Preface

The very beginning of a research project mirrors the nature of the entire project. Readers, for example, get their first bearings based on the title and the introductory part of the subsequent text: A project can either take a 'birds eye point of view', approaching a specific subject matter, persons or a research area by 'looking down from above' from a higher level. Alternatively, a project can take an 'eye level points of view', approaching the research processes by entering into relationships with the field and the persons in the field. Thus, when reading a research report, typically the first few lines will show by which of these approaches the research project has been inspired. In both cases, already at the very beginning of the project, through entering into the field, researcher(s) choose the orientation of their projects and in this way directly encounter and define the outcomes of the study.

As author of this study, I generally doubt the ability of human beings to take a bird's eye perspective without getting caught up in and being caged in by technical equipment and the measurements they produce. In general, I see myself as tending to approach things by getting close, using all my senses to get in touch, trying out how things work and gaining experience of the essence of the field. Consequently, I never had to actually make a decision where to locate this project with respect to all these aspects. Getting close is my way to comprehend and make sense of the world. But I did have to find a way to communicate this way of approaching the world. Moreover, as this study is concerned with the social phenomenon of health seeking, the field of study is not distinct from or 'other' to my own ways of acting in terms of health seeking. Therefore considerations of my informants necessarily touch upon my own ideologies and identities, i.e. I am faced with the necessity to locate descriptions of 'others' in relation to my own way of acting in search for health[1].

As this study is based on a Reflexive Grounded Theory approach[2], a specific and somewhat unusual qualitative approach, I expect that my

[1] For further discussion of the location of health researchers in between 'Lay Persons' and 'Health Experts' see Bolam/Gleeson/Murphy 2003

[2] For details see section 2.1.4.

ways of approaching, presenting and discussing the issue of concern will appear strange to some readers, as they do not adhere to the common rules of academic communities concerning research procedure and presentation of methods and results. So as to not disappoint my readers, I would like to state from the very beginning that the following report does not provide insights into any form of 'truth', does not retell stories of 'others', and does not claim to have applied the 'correct' method or approach. Instead, and in line with Diltheys concept of Verstehen[3], this report aims to provide insights into the author's processes of making meaning in the field of healthcare in Indonesia. This includes the explicit positioning of the author's perspective and voice within descriptions of interviewees, identifying relevant processes during data collection and analysis, the questioning of assumptions, noticing and facing of uncertainties, as well as reflexive processes, all as part of making conceptual meaning over the course of this study. All of these provide extensive insights into the multiplicity of perspectives and dimensions involved in the field of health seeking. The findings presented here go beyond meanings related to health seeking in urban Indonesia and illustrate the multiplicity of postcolonial meanings that emerge in discussions about the self versus the others, the we versus them and specifically the Javanese versus the West.

Readers might thus be irritated about my emphasis on textual perspectivity. Readers may also feel that I should have taken my conceptual discussions one step further. I present a wide range of different pieces of a conceptual mosaic, but my considerations and discussions are fragile and fragmented especially at the conceptual edges. This is indeed the case. Yet I have worked on this study intensively and for a long time in order to find a way of presenting what I did which is cocok[4] with my 'at that time' overall perspective. Developing a perspective on a social phenomenon is by its very nature a process which is dynamic and prone to change – in line with the phenomenon itself – and therefore never finished and at a definite end. Therefore, this report needs to be understood as a narrative bound to time and place, in which the

[3] Understanding [translation by the author]. Dilthey made the important distinction between explanation (Erklärung) and understanding (Verstehen) as two contrasting approaches to the acquisition of knowledge (more details about Diltheys Neo-Kantianism is given in McLean 2012: 68ff.).

[4] For details see section 3.1.4.

considerations and conceptualizations fundamentally reflect my situated, local and horizon-bound experience.

Even though this report cannot present any 'reality out there', I hope that my personal considerations about meaning underlying health seeking in urban Indonesia can shed some light onto issues which have previously remained largely in the dark – even though there still remains much unexplained and unconsidered darkness within this report.

