense of control over her health *and* her self by having found the discursive tools with which to self-intervene, self-develop and self-master.

2. Inside the Alchemist's practice

Care, consumerism and community

If woman discovers herself as the inessential and never turns into the essential, it is because she does not bring about this transformation herself.

~ Simone de Beauvoir (1949, p. 23)

'…our Alchemist, who is engrossed in a weighty tome, is in the practice of working with earthly tool that represent spiritual concepts, and performing rites and actions that are symbolic of internal, spiritual processes of change and transformation.'

~ Kim Huggens, The Complete Guide to Tarot Illuminati (2013, p.10)

Introduction

In this chapter I present Dolores as the Alchemist, not just in a 'mystical' sense but as a figure of pre-modern Science, who crafts new identities as well as her home-practice. Although her story is about alternative self-healing and self-development, it is perhaps even more so about cultivating 'alternative belonging'. In other words, in this chapter I will explore how Dolores creates an alternative identity narrative on the basis of CAM 'counter-discourses' that draw on neoliberal-biopolitical notions of self-reinvention, bodily knowledge, personal experience, authenticity, resistance, freedom, and personal control (Brenton & Eliott, 2014; Heelas, 2008; Keshet & Simchai, 2014). My question is: *How does CAM allow Dolores to stabilise and naturalise her alternative identity narrative and reposition herself in society as a professional?*

Foucault (1978:101-2) reminds us that:

> There is not, on the one side, a discourse of power, and opposite it, another discourse that runs counter to it. Discourses are tactical elements or blocks operating in the field of force relations; there can exist different and even contradictory discourses within the same strategy; they can, on the contrary, circulate without changing their form from one strategy to another, opposing strategy.

In this sense, CAM could function as a 'counter-discourse' that may simultaneously subscribe to the very same power relations that support biomedical discourses as well as other hegemonic discourses (neoliberal, patriarchal, colonial, etc.).

Furthermore, Foucault (1978:97) believed that power relations were constantly being modified in their enactment, generating multiple and conflicting 'effects of resistance and counter-investments'. This is echoed by Butler (1990:x,15) who claims that the ritualised repetition of gender norms produces and stabilises the effects of gender/sex while it is also *within* these reiterative practices of copying that the immanent possibility for failure lies. To her, this signifies the moment that these seemingly rigid power structures can be reworked critically and thus agentically subverted. Following Mahmood (2001) and Rose (1999), however, agency can also be found in the practical ways in which a subject – in this case Dolores – may work on herself to become *a willing subject* of a particular biopolitical discourses. These self-technologies may thus be consciously used to both subvert as well as comply with hegemonic power structures, which points to the complexity of contemporary biopower (Mahmood, 2001; Rose, 1999; Lemke, 2011).

Doing health differently

Dolores' past experiences with heavy medications and inadequate medical care had greatly disappointed Dolores in the abilities of biomedicine: 'I was quick to figure out that I shouldn't take normal medicines because I got ill instead of getting better.' It is therefore not surprising that Dolores went looking for other forms of medicine. Fortunately, CAM's model addresses these issues and claims to provide 'empowering' values that modern medicine struggles to achieve: self-awareness, bodily integrity, empathetic listening, patient autonomy and self-determinacy (Brenton

& Elliot, 2014; Fadlon, 2004; Lupton, 2012; Keshet & Simchai, 2014; Kleinman, 1988; Sointu, 2006, 2011). In this section I will look at how Dolores uses…

'The power of the white coat'

Due to Dolores' problematic experiences with medicine, as I described in the previous chapter, today Dolores scoffs at the high status that science and medicine has acquired in the Netherlands. This typically happens in reaction to white middle class family members, partners and friends who (popularly) endorse Science and biomedicine. 'The power of the white coat is immense!' Dolores exclaims. 'We call homeopathy hocus-pocus. *Where is the wizard?*' she asks rhetorically.

Here, Dolores positions herself in relation to other Dutch subjects ('we') who perform their 'sensible' bourgeois selves built on modern scientific principles of realism, objectivity and visibility/observability (Kearon, 2012; Schiebinger, 1999; Somerville, 1997). These individuals 'defend' Science by posing alternative science or medicine as 'magic', 'quackery' or 'pseudoscience', and then rejecting it (Brenton & Elliot, 2014; Sointu, 2011). Although Michael Gordin (2012) specifically talks about scientists and pseudoscience, it becomes clear that lay individuals use these derogatory terms for the same reasons: when they feel that Science or the scientific authority of biomedicine is threatened. By doing so, they depict CAM as unscientific in an attempt to weaken its doctrine while stabilising that of 'real' Science. This is moreover often patterned by gendered schemes in which CAM represents a 'soft' and feminine form of health care, whereas biomedicine is 'hard' and masculine (Keshet & Simchai, 2014:81; Lupton, 2012). What happens is that lay individuals become the self-appointed sentinels of Science, regulating others who hold

alternative views. This regulatory behaviour is moreover typical of performances of bourgeois identity (Kearon, 2012).

Dolores undeniably sees things differently. She not only flips the dominant logic around, she also uses it to cultivate a deep-rooted and resilient identity:

> 'I believe that western medicine is alternative medicine, and alternative medicine in my opinion is regular medicine,' Dolores explains.
>
> 'When did you– ?' I start.
>
> 'I've always seen it that way,' Dolores states.
>
> '*Always* always?' I ask.
>
> 'Well, no. Not always...' she admits. 'With the coming of years and knowledge I began to think: *Wait a second. What are we being taught on the quiet?*

This is not to say that Dolores rejects Science altogether but that she systematically doubts the information that it propagates. Conversely, there *is* science that she *does* support:

> In March earlier this year, Dolores enthusiastically tells me about Neuro-Linguistic Programming (NLP), a form of hypnotherapy that she is learning about by watching online videos on YouTube. 'Everything is scientific,' Dolores says earnestly, 'but it is fringe science. So it will all be known within [the niche of] NLP but not outside of it.'

It appears to be important to Dolores that hypnosis/NLP is scientific. This could simply be read as a 'male-coded' bourgeois preference for science and rationality (Brenton & Elliott, 2014; Flesch, 2010; Oosterhuis, 2000; Kearon, 2012). However, I rather interpret this articulation as a (gendered) defensive technique through which Dolores is able to ascertain the credibility to back up her interest in hypnosis/NLP when confronted with bourgeois individuals who would question its scientific status.

This does not mean that Dolores is insensitive to the effects of Science and its hegemony over truth/knowledge (Foucault, 1969; 1978; 1980). In fact, that hypnosis/NLP is 'fringe science', in Dolores' view, gives it *even more* credibility. This border-science often posits itself in a Kuhnian manner as avant-garde science, on the precipice of a paradigm shift (Gordin, 2012). Conventional science, on the other hand, is 'conservative and dogmatic', and will not produce the innovative results it could otherwise wield. Interestingly, this means that fringe science operates on the same premises as does regular science. As a counter-discourse, then, it rather reverses the power dynamic between the two by posing regular science (or western medicine, for that matter) as inadequate, unscientific, perhaps even as pseudoscience. These techniques to discredit conventional science, however, are an exact copy of those used by scientists to demarcate certain doctrines from what they consider proper science (Gordin, 2012).

Nevertheless, this statement not only enables Dolores to dodge the abusive term of 'pseudoscience' but also to widen the boundaries of what constitutes 'real' scientific knowledge and, conversely, truth. In so doing, she elevates her own views and position as a CAM practitioner in an (imagined) social context in which others view CAM as unscientific (Brenton & Elliot, 2014; Sointu, 2011). Yet *both* appeal to the unquestioned authority of Science, which is an effect of biopower (Gordin, 2012; Foucault, 1978).

This interaction demonstrates how Dolores and other individuals find themselves in a bourgeois struggle over the meanings of truth and knowledge, and in which Dolores uses a resistive strategy to being posed as 'the problematic other' (the quack) – the latter being emblematic of bourgeois self-differentiating performances (Kearon, 2012). Hence, we witness what Foucault (1978:97-98) referred to as 'effects

of resistance and counter-investments' as they are discursively produced within a 'field of multiple and mobile power relations.' But perhaps most importantly, we see the extent to which everyday encounters are infused with scientific meanings that inform bourgeois selfhood and biopolitical constructions of self/other.

