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## Otherworldly Relations in CAM Practice: Towards an Ethnography of Non-Secular Possibility Work

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### Abstract

The globalizing culture of health and wellbeing flourishes both as demand and supply, posing multiple intriguing and critical questions both to the individuals who face distress and suffering and to the surrounding society. In the spirit of vernacular religion, this article enters the discussion of ‘de-differentiation’ between religion and health, focusing especially on the role of otherworldly relations that may become part of complementary and alternative medicine and care and its healing agency. I propose that engagement with otherworldly relations may be understood in terms of ‘possibility work’ in complex life situations when conventional healthcare and therapy are apprehended as insufficient for some reason, or alternatively unavailable. I draw on two distinct ethnographic projects to exemplify the argument: care of the dying and contemporary angel spirituality. These two examples demonstrate how intimate otherworldly relations may work as important and powerful, albeit also ambivalent and socially vulnerable, non-secular possibility work in the face of various forms of anxiety, distress, and suffering in contemporary lives.

*Keywords: healing, CAM, de-differentiation, otherworldly relations, destiny, animism, care of the dying, angel therapy*

I kind of see this... healing process... this spiritual path so that you will always receive one piece of the puzzle or a key to the next thing.

The above quotation is from an interview with a Finnish woman in her thirties, who describes her engagement in complementary and alternative practices such as energy healing, angel meditation, and past-life therapies, which she combines with more conventional therapies and wellbeing practices. In reflect-

ing on the role of what she describes as a 'spiritual path' and 'healing process' in solving the 'puzzle' of life, she exemplifies many people's concerns and outlooks today. The popularity of complementary and alternative healing and spiritual therapies is a global fact. It is estimated that approximately eighty per cent of the world's population use some form of complementary and alternative medicine (CAM) for their primary healthcare, and an even larger number as supplementary care, though there can be noticeable national and local differences in its popularity (see Midden and Stokols 2004, 74; Ernst 2000, 1133). Against this backdrop it is understandable that the need for multidisciplinary research into the complex topic that is the appeal and use of CAM practices is increasing. As part of the picture, a 2003 review article in *American Psychologist* stated that an important research field of religion and health was beginning to emerge (Miller and Thoresen 2003), and research on religion and both physical and mental health, as well as more general wellbeing, has since grown in volume and in the variety of approaches. My article contributes to this research field from the perspective of vernacular religion by paying special attention to how otherworldly relations may appear in CAM practice.

### **Entering the multidisciplinary field of religion and health**

Various aspects of and attitudes to religious healing and CAM have been studied using several but usually quantitative methodologies in medical and nursing research (see e.g. Koenig 2009; Koenig et al. 2012; Miller and Thoresen 2003; Ross 2006; Williams 2006; Krause and Pargament 2018). More often than medicine and nursing research, the social sciences and humanities approach healing and wellbeing practices and cultures through qualitative and ethnographic methodologies that in different and important ways take into account the experience and interpretations of the individual practitioners, as well as the changing cultural and social contexts involved (Gale 2014; see also e.g. Basu, Littlewood, and Stenforth et al. 2017; Lambert and McKeivitt 2002). As an example of this sociocultural paradigm, a recent sociology research project approached a range of globally travelling therapeutic practices as culturally and politically complex and multi-layered lived experience. The cases of this project include life coaching, wellbeing in organization cultures, self-tracking technologies, trauma narratives, alternative healing, and spiritual self-care. This project draws attention to how the therapeutic practices, despite often following a global model, develop distinctly local assemblages and contextual applications in the societies and contexts in which they are adopted (Salmenniemi et al. 2019).

In the anthropology and sociology of religion, health and wellbeing research has targeted several complex conjunctions and dynamics. Changing forms of ritual healing in charismatic Christianity, indigenous religions, and new religious contexts, with a special emphasis on meaning, transformation, and embodiment, constitutes one fruitful research area (e.g. Csordas 2000; Hovi 2012; McGuire 1988; Utriainen 2017). Furthermore, there is research in CAM and spiritual healing in complex pluralizing and mediatized societies, postcolonial and transnational contexts, and the overlapping practices and categories of folk and alternative healing, as well as healing and the emerging neoliberal market (e.g. Basu, Littlewood, and Steinforth 2017; Bowman 1999; 2000; Hiemäe 2017; Hornborg 2013; Kalvig 2012; Knibbe 2018; Tiilikainen 2011). The intersection of gender and CAM has also received appropriate attention, and it has been noted that many practices appeal especially to women, both as providers and consumers inside and outside official healthcare (e.g. Fedele 2016; Sointu 2011; Sointu and Woodhead 2008; Trzebiatowska and Bruce 2012; see also Vuolanto 2013; Utriainen 2014).

