Participation in New Religious and Healing Movements in the Philippines

Araceli S. Suzara

Loyola University Chicago

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LOYOLA UNIVERSITY CHICAGO

PARTICIPATION IN NEW RELIGIOUS AND HEALING MOVEMENTS IN THE PHILIPPINES

A DISSERTATION SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL IN CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

BY

ARACELI S. SUZARA

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This dissertation investigated the socio-cultural affinities between the participation of middle-class Filipinos in new religious and healing movements (NRHMs) and their experiences in various secular institutions. The methodology included participant observation of healing sessions and group activities, attendance at workshops, interviews, and a survey questionnaire administered to 62 informants gathered through snowball sampling.

Using Beckford’s model (1984, 1985b) I examined these socio-cultural affinities in two ways. First, I analyzed my informants’ socio-economic background and I argued that their experience in education and occupation is reproduced in their healing beliefs and practices. Second, I highlighted the theme of holism that welds together the seemingly divergent aspects of their lives. I argued that their distinctive understanding of the relations between self and community, spiritual progress and material success is nested in holistic imagery, and guided by well-articulated ethical rules of conduct and a challenging expression of new forms of
spirituality.

Findings indicated that: (1) my informants possessed socio-economic characteristics that place them in relatively advantaged positions compared to the general population of Metro Manila and that of the Philippines; (2) the organization of their own infrastructures mirrors their educational and occupational experiences in such matters as training institutes, workshops and courses, healing centers, sharing of mailing lists, facilities, promotional materials, on-going education via attendance at breakfast forums, the use of popular media of communication, and the ability to utilize existing social infrastructures, such as business and religious networks; (3) NRHM adherents placed high premiums on training and certification in a healing career, and the cultivation of the values of diversity, tolerance, and pragmatic orientation in their healing practices; (4) images of holism served as the underlying themes by which NRHM adherents made sense of the apparent contradictions between their aspirations toward spiritual enlightenment and material progress, between individualism and collectivism, and between self and society.
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CHAPTER I
INTRODUCTION

The Philippines is the only Christian nation in the Orient. Its long history of combined Spanish and American colonization attests to Christians making up 92% of the population, 83% of whom are Roman Catholics (The World Almanac and Book of Facts 1993). If the religious life is measured by attendance at Sunday mass and worship, it offers a stark contrast to the historically Christian countries of Europe. This vibrant religious life ranges from the easily recognizable Roman Catholic worship and devotions to religious forms that blend Christianity and indigenous beliefs. Spiritism is one such powerful force and nowhere is this more evident than in the practices of healing. It is in these practices that the country’s rich folk and popular religious culture and the pervasive influences of Western culture find their common grounds.

This wide range of healing practices includes the use of medicinal plants ("albularyo"); the manipulation of bones and the body ("hilot"); healing by saliva and by blowing or whispering on affected areas; projecting healing thoughts on to the patients (psychic); healing by spirit possession, usually with the intervention of saints, the child Jesus, the Blessed Virgin Mary, etc ("sapi", "langkap"); psychic "sur-
gery"; healing by prayers and the laying on of hands (charismatic). There are also healing forms associated with new religious and healing movements (NRHMs) with various ways of transmitting healing energy, such as magnetic healing, pranic healing, crystal healing, core energy and eastern practices like shiatsu, acupuncture, acupressure, zen, and other yoga exercises, and western imports, like Silva mind control, PSI, inner peace, and science of the mind.

This study examines who participates in these healing practices. This Chapter has four main sections. Section 1 sets the scene for the whole study. Section 2 states the intellectual problem on which it is based. Section 3 reviews the relevant literature on healing and religion, new religious movements, and alternative healing. Section 4 discusses the methods of research that I adopted in this study and the methodological problems that I encountered.

**Modernization, Secularization, and Alternative Healing**

Changing patterns of religious beliefs and practices have been analyzed in terms of various theories and models. The classic modernization theory speaks for most of them in claiming that the process of rationalization transforms society from traditional to modern forms and pervades all spheres of life. It has been used to explain the lack of development or the need for sustained development in the Third World and has been applied to a wide range of fields from
politics to agriculture and to religion (see Bernstein, 1971 and Huntington, 1971 for reviews of this literature). Although this theory has been employed to explain a mixture of sociological, psychological, and economic features in issues of development, most modernization accounts gave "greatest priority to the role played by the values, norms, and beliefs of people in determining the sort of society - traditional or modern - that they create" (Webster, 1990:53). The main emphasis for Berger (1977), Eisenstadt (1966), Lerner (1964), McClelland (1961), and Parsons (1966) was modernization as primarily a cultural process which involved the adoption and diffusion of rational ideas and values from the West into all dimensions of life (Webster, 1990). Rationality is associated with goal-oriented behavior, use of reason, belief in science, pragmatism, and utilitarianism. It has been contrasted to dependence on magic, sacred texts, and "pre-scientific" considerations, such as values and lifestyles of "traditional society" (Mehden, 1986).

This very high level theory has taken many different forms and has been associated with such differing images of contemporary society as "modern," advanced industrial," "mass," "programmed". But there is a core notion that the structures of religious belief, practice, and organization necessarily undergo drastic transformation in response to the application of criteria derived from science and other modes of rational thinking. The most general designation of this
process is "secularization". In concrete, this means the "diminution in the social significance of religion" (Wilson, 1982a:149) as traditional religious culture gradually loses its force and appeal (Yinger, 1957) in a movement from a sacred to a secular society (Becker, 1957). Wallis and Bruce (1991:3) have summarized the impact of secularization as:

(a) the declining significance of religion for the operation of non-religious roles and institutions, such as those of the state or economy;

(b) decline in the social standing of religious roles and institutions; and

(c) a decline in the extent to which people engage in religious practice, display beliefs of a religious kind, and conduct other aspects of their lives in a manner informed by such beliefs.

In other words, modern societies allegedly cease to be "sacred" in the sense of being integrated by religious values, beliefs, and symbols. Instead, they are supposed to become "secular" in the sense of being integrated and motivated exclusively by this-worldly concerns for productivity, technical efficiency, and material well-being.

Applied to healing beliefs and practices this theory asserts that folk medicine and beliefs in non-orthodox healing will eventually disappear and give way to rational scientific biomedicine. Any non-rational forms of healing are categorized as "residues" or "survivals" from non-rational belief systems which are expected either to become marginal or to wither away. It is further expected that, since the middle classes are likely to be exposed to rational education, modern
technological practices and increasing socio-economic prospects, before any other classes, they will be the first to desert the pre-modern practices. It follows that only the marginal populations (culturally, socially, and geographically) on the fringes of industrialization, will be likely to retain their folk healing beliefs and practices.

Yet, there is evidence to show that alternative forms of healing have become popular among the middle classes in both developed and developing countries alike (Pressel, 1974; McGuire, 1988; Pereira de Queiroz, 1989; Mullins, 1992). Instead of withering away or of becoming nothing more than responses to deprivation, frustration and alienation among the patently disadvantaged groups, these non-scientific beliefs and practices have become popular among the relatively privileged. The beliefs and practices have undergone considerable modifications and recombinations in the process of adaptation to a new social location. But it remains a theoretical challenge to explain how and why these changes have occurred.

The observation that, contrary to the expected withering away of non-scientific beliefs and practices, the latter have persisted and have been elaborated principally by the more privileged sectors of society is a problem facing many assumptions about the nature of modernity and modernization. In effect the challenge is to transcend the purely biophysical model of health and illness and to try to take adequate
account of the richness of content and meaning and the capacity for renewal that are found in alternative forms of healing in a modernizing society.

Statement of the Problem and Organization of the Study

It is not easy to determine the strength and the extent of alternative healing groups in the Philippines, and it remains a challenge to interpret these in sociological terms. How does one account for the existence of a variety of these healing practices among Metro Manila's middle classes? Does their participation represent the mere persistence of tradition, the eruption of irrationality, the emergence of an oppositional counter-culture, or the efforts at new forms of articulations of belief and practice?

This study answers these questions by investigating the socio-cultural affinities between the participation of middle-class Filipinos in NRHMs and their experiences of life in various secular institutions. I examine these affinities in two ways. First, I analyze my informants' socio-economic background and I argue that their experiences of education and occupation are reproduced in their healing beliefs and practices. Concretely, these experiences are reflected in the structures and the promotion of their healing workshops and in the values placed on the "scientific" merit of their healing modalities, the training and discipline required in developing a healing career and in the enhancement of eclectic and
syncretic beliefs and practices. Second, I highlight the theme of holism that welds together the seemingly divergent aspects of their lives. Their distinctive understanding of the relations between self and community, spiritual progress and material success are nested in holistic imagery, and guided by well-articulated ethical rules of conduct and a challenging expression of new forms of spirituality.

Three sets of questions help to structure this study. First, what are these healing beliefs and practices that are apparently popular among the middle-class sections of the population? How do these differ from the traditional forms of healing more characteristic of the country's marginal groups and communities? What are the significant variations among these alternative healing beliefs and practices? In Chapter II, I examine the wide array of healing beliefs and practices by focusing on the sources of healing power and therapeutic modalities. In doing so, I am able to demonstrate the distinctiveness of healing among middle-class Filipinos.

Second, what aspects in the background and training of middle-class practitioners lead them to participate in these healing practices? A corollary question is -- how have their forms of organization been successful in promoting alternative therapies? In Chapter III, I identify such factors as education and occupation as influences on their distinctive interest and involvement in alternative forms of healing. In Chapter IV, I examine the ways practitioners utilize organiza-
tional forms distinctive to their social class location.

Third, what sense do middle-class Filipinos make of their experiences in alternative healing? How do they integrate these with other aspects of their lives? What are the common themes, images, and symbols that emerge out of their experiences? In Chapter V, I analyze the socio-cultural meanings that middle-class practitioners read into their participation in the healing movements. I also interpret the affinities between these meanings and the significance of modern education and occupations to my informants. In Chapter VI, I conclude with a discussion of the implications of NRHMs for a modernizing society.

**Review of Literature**

The manner in which individuals cope with illness and health is intimately connected with their cultural beliefs and practices and it bears a close association with their social, economic and religio-cultural milieu. In this sense, understanding the beliefs and practices related to health and healing and the associated social processes is essential to a deeper insight into the society in which they are found. In this review of literature I simply outline the major problems associated with alternative healing movements. I reserve a more thorough theoretical discussion for each of the substantive chapters that follow. My objective is to anchor each of my arguments in critical debates as they occur in the corre-
I begin by emphasizing that the dominant conceptions of health and healing are socially constructed and have a bearing on alternative forms, specifically as regards the relation of health and religion. Second, I examine various interpretations that link together engagement and participation in religio-therapeutic movements and life in certain sections of the middle classes.

**Healing, Religion, and Religious Movements**

A central definition that dominates our understanding of health and illness is the intellectual legacy of the late 19th century which focuses on the human body as a biochemical organism. This provided the rationale for a reductionist treatment of illness and disease and a positivistic medical science. This understanding did not preclude the domain of religion in matters of the spirit and soul. The institutions of religion and medicine were functionally differentiated, each institution "given" its own sphere of expertise. While biomedicine pursued the biophysical treatment and experimentation, it left to religion "alone the religious prerogatives in the areas of 'mind' and 'soul' (Scherer, 1988)." Religion, however, refers in this analysis to the institutional religion of the churches. But tension persisted between institutional medicine and popular forms of religion where healing was a focal point for belief and practice. In many instances, the
mainstream churches were among the prime institutions that condemned these popular practices as forms of magic, superstition, and witchcraft, and therefore, as irreligious and unorthodox.

The dual dominance of medicine and institutional religion has serious implications for the study of alternative healing. From the perspective of biomedicine, forms of alternative healing that do not subscribe to its precepts are termed nonconventional, unorthodox, traditional, alternative, or some other terms that imply the status of marginality vis-à-vis biomedicine. Although there have been efforts at adopting a more holistic definition of optimal health that "goes beyond the . . . medical/curative model" (United Way of Chicago, 1991:12), the long-standing conceptualization suggests that the biomedical model is paradigmatic. This preoccupation is reflected in cross-cultural studies that look for the direct bioscientific equivalents of folk illnesses (see Browner, Ortiz de Montellano, and Rubell, 1988) or focus on the "techniques" that could be used in place of medical treatment and in order to interpret these within a biomedical paradigm.

From the vantage point of institutional religion, alternative healing tends to be viewed as a remnant of folk religiosity, a commitment mechanism or a ritual support for a minority group. These practices supposedly serve to resocialize the deviant, the dislocated, and the malintegrated. This view is exemplified in studies of healing practices among
Filipino-American ethnic groups (Montepio, 1986-87).

While some studies may be gaining scholarly recognition, they are primarily located in the realm of psychological mechanisms, (see McGuire, 1988 for a review) particularly their psychotherapeutic benefits. These mechanisms tend to be seen as "more effective in neurotic, psychosomatic, and reactive psychotic conditions, and much less . . . in biologically based conditions . . . as schizophrenia" (Lin, Demonteverde and Nuccio, 1990). These are popularly referred to as "therapeutic persuasibility," "hypnotic suggestibility," or "cathartic therapy."

Studies of religion and healing in the Philippines have tended to be anthropological investigations in traditional settings. These studies either examine religious beliefs of the Philippines' tribal communities (Tan, 1987) or the folk beliefs and practices among the barrio people, and curers in peripheral villages and towns (Nurge, 1958; Jocano, 1964, 1966; Galleon, 1976; Lieban, 1962, 1967). The typical characterization of these healers is that they are generally middle-age, with little or no formal education, diagnose by divination, and are not considered civic or political leaders in their communities (Hart, n.d.). Other studies have stressed psychological explanations for spirit possession (Bulatao, 1968, 1982, 1986) among the urban poor communities (Marasigan, 1979). In effect, many of these studies are cast against the backdrop of societies on the fringes of develop-
ment. The main concern is with beliefs and practices among less privileged populations (cultural minorities, urban poor, peasants, and workers).

When alternative healing is practiced in areas where both biomedicine and the institutional church are dominant, both institutions tend to assert that the public should be protected from the quackery of alternative healing and the quackery of religious beliefs and practices. Stauffer (1966) reports that the Philippine Medical Association (PMA) "has been successful in getting police authorities to close down religious faith healers . . . who claim to perform modern surgical operations . . . and 'drugless clinics' that use electrical machines to perform miracle cures . . . who attempt to operate in urban centers, especially Manila (43)."

In the mid-1950s it launched a campaign by distributing anti-superstition and anti-quack doctor posters throughout the nation. As far as the Catholic Church in the Philippines is concerned, it has generally viewed alternative healing in folk Catholicism with respect as integral to the expression of popular religiosity (Marasigan, 1987). Yet, its response has been more vigorous against the dangers allegedly posed by the new religions. A case in point is a pastoral letter issued by Cardinal Sin, Archbishop of Manila, outlining the "basic conflict between Maharishi and Christianity." He asserts the unacceptability of Transcendental Meditation (TM) whether it be considered as doctrine (content) or as technique (method)
In sum, alternative healing is often socially located among marginal populations where it is claimed that access to the advances of medicine has not been available to a high degree and where the trappings of folk and indigenous religions are still prominent. The overriding preoccupation with abnormal psychology and deviance has obscured the new forms of religiosity and ethics, including healing practices that have emerged among the more advantaged middle-class sectors of society. But the sociological problem remains of where and how to locate the wide range of alternative therapies. It would be profitable to approach alternative healing phenomena as a religious kind of social movement.

The large body of literature associated with new religious movements confronts us with the problem of delimiting the boundaries of the movements and of specifying their underlying themes and features.

**Boundaries of the Movements.** Scholars of religion claim that the period from the late 1960s to the present has been an extraordinary time of religious experimentation in the West. British and American sociologists of religion have conventionally given the label "New Religious Movements" (NRMs) to these experimental forms of religion but not without attendant problems. The variety of NRMs makes classification difficult, although various typologies have been elaborated (see
Beckford, 1985a for a review). Added to this is the problem of classification strategies that take into account the religious history of specific countries. Beckford (1988) says that in the case of Europe, scholars include renewal or revival movements within the country's respective dominant religious traditions as NRMs. Offner and Van Straelen (1963) pose this same problem with regards to the "new religions" in Japan. While some scholars apply the term to religious organizations founded in early nineteenth century Japan, others limit the term to those which emerged immediately before and after the last war. In fact, Mullins (1992) makes a point of distinguishing the neo-new religions to refer to the present "boom of religion, magic, and mysticism."

Exactly what would qualify as "new", as distinct from the "old", may therefore be difficult to delimit, particularly in chronological terms. The dilemma is further intensified when one considers the underlying themes and features of these new religions. Wilson (1982b:20) suggests that "what is 'new' may be something restored, reformed or revived."

**Underlying themes and features.** Robbins (1988) identifies two major aspects of the counterculture in America: "an enhanced interest in oriental mystical ideas," and the search for a "substitute for drug-induced ecstasies." Oriental mysticism has been accommodated into America's positive thinking and mind cure. Another equally compelling feature is
the "upsurge of esoteric religiosity." But overall, the "return to religion" was dominated by "evangelical-Pentecostal, fundamentalist groups, [Asian] guru groups and quasi-religious therapeutic movements." These quests of the 1960s were concretized in commitment to new religious movements, the human potential movement and the more controversial New Age.

Proponents of the human potential movement claim that it has academic roots in the "humanistic" school in psychology, and its offshoot in the "transpersonal" perspective (Alexander, 1992). Otto (1974) contends that the movement is rooted in the principles of human potentialities that were first advanced by the American psychologist William James in the early 1900s. As the name suggests, the human potential movement claims to explore and to release the full potentials of the mind, body, and spirit. Proponents say that the productive person functions only at 10% of her/his potentials. From this underlying belief may be traced various techniques such as encounter groups, group dynamics, sensitivity training, gestalt therapy, and transactional analysis, all of which were directed towards the reintegration of the personality leading to personal growth and the actualization of human potentials. One concrete objective was to bring about a "deeper sense of caring, increased creativity, joy and vitality to all of humanity" (Otto, 1974:262). The breadth of the movement took into account concerns with "new states of being" going beyond the ego towards "non-ordinary realms of
consciousness." This included studies of the "nature of holistic well-being, peak religious and mystical experiences, the experiential psychotherapies and the wisdom traditions of East and West" (Drury, 1989:32). There was also strong interest in massage and types of body manipulations, as well as various techniques of disciplined meditation.

The movement's more popular counterpart is the New Age. Its controversial features involve the media focus on its "more superficial and outlandish aspects" (Lewis & Melton, 1992b:x) or its being "more eclectic and undiscriminating in its pursuit of mystical consciousness" (Drury, 1989) or its embrace of "the irrational, supernatural . . . and its infatuation with the occult" (Sebald, 1984:106). But it roots its metaphysical teachings in ancient wisdom, particularly Rosicrucianism and Theosophy. Its practical ends have been varied as shown in many of its applications in business and the marketplace (Block, 1989; Rupert, 1992). Its basic orientation shares themes of self transformation and self responsibility with the broader human potential movement. But it also provides a critique of the deterministic pronouncements of astrology or tarot and channeling as mere fortune-telling devices (Melton, 1992).

Its most profound contribution is its stress on social and cultural transformation, in fact, on global and cosmic changes. It can, therefore, be considered as a forward looking movement, and many of its schemes are within the reach
of "wo/men of goodwill," involving the mobilization of a critical mass of individuals actively pursuing change in consciousness. Scholars (Beckford, 1992; Melton, 1992) note the involvement of the new age in concerns over the environment, peace, human rights and feminism and its articulation in conventional religion as "New Thought Catholicism" (Leach, 1992), "Christic consciousness in the new creation" (Maloney, 1991), and "Creation spirituality" (Fox, 1991).

The discussion above shows that the boundaries between and among new religious movements, the human potential movement and the new age movement are often blurred particularly as regards classification of groups, their chronological beginnings, or their themes and features. Most groups claim to have roots in religious traditions and philosophies of the East or the West and to share common themes and concerns. Gusfield (1981) suggests that by focusing on a "fluid" and expansive conception of movements, one is to led to examine social movements as agents of cultural transformations with significant implications for both the public and private spheres. On the public level, "it shifts the nature of public discourse and discussion . . . [while] it provides a context of new meanings and actions (325)" in the private arena. An important consequence of the fluid perspective is sensitivity to the "reflexive character of movements . . . where they become [themselves] objects of attention and perception (325-326)."
This fluid conception of a social movement has serious implications for the study of the healing movements that have emerged within the last four decades. It draws attention to the expressions, meanings, and themes that appear to bind groups of people together in significant ways in healing movements. For this reason I use Beckford's (1984, 1985b) term "new religious and healing movements" (NRHMs) to signify those movements that incorporate alternative healing and spirituality. The term is inclusive of healing beliefs and practices; it incorporates spirituality and ethics; it re-articulates indigenous and ancient forms; and it highlights the intimate connection between religion, healing, and ecology.

Nowhere are these endeavors more prominent than among the middle classes. A major theoretical aim of this study is, in fact, to analyze the social forces and processes which dispose sections of the middle classes to adopt beliefs and practices widely deemed marginal and nonconventional. The aim is to throw new light on the sociological understanding of the extremely fluid and indistinct interface between selected aspects of NRHMs and aspects of social experiences common to many middle-class Filipinos.

Alternative Healing and the Middle Classes

The would-be paradigmatic explanations of the relationship between socio-economic deprivation and participation in
marginal religious movements have been questioned by studies that show that the joiners of new religions have tended to be better educated and to come more from the middle classes than the paradigm permits. Yet, explanation in terms of relative or relevant deprivation still remains a key feature as a factor in recruitment to new religions (Lofland and Stark, 1965). What this paradigm fails to take adequately into account are socio-cultural factors that appear to be more significant than those provided by the classic models of deprivation. The object of theoretical interest, then, is to examine the seeming affinity between nontraditional alternative healing and the middle classes. What I discuss below is a brief outline of several explanatory models. A more thorough discussion is reserved for Chapter V.

Beckford (1984, 1985b) argues that there may be an affinity between the formative experiences and lifestyle of liberal professionals or scientific workers and some of the holistic themes of new religious and healing movements. He analyzes these affinities on two levels: first, the organizational reproduction in the healing groups of the participants' experiences of education and occupations; second, the promotion of holistic images of the person that tend to support an assumption widespread among the educated middle class that personal growth and change are to be strongly encouraged, if not actually unlimited.

This is congruent with McGuire’s study (1988) of ritual
healing groups in middle-class suburbs of northern New Jersey which suggests that one of the key factors in healing is mobilizing resources of power, especially enhancing the subject's sense of personal empowerment. This self empowerment is most pronounced in the emerging new religions in Japan. Mullins (1992), reports that the democratization of religious culture has facilitated not only the diffusion of folk religion among Japanese intellectuals but also the belief that shamanistic power is the domain of leaders and founders. The newer Japanese religions teach that, with appropriate training, adherents can achieve the power to communicate with the spirit world and to heal, acquire the ability to see clairvoyantly, and to exorcise spirits.

Cast in a different socio-cultural context, Pressel's (1974) study of the Umbanda religion among middle-class Brazilians affirms this notion of the individual. She states that the individuality of the spiritual self is the symbol of the identity of the person. This is in contradistinction to the notion of the social self. The spiritual self involves a person's inner worth or dignity and its expression in virtually all spheres of life, i.e. it concerns personal responsibility. She notes, for example, the highly focused "I" in the ritual language. She further argues that a new and distinctive socio-cultural entity is illustrated by a shift in the conceptualization of what constitutes a personal problem -- from traditional concerns to those related to an industri-
alizing society -- that the spirits can deal with.

A distinctive debate on the Philippine scene centers on the Filipino belief in a spirit world. Bulatao (1980) explains that the transpersonal worldview of the "Christian" Filipino is basically animist and is derived from three sources: the pre-Christian tribal religions, Spanish Catholicism and Alain Kardec's spiritualism which began at the turn of the century. Henry (1986) suggests that this unique blending of animism and Roman Catholicism, called "folk Catholicism," enables the believer to associate higher ultimate concerns with the dominant religion while her/his animistic orientation takes care of everyday concerns. A more anthropo-theological position is suggested by Demetrio (1973). He argues that Southeast Asian shamanism and Western Christianity have created a practical symbiosis that is evolving in various ways. He says that the former has contributed a cultural style and an animistic intuitiveness while the latter has formulated a biblico-dogmatic system of concepts. This symbiosis is not equivalent to "syncretism" (a non-integrated mixture) but is closer to the concept of "inculturation" (incarnation in a particular culture).

With regard to healing, Bulatao (1980), a clinical psychologist, argues that the relationships among these three sources of beliefs and practices yield distinctive expressions in different social locations. For example, "langkap" or "sapi" (possession) is primarily a phenomenon among the less
educated classes. Bulatao's (1977) basic contention is that the manifestation of "sapi" is an example, though an extreme one, of an "altered state of consciousness" (ASC). Other forms include Zen, Yoga, TM, relaxation response, hypnosis, trance and others that involve a "change of consciousness." In all these forms the mind activates the body which has its own natural processes for self-healing. Hence, self-induced or other-induced ASC explain the healing process. Bulatao claims to have validated the ASC hypothesis in the psychological laboratory: "I have yet to see one real cure performed by a faith healer which a good hypnotherapist cannot perform through belief and ASC" (Bulatao, 1977:xiii).

A contrary opinion is offered by Lava (1982), a medical doctor, who in his researches in the Research Center of the Philippine Society for Psychical Research observes that healing is not mere autosuggestion. Although he acknowledges that autosuggestion may play a part in activating the body's self-defense mechanism, he asserts that psychic healing involves more "objective" factors. Some of his relevant observations are as follows:

1) some form of energy or energy-field seems to be the principal element, the curative factor involved in psychic healing;

2) the ability of healers to meditate and thereby concentrate in themselves the energy obtained from the environment or within themselves is the principal determinant of their effectivity;

3) this healing energy -- whether magnetic, electromagnetic, electrical, or whatever -- appears capable of dissolving tumors, cleansing diseased tissues, or even
separating cellular structures. . . . This energy . . . appears to be transmitted to the subject or patient;

(4) the patient's faith in the method of psychic healing and/or in the healer, does not seem to play a significant role in the effectivity of psychic healing (3).

Lava's observations have been extrapolated into popular language in Licauco's writing (1978, 1982a, 1982b, 1982c, 1986). He suggests parapsychological explanations for alternative healing particularly as regards the new forms of healing among the middle classes.

In sum, there are varied and competing ways of understanding the hypothesized affinity between new healing movements and sections of the middle classes in both advanced and developing societies. But they all suggest that some of the assumptions of the dominant biophysical models of health and illness seem to be social and cultural constructions which are incompatible with the beliefs and images at the center of new healing movements. Furthermore, there seems to be an affinity on various levels between these beliefs and images and the lifestyle of the liberal professional and scientific sections of the middle class (Campbell, 1978; Tipton, 1982).

The intellectual problem at the heart of this study called for a research design that was appropriate and suitable. The section that follows describes the project's methodological framework and the experience of field work among the middle classes in the Philippines. The practical conduct of the research entailed distinctive challenges and problems as researcher and subject met in a situation that
demanded more than ever a posture of self-reflexivity.

**Methodological Strategies, Problems and Solutions**

Apart from the traditional "hilot" (massage) that is part and parcel of every household in the Philippines, my first experience with a nonmedical form of healing was charismatic healing. The convent where I was living then was a major hub of a Catholic charismatic group that held their prayer meetings every Friday within the convent grounds. However, in the late 1970s, I attended a healing session which I found rather unusual. There were no prayers common to charismatics nor the familiar herbs of the Filipino "albularyo" or body manipulations used by Filipino "hilot."

The setting was in a middle-class subdivision in Metro Manila. The lady of the house had recently had an operation -- "cancer of the stomach" we were told. There were about eight of us present for that healing session. The healer first gave us a short lecture on the principles behind the kind of healing we were to participate in. He then instructed us to form two semi-circles, a group on each side of the patient. We were to hold each other's hand. The two persons closest to the patient would gently touch the patient's shoulders, while the two other persons at the end of the line would extend their hands in a gesture of gathering energy from the surroundings and allowing that healing energy to flow through us into the patient.
I do not remember much about that day except the healer's explanation that there are three levels of reality that can be harnessed for healing: material, energy, and spirit. He said that much had been done with material means; that the notion of spirit was unknown but most abused; but that the reality of energy had not been tapped as a resource. He emphasized that the body has a way of healing itself when combined with fresh energy but that humans must not tamper with the body for there is nothing that energy can work with. This was my first introduction to healing with the use of energy. It was not until thirteen years later that I came across this practice once again.

Background of the Study

Doing a sociological study of alternative forms of healing was first suggested in 1988 by my mentor who, while walking to a conference at Loyola asked: "Why don't you study the Filipino psychic surgeons?" However, my interest was not the psychic surgeons who have caught the attention of researchers and journalists and have been sought by terminally ill patients from the West. Maybe it is because I did not want to have to feel apologetic about the psychic surgeons, particularly since they have been accused of quackery, of commercialism, and of exploiting vulnerable Westerners in search of cures for their illnesses. Maybe I did not want to have to read accounts and testimonies of how some Filipino
psychic surgeons, generally of humble beginnings with little education to their credit, have been subjected to humiliating circumstances to prove their veracity before the Western scientific community (Licauco, 1982a).

Then friends visiting Chicago brought stories of congregations of women religious and affluent Makati residents who were involved in alternative forms of healing. This was the point where my interests intersected: religion, healing and social movements among the middle classes. Specifically, I was interested in the lifestyle of the country's middle classes and in their participation in healing movements. The tendency for academic studies to closely associate alternative healing with disadvantaged classes presented me with a challenge. Development studies focused on the urban poor, the workers, the cultural minorities, the rural Filipinos and other marginal populations while studies of the elite, the "illustrados" centered on their political behavior. Studies of alternative healing were widely linked with the lower social classes' lack of material resources with which to access and utilize biomedicine.

Metro Manila was the most likely candidate as field site. As a metropolitan area, it is the center of institutions of learning, commerce and industry, finance, arts, mass media and communication. As a core city center, it serves as the sifting ground for ideas and practices that come from other countries as well as the venue for the transformation and
articulation of practices that provincial migrants bring with them to the city. Such characteristics would be useful in challenging the classic modernization paradigm that relegates non-rational and non-scientific healing to peripheral populations.

Planning the Research

The anxiety of going home after an absence of several years was very real as I began to plan the research. Massive political and social upheavals had occurred since I left the country in the early 1980s. I was faced therefore with two concerns: my re-entry and the changes that I would find in the city. I had the following specific questions in mind: What would Metro Manila be like? Who would comprise the so-called middle classes of Metro Manila? What forms of alternative healing would the middle class most likely be involved in? What would their degree of participation in such healing forms be?

These concerns shaped my choice of a qualitative approach to this sociological inquiry. I felt that the data-gathering techniques of participant observation and in-depth interviews would enable me to interact with my informants in their social and symbolic worlds, to gain insight into their worlds from their perspective and to obtain a better understanding of the way they perceive life in general and the way they construct meaning in their participation in alternative healing (Taylor
The preparation included familiarizing myself with the available literature on alternative healing in the Philippines. I found that most of these studies either focused on the healing beliefs and practices of indigenous and tribal communities or analyzed the folk Catholicism of people engaged in spirit possession and healing rituals, and their psychological determinants. In order to test the adequacy of the implicit claim that only Filipinos who were socially or culturally marginal would be interested in alternative healing I began by devising a set of topics and questions to be administered to middle-class informants.

A second step was to test my interview schedule with Filipinos, generally middle-class professionals who had immigrated to the US, who resided in the Chicago-area, and who were involved in alternative healing. This strategy yielded two types of healing: charismatic and folk healing. The first type appeared fully integrated into the Catholic parishes' renewal programs. The latter is practiced in the privacy of homes but generally within the context of popular religious practices. In the latter case the healer goes into a trance, is possessed by the Virgin Mary, the Santo Nino or some other spirit and begins to heal. Another called "tawas" involved divination or diagnosis of illness using alum. Although I had other leads on Filipinos engaged in alternative healing in the US, the threat posed by regulations and licensing made them
reluctant to be observed and interviewed. Sensing this anxiety, I decided not to pursue this line of inquiry. The experience of testing the interview schedule on willing interviewees gave me a feel for the flow of the questions and the ease which both informant and researcher would engage in the exchange. The third step was to revise the interview schedule in the light of my informants' responses and to adapt it to the circumstances of the Philippines.

**In the Field**

After several years of absence, I returned to the country like a virtual stranger. Although I had kept up with developments in the home country, I was returning as a lay person without the support of a religious institution and I needed to re-root myself once again. I was returning to a quite familiar place, but the initial experience seemed novel and unfamiliar. An intimate companion throughout the ten and a half months of fieldwork was Schatzman and Strauss' "Field Research: Strategies for a Natural Sociology."

**Mapping alternative healing in Metro Manila.** Following the lead of Schatzman and Strauss (1973), I ventured into a mapping exercise to find what was out there and to meet people knowledgeable in alternative healing. I tapped into two resources: personal friends and acquaintances and the religious network. I visited with former students, now estab-
lished in their chosen careers in business, media, social services, and government who suggested articles, news clippings, names, offices, and agencies that had at one time or another sponsored something related to my research. Former high school classmates also became a resource. One of them had gone to an alternative therapist and another had undergone crystal layout. Through the latter I met a key person and gained access to a group of crystal healing practitioners. Lengthy discussions with friends in the universities provided me with a broad picture of how certain practices of alternative healing were socially located, i.e. certain types of practices were distinctive of specific social classes. These informal exchanges brought me into contact with a rich array of sources and information about alternative healing. Through this network I met a researcher who had written quite extensively on alternative healing in the Philippines. Through him, I began to acquire a sense of the variety of alternative health therapies being practiced by Metro Manila’s middle classes. He invited me to join the New Age Breakfast Forum that was held once a month and frequented by New Age adherents. These informal contacts provided me with eleven preliminary interviews. But the more influential of these two networks was the religious.

**Tapping into the Religious Network.** Tapping into the religious network proved the most fruitful strategy. I had
been a sister in one of the religious congregations with communities working with and in the country's most influential sectors. As one of the school's alumnae and as former religious, it seemed almost an obligation to "go back" and visit the sisters and former superiors. Having lived in that community for 4 years, the arrangement of the community room was not all that different save for a television set. I could picture myself a few years back occupying one of the straight back chairs during the evening recreation. But one thing caught my attention. It was a huge piece of crystal that conspicuously adorned the community room. I also found that most of the sisters had taken a certain type of non-medical healing called energy healing and that the first workshops given to religious women were held in that community. Upon knowing my research topic, the sisters gave me a list of more people to contact as well as introductions to key persons who are proponents of energy healing. Better still, a sister in that community informed me that she was giving a workshop that weekend to a group of sisters and invited me to join them. That workshop on energy healing was the first of the many workshops that I was to attend throughout several months of field work. Furthermore, the sister also volunteered to make the initial introduction to key persons on energy healing on my behalf.

A key element therefore in accessing my informants had been the utilization of personal social ties, specifically,
the religious network. The status of having been a former sister played a crucial role in helping me to gain access to my informants.

**Participating and Observing.** One of the most gratifying but taxing experiences of a field researcher is to be both participant and observer at the same time. I must confess that save for the routine I enjoyed the activities and exercises that I participated in and I learned much from my observation. I was most anxious that I was entering a field where the New Age lingo was altogether unfamiliar to both my upbringing and my religious and academic training. The invitation to join the sisters in a workshop was a welcome relief. I was going to be with people whom I knew personally and I would be speaking the same religious language; together with them I could venture into the world of the esoteric sciences. True enough, it was easy to move from Genesis' "ruah" to the Sanskrit "prana", from the images of saints with "halos" to the notions of "aura", "energy," and "bioplasmic body," from "guardian angels" into "energy beings", and from Galatians' "a man will sow only what he reaps" to the more controversial Hindu concept of "karma."

In this first workshop, I took notes carefully, asked questions and participated actively in the various exercises. Thus, as explained in Chapter II, I learned how to sensitize my hands, see aura, scan a person's energy body, cleanse the
person of negative or diseased energy, energize the person with clean energy, and stabilize the healthy energy with blue light. The workshops that followed were conducted in a training institute. I was introduced to the workshop participants as a researcher from an American university, earning the title of "perennial observer". I participated as much as would be possible in the exercises. The exercises were done by pairs, and when such pairs were completed from among the participants, I would volunteer to step aside as a non-paying observer. On those occasions I would mingle with the staff members who were usually seated at the back of the room. Together with them and the group I would do the more individualized exercises like the meditation of the twin hearts. By the third workshop, I knew the concepts fairly well and I gave more time to observing the interactions among them. I paid close attention to the use of religious language, interaction between instructor and participants, and among the students, personal testimonies, and the overall interaction in the group during the breaks and when the founder of the training center and members of the staff came for the graduation ritual.

Another source of information generated by participant observation were two trips to Mt. Banahaw. Mt. Banahaw, rising 2,000 feet above sea level, is believed to be the sacred place where the spirits dwell. The foothills of the mountain are home to some seventy religious sects and cults. Traditional Christian landmarks in Palestine are alleged to
have been enshrined in the many spiritually charged natural formations such as caves, rocks, streams, and waterfalls (Marasigan, 1985). On the first trip I went with a group of adherents of various persuasions: Sai Baba followers, magnetic healers, pranic healers, psychic healers, crystals healers, and charismatics. We stayed in a weekend resthouse belonging to a friend of one of my informants. I learned that some of the cottages along the only dirt road that led to one of the entrances to Mt. Banahaw were owned and used by New Age advocates from Metro Manila. They went there in groups for workshops and for meditation. Banahaw provided a venue where popular forms of religiosity were quite naturally interwoven with New Age beliefs.

On that first visit, I witnessed the more informal exchanges among these various adherents and the "not-so-blissful" postures such as the use of "power" generated by healing in a manner that was meant to control people. That group was uncomfortably varied. Friends tended to go together and separate themselves from the rest. At one point, an adherent informed me that he did not approve of the relationship between an unmarried couple. Known to be a more masterful healer and appearing to act in good faith, he felt an obligation to protect one of them by "diminishing the sex chakra of his friend." What he claimed to be doing was to "lessen" the sexual attraction between the couple.

Another benefit of participant observation is that it
allows the researcher to observe the subjects in their social and symbolic world. One memorable occasion in Metro Manila was the birthday celebration of one of the New Age adherents. I was particularly interested to know how New Age beliefs are translated into concrete practices. Specifically, I wanted to know if these beliefs flowed naturally into their more mundane social lives, like the celebration of a birthday. I was invited to one such gathering.

The living room arrangement indicated that this was no ordinary birthday celebration. The huge couch was pushed to the wall to turn the room into a long hall where big throw pillows were arranged in a circle. The guests took their places around the celebrant who sat in the middle with a metal urn in front of her. As the guests gathered in the room we were each given a piece of paper where we were asked to write three wishes: for the celebrant, for the organization, and for oneself. The group leader led us into meditation. Another sang a song that was both melodious and soothing. The strains of a guitar added to the tranquility and solemnity of the exercise. A number of guests seemed familiar with the musical repertoire. Then began almost two hours of ritual in which each participant took turns sitting in front of the celebrant and reading the three wishes. She would then respond to our personal wishes, after which we would burn the paper in the metal urn. After the last guest had read her piece, the celebrant entered into some kind of trance. She began to
speak in the name of a third person. Her admonitions suggested that she was conveying God's message for those of us gathered that day. The gist of her talk was that our wishes would be fulfilled that very moment, and she admonished us to continue in the spiritual path. Then she "slumped" to the carpeted floor. The head of the group who had led us into meditation gently stroked her hair while songs continued to fill the air. When she regained her "senses", she matter-of-factly stood up and invited us to partake of the sumptuous dinner. The guests seemed accustomed to the whole ritual, suggesting that events of this kind were commonplace.

An interesting note was the informal exchanges among the guests. Testimonies of healing were plentiful. One remarked that through the crystal layout she was able to cope with her insomnia. She accepted her natural body rhythm and found that even with just a few hours of sleep, she was able to function well throughout the day. Another person took me aside and said if my third eye were open I would be able to see the tiny dwarfs playing around the swimming pool.

