

“Come with Us and You Will Be Saved”: Religious Conversions and Healing among Roma Pentecostal Converts

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Abstract: Conversions to Pentecostal Christianity have become a widespread phenomenon among Roma in Europe in recent decades. This paper looks at how the experiences of biomedicine and suffering from a life-threatening condition are interpreted through religion. The diagnosis of a serious illness can lead one to experience his or her body as being unreliable. At the same time, biomedical treatment can also be experienced as unreliable and unpredictable. Religious conversion and religious practices, such as prayer and religious healing, may lead to an inner change that aid the converts in finding ways to re-conceptualise the relationship of the self to the wider social world and the meaning of their experience. Participation in Pentecostal Christian life through daily practice and a sense of belonging to a shared Christian community can contribute to the process of healing in the sense of creating a new and meaningful way of being. Conversion to Pentecostal Christianity and the adoption of its morality thus constitute a form of healing, not in the biomedical sense of reconstituting the body to its former state of absence of disease, but in the sense of re-naming the condition of the convert and changing the meaning of the illness experience by working on the self.

Keywords: religious healing, embodiment, Roma, Pentecostal Christianity

Arrival in Hospital

It is an early start on a chilly morning in October.¹ Martina² told me that they “connect” her to the dialysis machine between quarter to eight and eight in the morning, and asked me to pick her up at half past seven. It is a twenty-minute drive from my house to Martina’s at any time, and with rush-hour traffic it takes even longer. Normally, Martina would have a hospital transport arranged but today I am accompanying her to her dialysis treatment. She is pleased that I can pick her up. With hospital transport she never knows the exact time it will arrive, and she

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² Names have been changed.

has to be up even earlier than today. From Martina’s house, it is a short drive to the hospital. The dialysis unit is in one of the smaller hospitals in Leeds. As we drive through the hospital grounds, I notice that some of the old red-brick buildings are disused and have boarded up windows and fences around them. It feels more like we are driving through a building or demolition site than a hospital. As I find out later from the ward sister, some units in this hospital are facing the possibility of being closed down as a result of budget cuts.

As we enter the hospital wing, Martina seems to be following a routine. Walking into the ward, she says: “Welcome to my second home” and opens a cupboard door to get herself a blanket. We pass the reception desk and I introduce myself to the nurses and the sister. When we get to the dialysis room, Martina finds her bed among the six beds in the room, and sets about preparing for the procedure. From the supply cupboard in the corner, she takes out several tubes, a syringe and a large needle that will be used today during her treatment. The nurses had taught her what is needed, and Martina likes to get her own equipment ready as it makes her feel more “involved”. When everything is ready, and Martina has weighed herself,³ she sits on her bed and waits for the nurse to come and “connect” her. This is done by a syringe inserted into the fistula in Martina’s right arm.⁴ When one of the nurses comes to set the machine up and connect Martina to it, we exchange greetings and some small talk. After all the patients are connected, the room goes quiet and still; the nurses withdraw to the nurse’s station located outside the room. Martina and I sit and talk quietly, while Martina’s blood circulates through the dialysis machine for the next four hours. I have an ambivalent feeling about this bodily connection between Martina and the dialysis machine, which filters toxins from her blood, thus prolonging Martina’s life while neither curing nor healing her. The dialysis machine aims to lessen the bodily suffering caused by kidney failure. Yet, as I illustrate below, Martina experiences her distress and suffering not as being located solely within the failure of her biology, but as encompassing several aspects of her life.

I knew Martina from the Life and Light Church, a Pentecostal Christian church, which I attended during my twelve-month ethnographic fieldwork among Czech and Slovak Roma in Leeds. The aim of my fieldwork was to look at understandings and experiences of well-being among the Roma participants. Data was collected by a combination of participant observation, case studies, and interviews among

³ Martina has to weigh herself before and after each dialysis session. This is to check how much fluid was removed from her body during dialysis. Martina had told me that she is not able to urinate at all and dialysis was the only way of removing fluid from her body.