A recent edited volume by European religion scholars makes an important contribution to this research field and discussion. It approaches traditional, spiritual, and alternative healing methods from the perspective of their cultural and historical differentiation, and again, partial de-differentiation, from institutional academic medicine (Lüddeckens and Schrimpf 2018b). The analytical notion of 'de-differentiation' as used by Lüddeckens and Schrimpf (see also Utriainen 2010), captures a critical counterpoint to the modern process of the differentiation of social and cultural institutions and knowledge methods. While differentiation has occupied a central place in secularization theories, de-differentiation is becoming one perspective in recent discussions of the changing relations and blurring boundaries between religion and other social spheres (Gauthier 2020).

I seek to complement and nuance Lüddeckens's and Schrimpf's (2018a) approach to de-differentiation, as well as that of Lüddeckens (2018, 179), who attempts to understand 'why CAM is attractive in certain medical contexts'. She argues that engaging in CAM, and through that engagement de-differentiating religion and medicine, may provide health professionals, and especially often female nurses, more self-empowerment and authority than they possess by default in the hierarchically organized field of (male dominated) medical knowledge and action. Similarly, I emphasize the perspective of mostly female practitioners, both professional caregivers and especially women in their private lives, to highlight how their perspective of de-differentiation may integrate human-otherworld relations in CAM

practice. My examples suggest that it is also possible to give space to otherworldly relations while being well aware that this not only empowers the individual but can also cause serious tensions in her social world. Other scholars have also noted that contact with the spirit world and ideas about reincarnation, for example, are sensitive topics in meetings with healthcare personnel, as well as with religious officials (Kemppainen et al. 2018: 449). I regard this fragile combination of both agency and empowerment and social vulnerability as an important yet under-studied aspect of CAM practice.

The perspective of vernacular religion is concerned with contemporary lay practices in their complex and often tense relations between individual everyday life concerns and social, cultural, and religious power. This perspective pays special attention to 'doing religion': practices and beliefs that happen in what are often ambiguous and ambivalent intersections of creativity, agency, and power in the various conjunctions of 'religious' and 'secular' culture (Primiano 1994, 47; see also, e.g. Bowman and Valk 2012; Pureval and Kaira 2010; Illman and Czimbalmos 2020; see also Fingerroos et al. 2020). I suggest that from the vernacular perspective acts of de-differentiation of religion and health could be approached as *possibility work*. Possibility work can be aligned with such forms of cultural work as identity, boundary, kin, or emotion work. It is also close to what anthropologist Stefanie Mauksch (2017, 133) calls 'enchantment work', which is like a 'dance' that balances 'between the secular and the spiritual'. These modes of cultural work are performative and in different degrees reflexive practices of adjusting and simultaneously resourcing and sustaining the subject in the face of social and cultural structures, and often complex situational concerns. The concept of possibility work makes visible the ways in which individuals recognize vistas of potentiality and hope, and seize them in otherwise often straitened circumstances, as will be seen in the ethnographic examples of care for the dying and angel therapy. Though important for the individual, possibility work that engages with otherworldly relations may simultaneously be precarious and fragile, especially in modern life settings.<sup>1</sup>

### **The controversial world of de-differentiated and non-secular healing**

The modern and increasingly globalizing health and wellbeing culture includes an attraction to various therapeutic orientations and methods, many of which include religious or spiritual references. These healing practices go

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1 I have theorized possibility work by linking it to the subjunctive mode of thinking that in important ways operates in ritual action (see Utraiainen 2020).

under such names as holistic, alternative, or faith healing, and they can be found in charismatic settings, new religious milieus, and existing traditional (folk) medicine. They are also filtered into the wider nursing and caring cultures, as well as the culture of self-help and self-improvement. For those defending the scientific medical system of knowledge and its authority, these often hybrid and boundary-crossing healing methods appear suspect cultural blends that troublingly mix spiritual healing and care with scientific therapeutic ideas and language. These hybrid methods are non-secular in that they are understood by both practitioners and critics as somehow transcending the boundaries of modern and secular empirical thinking.