In participant observation, the researcher is drawn into that symbolic world as if she is herself in need of healing. Three of the many interesting occurrences are worthy of special note. One was that birthday celebration. The bumper to bumper traffic that extended the journey to at least an hour plus the long ritual must have been too much for my system, so that I began to get a headache. Not wanting to
attract attention or leave the room for fear of missing anything momentous, I bowed my head and tried to massage my forehead with my right hand. Two guests came to my rescue. One of them, a former classmate in high school massaged my head and another did shiatsu by applying pressure simultaneously on the tip of my left index finger and on a point on my left shoulder blade. I felt an intense pain, and she responded with, "There are blockages in your body. . . . Maybe we can 'talk' about it some time." I was to learn later on that 'talking' about oneself is part of the healing process. At dinner time I was still not in full shape, so the shiatsu session continued and a third healer came to do magnetic healing. So there was the researcher looking faint and helpless being revived by alternative healers.

Another memorable event occurred on a journey with three informants to a town adjacent to Metro Manila to observe an energy healing workshop being given to a group of poor, relocated urban dwellers. I again felt faint in the car. I must have looked like an emergency case. One informant on my left "scanned" me and said that I was depleted. She then began energizing my basic chakra. Another informant on the front seat took hold of my right hand and applied pressure on a point between the thumb and index finger.

A third experience occurred at the center of an alternative healing group. It was late afternoon on an unusually hot and humid day. I had been doing fieldwork the whole day, and
my last stop was at this center. The person I was interview­ing noticed that I was massaging my forehead and asked what was wrong. I replied that I had a splitting headache. She then led me into a visualization exercise.

The experience of participant observation provided me the best method for understanding the attitudes and behaviors of participants in alternative healing within their natural environment.

**Narrowing the Choice of Groups.** The field of alternative healing among the middle class of Metro Manila is an unexplored area of research. Many of these groups make themselves visible by advertising in newspapers or by being featured in magazines. A New Age researcher writes a weekly column in one of the national dailies, but academic researchers have not written about the phenomenon.

Because very little is known about these groups, my dissertation supervisor and I agreed before I left for the field on a priority listing in the choice of healing groups. The three were: a) those highly organized and structured; b) those loosely organized and structured; c) those around a "charismatic" individual. The plan was to concentrate on healing groups that are highly organized and structured and on regular participants who would share to various degrees in the belief system rather than on occasional participants who would undergo alternative therapy simply for relief. From the
initial mapping exercise, I found that the first criterion suited a specific type of healing groups, energy healing (EH) in such forms as magnetic healing, pranic healing, psychic healing, and crystal healing groups (see Chapter II for the full conceptual map of healing sources and techniques). There were many others under the popular name of "faith healing." For example, some psychic surgeons still belong to an elaborate organizational system with a leadership structure, the "Union Cristiana de Filipinas." However, this type of healing is highly specialized. Healers believe that they have been given the gift to "operate" on patients without the use of surgical instruments. The practice has also proven to be financially lucrative to some psychic surgeons. Furthermore, lower social classes are its most ardent advocates. Middle-class interest in them is regarded as plain curiosity.

On the other hand, energy healing (EH) fitted the criterion of being organized and of having structured forms; in addition, their adherents came from a specific social class location. No special qualifications are required of a healer, and this opens up participation to a greater number of people. Here were three groups seriously involved in the ideas and practices of alternative healing. Advocates of EH share the same underlying ideas about (a) the manipulation of energy for healing, (b) the same holistic notion of healing in terms of physical, psychological, mental, and spiritual dimensions, and (c) the same basic healing techniques. Although informants
often cite these similarities, they also point to some basic differences, namely, the use of artifacts like crystals and the ultimate source of healing power. Crystals are sometimes regarded as mere tools in the healing process, while other informants emphasize the ability of crystals to act independently and to generate high powered energy.

The mapping exercise also showed that these healing groups have their offices in Makati, the country’s financial district and prime city. This location meant that particular social groups were being targeted and that one would most likely find the more advantaged classes among their adherents.

Creating a Sample and Interviewing. The initial introduction to the head of an energy healing group was the key to a rather easy entry into their organization. After I explained the objectives of my research, the leader simply instructed a staff member in the institute to give me a list of names. Another key informant who worked in one of the healing centers had known me as a sister and he became another invaluable resource.

My two main sources therefore were the list provided by the organization and another provided by a key informant. After the conversation with the leader, I was free to go in and out of the various offices of the organization. Getting the list from the staff was quite difficult in the beginning. There was opposition from a staff member who required me to
write a letter requesting the names of potential informants. But I replied that the group leader had already instructed someone in the staff to provide me with a list. This did not suffice, however, because the staff member concerned refused to give the phone numbers, saying that the persons concerned might not like it. I then suggested that she should call the potential informants, explaining that their names have been suggested by the institute. Another person on the staff asked if it was all right to mention my status as a former sister — to which I agreed. Maybe due to the work load or the inability to appreciate research, the calls were never made. It was only after several discussions with them that I was finally given a list. But by that time I had already compiled my own list provided by a key informant. By attending organizational meetings, workshops, and meeting people who dropped in at the offices, I began to create my list of informants. Those on the list suggested more names of persons to interview, and it grew like a snowball.

The interviews were held in places convenient to the informants. I met them in restaurants, places of work, their homes, and the various offices of healing groups. Although I had a schedule, the interviewing was conducted in such a way as to maximize their participation in the process. My informants shared new ideas of interest to them that were added to my interview schedule. The schedule underwent several revisions as I added topics that kept recurring in my
initial interviews. One of these was the issue of tithing and its relation to healing. Another was the role of meditation in the enhancement of the ability to heal. A third was new forms of organization and activities associated with their participation in healing. The interviews were tape-recorded and later transcribed verbatim. This practice placed less pressure on me to remember the reported details of ideas and experiences and it proved a useful device for culling direct quotes for the dissertation at a later stage.

**Ethical Issues**

In a country where social status is a prime value, someone who has been a member of a female religious Order can count on being accepted easily in many settings. I did not have much problem developing rapport with informants nor did I have to resort to various strategies of eliciting trust and gaining access (Burgess, 1984). But the same status can impose certain demands on the researcher. I learned that a person whom I counselled several years earlier was deeply involved in alternative healing. When I was still finding my way at the beginning of the research, he was instrumental in introducing me to a number of people, many of whom became my informants. I had even used his residence as my physical base where I could observe more closely the practice of alternative healing. Oftentimes he would offer feedback on the general progress and well-being of clients. Sometimes he would ask
for advice on how to deal with certain psychological dilemmas faced by patients. But I had arrived at a critical period in his relationship with the other members of the healing group. He was also at a point of intense, unarticulated conflict with the group leader. I had become for him a confidante and a counselor. I seemed to have slipped into that role without much resistance. Although what he shared with me was most instructive for the study, he also revealed many aspects that would not normally have been known by a researcher operating among the well guarded relationships that typically existed in that group. Other problems surfaced between two healing groups, and I was caught in the middle listening to both sides. Although I tried to muster what I had learned in guidance and counseling, the researcher in me still had to face the dilemma squarely. Unwittingly, I may have offered advice that fueled his negative attitudes towards other members of his group, particularly towards the group leader, just as later advice may have isolated me from him, particularly when it seemed to run counter to his own aims.

The problems were not only personal but had direct bearing on the practice of healing, on tensions within the group, as well as on conflicts between groups. I felt for a time that I was being pulled in various directions to take sides, but I firmly stood my ground, although the fact of being constantly with a person or a group may be seen as taking sides in a society where one does not normally articu-
late one's differences openly. It is fortunate that when the final split happened I was deep into the interview process and did not have such a pressing need to remain in any specific physical location. Yet this very condition may have been seen by one group as a declaration of my loyalties because I did not join them at their newly established place. It is sad that I may have been labeled as an "outsider" by that group at the end of my fieldwork. The person concerned simply cut ties with me saying through a third party that, since the topics being discussed in their meditation group was a repeat for newcomers, "maybe I and another person would just re-join them when a new topic was scheduled for discussion."

The status of a former nun brings with it opportunities to share deeply in the events that shape the personal experiences of informants in relation to their participation in healing. Factors which dispose people toward alternative healing include marital problems, sickness in the family, reversal of fortune, coping with loneliness and intimacy, need for self-affirmation, stress in the work place, and many other conditions so characteristic of life in a fast changing metropolitan environment. But this relatively privileged status of the former sister also entailed "problems" about knowing where to draw the line between the role of "confidante" and researcher.

The role of "confidante" makes one privy to thoughts and actions deemed confidential. Some have to do with the other
person's intense feelings and ideas. The stance of providing a listening ear and a sounding board, as well as the offer of friendship become magical to the researcher-cum-confidante and informant relationship. But when intense and destructive feelings of aggression towards others are articulated, what becomes of the role of the researcher? One informant was particularly trying. He would constantly think and wish ill on a competing group. Often I would just listen but at one incident I told him of the good that other groups also hoped to accomplish. When pressed on implying that he was a person with special "gifts and power," I reminded him of "karma," a "law" that healers hold with significance. I had the impression that he wanted me to approve of his ideas and plans but that he would have still done what he wanted regardless of my agreement or disagreement. In previous conversations with him, I had generally suggested a variety of viewpoints. This was the only time that I may have sounded definitive and apparently spoke with authority.

Another ethical issue a researcher faces in the field is the degree to which one may seem to provide legitimation for the group under study. At social events, for example, I would be introduced to people who were considered to be important guests. I was once asked, but I declined, to join a television interview on behalf of the group. This might have helped detract the popular media's seeming association of alternative healing with charlatans and witches.
Another dilemma concerns the inclination to reciprocate favors given to a researcher. This feeling of acute obligation to reciprocate ("utang-na-loob") is regarded as a Filipino value. The groups I studied were most congenial in offering whatever I needed for the research, such as records, facilities, and personnel. Such special treatment may incline the researcher to reciprocate such favors. For example, someone once suggested that I should promote a package of courses at a discounted rate to the school whose administrators I knew personally, or to a community of sisters for use in their ongoing formation. Although I did not promote the courses, while I was in the field, I felt obliged to reciprocate the group's assistance in facilitating my research and the welcoming spirit that they had always shown with great generosity.

The research problem also required an innovative way of measuring and evaluating those factors that distinguish the middle class in Metro Manila. Each interview ended with a list of questions about the informants such as their age, marital status and religious affiliation, and about three dimensions of their social class location: socio-economic characteristics, education and type of occupation. Details on the quantitative portion of the study will be reported in Chapter III which discusses the setting of the study and the social background of my informants. Before that I discuss the response to the first question posed at the beginning of the
dissertation. The next Chapter discusses the findings of a mapping exercise on the variety of alternative healing in Metro Manila.
The resurgence of interest in alternative health care in the Philippines can best be understood within the country’s social matrix. This interest, no doubt, is nurtured by concrete individuals and groups but always in a social context shaped by the larger religio-cultural and politico-economic forces. Like all societies, the Philippines is legacy to a tapestry of healing systems. Scholars speak of the extent to which these varied frameworks are brought together in a milieu that combines and blends the indigenous and the conventional, the traditional and the cosmopolitan, the marginal and the orthodox.

However, as in the history of most societies, one is astounded by the swiftness and almost total control by which biomedicine has swept the lives of peoples and the health destinies of nations. The supremacy of biomedicine in the developing world cannot be explained simply in terms of the triumph of science over superstition, much less of modernization over underdevelopment. In large part the power of western medical technology in developing countries came with the full force of colonization and its legacy of neocolonialism (Navarro, 1974). But paradoxically the expected erosion...
of traditional health systems has not occurred completely nor has biomedicine been radically dissemination to large parts of the population (Stauffer, 1966; Jules-Rosette, 1981; Huizer, 1987; Bakx, 1991).

What we have in the Philippines is a pattern of "uneven development" in the health care delivery system (Lava, 1982). This uneven development cuts across an urban-rural, prime city-smaller city continuum, and regional importance, as well as across populations in proximate geographical distances within the same regional division (Tan, 1991). Specifically, in Metro Manila, the National Capital Region, we find the best displays of western biomedicine and those practices that anthropologists of long ago documented as belonging to simple societies. But contrary to this rather simplistic division of health care consumption between the advantaged consumers of biomedicine and the disadvantaged clients of traditional health practices, I shall document unorthodox and non-conventional practices among the relatively advantaged sections of Metro Manila’s population.

This Chapter is divided into three sections. In the first section, I sketch the historical fragments of healing practices in the country. I discuss elements of the religious culture of pre-Islamic and pre-Christian Philippines that have been preserved to this day by indigenous tribal Filipinos. I examine the influences of Roman Catholicism on the religio-cultural landscape and assess the way in which "syncretic
catholicism" impacted on healing beliefs and practices. In the second section, I shall map out the diversity of these alternative technologies of healing in Metro Manila. I analyse the extent to which practitioners sift and select, pick and choose, recombine in an eclectic and syncretic fashion an assortment of beliefs and practices from indigenous and folk traditions, and eastern and western imports. In the third section, I present a case study of one of these "modern" technologies of healing -- "the science and art of pranic healing."

**Historical Notes on Indigenous and Folk Healing**

Rich or poor, urban or rural-raised, the experience of alternative healing is integral to growing up in the Philippines. The panorama of healing practices is as varied as the thousand islands that dot the southeastern rim of the Pacific region. Tales about these practices speak of elaborate and simple rites, of quasi-religious and religious rituals, of magic and logic, of tradition and modernity, of superstition and science. What they have in common is the human quest, as in all societies from ancient to the present time for answers to the universal experience of illness. Where they differ is in the forms in which practitioners put these responses into practice in their social contexts. In the Philippines participation in alternative healing must be understood in terms of the various influences that have come to shape the
country's historical landscape. A distinctive phenomenon in present-day Philippines concerns the manner in which certain sections of the middle classes contribute to shaping the contours of healing and religion.

**Indigenous Healing Beliefs and Practices**

Although there are no written accounts of the religio-cultural life of pre-colonial Filipinos, records of early Spanish contact reveal certain elements which scholars have identified as pre-Islamic and pre-Christian (Blair and Robertson, 1913 in Silliman, 1964; Krippner & Villoldo, 1976). Scholars have studied these healing beliefs and practices among the country's indigenous minorities who have remained pretty much untouched by the forces of modernization (Benedict, 1916; Barton, 1946; Vanoverbergh, 1953; Cullon, 1968). It would be beneficial then to begin with a discussion of the indigenous Filipino world view which serves as the structure for analyzing indigenous healing beliefs and practices.

**The Filipino World View.** The religious world of the indigenous Filipino is part of a larger Malayan religious world which consists of a belief in gods or beings: the gods of the high heaven, gods of the earth, gods of the underworld (McCoy, 1982; Elesterio, 1989). The gods of heaven, the "supreme beings" and "high gods", are identified with creation. In contrast, the gods of the underworld are associated
with death. Death is usually expressed in the symbol of a long journey. It is considered a prelude to an afterlife and a cycle of lives. Indigenous Filipinos would supply their dead with abundant stocks of gold, silver and other kinds of wealth for this long journey (Demetrio, 1990). However, the gods of the earth are concerned with the people’s economic life. Bountiful harvests or natural calamities are attributed to the pleasure or displeasure of these gods. Sacrifices are offered and blessings are invoked for a fruitful agricultural production.

In this hierarchy of gods a special place is accorded to the spirits, called "anitos", who engage with the people in their daily lives. These environmental spirits are either benevolent or malevolent. They serve as intermediaries between the supreme beings and the people (Blair & Robertson, 1913 in Silliman, 1964). But more importantly, they are believed to inhabit the world of nature, rocks and caves, streams and waterfalls, trees and forests, and boulders and mountains. These gods are palpable power and are visible in the workings of the environment in which they live.

Practices include acknowledging the spirits when passing by a suspected dwelling place. Since indigenous Filipinos believe that the spirits inhabit nature, it is customary to ask permission before cutting down a tree, entering a cave, drinking from a spring or bathing in a river (Marasigan, 1985; Elesterio, 1989). While visiting Mt. Banahaw during my field
work, a guide belonging to a religious sect suggested that I respectfully ask permission from the spirits before taking photos of the caves.

These beliefs and practices associated with the spirits have been termed "animism or animatism." While it is important to note that the use of these terms may be problematic, my purpose is to highlight what Filipino and foreign scholars describe as that special relationship with the "spirit-world" (Cullon, 1968; Sitoy, 1968/69; McCoy, 1982; Henry, 1986; Tan, 1987; Demetrio, 1990). Demetrio (1990) suggests that animism among Filipinos is best understood as the belief that spirits touch and influence the lives of people for good or evil but that individuals can control the spirits and the souls of the dead by sacrifices, prayers, and other forms of propitiatory acts.

The centrality of this relationship between the people and the spirits, and among themselves, serves as the scheme for explaining good fortune or misfortune, sickness and illness, and health and well-being. Second, the role of healers and shamans is significant in bringing about benefits and good health. With reference to health practices, the critical factors are the ways health is maintained, the manner

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1The term "animism" refers to a theory formulated by E.B. Tylor to account for the origin and development of religion. Tylor's theoretical position mirrored the influence of Darwin and Spencer who viewed the development of the natural and social world in a rather mechanical and evolutionistic way (Bolle, 1987).
illnesses are diagnosed and treated, and the function played by intermediaries or mediums.

**Diagnoses of Illness.** Various schemes have been proposed for explaining traditional theories of illness causation. These include such categories as magical, religious and naturalistic (Rivers, 1924), personalistic and naturalistic (Foster, 1976), supernatural and natural (Murdock, 1980), mystical, personalistic and naturalistic (Tan, 1987). One common element in these schemes is attempts to delineate the path of causation. However, what these schemes fail to underline is the significance of the social interaction or the social processes whereby people relate and react to efficient causes to explain, diagnose, and treat illness (Tan, 1987).

What appear significant are the forms of relationships that indigenous Filipinos create with such efficient causes in their healing practices. For the indigenous Filipinos certain illness are believed to be caused either by ancestral spirits or human agents. Good health and success indicate the spirits' pleasure, while sickness and failure are signs of their displeasure (Elesterio, 1989). Illness is also perceived as "retribution from ancestral spirits for non-fulfillment of obligations" (Tan, 1987:35), or violation of a social norm, such as disrespect shown to elders, physical violence and incestuous marriage (Hart, 1980). However, ancestral spirits are not generally perceived as invidious. There are
instances when an illness is believed to be an expression of affection, as in the case of a child who falls ill due to a deceased grandparent’s longing for a favorite grandchild (Jocano, 1969). A person about to leave for a foreign land who suddenly becomes ill for no apparent reason is said to be visited by a dead relative who feels the sadness of her/his departure (Griffiths, 1988). This points to the important role of kinship ties in Philippine society.

Belief in ancestral spirits is also related to social control, reinforcing positive values and discouraging certain practices not deemed acceptable to the community. The notion of social control is further elaborated by beliefs that certain illnesses may also be caused by human agents called "mangkukulam" (witches and sorcerers) (Lieban, 1967). Belief in sorcery is widespread to this day even among urbanized Filipinos. A prominent method of sorcery is "object intrusion -- the sorcerer allegedly sends an object into the victim’s body" (Tan, 1987). This belief explains the practice of many psychic surgeons of ostentatiously removing from the body such objects as insects, hair, nails, and coins among others (Chesi, 1981).

But the practices of sorcery can be at times humorous, as in the case of despondent lovers who ask a sorcerer for a concoction or charms for lovers. But overall the use of sorcery is seem as legitimate for punishing criminals who would otherwise not be disciplined. In certain areas of the
country, the courts and the police often serve as agencies for the wealthy and powerful. The practice of sorcery balances unequal justice (Lieban, 1967).

But more frequently, the health practices of indigenous Filipinos suggest theories that explain illness as a form of retribution for the violation of a taboo which may not be of supernatural retribution. Tan (1987) cites Garvan's study (1964) that notes Mt. Pinatubo's negritos' belief that the practice of pre-marital sex would be "makalili" (shame), causing some indefinable bad influence." Tan suggests that the great frequency and application of "makalili" to many actions seemed to denote some future condition of evil, such as drought, smallpox, storms which imperils the community. The implication is significant in that the social consequences are far-reaching, directed not only to the "transgressor but the person's spouse and descendants for 44 generations" (Kiefer, 1968 in Tan, 1991:27). Central to beliefs in illness causation is the degree of human intervention. Whatever the cause (supernatural, human agency or retribution for one's own actions), the role of intermediary is consequential.

**The Indigenous Healer.** At the time of Spanish contact, most of the shamans and healers were women. They were known as "babaylan" to the Visayans, "tambalan" to the Warays, "catalonan" to the Tagalogs. The healer is believed to have been called by the spirits to become their intermediary with
The healer is introduced into this role by a call which is initiated through a fit of trembling whereby the spirit possesses the chosen one, and the latter begins to effect a cure (Tiston, 1983). However, not all initiations are as dramatic as going into a trance. The call can come after the person has experienced a long period of a mysterious illness (Dozier, 1966) or it can come in the form of a vision or a dream or "harrowing experiences like being lost in the woods amidst wild animals or being hit by a lightning" (Tiston, 1983:14).

But spirit possession marks that unique relationship between the healer and the spirit. A bond of familiarity, friendship and identification characterizes this relationship. The healer and spirit become one particularly in the exercise of healing. In the community the healer presides over religious ceremonies and is called upon to interpret signs and omens (Blair and Robertson, 1913 in Silliman, 1964). But the healer's specialization is in matters of health. Attributing the cause of illness to an angry spirit, the healer diagnoses and suggests the necessary remedy to mend the fractured relationship between the human world and the spirit world. Appeasing the angry spirits would sometimes entail the offering of food and drinks or the performance of some expitiatory actions (Arens, 1957). In the community, the healer performs the role of counselor or psychologist, the
defender of the "psychic integrity of the community" (Eliade, 1964).

**Healing and Folk Catholicism**

The early Spanish missionaries brought Roman Catholicism to the Islands in the 1500s. Its impact on the indigenous religious beliefs and practices is popularly known as folk catholicism and one of its most dramatic influences has been in the realm of healing.

The meaning given to beliefs and practices associated with folk catholicism is rather ambiguous. Some scholars emphasize the elements of folk religion that have been appropriated into Christian belief (Schumacher, 1984). The stress is on the predominance of catholicism, but a form of catholicism that is "tightly bound to the cultural tradition of the people" (Vergote, 1982). Trappings of pre-Christian practices are still present. Pastoral workers, therefore, focus on the process of "inculturation." This means that the Christian religion enters into dialogue with the culture of the people (Federation of Asian Bishops' Conference, 1974). Concretely, this posture calls for the indigenization of religious forms in the areas of liturgy, music, art, preaching, and theology (Lambino, 1987). The basic tenets of Christianity are assumed, and the religious forms and symbols are adapted to the prevailing culture of the people.

Others think in terms of "a Catholic form of folk
Catholic practices are simply integrated into traditional belief systems in a syncretic form. The focus is on the persistence of pre-Christian beliefs and practices. Scholars argue that a process of replacement or substitution may account for this persistence (Elesterio, 1989). The early Spanish missionaries introduced the cross and various Catholic saints and images, scapulars and medals to replace the Filipinos' anito images, good-luck charms. The Christian "belief in a supreme God, in saints, in angels and demons" and the practices of venerating saints enshrined in images, statues and places were similar to the indigenous belief in the supreme God "Bathala," the environmental spirits "enkan-tos," and the "anito" images. Catholic medals, scapulars, relics, shrines became new sources of healing power that were added to Filipinos' "anting-anting" (talisman), amulets, sacred stones, and their enchanted caves and streams.

Rather than emphasizing the posture of assimilating religio-cultural items from other systems while maintaining the basic structure of one's own, others stress the co-existence of seemingly inconsistent thought and behavior patterns. Bulatao (1965) describes this religious attitude as "split-level Christianity." This coming together of Catholic and early Filipino religious practices in the context of healing rites may have facilitated the acceptance of Christianity (Elesterio, 1989).

Arguing from the perspective of social organization,
Jocano (1967) relates the conceptual content and emotional quality of Filipino catholicism to its rural and urban orientations. He says that Filipino catholicism must be understood within the framework of Spanish colonization. To facilitate the process of conversion and administration of the islands, the Spanish colonial government adopted "a policy of regrouping scattered settlements into compact villages known as 'cabecera'" (44). To reach the Filipino subsistence farmers in far-flung areas, a "visita" complex was established as an alternative scheme. The "cabecera" later developed into the town, with the church as the center and came to be known for the pomp and pageantry of its socio-religious activities. On the other hand, the "visita" evolved into the barrio, with the chapel as its center.

The rare contact with the Spanish missionaries gave rise to a different interpretation of Catholic beliefs and practices. Roman Catholicism was confined to being baptized, married in church and attending mass once a year during the fiesta. The religious behavior of the rural Filipinos, left to themselves, remained pretty much intact and "pegged to the traditional beliefs and practices sanctioned by the community" (Jocano, 1967:46). However, rural Filipinos creatively selected, modified, and elaborated those elements from Catholicism which reinforce their culturally defined practices. Studies of healing practices among present-day rural Filipinos reveal a tremendous amount of appropriations.
Arens (1957) documents the practices of the "tambalan" from the provinces of Leyte and Samar and suggests that the "tambalan" has appropriated the special significance of the Christian liturgical season of Lent\textsuperscript{2} in healing practices. For example, the "tambalan" believes that on Good Friday the spirits of the mountain open their caves, and whoever enters such caves and finds a bottle in which a plant is growing will become a good healer. Specifically on that day, she/he gathers certain leaves, roots and barks of forest trees and prepares his concoction for treatment. In a village in the northern part of the country, barriofools would strip the bark of "kakawate" trees (gliricidia sepium, aka mother of cacao) which they believed to be especially "endowed with supernatural powers" (Griffiths 1988:34).

Prayers, particularly Latin verses, are considered powerful. The "tambalan" utters an "orasyon" (prayer) twice before gathering his healing herbs. To effect a cure she/he recites some form of Latin verses or writes them on a piece of paper. Sometimes secret words are whispered at the top of the cane that is pointed at the affected part of the patient's body. An example of one such "orasyon" reported by Galleon (1976) is as follows:

\begin{verbatim}
Empreprete angel creer credo
Mulis servate serva
Egosum, egosum, egosum
Jesus Santa Maria Josep Amen.
\end{verbatim}

\textsuperscript{2}The months of March and April are the hottest in the Philippines and most conducive for gathering medicinal herbs.
The healing paraphernalia and ritual practices are ingenious and mostly inspired by Catholic practices. A "tambalan" would carry around a "librito" (a small prayer book), a crucifix and candles among others (Arens, 1957; Galleon, 1976). The barrio healer in a village in Ilocos, for example, massages the patient's temples and shakes the leafy branches of the "kakawate" tree over the patient who suddenly feels weak and dizzy and confirms that the patient is afflicted with the "caress" of a dead relative who is saddened by the patient's action (Griffiths, 1988).

Yet, these folk practices are not confined to rural areas of the Philippines. Similar practices are found in urban areas and in Metro Manila. I shall examine these healing forms more closely in the section that follows. My main concern in this section has been to present a brief historical account of pre-Christian indigenous healing beliefs and practices and their persistence in folk practices. What occurred was a process of selective "replacement" with the introduction of Roman Catholicism into the country. Catholic beliefs and practices which were congruent with the indigenous world view were incorporated into the latter, just as those indigenous beliefs and practices which were compatible with Roman Catholic teachings were assimilated. There is disagreement among scholars as to which framework appears significant for the Filipino. This combination of animism and Christianity has certainly added to the rich religio-cultural tradition.
of the islands which is now being re-articulated in a distinctive way by members of the urban middle classes.

A similar though distinctive process of "assortment" occurs among the alternative healing beliefs and practices among middle-class participants in new religious and healing movements, particularly in Metro Manila. I use the word "assortment" to signify that the combination of various healing beliefs and modalities for NRHM adherents is a question of choice without any presumption of order or logic in their therapeutic efficacies.

"Modern" Technologies of Healing

In this section I maintain the theme of "assortment" by sketching a range of different healing modalities. I present a conceptual map which examines variations in the diversity of alternative therapies that have become prominent among sections of Metro Manila's middle classes. In analyzing these practices I note that some are urban elaborations of traditional rural practices. Others are "Filipinized" versions of practices from neighboring countries. Still others are direct imports from the West. I record the process of selection, replacement, elaboration, and assortment whereby middle-class adherents of alternative therapies make sense of the connection between (a) prevailing traditional healing beliefs and practices and (b) cross-cultural imports facilitated by the modernizing technology of the mass media.
A Conceptual Map

The main objective of the conceptual map is to chart the variety of healing technologies in Metro Manila. The structure of a continuum serves as a basis for the ideal-type. In actual practice these healing therapies overlap not only in the perception of the sources of healing power but also in the employment of therapeutic modes.

However, the configurations that emerge from the conjunction of the vertical and horizontal axes highlight similarities and diversity among the various alternative therapies. The framework introduces a comparative structure with which to analyze such issues as the elaboration of healing beliefs and techniques, the characteristics of its adherents, and questions on the organization, recruitment, packaging, marketing and pricing of healing technologies. The foremost contribution of the framework is its ability to highlight the themes and affinities generated by middle-class participation in alternative therapies.

The social construction of notions of health and illness, their sources and causes finds a corresponding response in alternative technologies of healing. These therapies constitute a wide variety that are directed at relief from ailments ranging from physical illnesses to mental stresses. My conceptual framework is flexible enough to account for this dynamic response whether it be changes in the perception or
complementarity of sources of healing power or therapeutic techniques. For example, when some practitioners gain sufficient experience, they claim that they are able to generate healing energy not only from external sources but also from internal ones. Furthermore, in actual practice, certain healing groups incorporate other treatment modes that complement their conception of health and illness. Thus, healing packages include some forms of exercise, massage techniques, and meditation. Others include a more rigorous demand for vegetarianism and periodic cleansing.

The conceptual framework highlights the political economy of the healing groups with reference to patterns of recruitment, maintenance, and consolidation as well as the degree of organizational set-up, control, and direction and/or its ensuing tensions and conflicts. Some healing groups simply provide relief, and the transaction ends there. In others, the acquisition of healing skills serves as the first step in an evolving process of engagement with the healing group. The framework also identifies the extent of elaboration, packaging, marketing, and pricing of healing technologies. In this regard, the market is well defined in terms of the social class location, education, occupation, and income of the adherents.

Finally, the framework sharpens our understanding of the socio-cultural affinities between the adherents' educational background or occupational training and their participation in
NRHMs. Notions of holism, voluntarism, harmony, balance, discipline, prosperity, and global responsibility serve as cultural themes generated by participation in distinctive in religio-therapeutic groups.

The framework has its limits, however. It is not meant to be exhaustive or intended for universal applicability. It does not purport to answer all theoretical questions related to healing movements, particularly such concerns as the "efficacy" or the scientific merits of the healing technologies. It is designed primarily to meet a limited purpose which is to make sociological sense of the NRHMs in general and of various healing technologies in particular, and in this way to help understand middle-class participation in these healing groups.

**Two Components.** The framework is structured by two axes (see Chart 1). The horizontal axis represents the continuum of sources of healing power that range from an external to an internal source. The external sources are those that are outside the healer. They include the breath, water, sound, whisper ("bulong") or energy from nature such as the sun, air, and ground. Internal sources include healing power coming from the self, the mind and the body's own innate healing capacity. God/spirit is conceived of as the ultimate source of healing power. But this notion is understood in two ways. One way conceives of God as external to the healer and the
patient, hence as an external source of healing power. But at the same time God may also be conceived in unity with the healer and the patient in this intimate quest for healing, hence as an internal source.

The vertical axis represents the treatment modes in healing. These range from physical artifacts, like crystals, aromatic oils, salt and water, to physical gestures, breathing exercises, physical exercises, yoga postures, therapeutic counseling or to mental processes like visualization, creative imagination, and meditation. These take place in big group settings, or in smaller, more intimate gatherings in the privacy of people's own rooms.

I conceive of the framework as an open space in which the healing groups can be located with varying degrees of proximity to the two major axes. Hence, some groups are much closer than others to the vertical and horizontal lines; and some groups are able to cross the lines to occupy a much larger space than other therapeutic groups.
Chart 1: Sources of Healing Power and Treatment Modalities

<table>
<thead>
<tr>
<th>Sources of Healing Power</th>
<th>Treatment Modalities</th>
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<tbody>
<tr>
<td><strong>Ingestion</strong></td>
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<tr>
<td>Herbs</td>
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<tr>
<td>Mantras, sacred words,</td>
<td></td>
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<tr>
<td>sound, aroma</td>
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<tr>
<td><strong>EXTERNAL</strong></td>
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<tr>
<td>Water</td>
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<td>Crystals</td>
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<td>Amulets</td>
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<tr>
<td>Caves</td>
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<tr>
<td><strong>INTERNAL</strong></td>
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<tr>
<td>Vegetarianism / cleansing</td>
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<tr>
<td>Visualization</td>
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<td>Energy manipulation</td>
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<td>Mind</td>
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<tr>
<td>Body</td>
<td></td>
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<tr>
<td><strong>NON-PHYSICAL</strong></td>
<td></td>
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<tr>
<td>Affirming, decreeing, shielding</td>
<td></td>
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<tr>
<td>Meditation</td>
<td></td>
</tr>
<tr>
<td>Distant healing</td>
<td></td>
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</tbody>
</table>

**PHYSICAL**

- TREATMENT
  - Herbs
  - Mantras, sacred words, sound, aroma

**[SOURCES OF HEALING POWER]**

- Energy
- God
- Spirit

**MINDEDNESS**

- Vegetarianism / cleansing
- Visualization
- Energy manipulation
- Affirming, decreeing, shielding
- Meditation
- Distant healing
Sources of Healing Power. Although I try to make analytical distinctions between external and internal sources, the sources of healing power may be better framed as a continuum. Some sources (e.g., forms of energy) that may appear to emanate from the outside are also believed to be generated from within healer and client. For the purpose of this framework, I distinguish at one end of the spectrum such sources as herbs, breath, words, sound, water, energy from the air, sun and ground, and physical items such as crystals, the bible, a religious banner, and many others. At the other pole are distinctive notions of the self, the mind, and self-attitudes. I shall discuss later the process of re-articulation of many traditional practices in terms more appropriate to my middle-class adherents. I begin with a discussion of some of these sources of healing power.

Herbs. Herbs are the most popular external sources of healing power. The Philippines is known to possess one of the richest flora in the world. More than one thousand of the country’s 10,000 species of flowering plants have been found to have medicinal values (Tan, n.d.). The Philippines’ traditional "albularyo" specializes in the practical use of herbs and medicinal plants. Not only are the juices or extracts considered curative, but the pleasant scent of flowers, herbs, barks, spices and other aromatic substances is also believed to have a curative effect. The sudden scent of flowers out of nowhere is apparently a premonition that
someone close to the person or family is near death or has just died. Garlic or vinegar is used to ward off the "aswang" and other creatures of the earth (Lynch, 1949; Ramos, 1968a).

NRHM adherents take herbs primarily in teas or toiletries, such as soap, shampoo, and perfume sold in department stores. Although informants speak of the beneficial use of herbs compared to drugs, the lack of widespread utilization may in part be due to the demands of herbal preparation and to the unavailability of these herbs in Metro Manila. The only place where herbs are sold is in makeshift stores outside Quiapo Church. Herbs and oils are sold together with magical paraphernalia, talismans, amulets, coins, and stones. However, a group of professionals have recently formed "The Philippine Herbal Group," a foundation whose goal is to popularize the use of herbs for middle-class consumers. Aromatherapists use extracts and essences in their practices but most of these extracts are imported items.

Mantras, Sacred Words, Sound, Aroma. Indigenous healers would whisper sacred words directed towards the top of a cane pointing at the sick part of the patient's body to effect healing (Arens, 1957). For many peasant-based religious groups the words are mysterious utterances. These comprise revealed formulae for effecting cures. The words are usually of "corrupt ecclesiastical languages: Crie Eleison, Matam matum, Mitam Salbame, San Zibar" (Bulatao, 1977) and appear to be sonorous "containing recurrent OM sounds . . . [which
Participants in NRHMs utilize these same sources but express them in new ways. This is particularly shown by Filipino Zen practitioners (Battung, 1990). Adherents believe that rhythmic breathing facilitates the flow of healing energy into the body and the expulsion of negative energies out of the body. They hold that the words of the invocation help set the condition for the descent of divine energy on the meditators. The use of "mantras" produces a calming effect when they are synchronized with rhythmic breathing. Some meditation practitioners claim that certain words like "aum mani padme hum" have inherent power in themselves. Others hold that words are in symbiotic relationship with their users. An informant speaks of befriending his mantra. Still others claim that it is sufficient that the words are meaningful to the practitioners. For the religious, "Jesus" is a favored mantra and is used as "shield and protection from harm."

A radio broadcaster introduced the practice of toning in his nightly broadcast. Toning is "a sound that resonates at a certain pitch and which induces meditation and puts listeners in a hypnogogic or suggestible state" (Licauco, 1982b:254-255). At one of my interviews the sound of brass chimes could be heard continuously. The informant had placed an electric fan in front of the brass chimes to make them sound at periodic intervals. He said that "the sound helps in expanding the consciousness . . . [and] the healer's aura".
He added that "an expanded aura is able to sweep more effectively the diseased energy and to energize or reinvigorate a depleted aura." Arhatic yogists start their meditation by reciting the "Great Invocation" and then intone the OM sound.

**Water, "Toned" or Energized Water.** Water is another popular source of healing power. The ritual practice of going under several water falls is expected of every new visitor to Mt. Banahaw. People in the barrio believe that the Sta. Lucia falls have a cleansing effect on the body. Pilgrims bring plastic bottles filled with water from one of the many sacred falls or streams at that place.

Adherents of NRHMs believe that "toned" water possesses its own healing power. One adherent "blesses" or magnetizes the water which she tells her patients to drink. Another says that she places a pitcher of water under the sun for three hours, and this energized water is what she drinks the whole day. Practitioners believe that by concentrating on the water, thoughts have power to transform plain water into toning water. The toning process is nothing other than "the transmission of prana or subtle universal energy into plain water" which then energizes the body. Adherents claim that this is similar to the holy water blessed by the Catholic priest with which parishioners make the sign of the cross as they enter and leave the church (Licauco, 1982b).

**Stones, Caves and Crystals.** The belief that stones and crystals are source of healing power is an age-old tradition.
As in other shamanic cultures, indigenous healers believe in the magical powers of certain stones or crystals (Rahmann, 1974). For rural Filipinos amulets are believed to counteract diseases (Tan, 1987). Closely related is the belief that "certain places and days of the week embody an abundance of spiritual power" (Bulatao, 1977). Mt. Banahaw is one such place for many Filipinos. It is replete with sacred rocks and boulders named after Christian saints. Devotees light candles and touch them with their hands or with a handkerchief which they then use to wipe the affected parts of their body and supposedly to intimately commune with the spirits in these sacred caves. With regard to days of the week conducive to healing and religious practices, Tuesdays and Fridays are specially favorable (Bulatao, 1977). It was on a first Friday that a healer informant claimed she was asked to start her healing mission. Churches overflow with devotees on certain days: Quiapo on Fridays, Baclaran on Wednesdays, St. Jude on Thursdays.

Adherents of NRHMs believe that crystals are not only potent sources of healing energy but are also excellent generators of energy. Certain types of crystals are meant for specific functions. An adherent claimed that a blue-colored crystal, "a sodalite is the stone for the mind and mental concentration, good for writers, lawyers and people who think a lot . . . . a rose quartz is a love stone which reveals the darkness of the heart, the emotional scars which prevent us
from allowing the light of unlimited love." This stone also helps in healing because "its soft pink energy relaxes the emotional muscles tensed against further pain, allowing already accumulated pain to be released and dissolved" (Javelosa, 1990:16).

Some adherents believe that there is a special relationship that exists between the crystal and the crystal enthusiast. "Crystals are expressions of the universal consciousness" and since people are also part of that consciousness, a kind of correspondence establishes itself upon contact. An adherent and owner of a crystal shop exclaimed that "crystals sell themselves" to prospective enthusiasts. An informant reported that when she was at a crystal shop, she "talked" to the crystal that fancied her and asked "what good are you for?" One crystal said "I am a visionary, I am a visionary." She bought this crystal and claimed that she found "an entity inside [who said], 'I am the keeper of the akashic records'."