⁴ An arteriovenous fistula is a surgically modified blood vessel created by connecting an artery to a vein (NHS 2015).

both converts and non-converts. This paper is based on the case study of Martina and an interview with her conducted during her treatment in hospital. In the four hours that I spent with Martina during her dialysis, she told me the story of how she converted to Pentecostal Christianity. Martina's narrative illustrates how religious conversions and participation in Life and Light Church shape understandings and experiences of well-being and suffering among the Pentecostal Christian Roma. In Martina's narrative, her conversion to Christianity and her physical vulnerability and reliance on biomedicine, which she experienced as being unpredictable, were interconnected. Martina was diagnosed with "end stage kidney disease" in 2006, and had been receiving dialysis treatment three times per week since then. This paper explores the relationship between biomedicine and medical technology, and religion and healing, and how religious belief is used to create a meaning for the experience of illness and distress. I look at how Martina's relationship to her past and future life is shaped both by biomedical technology, and her religion. Martina's experience of being diagnosed with a life-threatening illness, and her dependency on technology in order to stay alive, has led to a re-negotiation of her position within the wider social world and of her relationships with others through religion. This new position vis-à-vis the world and a new sense of self tends to be articulated in the narratives of Life and Light converts as a sense of being "saved" (*spasený* in Czech) or being "healed" (*uzdravený*). This paper argues that being *spasený* or being *uzdravený* in the Pentecostal Christian sense is not about being cured of a disease in the biomedical sense, but about the re-making of the self so as not to be defined by suffering.

Martina's Story

Martina is a forty-year old Slovak Roma woman, who grew up in Zajačí,⁵ a small town in Slovakia. She is a member of the Life and Light congregation in Leeds. When I met her in January 2014, she had been on dialysis for eight years. Martina came to Leeds in the autumn of 2012 after having met Petr, a Czech Roma man and now her husband, online. At the time, Petr had been living in Leeds for four years, after moving there to work. Martina has a fifteen-year-old daughter, Andrea, who lives with them. Following Martina's diagnosis and the start of her dialysis treatment, her first husband (Andrea's father) became abusive and violent towards Martina for a number of years, until he was sentenced to several years' imprisonment for causing her bodily harm. She divorced him while he was serving his sentence. However, he was released early and moved back into the flat where Martina and Andrea still lived. Not long after the release of her ex-husband, Martina met Petr online and visited him in Leeds few weeks later. He convinced her to

⁵ The name of the town is fictional.

move to Leeds during this visit and a few months later Martina and her daughter did. Petr converted to the Life and Light Church after marrying Martina.

I began this paper with an account of Martina’s and my arrival in hospital in order to create a sense of the embodied experience of being a hospital patient, and of losing one’s bodily autonomy through being connected to a piece of complicated technology that one has no understanding of. Using the narrative that Martina related when I was with her in hospital as a background, this paper looks at religion and the conversion of Roma to Pentecostal Christianity. As well as using Martina’s narrative, I draw on participant observation during religious healing at a Life and Light conference⁶ that I attended. Conversions to Pentecostal Christianity and practices such as religious healing and prayer center around people’s embodied experience, engages their senses and contrasts with the embodied experience of biomedical care and treatment where the focus is on the body as an object of suffering (Kleinman 1988; Taussig 1980). Both religion and medicine address themselves to human suffering and attempt to provide ways to overcome or deal with this suffering (Csordas 2002), but they do so in different ways, as I discuss below.

Pentecostal churches have become popular among Roma across Europe in recent decades (see for example Gay y Blasco 1999; Thurffjell 2013; Thurffjell and Marsh 2013). The Life and Light Church was established in 1952 in France by a non-Roma pastor named Clément le Cossec, who wanted to spread Pentecostal Christianity among the French Manouche (French Roma). It has since expanded into other countries of Europe and is now a predominantly Roma and Gypsy church led by Roma pastors in a number of European countries.⁷ In the UK, the Life and Light has congregations attended and led by Czech and Slovak Roma in several cities, as well as congregations led by English Gypsies. It is a Bible-based church and among its central tenets are the notions that Jesus “rose from the cross”, is alive, and that converts can speak to Jesus or God directly through prayer. As I was told repeatedly during fieldwork, “Jesus suffered on the cross so that he could lift the suffering from others.” It may be possible to argue that the increasing popularity of Pentecostal Christian churches among European Roma is to some extent linked to the fact that Roma are more likely to experience suffering through poverty, poor health and lower life expectancy than non-Roma, and as a result of the discrimination and persecution they are subjected to (Amnesty International 2014; European Commission 2014). The scope of this paper, however allows me

⁶ Life and Light conferences are large events that provide opportunity for converts and pastors from different areas to meet. They usually last from Friday to Sunday with services each day. They often include baptisms of new converts or promoting of student pastors to pastors.