There are several ways to discuss and label the variety of hybrid non-secular health and healing methods by various interest parties, and the given attributes mirror important social and cultural power relations (Caldwell 2017; Gale 2014; Lüddeckens and Shrimpf 2018a, 14; Vuolanto et al. 2020). From the official healthcare perspective CAM can be seen either as a positive or negative phenomenon. The positive potential is especially reflected in the term 'complementary' (as something that can be used with conventional medicine), whereas 'alternative' may more easily be understood as treatment used in place of conventional medicine. 'Alternative medicine' is therefore often used more critically, because it can (be seen to) build on premises and use methods that contradict standard empirical and evidence-based approaches (see Gale 2014; Green 2018).<sup>2</sup>

Understandably, the value given to CAM can vary considerably between insiders and outsiders, the latter (including many medical doctors) being often markedly more critical than many clients or patients seeking treatment (e.g. Midden and Stokols 2005). Although there are differences in relating to CAM within the medical and nursing establishment, both between countries and within single countries,<sup>3</sup> differences ranging from exclusion to moderately positive attitudes (see e.g. Ernst 2000; Midden and Stokols 2004; Lüddeckens and Shrimpf 2018a), it is also true that only a hint of religious language is often enough to provoke suspicion and social and/or professional concern. This is especially true concerning institutional and less familiar religion. Words such as 'supernatural' and 'New Age' es-

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2 See also: <<https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name>>, accessed 26 March 2021.

3 European societies have taken different views concerning CAM. Countries like France, Germany, Switzerland, and Hungary have been more open and accepting, and medical doctors may provide various CAM treatments. The picture is different in the UK and Scandinavian countries, for example (Ernst 2000).

pecially, as well as related notions such as ‘energy’, may be used by critics as immediate and almost indisputable disclaimers that label the treatment as ‘humbug’. This issue is discussed, for example, by Pia Vuolanto (2013), who studies the debates around the status of nursing science in Finland. The topic is also addressed by Elizabeth Caldwell (2017) in an article that analyses media campaigns against training homeopaths in UK universities, as well as by Reet Hiiemäe and Terhi Utriainen (2021) in their recent research on the representations of CAM in the Estonian and Finnish mainstream media. Vuolanto condenses this tension in her research as follows, using the lens of boundary work:

Boundary work between science and other knowledge systems concerns the relationship of science with non-science, religion, magic, irrationality, New Age, and other systems of knowledge considered unscientific (Vuolanto 2013, abstract; see also 246–69).

All this ensures CAM is a much-debated topic, in some countries more than in others. Finland exemplifies such a social and cultural milieu, in which medical doctors have publicly expressed very open criticism of CAM. An example of this is that the category ‘belief medicine’ (*uskomushoito*) is widely used and often applied to any non-evidence-based form of therapy, ranging from acupuncture and homeopathy to Reiki healing and silver water (see Vuolanto 2013, 78, 183). While it is difficult to compare the popularity of CAM internationally, its use in Finland is estimated to be at the level of the Scandinavian average, which is around thirty per cent of the population. Research also clearly reveals the importance of CAM to those who engage with it (Vuolanto et al. 2020).

### **Sensitive points between medicine and religion: otherworldly relations**

Religion and health are old and odd bedfellows, with a long shared history. The first mentions of religion already involve healing as an important context and traditional aim of religion (Lüddeckens and Shrimpf 2018a; Koenig et al. 2012). Despite common roots and many forms of contact and crossovers concerning ritual form and imaginaries between religion and conventional medicine, there is also a long and increasingly globalizing history of differentiation between them (see Lüddeckens and Shrimpf 2018b; also Basu, Littlewood, and Steinforth 2017). However, we can also increasingly see trends of the partial bridging or breaking of this differentiation, as well

as reactions to it from the medical establishment which are exemplified by sometimes intense boundary work. The result is that the picture of the relations of religion and conventional health is currently anything but simple. The present multiple and complex entanglements, and a certain circularity, of the relations between religion and medicine are articulated by Lüddeckens and Shrimpf:

[T]he notion of differentiation and the hegemony of an allegedly non-religious biomedicine is reproduced not only by those who support it, but also by those who deny it or who claim their own superiority over it. This is often done by criticizing biomedicine as non-holistic, as lacking any spiritual or religious dimension, and as dealing only superficially with symptoms, instead of curing the (spiritual) causes of illnesses. This reproduction leads to a circular process, being reflected in discourses, terminologies, regulations, professions, social structures, and so on, which simultaneously condition forms of self-positioning and are shaped by them. In this sense, the differentiation between 'religion' and 'medicine' can be described as a social reality that is constantly negotiated, that is, produced and dissolved by the actors involved. (Lüddeckens and Shrimpf 2018, 14)

De-differentiation may cause unease and concern, especially when it involves non-empirical and otherworldly presences and relations in the midst of a modernist and secular this-worldly setting. Secularity often blends with scientifically informed knowledge seeking and validation that has no need of the religious otherworld, aiming instead to free humans from its historical universes of meaning and power structures (cf. Orsi 2005; Aune et al. 2017). It may be especially important to emphasize the secular approach and orientation in such modern contexts as conventional medicine and institutional healthcare, as the research by Caldwell (2017) indicates (see also Vuolanto 2013; Tiyyainen-Quatari et al. 2021). Anthropologist Talal Asad (2003, 67–99) has pointed out that the ways in which religious experience, practice, and worldviews can attach transcendent meaning and value to pain and suffering are especially difficult for the modernist approach – something we can observe both in many traditional and some contemporary religious cultures and healing methods.

Through my research, and from the perspective of vernacular religion, I see two key features as potentially important and sensitive aspects in the de-differentiation of religion and medicine. They seem to offer a promise of special kinds of subjectivity and agency, which may be particularly difficult

for the modern secular healthcare perspective to understand and appreciate. These features confront and challenge the ideal image of the modern subject and agency, and they are often related to attitudes to suffering, and what we can know about it and do for it. Both involve often intimate and affective relationships of humans with some kind of otherworld. One is what we could call a sense of fate/destiny as a sense or take on life that there are larger than human forces – guiding forces – at work in life. The other is animism as relation making with otherworldly powers or entities that can affect people and be communicated with, by, and through rituals, for example. Both the sense of fate/destiny (the extreme form of which is fatalism) and animism collide with the modern notions of empirical scientific knowledge and its subject. Furthermore, both are commonly held in tension with the notion of modern agency as bounded, rationalist, and this-worldly – and are thus not easily accommodated in secular life.

Fate, destiny, and fatalism are often understood as contrary to individual choice and agency (e.g. Bagnoli and Ketokivi 2009; Utraiainen et al. 2012). They are taken to refer to subjugation under divine, traditional, economic, or biological powers beyond human or individual control; moreover, they are easily likened to a depressive or passive outlook on a life that simply happens to us. However, a religious understanding of destiny can also assume that powers beyond the human can be more ambivalent and even (at least partly) benevolent, as in the Christian idea of providence or the Hindu notion of karma. An even more adaptable idea of destiny can be found in the thinking that is popular in new spirituality and esotericism, and expressed through such figures of speech as following ‘one’s own star’ or ‘one’s own path’, or that ‘things are meant to happen’. These expressions may be used in performative ways to transform crisis, sickness, and suffering into crossroads or turning points in life (see also Bagnoli and Ketokivi 2009, 317). Embedded in these vernacular idioms is the idea that life may be somehow, or to some extent, given or guided by superhuman forces. This idea may entail more or less enduring or situational trust in the course of life, simultaneously allowing agency to the individual as a follower or ‘seeker’ of her own star or path. It is also possible to see the quotation at the beginning of the article in this light: the woman on her ‘spiritual path’ and in her ‘healing process’ seeks and finds possible ‘pieces’ to her ‘puzzle of life’.

