



Individual Advanced Research Opportunities Program

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On Debt and Disorder: Market Exchange, Intimacy, and Health in the New Bosnian States

Research Topic

I studied practices surrounding health and debt at multiple sites of exchange, in the northeastern region of Tuzla to learn about people's experience of the market in contemporary Bosnia. The move from marketplace to the sites of health care, from wealth to health may seem counterintuitive within the discourse of medical, economic, or social sciences, but it was suggested to me, regularly and naturally, by people's practice in the field. My observations and conversations evolved around a particular kind of a market, pervasive since the 1995 Peace (Agreement), underpinned by debt and habitually experienced in health disorders. In the past nine months, I followed market exchanges that simultaneously extend and contract debts within relationships of intimacy enacted (and imperiled) in the acts of giving as well as promising and deferring the payment of money. In my research prior to the IARO grant, I learned that the market practice for Bosnians is quite literally a health experience, described as 'surviving' *preživljavanje* and managed through exchange of gifts, health complaints, concerns, referrals and remedies. To understand how exactly the local practice mixes domains of health and wealth, against the biomedical or political-economic commonsense, I investigated local forms of debt as well as popular health concerns and remedies, from medical to alternative.

I found that in Bosnia people indebted each other through both giving and receiving and that they embody the market in the process of intimate exchange. I suggest that we take Bosnian health experience seriously, quite literally that is (rather than assume that health exchanges are discursive or symbolic, a people's way of saying something about something else in need of our interpretation as somehow "actually" about the loss of a welfare state, or somehow registering the moral economy), in order to understand the very material and very much political relationships at the market and to grasp the unconventional repertoire of health care.

Relevance and Contribution to Field

This research, I suggest, starts with invaluable insights of anthropological theories on exchange and health, as well as political and economic analysis of Bosnia since the 1995 Peace, but makes significant theoretical and methodological departures from the previous work in the region. The field material I collected (as well as my experience of the fieldwork) suggests new approaches to anthropology of health and market while presenting aspects of Bosnian reality otherwise occluded by the focus on formal politics of the post-war, post-socialist transformation.

Compared to the past and ongoing work on Bosnia since the 1990s war, the scope of this study touches realities lived outside the institutional and urban settings¹ and looks at politics in forms and at sites that make ethnonational identifications beside the point for the immediate purposes of 'surviving' (*preživljavanje*). Put briefly, while I paid visits and attention to the formal powers of great business, nongovernmental agencies, and state institutions, I worked closely with people in marketplaces, pharmacies, shops, and informal health care practice, moving constantly between cities, villages, and along the greatly understudied but critical places in new Bosnia: the province (moreover, I made this trajectory itself a site of study – more about this in methodology). My field material on health and alternative medicine (for the lack of a better term) also explores the identifications and stakes in-between the sanctified ethno-religious trinity of Bosnia. In a nutshell, I found that elusive identifications of urban or rural cause far more anxiety than do the formal (i.e. electoral) ethnonational categories and that the existential questions of 'knowing how to live' as well as the interventions in health (and by default in wealth) are informed by syncretic therapeutic techniques. These findings, I believe, would be of interest to policy planners, analysts and students of Bosnia, curious about lives of Bosnians that exceeds narratives and data of market surveys, press, or political analysis.

My work also raises theoretical issues of interests to anthropology in general. I propose that debt is an useful exit from the commodity/gift binary; that health be considered in broader terms having to do with market, exchanges, and intimacy; that market under the conditions of political disorder (which is always a process of reordering) is best illuminated by the sphere of the intimate (relationships and health care for self and others) which is inevitably political; and that "alternative" health interventions should be studied seriously and taken quite literally as competing and coexisting epistemological and practical (efficacious) claims. Finally, my work is an earnest attempt to study

¹ I know of four other ethnographic studies in the region today, all of them based in the capital of Sarajevo and all situated within state or extra-state (NGO) institutions. One researcher has since taken his study to another city in western Bosnia.

experience through the practices of embodiment while paying close attention to the more general political-economic history of the present.

Approach, Research Methodology, and Sites

In the course of the study I used formal interviews, informal conversations and group discussions, I collected life and health histories, I studied people's practices pertaining to health and wealth, their interactions – from body postures to touching and comforting – I observed health therapies and handling of medicines and I listened to the accounts of health encounters. Furthermore, I examined records that people produced, from debt accounts to health examination, and read the texts they used – from popular media to health books. I looked, touched, and more or less tried the popular health remedies – imbibing herbal medicine for instance and handling the lead that pours out fears – and took part, by default, in debt exchanges and expectations of generosity. And all these methods were afforded to me by the framework of ethnography: the painstaking and time-consuming practice of learning from, living with, and increasingly living like, the people in the field while remaining removed by trained curiosity.

Although I originally designed my research around many different sites in northeastern region of Tuzla I could not have imagined just how multi-sited, how mobile my study would become. I tried to delineate an area of research and a group of participants wide enough to understand more general processes at work in Bosnia and yet concise enough to learn the particulars of local politics and personal histories, but this attempt was constantly offset by the pull of always new issues that arose with time. To maintain coherence of the project which was already complicated by the tension between health and wealth, I took the market – in its many guises – for the cornerstone of my research, from and to which I would venture following market people's (traders' and customers') pursuit of wealth and health, their referrals, stories, and histories. In the process, I made all the traveling and events in-between, relevant to the research. Trips to the sites of health and wealth, in public transport or in informal taxis, as well as all the detours that lead me to particular health practitioners or informed me on remedies or money habits, inevitably became part of the field material. (In a typically fortuitous conversation, during a ride to 'Arizona' market, a taxi driver told me about his experience of driving a family for several treatments to a woman who pours out fears in a district near Tuzla. Another time, last winter on the same road, a taxi driver reported that the sales at Arizona were so low that he expected the indebted traders to start hanging themselves). Not only did these encounters "in-between" outline the trajectories of intimate exchanges that otherwise would remain unseen² but they also indicated just how pervasive, how generalizable some of the issues I studied were – the health anxieties, debts, health care of the self, consumption of anti-anxiety drugs, to mention a few.