Energy from the Air, Sun and the Ground. Adherents of NRHMs go to Mt. Banahaw with a rather distinctive belief that energy from unadulterated nature is a powerful source of healing. This notion of energy is known under various names, "chi" in Chinese, "ki" in Japanese, "mana" in Polynesian, "ruah" in Hebrew, "pneuma" in Greek and "prana" in sanskrit. "Prana" is that "vital energy which keeps the body alive and

\[^3\text{Also known as "world memory." New Age adherents believe that these records contain information on humanity's past.}\]
healthy" (see Case Study at the end of this Chapter).

Pranic healers hold that there are three principal sources of this healing energy: the sun, the air and the ground. Solar prana is obtained by either exposure to sunlight or by drinking water that has been exposed to sunlight. Air prana, also called air vitality globule is absorbed by the lungs through breathing. Deep slow breathing rather than short shallow breathing facilitates the greater absorption of air prana. Ground prana, or ground vitality globule is absorbed through the soles of the feet. Hence a person draws in more prana by walking barefoot on the ground. Old and gigantic healthy trees give out a lot of prana. Certain areas or places also tend to have more prana or are highly energized and become excellent sites for healing centers.

God, Spirit. The notion of God as an external source is highly problematic. Traditional faith healers and adherents of NRHM differ significantly in their notion of "God." For the indigenous practitioners, their healing power comes from God or some higher spirit. As in other shamanic cultures this healing power is bestowed on them in keeping with a covenant (Tiston, 1983). They are guided through life by healing spirits or healing angels. In a typical Santo Nino healing ritual, novenas to the Santo Nino last for several hours. The sound of "Pit Senor!" becomes part of the sonorous sound of prayers and chanting that characterize the novena. After the
ritual prayers the healer goes into a trance and is apparently possessed by the Santo Nino as the healer begins to talk and sound like a child. "Healing, divination and counseling are performed in a trance state" (Lin, Demonteverde and Nuccio, 1990). For adherents of NRHMs, God may be considered as someone external to the healer or as the eventual source or as someone who is both without and within the healer and patient themselves. Both tap into this energy for healing.

The notion of "God" also differentiates these two groups. For traditional healers, spirit can mean the Christian God or Mary or Jesus in various guises as the favored Sto. Nino or the Nazarene or some ancestral, and nature spirits. One faith healer said that the spirit of Jesus Crucified had initiated her into the healing mission. For some NRHM adherents, God may be referred to as the "Supreme Being," Higher Consciousness," "Divine Energy", "God Power," or "Force."

At the other end of the continuum are things which may be considered the internal sources of healing power. The primary source of this healing power is the "self." The notion of the self has been articulated as one's body, mind, healthy attitude, positive thoughts, and inner consciousness.

**Mind.** Advocates of Silva Mind claim that most of what is called thinking is done by the conscious mind. In this state the brain emits electrical impulses on a frequency range called "beta." Operating on the beta level the person learns mathematical computations, rational thinking, deduction, and
inductive processes. However, if the brain is able to produce lower wave frequencies, called "alpha", the person is able to function more creatively (Henderson, 1975). Filipino Silva Mind enthusiasts claim that as the mind "quiets down, the person is able to 'see' and 'hear' clearly, and to do incredible things." An informant suggested that the technique in fact involves bypassing the mind which tends to be "chatty and interfering [and] going deeper and deeper into other levels eventually reaching 'theta' where all vibrations cease and time stops." Although Silva Mind Control is principally concerned with developing creativity, intuition and improving a person's extrasensory perception, the method has been used in healing. A teacher and practitioner of Silva Mind explained that "the mind extends in the physical and mental dimensions. Everything that takes place in the physical world is first manifested in the mind." Hence, the mind heals on the mental dimension, which then manifests itself in the physical realm.

However, practitioners insist that the mind must actively tend towards what is positive. They believe that positive thoughts affect the whole body. "When we think positive thoughts we feel more energetic. . . . When we are depressed, we are sad, we are lethargic . . . as if we have no energy . . . from our thoughts flow everything. What we think, we feel. If you think positive, you'll feel happy. You'll speak good to others and you'll act good." An informants put this
differently: "When you're negative, the more you attract negative energy. The more positive you are, the more you attract better, cleaner energy." Adherents claim that leading a positive life is being healthy. An informant spoke of the importance of experiencing a feeling of well-being, not just about oneself but about others as well. They often refer to the disposition of the healer who is not only a generator but also a source of healing energy.

**Body.** Adherents of NRHMs believe that the body has its own healing capacities. Such practices as toning, affirmation, and cultivating positive thoughts are simply mechanisms by which the mind accepts any powerful suggestion, triggers the body's own natural healing ability, and restores itself to health. Practitioners speak constantly of "listening to the body" and "cooperating with the laws of nature." The body naturally makes requests when it needs rest, liquids, food, and exercise. It is for this reason that the person must be quite selective in her/his choice of foods. "A person's medicine should be her/his food and vice-versa." An informant described his guiding philosophy as: "If you are eating the right kind of food, if you are living righteously, then there is no reason for you to be taking any other sources of . . . especially this synthetic medication." Furthermore, he added that "by tuning in to the body, you will be able to feel what is good for you."
**Treatment Modes.** The treatment modes employed by healing groups are just as varied as the sources of healing power. They span a continuum from physical to non-physical. At one end of the spectrum are treatment modes that may mean direct application on the physical body, whereas the other end is the location of healing strategies that do not need the physical presence of the patient. I shall discuss this continuum first.

**Ingestion, Poultices, Cupping.** Traditional healers commonly called "albularyo" in rural areas of the Philippines use a concoction of herbs, roots and barks which are boiled and drunk or are applied directly to wounds, sprains or sore parts of the body. Several years back I had a severe case of dry cough. Two bottles of Robitussin from the community infirmary could not relieve me of this persisting cough, but a peasant woman attending the biblical seminar I was giving cured me with a bottle of boiled "alibhon" to drink.

In the belief that bad air sometimes enters the body and is palpably felt in the back or in the neck, "bantil" and "bentosa" (cupping) are used to remove this bad air. In "bantil" the painful areas are pinched with fingers dipped in salt and water until they become black and blue. This gesture is believed to remove the bad air from the body. In "bentosa" the same principle is applied. "A coin is wrapped with a piece of cloth with one end made into a wicker. The wicker tip is dipped into coconut oil, placed on the affected area,
lighted, and covered with a glass. The flame eventually gets extinguished and creates a vacuum." The suction is believed to remove the bad air (Tan, 1987; Tiston, 1977). Other forms include inhaling the bad air from the patient, then burping it out. Other healers would use branches of the "kakawate" tree to sweep the sick person's body (Griffiths, 1988). But this often involves a simple gesture of blowing gently on the top of the head of a patient or whispering mysterious words ("bulong") to the affected parts of the body.

Essential extracts from aromatic substances are either inhaled or contained in drops to be taken orally or used in massage.

**Psychic "Surgery".** The most controversial therapeutic mode is psychic surgery. It consists of opening and closing parts of the body without the benefit of any surgical instrument. Using only the hands, psychic surgeons claim to penetrate the body and remove diseased tissues, tumors and other physical objects that cause illness. The procedure does not require anaesthetic and leaves no scars. Furthermore, the surgery causes no discomfort to the patient and no post-operative effects (Allison and Malony, 1981; Chesi, 1981; Licauco, 1982a). A lot of blood oozing out and strange objects being removed from the body characterize psychic surgery. However, some psychic surgeons claim that this is done only for the benefit of the patient who would not otherwise believe (Chesi, 1981). In other words, the efficacy depends upon the patient's
positive response to the procedure's close resemblance with biomedical practices.

Diagnostic methods are varied. One psychic surgeon uses what he calls his "third eye." The healer closes his right eye and simply stares at a patient. He claims that by looking at the color of the aura he is able to determine that something is wrong. Another healer claims that he is able to see the entire nervous system and the bone structure of the body (Licauco 1982a). He treats patients by tracing the nerve paths, then he presses and pinches the affected nerves or re-aligns the bone. Another healer places a sheet of white typewriting paper under the shirt of a patient. He waves his hands widely and removes the paper which he regards as an x-ray of the patient's anatomy. But the more traditional healers would use "tawas" (alum) for divination. The healer diagnoses the cause of the illness by allowing a lighted candle to drop wax on a bowl of water. From the shape that the wax forms on the water the healer is able to describe the person who is responsible for the patient's illness.

Some healers specialize in using invisible injection. An assistant marks the body of a patient in several different places with a swab of moist cotton. The healer knocks sharply with his thumb and index finger on each spot. This procedure is repeated six times. After each injection, the assistant applies coconut oil (Chesi, 1981; Krippner and Villoldo, 1976).
"Hilot"/Body Works. In certain areas of the country, emotionally sick persons are told to join the traditional "sinulog" (singing and dancing ceremonies) during which the patient is able to release emotional tensions and experience a feeling of relaxation and peace of mind (Tiston, 1977; Quisumbing, 1977; Ness, 1992). While this practice may be prevalent in central Philippines, the presence of the "manghihilot" is a fixture in every barrio throughout the country. Through various techniques of body manipulations, "bad" air or blocks are removed and tensed muscles are relaxed. But some manghihilot practicing in the city combine orthopedic principles and acupressure. The procedure involves pulling the body and returning the bone, muscle or vein back to its place and then letting the body go back to its normal posture.

Similar practices form part of NRHM packages of healing therapies. Body therapies such as acupuncture, reflexology, shiatzu and other forms of acupressure involve removing the blockages that constrict the flow of energy and restoring balance in the body. Pressure is applied on points throughout the body including those located on the hand and foot. Techniques include combinations of applying pressure then releasing; applying pressure, stimulating then releasing; or applying pressure, stimulating then gliding the fingers or palm of the hands on to the next pressure point. Women informants suffering from dysmenorrhea reported to me that two weeks before getting their period they would massage certain
parts of the body, "running your fingers like a piano."

A group of crystal trainers use dance as a release modality. An informant says that she had butterflies in her stomach at the thought of facilitating a workshop. She went to the hall two hours beforehand to dance. "My 'running stomach' disappeared and I learned that eurythmia was dancing my nervousness away. The workshop turned out to be beautiful and from that time on, I've handled workshops and even designed my own." Hatha yoga involves body movements which are aimed at synchronizing it with the mind. Other exercises include walking barefoot as not only the best way of massaging pressure points on the soles of the feet but also an excellent way of getting prana from the ground. Practitioners believe that beaches are the best "emanators" of prana from the sea air, sun and sand.

One therapeutic package involves a series of exercises that follows the physical and emotional development of a person (Chebat, 1984). Body movements simulating the temper tantrums of a baby, such as hitting out with arms and legs, are done for the purpose of releasing blocks which adults have acquired over the course of years. These movements are supposed to make the joints more flexible and to soften the muscles. As they "remind their bodies that they are young again, the consciousness becomes young as well and the breathing pattern changes dramatically . . . the whole body until the fingertips breathe." A second set of exercises,
called grounding exercises, simulates a child's early steps of learning to walk. This distinctive package of body work aims at breaking old patterns and acquiring a new consciousness.

Some meditation modalities are believed to be so powerful that the body must be prevented from "breaking down." Exercises promote this process of unblocking, decongesting, expelling negative energy and are regarded by adherents as excellent ways of keeping an energy balance. They make "the body agile and light, and the body does not feel fatigue." Before and after healing, practitioners do a set of routine exercises to decongest the body of excess energy.

**Energy Manipulation.** There are several ways of manipulating energy. In rural Philippines traditional healers speak of "karga-diskarga" (charge-discharge) as a form of cleansing and energizing. "Paspas" involves a motion of fanning the affected parts with a handkerchief or shirt (Tiston, 1977). Another derivative is the "basbas" hand motions which resemble blessing. One of my informants would frequently consult a particular healer for him to "basbas" her arthritic knees.

Based on the same principles, NRHM adherents use items such as triangles or crystals to generate powerful energy. A TV weather broadcaster holds a seminar that teaches the therapeutic uses of pyramids. An informant says that he bought different sizes of pyramids: one for energizing water which he was to drink daily and another to wear on his head like a helmet for the purpose of sharpening his memory.
In a crystal lay-out session, colored crystals outline the body, particularly the subtle energy centers. Throughout the session, visualization techniques draw out the inner causes of the client's affliction and help her/him to relax and to unwind. Others just hold in their hands a crystal programmed to absorb stress and negative emotions.

Pranic healers follow a simple two-step process in their healing modality, sweeping and energizing. The first step involves sweeping diseased energy from the aura of a patient by moving their cupped hands from head to toe and literally flicking this diseased energy into a basin of salt and water. Energizing involves projecting clean energy from outside sources into the patient through her/his energy centers or directly into the affected parts.

Some healers use crystals in cleansing and projecting energy. To cleanse, the crystal is rotated counterclockwise, while the opposite movement is done to energize. Some practitioners emphasize that a "crystal is simply a tool just as the healer's hands are the tools that [she]/he uses to scan, to sweep, and to energize. . . . The healing crystal is a tool that communicates energy. When used by healers, they do not need to concentrate as much and this enables the healer to heal many more than [she]/he would ordinarily be able to." Various body positions and gestures also maximize the energizing process. Pranic healers learn positions called "reaching for the sky," "Egyptian," and "casual" (Choa, 1987).
**Visualization.** Visualization is the technique of creating pictures and images in the mind. On one occasion when I had a splitting headache, a healer guided me through a visualization exercise. I was to embody in any physical object what I was feeling at that time. The first thing that came to my mind were images of cobwebs enveloping my head. Then I was asked to visualize myself in a favorite place. I thought of those occasions when I would go up the old building in the convent grounds and watch the beautiful sunset over Manila Bay just before the 6 o’clock vespers. The healer then guided me through an exercise of visualizing a tiny bird that suddenly appears and perches itself on my shoulders and gently removes all the cobwebs that I felt were choking my head. When all the cobwebs were gone, the bird then flies out into the dazzling but peaceful horizon of the setting sun. Then came the definitive suggestion "wala na yan," "wala na yan" ("the headache is gone, the headache is gone").

NRHM adherents use visualization techniques as one of their healing modalities. They visualize colors in sweeping or projecting energy. These different colors signify degrees of potency. White is the safest, blue reduces pain, while red is so powerful that it "should not be used on cancer patients." Those who heal with crystals use colored stones to make healing more effective.

**Affirming, Decreeing, and Shielding.** Adherents claim that "visualizing" is a more appropriate term than "imagin-
ing." Visualizing gives the force of affirming "what is there, what exists", while imagining may smack of children's imaginary friends and fantasies. For the discerning practitioners a powerful exercise is that of "decreeing" and "willing." An informant told me that the word "hope" should be removed from the vocabulary and should be replaced with "will."

An informant shields herself from negative energy by visualizing white light covering her whole body. She taught me to shield myself with pink light while driving through Manila's extraordinary traffic. A whole package on psychic self-defense is aimed at learning techniques for "strengthening and protecting the aura" by transmuting negative energies into positive ones. My informant begins her day with a prayer:

In thy name, I decree and will that all negative thoughts and emotions, diseases and negative psychic energies and vibrations of envy, anger, irritation, misjudgment, incompetence and problems of other people that touch my outer aura are automatically transmuted into loving kindness, forgiveness, acceptance, love, respect and devotion, light and joy, and self-fulfillment and reflected back to the sender already perfectly transmuted as decreed.

**Meditation.** Meditation is one of the most popular modalities for many NRHM adherents. This includes such techniques as TM, arhatic meditation, centering prayer, silva mind, "kabuuan," zen and many others. Adherents use meditation for various purposes. Informants say that meditation increases the ability of the healer to generate powerful
energy. But it is also a technique for relaxation and attaining balance. Practitioners of TM, Silva Mind, and Zen aim at transcending the intellect to attain a level of complete inactivity of the mind, and experience that "elusive inner silence." Zen practice involves an active "disciplining of thoughts" so that the person becomes "aware of being" (MacInnes, 1990).

Practitioners say that certain types of occupations or activities tend to utilize only certain parts of the body. What happens is an imbalance by way of blockages in the natural flow of energy in the body. Meditation restores this balance. Finally, meditation also appeals to the seekers of spiritual enlightenment. One such meditation technique involves the active manipulation of one's energy. Practitioners are asked to visualize and feel the energy as it flows through the meridians revitalizing all the cells, tissues, organs and systems of the body (Teeguarden, 1978). Some practitioners claim to experience moments of illumination. During the exercise participants are instructed to "literally" feel energy being released at the crown and base of the spine.

While most meditation groups stress the level of quietness, other practitioners see meditation as an embodiment process. One such practitioner reported that "in meditation you focus on God who is a point of light. You connect with that point of light because we are also points of light. From one point of light to another point of light you connect that
energy in your mind, charge up your energy from there and then experience that energy, whether this energy be love, peace, contentment or other virtues." Contrasting her modality with other meditation exercises, she claimed that "some people just focus on their breathing and then experience the body . . . others meditate on nothingness. In this case, you don't get to embody anything."

Vegetarianism and Cleansing. Closely related to meditation is the practice of vegetarianism. Adherents often speak of the energy associated with red meat, particularly that of pork, as "coarse," "dirty," "poisonous to the body" or "heavy." Practitioners claim that sensitive clients can feel not only the amount of energy being projected but also the "texture" of the healing energy itself. Energy that is projected may be so strong that the client is unable to sleep after the session. Vegetarianism is accompanied by the goal of becoming a non-violent person. Practitioners say that the healing energies of peace and loving kindness are most strongly promoted by vegetarians, unlike meat-eaters who ingest negative energies such as the fear and panic of an animal being slaughtered.

The practice of cleansing or fasting is connected to the preferred diet of vegetables and fruits. A naturopathic practitioner explained that the body periodically needs to revitalize itself. Cleansing allows the body to rid itself of toxins and other elements that block the flow of energy.
**Remote Healing.** Silva Mind method includes techniques of diagnosing the medical problems of patients whom practitioners have never met before. It is some kind of clairvoyant diagnosis, but adherents would rather call it mental investigation. Practitioners work with only very basic information: the patient’s name, age and address. At the alpha level, practitioners are asked to relate impressions of the person whose name, age and address they are given. Adherents claim that their impressions describe not just the physical ailment but the emotional and psychological condition of the patient. What follows is one such diagnosis:

the person is of average height, about 5’1 or 5’2, black hair, shoulder length hair. She feels neglected and confused. She has abnormality in the blood, anemic. The girl has a very weak heart. She has probably a rheumatic heart. The girl is irritable and happy.

Serious practitioners claim that at the alpha and deeper levels they are able to enter the subconscious of the patient. "At the deepest level all are interconnected like a labyrinth." Silva Mind adherents believe that the very act of diagnosing has a dual technique. Once the practitioner detects the problems, she/he automatically heals the problems in the mental dimension. Healing on the physical plane automatically follows.

For pranic healers the practice of distant/absent healing is an advanced healing modality. A pranic healer visualizes the person in front of her/him and then goes through the motions of cleansing and energizing as though the patient is
physically present. Based on the belief that everyone is part of a universal energy, healers of various persuasions use some form of distant/absent healing.

My conceptual map not only examined the wide range of sources of healing power and treatment modes but also highlighted the extent to which common sources and similar treatment strategies are elaborated and articulated distinctively by various groups of people. It would be most profitable now to discuss the healing modalities which are characteristic of each of the four major categories. The objective is primarily to highlight the similarities underlying their distinctiveness vis-a-vis other healing modalities. The model plots the location where specific therapeutic modalities may be found. As suggested earlier, the framework is flexible enough to account for sources of healing power and treatment modes that cut across specific categories.
Technologies of Healing

Chart 2: Technologies of Healing

### PHYSICAL

- Herbalism
- Psychic surgery
- Hilot
- Bulong
- Tai Chi
- Hatha yoga
- Dance
- Reflexology
- Chiropracty
- Acupuncture
- Shiatsu
- "Body work"

### EXTERNAL

- "Faith" healing
- Charismatic
- Magnetic healing
- Pranic healing
- Psychic healing
- Crystal healing
- Toning

### INTERNAL

- "Mind work"
- Arhatic yoga
- Core Energy
- Silva Mind
- Inner Peace
- Zen
- Meditation groups
- Science of the Mind (SOM)
- PSI

### NON-PHYSICAL
**External Source - Physical Mode.** Biomedical practices, herbalism, and psychic surgery are good representatives of healing modalities under this category. What is common to all three is that the source of healing is external to the patient and the treatment mode is physically applied. It is not my objective to render a long account of biomedicine. Suffice it to say that biomedical treatment generally involves physical manipulation (surgery), the ingestion of medicine or drugs which act on the body, in the expectation that this will effect a cure. In this respect it shares some components with herbalism and psychic surgery in that the source is external to the healer and the treatment mode is applied to the physical body. For herbalism, it is question of the appropriate choice of herbs that act on certain organs of the body in a manner similar to that of drugs and medicine. However, psychic surgery differs from the other two in that healing power comes from a spiritual being, God or some spirit. Biomedicine and herbalism, for obvious reasons, do not make any mystical claims.

It is interesting to note how the practice of psychic surgery has come to closely resemble biomedical surgery. Several expressions of their treatment modes have been adopted from the biomedical model, such as x-rays, injections, surgery, operating theatres, or the use of alcohol to disinfect. Some psychic surgeons use the doctor's white garb and the apparatus of a medical clinic. Patients are required to
return after treatment, generally three days after the operation. Although it is not strictly necessary to psychic surgery, some psychic surgeons have said that the flow of blood and the removal of tissues dramatize the surgery being performed and simulate more closely the form of biomedical practices.

**External Source - Nonphysical Mode.** Charismatic, and energy healing groups, such as magnetic, pranic, psychic, and crystal healing are representatives of this category. All claim that the source is external. However, charismatic groups, along with psychic surgery and other types of "faith healing," claim that they are mere instruments of God's healing power. On the other hand, energy healing groups may recognize God or some higher being as the ultimate source, although this healing power is manifested in nature, energy and crystals. Furthermore, these groups believe that the person her/himself is also a source of healing power. This means that the active involvement of the client is essential to the healing process.

All five healing groups use therapeutic modes that do not involve touching the patient physically. While charismatic groups rely on God to do the healing, energy healers are able to control healing energy by projecting it on to the patient. The problem of over-energizing is a concern among energy healers. Hence, there is constant interaction and consulta-
tion between healer and patient during the healing session. In charismatic healing the patient’s openness to God’s healing grace is sufficient. Finally, energy healers include exercise, vegetarianism and meditation in their healing modalities. Again, none of these is considered in charismatic healing.

**Internal Source - Physical Mode.** The traditional "hilot" and what are popularly called body works or body therapies among NRHM adherents fall under this category. What is common to both groups is the physical manipulation of the body at places such as pressure points. However, traditional folk healers may use cupping to remove what they believe to be "bad" air. Modern body therapies share the belief that there are blocks in the body that hinder the flow of energy. These physical manipulations release these blocks until internal balance is attained. Examples of this healing modality include dance therapy, hatha yoga, tai chi, as well as shiatsu, reflexology or zone therapy involving the manipulation of pressure points. An advertisement for Bukal-Buhay (Lifespring of Consciousness), a holistic center, explains the healing art of massage as:

a lovable form of non-verbal communication; . . . as pleasant sensations that are evoked in the finer bodies of the person; it awakens the basic satisfaction of the senses. And as the conscious senses give way to the subconscious and unconscious, the person confronts [her]/his own needs and desires, gets in touch with the inner self and integrates the self into one in the process of healing.
Internal Source - Nonphysical Mode. There are several healing groups under this category. What they all hold in common is that the source of healing is the person her/himself. Where they differ is in the techniques for achieving the desired level of mind control. Some of these groups stress self affirmation while others "lose" the self in order to attain union with a godhead. Some involve active embodiment of desired values and virtues, while others aim for that state of total inactivity and "nothingness" to achieve true creativity. One healing module called "Chrysalis" describes healing as a process of self transformation and integration of the different phases of growth where "wellness and health becomes an integral part of life."

From the discussions above, it is evident that the meaning of "source" of healing power is very broad. The term can mean at least three things: (a) ultimate origins of powers (e.g. herbs, nature, crystals, prana, God, spirit) (b) means of access to powers (e.g. aroma, rhythmic breathing) or (c) conditions favoring a mind-set conducive to receiving powers (e.g. chimes, toning, certain days of the week). Furthermore, there are hybrids such as ancient rocks or Mt. Banahaw. These could be either ultimate sources of power or simply conduits through which the power flows or, even more remotely, the physical conditions which help some people to experience power.
Aside from the broad array of meanings attributed to the term "source," it is also relative i.e. the perception or experience of power may vary from person to person, group to group, and from time to time. For some practitioners the powers do not work their own effects independent of the actor's own involvement. In other words, the actor has to interact with the source (or medium) of the power.

A similar observation may be made about various therapeutic modalities. Two general categories that emerge may be called "body work" and "mind work." NRHM adherents see both as essential to the healing process. In practice the treatment modes are combined or paired. A typical therapeutic package includes some form of exercise, affirmations, and meditation. Most groups will strongly encourage vegetarianism.

While certain healing groups may primarily fall under a specific category, the groups' distinctive perceptions of sources of healing power and therapeutic modes also place them under other categories. A good example is the case study that follows. While pranic healers officially teach and emphasize that energy comes from outside sources and must be used in healing, practitioners claim that the principle of "energy follows thought" presupposes that it is actually the mind which generates energy. Hence, seasoned practitioners tend to do away with the official instructions and to utilize "mind power" in healing.
Case Study: The Science and Art of Pranic Healing

The Beginnings

Pranic healing (PH) is an alternative healing method developed by Choa Kok-sui, "a highly successful business entrepreneur." Its teachings and practice are propagated by a training institute, a foundation, several healing centers, and an affiliated teaching center. The institute is a for-profit organization that conducts short term workshops and courses, and publishes books on the esoteric sciences. Its main clienteles are the more advantaged AB (see discussion on Economic Classification of Homes, Chapter III) classes of Metro Manila and cities throughout the country and nearby Southeast Asia. The foundation conducts pranic healing workshops in the provinces primarily targeting the less privileged CD population. Aside from these two organizations, pranic healing is propagated by means of healing centers scattered throughout Metro Manila. Most of these centers cater to the less affluent sections of the population.

The dearth of information regarding this healing method is due in large measure to the fact that it is in its infancy and that Choa is a very private man. He agreed to be interviewed only on condition that his personal life was not discussed and that the identity of his spirit guide was not revealed. The same guarded secrets are maintained by persons closest to him. He believes that pranic healing should be the focal point, not the life of the person who systematized what
he calls "the ancient wisdom and art of pranic healing." I shall reconstruct the beginnings of the group of pranic healers by drawing upon conversations with Chea and people around him.

Sometime in 1986 he started a group which met informally for the purposes of meditation, study and healing. Most of the initial contacts were members of, or had some association with, the Philippine Theosophical Society. They called themselves the Unicorn. The group met every Sunday afternoon in a private house in a residential neighborhood in Quezon City. The group was not organized in any rigid fashion and was marked by flexibility in terms of attendance and the content of the discussions. Basically the group met "to practice meditation and to discuss topics of interest to the members." An informant remembers the first time he attended the gathering.

I learned that a group was forming, called something like the Unicorn. My mom, my sisters, my brothers and I went there. There were other people ... teenagers or those who would soon be professionals in their 20s ... around 10 to 15 attended the sessions. There I met Mr. Choa. It was very, very informal. We were taught many lessons particularly on character building. It was the first time that we were also exposed to pranic healing. We were taught meditation on two hearts and many other things. Anything under the sun that we wanted to ask, we would just ask. We can say that we were members but we did not really have any formality. We chose to come and go.

After some time, the group moved to two others locations in Quezon City to accommodate the growing number of participants until settling with some form of permanency within the
commercial center of Quezon City. By this time this place had already opened as a healing center. In 1988, the group moved to Makati where the institute now has its offices. A healing clinic was added which aimed at combining biomedicine and pranic healing.

Choa taught the group the technique of pranic healing and specially guided some of the members to actually go out and heal. From the members of the Unicorn came the first pranic healers. An informant recalled that after having been successful with two cases, he began to meet with Choa on an individual basis. In his own words:

I was learning more than the group. We would meet almost everyday. After learning from him for about a month, he challenged me, 'Why don't you heal at a public park.' I hanged around and joined the chess players at the park. I started doing this healing to a friend who had a headache because of playing too much chess. Then word spread very fast about this guy doing some paranormal healing. I went regularly and people started coming.

After four months of successful healing my informant was invited to work with Choa. He resigned from his job and worked full time as a pranic healer. Together with his brother, they opened the first healing center in Tondo, a depressed area in Manila in May 1987. According to an informant, that squatter area was a perfect site because Choa "felt that the people there are prone to sickness because of their condition, social, and financial."

**Foundations of pranic healing**

But what is pranic healing? Choa claims that it an old
therapeutic device practiced by indigenous healers from various cultures, the Kahunas and native American healers. He asserts that the indigenous Filipinos and healers in rural Philippines use this form of healing. However, he argues that there is a variety of accounts of alternative healing beliefs and practices which revolve around an elaborate system of beliefs in spirits, spirit guides, healing angels, combining "religion and superstition." These forms of healing have come to be known in various guises as psychic healing, psychic surgery, magnetic healing, spiritual healing, and faith healing. He alleges that, leaving aside claims that sources of healing power come from the spirit and from a therapeutic mode that involves spirit possession or spirit guidance, one single "logic" explains all these forms of healing.

Filipino researchers advance two explanations for alternative healing. Bulatao (1977, 1982, 1986), a psychologist suggests that some form of an "altered state of consciousness" (ASC) is involved whether this be "zen, yoga, transcendental meditation, the relaxation response, hypnosis, trance, etc." Bulatao asserts that "the mind has powers over the body that we are now beginning to realize . . . this body has natural processes for self-healing that can be activated by ASC." He further states that this is supported by "the long years of research in hypnotherapy and related fields." In other words, Bulatao analyses the efficacy of alternative healing in terms of autosuggestion, or in terms of suggesting
healing to the natural defense mechanisms of the body.

Another researcher suggests that psychic healing involves more than self-induced ASC. Lava (1982), in his investigation of psychic healing suggests that some form of energy or energy field seems to be the principal element or the curative factor. The healer supposedly harnesses this healing energy from the environment or within her/himself and transmits it to the patient so that a process of "recharging" is effected "through meditation or some forms of ritualistic singing, praying or simple concentration." Furthermore, Lava claims that "the effectivity of the healer's power is determined by her/his ability to meditate and thereby concentrate such energy on her/himself and that the patient's faith in the method of healing and in the healer does not seem to play a significant role in the effectivity of the healing process."

Choa's research is in accord with the latter explanation. He said that he experimented with several clairvoyants. To control for extraneous factors, he took clairvoyants separately for the experiments. He felt that a willful clairvoyant may make the others feel inhibited or influence the others to "see" things. He noted that working with clairvoyants is completely different from working in a controlled environment such as a laboratory where the factors are fixed and non-changeable. Clairvoyants vary in degrees of sensitivity. He felt that the ability to handle each clairvoyant was important "to produce the right result." The experiments involved
studying the clairvoyants' observations of the energy body, its energy centers, and the workings of this energy in such techniques as sweeping, energizing and stabilizing. He argued that the experiments included such minute details as "testing" which hand should be used for receiving and projecting the healing energy or which kind of breathing techniques and body positions effect the best generation of energy.

Choa says that many of these healing practices have been handed down through generations to the present crop of healers, yet they are not able to explain the rationale behind healing. Furthermore, the framework of religious beliefs and healing makes the practice a special vocation, "that only gifted people could heal . . . [when] in fact, anyone can learn to heal." Both Lava and Choa agree that alternative healing in the Philippines, as practiced by those from the lower sections of the population tends to be inseparable from rituals, ceremonials, superstition, and religious beliefs shrouded in mysticism and supernaturalism. However, a qualitative difference is noted among practitioners of pranic healing who come predominantly from the more advantaged classes in Philippine society. The difference lies primarily in the articulation of the rationale behind the healing process and in the very practice itself. He claims that there is a scientific explanation for this healing technology.

Pranic Healing as a Healing Technology
Pranic healing is taught as a simple seven-step and almost mechanical procedure in healing. However, it is based on a whole body of esoteric teachings founded to some extent on Theosophy, Spiritualism and eastern traditions and practices. Themes such as prana or energy, aura or energy body, chakras or energy centers are major themes of the "science" behind this healing method. Those that are associated with sensitivity, harmony and balance, self-responsibility, interconnectedness, prosperity, discipline, holism, and tolerance are features of the "art" of pranic healing. Let me discuss those features that comprise what pranic healers claim to be the science behind this healing method. I summarize these ideas from the instruction book "The Elementary Science and Art of Pranic Healing," (1987) and from interviews with PH practitioners.

Pranic healing is based upon the central notion of energy. As noted above, "prana," a sanskrit word, is "that vital energy or life force which keeps the body alive and healthy" (Choa, 1987:2). Pranic healers claim that this energy is similar to the bio-energy that has been the subject of research in the West⁴. Pranic healers cite the Kirlian effect as proof that energy radiates from extra sensors -- humans, animals, plants -- and can be photographed. The major sources of prana are: the sun, the air and the ground but

⁴See Medical World News (1973), Motoyama (1974), and Alexander (1980).
water, plants & trees, people and animals absorb prana from their surroundings and can also become sources of healing power. Gigantic healthy trees give out a lot of prana and certain areas or places tend to be highly energized. There were plans to set up a pranic healing centers in Mt. Banahaw. An informant told me:

When I conducted a seminar last year, I told the participants during the lunch break: 'just put your arms around one of the big acacia trees in the compound. Just see what you feel. Be aware of what you feel. Hold the trunk of the tree or if you can embrace the trunk of the tree, you will feel energy entering your body from the trunk of the tree. You should also go under the tree with your palms open.'

**The bioplasmic body.** Pranic healers hold that the human body is composed of two parts: the visible physical body and the invisible energy body. The latter is also called the bioplasmic body and comes from the word "bio" meaning life and "plasma," the fourth state of matter -- ionized gas or charged particles of gas. The bioplasmic body is an invisible body of energy that interpenetrates the physical or visible body. A more popular term for it is the "aura", a luminous field that extends four to five inches beyond the physical body. Furthermore, pranic healers claim that this luminous energy body is comprised of two layers, the inner and the outer aura. Interpenetrating the inner aura are rays that project perpendicularly from the surface of the physical body.

The sum of these health rays is known as the health aura. The health rays protect the whole body like a shield from
germs, toxins, wastes and diseased bioplasmic matter in the surroundings and they expel these impurities through the pores of the body. A healthy body displays neatly "arranged" rays that emanate from the body. In contrast, a sick body shows entangled and drooping health rays.

The key to the logic of pranic healing lies in this intimate connection between the physical and bioplasmic or energy body. Adherents believe that a disease first shows in the bioplasmic body before it manifests itself in the physical body. A pranic healer therefore attempts to pre-empt a full blown disease by intervening at its early manifestation in the invisible body.

At times of sickness, a person's energy body can be either depleted or congested. Pranic depletion is a state in which the body does not have enough prana or life energy, while pranic congestion is a state in which there is excess prana in one or more areas. In both instances the meridians are partially or severely blocked so that they do not allow prana to flow naturally through the entire body. A living person either has healthy energy or diseased/negative energy. Pranic healers claim that clairvoyants are able to see this luminous energy that surrounds the physical body.

**Chakras or Energy Centers.** Another key feature of the bioplasmic body are energy centers, also known as chakras. A chakra literally means "rotating wheel". For pranic healers
there are direct correspondences between the physical body and the bioplasmic body. Just as the physical body has arteries and veins, the bioplasmic body has meridians or channels or passage ways. Just as blood flows through the arteries and veins, energy or prana flows through the meridians invigorating and nourishing the whole body. Just as the physical body contains major and minor organs, so it also has corresponding major, minor and mini chakras. The chakras are whirling energy centers responsible for maintaining the natural flow of energy and for keeping the body in harmony and balance. They function like power stations and when they malfunction, the physical organs connected to them become sick or diseased. The major chakras, three to four inches in diameter control and energize the major and vital organs of the physical body. The minor and mini chakras, one to two inches in diameter control and energize the less important organs or parts of the visible body.

_Steps in Pranic Healing._ Based on the belief that an illness manifests itself first in the energy body, pranic healing employs techniques that do not require physical contact with the patient. The seven-step procedure is as follows:

1) Invoking Divine guidance and increasing the patient’s receptivity -- Although the patient is not required to believe for healing to take place, practitioners claim that the
healing process will be much faster if the patient is receptive to the healing energy. Practitioners usually establish rapport with the patient early on. The prayer or invocation that begins the healing session puts the patient in a receptive posture.

2) Sensitizing -- by sensitizing the hands, the pranic healer is able to determine which areas of the patient’s energy body is depleted or congested. The initiate is taught to press slightly the centers of both palms and to concentrate for about 5 to 10 minutes on those centers while inhaling and exhaling rhythmically, and moving the hands alternately closer together and farther apart. The act of concentration activates the hand chakras and sensitizes them to feel the subtle energy.

3) Scanning -- The healer then begins to scan the patient to feel the size and shape of the outer and health auras. Remaining concentrated on the palms of the hands, the healer stands about four meters away and walks over toward the patient scanning the whole body and being sensitive to the feel of the patient’s aura.

4) Sweeping -- Once the healer feels certain parts of the aura to be congested or depleted, she/he begins to sweep, first in an exercise that involves cleansing the whole body (general sweeping) and second, on specific or affected parts (localized sweeping). The hands are used in sweeping either in a cupped-hand position or spread-finger position. The
former removes the diseased bioplasmic matter, while the latter is effective in combing and disentangling the health rays. The healer begins to sweep downwards from the head to the feet and flicks her/his hands on a bioplasmic waste disposal unit.

The gesture of flicking off the diseased or dirty bioplasmic matter maintains a bioplasmically clean environment and avoids contamination with this diseased matter. The disposal unit is simply a bowl filled with about a liter of water to which a handful of salt has been added. Pranic healers believe that the salt breaks down as the water absorbs the dirty bioplasmic energy.

5) Energizing -- Once the patient is thoroughly cleansed, the healer draws in air prana from the surroundings through her/his hand chakras into the patient’s affected chakra and the affected part/s. One hand receives while the other gives. Healers are reminded to concentrate more on the receiving than on the giving chakra to avoid their own pranic depletion. This is the state where the healer may tend to give of her/his own pranic energy instead of drawing it from the surroundings.

6) Stabilizing -- At this stage the projected prana is sealed to keep it from leaking out and causing the illness to recur. This is done by projecting blue prana or by willing and mentally instructing the prana to remain in place or stabilize.

7) Releasing the projected pranic energy -- This final
gesture cuts the flow of prana from the healer to the patient and ensures that prana does not flow back to the healer. pranic healers conceive of this in terms of an etheric or energy cord that connects the healer to the patient in the ritual of healing.

**Two Guiding Principles.** The practice of pranic healing is guided by two important principles. The first is "energy follows thought" or "as you will, it will be". This notion revolves around the power of thought. I observed an instructor using a popular representation in comics strips to illustrate that thought is energy. The cartoonist, she said, indicates that a person is thinking by drawing a cloud over the head. If the person is thinking about a bright idea, a bulb flashes over his head. "Thought is energy ... the more often one thinks of a particular thought, the more energy is directed to that thought form." The practitioner, as it were, energizes that thought sufficiently for it to be fully realized. In respect of healing, the intention of the healer and patient is critical. The intention should be "to heal the patient, to relieve the person of whatever she/he is suffering from." The theory is that when healing begins with that intention, operating on the principle of "as you will, it will be," healing energy will follow.

The tremendous power associated with the first principle is neutralized by the second principle: "as you sow, you shall
The principle applies to both positive and negative actions or intentions. Pranic healers believe that the principle of "energy follows thought" is a powerhouse that can be used to serve the purposes of witches, sorcerers, and others who may intend harm to their fellows, and this is why they insist on the second principle in healing.