Relations with the otherworld can sometimes be experienced as effective, live, and animate. Following anthropologist of religion Martin Stringer, animism can be understood as a take on life that acknowledges non-empirical things and events as alive and effective, and in concrete interaction with



human beings. Animism is often related to folk or indigenous religion and primitive magic, but it may also work as an important aspect of contemporary everyday vernacular religion, especially in stressful life situations, such as when facing loss or suffering (Stringer 2008, 107–9). Anthropologist Nurit Bird-David writes that animism has been approached from the modernist perspective largely as a failed epistemology; in an already classic text she notes the importance of asking why and how the modernist project estranged itself from the general human tendency to animate things and

[w]hy and how (...) it stigmatize[d] ‘animistic language’ as a child’s practice against massive evidence (...) to the contrary (...) regarding it as an incurable disease (Bird-David 1999, 79).

It is also often difficult to relate animism not only to secular thinking, but also to modern liberal Christian institutional religion, which understands such otherworldly figures and powers as angels mostly only metaphorically. However, both secular and religious critical positions may miss the very important point that animism can work as a subtle and fluctuating attitude in the course of life events in opening new perspectives and possible frames of interpretation when a situation otherwise looks impossible. In his introduction to a handbook on animism Graham Harvey (2005) stresses that animism is perhaps less about believing than we have been accustomed to think than it is about situationally varying ways of performing and relating.

The ethnographic cases that serve as my examples (the care of the dying and angel healing) suggest that animism and a sense of destiny are not necessarily understood simply in terms of stable belief, identity, or worldview. Instead, they may be approached as relational and situational takes or attitudes that can in different degrees and often subtle ways cross and interact with more clearly secular ways of acting and knowing. Moreover, they may become particularly important in fragile life situations, as when facing illness, loss, and suffering, and thus provide what Martin Stringer (2008) has called basic elements of situational ‘coping religion’ – closely related to what I call here non-secular possibility work. In critical phases of life talking to a deceased family member or turning to horoscopes (Stringer’s examples) can offer religious and healing devices, even if on other occasions the latter especially are considered merely a form of light entertainment. Similarly, the (guardian) angel, which is a widespread popular image and figure of speech, can become animate and ‘real’ for a passing important moment, after which it can soon resume its more metaphorical cultural form of existence.

I will now turn in more detail to the two ethnographic examples, the first concerning Finnish women caring for the dying, the second women interested in angels, to demonstrate how de-differentiation and otherworldly relations can become important aspects of possibility work. As will be seen, traces or hints of the work of destiny or animism are often somehow in play in the reported experiences of those engaging with non-secular healing practices.

### **Examples of non-secular practices**

The empirical examples come from two independent ethnographic case studies that are related in various ways to therapeutic and caring cultures, as well as to religion and spirituality. The first example is that of care for the dying in Finland in the 1990s. This project comprised more than five hundred texts written by Finns (85% of them women) who were involved with the care of the dying as professional caregivers, volunteers, or family members. These texts were collected in the context of the nationwide 'Good Death' project, and they voiced a strong call for more humane circumstances and active 'holistic care' for the dying than had become the standard during the decades of rapid healthcare modernization and the hospitalization of death following the Second World War. This textual material was complemented by ethnography in a hospice (see also Utraiainen 2010).<sup>4</sup>

The second example is angel spirituality in Finland in the early 2010s. The aim of this project was to map and analyse the specifics of this emerging vernacular and very gendered religious culture – more than ninety per cent of the interested individuals were women. The material consisted of a questionnaire survey (n=263), individual and focus group interviews, and observations in various contexts, books, websites, and other material, which the research participants shared with one another and the researcher. In combining Christianity and new spirituality, angel spirituality is still thriving, and there are thousands of Google hits for 'angel healing' and 'angel therapy', revealing a global phenomenon<sup>5</sup> (see also Utraiainen 2014, 2017).

In the frame of the present article these cases and their materials serve as examples from the mid-1990s to early 2010s of how de-differentiation

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4 The writing competition was part of the 'Good Death' research project organized by the Finnish Ministry of Health between 1991 and 1995.