My constant moving also made me realize that the open marketplaces, which are now a pervasive form of exchange, are also traveling throughout the region. Traders unfold their stands at different locations every day of the week (choosing between the places

² Through these encounters, I heard for instance about the Japanese mushrooms that I saw popping up all over pantries and kitchens since last summer, slimy and submerged in air-tight jars, reproducing more rapidly than the caring hands could repot and circulate them to others in need of lowering their blood pressure, fast. Similarly, eavesdropping on a conversation of two women during a bus from Sarajevo to Tuzla, I started thinking about the circulation of death notices (they were discussing a death of a health worker that the staff of the pharmacy I worked at talked about as well, two days later) and about the ease with which people mix within the health narratives, their travels from medical professionals, to healers, to readers of fortune, future, fate.

that host the market on the same day). The market is revolving through the region, one day at the time.

I scheduled my week around the marketplace events in different locations. For instance Tuesdays were spent in Srebrenik, at the flea, clothing and produce market in the mornings, at an herbalist stand, and a pharmacy in the afternoons. In this manner I was retracing people's routine paths from the market to pharmacy, finding the same people in both places and listening to how they relate the sites and forms of exchange. My insistence on the relation between health and wealth is informed by these trajectories and narratives³. While on the move, I also learned much about the significance of giving for managing of wealth and health. Walking the market, which for a day overtakes the greater part of the town, from its furthest corner with a flea market to the doorsteps of the public pharmacy in the town center, I observed how giving and asking of alms is related to the giver's health and wealth. Many beggars also travel the region with the market throughout the week.

Following is an overview of research sites:⁴

Tuzla: I studied three marketplaces including a flea market (with clothing, food, and herbal stands), six grocery shops, three pharmacies, three clusters of street sales, two therapists (a bioenergy healer and a practitioner of spiritual health techniques), four women who pour out fears, and an herbal pharmacy (with a marketplace stand as well). Tuzla is also a seat of cantonal government and I consulted many institutions, from Medical and Pharmaceutical Chambers, to Institute for Public Health and Institute for Health Insurance. In Tuzla I also found head offices of the microcredit organizations, pharmaceutical wholesale suppliers, and I interviewed owners of two private pharmacies. .

Lukavac: I attended two stands at the weekly marketplace and a grocery shop, and consulted with a private primary health care clinic with a chain of pharmacies. I also visited regularly an alternative medical practice in the district of Turija.

Srebrenik: I worked with seven stands at a weekly market (including a flea market), a mobile herbalist with sidewalk sales, and a public pharmacy. I also interviewed staff of two grocery shops. In a village of Kuge, I worked with one woman who pours fears.

Zivinice: I observed two stands at a daily market and the weekly market. I also visited regularly three grocery stores and an herbal pharmacy.

Gracanica: I worked with a healer in a village of Rasljeva.

³ For instance, if a person obtains medicine on debt he can save money for purchases at the market. Often in a pharmacy you see people prioritizing among the stash of prescriptions, saying that "the market has eaten up the money." Many times a cost of medicines that a pharmacist quotes would prompt people paying or witnessing to say, ironically, "we need not eat." People waiting their turn – sometimes as many as 26 in a public pharmacy in Srebrenik – would regularly relate the sorry state of health, price of medicine, and lack of money with the "untimely" age of now – *nevakat, vrijeme doslo, takva su vremena*.

⁴ This list does not specify the microsites (locations of markets or curb sale clusters) nor the socioeconomic distinctions that distribution of my sites captures. Listed here are towns, which are also municipalities. Unless districts and villages are mentioned, the site is a town, as in case of Zivinice or Tuzla. It is important to keep in mind that the people I found at these sites, customers, patients, as well as traders and health practitioners, are drawn from the rest of Tuzla canton, from all over Bosnia, and from among Bosnian diaspora. Many traders at Arizona, for instance, are from Banovici and many more yet are refugees from Eastern Bosnia, as are some of the women who pour out fears. People come to bioenergy healers from as far as Zepce, Sarajevo and Herzegovina, and Bosnians employed outside visit healers when on break from international work whether in Slovenia, Iraq, EU or the U.S. One of the healers I work with retired to a village in Gracanica, but grew up in a town in central Bosnia and lived and worked for decades in Germany.

Kalesija: I observed a home practice of pouring out fears.

Arizona Market in Brcko District and the adjacent Gradacacka market: I covered 14 stands (out of which 5 are boutiques) and a pharmacy.

Brcko District: In Brcko I conducted a series of interviews with an herbal pharmacy, and the District government in charge of Arizona market development and revenue.

Summary and Preliminary Conclusions

I started the fieldwork with a puzzle that my preliminary research in the region presented to me: what is the experience of market exchange under the conditions of political disorder? Over the past nine months, my investigation followed many leads of a few basic questions: how are health and wealth in Bosnia intertwined? What did 'surviving,' as people commonly described their life at the new market, entail? How do we theorize a market that spreads so pervasively through health disorders? What notion of embodiment can help explain the ties between intimate states of giving and owing and the larger political reordering? This report only foreshadows thoughts and themes that my doctoral dissertation will develop as the study continues beyond the IREX grant and as I spend time away from the field to read the collected material, think, and write.