Going natural, going rogue

Dolores often shares her knowledge with me about 'natural' remedies, which is typically also a focus within CAM (Keshet & Simchai, 2014). Especially when her health complaints re-emerge, she will attempt to find new alternative ways of treating them 'naturally'. For Dolores, natural products have been processed as little as possible, although she admits that it is difficult to draw the line between what is natural and what is not. Dolores gives the example of essential oils. She explains that the process of extracting the 'essence' of plants is natural in itself. Although pressing and distilling are manipulations of nature by humans, the substance is nevertheless obtained from nature in its organic state. The crucial difference, according to Dolores, is that it is not manufactured by adding chemical components. She also adds that it is important that there are no non-organic preservatives or conservatives in foods and cosmetics, which give these products an unnaturally long shelf life.

Dolores' preference for natural products is oftentimes accompanied with a scientific explanation of the chemicals in similar non-natural products that disturb our bodily processes. Sometimes these explanations are integrated into a larger anti-establishment narrative of the powerful medical-industrial complex and corrupt governments that have no financial gain in protecting our health. In Dolores' personal experience, this is what happened when she became extremely sick at twenty-three years old after taking Nizoral, a drug that has no registered side effects in the

Netherlands yet that has been taken off the U.S. market. Hence, she believes that the Dutch government does not safeguard her health. Another example is Dolores' outspoken resentment of the 'Schijf van Vijf', a science-based recommendation of the Dutch government for a healthy diet. It prescribes which foods citizens should normally consume per day. In this instance, Dolores does not recognise the science on which this is based and points to the questionable standards for what is deemed 'healthy'.

These antagonisms and counter-scientific explanations subsequently inform Dolores' position against powerful capitalist institutions such as the news, Science, medicine, and the government. They allow Dolores to justifiably and affectively create a rebellious self against these authorities. To question authority has become part of Dolores' alternative identity narrative. In fact, it seems there is a sense of pleasure in it for Dolores:

> Dolores explains there was an incident in which an ex-partner had asked her irritably: 'You don't really think that there's a conspiracy behind *everything*, do you?' Dolores whispers to me in playful manner: 'That's exactly what I think.' She then quickly adds: 'I know it's not okay to think like that…'

I believe that Dolores here both derives pleasure from asserting a form of power that questions authority and the truth status of certain knowledges, as well as from 'showing off, scandalizing, or resisting' this authority (Foucault, 1978:45).

Hence, I wish to highlight how 'going natural' gives Dolores the possibility to pleasurably (boldly and passionately) position herself in opposition to medical and scientific institutions that have reserved a particularly confining place for her in the past. This resonates with what Butler (1990) means by the 'paradox of subjectivation,' and the way in which constraining power structures simultaneously

produce opportunities for subversion or critical agency. Yet, there is similarly a 'risk' of reproducing these or other structures, since we can never fully exist outside of discourse. This is particularly potent in the articulation of counter-discourses (Foucault, 1978).

Indeed, what can be seen in these instances is that even though Dolores is encouraged to consume *differently* – non-mainstream products such as essential oils or probiotics, for example – she *consumes* nonetheless. Moreover, these 'natural' products encapsulate an inherent claim to being authentically natural and thus 'more real' than artificially or chemically created products. This means that there is no escaping a neoliberal consumer logic in which each and every choice – even 'alternative' or 'natural' ones – feeds into our identity and the lifestyle we construct (Giddens, 1991; Rose, 1999). Rose explains:

> Every aspect of life, like every commodity, is imbued with a self-referential meaning; every choice we make is an emblem of our identity, a mark of our individuality, each is a message to ourselves and others as to the sort of person we are, each casts a glow back, illuminating the self of he or she who consumes. (Rose, 1999:231)

In fact, the ways in which Dolores sets herself apart from hegemonic institutions such as biomedicine and the Dutch government suggests that she 'perfectly performs' neoliberal citizenship by disallowing public interference or vertical regulation in her private life, and 'freely' exercising personal choice (Gauthier, Martikainen & Woodhead, 2013; Rose, 1999; Sevenhuijsen, 1998). Moreover, she does so *through* health consumerism. In this sense, CAM enables Dolores to 'freely' engage in the medical marketplace to improve her health through (continuous) consumption and thus to mould herself into a proper neoliberal citizen (Lemke, 2011; Rose, 1999; Sevenhuijsen, 1998). No longer at the margins of society then, Dolores now actively

participates in society via consumption patterns that are not only premised on her 'subjective commitments to values' but also crucially on biopolitical meanings of natural, truth and authenticity (Rose, 1999:292).

DIY healing

'I had to figure out everything myself,' Dolores says, voicing her disappointment with regular medicine. Rather than using regular medication, Dolores now prefers to use alternative treatments such as taking probiotics, supplements or applying essential oils. She often finds this information online. In her opinion, it is 'no use' going to the doctor 'who knows nothing'.

Since Dolores felt like she had to figure everything out herself, Dolores has gained considerable skill in finding alternative information and treatments that medical professionals would not provide. She has become strongly self-determining and knowledgeable when it comes to (managing) her health. This expertise implies that Dolores has learned to 'self-doctor' and that she has become her 'own specialist', as the following interaction between her and a client illustrates:

> 'A normal doctor is not going to be of any use to you,' Dolores tells her client. 'I have seen so many doctors.'
>
> The other woman responds affirmatively. She explains that when she returns to the doctor for the same problem over and over, suggesting all kinds of treatment she is willing to try, they would think: *She's crazy!*
>
> 'Yes. Exactly,' Dolores responds.
>
> Suddenly the door swings open to the living room. Dolores takes something out of the refrigerator and walks back to her. She shows her client a package of probiotics and comments: 'It's really expensive but it's *so* good. It's invaluable to me.'

‘Please do not try to discuss this with your doctor,’ Dolores then pleads.

‘No. It’s no use,’ the client agrees.

‘You have to find your own balance,’ Dolores says.

‘You have to self-doctor, as you’ve just said,’ the client tells Dolores. ‘Become your own specialist. See what works.’

In this context, ‘self-doctoring’ refers to the ways in which Dolores has had to gather information on alternative treatments and experiment with them before finding one that is effective (enough). Through this process, Dolores has acquired what can be called expert knowledge over her own bodily processes and alternative medications.

As Audrey MacNevin (2003:18) explains, the ‘appeal of alternative beauty/health for many women is that it constitutes an ongoing project of body-self-building that appears to re-skill or increase individual competence through a hyper-awareness of how the body is reacting.’ It consists of a set of practices that is structurally applied to the body with knowledge and skills, and thus exemplifies the technologies of the self that go into the manifestation of this ‘alternative subject’ (Foucault, 1988; Mahmood, 2001).

Secondly, this indicates that this new self emerges in an effort to circumvent bureaucratic medical supervision, and thus becomes self-selected and uniquely applied (MacNevin, 2003). Hence, this ‘alternative self’ is mediated by neoliberal values of freedom of choice, bodily autonomy and individualism. Yet it also forces Dolores *herself* to transform her body into an object of knowledge and control. Hence, she participates in her own medicalisation (Memmi, 2003). Indeed, Dolores *self-monitors* and *self-intervenes* which indicates that she participates, without external pressures, in the policing of her own body (Fadlon, 2004; Flesch, 2007; MacNevin, 2003; Memmi, 2003). It could even be said that Dolores exercises the ‘will to know,’ gaining not only power from that knowledge but also pleasure from finding

out (Foucault, 1978). Further, this self is premised on a type of authentic bodily knowledge that may serve as ‘counter-expertise’ to scientific knowledge based on medical testing. As mentioned before, this also means that the same biopolitical logic applies to this bodily knowledge insofar as it produces (superior) truths about nature.

Thirdly, this expert knowledge has the effect of enabling Dolores to claim a position of authority in the space of her home-practice. Outside these spaces, however, as becomes clear in the ways that Dolores and her client talk about their medical encounters, medical professionals will not validate her expertise as such. This form of resistance is thus localised or social-spatially bounded, and does not necessarily challenge hegemonic power structures of medicine and Science (Foucault, 1978; Butler, 1990).

A second analysis can be made about the counter-discursive formation of the encounter between Dolores and her client. Since Dolores and her female client have both experienced not being taken seriously by their doctors, Dolores is impelled to create a more egalitarian and personal encounter in her own practice based on ‘affective recognition’ of clients’ experiences (Keshet & Simchai, 2014; Lupton, 2012:127; Nissen, 2011; Sointu, 2006). According to Foucault (1978), counter-discourses do not necessarily challenge the overall power structures. Indeed, it has been argued that CAM does not so much change regular medical practice but instead provides a ‘comfortable fit’ by answering the demand for changes in regular medical practice in terms of affective and therapeutic care (Cant & Calnan, 1991; Flesch, 2007; Heath, 2016; Kleinman, 1988; Ussher, 2011).