The case study of pranic healing, as a representative healing modality of the urban middle class, highlights what the conceptual frame aims to accomplish. Its flexibility is able to take into account the meaning attributed to the "source" of healing power and the varied therapeutic modes among PH. Adherents claim that, given the disciplined training and practice, practitioners are able to move from the external sources (prana from the air, ground, sun) into internal sources (the mind). Furthermore, PH emphasizes modes of access to these sources of healing power (meditation mantras, crystals). With reference to treatment modes, the conceptual map is able to account for activities ranging from adherents' use of physical gestures in cleansing and energizing to the utilization of "mind power" to achieve the same purpose. In addition, practitioners heal with or without the necessary physical presence of the patient (remote). Finally, such practices as vegetarianism, meditation, and exercise are highlighted as both sources and therapeutic modes. The combination and assortment of healing modalities reflect distinctively middle-class innovations in ancient and
traditional wisdom and leads to the second question posed at the beginning of the dissertation: what is it in the background of practitioners of alternative therapies that leads them to participate in new religious and healing movements which are deemed marginal and non-rational by the dominant religious and medical institutions? This will be the subject of the Chapter that follows.
CHAPTER III

SOCIAL BACKGROUND OF PARTICIPANTS IN NRHMS

Having analyzed the distinctiveness of the healing technologies promoted by new religious and healing movements (NRHMs) in the previous Chapter, I shall now investigate the social background of the adherents of some of these movements in Metro Manila. The argument I wish to pursue is that participation in alternative healing is not the result of structural obstacles to the utilization of the opportunities of the dominant biomedicine; nor is it a response to denial of access to 'official' medicine. I shall begin by examining the privileged position of Metro Manila in the country's health care delivery system. Second, I shall present a general profile of my informants (age, gender, marital status and religious affiliation) and their socio-economic characteristics to show that they are among the privileged in the country's stratification system. Finally, I shall analyze my informants' educational and occupational experiences to suggest that their background, in effect, disposes them to take up specific alternative therapies and that my findings challenge some widespread sociological assumptions about participation in alternative therapies.
Metro Manila and the Health Care Delivery System

Among all urban centers in the Philippines, Metro Manila/NCR\(^5\) (National Capital Region) is considered the prime metropolitan area. It is the center of the country's political, economic, educational, and social activities. As such it stands in sharp contrast to the rest of the country. This unbalanced production, distribution, and consumption of the technologies in a modernizing society is part of "uneven development." In the case of the Philippines, this phenomenon is a result of the policies of Spain and America which have persisted since colonial times (Salgado, 1985).

Nowhere is this regional disparity shown as sharply as in the distribution of, and access to, the dominant biomedical health care delivery system. Government data show that health expenditure is disproportionately high in the NCR\(^6\). In 1986 alone, NCR accounted for 39% of the budget on health with the remaining 61% divided among the 12 other regions of the country. An analysis of the average distribution of government health personnel\(^7\) in the country show that 22% of doctors and 17% of nurses are found in NCR. With regard to private health services a greater pattern of unbalanced allocation and

\(^5\)Metro Manila and NCR will be used interchangeably.

\(^6\)Taken from Table 126 "National Government Health Expenditures, by Region, 1978-1986" (CRC, 1990:199).

\(^7\)Computed from Table 9.4 "Regional Disparities: Distribution of Resources for Health" (Tan, 1991:69).
access is shown in the distribution of hospitals. Of the total 2,715 licensed hospitals\(^8\) in the country, 79% are private hospitals, of which 97% are located in the NCR. Health insurance is another area where the bias towards Metro Manila residents is evident. The government-sponsored Medicare, which shoulders a mere 30%\(^9\) of the cost of certain medical goods and services, covers only 10.6 million members (CRC, 1990) and only those on salary. It excludes more than half of the population, the unemployed, rural workers and fisherfolk (Tan, 1991). There are only 103\(^10\) companies involved in health and accident insurance. Sixteen of these are Health Maintenance Organizations\(^11\) (HMOs). Out of the 359\(^12\) hospitals accredited by these companies, 204 are in Metro Manila. All 26 HMO clinics are found in Metro Manila. Furthermore, clients of private insurance companies are generally beneficiaries of corporate accounts, and the

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\(^8\)Computed from Table 73 "Number and Distribution of Licensed Hospitals in 1988" (CRC, 1990:117-118). Data on private hospitals for Region 1 is missing from the table.

\(^9\)Reduced by 1988 from 70% as originally designed when first implemented in 1969 (Tan, 1991).

\(^10\)Taken from Table 200 "Number of Companies Involved in Health and Accident Insurance, 1975-1987" (CRC, 1990:302).

\(^11\)Computed from Table 201 "Health Maintenance Organizations (MHOs) in the Philippine, as of May 1989" (CRC, 1990:30-3).

\(^12\)Computed from Table 203 "HMOs: Professionals and facilities, as of May 1989" (CRC, 1990:306-307).
The significance of the discussion above is that the distribution of, and access to, the health care delivery system would most likely benefit the more advantaged sectors of Metro Manila's population. However, it is also among these advantaged sectors that an experimentation in alternative therapies is most significant. This evidence discounts the classic argument that structural distance or exclusion accounts for participation in alternative health practices. This Chapter is primarily concerned with examining the socio-economic characteristics that place my informants among the relatively advantaged classes in the country and the NCR.

Participants in New Religious and Healing Movements

Demographic Profile

I begin with an examination of their demographic characteristics which include the following: age, gender, marital status and religious affiliation. All of the 62 individuals who participated in the study reside in 13 of the 17 cities and municipalities that comprise Metro Manila. More than half live in the environs of Quezon City and Makati. Ten of them belong to religious congregations of women and men, of whom all but two were assigned to communities in Metro Manila at

13Computed from Table 202 "HMO Clientele: Eligibilities, Approximate Enrollment, and Client Mix, as of May 1989" (CRC, 1990:304-305).
the time of interview. However, it must be noted that for these ten religious, "place of residence" and "socio-economic characteristics" are not significant factors. By virtue of their status, they do not choose their area of residence nor report income and other material factors that are significant to the analysis. I therefore exclude them from the analysis of "socio-economic indicators."

Table 1 shows that such factors as age, gender and marital status are evenly distributed among my informants. Ages range from a 25 year-old professional to a 73 year-old retired business executive. Fifty-two percent (32) are females; forty-seven percent (29) are single, among whom 10 are religious, and 53% (33) are married. Although this is not a random sample and I did not consciously use age as a criterion for choosing my informants, the table shows that the informants are fairly evenly distributed across various age groups. NRHM adherents do not appear to draw heavily from younger age groups, as noted in the West. Bird and Reimer (1982) observed that "participants are more likely to be younger [and] unmarried." However, in the Philippines, there is reason to believe that certain healing groups tend to target older more economically stable age groups. Persons from these age groups tend to be well established in their lives and professions. This information is contrary to the popular wisdom that marginal groups attract unattached young individuals.
The presence of religious women and men reflects another phenomenon in NRHMs in the country. It was not unusual for the lay informants to refer to the presence of the religious when asked questions about such concepts as reincarnation and spirit teachers. Considering the high profile of the Roman Catholic Church in the Philippines, the presence of religious has helped to make my informants' engagement in alternative healing therapies, some of which espouse esoteric teachings, more acceptable.

There was not much variation in the informants' responses to the question of religious affiliation. As expected, all professed to be baptized Catholics. However, a number of them claimed that they were not observant Catholics but that their involvement in healing had engaged them in a deeper form of spirituality.

**Socio-Economic Characteristics**

Evidence from social science research suggests that material and symbolic indicators of social class and social prestige are good predictors of behavior patterns. Concretely, it is believed that these indicators bear on the "forms", "styles," and "expressions" of participation in religious and healing movements. There is a tendency to posit this relationship with special regard to religious behavior and marginalization. It is widely believed that marginalized individuals tend to participate in practices that compensate
for their social and material losses (Glock, 1964). One such explanation rests on the belief that poor provincial migrants to urban centers suffer from anomie and alienation that make them available/vulnerable to the appeal of marginal religious and healing movements. Licauco's (1982a) study appears to confirm this explanation by suggesting that many of the psychic healers come from "simple provincial backgrounds" and that their clients are either foreigners or Filipinos coming from similar backgrounds. However, this is negated by those who participate in the distinctive type of therapeutic practices discussed in Chapter II.

In answer to the question of whether, in fact, social and symbolic marginality can explain my informants' engagement in religious and alternative healing practices, I shall present evidence that my informants are not marginal. On the contrary they occupy advantaged positions in the social stratification system in the Philippines. I shall examine such indicators as the place where informants were raised and the extent of their ties to rural areas; social class measured by family income, ownership of home, and value of property; educational achievement; and occupational status.

Urbanites or Provincial Migrants? Many explanations of participation in marginal religion rest on the belief that poor provincial migrants to urban centers suffer from anomie, and this makes them vulnerable recruits to all sorts of
compensatory movements (Poblete, 1960). The corollary of this is the belief that persistent ties to provinces of origin may strengthen primary socialization to marginal healing practices. These areas are peripheral to the modernizing elements of cities. More importantly, provinces are replete with tales of the extraordinary and the supernatural and are the domains of the spirit world. It is therefore expected that strong ties to peripheral provinces would reinforce these marginal beliefs and practices.

My data show that the great majority of the informants (82%) were raised in urban areas, with almost two-thirds (64%) of them in one of the cities/municipalities of Metro Manila, the country’s prime center. Furthermore, all but 8% of the informants have lived in Metro Manila for over 20 years. This information calls in question the assumption that ties to peripheral provinces can account for their adherence in marginal movements. On the contrary, these adherents of NRHMs have spent their formative years in Metro Manila and have been strongly exposed to life in the metropolis and to foreign influences.

**Social Class.** The greatest arena of debate centers on the social class and social status of participants in marginal movements. It is held that these adherents would tend to belong to the lower social classes, and would generally be uneducated, if not poorly educated. Analysis of family
income, ownership of dwelling units, and value of property locates my informants among the relatively advantaged classes in Philippine society.

**Family Income.** The family income of my informants is generally derived from salaries but includes earnings from private practice, stock dividends and other forms of investments. Of the 52 lay informants, 90% reported their income, and five did not report for various reasons that are discussed below. I exclude the ten religious women and men from the sample. Table 2.1 shows the income distribution. The highest annual income category P840,000+ is the single largest category. Forty percent of my informants report such a high income level compared to only one informant reporting an income below P60,000. This individual is a full time healer-practitioner in one of the healing centers, single, and lives with his parents.

Ten percent of my informants did not report their monthly income. Two stated that they were in-between jobs and were doing volunteer work as healers. It must be noted that they previously had full-time employments, one as a practicing nurse and the other as a college teacher in one of Manila’s universities. Two others stated that it was difficult to determine income from their private business but that they classified themselves as middle income earners. The fifth could not determine his income as a free lance writer. This individual is single and lives with his parents. His living
expenses such as housing and food were still being paid for by his parents.

A comparison of my informants' family income with national data would be helpful but extremely problematic. Data from the Philippine government's "Family Income and Expenditure Survey of 1988" do not provide sufficient variation within income categories. This becomes a problem since all but one informant who reports a monthly income of less than P5,000 (or less than P60,000/year) place themselves in the two highest government income categories (P100,000 and over, and P60,000-99,999). Table 2.2 shows that my informants belong to the top 17% and 45% in terms of family income on the National and NCR level respectively.

A stark comparison is again shown using National and NCR data on yearly median and average income. National median income is P26,694 (NCR P54,120) while the average yearly income is P40,408 (National) and P79,314 (NCR). Again, all my informants report incomes significantly above the National/NCR median and average income. Compared to the general population of the country and the NCR, my informants may be counted among the more advantaged social classes.

Another useful comparison may be done with data on the Economic Classification of Homes, a criterion set up by Consumer Pulse, Inc., a market research firm in Metro Manila. The categories take into account the occupation of household head, total monthly income, type of household utilities,
housing, general appearance of house, and other factors, such as education of housewife and number of household helps. In terms of the sole criterion of income, all but six of my informants fall under the category of AB class or upper class (P15,001\textsuperscript{14} ++ monthly income). However, these six individuals were all single, lived with their parents and reported only their personal income.

**Owners/Renters and Property Value.** Among those who report home ownership/non-ownership, 77% state that they own their homes. Of the remaining 12 informants who rent apartments, some have rented out their homes and live with parents. While home ownership is helpful in locating the social class status of my informants, examining the classification of place of residence reveals more interesting patterns. Utilizing the 1988 Zonal Values of Real Properties issued by the Bureau of Internal Revenue, I find that half (52%) of my informants live in the most expensive and exclusive subdivisions in the heart of Makati, the country's prime residential area.

The indicators discussed above (income, ownership of home, and classification of residential land) clearly show that the adherents of NRHMs in the study belong to what may be considered a more advantaged section than the general population of the country. This factor emerges even more convincingly when a comparison is made with data taken on the

\textsuperscript{14}Taken from Table 37A "Criteria for Economic Classification of Homes" (CRC, 1990:63-65).
national level.

It would also be useful to discuss the relationship between this group of healing adherents' income status and their involvement in healing therapies. Many of the short courses on alternative therapies are beyond the reach of the ordinary Filipino. Of the ten organized groups I surveyed, the workshop fees range from P500 for a 4-hour course to P5,000 for a 15-hour workshop (see Table 5). In effect, the fees exclude a great percentage of the population and restrict the clientele to the more advantaged sections of the middle class. However, it is a common practice for adherents to underwrite the workshop fees for would-be students as part of their service or tithing. While it is evident that those from the higher income bracket would tend to be able to afford the expensive fees of healing workshops, the argument for socio-cultural affinities goes beyond a superficial reasoning that a correlation obviously exists between high income and expensive workshop fees. However, the vast majority of well-off Filipinos do not participate in NRHMs. Wealth is only a permissive precondition for participation. It cannot account fully for the phenomenon.

Educational Achievement

Now I turn to the heart of the discussion. I shall examine those factors in the educational and occupational experiences of my informants that have affinities with
specific characteristics of the learning and practice of alternative healing. A relevant variable to discuss here is my informants' educational background. Higher education in the developing world is considered the key to socio-economic development. But, in line with the experience of other third world countries, the educational institutions in the Philippines are probably more directly meeting the needs of the modernizing middle classes than helping in the development of the economy for all Filipinos. My purpose is not to argue how earlier expectations were unreasonably high or how the orientation of higher education has contributed to uneven development and access for the general population. My objective is, rather, primarily to stress the point that higher education in the Philippines, which largely benefitted the middle classes, has had the effect of producing adequately trained personnel to meet the bewildering array of modern occupations. Furthermore, Altbach (1982) observes that "third world universities are among the few fully modern institutions in their societies" and produce the leaders of government and industry. For this reason, I use education as a variable to support the basic argument that a modern orientation is largely equated with higher education. Second, certain fields of study, such as business and business-related disciplines, feed directly into the more modern sectors of the economy. In the following discussion, I shall analyze the educational level and major curricular program sought by my informants.
Educational Level. A widely held view contends that practitioners of alternative healing therapies lack the necessary experience of higher education to appreciate the advances of science and would generally resist the modern world and its modern technologies.

Table 3.1 shows the contrary. More than half of my informants have completed post-graduate education and most of the rest have completed bachelor's degrees. Of the three informants without a bachelor's degree, two have associate degrees in the arts while the education of only one ended with high school. Seven of the higher degrees were obtained from foreign universities. One female informant was awarded three degrees honoris causa, two of which were in universities in the US, and honored as the country's National Artist.

The country's adult literacy rate is a high 83\%\textsuperscript{15}, with 28\%\textsuperscript{16} of the age cohort enrolled in tertiary education. This is "approximately the same rate as in most European countries and higher than in most developing countries" (James, 1991: 190), although a few take to graduate education due to the constraints of financial resources (Swinerton, 1991). James (1991) reports that in 1985 only 1\% were graduate students in Philippine universities with less than 0.1\% receiving their PhDs. Compared to the general population, my sample of

\textsuperscript{15}Taken from "Regional Performance Figures" (Far Eastern Economic Review, 1991:6-9).

\textsuperscript{16}Taken from Table 29 "Education" (World Bank, 1991:260-261).
alternative healing practitioners clearly rank among the better educated in the country.

**School Prestige.** In a country where education is a prime value and generally believed to facilitate social mobility and increased access to the international labor market, however, "educational standards matter less [than the] status of a college degree" (Swinerton, 1991; Malaluan, 1990). In effect, some tertiary level institutions with programs of questionable quality may tend to cater for the mass production of "educated" women and men. Tiglao and Scott (1989) note two distinct tiers of tertiary education that have resulted from the commercialization of higher education and which mirror the high degree of socio-economic stratification in the country. They state that there are a few academically acclaimed elite universities, like the University of the Philippines and some religious-affiliated institutions like Ateneo de Manila and De La Salle, but the rest are exemplified by the crowded strip in Manila called the University Belt. The former tend to be "associated with small classes, selective admissions, low enrollments and high tuition cost" while the latter are private for-profit institutions of higher learning "associated with large classes, nonselective admissions, high enrollments, low tuition" (James, 1991:200).

With this in view, it is important to find a way of distinguishing between higher educational institutions in
terms of their quality and prestige ranking. Using James's (1991) classification, Table 3.2 shows that while 47% of Filipino students have enrolled in for-profit institutions, only 10% of my informants have been educated in these tertiary institutions. Seventy-three percent received training in private institutions (religious-affiliated) and 17% in the University of the Philippines system compared to the national data of 34% and 18% respectively. In other words, 90% of my informants have received high quality educational training compared to the national average of 42%.

Another criterion that distinguishes colleges and universities is the economic distribution scheme of college insurance plans. In this analysis, I use the scheme of one of the largest education plans in the country. The College Assurance Plan, Inc. (CAP) ranks schools into a five-tier scheme based on tuition and standard fee levels17. My objective in using the scheme is primarily to distinguish the adherents of NRHMs from the general population. I posit that the more affluent adherents will be more likely to have attended schools categorized as exclusive, while the less affluent will probably have attended non-exclusive colleges and universities. Table 3.3 shows that 59% of my informants

17College Assurance Plan (Phil) Inc. categorizes schools into: Exclusive College/University (ECU-A); Exclusive College/University-B (ECU-B); Non-exclusive College/University (NECU-C); Non-exclusive College/University-D (NECU-D); or State College/University-E (SCU-E).
attended exclusive colleges and universities compared to 41% who attended non-exclusive colleges and universities. Three went to seminaries that are not supported by education plans, and two did not finish or never attended college.

It is interesting to note that the schools classified as ECU-A and ECU-B comprise 4 and 13 schools respectively. These 17 schools include 14 religious-affiliated (Catholic) colleges and universities, the University of the Philippines system and two private non-sectarian not-for-profit colleges. Furthermore, the CAP categories closely parallels James's study (1991) of the characteristics of institutions of higher learning in the Philippines.

Using a prestige scale based on voluntary accreditation of privately-owned colleges and universities, the same results are evident. In this analysis, I use the listing provided by the Federation of Accrediting Agencies of the Philippines (FAAP). I find that 88% of my informants attended accredited schools compared to only 12% who went to non-accredited colleges and universities. The 11 others attended either government schools or seminaries which are not included in the privately-initiated accreditation schemes.

Curricular Program. Examining the orientation of major fields of study, Table 3.4 shows that my informants' exposure

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18FAAP-certified institutions and programs include those listed as of January 31, 1991.
to higher education reflects the choice of academic programs that are closely tied with occupations in the modern sectors of the economy. An analysis shows that on the bachelor’s level the most subscribed are business and business-related courses (32%) compared to 7% of my informants obtaining degrees in agriculture and allied courses. Analyzing the post-bachelor educational training of my informants with graduate level degrees, a similar pattern appears. Thirty-seven percent of the master’s degrees were in the field of business and business-related courses compared to only 3% in agriculture. Nine religious in the sample pursued higher studies in both education and theology as required in their professions and ministries.

The relatively high number of my sample majoring in business, engineering, and teacher training may be a reflection of oversubscribed college courses and occupationally related programs on the national level (Swinerton, 1991). Noteworthy is the small number who undertook agricultural education as a curricular program. This indicates that my informants have received educational training that reflects the needs of a modernizing society with promises of more prestigious occupations.

**Occupational Status**

An analysis of the occupational status of my informants (Table 4.1) shows that my sample of alternative healing
participants hold prestigious occupations. Of the 57 informants who report having an occupation, 42% occupy administrative and executives positions, compared to the one percent nationally. These include senior managerial and management-related positions such as vice presidents and executives in a bank, a manufacturing firm, a corporate law firm, a university, departmental managers of large and medium sized business corporations, and management and human resource development (HRD) consultants. I include in this category owners of medium-to-large business firms, those employing 50 or more employees. Forty percent hold professional and technical jobs, such as medical doctors, counsellors, teachers, junior managers in small-sized business firms and foundations, personnel management, computer analyst, a commercial artist, a free lance writer and an electronic technician. Sales workers account for the remaining 18% of informants who are in employment, including real estate brokers, sales representatives in telecommunications, and travel, finance, and commercial modelling. The remaining three informants include two healer/therapists-in-transition and a housewife who states that she helps her husband in small-scale trade.

As discussed in the section on my informants' socio-economic characteristics, their occupations are generally prestigious and much more remunerative than the national average. Compared with the occupational distribution using
national level data, my informants are among those who hold the top 6% most highly rewarded jobs in the country. Furthermore, it is worthwhile noting Tiryakian’s findings (1990) which show a marked agreement between the Philippines and such countries as the United States, Britain, New Zealand, Japan, and Germany in assessments of the prestige evaluation of occupational roles.

It is expected that a strong relationship exists between educational attainment and occupational status. Those with high educational status tend to occupy prestigious white-collar jobs. Data show that, except for the full time healers, my informants hold prestigious positions in business and allied industries. Finally, those in higher status positions, senior and junior managers, have degrees above the bachelor’s level.

Education, Occupation and Healing

The benefit derived from their educational training and occupational position is positively related to participation in NRHMs. There are three factors that contribute to a favorable disposition toward alternative healing. These are 1) whether one is an independent entrepreneur or a salaried employee, 2) the type of occupation one is engaged in, and 3) the level of authority one exercises in her/his occupation.

Independent Entrepreneurship
Table 4.2 reveals that 82% work full-time and 10% work part-time outside the home. The remaining 8% are either retired or full-time students. In this analysis I include the 10 religious who either work in congregation-owned schools and retreat houses or in parishes. Of the 6 informants who work part-time outside the home, four are housewives and work part time in family-owned businesses, one is a free lance writer, and another manages her family business.

Full- or part-time employment allow informants control over their time and does not impede engagement in alternative healing. They are able to schedule their workweek in such a way as to devote some time to taking courses and to being involved in the activities of healing groups. The advantage of control over their schedule is most favorable to housewives in the sample. First, they are not constrained to remain in the home to do house work, which is generally done in the Philippines by domestic helps. Second, they appear to give more time to alternative healing. Two informants who state that they are primarily full-time housewives have nevertheless been active in its promotion. One devotes part of her time to healing in her parish, while another has introduced alternative healing to depressed communities on the outskirts of the city by organizing training workshops for this purpose.

Although only six of my informants state that they work part-time, a better explanatory variable for participation is whether they are independent entrepreneurs or salaried
employees. Among the informants working full-time, 74% are entrepreneurs or proprietors and the rest are salaried and employed in firms (see Table 4.3). On the one hand, this gives them the advantage of being able to maintain control over the allocation of time, the pace of their work and its scheduling. They experience a great deal of autonomy in deciding what to do, when and how to do it and how much in a given time. They are able to manage a work week schedule that includes attending healing sessions, therapeutic workshops and other activities. On the other hand, they are also able to introduce healing practices into the workplace without having to account to bosses or company owners. Furthermore, business ownership can be intimately connected with cultural values such as individualism, self-responsibility, self-determination and independence. These values are traditionally and highly esteemed by the middle classes, and are closely related to the beliefs and practices of alternative healing.

There is a further, albeit less elevated, reason for considering alternative healing to be of benefit to owners of small businesses. An informant who works in a family business has discovered the benefits of alternative healing for herself and required all her workers to take the training workshop which she herself organized in the workplace. In some cases, the benefits may redound primarily to the proprietor who states that he uses alternative healing with his employees.

"There are employees who complain of some discomfort. Some-
times they are simply pulling your leg. They want a day off. So, I tell them, 'come, I will remove that.' Then it is gone. They cannot fool me because I know. I can feel it... whether they are sick or not."

**Healing Occupations**

The kinds of occupations that my informants have elicit and shape their participation in alternative therapies in different ways and to different degrees. Some of their jobs are directly associated with healing, like the medical profession, while others are conducive to the promotion of therapeutic practices, like HRD consultancy, counseling, and teaching. Other informants operate and/or work in therapy centers.

It is expected that those in the healing professions would find that participation in alternative therapies significantly enhanced their professional work. A medical doctor who did volunteer work in depressed communities, for example, reported that her experience of seeing patients not able to afford the high cost of medicine launched her on a search for alternative solutions to the health needs of her patients. A practicing psychiatrist stated that she had seen the beneficial effects of the zen exercises on her patients. Another informant noted that, in facilitating retreats and recollections, she starts with the healing of the body, mind, and spirit as a pre-requisite for a spiritual encounter.
Helping Relationships in the Workplace

Finally, a person's position in the workplace involves social relationships. The level of responsibility can both constrain and enhance work relationships. As mentioned earlier, a company boss can easily dismiss his employees' health complaints on the pretext that he can "heal" them easily. However, for those of my informants in the world of corporate business, involvement in alternative therapies has generated a more personal relationship between fellow executives, and between boss and staff than the work setting would usually allow. A senior executive of a commercial bank said that "the most common ailment in the office is migraine, stress. . . . You relieve stress by decongesting the area where stress emanates. Very often when I see executives feeling stressed out already, I tell them, 'you do this'."

With regard to his females office staff, he adds, I have cases of female employees who are lethargic at work because of dysmenorrhea. At that point, I will help them cleanse them in their area and teach them that a couple of days before their period comes, to do cleansing so that they will not be affected by the regular pains." On one occasion, a female employee passed out, and an ambulance was called. But in the meantime, he applied some of his therapeutic practices. "There I was trying to visualize that part of her body that needed to be relieved and doing my thing while waiting for the
ambulance. This is my way of helping my co-workers cope with the stresses of the job."

As discussed above, occupational status has helped to provide this group of participants with a wide range of possibilities for applying their knowledge of the healing arts. Their status as independent entrepreneurs, their chosen occupations and position of responsibility vis-a-vis groups of individuals have placed them in a unique position where new forms of helping relationships can be fostered in the workplace.

What do these material and symbolic indicators of social class and social prestige demonstrate with regard to middle class participation in new religious and healing movements? Two points are relevant.

First, these indicators challenge the widespread notion that marginality or deprivation is necessarily at the heart of participation in NRHMs. The findings show that adherents are not socially isolated individuals but, rather, are part of the mainstream of Philippine society. The profile of these informants places them in highly advantaged social locations. In fact, they are found among those in the highest income and prestige levels compared with the general population of the country and that of Metro Manila, the National Capital region. As such, they, have a greater opportunity than other Filipinos to subscribe to biomedicine. Furthermore, their easy access to biomedicine dispels any argument about the role of struc-
tural distance between consumer and biomedical services in disposing only relatively disadvantaged people toward alternative forms of medicine.

Second, these practitioners of so-called non-scientific healing practices possess educational backgrounds and training that would not be likely to make them anti-modern in their outlook. Such exposure makes them knowledgeable about advances in the scientific and technological world. Well-educated and occupying prestigious positions in the workplace, this sample of adherents are engaged in alternative therapies that reflect and correspond with the educational training and the technological advances of some relatively privileged sections of a modernizing society.

At the same time, the specific character of their education and their occupations is mirrored in the type, form and expression of their engagement in NRHMs. Their educational background and occupational training have served as predisposing factors in their engagement in healing technologies. Furthermore, such factors as being independent entrepreneurs and the kind of occupation and level of responsibility that they hold in the workplace are congruent with their participation in various healing technologies. In other words, their background and their participation in certain forms of alternative therapies draw upon similar experiences which fit together. These indicators highlight relevant features of the new religious and healing movements that
attract groups of people with these particular characteristics. The way in which they connect with the infrastructures of society and build their own infrastructures are quite distinctive. But with these efforts are problems that emerge from unclear positions among various levels and groups in the healing movement. The next Chapter discusses the way how NRHMs are socially organized in the larger Philippine society.
Numerous studies show that non-standard religious, spiritualistic, and healing practices tend to operate via networks of interlocking interest groups. The separate organizational units are held together by loose bonds in a reticulate (net-like) structure (Gerlach & Hine, 1970). Authority tends to be widely dispersed among the network participants, making it difficult to identify the main sources of policy and ideology. In the case of alternative religious and healing networks, there is also good reason to suspect some degree of incompatibility between the predominantly individualistic beliefs and any possibility of firm leadership (Campbell, 1972). One of the intellectual challenges facing the study of alternative healing groups in the Philippines is therefore to understand how the potentially anarchic individualism of the main practices is nevertheless contained in relatively orderly and collective structures. The balance that is often struck between individual therapy and collective settings may have something to do with the attractiveness of alternative healing to Western-oriented individuals in a society in which features of collective culture are very much present.
There is general agreement within the resource mobilization paradigm that grievances, presumed or real, do not constitute a critical support base for social movement. In their place, sources of support come from individuals and organizations that "may have no commitment to the values that underlie a specific social movement" (McCarthy & Zald, 1977:1216). These social infrastructures pre-exist in society, consisting of networks of interrelationships upon which "social movement organization and social movement activity can build" (McCarthy, 1987:56). Concretely, these include "pre-existing ties, communications networks, secondary relations, indigenous organizational strength" (1987:56) and many other potential resources.

McCarthy (1987) identifies some of these relevant social infrastructures in religious groups, academic and other professional clusters, occupational groupings, and voluntary associations. Through tactical styles of mobilizing supporters, transforming sympathizers, and neutralizing prospective opponents, a specific social movement anchors itself within these social infrastructures for the sake of greater solidarity and effectiveness. However, McCarthy contends that these traditional social networks may not always be reliable in providing anchorage for reasons of their fluctuating membership or reluctance to get involved in sensitive social issues. In the face of this infrastructural "deficit", social movements develop new technologies such as lists of likeminded but
unaffiliated individuals, direct mail approaches, emphasis upon advertising and use of media resources. Overall, resource mobilization theorists assert that although the utilization of these new technological devices for creating infrastructures may be successful, commitment is undoubtedly weak, "no matter the sentimental fit."

It may be argued that the dominance of biomedicine and the Roman Catholic Church may inhibit NRHMs in the Philippines from utilizing the traditional social infrastructures and force them, by default, to develop what McCarthy calls "thin" infrastructural support. In this Chapter, I shall argue that while the NRHMs have indeed creatively built alternative social infrastructures, many among them have also been successful in effectively adapting some of the country's existing social infrastructures for their purposes.

I shall examine the extent to which these therapeutic organizations interlock with two dominant social infrastructures, the church and business. For the church, particularly the network of women religious, NRHMs provide an altruistic social action and collective concern in voluntarism and service to the disadvantaged. For the corporate world, NRHMs present themselves as a resource in their human development programs meeting the needs of occupational groups and individual professionals in the workplace. A critical feature of the strategy involves a successful packaging of the healing ideology that is meaningful to the middle-class professional
consumer. This contention supports the general thesis that socio-cultural affinities exist between the social background of adherents of NRHMs and their decision to participate in distinctive forms of healing technologies. In this respect, NRHMs have been able to strike that delicate balance between the individualist orientation of their practices and certain collective features of Philippine society.

The Chapter is divided into two major sections. In the first section, I examine the NRHMs' social infrastructures in Metro Manila. I analyze (a) the organizational forms in which alternative healing is promoted, disseminated and practiced, and (b) the organizational trajectory of an energy healing group within the local and global market. I note how NRHMs impressively cultivate various organizational forms such as the way the training institute and the healing centers are socially organized to engender the participation and commitment of its middle-class adherents. Hence, weak connections may be transformed into more lasting commitments. These efforts are conveniently supported by new technological infrastructures that increase the pool of potential recruits. Through such new technologies as computerized mailing lists, cooperative distribution of promotional literature, sharing of facilities, and creative use of the media and open breakfast forums, NRHMs are able to propagate and sustain interest in alternative therapies. A critical attribute of this technological innovation is the interlocking of NRHMs with features
of the church and business infrastructures.

Nevertheless, the use of new technological infrastructures brings with it corresponding problems. Issues of control over the content and dissemination of healing technology become prominent as NRHMs try to carve their niches in the marketplace of health promotions. The second section examines problems and alleged abuses in the practice of one such healing technology. I shall investigate tensions and conflicts in the organizational life of an energy healing (EH) group as mirrored in charges concerning (a) the commercialization of healing and (b) the dangers associated with the healing practice.

**Inter-Organizational Field**

**NRHM Interlocking Social Infrastructures**

The serious energy healing practitioner ventures into an array of interlocking social infrastructures. These are: (a) training institutes that offer a variety of workshops and courses on alternative therapies, as well as advanced classes for those who wish to deepen their study of alternative knowledge and practices, (b) healing centers that deliver a variety of therapeutic services, some of them combining biomedicine and alternative therapies, and (c) new technological infrastructures that involve the sharing of mailing lists, dissemination of information on new courses, breakfast forums where people can come together, share their experiences and
market new healing technologies, and creative use of media promotion and advertising.

**The Training Institute.** At the center of this array of interlocking organizations is the institute which links the initiate to a whole network of individuals, groups, and organizations. The training institute or center is the primary physical base that markets new knowledge and techniques in alternative therapies. Most of the healing groups are distinctively identified with a training center and a specific individual.

The center contains trainers who specialize in each of the course offerings and an officer responsible for packaging and marketing various services and courses offered at the institute. A secretarial staff keep files, class records, and prepare newsletters which are sent to graduates, initiates, and new contacts. While the graduate files include basic information on the participants, some questions deal with confidential matters, such as disclosing physical and psychological illnesses and gambling habits, which may help determine the acceptance or non-acceptance of an applicant on more demanding courses.

The training institute is the locus for the various training sessions. The receiving room often resembles any other office in Makati’s financial district. But the choice of decor and reading materials on display indicates that this
is no ordinary office. At one center a huge poster of the unicorn adorns the main wall. This has come to symbolize the attainment of higher consciousness or the opening of the "third eye." Crystals of various shapes and colors sit prominently on desks. In another training center, a small corner of the room was redesigned as a cozy nook where guests could sit comfortably and chat with the center's personnel. The most important part of the training institute is an all-purpose room. The room is generally bare of fixed furniture except for throw pillows or removable chairs. Here activities of all types are held: training workshops, social gatherings, business meetings, and meditation sessions. In yet another training center, the therapy room contains a futon which serves as the couch for patients undergoing a crystal layout. There are no upright chairs. Healer, clients, and guests sit on the floor closer, as it were, to Mother Earth.

Training is arranged in terms of courses, classes, workshops and seminars. The setting resembles that of any college or university lecture room, complete with a large board where the lecture plan or the outline of steps for the exercises is written. However, the chairs are not permanently fixed to the floor, making it easy to rearrange them for exercises where participants need to face each other or for small group sharing and discussion. Students bring their notebooks and take copious notes while the lecture is given. For the courses on healing, a textbook may be used to follow
the lecture. In arhatic meditation, the students must rely mainly on their notes and, unlike the other courses, participants are asked to sign a consent form of not divulging any information or procedure discussed in the workshop. Although the activation of energy centers is basic to many yoga exercises, it is claimed that the activation of particular sets or combinations of certain energy centers produces a more heightened effect. It is this combination, practitioners assert, that is unique to arhatic meditation.

While the lecture is the main means of imparting the content of the courses, lecturers are quite innovative in their approaches. They use a slide projector to introduce the non-clairvoyant participants to the energy centers in the body or darken the room to prove that energy is indeed transmitted when these energy centers are activated. This particular exercise is often cited by informants as proof of the scientific basis of energy healing and of the universal ability to heal, as a former skeptic recalled, "when I saw current emanating from my finger tips, I felt that I can heal also."

The most critical feature of the training workshops is the direct application of newly learned concepts and techniques. Philosophical content is interspersed with actual application. Early on, participants are trained to see the aura or the energy field that envelopes the body. At one workshop, I reported to the group that I could see a slight congestion on the head of one participant. This diagnosis was
instantly confirmed by the participant-turned-patient that she did have a headache that day. A staff member and other workshop participants verified the diagnosis. For the exercises, participants are paired, each one taking turn as patient and healer. Feedbacks are immediately solicited whether these be during the healing session or while the lecture is progressing. The constant interaction lays the groundwork for the initiate's gradual entry into the group. Moreover, this teaching mode not only insures the acceptance of basic concepts and principles but it also allows for immediate feedback so that more advanced knowledge can then be introduced if appropriate.

Another key feature of the training workshops is homework. Participants are assigned to heal two persons every day and to submit a written progress report. In the group discussions, participants learn of the successes and weaknesses in the group members' practice and provide them with incentives to improve on their own. Testimonials and shared experiences reinforce the validity of newly acquired knowledge and they help to seal the common experience of healing among the participants.

Each day of the 5-day workshop ends with group meditation. But the fifth day takes on a special import for the initiate. Former students join the group either as reviewers or as co-facilitators. Often they are asked to lead the meditation exercises while the lecturer joins the rest of the
participants. It is common practice for NRHM groups to allow former students to review the courses for free for as many times as they so desire. On many occasions former participants serve as monitors encouraging the newcomers and sharing their own experiences. This interaction helps to consolidate the initiate’s affinity with the larger group. The workshop culminates with a "graduation" ceremony. Each one is called, congratulated by the awarding person, usually the group leader, and given a certificate of attendance. A class photo is taken with the founder, which is then added to the institute’s official album and roster of participants.

In these classes ideas are transmitted and teachings are expounded. A course on energy healing begins with an exposition of certain concepts that underlie this particular healing technology. Hence, it is not simply the technique that is critical as much as the acceptance of basic assumptions that serve as a foundation for a particular form of healing. In effect, the initiate is introduced into an alternative system of thought and ethics. Basic or primary courses in healing serve as an avenue to an entirely new knowledge, that of the esoteric sciences. This is effected with a set of bibliographical references and readings that make up the packet of materials that newcomers receive on the first day of a course or workshop. Although the books may be bought at a nearby bookstore, some of these are made conveniently available at the institute which also serves as a publishing house. For
some courses, an outside person knowledgeable in this newly introduced philosophical school is invited to serve as lecturer and resource person.

The courses reflect the underlying holistic philosophy of these healing groups. The emphasis is on developing the inner self and all its human potentials. Practitioners believe that illnesses start with the fragmented mind, and healing starts by restoring the self to its full potentials. This orientation flows from the influence of two philosophical strands, namely Eastern thought and Western tradition (Lowenberg, 1989). The list of courses and workshops (see Table 5) shows how these two distinct philosophical traditions are woven together intricately in these healing technologies. Informants pride themselves on the capacity to merge these two traditions in the experience of the Filipino as a person "where East meets West." In conversations, my informants cite the connection between these two traditions with great ease. Furthermore, the courses tend to emphasize the internal basis of the healing technologies i.e. the immense capacity of the self for healing.

The scale of fees (Table 5) also reflects this focus on the self. The most expensive courses deal with the development of the powers within the self. Silva Mind and Science of the Mind are franchised courses from the West, while arhatic meditation and kriyashakti, originally called "financial healing", are claimed to have been developed in the country.
One key service of the training institute is to provide healing practitioners from among those who staff the institute. They play an important role in welcoming the initiate. At the start of a workshop, they welcome the newcomer with a personalized name tag and an envelope of materials. They prepare the snacks, drinks, and food from a vegetarian restaurant. They also join the workshops, either to assist the lecturer with the paraphernalia needed for the workshop, e.g. basin of salt and water and alcohol for the healing exercises or, if a participant finds her/himself with no partner for the exercises, a staff member serves this purpose. But more importantly, staff members double up as healers to provide services to graduates and their friends who drop by for a "dose of energy" any time during the day. At other times, they may simply lend an ear in friendship to listen to personal problems. Informants say that when they encounter problems in their therapeutic practices, they call the training center for guidelines or simply to get assurances in their practice.