I write a summary of my field findings around the issue of anxiety, since I find it to be a vital thread between health and market as well as an efficient and compelling way to narrate the collected materials while they are still very much "raw."⁵ I start with a discussion on health anxiety – incessant and intimate exchanges of health inquiries, complaints, and advice – and anxiety as a bodily disorder with many local forms and remedies, from pharmaceutical to herbal, from institutional to informal⁶. Next, I write briefly about the state of public and private health care, and the popular tendency to care for the self. I then proceed with observations on the market and the practice of 'surviving' through intimate exchanges that are always mutually indebted. Surviving, it turns out, is a perpetual source of anxiety in one's health/life history, and it is rarely about bare life but about knowing how to live (beautifully). In the end, I examine curious ways in which places of the market and sites of health care merge health and wealth into a single domain of practice and experience.

Health Exchanges

People in the region constantly worry about health: their own, health of their family and friends or mere strangers whose ailments they learn in minute detail⁷ through accounts

⁵ Ideally, I would start with debt and from within the market – the market being the true methodological and theoretical cornerstone of the past fieldwork – but at this point I cannot attempt an adequate analysis of the kind of market that I am witnessing.

⁶ These categories do not align as neatly as one might expect – herbal remedies (and teas in particular) are regularly prescribed by the medical doctors while medical drugs are habitually self-prescribed. Prescription medicines are still (illegally) issued behind the counter, even in pharmacies whose staff quite earnestly supports the regulation of over-the-counter sales.

⁷ It is quite amazing to learn how well health histories travel by the word of mouth through the cities or throughout the region. Shopkeepers could give me histories of ailments and health treatments of most of their customers and their customers' family as well as their life and health habits. In addition, health care practitioners in public and private sector are generally uninhibited by concerns for their patient's privacy. For instance, a clinical psychologist in Tuzla tells me that she and everyone else in her yoga class learned about a terminal illness of their classmate. Everyone else, that is but the woman herself (to whom the doctor had no heart to tell). Furthermore, many pharmacies are intensely social settings where people wait in crowds for their prescriptions to be filled or explained, listening meanwhile to each other's exchanges with the pharmacist or exchanging health complaints and advice. The most efficient way of establishing a

of acquaintances, neighbors, or parties in exchange. Inquires into health, descriptions of disorders and therapies, exchanges of remedies and advice on how to ensure one's health imbue interactions at the market and in many ways make the market intimate and possible. Traders and customers pass referrals for each other's doctors and recommend or criticize a health practice or a practitioner. Habitual stress on health, as the most prized and precarious stake in life has a long cultural history in the region that is mostly unwritten but legible in works of literature, popular sayings, and particularly, I argue, in the ways that health is regularly invoked when money is at stake: exchanged, asked for, lost or gained. Interventions into health are also regularly readings of future wealth. But it is the more recent history of peace since the 1990s war, however, that is experienced as 'surviving', as a form of limit experience that is ultimately about health. A trader at a flea market, for instance, tells me that she "got worried sick" *nasikirala se* the other day having procured a 1,000 KM worth of commodities which turned out unfit for sale. Her husband suggested she takes a slab of Lexaurin (a popular anti-anxiety pill) for lunch.

Health seems to be under assault in these 'untimely' days "nevakat." Wherever I go, I hear that "everyone's now getting ill," that people are dying younger and in numbers – concrete instances if not statistics are published daily by the word of the mouth and in the form of death notices⁸ posted publicly and read widely. A trader at Arizona tells me that "unborn babies in their mother's wombs are now sick." Contributing to the health scare is certainly the sorry state of the public health system since the war. Public health facilities are so bureaucratically elaborate⁹ as to effectively discourage people from seeking them. Encounters with the doctors in primary care, now family medicine¹⁰, are

diagnosis and learning about health remedies is informally, with the help of intimates who know from experience how to match disorders with causes and therapies.

⁸ I have been paying close attention to death notices, *posmrtnice*, which are posted in towns and villages announcing someone's death and burial. They are remarkable in their quiet omnipresence and the devoted readership their publishing draws around a notice board, a tree, or electricity pole. The readers pause before the image, the name (father's name), surname of the deceased, and the list of relations in mourning, reading and misbelieving the age ('so young!' 'same age as...' - the deceased is immediately drawn into a cohort of someone close to them), the causes of death, and learning when and where the death will be made final by the interment. The living can get "worried sick" over the death of people who are rarely absolute strangers, but rather are traced, so incredibly often in this city of estimated 165,000 residents, within intimate relations of friendship, kinship, neighborhood, or else kindred by the coincidences that make no one a random human, but a member of a cohort by age or illness or buried at the same cemetery as someone of one's own. The living would retell the posted deaths and the bodily experience of their reading about death of the day or week, from one end of the town to the other, in the cabs, in shops, at the market or street stands. In posting, reading, and narration the deaths fold the ends sideways of the town to one's immediate space, and give to some goose bumps, disturb some blood pressure and blood sugar, scare many with the truth of illness, death, and mourning that often only tranquilizers can appease.

⁹ The ex-president of the Chamber of Medical Doctors, considers the health centers with primary care (Dom Zdravlja – "Home of Health") too large and inefficient, and the Institute for Health Protection (public health insurance agency – Zavod za Zdravstvenu Zastitu) – a "dinosaur", bureaucratically and financially cumbersome creature from the past.