Shopping for balance and freedom

What moreover emerges in the above-described interaction between Dolores and her client is (the encouragement of) a strong pragmatic approach in finding effective treatment or wellbeing practices in general. The main question is 'does it work *for me*?'[11] Dolores calls this 'finding your own balance'. Interestingly, this phrase seems to be a mixture of neoliberal discourses of individual difference and consumption and imported discourses of Traditional Chinese Medicine or Ayurvedic medicine about the need to balance spiritual energies. It reflects the idea that each individual is unique and has a different body (which one discovers as one consumes). In a western context, this should be read as an effect of biopower which, much like spiritual energies, flows through mechanisms of diversification and individualisation (Wallenstein, 2013).

Since medicine needs to be personalised, finding what works must be determined by the individual themselves on the basis of personal experience. This search prompts individuals to shop in the alternative medical marketplace until they believe they have found a satisfying treatment. This creates a patient-consumer who embodies a more active role than is generally the case in regular medicine (Keshet & Simchai, 2014; Lupton, 2012; Nissen, 2011). However, it would be a mistake to assume that external authorities no longer govern individuals' health and bodies (Lemke, 2011; Memmi, 2003; Rose, 1999). Instead, they steer individuals' consumption patterns; individuals are thus '*governed* by freedom and choice' (Appadurai, 1990; Lemke, 2011:37, emphasis added; Rose, 1999).

Sointu (2005:271) moreover claims that: 'contemporary discourses of wellbeing reproduce subjects equipped with the faculties of self-mastery to deal with

[11] This question lies at the intersection of CAM and contemporary spiritualities as well as their shared focus on subjective experience (Cornejo, 2013; Fedele & Knibbe, 2013; Heelas, 2008).

a social context addressing these very individuals as choosing consumers.' This means that, on the one hand, Dolores' search for health through CAM empowers her through the cultivation of personal control and the consumption of (self-)knowledge (Brenton & Elliott, 2014; Keshet & Simchai, 2014; Nissen, 2011). On the other hand, it shapes Dolores into a neoliberal (as well as middle class) self who is governed by the ideology of free choice. CAM, in this sense, provides fertile ground for the cultivation of these neoliberal subjectivities.

Becoming a practitioner

Over the last ten years I have witnessed Dolores develop and reflect on her identity as an alternative practitioner, which for Dolores is the first professional identity she has ever deliberately embodied. On her website, she now states:

> I am Dolores. Entrepreneur with a penchant for authenticity, freedom, creativity, spirituality and with a lot of love for my fellow (wo)man.[12]

This part looks at Dolores' professional identity as an alternative healer, and how this invokes in her a sense of alternative feminine belonging. She moreover feels healthier and 'more woman' than ever. Is she entering the world a new woman, a 'proper' not-so-marginal neoliberal subject?

Creating a community of clients

Through her work Dolores wishes to positively affect the lives of her clients. She not only provides them with health (and beauty) services but she also gives them advice and emotional support through their therapeutic conversations:

[12] In Dutch Dolores writes 'medemens' which literally translates to 'fellow human being'. Since this is more gender inclusive than the standard English phrase 'fellow man', I decided to play with translation.

> I have so many exchanges with my clients. I am so appreciative of that. For some of them I'm even some sort of mother. For girls of your age, your brother's age. '*Nooo!*,' Dolores says, imitating her clients, 'I already have to *gooo*? It's like therapy to come *heeere!*'

What I observed during this research is that Dolores is investing in the creation of a 'community of clients,' with herself in the centre as a 'wise woman' or, in more commercial terms, as a life coach. It seems that this is part of the way in which Dolores is carving out a new meaningful position for herself within Dutch society: no longer the caretaker of her family, she aims to transform herself into a successful business owner who offers authentic connection and care, and who moreover has valuable (alternative) knowledge to share – especially since she is experienced in the world of medicine, both regular and alternative.

It seems suiting for Dolores' age and social position to want to transfer her wisdom to others, *and* to want to do this for profit. It is a way to gain financial independence and thus, in a neoliberal sense, to participate fully in Dutch society as a self-sufficient economic citizen (Sevenhuijsen, 1998). Yet this is not made easy for Dolores. Dutch society, like other neoliberal western societies, lessens the social status of aging individuals and their perceived usefulness and knowledgeability (Aboderin, 2004; Andermahr, Lovell & Wolkowitz, 1997). In general, in these capitalist societies the aging body is perceived as loosing its ability to generate revenue and thus as becoming more reliant on the social welfare state (Mac an Ghaill & Haywood, 2007). Elderly are therefore seen as a financial burden and are left with little space to positively contribute to society. Because of this demoralising outlook, it seems logical that Dolores wishes to 'do something good' and to offer clients something 'real and authentic'.

The idea of a 'community of clients' may sound counterintuitive but also points to the way in which Dolores negotiates her position as a middle-aged 'wise woman' within a capitalist-consumerist society. In the context of increasingly interconnected dimensions of global cultural flows and de-terrioralisation, this is moreover a clear example of how Dolores attempts to re-embed herself in a local context by rooting her identity as a healer in the service of her 'community' (Appadurai, 1990; Eriksen, 2015; Nissen, 2011). Although she does not attempt to create 'cultural authenticity' *per se*, she does put emphasis on authenticity in her encounter with clients.

It is important to Dolores to establish authentic connections with her clients even though these relationships are predicated on the exchange of services for money. This suggests that Dolores is in the business of selling *the experience of* authenticity, which means that biopower produces a sense of realness between bodies. This manipulation, however, paradoxically points to its artificiality (Hochschil, 1983). Yet Heelas (2008:212) problematises the assumed annulment of 'experiences-cum-understandings of authenticity' in the face of commodification, and the essentialising trend to render human beings as wholesale consumers. Nonetheless, Dolores' efforts in *producing* authenticity is masked in the transaction.[13] Thus, this is a succinct example of how neoliberal 'consumerism has acted as a powerful vector which has naturalised commoditization while enchanting economic practice and its new value of consumption rather than production' (Gauthier, Martikaine & Woodhead, 2013:16).

At the same time, this not only points to the consumerist form that CAM takes but also to the social cohesiveness and moral depth it in practice *can* provide.[14]

[13] For more, read Appadurai (1990:307) on the 'fetishism of the consumer'.
[14] Authors have described a critique of contemporary spiritualities in which they are posed as a spawn of capitalist consumerism with little to offer beside intense emotional experiences (Gauthier, Martikainen & Woodhead, 2013; Heelas, 2008; MacNevin, 2003; Nissen, 2011).

Indeed, in an earlier encounter I described Dolores freely sharing her knowledge with a female client who had similar life experiences (of vulnerability) concerning her encounter with medicine and the misrecognition she had felt. This may provide these women with a sense of connection over their shared experience and support by helping each other to overcome it. This practice of 'affective recognition' is not uncommon between female clients and female CAM practitioners (Sointu, 2006). Importantly, the example also demonstrates how Dolores develops a specific feminine conception of professionalism that is 'built on ideals of democratization of knowledge and strong anti-professional sentiment' (Flesch, 2007:169).

On the other hand, it also underscores the *naturalisation* of their commercial relation. Dolores as a neoliberal subject is not insensitive to the emphasis of contemporary consumerist society on the emotional factor in trying to satisfy consumer demand (Gauthier, Martikainen & Woodhead, 2013). It seems then, that consumerism and deep social relations do not necessarily exclude each other.

A healer's destiny

During my talks with Dolores, she would sometimes speak about her 'task in life', which is to support people in their overall wellbeing:

> I do know that I am subservient to people, and the wellbeing of people. I think that I would maybe call this a witch or a healer. But I'm always sympathetic toward people.

In this instance, Dolores explicitly reproduces the connection between femininity, subservience and the traditional role of caring for others in the construction of her professional identity (Flesch, 2007; Keshet & Simchai, 2014; Woodhead, 2007). This is not so surprising: the subjective self that CAM cultivates is familiar for women

whose gendered identities are already premised on bodily and emotional care (Woodhead, 2007). In this sense, CAM renews the idea that emotional labour is part of women's identity. Yet the value of CAM lies also in the recognition and validation it gives to traditionally feminine values of caring (Sointu & Woodhead, 2008; Sointu, 2006). Most importantly, CAM allows female practitioners to establish a career and financial independence (Flesch, 2010; Keshet & Simchai, 2014; Sointu, 2011; Sointu & Woodhead, 2008; Woodhead, 2007). As a result, care labour is not only something that validates Dolores *as a woman* but is also worthwhile to professionalise in.