I. Introduction

> *What matters is that lives do not serve as models, only stories do that. And it is a hard thing to make up stories to live by. We can only retell and live by the stories we have read or heard. We live our lives through texts. They may be read, or chanted, or experienced electronically, or come to us, like the murmurings of our mothers, telling us what conventions demand. Whatever their form or medium, these stories have formed us all; they are what we must use to make new fictions, new narratives. (Heilbrun 1988: 37)*

This thesis reports a study which is to be located in the transdiciplinary field of health psychology and medical anthropology, discussing the concepts and approaches underyling the use of 'traditional' and complementary medicine in urban Yogyakarta (Java, Indonesia).

The seeking for health, and with it the organisation of healthcare systems, is a multidisciplinary field, as it involves sociological, historical and physio-psychological aspects and therewith is highly related to time and context. It is concerned with individual as well as collective dimensions. Accordingly, research on how therapeutic pluralism at a specific point in time is conceived, handled and regulated, besides giving insights into the very personal healthseeking behaviour of a specific sample group, also provides keyholes into social, political, economic and cultural discussions of health, healthcare and associated patterns. The research of health seeking behaviour and of given healthcare systems "provides a way into better understanding not only the predicament created by profound structural change, but also how medical practice and substance use generally is a central arena in which change is both embodied and performed" (Lyon 2013: para. 2).

Against this broad perspective on research into health seeking behaviour, this study is fundamentally based on the assumption that all knowledge is necessarily situated and contingent. As Becker (2007)

stated, all representations necessarily distort the reality they seek to capture on three dimensions: selection, translation and arrangement. The dimension of selection forms reality by including or excluding aspects into the representation. The dimension of translation points toward the aspect of transforming meaning into 'research data', and the dimension of arrangement gives emphasis to the process of 'meaning making' in which the small translated components are arranged in relation to each other.

Correspondingly, my presentation of this study provides insights into my specific perspective on the issue of health seeking in Yogyakarta. It is therefore not concerned with presenting any outside 'realities', nor insights into women's perspective on the use of 'traditional' and complementary medicine (T&CM)[5] in Indonesia. Instead, it focuses on substantive considerations of health seeking issues in Yogyakarta. Moreover, I want to show the entanglement between the author and the field of study in this process of making meaning.

Thus, even though this study is fundamentally focused on illuminating issues of healthcare in urban Yogyakarta, this report is not primarily concerned with retelling stories of 'others' and tracing meaning learned about 'others', but with finding a textual form which traces the author's – my own – journey, the journey of a 'Western' researcher, in search for meaning of healthcare in urban Yogyakarta. This is why this thesis has both a substantive and a methodological focus, aiming to trace the formative influence of the author in presenting my own journey into understanding, while introducing different steps of meaning making during many years of engagement with the topic of healthcare in Indonesia. This report is written from the perspective of a researcher whose desk is usually located in the 'green and pleasant' part of the minority world. Yet it focuses on a region which for centuries used to be ruled by my 'Western homeland' – and is still bound to the ruling schools of thought in the West in general and Europe-based academics in particular[6]. This contrast fundamentally shapes this report. A report written by a researcher based in Southeast Asia would have taken a radically different perspective and would have resulted in very different conversations with the participants. Therefore I consider it unavoi-

[5] For further details see section 1.3.3.4.

[6] For a sustained critique on Eurocentric historiocism, see Chakrabarty 2000; Chilisa 2012; Spivak 1988, 1998, among others.

dable to emphasize the characteristics of research presentation, making explicit the specific angle from which the phenomenon under study is reflected. The author's 'self', my voice, is therefore located within the research narrative, to clearly indicate the subjective perspective of this report and thereby clearly indicate that this textual presentation is not neutral.