¹⁰ the ongoing shift from general medical practice to the so-called "family medicine" is widely criticized and complained about. The ex-director of the regional Chamber of Medical Doctors, among other health practitioners I talked to, describes the "family-medicine" as self-serving, ineffective, and downright pernicious for the patients. Whereas in the general practice, the incoming patients were seen more or less in the order of appearance, the new system requires patients to make an appointment which sounds convenient but in practice is quite a feat. Nurses who manage the scheduling regularly defer the available appointments, unless compelled (through gifts and intimate relationships) to do otherwise. Even chronic patients cannot walk-in nor can those with minor complaints before these disappear on their own or escalate (say a skin allergy or a common cold or flu). The family practice as instituted in Bosnia has little to do with the idea of a family doctor following health history of all family members.

either too superficial or else downright unpleasant or harmful,¹¹ unless navigated through intimate connections and with gifts and money. Specialized and clinical medicine, on the other hand, has a host of reputable experts but is for the most part equally navigable with networks and significant amounts of money for services that are theoretically subsidized by the state. The quotes for surgeries or hospitalization range in bluntness and expense but the alternative is to seek out a private clinic¹² or settle for bizarrely deferred scheduling, even in cases when urgent interventions are due. People are regularly frightened and disillusioned by the medical practice and staff (this disillusionment peaked during the month-long strike of the public health workers in the Federation for higher wages, during which time patients were denied access to care¹³) and it is no wonder that Bosnians increasingly take health in their own hands.

¹¹ I heard many people's stories about erroneous diagnoses and medications prescribed to them by mistake. In one pharmacy, I observed many cases when drug prescriptions are questioned by the pharmacists in Srebrenik (the pharmacists here enjoy a great confidence of the people, who often bring their medical histories, doctors' records of their visits, hospital records, and their drug use history for the pharmacist to study prior to recommending a drug therapy or issuing drugs prescribed by doctors). It happened often that the drugs prescribed were duplicated under different names that antibiotics were prescribed too frequently, that the drugs prescribed interfere with those the patients already use, or that symptoms of minor discomfort were treated with powerful drugs. Also, people tend to walk from one doctor to another, whether because they mistrust doctors' opinions or because they are unable to secure appointments with the same practitioners, and since doctors rarely review patient's medical records, so that within a short time span patients get on and off different, strong drugs.

¹² Private practice, ranging from primary to clinical care, is often the most viable option, and in some branches more so than others (dental care, gynecology, reconstructive and plastic surgery), often because the public services were below the average even before the war, in the late 1980s when private health services appeared. The public insurance plan does not cover treatments in private practice, even for essential, life-saving interventions that are unavailable in the public health system. Malpractice in the private health sector is equally well known, particularly given that many doctors employed in the public health institutions are referring their patients to see them after hours, in their private practitioner capacity, for treatments of dubious necessity and of considerable cost. Furthermore, it is common knowledge that medical degrees were available at the market during the war and that much of the diagnostic equipment imported to Bosnia is second-hand, if not obsolete than operated without manuals or training. Some of the services in private sector, however, are excellent and many new facilities are under construction (for instance a delivery clinic in Lukavac, a cardiovascular clinical center in Tuzla, and a general care clinic with maxillofacial surgery in Tuzla). When the chief heart surgeon of regional reputation completes his own clinic and transfers full-time from public to private practice, it is likely that some reform of the public health insurance coverage will take place.

¹³ Health workers demanded an increase in wages and compensation for overtime. It was a rather bizarre strike in many ways, 'a joke' as the Medical Chamber director describes it, not in the least because the Minister of Health, their commander-in chief, publicly supported the strike: "So who are they striking against, then? Against the people!" The strike started with denial of services, health staff would come to work but would not receive visits, and progressed to a 30 minute walk-out, at 10 am, during which the staff would step outside in the pleasant Spring sun for a smoke and small talk in the sign of protest, the sight that was lost to the majority of public, given that media lost interest the second week into the strike (strikes are common and largely unsuccessful, even when dramatic, such as hunger strikes of coal miners or when workers take their children out of school to join them in street processions), and that patients for the most part were away - dutifully waiting for strike to finish or else lining up in the hallways, guarding their spot, hoping to catch the nurses on their way back to ask for a drug prescription or a visit. There was an elderly man in the audience of the walk-out at the Tuzla Health Center one day who upstaged the health staffs' protest with one of his own - being turned down for a visit, he turned away from all and dropped his pants, offering his behind on display. Medical doctors I interviewed told me that people are behind them, and the general strike posters proclaimed the same, that the strike was for the wellbeing of the people. People I talked to during that month were enraged, felt betrayed when the health care was denied, or suffered the consequences: paying for drugs, skipping the regular check ups, and waiting through the backlog of appointments to schedule a visit after the strike. The media reported, and people broadcasted, that a young

Health exchanges, I suggest, are a form of a care of the self (and self's others). The notion of the "care of the self" was famously theorized by Michelle Foucault in the volume three of the History of Sexuality, The Care of Self (1976), as a plurality of practices of self-cultivation, from dream-divination to physical exercise. I see an interesting parallel with the way that people in Bosnia care for the health through a host of practices such as learning or knowing how to live and knowing ahead (fortune, future, fate). This multiplicity of domains and practices does not read easily to those steeped in rationalist and biomedical discourse. In Bosnia, people's health narratives move naturally from the clinical and biomedical to herbal medicine (homemade or bought from an herbalist), from a practice of "pouring out fears" (*saljevanje strave*) with a long history in the region to novel alternative kinds of therapy; which are highly personalized and hugely popular interventions in bodily disorders on the level of bio-energy, aura, emotions or relations.