Another activity of the training institute is the dissemination of books and materials that aim to popularize alternative systems of thought. One training institute I observed is a corporation duly registered with the SEC as a publishing company. It acquired permission from publishers in the US, Germany, and other countries to reprint books on the esoteric sciences. It pays a minimum amount of royalties so
that the books are sold in the country at a cheaper price. Its objective is "to propagate these spiritual teachings to the Filipino people." A number of key people in healing groups have themselves published books on their healing technologies. Examples are Choa-kok-sui's "The Ancient Science and Art of Pranic Healing" and "The Ancient Science and Art of Pranic Psychotherapy"; Maraya Chebat's "Core Energy"; Regina Dee's "Inner Peace"; Lava and Araneta's "Faith Healing and Psychic Surgery in the Philippines."

**The Healing Center.** Although the training institute is the most prominent feature of the NRHM structures, the healing center may be considered the heart of the movement. This is where social boundaries merge in response to the universal experience of pain. One such healing center was first established in one of Metro Manila's most depressed areas home to several thousands urban slum dwellers. It is known not only for its subhuman conditions but also as a notorious crime area in the city. Other healing centers were opened in low income neighborhoods in Quezon City and Makati. Volunteers and full time healers staffed these centers which were open without fail from 3 to 7pm Monday through Saturday. Other healing centers were established in conjunction with parish programs that served the indigent of the parish. Some practitioners opened healing centers in their own homes.

A clinic that combines the practice of biomedicine and
alternative therapy was opened at an affluent section of Makati around the time I had started my field work. As a for-profit corporation it was staffed with a full time medical doctor who was at the same time an alternative healer. Consultation fee was way above the average for Metro Manila suggesting that this was intended for more affluent patients. It offered its middle-class clients a distinctive service. Data show that 179 patients underwent alternative treatment, of whom seventy-two returned for continued or additional therapy with an average visit of 4.4 days. Sixty-two of the 155 patients with complete records were male. Ages ranged from a child of three months to 75 years. A cursory look at the healer-physician's report shows that ailments were wide ranging and would have required the biomedical interventions of a cardiologist, nephrologist, lung specialist, internist, dental surgeon, an EENT, OB-GYNE, psychiatrist, etc.

At this healing clinic the usual display of medicine bottles or paraphernalia freely distributed by drug companies was replaced with a stand holding a basin of water and salt and several crystals on the physician's desk. Added to the doctor's professional credentials and diplomas that were displayed on the wall was a certificate stating the doctor was a certified healer. On another side of the wall was a poster of the "Great Invocation" showing the crown chakra, and the picture of Christ the King nearby. Such a combination of symbols and credentials must have been reassuring to many of
the clients who came for treatment.

Treatment begins with a casual conversation with the doctor. Although my complaint that day was common cold and cough, the treatment basically follows that same procedure used for most other complaints. The doctor sat on a chair in front of me and began with an invocation:

Lord, all powerful, all merciful, please help me heal ____ and all her ailments, physical, mental, spiritual and emotional. Give her back her health when she was young. Give her peace of mind. Give her prosperity so that she may serve you more. I am asking all these things, but then it is your will not mine.

Claiming to be clairvoyant, she began the process of cleansing by rotating the crystal she held with her hands counter-clockwise on the major chakras. After every rotating motion, she would flick the crystal over the basin containing water and salt. She would periodically "look" me over and when she seemed satisfied, she started to energize me. Again she held the crystal and pointed it towards my forehead where the ajna chakra is supposed to be located. She claimed that was the depleted chakra and was responsible for my upper respiratory complaints but was also a master chakra that should take care of my whole body. She ended with a short prayer of thanks. It was a treatment that lasted no longer than three minutes.

I observed that the time she spent with patients was variable. For some it was just a matter of a few minutes of energy treatment, but other patients spent longer time with her. Her practice did not just involve the mechanical procedures of energy healing but included some form of
counselling and providing a listening ear to the patient's emotional and psychological problems. This was a practice that went along well with the needs of the middle sections of Metro Manila's population.

Other healing centers offer such services as crystal layout, rebirthing, aromatherapy, core energy, zen, TM and personal counselling. Each service is "tailored to the needs of the client and is sensitive to the client's reaction." A crystal healer told me that she once had a client who "was very spiritual. She didn't feel like going into her innermost self . . . no catharsis . . . she just wanted to work on self-affirmation." Healers claim that the key to an effective service is to integrate the various alternative forms of healing. As discussed in Chapter II, healers tend to draw from various healing technologies. The combination of the healer's intuition and the client's needs determines the successful dispensing of services.

New Technological Infrastructures. Sustaining the milieu of alternative practices takes the form of compiling and sharing mailing lists, facilities, promotional materials, attendance at breakfast forums, and the use of popular media. It is not uncommon to learn of new courses offered by a center from another institute. Promotional introductory lectures by newer therapeutic groups are held in more established centers. At the Institute of Inner Studies, for example, I attended a
two day introductory course offered by the Ganapan group and attended the latter's meditation session at the Crystal Consciousness Center. Tahanan Growth Center houses the offices of Core Energy and PSI (People Synergistically Involved). The director of the former sits on the board of the latter. Some institutes serve as distribution centers for newsletters and for promotional announcements of other groups. The term "competition" is not highly valued by practitioners. They would rather talk of "complementarity" or "specialization" whether it be in terms of the content of the course offerings or the target clients. As one informants put it, "[other institutes] handle certain subjects that we are not interested in. We handle subjects that they are not interested or do not specialize in. . . . Most of the schools are basically complementary because each specializes in different fields." Another informant talked of "different markets and different income brackets."

The breakfast forum gathers devotees of the New Age. One group, the New Age Breakfast Forum, meets every month at Nandau Restaurant. This was instigated by Jimmy Licauco who directs the Institute for Mind Development. The forum is advertised and is open to the public. At these events, new groups are able to market their products and make new contacts. Some informants stated that they had learned about energy healing from having attended one of these gatherings. Topics are all-inclusive touching on healing, spirituality,
the occult, religion etc. The highly intuitive and tolerant characteristic of New Age thinking may help to explain why any idea shared is welcomed in the group. On one occasion, a speaker, echoing a popular antagonism against local politicians, spoke of psychics being able to outsmart corrupt political leaders because of their ability to see indications in the other person's aura. This was a welcome note for those familiar with the Philippine political scene. On another occasion no one reacted but me when someone said in reference to the then raging Persian Gulf War that "the United States of America will never be defeated because it was founded by people from the spirit world . . . [and] is the atlantis of the modern age."

Another distinctive feature of this new social infrastructure is the creative utilization of the media. A magazine, "Astroscope", specifically caters to New Age adherents and a weekly column in one of the leading newspapers in the country is devoted to a wide range of topics on the New Age. Other magazines and television programs feature discussions and investigations of psychic phenomena. A cursory look at titles published in the daily press and weekly magazines reveals that these materials serve as legitimate vehicles for introducing alternative knowledge acceptable to middle-class readers.

They provide a wide range of topics of interest to distinctive segments of Metro Manila readers. These include
psychic surgery, witchcraft, and amulets, and the use of magic chants to bring money as well as the benefits of visualization, mind power, and positive thinking. Other discussions connect psychic thinking with explosive national concerns with revelations about "Cory Aquino and Imelda Marcos," or "Ninoy's [Aquino] astounding message from the grave." These published materials also discuss such controversial topics as reincarnation and karma, or they introduce affinities between the Christian practice and belief in "slain by the spirit" and astral projection, "reincarnation in the bible," "the brain and ESP," "faith and science," and "science and the paranormal." Although it may be argued that the use of the media primarily redounds to the promotional and material gains of these groups, these exchanges open a new dimension in popular media to a dialogue with the dominant culture of biomedicine and christianity.

Other headlines such as "Philippine mediumship: how it differs from the West," "Filipino healers conquers Argentina," or "A new look at astrology through Filipino eyes" reinforce the nation's distinctiveness among psychic believers. The belief that the Philippines was once the center of Lemuria, one of the two superior past civilizations, is widely held by New Age adherents (Licauco, 1982b; Araneta, 1982). Aside from astounding reports of psychic phenomena, the literature also provides practical guides or "how to's." These features include "how to communicate with spirits," "how to develop
your ESP," "how to meet your soulmate," "the use of psychics for detective work," "intuition role in management," "how to handle negative thoughts," "specific steps in visualization" or "what you visualize you realize." While rural practices may deal with using amulets or potions to lure a reluctant lover, these Metro Manila practitioners stress self-improvement and the use of these potentials in business and other concerns.

Although these NRHM social infrastructures are important to the dissemination and popularization of alternative therapies, it is the successful use of the country’s traditional social infrastructures that appears critical to their continued growth. I shall now examine the strategies of EH for packaging, accessing, and developing the potential benefits of alternative therapy.

**Packaging a Healing Ideology.** The growth of EH may come primarily from a net-like structure that appeals to virtually everyone and is non-threatening to the dominant positions of the Roman Catholic church and biomedical institutions. Learning a good lesson from the controversial experience of TM in the Philippines, EH’s ideological packaging strategies may be explained in terms of the following four orientations.

First, healing is invoked as a universal appeal. Surely no one will fault individuals or groups that work towards this universal quest of health and well-being. However, in the
course itself, the foundation of esoteric knowledge is laid down in clear fashion. There is allegedly a reality beyond the physical, and participants are taught to see auras, energize chakras, and learn the universal law of karma. The basic course on energy healing is a pre-requisite to most other courses offered at the Institute of Inner Studies.

Second, analogies to scientific techniques and discourse flavor the language of the presentations, such as references to energy, measuring auras, testing the results, or understanding the principles of energy congestion and energy depletion. Words such as systematization, observation, explanations, methods of generating energy sources, or effective ways of projecting energy loom large in the language and techniques that initiates learn early in the training.

Third, there is a conscious effort to distance the practices from any association with religion. Participants are constantly reminded that energy healing is a science not a religion. Yet, it is the participation of a number of religious women and men that has allayed the fears of traditional Catholics and has helped make the promotion of this healing practice credible in their eyes.

Fourth, service to others is the catchword. The healing center offers free services to anyone, and a foundation was established for this very purpose. A testimonial included in
the brochure comes from a National Artist\textsuperscript{19}, now an EH practitioner, who claimed that "through energy healing, [she] was able to bring comfort and relief to many people . . . healing others was heart-warming."

Apart from these four ideological considerations, courses are packaged to answer specific needs. In Kriyashakti, also called financial healing, one learns the art of materialization for success and prosperity. The potential beneficiary is taught "how to generate good luck and create positive karma, provide channels for things to materialize, and create powerful thought forms to speed up materialization." The course on "Meditation and Stress Management" promises the client techniques on how to attain stillness in mind, body and emotions, acquire a dynamic personality, reduce tension, and cleanse her/himself of negative energies that cause stress. The course on Arhatic Meditation is designed to meet the needs of persons seeking self-growth and the unfolding of their human potentials and a heightened spirituality.

To occupational and sectoral groups such as teachers, EH promises higher achievement rates for their students when "teaching is combined with visualizing and energizing the ajna chakras of the students." For the religious women, EH explains the Catholic ritual of the mass as "the richest form of divine energy descending upon the people of God in wor-

\textsuperscript{19} Title bestowed by the government on individuals who have shown extraordinary competence in their artistic field.
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ship. Conducting an energy healing session after the Sunday mass becomes the concrete expression of "go in peace, the mass is ended." These packaging strategies are geared towards effectively developing the local market.

Strategies for Accessing and Developing the Market. EH taps into two major social infrastructures, namely, the church and the workplace. Accessing the network of religious is like gaining entry into a vast chain of groups and organizations associated with the religious institution, namely the teachers, staff, parents, alumnae, parishes, schools and universities, clinics and social service agencies. An institute's newsletter carries reports of the contributions made by the religious network to the dissemination of EH. One report says that a religious women association has, since 1989, organized energy healing seminars in several cities strategically located in Mindanao, the second largest island in the Philippines. The participants included "sisters, priests, teachers, church workers, and representatives of different organization all over Mindanao." In one religious congregation, EH tapped its key member, the provincial. This facilitated the dissemination of training workshops in practically every community of that particular congregation. EH, in effect became a resource for the congregation as it was incorporated into the sisters' activities in retreats, schools, personnel management, and social services. This strategy is further enhanced by
charging church ministers a reduced fee or by offering them complete scholarships. Some of the sisters' work among the poor even benefits from the "tithing" of energy healing adherents. Aside from religious communities and their school and social service apostolates, parishes are also tapped as important vehicle for disseminating EH. Energy healing adherents who are active in their parishes introduce the practice in parish programs.

The other key network is the workplace. Highly placed in the corporate world, some practitioners have utilized its networks of associated organizations, social and professional groupings, and exploitable facilities. First, the course fees were intended to targets clients from among the more affluent sectors in Metro Manila. Second, EH's entry point is the area of human resource development, a component of the business enterprises' personnel services. One EH practitioner works with personnel in a five star hotel, for example, and EH is a component of her training program. Some directors of therapeutic groups serve as consultants to business companies. Third, EH makes good use of its critical recruits, namely, the executives themselves. One executive, now a practitioner claimed that "in energy healing . . . [we are] taught how to relieve stress and how to cure it. That is the most common ailment, stress. By using that technique I got a lot of people overcome stress, particularly on the executive level. I taught them how to do it." These recruits are crucial in
making the potential resources of the corporate world more available. They also become instrumental in further packaging the services offered at the Institute and they often serve as speakers in introducing the product. According to an informant,

I gave an introductory lecture to a group of research lawyers, the corporate type, not the ambulance chasers. Since these were lawyers, the first thing I thought of is to give them proof about something I am talking about, something they can see, something they can feel and apply. What I did was to introduce the concepts through experimentation. I think this is why it clicked . . . especially when they did the focusing exercise. . . . Would you believe most of them saw the aura!

The use of critical recruits develops and maintains an image of credibility. In that introductory course with corporate lawyers, the outline of the presentation had originally been prepared by staff of the Institute. The logic was "if you know how to heal, you save money -- health is savings. And if you are healthy, you can be more efficient in your business." Instead of this approach, a different informant used his own example of the many ways in which he would apply the principles behind EH in his work as a bank executive. He said that "before [he] starts writing or preparing a report, [he] activates the energy center on the throat area and instantaneously [he] gets ideas." He suggested a similar application that lawyers can use before writing their briefs. An example that brought the house down concerned preparations for meeting hostile opponents. He recommended that the lawyers "activate the energy center at
the base of the spine to garner all the energies in the world and the forcefulness needed to meet a court opponent."
Furthermore, he proposed that EH be introduced at luncheon meetings of rotary clubs, and other social and professional groups.

This use of critical personalities is fully exploited in vigorous advertising in newspapers and magazines. Often media personnel are contacted to feature healing technologies and their associated benefits for the professional. First, these feature articles appear in respectable newspapers with a national circulation and "uppity-up" mainstream magazines. Second, people of extraordinary stature give testimonies to its effective application (Perrow, 1970; McCarthy & Zald, 1977). For example, these articles have profiled a national artist who healed a pianist visiting the country for a performance; a doctor of psychiatry who demonstrated the merits of energy manipulation on psychotherapy at the meetings of the World Congress for Mental Health in New Zealand; and a retired businessman who testified to having been cured of acute emphysema.

**Organizational Trajectory**

While most of the NRHM groups are still in their early organizational stages, it is quite instructive to examine the outlines of their trajectory.
Going global. While some of the healing groups are directed towards the local market, EH envisions a more global trajectory. Its instruction book, originally written in English, has been marketed in the US and translated into Indonesian, German, Portuguese, Chinese, Spanish, and Tagalog, while Polish and French editions have been negotiated with publishers. Packaging the product to make it socially acceptable is thoroughly considered. The group leader says that "in the Philippines, the people are Christian, so the healing art has to be christianized" and that connections must be made with biblical passages that people can relate to "and the scientific basis behind the healing art must be shown to make it socially acceptable." However, in the People’s Republic of China, "these biblical allusions would be unacceptable" but EH is being elaborated in connection with traditional Chinese healing practices like "qigong\textsuperscript{20}.

Aside from packaging the workshop to suit the cultural practices of target countries, EH workshops have been conducted in the neighboring Asian countries of Indonesia, Singapore, and the People’s Republic of China. These workshops were either arranged by businessmen or under the auspices of government officials and included "business executives, professionals and religious people" and prominent medical practitioners.

\textsuperscript{20}A Chinese healing art that involves the activation of energy centers.
This trajectory was completed with the formation of an non-profit healing foundation. Although EH may be oriented towards the development of individual potential, this particular healing technology articulates a broader world view. The foundation is, at one and the same time, a venue for altruistic social action on the homefront and an initial step toward globalization. In July of 1990, the foundation was registered with the Securities and Exchange Commission as a non-profit corporation and became a member of the Association of Foundation involved in assisting the underprivileged. In accordance with the UN's endorsement of alternative healing practices to complement conventional medicine to promote health in developing countries, the foundation aims to provide an "appropriate response to the plight of the Third World's [problem] of inadequate health support systems." Concretely, this means bringing "health to every household in the Third World through an easy-to-learn alternative technique."

Areas of responsibility for the promotion of EH have been clearly designated in the Philippines. Individuals and groups belonging to the upper classes particularly in Metro Manila and the developed countries are target markets for the institute, while the foundation aims at servicing the lower classes in the provinces and the Third World. The foundation's one year report submitted in June of 1991 presented an elaborate scheme for utilizing existing local networks such as local government agencies, religious organizations, and local
officials of the town or city. The report further stated that not only has there not been any complaint from the local government and religious organizations, but that these groups have been cooperative in their promotion of EH.

After every workshop on EH, they organize the graduates into local EH associations. The graduates are given the task of organizing future seminars and projects in their locality. The association members conduct healing sessions in every barangay every week, usually after the Sunday mass. Once they are able to gather a sizable number of recruits they call on the foundation members in the field to conduct the seminars. This process of immediate application of energy healing techniques insures the mobilization of the graduates, the service-orientation and the propagation of the healing technology.

**Franchise and Control.** It is too early to know how this global trajectory will progress. The leader of an EH group plans to set up an elaborate system of franchises with corresponding control mechanisms. He spoke of setting up territorial spheres of control that would guarantee the authenticity of the healing technology, but at last interview his thoughts were still very sketchy and tentative. He was not clear on the terms of the franchises or the control mechanisms. I had the impression that he might sell franchises or expect those who promote and teach EH to give the
institute a percentage of workshop fees. What I know is that a certified practitioner voluntarily sent the leader the workshop fees paid by the participants in workshops that she had initiated and organized. Another spoke of the benefits of formalizing franchise agreements so that she could continue with her practice. One thing is certain: EH has reached the shores of California. A Filipino couple has started offering EH workshops. They report that the first 30 seminar participants were "doctors, psycho-therapists, health workers, yogis and students." The couple were visiting the country while I was there and had spoken personally with the leader regarding their plan to organize more workshops in California in the coming years. So far, these appear to be personal transactions between the group leader and the concerned practitioner.

In the absence of official contracts and control mechanisms, some problems may well emerge. I was told by an informant that a person who is not known to have been trained at the institute teaches a similar course in a different affluent subdivision in Metro Manila. Another case involves one of the disenchanted who has broken away from the group. She now advertises herself as an alternative healer and heals not by using sweeping and energizing motions but she has developed her own style of directing healing energy to the affected part of the body without utilizing the procedures she had earlier learned. In fact she used this method to treat patients even while she was employed in the clinic and began
to teach this method to me and her friends. She claims that she was being prevented from using this method because it would destroy her eyes. However, she argues that this is a superior method and that she cannot be accused of using this type of energy healing. But one informant observed that she displays her certificate as a "certified healer" among her medical credentials in her new clinic. If these control mechanisms are ever formalized, it may be difficult to enforce them. As the leader himself says, "all you need is to buy the book, follow the instructions, and do it."

One of the distinctive features of this healing group is that the strategy for expansion entails the risk that control over the practice may be lost to the graduates who may or may not accept franchises but who may develop the technology in their own way and for their own purposes. L. Ron Hubbard, the founder of Scientology, has often been said to have fought against this danger in his own movement (Wallis, 1975). The second risk is that the tactic of operating extensively through pre-existing organizations such as Roman Catholic parishes may give too much authority to outsiders. In other words, the superior size and wealth of the Church may simply allow it to absorb EH and to take it over for its own purposes. David "Moses" Berg, the founder of the Children of God, retreated from this form of 'entryism' when he realized that it might work more to the benefit of the 'host' than to that of the 'parasite' (Van Zandt, 1992). A similar point may be
made about Catholic charismatic healing groups which were independently initiated but are now officially controlled by church guidelines and direct supervision (Archdiocesan Office for Research and Development, 1981). As the next section indicates, the development of this energy healing group has already provided evidence of tensions and conflicts among participants and therefore between them and the wider society.

**Tensions and Conflicts**

Unlike the Transcendental Movement (TM) that met resistance from the Roman Catholic Church and special interest groups in its efforts in the early 1980s to buy into a large university complex in Manila, recent religio-therapeutic groups have not figured in any type of controversy of national magnitude. However, some may argue that doctrinal differences with the leading Roman Catholic church may account for the questions and accusations leveled at NRHMs which espouse non-Christian beliefs and practices. After all, the esoteric realm of reality, which lies at the heart of their principles, may be considered inimical to the teachings and practices of mainstream Christianity. Other critics, particularly some members of Catholic charismatic groups and evangelical groups, say that this type of healing is the "work of the devil." But such mild and hushed confrontations take place in parishes where voluntary practitioners hold healing sessions and have not taken on national proportions. But like any other group,
EH groups have had their share of conflicts early on in their organizational growth. In this section, I shall examine two interrelated areas of tension in an EH movement. I shall investigate the critical social relationships that help to promote this new knowledge of healing technologies while serving as the basis for questions and disillusionment among other practitioners.

The resource mobilization paradigm distinguishes between categories of individuals and organizations critical to the social movement's goal accomplishment along several dimensions. One dimension pertains to general categories of adherents or constituents. "Adherents" are those "individuals and organizations that believe in the goals of the movement. .. [while] constituents are those providing resources."

Another dimension distinguishes the size of the resource pool. Hence "mass" would have a limited resource pool compared to "elite" who control a larger resource pool. Finally, these groups can be still further distinguished by whether or not they benefit directly from the goals of a social movement organization. Those who do not benefit directly are called "conscience" adherents or constituents, while "potential beneficiaries" are those who would benefit directly from the social movement (McCarthy and Zald, 1977).

In applying the resource mobilization perspective to the analysis of 'cult controversies', Beckford (1982) makes a distinction between the patterns of internal and external
relationships in NRMs. He distinguishes four types of internal relationships based on the "character, strength, and valency of the bonds between people in NRMs" (81). "Devotees" involvement would be highly intense and inclusive and is primarily concerned with the promotion of the movements' values, teachings, and material security, and polyvalent. "Adepts" combine a high degree of commitment to the movement with continuing relationships to kinship, affectual, economic and occupational groups. "Clients" relationship is largely instrumental, consuming services that the movements offer -- wisdom, skills, therapy, or friendship. Finally, "patrons" are those who may, from a distance, contribute moral support, material assistance, and occasional advice or services.

As far as authority relations are concerned, devotees submit to a source of authority who has dominion over all aspects of their lives. For the adept, compliance with individual or collective authority is a matter of degree or the range of areas over which authority may be exercised. The contractual basis of the client's relationship with the NRM makes authority relations weaker compared with devotees and adepts but nonetheless "creates and sustains a relationship of dependence" (83). Finally, patrons are not directly subject to authority and are free to maintain other commitments.

Second, Beckford's model distinguishes three ideal-typical ways in which NRMs maintain relations with the rest of society: retreat, revitalization and release. Movements which
tend to avoid society's intrusions and influences and seek to build their own model or blueprint of communal life fall under the "retreat modality." Those who seek to "revitalize and transform the secular world in accordance with their values and teachings" follow a "revitalization modality." While those who offer services to "release people from conditions obstructing the full realization of their potential" follow a "release" modality. Beckford argues that cult controversies are shaped by the interaction of these ideal-typical patterns of internal and external relations. Different configurations give rise to different types of controversies.

Critical External and Internal Relationships

Let me apply some of these concepts to an analysis of EH to better understand the emergence of tensions and conflicts in the movement. Using Beckford's terms, EH can be said to display a predominantly 'release' mode of insertion in society and a mixture of 'adep't, 'client', and 'patron' modes of participation. The combination of these external and internal relationships helps to explain the EH movement's organizational ambiguities and tensions.

First, in terms of the movement's external relationship with the wider society, one may argue that EH follows a release modality. There is no communal type of organization to speak of, nor are there objectives that seek to transform society. Participants take courses or seek treatment at the
healing centers as clients, and generally the transactions end there. There is no group membership: just a roster of workshop participants. However, the way EH is practiced and promoted has given rise to a dual market with distinct client groups, each with different sets of expectations.

In terms of the internal relationships within the EH movement, I note that the initial instrumental client relationship characteristic of movements operating in the release modality may be transformed into stronger ties with the movement. There is a process whereby (1) clients become adepts/constituents or beneficiaries with (2) varying degrees of proximity to central authority. The adepts have a choice between two career paths, as voluntary practitioners or as staff practitioners. The former are more likely to become critical patrons or conscience constituents, while the latter enter into an employment status vis-a-vis the leader and benefit financially from the practice. The implications of this dual career mode are far reaching and often problematic. It is these sets of external and internal relationships that help explain the two areas of organizational tensions and conflicts.

Two Problems

The two problems concern the "commercialization of healing" and the "dangers associated with the practice." Critics, particularly the media, claim that alternative
healing therapies have become commercialized. The efforts of EH practitioners to have clients pay for the services have therefore been tagged "commercialization of healing." This is the same accusation thrown at the more controversial psychic surgeons. The other criticism is that some active EH practitioners have suffered adverse effects, popularly called "contamination and/or depletion of energy resources." Practitioners apparently become ill for no apparent reason. I shall discuss each in detail.

Commercialization of a healing technology. Critics say that alternative forms of healing that derive their sources of healing power from God or from the abundance of nature should not be a market commodity. Furthermore, practitioners who consider their healing power a "gift of God" should offer it as a service: not use it for enrichment. Some of them claim that their power diminishes if it is used "to make money." Proponents of EH say that these charges point to a "mendicant tendency." One practitioner responded that, "in the Philippines . . . they like everything free. Like for example, a heart operation would cost, maybe P100,000 or P200,000 or more. If they can get this for free, they prefer this than go to a clinic where they have to pay a little bit more." Other practitioners, particularly those associated with the training institute argue that just as "skills for healing are learned . . . healers are trained . . . and
training is paid for, like going to school" therefore healing services should be remunerated. This position, in fact, defines the policy of the foundation that fees be exacted from low income participants, even if these be simply token payments. EH practitioners who express a desire to establish their own practices are encouraged to charge for services, be it in cash or kind. In other words, EH practitioners are divided between those who complain about the commercialization of healing and those who regard it as normal to charge fees for healing services. This is a result of combining adepts and clients in the same movement.

**Contamination and Depletion.** "Contamination of diseased energy" and "depletion of good energy" are two related processes in EH. Contamination occurs when the patient’s diseased energy is absorbed by the healer, while depletion is the process whereby good energy from the healer is absorbed by the patient at a faster rate than usual. The healer is said to experience a sense of general weaknesses. How this happens is explained clearly in the book on EH: "the diseased bioplastic matter, when removed from the patient’s body, is still connected to the patient by bioplastic threads."

**Contamination of diseased energy.** One of the main attractions of EH is its claim that healing can be effected with "techniques that do not involve touching the patient." Although there is no physical contact between patient and
healer, the fear of acquiring the diseased energy from the patient has been a disturbing apprehension shared by my informants. One of them related the following experience:

One day, when I was healing I noticed that two of my friends left the room. Later they commented that every time I would flick my hands, some of the diseased energy would bounce out of the basin because I was doing it very fast and was not concentrating. My two friends are clairvoyants and they could see what was happening.

This concern echoes explicit official warnings that "unless the diseased bioplasmic matter is properly disposed, there is the possibility that it may go back to the patient." Trainers at the institute advise the participants to use a bioplasmic disposal unit made up of a liter of water and a handful of salt; that they use "sweeping" strokes with their hands rather than "suck and dry vomit" as American Indian shamans would do; that they flick their hands thoroughly after every "sweeping" motion; and that they wash their "hands up to the elbows" with water, water with salt or alcohol, before and after healing.

However, some informants claim that care in disposing of the diseased energy and cleansing with salt and water or alcohol are not enough to insure the safety of healers. "As a healer you must protect yourself . . . if you use the hand, the aura of the patient and the healer overlap. As you remove the diseased energy from the patient, naturally it will go to the aura of the healer. [The healer] will have the tendency to absorb the diseased energy."

An informant, acknowledged by group members to be clairvoyant, explained that "this etheric line or cord . . .
should be cut (gestures) to prevent the transfer of diseased energy from patient to healer." Furthermore, she asserted that the first edition of the book did not contain specific instructions regarding cutting the thread that bound patient and healer and that in effect, their health was jeopardized. She accused trainers at the institute of "practicing on us." This fear led two practitioners to design a healing rod in which programmed crystals were embedded as an instrument for protection against possible contamination. Another informant maintained that by using crystals for cleansing and the eyes for energizing, practitioners need not be in any etheric contact with the patient's diseased energy. Another put it succinctly: "while it is true that we are healers, we must also protect ourselves. . . . It is an abuse. . . . we realize that we are responsible for our health . . . so we decided to resign." Still another added that,

when we would inform the institute about some of our unusual cases, they would say 'there is no such thing.' We felt there was a wall. They refused to get into things that would make people scared. I think, their feeling is -- they want to propagate this. In their desire, maybe to have more people know, they don't tell about all the dangers. They would teach only until a certain level. After that, you are on your own, For us, it was important to try to understand because we felt we were in danger.

Other informants pointed to the effect on clients. One of them wondered, "what happens when this technology is taught to individuals who are not good channels of healing energy? What will keep them from giving off their dirty energy?" This may reflect a more general concern about control over a healing
practice which is made available to the public by adepts who are also clients of the same movement and whose training may not have been sufficiently extensive. This is a 'consumer protection' issue. But it is also an issue about the movement's authority and control over practitioners.

**Depletion of Healthy Energy.** Problems associated with "depletion" are also addressed clearly by written guidelines in the book as well as by the oral instructions given by trainers in the institute. The book cautions that "some healers commit the mistake of concentrating too much on the projecting hand and not enough on the receiving hand. As a result they are not able to project enough energy because they are not drawing enough of it . . . [furthermore] they tend to become easily exhausted since they are using their own energy instead of that from the surroundings." An informant shares her experience.

We were healing in the morning, afternoon, then there was an emergency. We went there. . . . We were in the bus. My companion was not feeling well. I wanted to heal her but I did not have energy, enough energy. When we stepped down the bus, it seems there was no more energy. . . . It was already one o'clock in the morning. So, I brought her to the hospital . . . dextrose.

A former EH practitioner reported his son's similar experience:

My son would go to heal at a healing center after work. He got sick . . . really sick to the point that we had to separate him from his family and bring him here . . . for ten days he was under our care. We had a series of blood tests for him. The doctor said that the tests were to eliminate [possible causes] but nothing came out of the tests . . . the tests were all negative. . . . But before that he was talking about getting depleted. That is a
common word among energy healers. When you do a lot of healing, your energy is depleted. The body is depleted of energy, good energy.

Manifestations of "contamination with diseased energy" and "depletion of healthy energy" may mean "pain in the fingers, hands, arms or manifestation of the patient's symptoms in the healer's body." Informants described it in varying ways as "itchiness," "numbness," "feeling of general weakness," "lethargic disposition," or "as if your blood is being drained." These conditions are another manifestation of the ambiguity inherent in forms of participation which combine 'adept' and 'client' roles. The adepts are not simply technicians dispensing a service; they are also clients of the EH movement who are seeking to improve their spiritual life. Tension between these two ways of participating occurs when one seems to endanger or compromise the other. Voluntary practitioners have adopted strategies to deal with this tension discussed in section (d) below. Staff practitioners encounter more intractable problems because they have less control over their working conditions. The ambiguity experienced by individual practitioners is also reflected in some features of the movement's collective structure.

Let me trace the outlines of varying configurations of relationships that help explain these problems.

**Dual Market of Consumers**

This dual market is evident in the difference between two
types of healing centers which dispense the same kind of alternative therapy. Both types of EH healing centers, albeit in different cities, operate in Metro Manila. One center is located in a less affluent section of Quezon City, the other in the more affluent Makati commercial district. The healing center is staffed with full-time paid healers, while the clinic employs a full-time secretary and a MD general practitioner. The latter claims to combine the dispensing of biomedicine and alternative therapy. It is interesting to note that the first is known as a "healing center" while the second is a "clinic."

The way the physical center is organized highlights this difference. The healing center is comprised of a big open space where benches serve as seats to accommodate large numbers of patients. The benches are arranged in rows facilitating the movement of patients. On one side of the wall are the healers each with a stool where the patient sits and a basin of salt and water on the floor. Electric fans are on several strategic places to give some relief on hot humid months to patients and healers alike. This physical arrangement is in great contrast to the paying clinic. The clinic is air conditioned. The patient is greeted by a secretary. Comfortable chairs and cushioned benches, books and magazines make waiting extremely relaxing. A partition separating the doctor's room provides the intimacy of doctor-patient relationships. This type of arrangement is most conducive to the
needs of middle-class patients who seek an alternative therapy that includes not just the physical but the psychological dimensions of their lives. Hence, some treatment modes include releasing inner tensions by talking about them. This practice would have been rather difficult in the healing center where the next patient is only about 3 feet away and the line of waiting clients is 5 feet away.

The main attraction of the clinic is usually alternative therapy: not biomedical services. The treatment procedure is entirely alternative. Chronic or "difficult" medical cases are treated with alternative methods, not competitive biomedical procedures. One treatment I observed, which is not strictly integral to EH techniques, included taping a coin on the affected portion of the patient's body. Drugs are sometimes prescribed but, since the therapist was also a general practitioner most of these drugs were for common complaints. In fact, the doctor in charge told the patients with chronic complaints to follow the medication prescribed by their specialists. The 'delivery' of EH takes place in these two, very different settings of healing center and clinic. This adds to the ambiguity surrounding the practice of EH.

A second consideration involves the fees being charged at the clinic. The healing center dispenses services freely, while the clinic charges as much as P300 per consultation. The average consultation fee for Metro Manila is P82.50\textsuperscript{21}. 

\textsuperscript{21}Average doctor's consultation fee (CRC, 1990).
Still, compared to doctor's fees in Makati, this may be considered higher than usual. An informant claims that he pays P125 per visit to his cardiologist with offices at the prestigious Makati Medical Center. In effect, the same therapeutic service for which a client is charged may be obtained free in the healing center.

Patients at the clinic who cannot afford to pay are encouraged to go to the healing center. This is not just a problem for patients who cannot afford to pay that amount for alternative therapy. I have seen adherents belonging to high income brackets frequent the healing center or request staff personnel or the group leader himself for their "dose of energy." The situation becomes more complicated when a member of staff undermines the clinic by healing patients for which he is paid one third of the amount exacted in the clinic. This financial demand has implications for a therapeutic treatment of illnesses where patient receptivity is an important gauge of success. The structural ambiguity of EH is therefore heightened by the disparity between the unusually high level of fees charged at the clinic and the practice of waiving all charges at the healing center.

**Plural Career Modes**

**Cultivation of Practitioners.** There are three significant ways in which clients are cultivated in the EH movement. The first is the manner in which courses are organized. Basic
courses lead into intermediate and advanced courses or participants need to take certain pre-requisite courses. Most of my informants have moved on from taking courses in basic healing to courses in meditation.

Second, even if EH engages in advertising, a modal avenue of recruitment is via personal contacts and referrals. First-time clients are called to join upcoming workshops. The market manager says that he gets most of his recruits through follow-up and referrals coupled with personalized service.

Third, as explained in the section above, the newcomers immediately interact with older graduates during the workshop. At the end of the workshop graduates are organized into clusters with a staff member as monitor. Group clusters are encouraged to meet monthly. Participants may attend future classes as reviewers for as many times as they want. For the serious practitioners, periodic meetings with the group leader are scheduled. The most active participants are invited to sit as board members of organizations to promote EH. Their strategic social locations and elite pool of resources are instrumental in the promotion of EH in the elite sectors of Metro Manila. All these forms strengthen the bonds of internal relationships with the EH movement but in varying degrees. They reflect the extent to which certain tensions in the organizational life of the EH movement can be explained by the degree of their dependence on, or independence from, the movement in general and authoritative individuals in particu-
lar, as well as the movement's external relationship to the wider society. For purposes of analysis I shall contrast two sets of practitioners, the voluntary and the staff.

Voluntary Practitioners. The enthusiasm with which EH was accepted by middle-class professionals was matched by their efforts at putting their new-found knowledge and skills into practice by organizing healing centers in strategic parts of Metro Manila. In a short span of two years, eight centers were organized by voluntary practitioners in their parishes, residences, places of work, and social service outreaches. However, three of the parish-based healing centers were short-lived. I had the impression from the interviews that the initial burst of enthusiasm was not sustained because of problems coming from "certain groups in the parish." Informants' experiences were mixed, but one said that in her parish "the poor people that we were healing were told that they can be healed by going directly to God. . . . They were embarrassed to come to us. . . . They were being given food and catechetical instruction by that parish group." In spite of the charismatics' objections, the San Juan Church group has continued. While the other parishes supported the EH efforts by simply providing the venue, the parish priest at the San Juan Church incorporated them into their regular parish life. The successful introduction of EH is due in large measure to the support given by the parish priest.
Those who opened their homes for healing sessions found the experience rewarding, as one informant reported:

It is my desire to be of help to others. Service to others. Then after that I can also heal myself. Good, but that is secondary. The fact that you are able to heal others and extend this gift of God, to share yourself with others is very gratifying to me as a human being and as an artist. It is like music. We want to share our music, our gift. And when others are pleased or accept our music, our performance, or our compositions, it is so gratifying.

As voluntary practitioners they do not charge for their services, explaining that their practice aims at helping the poor and disadvantaged. As one adherent put it, "my niece and I felt that we could help the poor in the parish by doing EH. We have a center in the parish but only the doctors and the nurses help the sick. We thought that probably by this type of healing we could also help." The hesitation of EH practitioners to charge for services is a dilemma for personnel connected with the institute. One informant recalled that she had been persuaded to charge because "you spent learning the technique." When I asked what she thought of that reason, she replied, "I just let it pass. Somehow I feel uneasy. Maybe if it were a little gift. But an expensive one, ah, that's different. You are already being bought." Little gifts like, "banana, kalamansi (lemon), lansones (a native fruit)" that the poor bring can very well be the widow's mite. However, she felt that the act of offering anything was a choice rather than the demand for a service. Other practitioners tell their clients to contribute instead to the church or some worthy
Some voluntary practitioners who want to advance in their spiritual life actively involve themselves in healing service. One of my informants declared that "if you want to evolve, then heal." In this respect, charging fees would either diminish one's stock of merit or would not become an effective means of "lessening one's past karma." Another practitioner saw a global vision for EH, particularly for the developing world. He put it thus: "the etheric body of the planet is all interconnected. I see consciousness being uplifted. I will go as far as I can to propagate EH."

I note that the altruistic orientation of individual practitioners contributes to the tension brought about by the dual market of consumers and practitioners. None of these voluntary practitioners complained of the danger of being "contaminated or depleted." They felt that they had direct control over every aspect of their work. They screen their patients, selecting the poorest, the sick and those from the parish. Furthermore, appointments have to be made beforehand, limiting the number of patients they see each week. "This way we don’t get so depleted." On one occasion, when they felt that they were healing more patients than they could handle, they decided to take a two-month rest to recuperate and to readjust their commitments to the healing center at the parish. Control over schedules and numbers of patients also characterizes the experiences of those who turned their homes
into healing centers. They found their practice satisfying and rewarding.

**Staff Practitioners.** The group leader also established several healing centers: non-paying centers in depressed areas of Metro Manila and a paying clinic strategically located in Makati. Some graduates of the training institute were recruited and hired as full-time personnel in these healing centers. In contrast to the voluntary practitioners discussed above, it was this group of staff practitioners who shared with me, though reluctantly, their experiences of "depletion." I discuss their lack of control over their work conditions and work load as contributing to these allegations of the dangers posed by EH, particularly claims of "depletion."