It furthermore allows Dolores as well as other middle-class female practitioners to tweak their reasons for caring: no longer out of selflessness, they now care for others as an expression of their authentic selves (Fedele & Knibbe, 2013; Sointu & Woodhead, 2008). In this way, women create their own emotional support 'from within' for managing 'the double (or triple) burden of contemporary femininity: taken care of the material and emotional needs of their families in the private sphere, sometimes also caring for their aging parents, and having to work in the public sphere' (Fedele & Knibbe, 2013:11). Interestingly, Dolores tells me that she from a young age knew that she would later take care of her parents as they grew old. In fact, massage became a meaningful way through which Dolores connected with and cared for her father in his final years.

Seeing care work as her destiny underscores not only the gendered but also biopolitical character of Dolores' sense of 'alternative belonging'. It illuminates how professionalising in CAM has provided Dolores with the means to evoke and embody a 'natural feminine identity' or 'inner nature' that is premised on healing or caring for others (De Beauvoir, 1949; Brenton & Elliot, 2014; Flesch, 2007, 2010; Hochschild, 1983; MacNevin, 2003; Nissen, 2011; Sointu, 2011). This identity signifies a return to

traditional scripts of femininity, and is located in an even ‘deeper’, perhaps even transcendental, truth of the self (Aupers & Houtman, 2006; Nissen, 2011). This essential feminine self is fundamentally shaped by biopolitics: it is generated by a historical tradition in which modern Science produced naturalised evolutionary narratives about human bodies and their relation to nature (Haraway, 1989; Lancaster, 2006; Latour, 1991; Oosterhuis, 2000; Schiebinger, 1999).

An important part of this scientific truth-telling concerned women’s ‘biological destiny,’ which confined them to their reproductive bodies and roles as nurturers *because* that was ‘in their nature’ (Schiebinger, 1999). Hence, when Dolores views her caring profession as her destiny, she reiterates these scientific discourses about the gendered self and sexual difference. In a similar fashion, biopower naturalises a narrative about (the discovery of) her authentic nature and the role she must therefore play within society.

What is more, this claim of authenticity also demonstrates Dolores’ neoliberal selfhood as an individual whose work is *what makes her authentic* (Rose, 1999). Indeed, it is *through* her work (as destiny) that Dolores is able to produce, discover, and experience herself (Rose, 1999). It is in this way that neoliberalism presents a particular modification of biopower as it channels its flow through the individual as economic enterprise (Lemke, 2011; Oksala, 2013; Rose, 1999; Wallenstein, 2013). In this articulation, Dolores becomes the entrepreneur (and marketed self) who is ‘in search of meaning, responsibility, a sense of personal achievement, a maximized 'quality of life', and hence of work’ (Rose, 1999:103-4).

Conclusion

In this chapter I looked at the myriad ways in which practicing CAM opened up new opportunities for Dolores to stabilise and naturalise her alternative identity narrative and reposition herself in society. In some instances Dolores was outspoken about resisting institutional intervention on the basis of alternative views that produced their own – in Dolores' view superior – authentic truths on nature and the body, which feeds into her neoliberal selfhood that is premised on self-determination and freedom of choice. Importantly, as CAM practices posit patients as consumers and help them cultivate these neoliberal values it becomes fertile ground for the production of neoliberal subjectivities (Mahmood, 2001; Rose, 1999; Sointu, 2005).

At the same time, Dolores was also using CAM to support a distinctly feminine identity premised on her alternative views on Science and medicine. It became clear that Dolores often experiences close persons attempting to regulate her. I demonstrated that these interactions were gendered and classed, and on both sides mediated by the high status of Science: on the one hand, these others voluntarily adopted the perceived struggle to uphold scientific values; on the other hand, Dolores relied on the same scientific structures of authority to establish legitimacy. Thus it becomes apparent how biopower flows through and structures such (counter-)discursive interactions, and shapes subjectivities on both sides. In another instance Dolores is involved in practices that produce embodied forms of knowledge, which she believes to be *more truthful* than biomedical expertise. This shows how Dolores often simultaneously resists, negotiates but also reproduces hegemonic power structures of medicine and Science. In short, we see Dolores exercising her agency in complex ways in a western society that is undergirded by neoliberal biopolitics.

Lastly, I discussed how Dolores established a position of authority through community-oriented care, her feminine construction of professionalism, and her view on her work as her destiny. These neoliberal modifications of biopower locate this gendered 'truth' of Dolores' embodied subjectivity deep within her. Moreover, as she finds her 'authentic nature' she also discovers it as predominantly accessible *through work*. Interestingly, this illustrates the commoditisation as well as the naturalisation of specifically feminised forms of care. Yet, even though this may feel more 'natural' to Dolores, this also puts her in a more precarious economic position (Flesch, 2007, 2010), especially as a middle-aged woman who tries her best to be self-sufficient but is as of yet still dependent on the financial support of her ex-husband.

3. The High Priestess' technologies
Managing a feminine essence

'How, in the feminine condition, can a human being accomplish herself? What paths are open to her? Which ones lead to dead ends? How can she find independence within dependence?'

~ Simone de Beauvoir (1949, p. 37)

'I am the gatekeeper of the mysteries, the oracle within you that gestates inner wisdom in the darkest, most silent part of your self. I am the waiting womb, virgin and untouched and therein containing all potential.'

~ Kim Huggens, The Complete Guide to Tarot Illuminati (2013, p. 15)

Introduction

Dolores' turn to alternative medicine has in many ways allowed her to shape a new identity. In the following sections I am taking a closer look at what technologies Dolores uses to cultivate this new self. In other words, I will be looking at a set of (spiritual) practices that allow Dolores to operate on her own body, mind, behaviour, and way of being, 'so as to transform [herself] in order to attain a certain state of happiness, purity, wisdom, perfection and morality' (Foucault, 1988:18). Although Dolores' narrative is one of self-transformation, it is also about finding and embodying an original feminine self. In essence, Dolores seeks to find (and to consume) a *more real* and *more fundamental* truth about her/self.

This chapter looks at the gendered character of subjectivation and focuses on *self-technologies*, or the technologies with which Dolores turns her body-self into an ongoing project of alterations and investments (Brenton & Elliott, 2014; Foucault, 1978; MacNevin, 2003; Mahmood, 2001). This type of self-responsible intervention is intrinsically biopolitical: no longer of an external nature, contemporary biopolitical consciousness now directs us toward a 'transformation of inner nature' (Lemke, 2011:94). Hence, like modern medicine, spiritual CAM can be placed in a biopolitical

framework in which it produces particular subjectivities through an (alternative) regime of truth regarding health, nature, (human) bodies and selves (Ahmed, 2002; Caplan, 1999; Chauncey, 1994; Gilman, 1985; Duggan, 1993; Foucault, 1978; Haraway, 1989; Harding, 1997; Kapsalis, 1997; Oosterhuis, 2000; Sheehan, 1997; Somerville, 1994; Theriot, 1989).

The question that I therefore aim to answer in this chapter is: *By means of which (spiritual) self-technologies does Dolores shape an authentic feminine self, and how can this be understood in the context of neoliberal biopolitics?*

Training sensitivities

First of all, it is important to emphasise that *work* goes into creating a self that is built on 'alternative' qualities and discourses. Among other things, Dolores has read countless books, taken courses, watched online videos, and exposed herself to other (spiritual) healers. Looking back at an event where *I* felt grossly out of place, it becomes clear that Dolores must have gone through considerable effort to *train* sensitivities such as intuition, inner truth and bodily knowing:

> A few years ago my mother took me with her to a group course on spiritual trauma healing. We sang in vibration to the universe, worked with chakras, saw through our 'third eye', and performed astral traveling before we, on the third day, paired up with others from the group to heal one another of a deep trauma. I remember getting utterly frustrated as everyone around me seemed to be 'experiencing things'. I felt I was simply too rational, too critical and clearly not versed enough in these type of practices. Dolores, however, could really 'connect' to what was being taught, and even when she wasn't sure about what to feel, she trusted her intuition.