In this report I can only sketch a few points on the alternative health practices. Biomedical and alternative treatments are regularly used in parallel. While some people initially "resort" to alternative medicine when desperate – doomed by the official medicine and with nothing left to lose or try – they keep attending the practice since, like so many others who find relief, recovery, comfort, pleasure, and guidance at informal practitioners' that no institution provides in contemporary Bosnia. Even the critics admit as much to the alternative practice and I heard many pharmacists and doctors calling the "pouring of the fears" a folk psychotherapy. Rationalist discourse is as dominant in the official spheres of Bosnia as anywhere else in the "disenchanted" world, which is why medical professionals do not publicly profess their associations and personal experiences with the "alternative" practice, although many seem to refer their patients to remedies and particular therapists or else seek interventions themselves outside the institutional framework. Also, the use of herbal remedies and medicinal properties of food is regularly recommended by the health professionals trained so by the regional medical curriculum and upbringing in any Bosnian household.¹⁴

Anxiety

The people I worked with or encountered throughout the region know, from experience, that the incessant worrying about health of one's own and the health of others is not healthy. The life as surviving induces anxiety, a disorder which in local terms is at the root of so many different health complaints (from ulcers to imbalances of blood sugar and blood pressure). 'Surviving,' I suggest, is an experience of exchanges at the pervasive contemporary market, which are made intimate in the parties' mutual indebtedness and care for precarious health. Other people's experience can also disorder your health, in other words, the experience is shared, and not only imaginable but lived through, embodied to an extent. Everyday events and worries as well as sudden misfortunes both routinize a life as a history of anxiety (*sikirancija*, 'worrying one's self sick') and shake one anew.

A hairdresser for instance told me that minutes prior to my visit she swallowed a couple of anti-anxiety pills having heard of a sudden death of her colleague's son. She had to

man diagnosed with cancer and scheduled for an emergency eye surgery was denied admittance to a hospital (until after the report was aired on Federal tv station).

¹⁴ Any Bosnian, I may suggest, will be able to list herbal teas and ointments on stock at home, for the first aid (for burns, fevers, and inflammations) or for minor and chronic illnesses – for colds, coughs, and chills, stomach cramps, sleeplessness or nervousness, for prostate and kidney disorders, for blood pressure and sugar. Women are particularly well versed in herbs which they often grow, harvest and dry themselves.

calm down, she explained, as she got herself worried sick *nasikirala se*, just thinking how it is for the mother. Other times women would show each other goosebumps they got at the news of someone's illness or death.

There are different forms of embodiment that surviving entails. One would say: "I worry myself self sick" or "I got worried sick" (*sikiram se, nasikirala sam se*), I worry (*brinem se, imam brigu*), "I'm nervous" or simply "neurosis" (*nervozna sam, nervoza*), "I get unnerved" or "my nerves are pulled out/lost" (*nanerviram se, izvucira me, pogubila sam zivce* also: *zivcirati zivciram/nerviram se, izvukli mi/izgubila sam zivce*). These complaints, I think, should be studied as local forms of anxiety, noting the many parallels with anxiety disorder in global and Bosnian medical practice.¹⁵ People I encountered talk about *sikirancija* in general and of particular misfortunes (say poor sales, defaulted debts, or news of death) as sensation of choking and pressure in the chest, stomach pain, high blood pressure, headache, insomnia, nervousness, anger, fear, lightheadedness, a list that is comparable to the medical symptoms of anxiety. Anxiety in Bosnia (as elsewhere in the pharmaceutical world) is commonly treated with anti-anxiety pills and antidepressants, which local doctors prescribe liberally and people purchase with or without prescription. There are, however, alternative practices specifically designed for treatments of "fear" and its effects which, in local terms, range from depression to stomach ulcer.

Surviving and forms of health experience that I consider under the category of anxiety – from *sikirancija* to *nervozal/zivci* – predominate in the alternative medicine although the patients' complaints and narratives of disorder are categorized, explained, and treated very differently from practice to practice. What is common to the treatments, I suggest, is a certain set of assumptions that I can only list here: that the physical, political and social surroundings – and by extension the contemporary market, underwritten by intimacy, debt, and lack of money – bear on the body; that health and wealth are knowable and treatable on the body in temporalities of deferral: fortune, future and fate; that body has no simple division of labour between the physical frame and the mind but that thoughts, emotions, sensations have their efficacies; that ailments are repaired by means and at a distance that elude etiological models sacred to the medical science (but most regularly confused by ailments such as anxiety or depression susceptible to a whole range of indirect influences, explained away as "placebo."¹⁶)

¹⁵ In the clinical discourse, anxiety is a disquieting state accompanied by emotions of fear, apprehension and worry, with somatic, psychological, cognitive, and emotional effects and a wide range of physical symptoms from shortness of breath to nausea to chest pain. The recurrent or debilitating experience of anxiety is clinically diagnosed as an anxiety disorder which has a range of forms, from generalized and existential anxiety to the stress anxiety (or PTSD – Post-Traumatic Stress Disorder). Anxiety is an extremely elusive condition, and its symptoms, treatments, forms, and patients' experience uneasily fold into institutional and disciplinary nosologies (see Allan Young's 1995 *The Harmony of Illusions. Inventing Post-Traumatic Stress Disorder*.) Furthermore, Charles Medawar and Anita Hardon, in *Medicines out of Control: Antidepressants and the Conspiracy of Goodwill* (2004), convincingly argue that the "discovery" of kinds of anxiety disorders and their drug treatment is largely driven by the interests of the pharmaceutical industry and by the legal and regulatory mechanisms that were originally set to curb the industry in the patients' best interests – state drug administration agencies and medical doctors. Practitioners of the alternative medicine, intervene in discomforts and disorders that the clinical practice associates with anxiety, such as trauma, test panic (many students have their fears poured out prior to exams), panic attacks, and fear of people.