⁷ The Life and Light Church itself is still led from France, by French Roma.

only to touch on these matters briefly (see also Podolinská 2014). The Life and Light Church shares many practices and dogma with other Pentecostal Churches, but is distinctive in being focused on Roma and in actively using the narrative of Roma as a group that experiences hardship and suffering as a test from God. This narrative aims to create a sense of collectivity among Roma and to portray Roma as a group that has a special connection to Jesus. The church thus constructs a transnational Roma Christian collectivity.

Throughout this paper, I draw on the conversation that Martina and I had when I accompanied her to her dialysis session which revolved around the story of her conversion, what she calls “finding God”. While Martina talked about other things, religion, her abusive ex-husband and worries about her daughter were often featured in her narrative. Martina used religion to connect the different experiences of her life and to look for meaning.

Markéta: Had you already converted in Slovakia or here?

Martina: I converted when I was in hospital for a very long time. I had a bacterial infection and they couldn't find out where the infection was. And it seemed like I was about to die. I received many infusions, four types of antibiotics, and nothing was working. They were trying to find out where the inflammation could be hiding because they could not find it. So I had an ECG,⁸ but down my throat, like when they are doing an examination of your stomach. During the ECG they looked at the tube through which I had the dialysis. It was connected to my heart artery and it had been there a long time – six years. So the infection could be there but they were not sure. Because they were giving me antibiotics and it was not working, they were a bit uncertain, and they let me leave. But they told me that I had to go to the main hospital sixty kilometres away.

So I went there with my parents and the doctor who was in charge, the main consultant of the dialysis ward, and another doctor. They told us that it was the end, that I would not continue to have dialysis in Zajačí,⁹ that they did not know what to do with me, and that I could die within the hour. My condition had worsened so much that they did not know how long I would last: an hour, maybe the journey home if I went home, five days, a week, a month. They did not know how long I would last and that even with the dialysis that I'd had, that it was the end (*že už končím* – literally, “I am finished”). My parents were so upset. My father went out – he left the room. My mum was begging them, she started crying that they must have a way, that they mustn't leave me like

⁸ Electrocardiogram.

⁹ A small town in Slovakia where Martina lived, the name is fictional.

that. They said that they would think of something. And we went outside where my dad was waiting in front of the hospital on a bench. I sat next to him, leaned on him and said “Dad, until when, tell me until when do I have?” and I was crying very much, “I want to live”. And he told me: “I don’t know, but lean on our Lord, come.”¹⁰

In Martina’s narrative, her encounter with religion is very personal and connected to her experience of having to confront mortality. As she explained, this episode, when her life was endangered, happened after she had been on dialysis for six years. Earlier in our conversation, Martina described how she had at first refused to have dialysis for a long time, despite being told by medical practitioners that her condition would deteriorate faster without the treatment. Eventually, she was told that she would die without dialysis, but she still refused to have dialysis because, as she said, “I knew that if I have it, that’s it, that’s the end. If I agree to have it once, I will have to have it forever.” What Martina meant by saying “that’s the end” is that it would be the end of her life as it was before – starting dialysis treatment would be an irreversible step that would lead to profound changes to her day-to-day way of being and to her status as an independent person. It would mean that her continued embodied existence would be dependent on medical technology. Martina described to me how she had finally agreed to having dialysis after her daughter asked her: “And what about me? If you die, what will happen to me?”