Years of practice have gone into the creation of Dolores' 'alternative' selfhood, worldview and beliefs. Heelas (2008:213) argues that, even though (spiritual) self-understanding is mediated by the purchase of goods and images, one cannot simply 'buy belief'. This overlooks the work and consumption of courses, knowledges and material objects that goes into the experience of spirituality, that is, the cultivation of 'tranquillity, wisdom, a sense of being 'centred' and 'experiences-cum-understandings of authenticity, justice, deep selfhood' (Heelas, 2008:211-2). This is very much in line with Mahmood (2001) who looked at the spiritual technologies with which Muslim women in Egypt fashion themselves into pious subjects. She observed how these individuals through bodily self-disciplining techniques re-oriented their selves by means of an affective shift in their interiority and instilled new sensitivities.

Doing daily energy readings, digitally

> On 21 January I was working on my laptop at the dinner table while Dolores was lying on her big red sofa. Suddenly a voice erupted from her smartphone. I looked up and quickly realised that she had started watching a YouTube video. I began to recognise that the voice came from a North-American woman who was talking about the positions of the planets. I caught a fragment of what the woman said: she explained that the specific energies of the 'Age of Aquarius' help humans break through particular behavioural patterns.

Throughout the day – before, in-between and after appointments with clients – Dolores often watches YouTube videos of spiritual teachers, the spiritual practices they perform, or alternative healing more broadly. To give another example: Dolores has a few Tarot readers she follows on YouTube. Instead of 'telling our fortune', Dolores explains Tarot to me as a way of making the energies visible that guide, or otherwise play a role in, our subconscious. She listens to these readings – or does

one herself with her own set of cards – to understand the forces at play in her life, knowing which issues or ventures to focus on, and for guidance in decision-making. It is an important part of her daily routine. By doing so Dolores maintains her inner spiritual life and sense of connection to something greater than her: those divine energies of the universe, or sometimes 'angles', that guide her.

It is interesting to see how Dolores uses digital technologies 'to seek, find, produce, share and consume […] spiritual information' online, on her smartphone and her laptop (Wyche, 2010). It also demonstrates how technology and spirituality, most notably through the Internet, interplay, and attests to the idea that in the modern-day world it is practically unimaginably to view them separately (Aupers & Houtman, 2006; Bell, 2006; Buie & Blythe, 2013; Buie, 2018; Van de Port, 2011; Wyche et al., 2006). Although these practices may not induce a transcendental experience, it does nourish Dolores' spiritual sense of self. In that sense, this may be seen as a techno-spiritual practice that opens up her self *as* spiritual, and available for new methods of self-intervention (Rose, 1999; Lemke, 2011). Hence, we can see that biopower also flows through the spiritual self as these (digital) technologies instil an authentic essence. Indeed, one of the (biopolitical) effects is that a stronger self emerges as Dolores gets in touch with her 'authentic core self' through these practices (Woodhead, 2007).

Furthermore, Dolores' 'techno-spiritual practices' involve the construction and consumption of a cosmopolitan identity (Appadurai, 1990; Bell, 2006; Buie, 2018). Dolores consumes this information, which is almost always from U.S. sources and spoken in English, and thus participates in local/global worlds through these cultural flows. Interestingly, Sudhir Kale (2004) points to the interrelatedness of globalisation and spirituality, where both are similarly conceived of as encompassing

interconnection and wholeness. In both instances it signifies the intensification of a consciousness of the world *as a whole* (Gauthier, Martikainen & Woodhead, 2013).

Weaving a spiritual patchwork

Alongside the diversity of CAM therapies that Dolores uses and practices, Dolores also weaves together what scholars of contemporary spiritualities have called a 'spiritual patchwork' (Fedele & Knibbe, 2013; Heelas, 2008; Christ, 1978). This refers to the ways in which spiritual practitioners create a personal assembly of different theories, techniques and figures. This manifested (materially) in a number of ways around Dolores' house. Firstly, Dolores has an inspiring amount of books on 'alternative' topics such as spirituality and alternative healing (see image 1). These consumed goods lie scattered about the house, as a constant reminder of what to focus on to further your self-development. Besides being physically surrounded by books, Dolores herself is practically a walking encyclopaedia when it comes to all the 'alternative' knowledge she possesses and which she integrates into her ever-changing lifestyle. Evaluating this herself, Dolores believes that these shifts do not imply that knowledge has gone. 'Yes, I do live by the things I incorporate,' she says, 'but you've also noticed that I can differ a lot. At one moment this, and the other that. And if I think '*this is better'*, then I'm inclined to do that.' Last but not certainly not least, this is visible in Dolores' shrine-like toilet decorations (see image 2).

There are a few elements that interweave in Dolores' practice of weaving. Firstly, there is the self that is reflected in these assemblages. This self is characterised by continuous self-reinvention *and* self-intervention, which lies 'at the core of bourgeois individualism' (Kearon, 2012:396; MacNevin, 2003). Indeed, it is typical for individuals of western middle classes to engage in practices to recreate

Image 1 | A snippet of Dolores' extensive book collection

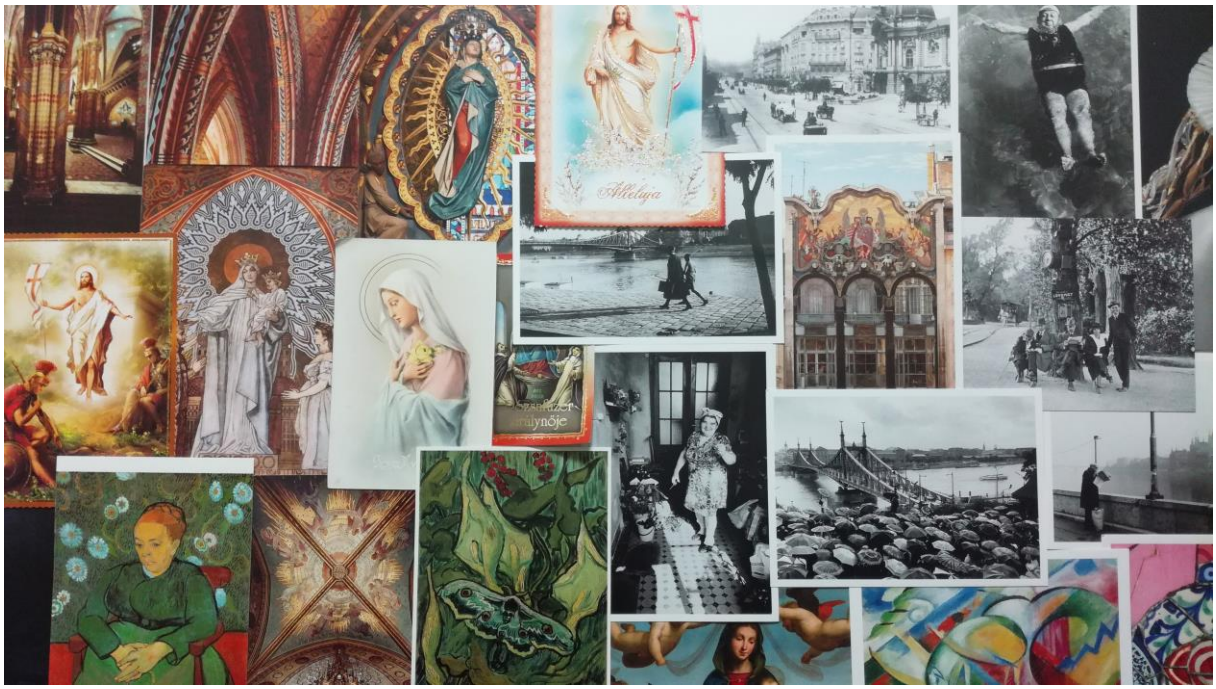

Image 2 | A spiritual patchwork: bathroom decorations

themselves and to exert ‘self-mastery’ and self-coherence (Kearon, 2012; Oosterhuis, 2000). The following explanation of bourgeois self-identity fits well within the ‘pick and choose’ framework of both contemporary spiritualities and CAM:

> The adoption of a diverse and eclectic range of consumption practices can be reconceptualised as a manifestation of control of self – a demonstration of the ability to construct and maintain a version of self from a unique recombination of fragmented sources and practices. (Kearon, 2012:296)

Secondly, this is underscored by a neoliberal consumption pattern that feeds into this construction of this self (Giddens, 1991; Kearon, 2012; Rose, 1999). As Dolores consumes these books, postcards, images and other artefacts they flow into and produce her eclectic identity and individual authenticity.