¹⁶ What is interesting, however, is that placebo is no simple sugar pill that tricks the mind into feeling better, but everything and anything external to pharmaceutical or clinical practice that affects significant change – events, encounters, exchanges.) Placebo yields a powerful influence, particularly on depression,

The anti-anxiety drugs (derivatives of benzodiazepines) and to a lesser extent antidepressants constitute the majority of sales in the pharmacies that I visited and according to pharmaceutical wholesale suppliers I interviewed, so much so that pharmaceutical industry is not actively advertising these drugs but considers them “consumables.” The use of anti-anxiety medicine, much of it self-prescribed, is pervasive and casual. Many traders I work with start and finish their day with an anti-anxiety pill (or tell of others, colleagues and customers, who do), or else take a sleeping pill at bedtime. When something sudden or upsetting takes place – poor sales, death notice, family argument, shortage of money, debt settlements due and late – people swallow pills and double the dosage.

The exchange of herbal and other forms of alternative medicine regularly provide a powerful space for critique of the pharmaceutical and clinical treatments of anxiety (but the critique is also harnessed for profitable ends in indiscriminate production and marketing of herbal, pharmacological, and dietary supplements, whether by industry or smaller enterprises; herbalists for instance¹⁷). This also raises a question of malpractice which plagues the alternative as much as the biomedical practice, but in more complicated ways given that alternative therapists are always at pains to distance themselves from the proverbial forms of swindling with supernatural means the superstitious crowds (such as for instance, fortunetelling *gatanje*, supposedly a domain of Gypsies and idle women, or magic making *caranje*, with the same suspects and including Muslim priests *hodze*). Caring for health is ridden with uncertainty: whom to trust? There has been an explosion of herbalists, healers from Reiki to Muslim priests, women who pour out fears, and fortune-tellers (all of whom also intervene in health and wealth). Whom to trust these days, whom to entrust the care for your health is habitually in question. Many patients disappointed by, mistrustful, or tired of medicines and concerned about the side effects of drug use, are turning to herbs, home remedies, special diets (herbs, honey, fruit and seeds – like flax seeds or Japanese mushrooms for instance), or alternative health practice.

The alternative forms of health care abound. While Muslim priests (*hodza*), herbalists, and the women who pour out fears have a long history of practice in the region, the

so much so that studies since 1970s have shown no measurable difference in effectiveness between antidepressants and sugar pills (See Medawar and Hardon, 2004, pp 55-58).

¹⁷ Just the other day a man came to a pharmacy with an herbal supplement prescription slip – one of those that pharmaceutical wholesalers provide to the doctors to issue on merit, that is accruing points that earn handsome rewards to the doctors – and a couple of items circled, stamped and signed by a physician. The man clearly did not know how indispensable the drug was nor was he offered more inexpensive alternatives (herbalists at market stands hold every possible herbal remedy at a fraction of a cost) but was hoping for a subsidized purchase. The pharmacist directed him to the Social Care Institute to plead his case; if the man goes he will face a formidable bureaucracy and tremendous “loss of time and nerves” (as the local term goes) to be denied assistance (even the life-saving drugs and essential items such as adult diapers are hard to get subsidized). The hope is that at one point someone (a neighbor, wife, friend) will explain to the man what the medicine really is and what can they afford, instead. I have also seen in the region plenty of dubious herbal medicine practices, as well as inordinately expensive household names with reputation in efficacy (but also for extravagance: one famous herbalist travels the region with armed bodyguards). I have heard accounts of ex peddlers of herbal remedies who discovered that their herbalists were packaging lies, and who had to face the crowds of disgruntled customers (which is doubly uncomfortable as many were also neighbors, friends and family – the most natural market for any one trader). I also frequent an alternative medicine stand that travels with the market and occasionally uses a tentacled machine to “diagnose” the patients and then prescribe remedies worth from 20 to 100 KM (a fortune in the region where pensions and salaries start at 220 KM).

number of alternative practitioners¹⁸, kinds of treatment, and their visibility in media and people's stories in the market or public transport is unprecedented. I will suggest (but can elaborate only in future writing), that this explosion is tangled up with the pervasive spread of the market. For instance, a local radio station I listened to in a bus from Tuzla to Srebrenik, advertised a "pouring out of fears" practitioner and another time on a morning show reported that a Bosnian herbalist is treating Pamela Anderson for Hepatitis and is scheduled for an appearance on Oprah show. Also, an announcement board in a busy Tuzla neighborhood, with a readership of the many on their way to the Health Center or to a cluster of five pharmacies around the corner, features (among death notices and fast loan options) a handwritten promotion of an herbalist and his remedy for warts. Many bioenergy healers advertise on television, in the classifieds, or in specialized periodicals. Bioenergy healers and the women who pour out fears pass business cards. Still, the word of the mouth rather than print media is by far the most efficient means of learning about health practices and particularly to reach therapists who avoid commercial advertisement and refuse payment for their services; their treatment is a form of debt exchange where money may or may not pass hands.

I can only summarize the treatments here.