Arthur Kleinman (1988) differentiates between illness, disease and sickness. Illness refers to the way a disorder or disability is manifested in and impacts the sick person’s day-to-day life, and how they and their social network respond to it. Disease refers to the way that biomedicine and medical practitioners within biomedicine view the sick person’s problems and reformulate them “*only* as an alteration in biological structure or functioning” (ibid.: 5, italics in original). Sickness is the understanding of a disorder in relation to wider economic, political and institutional forces, such as the distribution of poverty or exposure to carcinogens which place some sections of population at a higher risk of certain disorders. In her narrative, Martina did not relate her problems to wider societal structures nor to her identity as a Roma woman. Yet, both of these aspects were important in shaping her illness experience and her conversion. She shared with other Roma the experience of ethnic exclusion and stigmatisation which forms part of their experience of hardship, what I refer to as suffering throughout this paper.

When a medical professional recasts a disorder or disability as being located solely in biology, this recasting creates a “disease entity” and at the same time

¹⁰ The conversation was conducted using a combination of Czech and Slovak. It was translated by the author and edited to omit pauses and interruptions, and to increase clarity.

devalues the social aspect of the illness experience and its meanings. Chronic illness is often bound up with a person's life course; the illness becomes inseparable from the sick person's life history and social relationships. According to Freidson (1970: 223), "when a physician diagnoses a human's condition as illness, he changes the man's behaviour by diagnosis; a social state is added to the biological state by assigning the meaning of illness to a disease". When Martina refused dialysis treatment, she was implicitly refusing the resulting shift in her social state and her identity. Yet, as her health continued to deteriorate, she was eventually forced to agree to dialysis. In Martina's narrative, she locates the basis of her agreeing to dialysis within her sense of obligation and care towards her daughter. The start of her regular dialysis treatment also marked a shift in her marriage and her relationship with her husband, and the onset of his violent behaviour. Martina's illness experience was shaped by her gender and her social roles of wife and mother.

Despite having to rely on technology in order to stay alive for the previous six years, the episode described above by Martina marks a shift in her relationship to medical technology, because of its possible failure in ensuring her survival. The relationship between the technology and Martina's body had become precarious and fraught with uncertainty, as the doctors were unsure if the treatment would continue to be effective and Martina was again told that her life was in danger. This insecurity and the unreliability of medical treatment led to the shift in Martina's relationship to medical technology and encouraged her to look for alternative possibilities for reconceptualising her position and creating meaning in her experience of illness through religion.

Religious Service and "Invisible Persons"

Narratives of conversion tend to be accounts of a sudden embodied experience of being in the presence of God, Jesus or the Holy Spirit.¹¹ Many converts describe a sudden feeling of God's presence, as if they were touched by God or spoken to by God. Despite conversion often being described as a form of rupture from the past and the beginning of a new life, Martina described to me how God had already been present in her life before her conversion without her realising it. Her parents and her daughter, as well as others in her social network, had attended church for several years prior to Martina's conversion, and God was guiding Martina's path through them. This recasting of past life experience after conversion has been found in other Roma Pentecostal groups as new meaning for past actions and experience is sought (Thurfjell 2013). Upon conversion and the "embracing of Jesus" or "welcoming Jesus into one's life", the convert gains a new social identity,

¹¹ The figures of God, Jesus and the Holy Spirit were used interchangeably by my interlocutors.

and new explanations and meanings are sought from the perspective of this social identity. The following extract describes Martina’s first experience of “being in the presence of the Holy Spirit”:

And later I saw that people got healed. The friend who brought me there, she had cancer. And she just got better and I thought “what is that?! How is it possible?” When she saw my condition, she called me, so I went to see her. She explained a lot of things to me, she prayed for me. And she told me “you will go to church and you will pray. You must be like that woman who got healed after twelve years of bleeding”. And she told me the story of a woman who suffered from bleeding for twelve years. When she saw Jesus, how he heals people, she thought that he was her last hope, that she would start believing in him and he might heal her. But she could not get close to him, so that he could pray over her, because there were too many people around him. At that moment, she thought “I will at least touch the hem of his cloak”. And she touched the hem of the cloak and Jesus felt it and she got healed in that moment, because she believed that if she just touched the hem, she would be healed. And Jesus felt it and asked, “who touched the hem of my cloak?” And she admitted it to him. Her faith was big, you see.