**Lack of control over conditions of work.** A staff practitioner described her experiences at the Tondo healing center as follows:

I had a hard time there . . . when there is high tide, disease from the nearby smokey mountain\(^{22}\) is carried by the tide . . . you have to pass through it. You inhale all that smell from the garbage. One other problem . . . there was no toilet. Often I have to hold my bladder till I get home at 10 o’clock in the evening. Sometimes I get home at 11 pm because it was so hard to get a ride. . . . I had problems with my kidney after a couple of weeks." For the women practitioner it became extremely difficult especially during their monthly period.

Not only was the place unhealthy, but the people who came to the center were allegedly "drunkards . . . addicts. After

\(^{22}\)mountain of garbage.
they get drank, they come and ask to be healed. Once they feel okay, they go back to drink some more." Practitioners began to question how they could be contributing to what they considered a noble profession.

Staff practitioners also expressed concern over their work load. Difficult cases, like cancer, emphysema, heart problems and kidney stones were given to those who were clairvoyants. Informants said that healing such cases was more draining than simpler ones. Some of the healers had a workload that included going to the homes of patients, "friends of my employer . . . comatose . . . severe cases." To ease the number of patients seeking treatment at the center, some healers would spend the morning going from convent to convent to service the religious, particularly the older sisters. Although work hours were from 3 to 7 pm, six days a week, the additional private patients, house work such as cleaning the center in the evening after the sessions, and travelling for three more hours to their homes on the outskirts of the city exacted its toll on the healers. After several months healers from at least two centers resigned.

A staff practitioner employed at the clinic complained about the lack of control over certain policies handed down by the leader. The doctor was particularly disturbed by the unusually high consultation fee. She asserted that she had not gone into alternative healing to enrich herself and that individuals had recourse to alternative therapy because of the
high cost of medical care. There was a time, according to her, when the leader allegedly proposed that, for a medical intervention that would normally cost P30,000, P15,000 be collected as down payment and the next P15,000 upon completion of the treatment, or that partial healing be given for partial payment. She felt that this violated her hippocratic oath. The leader's position, she added, was that it was about time that healers stopped allowing themselves to be exploited.

Beyond these problems with the dictation of consultation fees and services, the clinic personnel also claimed that these policies violated the basic doctor-patient confidentiality. At the end of the week, the secretary prepares a summary report which contains information such as name, age, sex, date of first treatment, number of visits and doctor's diagnosis. At the end of the month the doctor issues a report that includes all of the above plus her assessment of the progress of the patient. These reports are sent to the group leader together with duplicate copies of the payment receipts. On top of this, she is required to make notations on the changes of the color or size of the patients' chakras after treatment. She felt that this was beneficial to the leader who might use this information for a future book without the benefit of being a clairvoyant himself and without the consent of the patients concerned.

When I finished my field work, only one healing center with staff practitioners remained open. It was the best known
of all the healing centers and was located on a main highway easily accessible by public transportation. When I visited this center, there were three full-time healers and a volunteer from Australia. The clinic was closed after five months in operation as a "non-feasible" project.

Leader - Employee Relationship. Although informants stressed the merit of the practice itself, the leader has personally been a critical figure in the continued growth of the movement. He explains the growth and diversification of the movement as "thought forms that become independent of the creator once they materialize." This optimism was not reciprocated when, in a foundation meeting, members were less enthusiastic about designating an executive vice-president for the foundation. This leader-adherent relationship has nevertheless been quite positive in many instances. Indeed, informants told me of the beneficial effects of their association with the leader. They spoke of his "eclectic" way, "openness to ideas," "simple straightforward manner in teaching," "down-to-earth," his sense of "mission" etc. Concretely, he has not only inspired but encouraged participants' efforts to further propagate the practice. One practitioner has branched off on her own. She organizes her own workshops and has designated a section of her home as being open to other practitioners for meditation on Thursday evenings. This close association is facilitated by monthly
gatherings among regular practitioners of arhatic who meet with him to try new and higher levels of meditation.

Furthermore, their position as voluntary practitioners places them in a different associational relationship with the leader. Leader and adherents mutually benefit from this relationship. They benefit from the continued interaction by developing their interest in the practice, learning more refined skills in the manipulation of energy and attaining that "consciousness." But their strategic social location gives the EH movement its anchor and legitimacy within the country's elite resources and social infrastructures. They have independent, stable, well-placed jobs, and influential networks.

This positive and constructive relationship between leader and adherent is just as intensely denied by the disenchanted. They do not comprise a coherent group, and the expressions of their disappointment vary in degree. But at least one factor appears to be at work. These individuals have entered into a relationship of employment vis-a-vis the leader, but I am not claiming that everyone who has sought employment in EH necessarily has similar experiences and responses. I simply contrast them with the voluntary practitioners who are just as enthusiastic and committed but are in a different associational relationship with the leader. Although none of them complained of dissatisfaction with their pay, their income base comes primarily from the practice.
This leader-employee relationship places them in position where they may feel pressured to "produce" the desired outcome. To take one example, the policy of requiring the doctor at a healing clinic to submit reports on the impact of EH on ailments that may require biomedical intervention may have occasioned the practitioner to write diagnoses in biomedical terms with no benefit of laboratory verification tests. During one of my first visits to the clinic, I was suffering from heavy cough and cold. I had just arrived in the country and plunged straight into my field work. As described in the section above, the treatment was alternative, although the doctor prescribed an over-the-counter cold medicine and iron vitamins. However, the report stated that I was suffering from urinary tract infection. Even a wild guess would have told me that this diagnosis was quite different from my original complaint.

The difference in associational relationship between these two groups is quite revealing. Staff practitioners claim that when they brought the problems of working conditions to the leader's attention, he insisted that they go back to their assigned center or that he would give them "ginseng" to boost their energy. In contrast, at foundation meetings, the conscience constituents and critical patrons were able to challenge the leader's suggestions. At one such meeting, a practitioner questioned what appeared to be the leader's alleged suggestion that the group should bribe a government
agency to expedite approval of the foundation's non-profit status, a practice frequently resorted to by some businessmen in the country. At a separate meeting, another practitioner confronted the leader about why he would not sell raffle tickets to his business associates while they would do so to help the foundation raise money. They also questioned why the leader refrains from using his official name in papers pertaining to the activities of the foundation while they "have to stick out their necks."

These sets of relationships reflect a bigger dilemma in the country's small entrepreneurial businesses. While smaller enterprises avoid the impersonality of larger firms, they face the negative consequences of more direct interventions from owners and proprietors and the pressure to produce. Furthermore, the sharp divisions of the socio-cultural stratification system are reflected in the practices of some staff practitioners. Such practices include explaining illnesses as appearances of 'dwende' (dwarfs) and other folkloric beliefs of rural Filipinos, taping a coin on affected parts of the body, or creating entities. When these situations are brought to the group leader's attention, his immediate response is "it is all in the mind," suggesting that the concerns are basically interpretive, not issues related to the technique or its improvement and that they detract from the "scientific" orientation of EH.

Contrary to some claims that the conceptual content of
the practice and its non-Christian orientation posed a threat to the Filipino Catholic, I argue that allegations of the commercialization of EH or the inherent danger of the practice are better explained if the analysis considers the way EH is packaged for two extreme types of consumers and the concomitant responses of two types of practitioners. Second, a peculiar relationship of employment underlies this disenchantment.

With regard to the "commercialism of EH," the organizations established to meet the needs of the poor and the more advantaged classes broadened the aims originally pursued by its leader, particularly when serious and committed practitioners responded to these diverse clienteles. As one informant reported, "the problem with the leader is that the line between mission and business is muddled. Anyone can teach EH. There is only the book to follow." On the other hand, the associational relationship based on employment helps account for disillusionment of some members. This employment relationship and its concomitant work-related circumstances may help explain some of the strains that beset this healing group at the outset of its establishment and fueled the alleged dangers in the practice of EH.

The allegation that EH practitioners run the risk of becoming contaminated by diseased energy and/or depleted of their own energy sources is an echo of one of the recurrent charges against controversial NRMs. The allegation is based
on several claims. First, it is claimed that participation in EH somehow undermines the normally rational person’s resistance towards self-harm. The argument is that nobody in their right mind would knowingly expose themselves to such risks and danger. The second claim is that the self-sacrificial action of volunteer workers only benefits the organization or its controlling interests. This is a way of alleging a form of economic exploitation which is reinforced by the additional charge that the level of fees paid by clients is also exploitatively high. And the third accusation is that EH activity exposes the practitioners to unacceptably high health risks.

In short, unease about NRHMs such as EH rests on misgivings about the nature of relationships between (a) practitioners and clients, (b) voluntary practitioners and staff practitioners, and (c) EH’s leaders and all practitioners or clients. The misgivings all refer back to the underlying puzzle concerning the reasons that rational individuals could possibly have for accepting apparently unacceptably high levels of risk and exploitation. The inference is therefore made that ‘normal’ rationality must have been subverted in a deceptive way. The issue then becomes one of consumer protection.

One of the reasons for the tensions and conflicts identified with EH groups is that, to use Stark and Bainbridge’s (1979) vocabulary, they cut across two normally
distinct types of NRM. EH groups display some of the features of an "audience cult" insofar as they consist of members who attend lectures and workshops or read the groups' publications without necessarily becoming more deeply involved. On the other hand, EH also resembles the kind of "client cult" in which clients purchase services from staff members. Since EH is a hybrid to the extent that it cultivates both audiences and clients, it provides forms of participation which do not always fit easily together.

To put it simply, people who believe that they are in an audience may be offended if other members of the "audience" turn out to be engaged in buying or selling services. Matters are aggravated if the "bona fide" audience members also suspect that the buyers and sellers are not operating according to the normal conventions of trade.

Likewise, the buyers and sellers may become dissatisfied or disillusioned with the conditions in which they are expected to trade. The tension between the "client" and "audience" features of EH is also related to the point made at the beginning of this Chapter, namely, that NRHMs often experience a problem of compatibility between the individualism of the spiritual seeker and the potential for collective mobilization of seekers in the organization. EH certainly offers its members a choice between a relatively solitary mode of participation and a relatively collective mode of participation. Problems arise when the two modes are combined in the
Another way of formulating the problems arising from tension between "clients" and "audience" is to analyze the development of EH as an "enrolment economy". The usefulness of this approach was demonstrated by Zald (1970) in his pioneering study of the YMCA’s transformation from an evangelistic to a general service agency. The organization needed to ensure the continuing recruitment and retention of members, but the drift of young people away from active participation in evangelical christianity, beginning in the 1940s, threatened to damage the YMCA’s viability as a "business". Zald analyzed the organization’s subsequent reorientation in terms of its response to changes in its human environment. That is, he showed how its managers creatively exploited (a) new products and services and (b) new targets for its marketing. As a resource-dependent organization owning fixed assets which could only be profitable if it could enrol members prepared to pay for the use of its services, the YMCA chose to adapt itself to its client’s preferences. The result was a highly successful reorientation away from evangelism towards the delivery of diverse services in leisure, sports, entertainment, and accommodation for local communities (Zald & Denton, 1963).

In the case of EH groups it is clearly too early to discern quite such drastic marketing strategies. But EH unquestionably faces an enrolment economy in so far as it
needs to recruit and retain increasing numbers of practitioners and clients if it is to grow. It currently lacks the fixed assets which the YMCA owned in many cities and is therefore more vulnerable to sudden shifts in its clients' preferences. It is under pressure to inculcate some "brand loyalty" among them. On the other hand, EH has already tried to diversify its products in the sense of opening centers in several localities where clients can be drawn from different social classes. The outreach to less advantaged sectors of the population and to an overseas following will also help to cushion the organization against shifts in its markets. In all these respects, then, the managers of EH appear to be sensitive to the problem of an enrolment economy and they appear to be responding by diversifying into a variety of environments.

If this strategy is successful it will probably bring EH into greater competition with other NRHMs in the Philippines in the medium term. At present, however, cooperation among groups operating in neighboring areas of alternative healing appears to be common. It would be reasonable to expect that the pressure of an enrolment economy will eventually generate greater rivalry. If this happens, it is likely that EH will seek to exploit a more selective niche in the market in order to emphasize its distinctiveness or "marginal differentiation'. Its strategy will therefore be influenced by its competitors to some extent.
This is already apparent in the effort that it made to claim legitimacy for EH's form of healing and to neutralize complaints about the allegedly negative side-effects of "energy depletion" and "contamination of diseased energy". Like other groups of professionals (Abbott, 1988), EH professionals must base their legitimacy not only on claims to deliver specific benefits to clients but also on assurances that they have established mechanisms and structures to deal with any resultant problems. In this connection, the hostile testimony of disgruntled or dissatisfied clients (or practitioners) can be particularly damaging. At a lower level of seriousness, rates of membership change are commercially sensitive information which is not easily available. Drop-out rates and the rate of defection to competitor-healers are closely guarded secrets because, again, they have a bearing on EH's claims to legitimacy.

Since most EH groups have been in operation for only five years and have managed to avoid any major scandals they do not seem to have attracted any official critical comments from the biomedical profession in the Philippines. But the likelihood of a critical response is also reduced by the fact (a) that some medically qualified people are already participating in EH and (b) that practitioners are aware of the dangers of treating clients who have serious health problems. Only time will tell whether the medical profession will remain neutral or indifferent towards EH.
The findings of this Chapter also tend to confirm one of the propositions in McCarthy and Zald's (1977) resource mobilization theory of social movements. They hold that successful social movement professionals are able to aggregate resources from people who are unlikely to benefit directly from the movement's programme ("conscience constituents"), but that it is politically difficult to control local chapters of a social movement organization if they include conscience constituents and direct beneficiaries. There is likely to be friction between the two parties because each of them has a completely different interest in the movement. McCarthy and Zald's theory would predict that EH groups containing paying clients, non-paying clients, volunteer practitioners, and staff practitioners would be likely to experience tensions and conflicts.

23"an SMO that attempts to link both conscience and beneficiary constituents to the organization through federated chapter structures, and hence solidarity incentives, is likely to have high levels of tension and conflict" (McCarthy and Zald, 1977:1231)
Sociological explanations of the growth of NRMs in the West have taken many forms. They range from the breakdown of the family, fundamental shifts in value orientation, national crisis in meaning, and consequences of the counterculture, to the emergence of a "culture of narcissism" (Robbins, 1988). At one extreme are deprivation theories which suggest that participation in NRMs involves adaptive mechanisms of disadvantaged individuals and groups to compensate for structural strains or compensations for scarce but highly desired rewards (Glock, 1964; Stark and Bainbridge, 1980). At the other extreme are cultural resource theories that explain the participation of socially advantaged groups in terms of a search for greater material wealth and power (Harris, 1981). What we have are theoretical explanations that distinguish between social class locations (disadvantaged or advantaged) and corresponding differences in their cultural objectives (compensatory or acquisitive). While these theories may help explain comparable NRMs in the Philippines, one must note that trying to locate these explanatory models within the larger structures of Philippine society will certainly challenge their applicability.
However, a theoretical perspective that appears more likely to explain the participation of middle-class Filipinos in religio-therapeutic groups in the Philippines is Beckford's model of socio-cultural affinities. Beckford (1984, 1985b) argues that there is a strong "affinity between the virtues or values of the professional middle classes and the aims and ideologies of many NRHMs" (1984:267). His model highlights affinities between certain life experiences of participants and the optimistic and pragmatic perceptions of holistic themes and imagery. Concretely, Beckford argues that on the one hand, "the educational and occupational experiences of participants are reflected and reproduced in [the] movements' teachings and activities." In other words, people who have been socialized to value methodical training and adaptability in their schools and occupations tend to find these values reinforced in their engagement in NRHMs. On the other hand, "NRHMs . . . are one of the socio-cultural sites which promulgate an image of the person . . . whose unlimited capacity for personal growth and change supports a critical part of the middle-class value system." The person is regarded as self-automated, "a rational selector of specific identities and aims," capable of self-transformation and adaptation in a vastly complex world.

But does this search for self-enhancement lead to the glorification of the self, as argued earlier by C.S. Lewis (1943) and portrayed today as the "sacralization of the self"
Moreover, does not this preoccupation with perfectibility find its expression in utilitarian motives, such as the acquisition of power and material success? I argue that this distinctive notion of the self as expressed by participants in NRHM is imbedded in a holistic framework with clearly articulated ethical norms of conduct. It is against this backdrop that participants are able to make the link between spirituality and material progress. Furthermore, Beckford raises the question of whether these movements where the connection is made between ethics, spirituality and healing can, in fact, be considered as the social "vehicles" of the sacred in the present-day world.

Luckmann (1990) argues along the same line by suggesting that this social form of religion is evident with the shift of modern religious consciousness away from "great" other-worldly transcendences to "intermediate" and "little" this-worldly transcendences. The latter are characterized by extreme heterogeneity, consumer-orientation, and thrust towards the "spiritual" development of the individual.

While Chapter III explored the factors in the educational and occupational status of NRHM adherents which act as conducive preconditions for their participation, this Chapter explores the closely related argument for socio-cultural affinities. It is divided into two sections. In the first section I analyze the extent to which experiences in the educational and occupational training of my informants are
reproduced in their participation in NRHMs. I investigate such factors as the value of scientific justification, training and discipline in the development of a healing career, and the promotion of values of eclecticism and syncretism. In the second section I examine NRHMs' distinctive notion of the self and its responsibility towards the cosmic environment. I analyze the ways informants make connections between their quests for spiritual engagement and material progress, and the basis of their ethics and spirituality.

Affinities Between Education, Occupational Training and Healing Practice

Value of Scientific Justification

Sebald (1984) describes New Age thinking as basically anti modern science and technology and emphasizes "'consciousness' as the means to recognize the underlying essential processes of life. . . . The new romanticists have an open mind toward anything but science or facts science has measured, conceptualized, and proclaimed" (111). It is not my intention to prove otherwise, only to add that the value of rationality is held in a significant way by NRHM adherents and is often deployed to differentiate themselves from the more popular spiritist healers. The exposure to the modern world and its technologies encourages them to have faith in scientific principles and laws. It is hypothesized that they would
tend to respond favorably to these same kinds of principles in their religious and healing practices. This means that their educational and/or occupational experiences tend to instill a firm respect for knowledge which is supported by the results of empirical observation and inductive generalization. The positive belief that all sound knowledge is basically of the same kind applies equally to their worlds of work and healing. Being objective, applying firm principles, making sound comparisons, and inferring empirical regularities are characteristic of my informants' attitudes toward the serious aspects of life. They would tend to look for these same kinds of principles in their religious and healing practices. The positivistic nature of their education and occupation encourages them to regard everything in the same light. They would therefore want to be as positivistic about their religious and healing practices as they are about their science. This is manifested in what appear to be three major preoccupations of my informants: the need for explanation, experimentation and prediction.

The highly popularized book "The Ancient Science and Art of Pranic Healing" begins with these words:

An intelligent person is not closed-minded . . . does not behave like an ostrich burying [her]/his head in the ground trying to avoid new ideas and developments . . . is not gullible . . . does not accept ideas blindly . . . studies and digests them thoroughly, then evaluates them against . . . reason; . . . tests these new ideas and development through experiments and . . . experience. An intelligent person studies these ideas with a clear objective mind.
These admonitions set the tone for the value of rationality that, according to practitioners, is a marked characteristic of PH as a healing technology. The title itself focuses on the scientific setting as explicated in its introductory pages: "The approach . . . is mechanistic. All that one has to do is to follow the instructions step-by-step, and the predetermined results will follow." It promises that within a week or two the student can heal simple ailments and difficult cases in one or two months. Furthermore, it dismisses special inborn healing power, or clairvoyancy. Instead, it only requires that the student be willing to heal and to follow the instructions set forth in the book. Arranged like an instruction manual, the book details a step-by-step procedure for healing ninety one ailments from aging to wounds. The inclusion of scientific studies and experiments on energy fields conducted in the former republics of the Soviet Union and the People's Republic of China is especially noteworthy.

This premium placed on the scientific basis of PH is echoed by an informant who put it succinctly:

What makes PH doubly interesting is the fact that everything you do would have a scientific basis. They (workshop lecturers) wouldn't tell you, 'you have to do this as if you can't ask why.' Rather, there would be explanations for it.

Another stated that "PH is very logical. You have the description of the energy body and all that. So I did not have any objection about the explanations and how it works."
still another explained that her involvement in PH provided her with a "scientific explanation for the charismatic healing technique that [she] was involved in previously." Comparing herself with the more popular faith healers, another practitioner claimed that "they [faith healers] have no way of checking on what they are doing. It is just like, you have to believe. Like, you have no basis. But this PH, it is not just believing in something. It has been studied. It has been proven. It has been tested." Furthermore, informants tended to claim that they "don't have to believe this until [they] have seen it for [themselves]." A full time practicing healer insisted on this scientific basis in his practice. He related how people would call out "the 'albularyo' is here, the faith healer is here" as they gathered around him when he arrived in the 'barangay' (community, smallest unit of government). He said, "I try to explain to them that this is purely scientific and that there is nothing mystical. Everything can be explained."

The constant reference to the subjection of belief to standards of rational criteria, such as openness to criticism and explanation, is an attempt to reinforce the distinction between science and magic and to locate alternative healing firmly within the terrain of "science." PH as a healing technology is thereby differentiated from the magico-religious practices which are common among urban poor communities in the cities and in rural Philippines. In the words of an infor-
mant, "I wanted to make sure that I wasn’t involved in something like . . . hocus-pocus. The leader explains that the principles behind PH are ancient science." It has been called faith healing, magnetic healing. . . . Even before, it may have been called by some other names . . . healers talk of spirits . . . the explanation would be a combination of superstition and science." But he claims that PH is a systematization, clarification and refinement of this ancient knowledge and practice.

The claim to PH's scientific basis is further rationalized in terms of its preoccupation with prediction in the manner of causal reasoning. In contrast to the inexplicable prediction of "manghuhula" (fortune-telling), an informant claimed that "PH is a science. When you follow the rules, it is supposed to happen. There are predetermined results . . . so it is not merely believing." The training workshops reinforce this "scientific value." The emphasis is on learning by doing and by experimenting. The leader and the other trainers encourage the participants to experiment, in the form of hands-on training, saying that "the proof of the pudding is in the eating."

They constantly remind workshop participants that the guideline of 40% to 60% must be followed in transmitting healing energy to the client. This means transmitting only 40% of the healing energy that one would acquire from external sources such as the sun, the air, and the ground and keeping
the other 20% for oneself as a safeguard against being depleted of healthy energy. While the desire to alleviate pain and affliction is encouraged as a motivation for healing, participants are dissuaded from being distracted from the scientific merits of the healing technology. In fact, participants are told that the best healers are those who are emotionally detached from their clients. According to one of my informants, "when the healer is too enthusiastic or over enthusiastic about relieving a person of pain or sickness, energy tends to rush out of [her/him]." The implication of this therapeutic transaction is that healing is primarily presented as a technology whose efficacy is dependent on the precision with which the procedures are followed.

The value placed on the scientific justification for PH is in keeping with the practitioners' education. They have been educated to value things that have a scientific rationale. They like to do things for which there is an explanation. They feel comfortable with these practices because they recognize in them aspects of their own educational and occupational training. An affinity exists between their exposure to higher education of the technical, scientific kind and the "scientific," rational aspects of their healing practices. Yet, it must be added that PH participants are not necessarily sophisticated in their thinking about science. They tend to hold rather old-fashioned views about the fixity of scientific principles and the determinate nature of
physical reality. Problems of relativity or indeterminacy do not impinge on their faith in the putative superiority of scientific over other modes of thought.

**Training and Developing a Healing Career**

For the more popular spiritists or faith healers of folk Catholicism, initiation into healing often begins with some form of shamanic call. Their initiation parallels that of the shaman chronicled by early Spanish voyagers and of the country's indigenous tribal groups (see Demetrio, 1973). Believing that they have received messages in a dream or vision or a voice from the spirit, they respond to this call with trepidation. But at every healing session, the spirit takes possession of them and guides them through the procedures (Licauco, 1982a). On other occasions, they speak a language which is unintelligible to patient and observer alike but is only understood by the spirit guide and healer.

For the middle-class practitioner of alternative healing, by contrast, there are no claims to anything that resembles a shamanic call, nor does the healing session involve the shamanic performance of spirit possession or the use of ritual language such as of glossolalia in charismatic prayer meetings. Their initiation into the movement involves learning the conceptual basis of the healing methodology and its techniques through disciplined practice: not by any special gift or calling or personal inclinations. The training
displays clear parallels with the conditions associated with credentialism and specialization in a technological society. Knowledge and skills are not acquired all at once but in a cumulative fashion. For example, pranic healing and crystal healing techniques are learned in several stages generally termed elementary, intermediate and advanced.

The first course begins with the study of the philosophical and "technical" foundations of the healing methodology and the treatment of "simple" ailments. This is followed by the more sophisticated use of colors and culminates in mastering techniques for the treatment of psychological problems. As the learning practitioners advance from one level to another, more skills are learned, more principles are studied and more demands for constant practice are made on them. An informant explained her gradual engagement in healing as follows:

After we took the elementary course, the founder took a group of us who were actually doing PH. He taught us the advanced PH and from those who made use of the advanced methods, he invited still some of us to learn arhatic yoga, the technique for activating the energy centers of the body. From there, still another group to learn kriyashakti or the science of materialization, of materializing thought forms.

In terms of exposure to knowledge, there are recognizable stages from acquiring the more exoteric public knowledge to the more secret esoteric knowledge reserved only for the better qualified people who can handle it. I remember attending a meeting of "arhatic" practitioners. Although I was allowed to observe the business discussion, i.e. reports on the progress of each of the classes, I was asked to leave
the room together with another person because the teacher was going to teach the group yet another technique in the activation of the energy body. I had not yet taken Levels 1 and 2 of arhatic yoga. The other person was a year short of his 21st birthday, the allowable age for this kind of meditative exercise. Older age groups, sixty and above, are also excluded for health reasons. The teacher claims that the high activation of the energy centers may be detrimental to persons with a weak heart.

Those interested in the healing career are expected to take up the practice seriously through constant practice. The leader approached me at one gathering and asked if I was healing since I had taken PH. I grappled for words and uttered what I thought was an acceptable response: "I am not that sensitive... I cannot feel the energy as yet," to which he replied, "you don’t have to... just heal." To insure that workshop participants take the practice seriously, they are required to heal a number of people after every workshop session and to give a written report of their cases. A participant told me that she "had to practice on all the domestic helps in the house... my mother-in-law and my husband." Another tried the healing techniques on her co-workers in the office.

Serious practitioners pass through stages of rigorous training before certification. Although it is not yet operative, the Institute has set up a committee on standard-
The group trainer emphasizes that certification means standardizing the training and the practice of the healers. He argued that this was a way of assuring clients that the healer is knowledgeable in the principles of PH and had been rigorously trained. To be certified, practitioners are expected to have healed for about three years, handling 200 simple ailments and 100 and 150 difficult cases. Simple ailments include headaches, stuffy nose, slight wounds, and toothache, while those considered major cases are ulcers, asthma, emphysema, cancer, etc.

But a more rigorous standard includes an esoteric criterion of being able to measure one's aura (energy body). It is expected that as the practitioner engages in the practice more rigorously, she or he will develop wider auras as a result of the ability to emit the powerful energy used in healing. A certified pranic healer is expected to have developed an inner aura of one inch and an outer aura of four inches. The logic is that the more a person is able to manipulate their energy body, the more powerful and effective a healer that person is. The concern with measuring auras has, not surprisingly, been a subject of jokes among the group members. A practitioner has taken the habit of bringing a ruler and asking clairvoyants to determine the size of his aura.

Finally, passing written and oral examinations lead to accreditation as a certified healer. This means getting a
minimum score of 85% in the written exams and having satisfactorily answered the questions on the concepts and techniques of pranic healing in front of a panel of five experts. When I finished my field work in 1991, only fourteen persons had been certified. But they had been certified by the founder independently of the procedures just described.

Knowledge and skills are also expected to be passed on to other people. A practitioner, for example, began her own training program independent of the institute. A good number of young professionals are counted among her new recruits. On Thursday evenings, graduates of the workshops come together at her home for an hour of group meditation. Sometimes the founder joins them and imparts new techniques for harnessing the potentials of the individual’s and the group’s collective energy bodies. A female informant, to use another example, gives PH workshops in the south of the Philippines which include participants drawn from the students of a university where she worked in campus ministry and nearby religious communities.

In contrast to healing careers that rely on special calls, these middle-class practitioners learn the knowledge and skills through a process of training that resembles their experiences in higher education. This involves a certification process that includes learning the concepts, a period of practicum and passing examinations. But integral to these practices is the belief that skills are learned and perfected
in a disciplined manner. A common theme is to assert that expertise is the basis for professional performance. Furthermore, practitioners advance along scales of authority toward eventual autonomy. This sense of individual autonomy is a characteristic value of the middle class and is strongly represented in their liberal education.

**Qualities of Eclecticism and Syncretism**

It is commonly held that the cultivation of the values of diversity, tolerance and pragmatism is inherent in the ideal of liberal education. The college or university is believed to be the ideal setting where an open mind is nourished, where a miscellany of ideas abound while utilitarian motives are developed more than in other social institutions. Although I agree that the narrow value of elitism may also be reproduced in formal education and may appear to be a critical aspect of variation among schools in the Philippines, my purpose in this discussion is to simply underline the notion that education as a whole contributes to a more liberal outlook and its corresponding value of tolerance. I note that these values are mirrored to varying degrees in the health practices of the middle classes. Beckford states that "NRHMs allow diversity of practice . . . and show a considerable tolerance towards fresh ideas" (1984:263).

But, is there some kind of an underlying logic that holds this diversity together, particularly syncretic elements?
Tipton (1982) argues that alternative religions recombine elements into an explicitly unified ethics in response to the prevailing value of utilitarian individualism. Luckmann (1990) on the other hand argues that these religious themes do not necessarily form a coherent universe but constitute an assortment of religious representations loosely held by consumers. "The 'autonomous' consumer selects certain religious themes from the available assortment and builds them into a somewhat private system of 'ultimate' significance." What emerges is a "spiritual bricolage" of beliefs and practices that NRHM adherents put together to make healing more effective and meaningful.

This motif of recombination and bricolage is especially significant in a society where the definition of the sacred cosmos by the religious institutions of "official" Christianity may appear to inhibit the religious behavior of the urban middle classes more than they do the religious representations of the rural and urban lower classes or practitioners of folk Catholicism, spiritism, and animism (see Jocano, 1967).

Practitioners of PH provide us with a good illustration. They claim that the philosophical content of PH is ancient wisdom systematized into a body of knowledge and practices for the New Age. This ancient wisdom derives from Hindu, Buddhist and various strands of theosophical teachings. Prominent are the Hindu belief in reincarnation and karma, and the practice of meditation and yoga; and the Buddhist belief in the Dharma,
the true way of life with a focus on the eightfold path of "right understanding, right resolve, right speech, right conduct, right livelihood, right effort, right attention and right concentration" (Melton, 1987). From the various strands of Theosophy come Blavatsky's belief in the seven bodies of man or planes of existence, the Alice Bailey Movement's meditative way of channeling energy through the use of the "Great Invocation," and the I AM religious movement's practice of invoking the "I AM Presence" by the use of decrees and affirmative commands to initiate action. Finally, PH derives its notions of "yin-yang" energy forces from Chinese healing.

This diversity of religious traditions is reflected in the courses offered at the independently organized but related "Integral School for Inner Studies" which teaches courses that include Basic Theosophy, Hatha Yoga, Pranic Healing, Meditation on Two Hearts, the Psychic Powers of Man, The Triangles Work, The Great Invocation, Creative Visualization, Astrology, Zen, Tarot reading and Pranic Psychotherapy. The theme of diversity is further enhanced by the dissemination of reading materials published by the Institute of Inner Studies and sold in the Institute and major bookstores in Metro Manila (see Table 6).

For NRHM adherents this New Age represents a distinctive confluence of forces and ideas which are in constant flux and which invite ever new interpretations. Not surprisingly, adherents tend to be highly eclectic in their approach to
healing, often incorporating elements from other therapeutic systems which allegedly augment and enhance the healing process. In some cases, practitioners become syncretic particularly in the process of elaborating their beliefs about healing for the New Age.

Adherents generally begin the healing or meditation sessions with an invocation. The simple invocation for divine help taught at workshops is, "Divine Father, we humbly invoke your divine blessing, your protection and guidance. Make us thy healing instruments, in full faith and with thanks. So be it." Some practitioners find it more meaningful to use the prayer of St. Francis of Assisi. In fact, they invoke all sorts of persons and spirits, healing angels, gurus, ascended masters, favorite Roman Catholic saints, some Marian devotions, the poor souls in purgatory or the divine force and energy. For effective diagnoses, cleansing and energizing, practitioners ask the patient directly about her/his complaints, use a "sensitized" hand to "measure" the extent of depletion or congestion, and clairvoyantly scan the health aura or use a healing rod.

The healing rod, which was specially designed by a practitioner, uses elementary scientific principles. She explained that "the rod is similar to those used by water diviners . . . made of steel with copper handle on which are imbedded quartz crystals . . . the copper handle maximizes the flow of current while the crystals absorb the diseased or
negative energy." Using principles from hydroelectric power, conduction of electricity and the precision of quartz crystals, she explained that since "the body is 80% water then the rod used by water diviners will serve the same purpose when used in healing." She added that "everyone has an electric current in the body" and this is "the glow in the aura that a person emits when seen by clairvoyants or the radiant look of the person; . . . the current comes from that 80% water in the body [similar to] the current produced by a waterfall. . . . There is a continuous circulation in the body that produces this current . . . ." She further clarified that a person is weak when there is not enough fluid in the body, and an extra infusion of current balances the flow of energy in the body.

This particular healer claimed that the extent to which the rod rotated in use as a diagnostic tool indicates the area of the body that needs healing. Hence wide rotations indicate the general area where the affected organ is located. And when the rod is moved closer to the body of the patient it begins to turn in smaller circles thereby specifying the affected organ. Furthermore, the speed at which the rod rotates indicates that a specific organ needs more infusion of healing energy. Once the rotation stops, balanced energy has been achieved. The healer also claimed that the rod directs the energy in a more concentrated fashion than the hands, which tend to disperse the energy.

The use of the rod then is a departure from the emphasis
on a more intuitive or "feeling" level which is characteristic of some other types of alternative therapies. Instead, it is believed to function as an objective instrument for measuring the extent of a patient's illness and the amount of infusion of healing energy required to restore balance.

Another healer consulted a book on the anatomy of the human body to align ligaments or dislocated bones. Though she claimed to be a clairvoyant she reasoned that a good knowledge of the anatomical structure of the body was beneficial and complemented her gift of clairvoyancy. She narrated her treatment of a slip disc as follows: after thorough cleansing, she directed the energy with two fingers and began "to visualize the bones aligning [as they would appear in the book's diagram] until they snapped in place."

Some practitioners have chosen to combine several alternative therapies. The most popular ones involve the use of crystals. Practitioners point to the crystals used in watches or in computer chips as evidence of the power inherent in crystals. Practitioners believe that crystals can serve mutually opposed purposes: to absorb diseased energy and to generate healing energy. As discussed earlier, practitioners believe that crystals may be programmed specifically for healing. Rotating a crystal clockwise or counter clockwise apparently directs it either to cleanse or to energize. Different kinds of crystals are believed to respond to different kinds of complaints. Physical, emotional, mental,
and spiritual complaints call for different crystals or combinations of them in the healing ritual. A priest informant uses crystals to bless at mass saying that "they function like sacramentals, like medals and scapulars, [but this time] they dispense positive energy to the parishioners."

Others have picked and chosen techniques in energy healing which they find suitable. A practicing chiropractor, for example, uses the PH's sweeping motions for cleansing but does not project healing energy. He explained that he was warned by a priest friend not to dabble with receiving or transferring energy because she was "a strong healer there is a tendency for the devil to 'enter' and unintentionally transfer this to the patient." However, he uses clairvoyancy to diagnose the patient, he consults a chart to verify what he has "seen," and he uses chiropractic techniques of spine manipulation to effect healing.

This eclectic approach is best illustrated by my visit to his clinic. When I entered his office, he stared at me for a moment at the beginning of the interview and said, "there is something wrong with you." I went on with the interview but nearing the end of the interview he repeated his observation. Here is a transcript of his diagnosis:

I: I can see the aura. . . . If I see breaks there is something wrong. That is why I told you, because I saw a break in your spleen area. I saw a break.
R: What is a break?
I: Those are misalignments in your spinal cord.
R: After you see a break, what do you do next?
I: I confine the area which I am supposed to cure. I'll demonstrate to you. Your break is in your 7, 8, 9. Now I
use my chart. . . . Your thoracic 7, 8, 9. (consults the chart); . . . you have gastritis or you could develop ulcers. You have some acidity in your stomach.

R: All right.

I: And you often have hiccups and you easily get tired. Is that not right?

R: No.

I: That is all right. But you have hives.

R: What do they mean?

I: You have itches in your body.

R: That is what I have now.

I: You see. That is what I said. I am not exactly one who gropes around. I use pranic and my knowledge of chiropractic.

This particular practice combines pranic techniques for diagnosing and crystals for projecting energy with chiropractic spine manipulation to treat illnesses and discomforts. Unlike the other PH practitioners who accept the complementary role of pranic treatment and biomedicine, however, this healer prescribes only natural remedies.

The use of physical items such as a healing rod, an anatomy book, crystals, or intuitive gifts like "sensitivity" and clairvoyancy or the creative combining of several therapeutic schemes, such as visualization, rebirthing, crystal layout, massage, and body exercises, indicates the considerable extent of eclecticism in the practices of NRHMs. The highly valued standards of objective diagnosis, efficacious treatment and safety are brought to bear upon the innovations and elaborations of their alternative healing methodologies. Practitioners claim that healing technologies can be improved and perfected.

Middle-class practitioners bring with them knowledge acquired in their professions to what seems at first sight to
be a highly intuitive healing technique. This highlights the orientation in modern educational training that considers students not as empty vessels ready to be filled with approved knowledge and values or as unformed social actors who are rendered competent by the training process. Furthermore, the highly eclectic and syncretic orientation reflects the tolerance and openness that liberal education is supposed to inculcate in students. More significantly, the eclecticism and syncretism demonstrate that the value of tolerance, so characteristic of the New Age, allows for this "bricolage" of a wide range of ideas and practices that need not be justified as a coherent whole but are pragmatically successful in providing healing and wholeness to both practitioner and client. As a result, PH combines elements of a rational, scientific outlook with diverse elements of folk wisdom and holistic spiritualities. The combination is novel and distinctive.

*Images of Holism: the Self and the Cosmos*

A common characterization of NRHMs draws attention to the distinctive notion of the individual, while their highly controversial feature is said to be their orientation towards materialism. According to Wallis (1979), for example, "an attitude of 'epistemological' individualism and an ideology of 'revelational indeterminacy' characterize NRMs. Adherents hold that the individual is the ultimate locus for determining
the truth but that the truth may be known in diverse ways and agencies. Not one individual or group possesses a monopoly of the truth. Concretely, Beckford (1985b:80-81) points out that "the individual person is assumed to have an inner, irreducible self . . . [which] is credited with the capacity for independent acting, feeling and willing." The main thrust is the perfectibility of the self that involves "releasing or unblocking [those] powers or potentials which are believed to express . . . its . . . 'natural' harmony with other selves and the world of nature." This motif of "self-transformation is [presented] as the end result of a long-term process of alteration through extensive training" (Lewis & Melton 1992:248-249). This process of self-transformation is uniquely represented in metaphors of, and emphasis on, healing.

However, while self-responsibility is the prime value in this process of transformation, some critics argue that the exclusive focus on the self, particularly the state of the individual's health, may adversely mean "blame the victim" (Mattson 1982) as regards terminal or catastrophic illnesses and congenital deformities. They point to the inevitable link being made between "misery, sickness, and death with moral failure and sin" (Kopelman and Moskop 1981). Moreover, individual guilt may be imputed for lifestyle patterns maintained by the larger social institutions, thereby obscuring the responsibility of the economic and political struc-
tures for an unhealthy environment (Lowenberg 1989).