5 The material was collected as part of the 'Post-secular culture and the changing religious landscape in Finland' project at Åbo Akademi University between 2010 and 2014. The data is archived at the Åbo Akademi University archive: <https://www.abo.fi/en/library/archive-collections/>

and intimate otherworldly relations can take place in healing and caring practices in Finland. The examples differ in that the first portrays more conventional Finnish religiosity, while the second manifests new spirituality. More clearly than the first example, the second also portrays tensions between vernacular CAM practices and the surrounding society that mostly favours differentiation between secular and religious knowledge.

### **De-differentiation and otherworldly relations in the care of the dying**

The perspective of de-differentiation captures some key observations of people acting in the care of the dying as nurses, volunteers, or family members. The texts written by Finns (mostly women), who were in different ways involved in the care of the dying in the 1990s, voiced a very strong ideal of the then thriving hospice movement in Finland. They called for more 'holistic care' for the dying than had been the standard in the modern hospitalized management of death.

Important stress throughout the texts and fieldwork observations was placed on the idea(l) that medical knowledge and care, in adopting an increasingly specialist orientation to the human being as a patient, needed to be complemented by other forms of knowledge and care. Holistic care has always somehow been inscribed in the ethos of the nursing profession, even if 'holism' is today sometimes debated as being at the limit of 'humbug', as is discussed by Vuolanto (2013) in her doctoral dissertation about the debates around the scientific status of nursing science. Yet the voices in my materials called for more space for 'spiritual', or 'mystical', orientations (mostly from Lutheran and Orthodox Christianity, but also from various mystical traditions and to some extent new spirituality). The following quotation from the written material highlights the importance of combining a concrete corporeal presence and support with a possible religious presence:

My principle is that if we know that a patient is dying and that there is no more hope [of recovery], I will not leave her to die alone. I will be present, ease her position, hold her hand until the end. I will stroke her hair, talk quietly, and if I know that she is religious, I will speak of God, of forgiving and being forgiven.

In another account, it is a family member of the dying patient who notes how a nurse makes space for situational animism in the form of angels:

This is a valuable moment. There are angels in the room. Angels always come when someone is dying. I'm very relieved I accepted these words by the nurse. I held them deep inside me.

Even if many of the caregivers were professionally educated nurses who had undergone long and intensive biomedical training, they spoke for medical or nursing pluralism (Baer 2011), and multiple and complementary epistemologies – that is, for the possibility of combining medical, religious, and spiritual perspectives, thus unravelling their differentiation. Furthermore, even if in the research materials there was little direct criticism of the hospital as the default space for dying, there was a clear wish that this modern institutional and highly scientific space should accommodate plural and complementary approaches to death and dying. This plural approach might include a sense of destiny by imagining the permeable and yielding border between life and death, as one nurse recounted:

By being present and holding hands, I believe crossing the border becomes a less frightening experience, and I also believe that there are those on the other side who, holding each other's hands, receive the dying, who will not be alone for one moment.

In calling for holistic care, the caregivers' accounts made space for something that was for them beyond the modern differentiation and cultural division of labour between healthcare and Christian pastoral care. This was possibility work that made space for the plurality of human-otherworld relations and the permeability of the borders between life and death. While potentially risking the professional and scientific credibility of nursing, de-differentiation and possibility work, as analysed from the materials and voiced by medically trained professional nurses (also noted by Lüddeckens 2018), made space for a plurality of epistemic orientations in a single caring gesture. It depicted and promoted the idea(l) that facing death and dying could and should be possible within a purely medical approach, even if it was embedded in the medical institutional frame.

The next example takes us into the private lives of Finnish women. However, the two examples also intersect, since among the women interested in angels there were also health professionals who introduced spiritual healing practices to medical contexts.<sup>6</sup>

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6 According to the survey (N=263) 15 per cent of the women worked in healthcare professions.

### **Animism and destiny in the ritual frame of angel spirituality**

Angel healing was one of the central rituals learned and practised by people engaging in angels and other new spiritual notions and beliefs when I was conducting my ethnography with Finnish women in the early 2010s. As part of the fieldwork, I participated in an angel healing course, in which the participants learned several ways of contacting angels and engaging their healing powers and ‘energies’. Meditations and healings (rituals bearing these names) were the most formalized rituals in this vernacular subculture, and entering the ritual frame and process took the participant closer step-by-step to contacting what was conceived of as the healing otherworldly powers (see also Utriainen 2017). According to William Sax (2008) ritual is often believed and felt by ritualists to give space to a plurality of actors, including non-human ones. Moreover, the ritual process is commonly understood as bearing an agentic power of its own – in the sense that entering the ritual frame launches a quasi-automatic process leading to some effect, even without the fully conscious action of all the participants (Rappaport 1999; Hornborg 2016). There is thus something fateful or guidance-like that is often attributed to the ritual process as part of how ritual performs its work.