And this friend told me “when you go to church and you feel inside that something is happening to you, think about this woman. Grab hold of that cloak and do not let go. Do not let go until the end”. And with this I went to church. And I felt the... as it is called the touch, for the first time, that “ah, something is happening inside me, something is tearing”. I felt as if something was stirring inside me. I felt it for the first time. I even thought that I was ill. I thought “oh, I am going to faint”. But I was feeling so well. And at that moment I thought about my friend, how she told me to “grab hold of it! Don’t let go!” And I did. I did this [she makes grabbing motion] as if I was really holding on to that cloak, and I felt so good.

I left the conference with laughter, completely different, as if I really were healthy. Smiling. Content. I felt so content. Never before had I felt it like that day. And since then, I always think like that, when I really feel God’s presence. I really feel as if I grabbed hold and I don’t let go. They would have to tear my hand away, or take something away from me. I am completely fighting, I don’t let go. It is always like that. And it is true. It depends on the faith.

Social reality emerges through inner worlds of humans, and is populated by “beings of fiction” (Latour 2010). These invisible entities, or “beings of fiction”, play an essential role in shaping social reality. Religious imagery is populated with such invisible persons who are experienced as real through religious and ritual practice (Noll 1985). Techniques such as meditation and visualisation, what Luhmann

(2005) calls “attentional training”, increase attention to inner stimuli and decrease attention to external stimuli. The effect of this “attentional training” and of sensory imagery used in prayer and in Pentecostal services is that the imagined comes to feel more real and, through increased attention to inner stimuli, people attribute greater significance to inner sensations which generates unusual experience (Luhrmann and Morgain 2012).

The ambiguous language used in prayer creates both an awareness of a dangerous presence and a sense of protection from it (Tomlinson 2004). However, it is not only language and the content of prayer that contribute to this sense of a dangerous presence, but also the sensory and emotional experience of prayer. In addition to prayer, the pastor’s preaching, emotional music and singing also evoke specific imagery and contribute to the sense of a “presence” during a religious ceremony. This sense of a “presence” is an embodied experience, a bodily response to affect external sensory stimuli. Bodies are not “things” but, rather, are processes that can learn to become affected in specific ways, which means that they need to become sensitised to certain stimuli and to respond to them in specific socially sanctioned and acceptable ways (Latour 2004). When Martina said that God had been present in her life before she converted, she refers to the fact that she had been exposed to religious imagery even before her conversion, and that she had learnt to pay attention to the specific stimuli which lead to the sense of “the touch” of God.

I had observed many times in church how Martina makes a motion as if she were grabbing onto something while praying or singing hymns with her eyes closed, but I had not understood its meaning until she told me the above story of how she imagines herself grabbing hold of Jesus’s cloak. The embodied experience of a personal relationship with Jesus is an important part in the religious life of the Life and Light converts. It is this personal relationship with Jesus, and the possibility of direct communication with Jesus and with God, that is one of the central aspects of Pentecostal Christianity (Luhrman 2005; Podolinská 2014). Martina talks further about the changes that her relationship with Jesus brought to her life in the following section. She also describes the consequences that her religious conversion and church attendance brought about in her relationship with her (now) ex-husband:

I started going to church and my ex did not like it. He thought that I was seeing other men; that I was looking for someone. And even though it was on Sunday, I had to call the police three, four times. But still I went, I did not care, it was worth it because it was completely different. I knew that I would get beaten, when I got home. But when I was in church, I was happy, I was content, calm. I felt such goodness there. And later I did not mind anymore that I had to sit at the service and listen. I was feeling that calm – I started having that calmness, the feeling that it is a good thing, but... when I had those troubles and many times when I was sitting on the stairs after he hurt

me. When I was alone and it became quiet, I would say “God, why is it like this? When you say that I am your child, why do you let this happen? Do you not see me?” Many times, I reproached him: “when will you do something?” I did not understand, but he was helping me, he was helping me live through all this.