There are debates as well on the relationship between this general preoccupation with the self and material gains. Bellah (1976), Tipton (1982) and others advance the argument that involvement in the new religions, particularly Asian religions, was an antidote to Western utilitarian individualism. They claim that the counterculture movement rejected material achievements as hollow and illusory and sought inner meaning, experience and humanism. Heelas (1992) claims that this humanistic expressivism, characterized in terms of self-development or self-actualization, has given way to a more radical version in the New Age movement. While the former looked at the self as somehow quasi-sacralized, participation in the latter, whom he calls "self-religionists," accord the self an explicitly sacred status. These self-religionists allegedly claim a "monistic identification of self with God." The individual identifies as "one in essence with the divine" (Lewis and Melton 1992:250).

While I find it difficult to recognize this process of deification, for example, in Heelas' account of Werner Erhard's experience of enlightenment, suffice it to say that Heelas makes a telling point in arguing that "the persuasiveness of self religiosity . . . defines the ideology of progress in terms of perfecting what one is, in terms of cultivating the riches that lie within in order to relish autonomy, power and expression" (Heelas:150). Concretely,
Heelas calls these capitalistic activities of New Age entrepreneurs "sacralizing the self". On the other hand, Harris (1981) states that NRMs are primarily directed towards "mastering worldly problems and enhancing individual material welfare" (146). He argues that these utilitarian motives are most pronounced in such activities as predicting the future from horoscopes, curing illness through shamanic trances, resorting to magical formulas and shamanic states of consciousness in order (a) to anticipate and influence the course of events, (b) to utilize various types of human potential therapies to improve relationship among employees and step up sales, and (c) to control stress and strain in the work place. He states that many of these enterprises typify "the manipulative and power-hungry side of the new consciousness" (147).

I shall now examine my informants' distinctive notion of the self and their practical means for bringing about self transformation. I will argue that a holistic framework informs this distinctive image of the self and that this will help explain adherents' claims of self development, self responsibility and their quest for material progress. "The holistic image of the self," Beckford notes, "... holds out the possibility of greater satisfaction in personal relations; greater achievement of inner potentials; and a greater sense of belonging to a higher integrated order of things" (81). This notion of holism casts the search for self enhancement and economic achievement as a solitary activity. Using
metaphors of healing, however, NRHM adherents claim that total healing responds to all the dimensions of human relationships, the personal -- physical, spiritual, mental, emotional and financial -- the relationship with others, and the relationship with the cosmic reality. Healing is partial if directed to only one aspect of human life. The individual is then left fragmented. But first a note on holism.

Holism denotes and connotes a variety of meanings. A broad characterization, based on the activities of NRHM adherents, may mean "the blending of different areas of life -- business, personal, and spiritual" (Lewis 1992:4). Applied to healing it can refer to "the treatment of the whole person . . . to bring the mental/emotional, physical, social and spiritual dimensions of the person's being into greater harmony" (Otto and Knight 1979). It has also been used to mean "the utilization of both orthodox and unorthodox disciplines in the healing process" with the basic emphasis placed on a therapeutic technique that "stimulates a person's own healing processes." But more importantly, it signifies the unity and indivisibility of nature which "'naturally' contains all human beings" in relationship with "cosmic forces, structures and processes."

Some studies of NRHMs have noted the holistic images that underlie the effort of its adherents "to cultivate and promote a distinctive connection between ethics, spirituality and healing" (Beckford 1984, 1985b; McGuire 1988). In summary,
holism is a notion that has come to mean the confluence of both orthodox and unorthodox therapies as a treatment mode, a distinctive understanding of the individual, and a world view that considers all of nature as interconnected and integrated.

**Holistic Images of the Self**

NRHM adherents' accounts of their self transformation appear to encompass three interrelated processes, namely, releasing, empowering and restoring.

**The Released Self.** The basic assumption of NRHM adherents is that health is the key to unlocking the person's potential. Health is conceived, not as the absence of disease, but as an aspiration toward "positive wellness," "total well-being -- the physical, mental, emotional, and spiritual," "being positive in every way ... harmlessness, truthfulness," "living harmoniously," "righteous living," "being at peace with oneself and with others," "appreciating oneself," and a lifestyle that includes eating properly, sufficient exercise, and meditation.

Conversely, illness or disease is believed to be "an accumulation of negative emotions, like anger, resentment," "negative thoughts, disposition and attitude," "disharmony and harmfulness." Sicknesses are primarily "caused by the mind that manifests itself physically." One of my informants was confident that, "most diseases are caused by the mind;
ulcers, for example, is tension. The mind reacts with the body. Body and mind are one. So what happens in the mind happens in the body." According to a practitioner, "every thought has a neuro-muscular component. So every negative thought becomes a pain or tension in the body. Deep anger, sorrow, grief or sadness are negative thoughts which become blocks in the body or energy which is not released. Unreleased energy blocks become cyst or tumor."

To achieve the self's total potential involves a process of unblocking or releasing. In "Core Energy," this consists of a series of exercises. Through proper breathing and body works, "the body softens and begins to release whatever is blocking the flow of energy." A key component is undergoing the "healing crisis." The person experiences symptoms of diseases that they had in the past but this time, the person releases those diseases definitively in order to achieve a complete sense of wellness. A similar process of releasing was explained by an informant as a process of "going back to one's past and discovering the blocks, then healing oneself."

In her own words:

My father was killed when I was eleven. I did not realize that it left a mark on me. I thought that I had accepted it. The first of these block was the grief over my father's death. That time, we were not encouraged to cry. I couldn't not understand why when I was an adult, why at every instance of transfer of work or a little misunderstanding with friends, I would feel as if I was experiencing death; it was a feeling of intense separation. The other was my anger, hidden anger for the person responsible for my father's death. I was unaware that all these were affecting me. I had to imagine myself bidding good-bye to my father. For four days I
could not do it. To heal myself, I had to say good-bye. To the person responsible for my father's death whom I never met, I had to write a letter expressing all my feelings of anger. I had to release all these blocks. I was able to remove all my anger. Only then was I able to achieve self integration.

Another informant recalled that she was able to discover, through the process of rebirthing, her patterns of breathing as a child, and this brought her to unresolved negative childhood experiences. Her own account of events was that:

when I was small I would have tantrums and feel sad at night. I wanted attention as a child. I breathed in a certain way. I brought that pattern into adulthood. I still had the same problems with my attitude, my feelings, my insecurities. . . . In rebirthing, I went back to those patterns. I would make growling sounds and I couldn't control it. But after that, everything was released. Now I have changed my pattern of breathing.

In a different formulation, another informant called his self development, "culturing of the self." He explained, to achieve inner peace you have to control your body, you have to control your emotions and you have to control your mind, your thoughts. Each one affects the other. I decided to stop drinking, to stop smoking. I became a vegetarian in a span of four months. I went into yoga exercises to further culture my body. . . . Once you develop the body, the spirit follows . . . then I started meditation. . . . I saw the connection between body and mind. It is just one.

The basic principle that underlies this process of unblocking is the capacity for self-healing. Artificial means outside the self are believed to deter the full achievement of wholeness or integration. As one of my informants put it, "if the person does not allow the natural process to take place and substitutes drugs or the old traditional ways, he/[she] stops the healing process."
The Empowered Self. Unlocking the self's potential also means acquiring a sense of empowerment. This experience of having better control over one's life is most prominent in self-healing. An informant told me that "a lot of women experience dysmenorrhea every month. It is such a big pain, such a major thing. I'd have it the whole day; . . . I realized I could do something about it. I did not have to rely on medicine; . . . now, just when it's starting, I just heal myself and that's it. It's that easy to get well." According to another informant, he had lost his dependence on prescription glasses. Whereas he had not been able to do anything without them previously, he then found that his vision was improving and he "had become independent of a crutch."

This sense of empowerment is explained as, for example, the ability to control a "stressful environment" in the workplace. An informant who was VP of a bank said that he used energy healing techniques to overcome migraine and headaches that were caused by stress in the office environment. "There is a lot of mental fatigue in the office. I teach my co-workers energizing exercises to the backhead chakra and breathing exercises as a way of helping them cope with the stresses of the job." The practice has also benefitted persons who work under him, particularly the female employees. He says that some "females employees are lethargic at work because of dysmenorrhea; . . . I teach them how to
cleanse specific chakras in the body to relieve them of the discomfort; . . . I tell them to do this a few days before they expect their monthly period so that they will not be affected by the regular pains."

Self-empowerment also means having control over what informants perceive to be negative thoughts that may come from the environment. Adherents are taught to protect themselves by means of techniques of psychic self-defense. One of my informants begins her day with a visualization exercise. She stated, "I visualize a white light covering me from head to foot like an egg shell. I check this covering periodically during the day for tears through where negative energy may enter. If I feel that one is coming my way, I simply say 'this does not belong to me'." Another exercise involves transmuting negative energies into positive ones. "When I notice two persons gossiping or talking ill of another person, I simply transmute those energies so that the persons begin to experience something different. Then they become aware of what they are doing."

A sense of empowerment has also been expressed by my informants regarding their experiences with biomedicine. Instead of the more popular view that alternative healing is a last recourse, it is the first recourse for some informants. An informant, for example, explained that her husband had two cysts which could not be removed with the dose of medicine that his physician had prescribed for him. The doctor had
suggested an operation to remove the two stubborn growths. "He was skeptical at first but he submitted himself to be healed because he did not want to undergo the operation. After 30 minutes of the first healing session, the pain went away and in the succeeding days, the cysts which were irritating his armpits became smaller and smaller until they disappeared a week later." One adherent's story was that:

My brother was so sick. He was confined at a Makati hospital. His doctors suggested an operation. I decided to do my own thing. There I was with my basin of salt and water. I told the doctor to do their thing while I do my own thing. I don't know what happened because the day he was scheduled for the operation, he was all right and the doctors themselves called off the operation." [Modestly she adds], "I don't know if it was the result of my healing.

For some informants the practice has come to mean confronting the damaging effect of biomedicine. A practitioner believed that a seven year dependence on antibiotics prescribed by her doctors had caused a "pingpong" of infections in different parts of her body.

If I get sore throat and I take a prescribed antibiotic for that, I'd develop infection elsewhere, like in the stomach, then the vagina. The side effects would constantly manifest elsewhere requiring other kinds of antibiotics to cure the infections. The doctors began to suspect a more serious ailment but all the tests were negative. All along I was getting weaker. I had very low resistance.

When she stopped taking medicine except her usual vitamins, the infection allegedly disappeared and did not reappear.

**The Restored Self.** The typical NRHM adherent aims to live constantly in harmony and balance. Health is "harmoni-
ously living" with oneself, with others, and with the larger cosmos. One practitioner, for example, claimed, "alternative healing, like, acupressure, shiatsu, reflexology or our indigenous 'hilot' deal with unblocking the meridians. Once you remove the block the flow of energy will be continuous, the cosmic flow. That is harmony." Another informant argued that "the natural path simply means cooperating with the laws of nature . . . this is health. Not to cooperate means ill health."

Subscribing to the natural way is translated into a practical lifestyle that includes regular exercises and the eating of proper foods. As an informant put it, "man's medicine should be his food and his food should be his medicine . . . if one is eating the right kind of foods and living righteously, there is no reason for taking other sources of medication." Participation in PH means avoiding meat, particularly pork, refraining from smoking and alcohol, and routinely undergoing fasting as a form of cleansing the body and ridding it of toxic elements.

Vegetarianism is a desired goal, most especially for those engaged in higher forms of meditative exercises. Practitioners claim that energy derived from red meat is "coarse and heavy." The objective of these practices is to acquire "finer" energy and to enhance the healing quality. The serious practitioner is then compelled to regularly cleanse and energize her/himself as a means of maintaining
good health and a state of well-being conducive to healing. When one of my informants started on the spiritual path he undertook a strict exercise regime. "Once the body is in perfect shape, the mind follows," he said. "If the mind is strong, you are emotionally strong and you are a spiritual person, the body follows. They are supposed to go hand in hand." Informants conceive of developing themselves in terms of this "perfect square."

A critical practice for my informants is engaging in various forms of yoga and meditation. Informants claim that the breathing techniques allow healers to maximize the flow of energy and "clear the mind of clutter, like negative thoughts and emotions." According to one, meditation is "a way of disciplining thoughts . . . because they can be harmful." Negative thoughts are negative energies that can harm the person and others. Since meditation opens the person to strong energy, "regular physical exercise prepares the body to build its capacity to contain this new energy" and it releases the excess energy acquired in meditation, hence restoring once again the balance of energy in the body.

Personal practices are not enough, though. The healer must also guard against frequenting "places that are not wholesome". An informant avoids places that abound with negative energies such as "shopping malls, movie theaters and other places where there are too many people. There are too many negative energies." Another believed that "the movie
house is a stressful environment. You are enclosed. The people emit different vibrations. After a movie you feel exhausted. You feel low. You feel as if your energy was sapped. It is because of the environment. Either the people are sapping your energy or you could be feeling the negative vibrations of the people inside." It must be noted, though, that some informants criticized other practitioners who purposely do not want to associate with the poor as elitists. In general, therefore, practitioners seek each other's company claiming that "the positive energy of other practitioners somehow improves [their] own energy bodies."

To insure that they receive fresh, clean energy, away from the pollution, congestion and noise of Metro Manila, some practitioners take periodic trips to Mt. Banahaw to commune with nature. In the caves, they spend hours in meditation or just let their bodies be "energized by the lush forest, cool streams and sacred mountain." Members of religious sects who live along its foothills claim that the place is inhabited by spirits. While NRHM adherents would not go as far as claiming to believe in spirits, they have nevertheless conceived of these spirits in terms of energy beings and spirit guides and see their visit as a way of being renewed in the spiritual path.

**Attribution of Responsibility**

The most critical aspect of the notion of the holistic
self is self-responsibility. The shift from the general medical to the holistic model of personal responsibility for one's health and well-being, and illness and disease is most salient. Although critics argue that the consequences of the attribution of responsibility (see Lowenberg, 1989) that bear on a national health policy and other issues with economic overtones are not as yet critical to the Philippines, NRHM adherents in the country are beginning to question the relationship between what they call "the unhealthy environment," referring to Metro Manila's pollution, and corruption in agencies of the government. In this section, I limit the discussion to my informants' contention that stresses the importance of lifestyle as an appropriate response to issues of health and sickness.

All my informants asserted that ultimately one is accountable for one's own state of health, or, as one informant put it, "we are responsible for our well-being and our sicknesses. A lot depends on our emotional states. If you have a positive attitude, you will not be prone to sickness. The more serious ailments are really because of emotional problems, problems that you keep to yourself, situations you have not forgiven. . . . But the moment you learn to forgive and release, you are healed."

Is there any basis for the critics' claim that a moral injunction is inherent in the belief that illness constitutes deviant behavior for which the person is held accountable?
From my interviews there appears to be a strong emphasis on self responsibility but informants distinguish between habits acquired in early adult socialization and lifestyles that they feel are their sole prerogative. Second, they claim that behavior is easily redeemable. In an informant's view, "our habits are the results of programming since childhood, in school, in the home. But I can deprogram myself and reprogram myself with new habits." Another informant responded that the healing technology only "serves as the impetus for us to take stock of and be in control of ourselves. But if we do not do anything about it afterwards, then in all likelihood the same health problem will recur." Self-transformation in terms of active processes of releasing and unblocking is precisely the mechanism which gives them control over what may be considered as deterministic and morally binding behavior.

Given the influence of Hindu and Buddhist notions of PH, it is interesting to note why there is reluctance on the part of some healers to intervene in what they believe to be 'karmic illness.' They claim that they may be obstructing the person's responsibility and control over the evolution of her/his life. A practitioner's experience was relevant:

I felt the person was about to meet God. It was really the end of her life. But what I was praying for, what I was healing her for was that she would be able to take the next step. In that sense, healing also took place, the healing of the spirit so that the person is strengthened for the next step into fuller life.

She believed that the person has to go through that karmic experience but that healing can be used to lessen the pain,
not remove the illness, and that the person can be encouraged to positively work out the 'karmic debt'. The underlying assumption is that the self is in continuous growth in this life and in 'after lives.' PH therefore involves a subtle combination of karmic determinism and New Age voluntarism.

**Quest for Material Progress**

NRHM adherents claim that mind and body are inseparable. And since everything starts in the mind, healing a person who is financially burdened cannot be fully effective unless her/his other needs are addressed. An informant reasoned that "healing does not merely involve the body but the pockets as well . . . the cause of mental anxieties that manifest themselves later on in the form of illnesses are often financial difficulties." Healing then must touch on all these dimensions. In a course called "financial healing," practitioners are taught how to use the basic principle of pranic healing, "energy follows thought" to bring about material prosperity. In the course practitioners create thought forms and energize them until such time as these thought forms begin to 'materialize'." This thrust toward material gains has been termed "prosperity consciousness" in the Philippines.

One controversial aspect of the quest for material prosperity through PH is the practice of programming. Alternative healers are taught how to program crystals to
absorb dirty energy, to protect themselves against transfer-ence and contamination from the patient or from a stressful and hostile environment. Programming is also critical in self-healing, particularly in the general belief that the physical manifestations of illnesses and discomforts have their root in the mental attitude of individuals.

However, practitioners have also applied programming to enhance their material welfare. One of my informants, for example, spoke of "programming" a winning ticket in a fund raising project. Another reported placing the picture of a crown chakra in full view on his company's fleet of taxi cabs for the purpose of attracting good vibrations and good customers. Another described herself as a valuable asset to her husband who asks her to "program" his business deals. Still another claimed that he gave his friend the poster of the Great Invocation which was then placed in her store. He was informed soon after that the business had picked up. One informant admitted to being worried, however, that some people were active in the group primarily to make money.

Certain practices are advertised precisely because of the concrete material benefits to which they supposedly lead. Meditation exercises, for example, are taught as techniques which "aim to achieve expansion of consciousness and increase intelligence and comprehension skills." This has become very attractive to students, executives, and business people. In line with the principles of aggressive marketing, some
practitioners are consumed with the need to market the idea of pranic healing to the public with urgency. "If there is an idea it must be marketed . . . there is such a thing as karmic delay -- you will lose out if it is too late."

There also seems to be a strong desire to exercise control. An informant explained to me, "if you know yourself better, you can better do your life, like, you can manipulate all the chakras that control your life, the chakras of the higher and lower emotions, your sexual vitality and the physical strength of your body . . . then you have the key of life." But one notes that the benefit is always in the intent of the user. It seemed to be clearly beneficial to a woman who confided that she had energized her husband's sex chakra so that they could have another child. But it can also be beneficial to Filipino women who may not want any more children. Some practitioners have toyed with the idea that, since the Catholic Church opposes birth control devices, manipulating the sex chakra may be a more appropriate answer to the population control controversy.

But how do informants justify their engagement in a practice from which they primarily derive personal and material benefits? It appears that alternative healing practitioners have little or no difficulty in reconciling the apparent dilemma between making a spiritual commitment and believing that involvement in PH ensures material success. Practitioners do not juxtapose these two things. They do not
attempt to provide a "relational" justification for material accumulation but rather see these two factors as interactive. The two elements of spiritual and material progress are woven together in their notion of "evolving." In other words, they believe that if one is on the spiritual path, she/he is enjoined to ensure material success in this life. All their questing for material and economic success is cast within a holistic framework which gives rise to certain ethical norms. These are the "law of reciprocity" or the "law of entitlement." In order to make sense of these laws, I first need to discuss the practitioners' notion of cosmic integration.

**Cosmic Integration**

None of the processes of self actualization discussed above would make sense for NRHM adherents without reference to the cosmic context in which they locate the individual. "The dominant theme of cosmic imagery is one of natural harmony and balance" (Beckford 1985b:85). NRHM practitioners claim that healing removes blockages to the natural flow of energy in the body and restores the harmonious relationship between the individual and nature. They speak of re-establishing that primal connection or, as an informant put it, "each must be in harmony with [her]/himself, with each other and with the environment. . . . All we need is 'to tune' and listen to what the body is saying." Other informants called this "cooperating with the laws of nature," "following the natural
path," "cosmic interwovenness."

PH healing emphasizes nature cure, "a going back to those sources that are all around us, waiting to be used" whether this means using herbs, the energy from the sun, ground, and air or the natural alignment of the body or the hidden potentials of the mind. The adherents' practice of vegetarianism is informed by this value placed on nature. "The relationship with nature is harmonious . . . including our relationship to animals. The more you become conscious of nature, the more you feel for all living things. The higher the consciousness of the person, the more [she]/he becomes attuned. . . . We must exercise harmlessness."

An informant insisted that eating meat makes him "absorb all the negative energies that an animal experiences when being slaughtered." NRHM adherents often refer to a "universal consciousness" in which everyone shares. They claim that we are connected to each other through energy fields that surround and interpenetrate individual bodies as well as the rest of the world. In fact this is the justification for healing at a distance. This is why one of my informants made it clear that, "the person we want to heal need not be physically present because we are all part of this etheric body that envelopes the world. All we need is to connect to that field of consciousness." It is a common practice for NRHM participants to call on each other for distant healing. An informant told of the following experience:
When I was in Baguio City, my friends in Manila phoned me saying that they would do "group healing" on Dr. Perez who was dying at Makati Medical Center. At the designated time a group of us in Baguio united ourselves with those in Manila to heal Dr. Perez. The healing that took place was really inner healing. The patient was very agitated up to that moment. Then he became very peaceful. He died after two days. When the family thanked us, they said, 'we really believed that you healed him. You gave him the courage to say yes to dying so that he might be able to enter into the next life'.

While some therapeutic schools, like Silva Mind, train participants to diagnose illnesses (including those not known to the healer) by "entering into the consciousness of the patient," some participants feel that this is an invasion of, and a lack of respect, for individual consciousness. Informants told me they believed that healers should "tune into the consciousness of the patient . . . this means 'asking permission . . . having a high regard for consciousness, even if the patient is asking for healing.'"

This sensitivity is further reflected in the practitioners' belief that consciousness is present in all living things and that acknowledgement and respect must be extended to one's relationship with nature. One instance of this occurred at a party when an informant said that they had plans to tear down the house to build a new one and landscape the garden. Since this would entail cutting down an old "banaba" trees, however, she said that she would "ask permission" from the tree before chopping it down.

**Ethics and Spirituality.** NRHM adherents have a developed
awareness of their relationship with the cosmic world and the laws of nature that govern their search for self development or, as they term it, the "process of evolving." The basic principle that appears to guide their practices is the "law of reciprocity." In relation to material prosperity, they call this the "law of entitlement." Its basic principle is taught to every workshop participant.

The law of reciprocity or entitlement. NRHM adherents assert that the law of reciprocity is embodied in the biblical injunction -- "a man will reap only what he sows" (Gal 6:7). As an informant explained it to me: "anything you give out of yourself comes back to you. If it is good, it comes back good. If it is negative, it comes back negative." Participants apply this principle to almost anything -- their healing practices, spiritual pursuit or quest for material and financial successes. According to a practitioner, "nothing will come to you by itself; if you want to be happy, make other people happy; if you want to be loved, love; if you want to receive, give."

Practitioners claim that learning the manipulation of energy can make a person very powerful but they add that the law of reciprocity must serve as the guiding principle. Negative thoughts or actions intended to harm another person will eventually find their way back to their point of origin. Another informant put it this way: "if you do not have compassion now, you will learn it somehow . . . until you
become a whole person." The major concern for most informants is the positive application of this law. In the words of one informant, "ever since I started healing, the benefits have come in various ways; ... I grew in all aspects, physically, materially, spiritually."

Most practitioners of PH hold the belief that the law of reciprocity not only applies to this life but is also closely related with their past and their future destinies in accordance with their "process of evolving." In a way, this notion is closely related to the Filipino saying "hindi ka makakarating sa iyong paroroohan kung hindi mo babalikan ang iyong pinanggalingan" (roughly translated as -- you will not reach your destiny without returning to where you came from). In other words, they believe that there is unity between the past, present, and future prospects in life.

They scarcely mention such words as "karma," (especially when popularly applied, for example, to explaining congenital birth defects or catastrophic illnesses and misfortunes) or "reincarnation" lest they be "misunderstood by the Catholic Church" or by the "self proclaimed guardians of the Catholic faith," referring to the charismatics. However, none of them thinks that membership in any particular religious institution much less polemical debate, is conducive to a spiritual life. They tend to distinguish between religion (i.e. membership in the Catholic church) and spirituality. In fact, they purposefully deflect healing and associated practices away from any
connotations of religion. Participants insist that people be open and not let religion become a divisive factor in their quest for a spiritual life. A typical posture is one of openness for new things and ideas or, as an informant framed the idea: "it opened up new horizons and new learning for me." An informant reported that she was now "more attuned with the basic laws of God, like love your neighbor, love of self . . . [but above all] is the realization that God is not unfair."

The religious sisters have a variety of ways of coping with this problematic notion of reincarnation. When I asked how they responded to this concept they gave replies such as, "who am I to prove or disprove it," "I am open to ideas," "I don't think about it," "I don't allow myself to be bothered," "I keep what is worth keeping and with a breath of kindness, throw the other things away . . . in our religion, I keep what I believe in. I don't swallow everything." But one particular religious explained it in the following terms:

I have been told that the theory of reincarnation is contrary to the Catholic teachings. I learned that in school. The terminology we use depend on a certain way of looking at things, perceiving things. Yet I believe that God and the reality of life are much broader and bigger than terms, than language. So I can understand where the difficulty comes in. Also, much of the Catholic tradition, there is a historical element involved, a certain period, a certain vocabulary, a certain way of understanding things. If you limit yourself to that, you will experience conflict and difficulties. But if you understand it as, 'well we think this way and this is the way we were taught because of this historical evolution,' then for myself I don't have any difficulties.

With reference to reincarnation, this sister claimed that the
concept had helped her understand the passage -- "you are to be perfect as my heavenly father is perfect." She said "It made more sense to me that this whole process of becoming more and more God-like, more and more perfect would take place over several lifetimes and not just one. . . . It shows how wonderful and how good God is that you should be given all this time to allow that image of God in you to come out more and more clearly." Furthermore, she added:

I think words are very limited attempts at expressing reality. Expressions or terms are dated. They are born. They become very popular and they become obsolete or they are replaced by new words after a given period of time. . . . When we try to box reality in some of these terms, a set of words, we come out losers.

Practitioners tend to apply the law of reciprocity to their economic goals in a distinctive way. One of the aims of financial healing, according to an informant, is to change participants' attitude towards money and the use of material resources. He explained that:

we were taught to think that it is wrong to be rich; that you cannot be spiritual. But if you become wealthier than you are now, you can help other people more than you are able to help now. There are many social action projects you cannot organize because you do not have the material means. You do not become a burden on your family or on society. . . . The technique of kriyashakti is: don't wait until you are rich to help. If you want to have more money, start giving.

In a reversal of the maxim that help should be unconditionally extended to the poor, my PH informants preferred to argue that "those who should take this practice seriously are the poor."

It is for this reason that workshops are never given for free. Low income participants, such as public school teachers, are
required to make a virtually token payment. And installment schemes are arranged for those who cannot pay the full amount immediately. Practitioners also believe that unless a person invests something, she/he will not be likely to value or take the healing practice seriously. As one of my informants explained, "if things are given for free, they are simply taking and not giving and this defeats the purpose of the law of reciprocity." Beneficiaries of healing who express their appreciation give a tithe to the Institute as "one way of settling one's debt to society." The money is placed in a general fund for sponsoring students and religious whose willingness to take PH courses is not matched by adequate financial resources. The founder and his staff believe that a larger number of people would benefit if religious took up the practice more seriously.

**Healing and Tithing.** A critical aspect of PH for most informants is the application of the law of reciprocity in their quest for spirituality. They are expected to embark on a project of healing and tithing as active ingredients in their "process of evolving." My informants claimed that "if you want to evolve, then you must heal." Voluntarism, particularly the healing service, is believed to be like a triple-sided pyramid, a generator of high levels of energy. Service and tithing supposedly augment the stock of your goodness, lessen your karma, guarantee material prosperity, and insure your evolution in the life.
Informants were conscious of the non-material benefits derived from the practice of EH. The most commonly cited reason for their attraction to pranic healing was that this form of healing equipped them with a skill which they could use for serving others. A doctor-informant, for example, made it clear that she "wanted to respond to the medical problem of her patients from the depressed areas." Although she gave free consultations to poor urban patients, she found that they could not afford to buy the medicine that she prescribed for their ailments. As discussed in the previous chapter, several practitioners have formed healing teams in their respective parishes to heal poor people in their locale. Other have made their healing skills available in the workplace.

This service orientation is articulated clearly in the way the institute advertises its course on pranic healing. An informant recalled that the course was advertised as "you can help someone by healing." The official brochure contains short testimonies written by people who all underscore its "other-oriented" feature.

The benefits of healing as service have also come to mean that practitioners can enhance their personal spirituality. An informant pointed out to me that one's desire to heal oneself and others is an inducement to develop a spiritual life. "You become serious on how to go about this. . . . I feel I really need to improve myself spiritually." She claimed that the practice inculcated a more compassionate
attitude towards others in her. Another confessed that he had not known what compassion really was: "I was just out there to make a lot of money. I was successful as an engineer. I was being offered a lucrative position in an oil company. There are only two of us here in the Philippines who can do that; ... but this involvement in pranic healing has changed my way of living."

The practice of healing itself is believed to be a guarantee of spiritual progress. An informant explained that there was a direct link between the two. "If you want to earn points to go farther, you got to heal people, you have to serve people; ... If you want to advance, you have to heal; ... Spiritual progress is achieved by meditating, then healing. When this process is linked together, one can attain bliss or ecstasy."

However, the tight schedule of most business women and professionals may not allow practitioners to engage in voluntarism. Practitioners are enjoined, instead, to tithe. Tithing involves setting aside a percentage of net income for contribution to the Institute, needy relatives, charitable organizations, and the church. An informant who strictly adheres to tithing, for example, instructs her accountant to set aside 10% of her business' net income. Tithing is actually a double-edged mechanism by which one can neutralize one's negative karma and at the same time increase one's bank of good deeds. It "is a very rewarding and self-fulfilling
obligation." Practitioners believe that "the more you give, the more you'll receive", but the process is not automatic. Adherents are taught to consciously decree to get back what is owed to them. The theory is that the positive returns need not necessarily benefit them personally but can be re-assigned to somebody else.

The dynamic relationship between healing and advancement in the spiritual path seems to feed into practitioners' distinctive ways of integrating their notions of spiritual engagement and material progress. Informants argue that the material benefits are there for the taking only if one is entitled to them. In other words, no matter how much one energizes thought forms for concrete material success, none will accrue to the individual if she/he is not entitled to receive it. To be entitled means increasing one's bank of goodness. As positive karma accumulates, the practitioner is also able to lessen her/his negative karma and thereby enhance the process of evolving. Since becoming a practitioner one of my informants alleged that he "sees things differently. I see the inner meaning of money, of material things -- that you really need them for different things. You can be detached from it."

There is nothing deterministic, however, in this notion of spiritual development. Even an informant, who claimed that she would have liked to make a lot of money and who practiced kriyashakti daily, admitted modestly that she felt "entitled"
because she had had to live on her own at an age when most of her peers still enjoyed the support of a family. She raised a son, now aged eighteen, without any support, financial or otherwise, from her former husband. Her view was that, "I went through difficult times but I learned the meaning of compassion. I can relate with suffering."

Practitioners, hence, embark on an active spiritual project that includes voluntarism and tithing, believing that both can sharply accelerate spiritual development. Choosing between getting an MBA in New York and being involved in the World Pranic Healing Foundation, for example, an informant chose the latter, saying "I am committed to propagate pranic healing to the developing world as part of my vision in life. . . . Southeast Asia, Latin America and Africa are all interconnected in the same etheric web that envelops the world."

**Global Healing.** Meditation is a distinctive practice in many NRHMs, and meditative techniques are taught in various ways by the schools, institutes and groups. An underlying belief is that meditation connects the practitioner to a higher order of things or reality. Informants refer to it with expressions like a "divine plan," "higher guide," "higher being," or "heightened impression or enthusiasm," that helps the practitioner "understand life better," "understand one’s beingness," leading to "a process of embodiment," "enlighten-
ment," "illumination," and "higher consciousness or awareness." Through meditative practices adherents are encouraged to participate in global concerns or, as an informant explained it, "the global situation needs global healing."

Among pranic healing practitioners the basic meditative exercise is called the "Meditation on the Twin Hearts (MTH)", referring to the heart chakra and the crown chakra. Adherents believe that the former is the center of the emotional heart while the latter is the center of the divine heart. MTH is an "illumination technique . . . aimed at achieving cosmic consciousness. [But] it is also a form of service to the world." Practitioners believe that "the world is harmonized . . . through the blessing of the entire earth with loving kindness." Instructors explain it as a way of connecting with the concerns of the world and with all the individuals in it, a way of exercising responsibility for the world. One of my informants had no doubt that "not only is there a physical environment but a spiritual one . . . our negative thoughts pollute the spiritual environment." The aim of the MTH is to clean both environments and to infuse them with positive energy, prosperity, and loving kindness. "By blessing the earth with loving kindness, you are in turn blessed many times. It is in blessing that you are blessed. It is in giving that you receive. This is the law!" Practitioners usually begin and end their day with this meditative exercise. I shall therefore end this Chapter with an account of the
Meditation on the Twin Hearts.

First, participants are asked to visualize the earth on a small scale in front of them. The belief is that if the earth is visualized in its actual size, bigger than them, they will tend to be overwhelmed by its size. Instinctively, they will begin to experience doubt or to feel helpless, and this will tend to expose them to negative energy. By contrast, visualizing the earth in miniature form creates that supposedly natural inclination for practitioners to say "I can give something, I can help because I am bigger than the earth." Consequently, they claim that their "supply of prana will not run dry since the earth is a small entity" to which this energy is being directed.

Second, the heart and the crown chakras are activated by visualizing rays of light coming from both chakras and being directed to the earth in the form of the blessings of love, peace, prosperity, hope, joy, forgiveness, harmony, healing and loving kindness. The prayer of St. Francis of Assisi sums up many of the blessings that practitioners send to renew and heal the earth.

Third, participants are taught to achieve illumination by visualizing themselves inside a big ball of light whose center is the mind and heart of God. Participants concentrate on those points of light and on the moments of silence between the chanting of "Aum" or "Amen." Some practitioners claim that they experience "merging with the light" "inner explosion
of light," "a glimpse of illumination," "bliss and divine ecstasy." An informant put it as follows:

the fine point of silence are like waves in the infinite ocean depth. The people are the waves in that ocean who is God. . . . People discover that all the waves are interconnected like a labyrinth . . . everything quiets down. There is no more turbulence but only the silence of the AUM . . . history stands still and people can enter into the subconscious of other people both past and present with ease.

Fourth, participants release all the excess energy generated by the activation of their energy centers by blessing the earth once more. Participants do this until they feel intuitively that "their bodies have normalized." At this stage, participants may send blessings to specific persons or situations. A final phase involves massaging and exercising the body to further release congested energy and "enhance the beauty and health of the practitioner." During the Gulf War the Middle East was the focus for these meditation exercises. At those critical moments PH practitioners felt compelled to "participate" in ways which differed drastically from those of the other Filipinos who, like many Americans, watched the televised war like a game.

This Chapter has demonstrated the distinctive ways in which adherents of NRHMs have been able to make sense of their participation in movements considered marginal and non-rational by the standards of their society. The dominant features include the values of scientific explanations, disciplined training, self responsibility, attitudes of eclecticism and syncretism. These values reflect and reproduce the values
acquired and nurtured in their educational and occupational training. But more importantly the practitioners are able to overcome apparent contradictions between the values of seeking spiritual enlightenment and material progress, between individualism and collectivity, the self and the environment. Indeed, they perceive positive linkages between these apparent contradictions. Images of holism are the underlying themes by which NRHM adherents are able to make these connections in an harmonious fashion. This distinctive experimentation in alternative therapies presents new challenges to the wider society. The final Chapter will explore the significance of these healing movements particularly in the Philippines of the 1980s, a tumultuous decade in the country’s history.
CHAPTER VI

ALTERNATIVE HEALING AND PHILIPPINE SOCIETY

At the beginning of this dissertation I posed the following questions: "What is the significance of new religious and healing movements as a social phenomenon in the Philippines?" "What do they say about the wider society in which they are found?" "Specifically, why has this phenomenon, deemed marginal, become prominent among sections of the middle classes?" This Chapter offers some answers to these questions and ends with a summary of the research project. I shall begin with some brief parallels with the experiences of Japan and Brazil in order to reinforce my general argument and to locate it in a broader context.

The growth of new religions, particularly the revival of shamanistic folk religion by Japan's middle class, is seen as a reflection of changes in the wider Japanese culture. Mullins (1992) suggests that "consciousness and life style have shifted from an emphasis upon instrumentalism to expressivism," away from the instrumental values of economic production and growth toward the more expressive values of consumption, play and leisure. With regard to the role of Japan's middle classes in these new religions, Mullins suggests that the pragmatism of Japan's high tech society seems to be well
suited to the approaches to life offered by the new religions. Those aspects of animism, mysticism and magic displayed by the new religions offer "fragmentary or isolated use of spirits and magical powers to deal with particular problems and situations." In other words, these magical aspects do not burden the adherent with sacred canopies but they facilitate concrete activities for coping with problems emerging in a Japanese society which is fast becoming pluralistic and fragmented.

An instructive comparison with Japan can be found in Brazilian cities. Pressel (1974) and Pereira de Queiroz (1989) argue that the Umbanda religion may be explained as religious innovation in a rapidly changing society. Within the context of historical and social changes in Brazil, Umbanda emerged as a popular form of religion in the twentieth century. The dramatic period of industrialization in Brazil accompanied the rise of Umbanda among the emerging intermediary classes which had the necessary skills and facilities for social and economic upward mobility. According to Pereira de Queiroz, the development of Umbanda may be understood as an attempt to prevent the Afro-Brazilian cultural heritage from being destroyed by immigration from Europe, the Middle East and the Far East. Hence, this interpenetration of cultural complexes introduced new beliefs into indigenous cults, resulting in a syncretic belief system that is now popular in the middle and higher strata of Brazil's two major cities, Rio
de Janeiro and Sao Paolo. Pereira de Queiroz further adds that the economic and political circumstances that marked Brazilian life after the 1964 military "putsch" have dramatically helped in the expansion of Umbanda. It has stood as a rallying point for national unity and integrity against the military control of civilian life and the consequences of Brazil's underdeveloped and dependent situation in the world. For Dann (1979) Umbanda appears to provide a distinctive Brazilian cultural identity. In his view, Umbanda's social class composition and its concentration in the modern industrialized centers have contributed toward a national identity. This is in sharp contrast to certain regional areas of Brazil characterized by traditionalism and extremes of wealth. Furthermore, Umbanda's universal laws, the accessibility of its spirits, as well as the opportunities that it offers for spiritual progress, have transcended the rigidity of Roman Catholicism and the elitism of Spiritualism.

Although the Philippine case is distinct from the experience of Japan and Brazil, the revitalization of new religions anchored in their respective cultural traditions at least points up an interesting analogy between these different cases. Second, the role of the middle classes in the revival of all these new religions, particularly those concerned with healing, is a clue to the influence of common but distinctive experiences.

The decade of 1980s was a time of heightened political
upheaval on a national scale in the Philippines. Although an insurgency movement was raging in the countryside, for the first time in almost two decades of suppression of civil liberties, Metro Manila's middle classes became politically active in a significant way after the assassination of Benigno Aquino. But the decade was also a time of extraordinary interest in religion among the middle classes. Let me now analyze this phenomenon.

**Urban Religious Movements**

Two movements which are visibly urban and middle class, but not altogether unrelated, became prominent in the 1980s. These are: the Fundamentalist and Evangelical movement, and the New Age/Holistic healing movement. Both were deeply involved in healing. I shall pay special attention to the convergences and divergences of themes in these movements.