Within the ritual frame and process the usually passive or invisible otherworld and its agentic and animate powers (‘healing energies’, as they were often called) became intimately available to the participants. In angel meditations learned and rehearsed in peer group meetings, the women were taught how they could meet their own angels and receive their ‘touch’, that is, support, guidance, and healing. I heard several narratives about healing from depression through spontaneous or ritualized contact with angels and other otherworldly powers, spirits, and energies. Depression could be described as the ‘deep waters’ from which the angels and their ‘energies’ helped them ‘escape’. (Utriainen 2017; 2020.)

Approached from the vernacular perspective, it is noteworthy that this mode of spirituality and ritual healing contained several features that collided not only with secular scientific thinking but also with institutional Christian doctrine. The frequently arising notions of reincarnation and karma, and especially the idea that angels could be invited by humans to participate in any situation in life, differed from the traditional Lutheran or Christian interpretation. The notion of karma was used to provide an understanding of illnesses such as recurrent depression in ways that included more than just one individual lifespan, thus creating a frame of destiny or a path with cosmic meaning or purpose. There were special rituals (such as ‘karmic operations’ or ‘regression therapy’) for identifying and healing such

health issues, which were thought to originate from previous lives and were thus beyond the reach of conventional therapy methods. This articulated the idea that even if individual destiny could not be denied or escaped, it might somehow be negotiated and redirected (Utraiainen 2014; 2017).

### **Between empowerment and ambivalence**

Some accounts, especially in the case of angel spirituality, expressed how the combination of secular and spiritual agency was not only supportive and sustaining, but even extremely empowering, thus echoing Lüddeckens's (2018) interpretation. One woman, a hospital nurse, recounted how she used to secretly invoke the angels to purify the operation room with their powerful energies to protect the surgery to be performed. In this example the otherworldly powers were invited to interact in a highly secular space of healing to secure and enhance the operation's success. As we have seen, the intertwining of the secular and religious in a secular medical space was also found in caregivers' accounts of the dying.

However, angels and otherworldly energies were more often sought for intimate companionship and friendship, and especially as an antidote to the suffering caused by depression or loneliness, both common forms of suffering in Finland today (Saari 2016). As we studied together in the angel healing course, and as the women narrated to me and to one another, angels were sometimes asked to provide very concrete help and support in daily life, or when making difficult choices with regard to health issues, problems at work, or family relations. The women recounted how they faced these issues by practising small tending rituals (Bell 2008) that they often kept in secret from their significant others.

Even if personal non-secular engagements were often described in positive terms as healing, sustaining, and even empowering, they were ambivalent and not without cost when people had to manage their social credibility. My own and others' research presents people who are either casually attracted to or more active practitioners of non-secular therapies, revealing the extent of their awareness of the critical secular or institutionally religious gaze (e.g. Hulkkonen 2017; 2021, 242–9; Kemppainen et al. 2018, 449). They may also partly embody this gaze themselves, because this is how stigma and 'social abjection' work, according to Imogen Tyler (2009).

Possibility work with angels became especially important when secular or institutional religious support in life failed. Many women recounted having sought but rarely received recognition and support in critical life situ-

ations from healthcare institutions, social support services, or institutional religion (see also Kemppainen et al. 2018). Some reported that repeated denial of recognition and support, especially negative if they had been open about their otherworldly contacts, had eventually strengthened and even cemented their will to turn instead to CAM either as an alternative or complementary support. This reveals how sensitive the connection between secular and non-secular healing cultures can be in the complex fabric of lived reality. Non-recognition, mistrust, rejection, and stigmatization may sometimes also enhance the appeal and use of an alternative that makes possible sustenance and at least some opening to possible new interpretation and action.