- "Pouring out fears" the treatment known as *strava* or *izljevanje/saljevanje strave*, (*strava* means a great fear, fright) removes or alleviates affects of anxiety and depression, described in experiential and local terms or else clinically diagnosed and treated with medical drugs and, at times, with hospitalization. *Strava* is practiced by Muslim women, more or less devout (one practitioner is a Hajj pilgrim, while another, an 80-year-old, is more regular at soccer games and dog shows than on the praying carpet), whose patients come from all corners of Federation and Serb Republic, and from all professional, religious, social backgrounds, including atheists and die-hard communists. The practice varies with practitioners, in the details of method and explanations of efficacy, but it always uses the skills of the woman to evaluate the patient, her gift to treat ailments with water, molten lead, and prayers and to learn from the images in the lead a person's health and wealth through future, fortune, and fate.
- A follower of Sai Baba (a South Indian guru calling for an unmediated devotion that transcends and unites Judaism, Christianity, Islam, Hinduism, and Buddhism, with a massive global following and quite a few disciples in Tuzla) combines a host of spiritual healing techniques, from PEAT (Psycho Energetic Aura Technology) and Reiki to prayer. He is treating people for disorders ranging from trauma, phobia, nervousness, listlessness and sadness and patients diagnosed with irreversible conditions, from cancer¹⁹ to rheumatism. I observed two other bioenergy healers in Tuzla and the District of Brcko and talked to many of their patients. Bioenergy manuals are available in bookstores and there are

¹⁸ The women who pour out fears without a price, however, complain of not finding anyone in their extended family fit and willing to inherit the practice. These women (the oldest is 84 and the youngest in her mid 60s) say that this is a dying practice. Two of the women's granddaughters study at the Medical University. Commercial practitioners are more efficient in finding helpers and successors. Other and new forms of therapy – with bioenergy, syncretic spiritual techniques, or methods developed intuitively or by revelation – as well as Koranic healing by Muslim priests, have many young and middle-aged recruits.

¹⁹ Herbalists, for instance, tell me that there is a silent epidemic of cancer in the region. I can fully appreciate this verdict when I consider the lack of cancer awareness and screening in clinical or popular practice as well as the sheer number of people diagnosed with cancer whom I met (or heard about) at the market, pursuing treatments from chemotherapy to herbal remedies, macrobiotic diets, lifestyle changes, and therapies in the alternative medical practice. I also heard, but was unable to confirm it, that a Swiss medical research team comes to Bosnia to study cases of cancer in stages of development that cancer awareness and treatment eradicated elsewhere in Europe.

many Reiki instructors, among them a couple of Indian women with their husbands studying in Tuzla.

- A healer in a village of Gracanica municipality has developed a set of spiritual techniques that diagnose and treat illnesses as disorders in one's relationship with self, with intimates, and with one's life. A most common illness that he treats is a fear for subsistence. His spiritual insights combine teachings of Islam with the notion of reincarnation, the map of body as bioenergy field, and a host of texts in his library that he compiled during several decades of his life in Germany.
- A hugely popular healer in a village of Lukavac treats hundreds of patients a week. New and returning patients come from entire Bosnia, Bosnian Diaspora as well as nationals from the EU and the U.S. (celebrities among them). She is denying the category of "bioenergy" and treats with techniques that she herself does not understand and is guarded about discussing. Her therapy is intensely social. While treating someone, she also advises, jokes, and talks with several other patients admitted to her office. She does not advertise her practice and sets no price for her treatment but accepts money left unless she feels that the giver cannot afford or cannot forgive and forget *'halalit'* the amount.

I suggest to study health and the different techniques of care for health as a kind of limit experience, taking cue from Martin Jay's 1998 article²⁰. Following Foucault and Bataille, Jay argues for the study of experience as something at the very verge of life and death, something that radically changes you. Surviving for Bosnians is an experience that constantly questions the everyday, therefore it is never mundane or taken for granted, it escapes naturalization while it inspires strategies that manage the uncertainty. Similarly, the many therapies that people undertake in their care for the self, as well as the intimate relations of exchange in which they take part, are a way of learning how to live (better, healthier, fuller, more generously and more gratefully) a knowledge which is related to a temporality that is out of ordinary ad calendric: temporality of future, fortune, and fate.

Health and Wealth; Embodying the Market

Without getting into an argument²¹ here, I suggest that my study was, still is, an earnest attempt (yet to be written) to consider the permeability of the two or three categories – natural, cultural and social – usually held apart, and a response to a genuine question that Byron Good (1990)²², among others, posed: whether we can seriously contemplate

²⁰ Jay, Martin. 1998. The Limits of Limit-Experience: Bataille and Foucault.

²¹ This study was also an exploration of a link between the domains of social and natural that are paradigmatically separate in the Western scientific thought; mixing of the two is generally seen as a matter of confusion, incoherence, a prerogative of folk, experiential, unscientific kinds of knowledge, or rather belief. The binary tendency of the social science was widely criticized (most famously by Bruno Latour, 1993 and 2005) and reformed (in Anthropology from materialism to relativism to symbolism), but the correctives tend to repeat the underlying assumptions (see Lock and Gordon, Biomedicine Examined, 1988) the most basic of which is that natural sciences (such as biomedicine) hold undisputed explanatory claims on reality. The economics, on the other hand, the most influential among the social sciences in the real world, goes to another extreme. Claiming down-to-earth realism it takes (human) nature for granted, as a set of needs and motivations determined by human evolution and genetic material that underline all social "behaviour" irrespective of historical or regional particularities. This is not a mere airing of the stale theoretical fixtures but an issue pertinent to understanding contemporary Bosnia, one that resurfaced in my exchanges with the professionals and alternative medical practitioners and patients in the field and that will frame my writing up of the field materials in the future.

²² Good, Byron. 1990. Medicine, Rationality, and Experience: An Anthropological Perspective

an epistemological – and ethical – stance that does not privilege the knowledge claims of biomedicine and the medical sciences.