Just as the ascendancy of Corazon Aquino in 1986 provided a "democratic space," US-based Evangelical or Fundamentalist Christian groups began to arrive in the country in dramatic numbers. Incidentally, Philippine journalists do not, in fact, distinguish very clearly between fundamentalist and evangelical groups. The groups are generally referred to as "non-Catholic Christians\(^\text{24}\)," "born-again Christian Fellowship," "Fundamentalist," "Christian Evangelical," or "evangel-\(^\text{24}\)These groups do not include the mainline Protestant churches in the country.
ical fundamentalist" groups. A study, authored by Fr. Bayani Valenzuela of the Manila Catholic Archdiocesan Office for Ecumenical and Interfaith Affairs, reports that within the two years following EDSA\textsuperscript{25}, according to Security and Exchange Commission figures, the average number of evangelical groups being created each year jumped from 144 to 290 (Balan and Canete, 1988/89a). Other figures show that by 1988 alone, 1,448 non-Catholic Christian groups had registered, 88\% of which were registered only after 1980 and 40\% of which began preaching after 1986. It is estimated that, as of 1988, there are between 13,000 and 15,000 evangelical churches all over the country, containing 1.6 million members (Alibutud, 1991). Furthermore, more than half (56\% of these groups are based in Metro Manila alone (Grafilo and Gloria, 1991).

It was also in this period that a major interest in alternative healing movements was promoted by the more stable sections of the middle classes. Whereas the interests of researchers in the past have tended to be limited to the beliefs and practices of marginal religious groups (Foronda, 1961; Sweet, 1970; Covar, 1975; Sturtevant, 1976; Ileto, 1979; Marasigan, 1985; Cullamar, 1986; Elesterio, 1989), scholarly interest began to focus on sections of the middle classes and their involvement in new forms of mysticism and psychic phenomena. This healing phenomenon assumed national impor-

\textsuperscript{25}Refers to the uprising in 1986 in Metro Manila that led to the ouster of Marcos.
tance with visits from Western journalists and researchers wishing to investigate psychic surgery, and from the terminal-ly ill from Europe and America in search of the "last re-course." This interest in alternative healing was enhanced for the contribution that it made to the tourism program of the national government. It is interesting to note in this connection that "health reasons" have been added to the checklist of possible reasons asked of foreign visitors to the country. Former President Marcos himself allegedly had his own psychic advisor and was favorable to the whole enterprise (Lava and Araneta, 1982.ix; Licauco, 1982b).

Among other things, these interests in alternative healing brought to the fore a reassessment of the tradition of animism and spiritism in the country. Whereas these religious experiences of the "common man" had been commonly viewed "skeptically, if not belittled, or even outrightly rejected by the 'better educated' . . . as fraud, myths, superstitions" (Sevilla, 1977), the scholarship provided by the Philippine Psychological Association facilitated this reassessment. It examined the theme of "Filipino Religious Psychology" at its first regional conference in 1977. Another important turn was the establishment in early 1973 of the Philippine Society for Psychical Research Foundation which dedicated itself to the "advancement of research in the field of psi phenomenon, particularly as this concerns healing and the restoration and maintenance of health" (Stelter, 1976). Over a decade later,
the Philippine Paranormal Research Society, Inc., was founded in 1986. Its purpose is "systematic research and documentation of paranormal occurrences and abilities found primarily in the Philippines and Southeast Asia." But what is the significance of these urban religious movements as a social phenomenon? What are their commonalities and divergences?

**Convergence and Divergence**

Albanese (1988) has identified themes that appear common to both the Fundamentalist and New Age movements. In particular, she cites: personal transformation, direct spiritual experience, belief in on-going revelation, a certain positivism that is linked to religious materialism, and a "new voluntarism" that stresses self responsibility (see Lucas, 1992). While these themes are quite diverse, I shall nevertheless find certain convergences and divergences among them which are distinctive to the Philippines.

In the first place, Evangelical groups require "inner transformation" and "righteous living for the Lord." A similar orientation may be found in the New Age/Holistic movements. Both movements stress healing and self transformation but in varying degrees. The Fundamentalists and Evangelicals rely on the sole intervention of God, while New Age/Holistic movements would tend to explain healing in terms of pseudo-science or the New Science. Self transformation is looked upon positively and sought by New Agers through
personal striving, while the Fundamentalists and Evangelicals would stress conversion and turning away from sin with explicit reliance on God to give the strength to make these changes.

Second, Fundamentalist and Evangelical groups' communal workshops are known for their expressivism, which is evident in such practices as praying in tongues, loud proclamations of "Alleluia, Praise the Lord," prophecy and teaching. These forms of religious expression are quite different from the more individualist expressivism of New Age adherents. For the latter, meditation is generally quiet and relaxed, even when the exercise calls for bestowing blessings on the earth.

A third aspect of convergence and divergence involves the movements' basic orientations. Fundamentalist and Evangelical groups tend to be "'exclusivist' and claim a monopoly of religious truth and salvation" (Balan and Canete, 1991), and to refuse to be identified with the ecumenical movement among the churches, stressing instead inter-denominationalism (Abainza, 1985). By contrast, the New Age movement promotes universalism and eclectic and syncretic approaches to the social world.

The point of greatest divergence, however, involves the political activities of many Fundamentalist/Evangelical groups, a phenomenon not yet found among the New Age movement in the Philippines. The intensity of their involvement is quite unique to the experience of the Third World. While
fundamentalist causes surface as legitimate Political Action Committees or lobby groups in the US legal and political process, the involvement of these same groups in the Philippines may appear to diminish the value of their ministry to drug addicts, alcoholics, and those from broken marriages. As Valenzuela (in Alibutud, 1991) reported, while "there are those who genuinely engender spirituality in their members, there are those other groups that are used for political purposes." Without mentioning the political activities of fundamentalist groups, the Catholic Bishops' Conference of the Philippines issued a pastoral letter expressing concern over their basic teachings on Biblical inerrancy and supreme authority on matters of faith. Furthermore, the bishops deplored the attacks on "Catholic teachings and practices like [the] teaching on the Blessed Virgin and [the traditional] veneration of sacred images" (Catholic Bishops' Conference of the Philippines, 1989).

Reports point to the support given by right-wing groups in the United States to mobilize fundamentalist and evangelical groups in their fight against communism (Amor, 1989; Third World Reports, 1989; Sayo, 1990). One such group is the "International Christian Outreach and relief Services (INCOR), an affiliate of the International Baptist Mission Fellowship based in Seattle, Washington." Citing an INCOR report, Alibutud (1991) claimed that "it sent 300 children helped by its feeding centers to attend an anti-communist rally. The
children wore T-shirts that said, 'No to Communism, Yes to Jesus'.' Fundamentalists were also prominent in the organization of the right-wing anticommunist National Alliance for Democracy, at whose convention there were picket signs which depicted the NPA and the NDF as Satan and a placard which read "Mao killed missions, Christ died for millions" (Albor, 1989).

Another prominent religio-political group in the Philippines is CAUSA International, the political arm of the Rev. Sun Myung Moon's Unification Church. Founded in 1980, its more than 100 branches conduct anti-communist seminars and workshops, and disseminate educational materials in Third World Countries. Its other conduit is the WACL (World Anti-Communist League), the Philippine counterpart being the Philippine Anti-Communist League. In the Philippines "it is linked with vigilante groups who have been held responsible for gross human rights violations" (Third World Reports, 1989:1).

What do these kaleidoscopic patterns of convergence and divergence among new religious movements reveal about the wider Philippine society? Alibutud (1991) has argued that the "convulsive political and economic situation," of the country in the 1980s may have had something to do with the evangelical

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26NPA (New People's Army) and NDF (National Democratic Front) were at the forefront of the insurgency movement against the US-supported Marcos dictatorship and continued US presence in the Philippines.
explosion "where converts found order in the chaos washing over people's lives . . . comfort in the uncertainties" of the times. Other critics have replied, however, that the lure of the Evangelicals in a predominantly Roman Catholic country lies in the "festiveness and entertainment value of evangelical worship . . . [which includes strong] elements of healing and speaking in tongues" (Coronel quoted in Alibutud, 1991; also Balan and Canete, 1988/89b). It is notable, for example, that a movie actor is one of the better known evangelical preachers. Another is the son of a former Congressman. It is no accident, then, that former movie houses have been transformed into centers of worship, for their good acoustics, huge stages and spacious auditoriums all help to make the Sunday worship service highly charged and experiential.

According to Coronel, there appears to be an affinity between (a) the "celebratory element in evangelical worship and the exhibition of the powers of the supernatural [characteristic of] folk Catholicism, [and (b)] the all-encompassing norms for personal and political conduct demanded by the movements' pastors and the strongman tradition in Philippine society."

It is important to recognize that the apparently bewildering diversity of beliefs, organizations, and practices associated with NRMs in the Philippines actually conceals some striking patterns of similarity and dissimilarity. Within the confines of this dissertation it is appropriate merely to
emphasize the consistent contrast between the orientation of Christian Evangelicals and Fundamentalists toward conservative politics and the orientation of the New Age/holistic groups toward a more quietist, ecumenical, and less overtly political position. I shall now show that there are cultural reasons for this latter position.

**Alternative Healing and Society**

When we turn to the new healing movements in the Philippines, the dominant interpretation is that they represent the persistence of folk medical practices in relation to biomedicine and that this reflects the cultural distance between these two systems (Bakx, 1991). The local community allegedly utilizes folk medicine in order to resist the intrusions of biomedicine into its traditional domains. The argument continues, however, that under the influence of education such cultural defenses will eventually be overcome. Lava (1982), for example, argues that the persistence of psychic healing in the Philippine case amounts to a strategy for surviving the colonial onslaught of the West. In his view, unlike the Kahunas of Hawaii [who] disappeared with the coming of Christianity, in conjunction with other forms of colonialism. . . . Philippine shamans and shamanesses did not disappear. . . . There is historical evidence that the organization of psi healers, Espiritistas, Watawat ng Lahi, etc. had intimate relations with ingenuous revolutionaries such as the Katipuneros (14) [Filipino revolutionaries who fought Spain in the Philippine War of Independence].

Alongside this interpretation in terms of cultural distance,
the prevalence of alternative healing in less developed countries is also related to its practitioners' "position in the colonial system." Lava (1982:15) explains that the colonial policy of plunder and exploitation resulted in a "perverted economic underdevelopment... [and its resultant] mass poverty and disease that were inevitable among the victims of colonialism/neocolonialism." Hence, the "colonial or neocolonial status of the people gave them no choice but to depend on the least expensive means of health and medical care." Bakx (1991:21) more explicitly brings the discussion to infrastructural factors, among which is the "clustering of biomedical professionals in urban conglomerations." What Lava considers to be the inevitable outcome of an uneven international relationship between core and periphery is therefore reproduced in the disparity between urban and rural areas in access to medical care in developing countries themselves. The discussion in Chapter III showed that in the Philippine case Western biomedicine was "restricted in the main to urban centers where the modern elites themselves live" (Bakx:28).

The question remains, however, of how to explain the growing interest in alternative healing among the more advantaged sectors of the population. The problem turns on the paradox of cultural change and cultural continuity. On the one hand, the country’s urban classes are the most westernized of all sectors of the population (Constantino, 1966, 1977). And, as the inheritors of a colonial education,
they appear to be culturally remote from whatever may be considered indigenous to the country. Yet, on the other, it is within their ranks that new processes of cultural appropriation and articulation are taking place in a highly distinctive manner. Let me explain what is meant here by appropriation and articulation.

First, there appears to be an appropriation of what adherents claim to be authentically indigenous to the Filipino. Beliefs and practices that involve psychic phenomena and the occult are being re-appropriated as "part of the national cultural heritage" of the Filipinos (Licauco, 1986). There is an active promotion of the belief that the Philippines is "an important center of extraordinary psychic energy." Some adherents of NRHMs claim, for example, that the Philippines is part of the lost continent of Lemuria, considered in esoteric sciences as one of the earliest civilizations with "advanced psychic powers and perceptions" (Licauco, 1982c; Cagan 1990) and that Philippine psychics are descendants of the Kahuna healers (Mayuga, 1980). This is often the reason they give for the existence of so many psychic healers in the country.

There are practical attempts to connect (a) many of the indigenous Filipinos' beliefs in the existence of "anitos" or "encantos" (spirits) who inhabit the forests, mountains, caves, and bodies of water and the facility for communing with the spirits and unseen forces in nature with (b) New Age beliefs in the existence of subtle energy and subtle forms of
natural formations including unadulterated nature and spirit guides (Licauco, 1986). It is by no means accidental that adherents of healing movements show interest in the healing forms of many of these indigenous religious sects.

Closely related is the effort to reassess what has been popularly termed the "colonial mentality" and the promotion of the cultural traditions of Asia. The claims that the more westernized educated Filipinos make about closer affiliation with the West have created a certain uneasiness about where cultural imaging has brought the nation as a whole. According to one of my informants:

We have patterned so much of cultural life with America. We were satisfied to be little brown Americans than Asian... now dwarfed ashamedly by the Asian giants and we still clung to our western ways, that we could speak the language and think like them.

In a sense, alternative healing practitioners appear to be self-reflexive in making a distinction between what they claim to be distinctive to the East and what the West has historically determined. An informant states, "previously, health was defined as absence of disease. That is the Western tradition... but there is a movement towards what they call natural forms of healing. This is closer to our Eastern experience." Furthermore, she specified:

The Western approach is emphasizing matter. The Western mind is an explorer... but manipulative, also. You see, all their modalities are manipulative. They are treating symptoms. The Orientals, the Chinese for instance, will go to the causes. That is why it takes longer... It is very subtle in approach... The external form of healing would be western. But the internal approach is in the consciousness. The basis of
all these is the human spirit. And the spirit is the most subtle energy. Practitioners are aware of the distinction between the "organized system of the west" and the "sensitivity of the east." As one informant put it, "we are very flexible, we allow the movement to grow and evolve on its own, just like waves. It grows in varied heights." But overall, they recognize that in essence there are no differences, just a question of different approaches.

This cultural posture is quite different from that of their contemporaries among the political activists of the late 1960s and early 1970s. Whereas the political and ideological options of the latter dictated the objectives of "establishing a scientific, mass culture," often its cultural expressions, like a clenched fist or a red flag, were extremely alienating to many Filipinos of that generation, including this group of healing movement adherents.

Second, the very intensity with which NRHM adherents try to distance themselves from any connotations of "religion" appears to redefine religious fervor and mysticism as lying outside organized religion. In fact practitioners would rather use the word "spiritual" or the phrase "being in the spiritual path." One reason for this is the general understanding of "religion" in terms of affiliation with, and acceptance of the theologies of, organized churches, particularly Roman Catholicism. This helps to explain why the official response of the Catholic Church authorities has been
mild. EH clients and practitioners are under no obligation to sever their links with the church, and it is relatively easy to combine their alternative healing ideas and practices with the church's theology. The fact that EH tends to attract people with relatively high levels of education and social status may be another reason why church authorities are reasonably sympathetic to this new form of spirituality. In this way, the notion of "religion" is conceived in a broader and distinctive manner by sections of the middle classes. As one of my informants asserted, "our goal is the total integration of the self. This is 'kabuuan' (wholeness)." Others relate this lack of harmony and balance to the wider society. According to another informant, "I am concerned with societal healing and transformation and planetary healing." Some stress that intimate relationship with a God, or whatever other name they use, is the essence of a spiritual life. Most emphasize healing as service, healing as critical to a spiritual life, healing within, the self and the cosmos.

Beckford (1984, 1985b) considers these new and varied notions of interiority and spirituality as possibly constituting new social vehicles of the sacred in the present-day world. Their drive is towards the dissemination of holistic values and sensitivities in all spheres of social life. McGuire (1988) concurs, arguing that these new forms of religion provide cosmoologies, rituals, language for the interpretation of the believers' world, a social context for
belief and practice, and a group of fellow believers. One of the distinctive features of alternative healing among middle-class Filipinos is therefore the extent to which they have successfully re-articulated cultural components from indigenous and foreign sources. This phenomenon is testimony to the usefulness of Swidler’s (1986) conceptualization of culture as a "toolkit".

Put differently, the attempt to explain practices such as trance, mediumship, psychic healing and other forms of alternative therapy as "altered states of consciousness" (Bulatao, 1977) or "spirit guides," "energy," "spiritual paths," "consciousness," "integration," re-articulates these beliefs and practices. It has the effect of removing them from the realm of deviance and superstition and of making them more acceptable to the educated middle classes, the church, the biomedical establishment and the workplace.

Referring to a course on "organizational transformation," an adherent emphasized that it had a very strong spiritual foundation which would facilitate the formation of "executives and middle managers [as] one happy family." It was actually an organizational healing workshop with management, human relations and communications dimensions. He claimed that the mission of the center, the Inter-Self Foundation was to spread oneness and transformation. Seen in this light, the new religions and healing movements appear to dissolve or to evade the sharp distinction between self and society, public and
private, work and worship, sacred and secular (Beckford, 1984, 1985b). This amounts to cultural re-appropriation on a significant scale.

Members of the Filipino urban middle classes see themselves, like their counterparts in Japan and Brazil, facing the demands of a modernizing society and its attendant bureaucracy, alongside highly organized religious structures. In their capacities as entrepreneurs and middle managers they are responsible for groups of people but they are also accountable to higher authorities. Similarly, their socialization in the dominant church leaves much to be desired in terms of creating new religious expressions. Overall, there appears to be a shift toward a more expressive exercise of religious life among the urban middle classes. This is evident in the powerful symbolic images of "energy," "nature," "holism," "integration," "consciousness," "new mysticism" among adherents of the New Age/Holistic healing.

Summary and Conclusion

Throughout this dissertation I have implied that the classic modernization paradigm fails to explain the persistence of beliefs and practices considered nonrational and nonscientific in an age dominated by rationality and science. The implications of this paradigm are: (1) the beliefs and practices are marginal in themselves to scientific biomedicine; (2) they persist among peripheral populations; (3)
they serve as an adaptive mechanism for coping with disadvantage; and (4) they reflect so-called traditional cultural values, such as the need for a strongman or the tendency in popular religiosity to place emphasis on supernatural signs. A corollary of this paradigm is the popular belief that the better educated people tend to uncritically accept and promote aspects of Western cultures.

My argument in this study has been to the contrary. I have documented and explained the salience of alternative healing beliefs and practices among the country's relatively advantaged sectors. I assessed the classic modernization paradigm by confronting it with the following features of NRHMs, all of which are problematic from the paradigm's point of view:

The first problem concerns the healing beliefs and practices themselves. The conceptual map in Chapter II showed that (1) the wide range of healing beliefs and practices can be differentiated in terms of their sources of healing power (from external to internal) and their treatment modes (from physical to nonphysical); (2) these sources of healing power and treatment modes, often connected with rural and folk Christianity, are elements found and re-articulated in the beliefs and practices of NRHMs in urban centers; and (3) the healing modalities promoted by NRHMs incorporate traditional practices while stressing the importance of the mind and the consciousness in the healing process. Recent studies have
shown that medical institutions in the West have begun to adopt the therapeutic modalities promoted by NRHMs.

The second problem deals with the social location of the people who would be most likely to participate in NRHMs. The received wisdom is that marginal populations would tend to engage in alternative healing. Marginality is often measured in terms of social indicators that identify groups as belonging to low income categories and possessing little education. Chapter III demonstrated that my sample of NRHM adherents possess socio-economic characteristics that place them in relatively advantaged positions. In terms of education, my sample was among the better educated in the country. All but three have bachelor degrees, with 55% obtaining degrees beyond tertiary education. Furthermore, the educational training of 90% of my informants was at relatively high quality colleges and universities. With regard to their occupation, my data showed that 42% occupy administrative and executive positions compared to the national rate of 0.8%; 40% hold professional and technical jobs compared to the national rate of 5%; while the remaining 18% of my informants hold sales occupations (which account for 13% of the national distribution). None of my informants belongs to the categories of service workers; production, transport and laborers; agricultural, animal husbandry and forestry sector occupations. The above evidence does not support the argument of social marginality.

The third problem pertains to the popular argument that
structural strain in the wider society can explain the persistence of marginal beliefs and practices. Individuals supposedly tend to engage in those practices which compensate for their disadvantaged position. The first section of Chapter III provided evidence that structural distance or exclusion do not account for my informants' participation in alternative health practices. The organization of the official health care delivery system in fact suggests that they, more than other sectors in the population, have access to the benefits of biomedicine. Involvement in alternative therapies does not appear to be a compensatory mechanism. In order to seek a more satisfactory explanation of this involvement, I switched the analysis to the realm of culture.

My argument is that Beckford's model of socio-cultural affinities provided a better explanation for the participation of relatively advantaged people in NRHMs. The model makes two postulates about middle-class participants in NRHMs: (1) their educational and occupational experiences are reproduced in their participation in alternative therapies; and (2) their distinctive notions of the self, and their relation to and responsibility towards the cosmic environment turn upon holistic imagery which reflects their life experiences and values.

With regard to the first postulate, the final section of Chapter III showed that my informants' occupational status was positively related to participation in alternative health
practices. A more detailed elaboration was presented in Chapter IV where I discussed the extent to which NRHM adherents are able to create their own social infrastructures while maximizing the use of the existing social infrastructures in Metro Manila. The organization of their training institutes, workshops and courses, healing centers, sharing of mailing lists, facilities, promotional materials, on-going education via attendance at breakfast forums and the use of popular media all mirror their educational and occupational experiences. Their ability to utilize existing social infrastructures, such as business and religious networks, is evidence of the way they are able to maximize the resources at their disposal for the promotion of alternative therapies. However, varying forms of organizational relationships may impinge on their engagement in these health practices. Problems associated with allegations of commercialism in connection with alternative healing technologies and lack of consumer protection are addressed in terms of an ambiguous dual consumer market and an equally ambiguous set of varied relationships among practitioners and clients, voluntary and staff practitioners, leaders and all practitioners and clients.

The second postulate concerns the affinities between the values of the professional middle classes and the objectives and ideologies of many NRHMs. The discussion in Chapter V highlighted the values placed on training and certification in a healing career as well as the cultivation of the values of
diversity, tolerance, and pragmatic orientation. Furthermore, it stressed the optimistic and pragmatic perceptions of holistic themes and imagery which are common in religio-therapeutic groups. Images of holism served as the underlying themes by which NRHM adherents made sense of the apparent contradictions between the values of seeking spiritual enlightenment and material progress, between individualism and collectivity, and between self and society.

The fourth and final problem with the classic modernization paradigm in this context concerns the argument that the persistence of nonrational beliefs and practices reflects so-called traditional Filipino values, such as the felt need for strong authority figures or the tendency to accept supernatural beliefs and practices characteristic of folk religiosity. Chapter VI demonstrated that a twin process of cultural shifts appears to be happening as the more advantaged sections of the middle classes re-appropriate and re-articulate indigenous cultural values in ways that they find more suitable in a modernizing society. While the image of a strong central authority appears reminiscent of tribal communities and is used to explain participation in the urban Fundamentalist and Evangelical movements (Coronel in Alibutud, 1991), my informants have chosen to be active in organizational forms that are largely democratic. The leader or master is looked upon as a guide in the same manner that the leader or master her/himself claims to have her/his own guide. More-
over, the healing practices do not tie the client or practitioner to any authoritative body, even a charismatic one, as may be true with the Fundamentalist and Evangelical groups. In fact, the healing technologies are learned and practiced like other skills and techniques acquired in formal education and in the workplace. Practitioners can eventually set up their own practice, as several of my informants have done. Finally, the emphasis on the rational basis of their healing technologies is further employed to make sense of even the most supernatural of events. Hence, they claim that healing in the Catholic Charismatic renewal movement, or in Fundamentalist and Evangelical groups, is better explained in terms of generating healing energy of a pure kind.

The possibility that the more advantaged groups are engaged in these healing technologies because they are faddish or Western in origin was not substantiated. Participants in NRHMs are testimony to a more self-reflexive posture towards the acceptance of foreign imports, much more so in fact than the national government in its long relationship with the United States (Recto, 1965; Lichauco, 1982).

But in the spirit of self-reflexivity it is important to subject my own research to a critical examination. The discussion below assesses the limitations and theoretical import of the project.

Limitations and Theoretical Implications of the Study
The most obvious limitation is that the research strategy does not enable me unproblematically to generalize my findings. It would be difficult, for example, to prove that my sample was truly representative of a much larger population or that the site of my fieldwork was representative of other locations of NRHMs. I willingly concede these points. This is not necessarily the end of the matter, however. Representativeness is not the sole criterion of generalizability. A more appropriate measure of the worth of my research is the extent to which I can substantiate the claim that, through immersion in the culture and social relations of my informants, I have succeeded in capturing the specificity of their beliefs, actions, and forms of association. Indeed, I would prefer to redefine generalizability in terms of "'the fit' between the situation studied and others to which one might be interested in applying the concepts and conclusions of that study. This conceptualization makes thick description crucial" (Schofield, 1993: 221). I maintain that the information generated by my research has adequately established the subtle and complex ways in which alternative health practitioners in the Philippines are able to reconstruct their notions of health and healing, and to organize social infrastructures that support this construction of knowledge.

The second limitation concerns the lack of gender specificity. I did not design the research to look at a specific gender, although women were in fact predominant among
the workshop participants. It is therefore possible that I may have failed to see the nuances in the participation of women and men or to be informed by feminist literature on women and healing. My defense on this occasion is that I am not aware of any evidence from informants or other sources that gender differences would be likely to call in question the general explanation in terms of socio-cultural affinities between education, employment, and participation in NRHMs among middle-class Filipinos. No doubt, the situation would have been very different, however, if informants from less privileged social classes had been considered. Gender differences would then have been more significant.

A third limitation appears to be the decision to limit my study to practitioners of pranic and crystal healing. There were many other groups within the catchment area which I included in the analysis only in terms of their workshop offerings or an interview with one of their leaders. In view of this shortcoming, I may have failed to take adequate account of their contribution to the growth and promotion of therapeutic practices. I maintain, however, that the tendency of adherents to take courses from various institutes gave me enough knowledge of the other groups in the area.

Finally, ten and half months of field work may appear insufficient to fully enter into the social world of my informants. Yet, I was present at critical moments in the organizational life of some healing groups: the birth and
death of the healing clinic, the first Foundation meeting, and the formation of independent groups. If I had stayed longer I would probably have learned more, but I have good reason to doubt whether any further information would have seriously challenged the explanation of participation in NRHMs that I have provided here.

Given these limitations, the research project suggests theoretical and policy implications particularly as regards development studies. My focus on socio-cultural affinities between (a) the experiences in education and occupation and (b) themes and ideologies of healing movements suggests four novel ways of understanding Philippine cultural values. First, the study moves away from the traditional themes of Philippine values and social structure associated, or synonymous, with "hiya, pakikisama (smooth interpersonal relations), amor propio (pride), bahala na (fatalism), and utang na loob (intense feeling of reciprocity)" which have been a preoccupation of Philippine social science (David, 1982).

Second, the tendency of development studies to focus either on less advantaged populations or the elites of wealth and power as inhibitors or propagators of development tends to overlook the critical role of middle sector groups. A popular analysis promoted by the more radical political groups in the country has tended to deny that the middle classes are fit to be organized except on the basis of a progressive alliance of peasants and workers against the ruling classes (Guerrero,
1975). This dichotomous analysis neglects the contribution of middle sector groups toward social change.

Third, with relation to the religious life of Filipinos, my study highlights forms of spirituality and mysticism that are being promoted outside the control of institutional religion. This development has major theoretical implications for the sociological understanding of the relationship between official religion and groups who are advantaged, resourceful, well-connected yet independent is concerned.

Finally, this study directs attention to the promotion of the New Age/Holistic movement in a country with a very strong tradition of alternative healing yet dominated by a powerful biomedical health care system. The question remains to what extent the medical establishment, whose main clientele are the more advantaged sectors, are able to seriously consider the contribution of alternative therapies to the health care of less advantaged people as well. In view of the growing holistic health care movement in many parts of the world, it would also be important to know more about comparisons between the Philippines and other countries in this respect.

I have now come full circle. In the context of a highly stratified social system, it could be argued that participation in new religious and healing movements may eventually enable distinct social classes to find common grounds and a locus for the equal exchange of experience. The current participants' strategic urban location and the opportunities
associated with their educational and occupational positions provide them with options for appropriating and articulating new forms of spirituality and healing in a rapidly changing and modernizing Philippine society. However, only further research over a longer period of time will be able to test this speculation.
### Table 1 DEMOGRAPHIC PROFILE OF INFORMANTS

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE</strong></td>
<td></td>
</tr>
<tr>
<td>25 - 29</td>
<td>18%</td>
</tr>
<tr>
<td>30 - 39</td>
<td>19%</td>
</tr>
<tr>
<td>40 - 49</td>
<td>23%</td>
</tr>
<tr>
<td>50 - 59</td>
<td>24%</td>
</tr>
<tr>
<td>60 and above</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>52%</td>
</tr>
<tr>
<td>Male</td>
<td>48%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>MARITAL STATUS</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>47</td>
</tr>
<tr>
<td>Married/Widowed</td>
<td>53</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: Statistics based on 62 informants
SOCIO-ECONOMIC CHARACTERISTICS

Table 2.1 FAMILY INCOME OF INFORMANTS

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>ANNUAL&lt;sup&gt;a&lt;/sup&gt;</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>70,000 +</td>
<td>840 +</td>
<td>40%</td>
</tr>
<tr>
<td>60 - 69,999</td>
<td>720 - 839</td>
<td>2</td>
</tr>
<tr>
<td>50 - 59,999</td>
<td>600 - 719</td>
<td>11</td>
</tr>
<tr>
<td>40 - 49,999</td>
<td>480 - 599</td>
<td>6</td>
</tr>
<tr>
<td>30 - 39,999</td>
<td>360 - 479</td>
<td>4</td>
</tr>
<tr>
<td>20 - 29,999</td>
<td>240 - 359</td>
<td>6</td>
</tr>
<tr>
<td>10 - 19,999</td>
<td>120 - 239</td>
<td>17</td>
</tr>
<tr>
<td>5 - 9,999</td>
<td>60 - 119</td>
<td>11</td>
</tr>
<tr>
<td>below 5,000</td>
<td>below 60</td>
<td>2</td>
</tr>
</tbody>
</table>

Total reporting income 99%<sup>b</sup> (n=47)

Note: Philippine peso (P27 = $1 exchange rate as of May 1991.

<sup>a</sup>In thousands of pesos.

<sup>b</sup>Does not equal 100% due to rounding.
Table 2.2  COMPARISON OF INFORMANTS WITH NATIONAL AND NCR LEVEL DATA

<table>
<thead>
<tr>
<th>GOVERNMENT INCOME CLASS CATEGORIES</th>
<th>NATIONAL</th>
<th>NCR</th>
<th>INFORMANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>60,000 and over(^a)</td>
<td>17%</td>
<td>45%</td>
<td>98%</td>
</tr>
<tr>
<td>40,000 - 59,999</td>
<td>14</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>30,000 - 39,999</td>
<td>13</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>20,000 - 29,999</td>
<td>22</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>15,000 - 19,999</td>
<td>13</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>10,000 - 14,999</td>
<td>13</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>6,000 - 9,999</td>
<td>6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>under 6,000</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>99%(^b)</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>(n=10,533,927)</td>
<td>(n=1,435,436)</td>
<td>(n=47)</td>
<td></td>
</tr>
</tbody>
</table>

Note: (-) means less than 1%. The incidence of poverty is 49.5% (National) and 31.8% (NCR) as reported in Table 39 "Incidence of Poverty in the Philippines, by Region" (CRC, 1990:67).

\(^a\)Combines the two highest income categories: 100,000 and over, and 60,000 - 99,999. Government data shows that 6% (National) and 19% (NCR) belong to the highest income category of 100,000 and over, while 11% (National) and 26% (NCR) belong to the next highest income category 60,000 - 99,999.

\(^b\)Does not equal 100% due to rounding.

Source: 1988 Family Income and Expenditure Survey (National Statistics Office.)
Table 3.1 LEVEL OF EDUCATION OF INFORMANTS

<table>
<thead>
<tr>
<th>LEVEL OF EDUCATION</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctoral Degree</td>
<td>8%</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>47</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>40</td>
</tr>
<tr>
<td>Some College</td>
<td>3</td>
</tr>
<tr>
<td>High School</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>99%</strong></td>
</tr>
<tr>
<td></td>
<td>(n=62)</td>
</tr>
</tbody>
</table>

*a*Does not equal 100% due to rounding.

Table 3.2 TYPE OF INSTITUTION ATTENDED, NATIONAL AND INFORMANTS

<table>
<thead>
<tr>
<th>TYPE OF INSTITUTION</th>
<th>% NATIONAL</th>
<th>% INFORMANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total public</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Total nonprofit (private)</td>
<td>34</td>
<td>73</td>
</tr>
<tr>
<td>Total for-profit</td>
<td>47</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td></td>
<td>(n=1,597,000)</td>
<td>(n=59)</td>
</tr>
</tbody>
</table>

Source: Table 3 "Higher Educational Institutions and Enrollments, by School Type, 1984/85" (James, 1991).
Table 3.3 PRESTIGE CLASSIFICATION OF SCHOOL ATTENDED BY INFORMANTS

<table>
<thead>
<tr>
<th>PRESTIGE CATEGORY</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive A &amp; B</td>
<td>59%</td>
</tr>
<tr>
<td>Non-exclusive C &amp; D</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td><strong>(n=56)</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 3.4 EDUCATIONAL BACKGROUND OF INFORMANTS

<table>
<thead>
<tr>
<th>CURRICULAR PROGRAM</th>
<th>% WITH BA DEGREES</th>
<th>% MA+ DEGREES&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Sciences</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Engineering</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Computer Science</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Business/Business-related</td>
<td>32</td>
<td>37</td>
</tr>
<tr>
<td>Social Sciences</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Humanities</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Education</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Architecture</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Home Economics</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Law</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Agriculture</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td><strong>(n=59)</strong></td>
<td><strong>(n=30)</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: Curricular Program is equivalent to major or field of specialization in US educational system.

<sup>a</sup> Some informants have more than one MA degree to their credit.
### Table 4.1 COMPARISON OF OCCUPATIONAL DISTRIBUTION, NATIONAL AND INFORMANTS

<table>
<thead>
<tr>
<th>OCCUPATIONAL GROUPS</th>
<th>% NATIONAL</th>
<th>% INFORMANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative, Executive and Related workers</td>
<td>1%</td>
<td>42%</td>
</tr>
<tr>
<td>Professional, Technical and Related workers</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>Sales Occupations</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Service Workers</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>Production, Transport and Laborers</td>
<td>22</td>
<td>-</td>
</tr>
<tr>
<td>Agricultural, Animal Husbandry and Forestry</td>
<td>46</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Note: (-) means less than 1%.

### Table 4.2 WORK STATUS OF INFORMANTS

<table>
<thead>
<tr>
<th>WORK STATUS</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working full time</td>
<td>82%</td>
</tr>
<tr>
<td>Working part time</td>
<td>10</td>
</tr>
<tr>
<td>Retired/students</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>(n=62)</td>
<td></td>
</tr>
</tbody>
</table>

### Table 4.3 EMPLOYMENT STATUS OF INFORMANTS

<table>
<thead>
<tr>
<th>EMPLOYMENT STATUS</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Entrepreneurs</td>
<td>74%</td>
</tr>
<tr>
<td>Salaried Employees</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>(n=51)</td>
<td></td>
</tr>
<tr>
<td>COURSES</td>
<td>WORKSHOP FEE</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Arhatic 1 &amp; 2</td>
<td>5,000/15 hrs</td>
</tr>
<tr>
<td>Kriyashiakti</td>
<td>5,000/15 hrs</td>
</tr>
<tr>
<td>Crystal Healing</td>
<td>5,000/15 hrs</td>
</tr>
<tr>
<td>Silva Mind</td>
<td>5,000/15 hrs</td>
</tr>
<tr>
<td>Psychic Self-Defense</td>
<td>2,000/ 9 hrs</td>
</tr>
<tr>
<td>Stress Management</td>
<td>2,000/ 9 hrs</td>
</tr>
<tr>
<td>Science of Mind</td>
<td>2,900/16 hrs</td>
</tr>
<tr>
<td>PH (elementary)</td>
<td>2,500/15 hrs</td>
</tr>
<tr>
<td>PH (intermediate)</td>
<td>2,500/15 hrs</td>
</tr>
<tr>
<td>PH (advanced)</td>
<td>2,500/15 hrs</td>
</tr>
<tr>
<td>Basic ESP</td>
<td>2,000/15 hrs</td>
</tr>
<tr>
<td>Soul mate, karma &amp; reincarnation</td>
<td>800/ 6 hrs</td>
</tr>
<tr>
<td>IPF Encounter 1</td>
<td>500/ 4 hrs</td>
</tr>
<tr>
<td>Centering</td>
<td>500/ 4 hrs</td>
</tr>
<tr>
<td>Kabuuan</td>
<td>2,500/24 hrs</td>
</tr>
<tr>
<td>Core Energy</td>
<td>1,600/16 hrs</td>
</tr>
<tr>
<td>PSI-5 Advanced</td>
<td>5,500/60 hrs</td>
</tr>
<tr>
<td>PSI-4 Basic</td>
<td>2,500/30 hrs</td>
</tr>
<tr>
<td>ISII Course 102</td>
<td>1,400/36 hrs</td>
</tr>
<tr>
<td>ISII Course 101</td>
<td>1,200/36 hrs</td>
</tr>
<tr>
<td>IPF Live-out Camp</td>
<td>800/2 days</td>
</tr>
<tr>
<td>IPF Weekend</td>
<td>1,200/weekend</td>
</tr>
</tbody>
</table>

Note: Fees in Philippine peso. The organized groups surveyed were: Institute for Inner Studies, Inner Mind Development Institute, Inner Peace Foundation, Science of the Mind Center, People Synergistically Involved, Integral School for Inner Studies, Core Energy, Silva Mind, Kabuuan Group, and the Carbonnel Group.
<table>
<thead>
<tr>
<th>Name</th>
<th>Books</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choa Kok Sui</td>
<td>&quot;The Ancient Science and Art of Pranic Healing.&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;The Ancient Science and Art of Pranic Psychotherapy.&quot;</td>
</tr>
<tr>
<td>Mantak Chia</td>
<td>&quot;Awaken Healing Energy through the Tao.&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Chi Self Massage.&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Healing Love through the Tao.&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Iron Shirt Chi Kung I.&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Transform Stress into Vitality.&quot;</td>
</tr>
<tr>
<td>Albert Schultz</td>
<td>&quot;Call Adonoi.&quot;</td>
</tr>
<tr>
<td>Schultz and de Schap</td>
<td>&quot;Kosher Yoga.&quot;</td>
</tr>
<tr>
<td>Franz Bardon</td>
<td>&quot;The Key to the True Quabbalah.&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Magical Evocation.&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Initiation into Hermetics.&quot;</td>
</tr>
<tr>
<td>Draja Mickaharic</td>
<td>&quot;Spiritual Cleansing.&quot;</td>
</tr>
<tr>
<td>Garma C.C. Chang</td>
<td>&quot;Teaching of Tibetan Yoga.&quot;</td>
</tr>
<tr>
<td>Denning and Philips</td>
<td>&quot;Psychic Self Defense and Well-Being.&quot;</td>
</tr>
<tr>
<td>Dael</td>
<td>&quot;The Crystal Book.&quot;</td>
</tr>
<tr>
<td>Allan Kardec</td>
<td>&quot;The Spirits' Book.&quot;</td>
</tr>
</tbody>
</table>


Glock, Charles Y. 1964. "The Role of Deprivation in the Origin and Evolution of Religious Groups." In Religion and


Javelosa, Jeannie. 1990. "Is it True that Crystals 'Sell' Themselves?" Mr & Ms. 8 May: 16-18, 56.


VITA

The author, Araceli S. Suzara, is the daughter of the late Fernando A. Suzara and Sofia L. Soriano. She was born in Daet, Camarines Norte, Philippines.

She finished her elementary in 1961 and high school in 1965 from the Assumption Convent, Manila.

In 1974, Ms. Suzara obtained her Bachelor of Arts in History and Bachelor of Science in Education at the Assumption College, Makati, Philippines. She completed her Master of Arts in Sociology at Loyola University of Chicago in 1987.
The dissertation submitted by Araceli S. Suzara has been read and approved by the following committee:

Dr. James A. Beckford, Co-Director
Professor, Sociology
University of Warwick
Coventry, U.K.

Dr. Kirsten Gronbjerg, Co-Director
Professor, Sociology
Loyola University of Chicago

Dr. Roger Finke
Associate Professor, Sociology
Purdue University
Lafayette, INDIANA

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is, therefore, accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

26 August 1993
Date

[Director's Signature]