Despite this, however, many were willing to take the risk because of something important they gained or wished to gain from their engagement. Yet most also spoke of their need to retain their foothold and credibility in the surrounding secular society or in the church. This quite often resulted in a partial or complete concealment of their experience and practice from the secular or religious gaze of society, or even from significant but sceptical and sometimes to different degrees concerned significant others.

### **Discussion: Towards an ethnography of non-secular possibility work**

The perspective of de-differentiation opens an approach to studying how the differentiated fields of religion and health are sometimes blurred in the practices of complementary and alternative or 'holistic' therapies and care (e.g. Lüddeckens and Shrimp 2018a; Utraiainen 2010). This article and the two examples from which it draws (care for the dying and angel therapy) suggest that an important aspect of de-differentiation may be situational takes on life that give space to intimate otherworldly relations. For example, this can happen in the sense of destiny or animism that articulates and makes space for agency beyond the individual and the human. Such a realignment of knowledge and agency can be considered and experienced as a promise of healing, or even as healing itself. However, these realignments form hybrid epistemologies and practices that can become very ambivalent and vulnerable, and even stigmatized and abject, in the frame of a largely secular life.

Naturally, the point of this article is not to take a stance for or against the power of religion to heal; this is not the religion scholar's task. Instead, it is crucial to emphasize the importance of understanding the *appeal* of de-differentiated and non-secular therapies in contemporary culture. The engagement with non-secular healing methods may in part reflect the quite

paradoxical combination of the contemporary culture of great hopes for yet frequently felt disappointment and disenchantment with increasingly specializing therapeutic knowledge that does not take into account the entirety of individual lives – even in the context of death and dying. Moreover, specialist medical knowledge does not always translate to an even availability of care, healing, and support, as some of the research participants clearly expressed when suffering from depression and loneliness, for example.

A paradox can also be seen in the double standard of how the proactive take people have on their lives and wellbeing is or is not encouraged. Contemporary culture very much encourages its subjects to engage their own agency and imagination in finding creative solutions to life problems – to find creative means of possibility work, we might say. Yet society may be quite normative about the advocated forms of such engagement. Perhaps particularly difficult for modern medical and scientific authority (but also for modern institutional religion, with its largely metaphorical understanding of religious language and belief) are those vernacular CAM activities that openly involve even a drop of religion and the otherworld. Moreover, it may be difficult to understand and accept their appeal even to modern educated and emancipated adult white women.-

The scholar of vernacular religious practices can understand engagement in de-differentiated non-secular therapeutic practices as a way of exercising the creative imagination that seeks openings and ways forward in complex and critical situations. This may be an enactment of empowering healing agency in the face of medical power, as Lüddeckens (2018) suggests, or it may be for more everyday personal sustenance. It should also be emphasized that what for the outsider may seem alternative to conventional therapeutic approaches can instead for the practitioner be a complementary practice in a precarious life situation. This view is also supported by research findings showing that people often combine CAM with conventional medicine (e.g. Lüddeckens and Schrimpf 2018a; Kemppainen et al. 2018). From this perspective the contemporary attraction of non-secular therapies and spiritually flavoured CAM can thus be interpreted and approached as a special kind of the vernacular cultural work that has been called possibility work here.

Possibility work is akin to other forms of cultural work such as identity, boundary, kin, emotion, and enchantment work. These are performative and in different degrees reflexive practices of adjusting but simultaneously resourcing and sustaining the subject in the face of changing social and cultural structures and situational concerns. In the examples discussed in this article possibility work was non-secular in being enacted against



– but simultaneously very much entangled with – the modernist notions of knowledge and agency as individualistic, rationalistic, and narrowly this-worldly. The alternative or complementary forms of healing agency created in non-secular possibility work by engaging situational animism and sense of destiny, for example, may be very ambivalent. They can be personally compelling, empowering, or at least sustaining and provide situationally important ‘pieces’ to the never completed ‘puzzle’ of life that enable a change of perspective and moving on even a little – to refer to the quotation that begins this article. Simultaneously, such possibility work with otherworldly relations may be quite a socially and culturally vulnerable and risky engagement in a relatively secular society like Finland. The relationship of this fragility and ambivalence with gender and other differences and inequalities such as social and economic standing and precarious life conditions, as well as the versatility of tools used in non-secular possibility work, require further research.

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