Religion thus enabled Martina not only to reconceptualise her illness but also to cope with being subjected to domestic violence by her first husband. As Kleinman (1988: 5) states that “illness experience [...] is always distinctive”, socially acceptable ways of being ill as well as expectations about how to behave when ill are altered and negotiated through our relationships. The embodied experience of a sense of “presence” that many converts talk about serves to create a relationship between converts and Jesus or God. This relationship is then cultivated through personal prayer and through the everyday practice of a Christian life. Like other personal relationships, the relationship with Jesus, as with an “invisible person” who is nonetheless real through his effects on the social world (see Kwon 2008 for a discussion of ghosts as “invisible persons”), requires continuous work in order to be successfully maintained. Life and Light converts described to me how they talk to Jesus, or to God, any time of the day when they need to, not only when reading the Bible or when they set time aside to pray. Martina told me that

when you really give him everything from your heart, all that you have inside, the feeling, the sadness (*ťažobu* in Slovak – lit. heaviness), that is completely different than if you confide to a friend. This is different because it is a secret between you and him. And to him you can say everything, completely, he will not laugh at you, he will help you, lift you. This is how it was told to me. And it is like that.

It is through this personal communication with Jesus or God that Martina sought to restore the sense of calm and of being “lifted” which she experienced during religious services. The presence of Jesus as an “invisible person” thus provided Martina with a technique to deal with her distress and suffering, even when she was not in the presence of other converts. Her belonging within the larger Roma Christian collectivity and her social relationships with others were channelled through her relationship with Jesus, what she describes as “faith”. The sense of having a personal relationship with Jesus is enhanced by the fact that the teachings of the Life and Light Church portrays Roma as people connected to Jesus both through descent and through the experience of hardship. Like religion, biomedicine is also populated with invisible entities, such as bacteria, viruses, or diseases, but because of biomedicine’s focus on biology these entities are not incorporated into the social experience of illness.

Religious Healing at a Christian Conference

In the account above, Martina talks about the embodied experience of religion and the importance of these experiences and visions in her conversion to Christianity when she talks about imagining and feeling as if she was grabbing onto Jesus's cloak. The embodied and sensory experience created by music and vivid images present during a service play an important part in religious healing and in the Life and Light converts' relationship with Jesus and with God. I have witnessed religious healing several times; one of the most memorable was at a two-day Christian conference in Leeds in June 2014. The ceremony was significant for me because I knew the people well who were being healed.

The ceremony at the conference was attended and led by Roma pastors who were visiting from France. As is usual, there was music and singing which many people joined in with, and the service was rather animated as the pastor gesticulated, raising or lowering his voice according to the content, making the service easy to listen to. The atmosphere was quite emotional and I had a happy and contented feeling, as I often had at the end of a church service. After the service, the pastors invited those who were ill and desired healing to come to the front. The group that attended was unusually small that day, and the only people who went to the front were Martina, her daughter Andrea, and Iveta, who had recently been diagnosed with cancer. Two of the pastors held out their hands, one raised above the woman's head, the other hand on her shoulder, praying over each woman as their turn came. The pastors prayed aloud with their eyes closed, their prayer almost a song, as their voices wove together, each pastor's prayer different. Their voices rose in intensity as the prayer went on, before becoming quieter as they moved their hands over to the next woman. The women also prayed silently with their eyes closed as they were being healed. Other people in the congregation joined in, and the hall was filled with voices. The atmosphere in the hall was very emotional, as all the different voices prayed together, each different but spoken in unison, combined with a joint purpose. Some people had eyes filled with tears.

Later, when I asked Iveta what she felt during the healing, she said that she felt "warmth inside" and that the prayer felt very powerful. Her husband Pavel, who was filming the healing on his phone, said that he had a strong feeling of a "presence" at the front of the hall where the healing was occurring. Martina told me that she thought she was going to faint, and that simply being so close to some of these pastors is a very powerful experience because they are "very blessed". Being "blessed" usually describes the person's ability to create a sense of a "presence" during a service or a prayer. It could be described as a perceived ability to channel God's presence. As the French Roma pastors prayed in the French dialect of *Romanes*, which neither Iveta nor Martina understood well, it was not the content of the prayer that was central to the healing process. Rather it was the sense of a

“presence”, created by the sensory experience of the prayer and the entire service which had preceded it.