What furthermore becomes apparent, is how Dolores’ alternative self emerges through global landscapes of cultural exchange, which is a result of globalisation (Appadurai, 1990). These cultural flows feed into a cosmopolitan identity that is characterised by ‘a diverse and eclectic range of cultural forms and practices’ (Kearon, 2012:397). Unencumbered by the consequences of this practice, (white) western subjects feel free to select elements that they wish to incorporate in their eclectic selfhood. This often masks the power dynamics at play. When profitability and/or the production of (white) bourgeois identity are at play, the western spiritual marketplace risks becoming a consumer-platform that all-but-innocently colonises eastern beliefs and commodifies (indigenous) spiritual knowledges (Eriksen, 2015; Gauthier, Martikainen & Woodhead, 2013; Kearon, 2012; Wekker, 2016).

Storying the authentic self

> 'This is my personal truth,' Dolores tells me. She puts her fingers together and taps her chest with her fingertips to emphasise where this truth comes from: from within – her heart, her soul, her core being.

Within spiritual CAM discourses, inner truth plays an important role in organising your life and guiding your actions, just like listening to your body and trusting your emotions. These discourses are founded on the Romantic notion that 'the body provides privileged access to the inner life of the emotions and the spirit' (Sointu & Woodhead, 2008:265). Oosterhuis (2000:219) explains that the Romantics believed that 'human fulfillment has to be sought in the cultivation of one's unique sensibility and inner self.' These ideals are still visible in bourgeois culture today in which individual authenticity has become 'a preeminent value and a framework for introspection, self-contemplation, and self-expression' (Oosterhuis, 2000:219). CAM fits particularly well within this framework in the way in which it constructs emotions as a gateway to personal truth. Yet it simultaneously posits emotions as a site of personal responsibility. This means that even though emotions give access to an authentic self, one can also *manage* one's emotional self, or one's 'heart' (Hochschild, 1983). This self-manipulation thus points to the paradox of authenticity which lies at the heart of CAM. This becomes apparent in the way that CAM articulates two types of selves, the *original self* in a narrative of self-discovery and the *transformational self* in one of self-reinvention (Aupers & Houtman, 2006; Brenton & Elliot, 2014; MacNevin, 2003; Nissen, 2011; Sointu, 2011; Sointu and Woodhead, 2008).

In the first strand CAM seeks to evoke emotional and spiritual experiences to reach personal truths and to find their unique self (Aupers & Houtman, 2006; Heelas,

2008; Sointu, 2011; Sointu & Woodhead, 2008; MacNevin, 2003; Brenton & Elliott, 2014). For this to happen the self must first have been experienced as marginal or lost (or contaminated by society), with the confused individual drifting from their true path or destiny. Consequently, self-discovery can bring about a powerful healing sensation: things shift into their 'right' place, and one's true identity and purpose in life reveal themselves. The self, truth and health are thus intimately (or spiritually) connected: the true self is the healthy self, and vice versa (Oosterhuis, 2000).

With the second, it becomes clear that CAM therapies, rather than finding *an old self*, also focus on bringing transformations so that users will embody *a new self* (Nissen, 2011). Through those (daily) practices such as reading, taking courses, watching online videos, experimenting with alternative therapies, CAM provides the technologies with which Dolores skilfully works upon her/self to 'manifest' a new self. By listening to Dolores' motivations for using CAM she sways between both narratives and technically constructs both selves at the same time. Rose (1999) also points to this paradox when he explains that therapeutic technologies may create a subjective sense of authenticity while in fact drastically altering one's identity. In this sense, the 'found' self *is* a reconfiguration of subjecthood yet cast in a chronological narrative of rediscovery.

Both articulations (and CAM in general) make sense if they are seen in the larger context of 'autobiographical self-understanding' which is typical of the expression of subjectivity, *particularly* that of well-educated middle classes of western society (Oosterhuis, 2000).[15] This self-conscious identity is rooted in a history of psychology, in which middle class individuals began to participate in scientific storytelling on their (abnormal) sexual selves around the turn of the twentieth century

[15] This moreover explains why in wellbeing discourses 'self-healing' often translates to 'self-development': healing the self becomes analogous to understanding and properly narrating the self in developmental (life) stages (Giddens, 1991; Sointu, 2005).

(Oosterhuis, 2000). They wrote autobiographical reflections through which they 'disclosed' themselves and their sexual acts to establish their own psychological nature (Oosterhuis, 2000). This confession of 'the true nature of their inner self' was used to negotiate the pressures of bourgeois selfhood on self-control, order, reason, rationality and sexual restraint (Kearon, 2012; Oosterhuis, 2000). In effect, this construction of bourgeois self-knowledge became imbued with 'naturalness' and scientific legitimacy.

In a similar sense, CAM now provides the technologies through which individuals discover and fashion their authentic personal being. Hence, CAM produces effects in two ways: firstly, its emotional and spiritual technologies achieve self-knowledge within a 'reflexively mobilised trajectory of self-actualisation' (Giddens, 1991:79). Secondly, its technologies infuse the embodied self with 'affective realness'. It thus produces subjects with 'true' emotional interiority, subjective depth and an authentic core (Ahmed, 2014; Hochschild, 1983; Mahmood, 2001; Oosterhuis, 2000). This form of self-actualisation is moreover intrinsically connected to neoliberal notions of self-fulfilment and individual autonomy (Giddens, 1991; Mahmood, 2001; Oosterhuis, 2000; Rose, 1999). It becomes clear then, that CAM functions as a regulatory discourse which offers practical ways to 'transform' subjects into neoliberal selves 'insofar as the process of realizing oneself comes to signify the ability to realize the desires of one's 'true will'' (Mahmood, 2001:207).

Balancing yin and yang

Dolores sometimes understands herself and others through the principle of yin and yang. Broadly speaking, yin/yang represents balance, with each person embodying

both to varying degrees. There is, however, a natural balance. The implication is that if one finds this balance, then life becomes easier, happier, and healthier.

Dolores specifically applies yin/yang as female/male energy, and uses this binary to structure her experiences. 'I see myself as very yin,' Dolores says. 'But… two times now I have heard that people see me as a highly independent woman.' Dolores interprets being 'highly independent' in opposition to 'being very yin'. Any traditionally masculine feature may therefore be seen yang, whereas conventions of traditional femininity are constructed as yin. These gendered categories are not only articulated within an essentialising heterosexual discourse, they also romanticise eastern spirituality and thus racialise this type of knowledge. Hence, Dolores' use of yin/yang becomes part of a gendered performance of western whiteness – one in which white middle class women typically see the world as if only organised by a male/female gender binary and which is premised on the colonisation eastern beliefs (bell hooks, 2013; Gauthier, Martikainen, Woodhead, 2013; Wekker, 2016).

This example furthermore illustrates that underneath the logic of many contemporary spiritualities lies 'the acceptance of an extremely polarized and often stereotypical conceptualization of feminine and masculine' (Fedele and Knibbe, 2013:10). There *is* subversive potential in the way that contemporary spiritualities could allow users to create and experiment with new models of femininity and masculinity (Fedele and Knibbe, 2013; Nissen, 2011; Sointu, 2011; Sointu & Woodhead, 2008). For Dolores it creates space for the expression of both her female and male side, which opens up a twofold pathway to empowerment. Firstly, Dolores can cultivate her 'natural' feminine qualities and regain part of her identity that she felt was oppressed. Secondly, as the quote demonstrates, Dolores' development of her masculine side points to greater self-orientation and the ability to take charge of

her own life. In this sense, Dolores contests previously oppressive forms of power and creates something new (Fedele & Knibbe, 2013).