With the substantive focus and the methodological approach of reflexivity being so closely interrelated in this study, this report makes use of the potential of textual representations to bridge the binary tendencies of separating substantive considerations about a social phenomenon from the location of the angle within the multiplicity of perspectives from which the phenomenon is illustrated. Accordingly this research report needs to be understood as a personal narrative, which discloses personal understanding of conceptualizations and approaches to healthcare, traces emotional involvements, struggling for understanding and uncertainties in the process of meaning making. The writing of this report has been a creative and a challenging process, a struggle between interpretation, representation and 'self' articulation, between illustrating meaning and tracing uncertainties, between reflecting the stable and trapping the temporal transformations, between the details of the local character and the relations to the bigger picture.

Hence this report aims to create a space which enables an encounter between the wide field of healthcare in Java and the 'non-West' and the plurality of perspectives on healthseeking of me and you, the we and them, and all of us, involving the wide range of conceptual discussions on psychological, physical, spiritual and intellectual issues.

II. Structure of the Chapters and the Presentation

When I began this study, I wanted to understand the use of 'traditional' and complementary medicine in urban Indonesia. As I have already spent some time in the area, I recognized the popularity of 'traditional' and complementary medical approaches despite the increasing presence of biomedical services. At that time I thought that in my study I will be primarily concerned with concepts and approaches underlying the use of these non-biomedical practices. As in many other studies, during the course of research I needed to recognize that my initial orientation changed as I became increasingly aware of the relationships

and the dynamics that constitute my perspective and therefore contribute to shaping this research report.

In order to find a textual form of presentation which allows readers to comprehend the developments of descriptions, this report is organized along the temporal unfolding of the research processes[7]. Even though this is not in line with academic traditions, my presentation starts with my personal point of departure, which gives insight into my preconceptions and my specific substantive focus (motives of research as well as epistemological and methodological framework). The following empirical chapter is divided into three sections, which enables insight into how conceptual meaning was developed. Here, my initial focus was on the navigation of healing in a changing environment (section 3.1.), the location of natural versus kimia guiding navigations of healing (section 3.2.), and then shifted to understanding the relations underlying the (re-)presentations of my interviewees and their concepts (chapter 4 & 5.). This temporal form of presentation enables readers to understand how the author's focus within the research process changed and developed. Over time, concepts became increasingly condensed and an ever greater number of aspects contributed to the creation of conceptual meaning. The thesis concludes with a retrospective summary, which reflects and situates empirical discussions within the academic literature (chapter 6). Even though these conclusions constitute the end point of this thesis, they have to be understood as yet another transitional point in time and space, providing both substantive meaning and insights into uncertainties, thus creating room for further conceptual developments.

Even though this report is organized along the temporal line of the study, I want to emphasize that this narrative concept and structure are a product of a retrospective perspective and therefore only partially reflect and trace my original impressions and thoughts during the early stages of my research. Nevertheless I constantly refer back to my data gathered in the field or created within the process of analysis, such as interview transcripts, field memos written while in search of meaning, fragments of my research diary, which have been organized and commented along the narrative structure of this report.

[7] The organization of this research report and its temporal structure has mainly been guided by Breuer 1999 and Breuer & Roth 2003: 20ff. (more details are given in section 1.3. and chapter 2).

The thesis consists of six chapters.

- Chapter 1 is concerned with my preconceptions, as well as with the epistemological and methodological framework of this study.
- Chapter 2 highlights the underlying methodological considerations and implications for the methods used in this study.
- Chapter 3 is the empirical chapter, which presents the main findings. This chapter is divided into two sections:
- Section 1 highlights the navigation of healing in context of the rasa of cocok[8].
- Section 2 explores navigations of healing between natural versus kimia.
- Chapter 4 locates negotiations of meaning in the situated and performative sphere of 'us' and 'them' and related formation of the 'self' and the 'others'.
- Chapter 5 contextualizes the concepts developed in the previous chapters within the wide field of contemporary healthcare in Yogyakarta.
- Chapter 6 presents the conclusion, highlighting the main conceptual contributions of this study and perspectives for further research.

[8] See glossary and section 3.1.4.