When I began attending church with my interlocutors, I was a witness to and part of numerous discussions about religious healing. I was shown videos made by church members showing people being healed by prayer. These videos showed, for example, pastors praying over people in wheelchairs, and the same people then being lifted and stood on their feet by the pastors. These videos were shown to me as proof of the power of prayer and of “Our Lord”, and to make me believe. While I never started believing in God, I recognised the strong emotional impact of these healing practices, especially after witnessing them in person. Martina described to me how, when told by her parents to come to church with them to “be healed”, she had not understood how she could be healed when she remained dependent on dialysis. Similarly, I did not understand why some people were considered “healed” when they still had medical problems and needed medical care. Like Martina, I thought about “being healed” in biomedical terms, and as focusing on the body. While I was sitting next to Martina during her dialysis and listening to the story of her conversion, I realised that what she meant by “being healed” was a shift in her perception of self and her position of self within the world. Conversion to Christianity can lead to a change in the understanding of illness. As a diagnosis of illness results in a shift of the social position of the person, so does religious healing.

Medical practitioners consider an individual to be healed or cured if their body has been restored, as much as possible, to the same state of biological balance that it had prior to the onset of a disorder (Csordas 2002). However, medical criteria and knowledge about diseases are positioned within specific discourses based on a scientific and biomedical understanding of the body (Conrad and Baker 2010; Latour 1996). Religious healing differs from medical treatment as the goal of religious healing may be to encourage supplicants “to incorporate religious meaning and inhabit a religiously defined community” (Csordas 2002: 51). According to Csordas, an understanding of healing as a process requires a determination of what is perceived as an illness that needs to be treated in a particular cultural context, as well as a determination of “what it means to be a human being, whole and healthy, or distressed and diseased” (ibid.: 11).

The experience of healing can lead to a new perspective on one’s actions, past or future, and, as Csordas (ibid.: 25) adds:

to the extent that this new meaning encompasses the person’s life experience, healing thus creates for him a new reality or phenomenological world. [...T]he supplicant is healed, not in the sense of being restored to the state in which he existed prior to the onset of illness, but in the sense of being rhetorically “moved” into a state dissimilar from both pre-illness and illness reality.

Therefore, “being healed” in the sense my interlocutors used it, does not mean being cured of a disease as a medical practitioner would define it. Rather, it is the knowledge that you are part of a wider Christian community and the sense of being moved by the Holy Spirit and by “the touch” of God that create a new kind of reality, which is described as “being healed”. According to Latour (2010: 29, italics in the original), religion “does not speak of things, but *from* things”, it works on the listener rather than providing information. Religion therefore creates an emotional shift, a change in the subject’s perception of self and the world, which is at the basis of religious healing.

Conclusion

By the end of the dialysis, Martina is visibly in pain. Several times during the last hour, she moans in pain while she tries to stretch and massage her leg. After she is disconnected from the dialysis machine, she weighs herself again. The scales show forty-seven and half kilograms; two kilograms less than Martina’s weight at the beginning of the dialysis. After that she is ready to go, and we leave the ward. During the session, there has been very little interaction between Martina, the other patients and the nursing staff. Martina told me that she usually spends her dialysis sessions reading the Bible or praying. This regular event of bodily transgression and connectedness to medical technology has become a mundane occurrence in Martina’s life. Yet, it is also a time that Martina uses for religious reflection. Religion and religious imagery provide a way for Martina to deal with the insecurities of medical treatment as well as the anxieties that she must face in her day-to-day life and when thinking about her daughter’s future.

This paper explored the ways in which the Christian narrative addresses itself to human suffering. Religious conversion and healing serve to create a new identity and a way of being for the Life and Light converts, whereas medical technology is not concerned with meaning: rather it focuses on the body, thus often rendering the social aspects of the illness experience and of suffering invisible. Without the dialysis treatment, Martina’s body would fail to function and eventually fail. During the dialysis, her biological body is “remade” so that it remains a socially acceptable body and she can then re-enter her social world. Yet the dialysis procedure and medical professionals do not attend to Martina’s sense of self. Additionally, biomedicine is only concerned with some forms of bodily discomfort and suffering. A large part of Martina’s suffering was caused by her experience of domestic violence, which in Martina’s narrative becomes entangled with her illness. Following her conversion Martina became part of a Roma Christian collectivity and was able to share her sense of suffering and hardship with Jesus and with other converts. While biomedicine focuses on the continual remaking and maintenance of biological bodies, Roma Pentecostal Christianity provides converts with

techniques of re-making their social self through embodied practices and through this new self, the person is *spasený* (saved) or *uzdravený* (healed).

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