Nevertheless, Dolores uses yin/yang as an expression of *naturalised* gender differences primarily to construct her authentic feminine self. In this sense, contemporary spiritualities resemble the evolutionary tales spun by evolutionary psychology that supposedly tell us about human nature and ground this in our biology (=destiny) (Lancaster, 2006). Indeed, Dolores' use of yin/yang reflects essentialising psychological trends to divide humans in male/female selves. This in turn is rooted in biopolitical history in which Science weaves together nature and truth; categorises and hierarchises humans and non-humans alike; and justifies these structures according to their 'inner natures' (Ahmed, 2002; Caplan, 1999; Chauncey, 1994; Foucault, 1978; Gilman, 1985; Kapsalis, 1997; Oosterhuis, 2000; Rose, 1999; Schiebinger, 1999; Sheehan, 1997; Somerville, 1994; Stoler, 2002). As these spiritual selves are posited as *even more 'natural' and 'real'* because they are experientially embodied and metaphysical, they are founded on fundamentally biopolitical structures that naturalises essence and essentialises nature. In a way, *the spiritual is biological.*

Writing and burning, or unburdening the self

> I was nearing the end of my research in August when Dolores and I talked over the phone, and she told me that strongly feels that she has for the first time in her life found her own voice. Finally, she is able to make her own choices and to shape her own life. Through the phone I hear a sigh of immense relief. 'It's liberating, man!' Dolores says euphorically. Dolores relates this newfound freedom to how family dynamics shaped her as a child. She was taught to be sweet and be quiet, and learned to make herself small and adaptable. Now,

Dolores believes she has to catch up on her personal development. She is shedding her child identity and 'truly' becoming an adult.

Dolores has found a new technique that helps her realise this. This new self is enfolding through a practice of 'scripting' or 'emotion-writing' (see image 3). Dolores tells me: 'I write, write, write, and then I burn it. That's how stuff gets cleaned up and how I can grow.' This therapeutic technique helps Dolores to narrate (write) and release (burn) parts of her self: her traumatic childhood; her repressed feminine qualities; her grief, anger and other emotions. It makes her feel lighter and free. This resonates with the process of cultivating a new subject, particularly through spiritual practices, which often stimulates a strong sense of liberation (Heelas, 2008:38; Mahmood, 2001; Weir, 2013).

Image 3 | Dolores burning her writings

What emerges from ‘the inside out’ through scripting is a cleaned up self – an authentic self that is stripped from its layers of ‘bad’ emotions, memories and think-patterns. By writing associatively, Dolores can go ‘really deep into herself’. To her core, if you will. CAM’s wellbeing practices in general can be framed by this ‘inside out’ model (Heelas, 2008). Not only does it create subjective depth through self-narrative, it also allows users to cultivate ‘good’ emotions (Ahmed, 2004; Brenton & Elliott, 2014; Oosterhuis, 2000; Rose, 1999). This is typically gendered: other research shows that successful self-transformation, in the opinion of women CAM users, consistently correlate with cultivating positive emotions (Brenton & Elliott, 2014:101). Like many of these women, Dolores constructs ‘the authentic self as one that embodies traditionally feminine characteristics such as happiness, caring, and forgiveness’ (Brenton & Elliott, 2014:101).

According to Ahmed (2004) this would mean that scripting allows emotions *to materialise onto* Dolores’ body rather than coming from the inside out, which then makes Dolores feel emotions as if they are interiorised qualities. Hence, this is how the subject – its will, desire, intellect, and self – emerges *materially* (Mahmood, 2001). Dolores *as an embodied subject* is thus an *effect* of a bodily practice such as scripting. Moreover, the idea that personal experience, ‘readily available when we look 'inside' ourselves’ conveys unchallengeable truths is similarly misguided (Haraway, 1991:109; Scott, 1991). Experience is the embodiment of meanings, and is therefore produced at the intersection of identity markers. Indeed, through scripting, Dolores engages in a relationship with her feminine self but also produces a typical bourgeois subjectivity premised on ‘introspection, self-contemplation, and self-expression’ (Oosterhuis, 2000:219). Hence, scripting is exemplary of a self-

technology that moulds Dolores into a (proper) subject at the intersection of gender and class.

As mentioned before, to Dolores the practice of scripting makes her feel free. This resonates with what Rose (1998) argues, namely that self-development therapies, be they psychological or spiritual, not only promise a healthy self but also a 'liberated' self. Rose and others, however, point to the paradoxical nature of this 'free' subject (Lemke, 2011; Mahmood, 2001; Memmi, 2003; Rose, 1998). Even though it is articulated as healthy personal development, it also produces a subject that neatly fits in a neoliberal economy of value and desire. What thus emerges is an individualised subject who, driven by the desire for self-control and the notion of free choice, increasingly self-intervenes through alternative therapies (Fadlon, 2004; Flesch, 2007; MacNevin, 2003). In other words, CAM feeds into a biopolitical truth regime of health that heightens pressures on self-discipline (with its medicalising thrust even extending into the spiritual dimension).

Sacralising the feminine self

> Question authority. Always. Forget rules. Break free from the past. From the way you were taught to think and behave. Let go of the roles you play. Examine your choices. Be courageous at making new ones. Learn the power of goodbye. Learn to say no. Only keep what truly serves you. Ignite your fire. You owe it to the world to shine. You are here for one purpose only. You are here to fall in love with who you are. Understand what love is. Embrace solitude for in the silence you will find your voice. Here you make peace with your demons. Change is inevitable. Allow it to happen. Be fearless. Life is a magical journey and you are on it. Travel light. Find companions to support you. Part from those that you feel bring you down. The universe wants to hear your song. And when it calls, show up. Master your

> creativity. The universe wants you to. Let it flow freely. It's the stuff the universe is made of. You will be in sync. It's amazing. By being you, you serve others in many ways. Love deeply. Love without expectations. Love unconditionally. And love yourself a little more. Act in accordance with your values. If it's hard in the place where you are now, make a shift. Be bold. Be brave. Learn about the world. Learn about people. Find the deeper truth by observing. Statistics are unfit for the individual. Rise above guilt, shame, jealousy and feeling small. Forgive the ones that hurt you so you can let go. To let go is to make more space so your light shines even brighter. Forgive yourself too. Feel your boundaries. Break down your walls. Own your sacred space. Forget nice.
>
> Show yourself, Goddess. Rise now.

This is Dolores' self-written Goddess Manifesto. This is a powerful example of how Dolores creates a language for herself that speaks *her* experience outside of male discourse (Cixous, 1976). To do so, she appropriates the Goddess figure. Carol Christ (1978:3) explains: 'The simplest and most basic meaning of the symbol of Goddess is the acknowledgment of the legitimacy of female power as a beneficent and independent power.' As much as Dolores *draws inspiration* from the Goddess to fuel her rejection of male authority – religion, medicine, father, husband – Dolores also wants to *embody* her, even to *be* her.

This sacralisation of the self is reflected in most contemporary spiritualities in which the individual often becomes god-like, the body a sacred temple, the self divine (Aupers & Houtman, 2006; Fedele & Knibbe, 2013; Heelas, 2008; Sointu, 2011; Sointu & Woodhead, 2008; Woodhead, 2007). Especially for women, such articulations can be empowering by allowing them to attach positive meanings to their corporeality and gives them the tools to manage the pressures of contemporary womanhood or to resist authoritative role models (Aupers & Houtman, 2006; Fedele

& Knibbe, 2013; Sointu & Woodhead, 2008). Yet Haraway (1991) strongly critiques the current revival of mythical images of the healing mother goddess. According to her, they ascribe to prescientific worldviews as a form of nostalgia that does not challenge modern power structures (Haraway, 1991; Lykke, 1997; Martin, 1996).

Nina Lykke (1997) however argues that the Goddess might have much in common with Haraway's cyborg. Although the Goddess may relapse into an essentialising figure since she 'insists on sexual difference', she also discards 'the Cartesian split between human (= masculine) subject and stupid subjectless matter in favor of dialogues between human and non-human actors, embodied and localized in radically subjectified, multiple and diverse matter' (Lykke, 1997:20). Indeed, if the Goddess is the feminine embodiment of the spiritual patchwork that I described above, then she is both *plural/diverse and artificial* in her creation. She could become a spiritual-material actor premised on nature as self-generating and

> challenge the ways in which modern technoscientific constructions of nature are rooted in a long tradition which casts the non-human in the role of a mere object and exploitable resource for the human, for centuries identified with the powerful and hegemonic position of the white Western man of science, capital and industry. (Lykke, 1997:19)

This means that the Goddess figure nevertheless produces powerful effects for Dolores who seeks to resist the hegemony of white male science, capital and industry, and to articulate a particular feminine self. That said, the Goddess does not 'radically challenge the essentialist categories of 'woman' and 'nature' inherited from patriarchal discourse' but re-stabilises them (Martin, 1996:106). And even though the Goddess is as much assembled and weaved together, she reproduces nature as *authentically natural* instead of, like the cyborg, representing a particular *production of nature* (Haraway, 1991). Ultimately, then, this lessens her subversive potential if

one wishes to break out of the modern scientific female=nature construction. What we see, moreover, is that biopower effectively flows through this figure, too.

Alternative belonging

From my discussion it becomes clear Dolores engages in a continuous project of remedying what may be called her 'flawed' feminine self (Brenton & Elliott, 2014). This echoes the notion that women's health is never healthy enough (Haraway, 1991; Lupton, 2012; Purdy, 1996; Schiebinger, 1999; Ussher, 2011). The difference with medical control, however, is that through the wellbeing practices and discourses that I have described in this chapter, the responsibility for achieving this healthy self now lies with Dolores herself. She monitors, scrutinises, introspects and controls her self for physical and emotional imperfections and uses CAM 'to make sense of gendered life experiences in ways that support a distinctly feminine identity' (Brenton & Elliott, 2014:104)

Dolores feels '*more woman and more healthy'* than ever before; these experiences come together in the notion of *belonging* (Sointu, 2006). Most notably, Dolores is continuously shaping and embodying her alternative identity that she deems 'outside meaning-making that resorts to discourses of science and rationality' (Sointu, 2006:506). Experientially, this signifies 'a sense of rediscovered belonging, and even a sense of rediscovered identity as a full person' (Sointu, 2006:506). This identity is not only manifested *as feminine* but also through interventionst narrative practices of self-discovery as *middle class* (Kearon, 2012; Oosterhuis, 2000; Sointu, 2005). Practicing CAM in this way thus becomes a performance of middle class femaleness.

Lastly, since CAM is so involved with subjective experience it encourages women to 'belief what feels right'. This has steered Dolores toward traditional gendered behaviours that give her a sense of nostalgic comfort and feminine belonging. Yet CAM also allows (middle class) women to cultivate the highly valued neoliberal ideal of personal control. Hence, two types of belonging intersect in their manifestation and produce a particular subjecthood: that of the neoliberal middle class woman.

Conclusion

In this chapter I traced which CAM's wellbeing practices Dolores engages in in her daily life, and with which she consciously attempts to tweak herself and create a deep-seated authentic self. All these practices demonstrate that CAM offers a language that enables (re-)connection to the self in a subjective manner. However, all spiritual matters have material moorings. Particularly gender and class play into the activities of CAM, as well as the latter's consumerist character. Firstly, CAM creates space for Dolores' *bourgeois* self-expression. Secondly, Dolores uses CAM to express an essentially *feminine* self. Hence, in myriad ways CAM reflect psychological discourses on male/female nature and 'discovering' our innermost selves. In this sense, CAM is undergirded by the same biopolitical structures that drives scientific truth making about natural bodies and selves.

From this, I also conclude that CAM has developed into a powerful tool of medical (and spiritual) self-surveillance. It has both increased and extended medical control: not just bodily processes are inspected by its gaze but thoughts, feelings and beliefs as well. Moreover, its scope has expanded 'from body to mind to the elusive fields of energy' (Fadlon, 2004:84). Hence, these new 'alternative' self-technologies

present an even greater *governmentality* of the contemporary neoliberal subject (Fedele & Knibbe, 2013). My point is that, as opposed to biotechnologies, *spiritual technologies* are similarly crucial tools with which Dolores (re)crafts herself. These particular self-technologies not only let's subjects self-reflexively regulate their own behaviours, they moreover do so by adding a spiritual dimension (Lemke, 2011; Oksala, 2013; Rose, 1999). It seems then that, in order to cultivate a healthy self, a new space for intervention is opened up – one *beyond* the physical body. I therefore call this a 'spiritual biopolitics'.

Lastly, I argue that Dolores' sense of belonging presents an 'embodied shift' into neoliberal discourse. Neoliberalism has modified biopower in such a way that, through CAM, Dolores is able to cultivate self-determination and authentic individuality. In that sense, Dolores has lifted herself up out of the marginality she has experienced for a long period in her life. In fact, she no longer recognises the person she once was.

Conclusion

I began this thesis by painting a picture of Dolores' unique life story. Yet her experiences in life have largely been determined by patriarchal power structures that have attempted to control and define her. Dolores is therefore not the only woman to turn to alternative medicine to find healing, belonging and empowerment.

In this thesis I traced the biopolitical subject-formations of Dolores, a middle-aged woman who over a period of ten years has established herself as an alternative health practitioner in the Netherlands. I looked at a dual process: the ways in which Dolores' subjectivity is biopolitically produced by gendered, scientific and neoliberal power structures, as well as Dolores' active cultivation of her self through CAM discourses. This led me to construct a story divided over three chapters, as I attempted to answer my main research question: *How are the particular selves that Dolores cultivates through CAM discourses articulated in relation to the nexus of biopolitical power structures of medicine, science and neoliberal capitalism?*

In the first chapter I took us back in time to look at Dolores' past experiences with medicine. As her daughter, I knew that Dolores' self-identity was partially built on disappointment, hurt and invalidation at the hands of medical professionals, and her subsequent rejection of biomedicine. As I delved into Dolores' past I found that she had felt profoundly marginal for a period of time in her life when she was around the same age as I am now (twenty-six). Her feminine middle class body struck with chronic illness, she bordered on the fringes of society. Yet medicine did not seem particularly willing to help this 'damsel in distress'. In this first chapter, I asked*: In what ways have medicine and science shaped Dolores' gendered subjecthood, and how does she negotiate this?* Throughout the chapter several figures appeared: the exhausted mother, the ill outsider, the bad citizen and the madwoman. Although the

first was produced as a ‘normal’ identity, the last certainly was not. Through Dolores’ fierce responses it becomes clear that the category ‘madness’ (still) holds much sway. This is illustrative of medicine’s power over truth-making and the shaping of selves, but also of how biopower flows and enables resistance.

In the second chapter I asked: *How does CAM allow Dolores to stabilise and naturalise her alternative identity narrative and reposition herself in society as a professional?* Here, I mapped the ways in which Dolores cultivates an alternative identity narrative largely by rejecting medicine, scientific and governmental authorities, and attempting to consume and provide health differently. However by doing so, Dolores calls upon and stabilises the same scientific power structures that grant medicine its authority, which is an effect of biopower. Moreover, the empowered feminine identity that Dolores instead creates through CAM is often premised on the same biopolitical logic; it locates particular truths at the intersection of (human) nature, reality, health, authenticity, the body and the self. This allows Dolores to make claims about her body and her self that to her are *more authentic, more natural* and *more real*.

Furthermore, I have demonstrated how these biopolitical constructions are constantly mediated by neoliberal capitalism. In fact, CAM becomes fertile ground for the production of neoliberal subjectivities as it encourages patient-consumers to ‘freely’ and self-responsibly shop in the alternative market place. The particular neoliberal modification of biopower becomes visible in Dolores’ professional identity as she views care work as her destiny. She thus links gendered notions of care and her authentic feminine self in a deeply embodied ‘truth’. Finally, being an alternative health practitioner within her self-created community also invokes a strong sense of alternative feminine belonging in Dolores.

In the third and final chapter I looked at the ways in which Dolores applies CAM wellbeing discourses in her everyday life to cultivate a strong authentic self as well as transform her self into a better and more empowered person. I therefore asked: *By means of which (spiritual) self-technologies does Dolores shape an authentic feminine self, and how can this be understood in the context of neoliberal biopolitics?* CAM has created a space for bourgeois self-expression and (spiritual) self-reinvention. This spiritual self however still relates in very particular ways to a biopolitical development of a scientific self. Indeed, Dolores' use of self-development technologies harkens back to the emergence 'bourgeois self-narrative' which became a way of fashioning the self among middle class individuals that was premised on self-psychologisation and self-mastery. Through her on-going project of self-reinvention and self-transformation, Dolores is able to consciously alter her/self to cultivate a deeply and authentically felt feminine self. Biopower thus flows through the spiritual self as much as the scientific self. Lastly, as CAM discourses celebrate self-determination and authentic individuality, it allows Dolores to mould herself into a neoliberal middle class feminine self. It is through this embodied shift that Dolores finds a 'double' sense of belonging – one she once struggled to achieve.

In conclusion, I have demonstrated how Dolores, as a complex and conflictual being performing at the intersections of gender, race and class, is caught in the complexities of daily life as she both acts rebelliously against as well as complies and even furthers gendered, scientific, and neoliberal power structures. This points to the all-pervasive character of biopower. Then why is CAM so powerful to Dolores? Because it allows her to cultivate a sense of personal control, and gives her the tools to define for herself what is healthy, what is normal, and even who she 'truly' is.

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