In the field story I told above, when the trader's husband suggested she had a slab of anti-anxiety pills for lunch, to help her calm down after an investment into commodities unfit to sell, he was not joking much. His wife's diet on any day includes four anti-anxiety pills and an occasional sleeping pill at bedtime. A misfortune like this – a poor day of sales, a due date for a debt, a death notice, a gift obligation, or a medical bill – require an additional dose of medical drugs to survive. The work of exchange at marketplaces and shops that I study is hard since the traders are many²³ and shoppers live on limited incomes (pensions, salaries), and regularly live above their means. And this is an important point to keep in mind: 'surviving', as people describe their everyday exchange, is a real struggle, although at stake is not a "bare life" but "living beautifully" (lijepo zivjet²⁴). Also, surviving is not only the experience of the 'poor' but of the vast majority of people – workers, peasants, and intellectuals of the old Tito's state – who are now (since the war and the Peace) scraping by, retired, unemployed, and formally or informally working, along the lifestyle continuum that is, inadequately I think, crammed into a single category of "the middle class."²⁵ Even traders who are creating substantial wealth in Bosnian terms, be it in the marketplace or in trade companies, as well as their customers who are gainfully employed (say, in the State services, the epitome of secure income) live under debts extended or contracted from banks, microcredit organizations, or family and friends.²⁶

Ahead of me lies a challenge: how to theorize a market that hinges on intimate exchanges that exceed and make possible its pervasive form which I tried to trace by

²³ In the words of a vendor of slippers and handbags at the market of Zivinice (a refugee from Eastern Bosnia, once a clerk in a public company of excellent standing – Energoinvest): "Everyone who stayed without work came here [i.e. to the market] to survive."

²⁴ Even the war is remembered through shortages of coffee, sugar, and cigarettes. This is not to downplay the hardships, violence, dangers experienced during the war, but merely to state that a human life is always elaborated, even in a crisis, and that these elaborations – of tastes or looks – are a part of learning and knowing how to live. Take a war story that a clothing trader in Zivinice told me, as one of the most memorable events from the times. One day in 1993 – the supply roads were cut off – her small daughter was begging her for something sweet but she had nothing to give. The child was crying, insisting, – her organism must have been asking for it, the trader said – until the mother thought of giving her a cough medicine; it was sweet and fruity. A proper life is sweetened and caffeinated and proper people are well-dressed, made up, and "ordered" *sredjeni*. Beauty is a serious matter, particularly on a budget, given that salaries are, on average, at a legal minimum of 220 KM. Another trader tells me of a mother who is buying, on debt, eyelashes for her teenage daughter every week, at 5 KM a pair.

²⁵ Many people, buying or selling at the market, insist that "these days" there is no middle class, that there are only the wealthy and the poor, the beggars and the rich. But from what I have seen, the framework of three classes is too narrow to represent the whole range of educational, economic, professional, and residential differences that I see in the field. Rather than try to make up an "emergent middle class" – part of the promise and premise of ideologies of transition to capitalism – I am interested in the fact that people from so many different backgrounds and such different fates since the Peace, describe their everyday life as a struggle to life or death. This shared experience, I suggest, is historically specific and pertinent to understanding just what ties the intimate, the concrete, and the abstract.

²⁶ I am yet to figure out how to write about all the different sides of exchange which I believe my study has captured – traders and buyers, health practitioners and their patients – and how to represent the important differences in their wealth and health while talking about more general phenomena. One way to do so in future writing, I believe, is by including life and family histories of my interlocutors as well as ethnographic vignettes from all the different sites of research, from flea markets to pharmacies. This will also be a way to address an important local notion of life in temporal scheme of fortune, future, fate – which are inseparable from and managed with the interventions into health and wealth.

moving from marketplaces to shops, from pharmacies and pharmaceutical wholesales, and by keeping an eye on both traders and their customers. But the most important methodological and theoretical attempt to grasp the Market in contemporary Bosnia, was my following of the experience of market exchange (surviving), which, as I already suggested, is a particular kind of health experience.

I can only point to some issues that future writing will develop. To begin with, I will examine debt as an obligation to give and receive, a practice to extend debts to others and become indebted yourself. Even borrowing from the microcredit institutions²⁷ is construed as a mutually indebted exchange. Furthermore, giving (gifts, alms, or capital) is a means of making wealth and ensuring health.

Debts assume and form intimacy which is concerned with the health of others and one's own health. Intimacy in many ways saves money and makes wealth but it also effectively excludes, denies access. Seen from this perspective, the political disorder in contemporary Bosnia is very much about estrangement of the state through intimacy, the most extreme of which are the relationships of exchange between political and criminal powers.

Suggestions for Future Research

I suggest that future researchers shift focus from formal institutions (governmental or nongovernmental) to the more informal settings or rather to people's trajectories between different domains of political life as well as popular strategies to make the encounters with the bureaucratic, legal sphere more efficient. In other words, I propose that students interested in the ongoing processes that make Bosnia interesting for research (democratization, reconciliation, privatization, etcetera) look at the social life of the new forms of market and state.

Closely related is a suggestion that studies look beyond the international-local exchange of expert advice, influence, and capital tied to the administration of the Dayton Peace Agreement and examine local political struggles (often over the distribution of the very stuff of the said exchange). I believe that any studies of the Bosnian ethno-national trinity needs to seriously examine the political economy of the ethno-national electoral framework.

Furthermore, I propose that field study pays closer attention to villages, provinces, and the Bosnian diaspora for insights on the contemporary political and popular culture, as well as some issues close and dear to the political rhetoric and costing quite an investment of capital – such as for instance the issue of refugee return.

Finally, I think that future research would profit from a theoretical approach to Bosnia that takes seriously parallels with postcolony and post-socialist Europe, and particularly the growing gap between the lived realities and the lifestyles invoked by the global popular culture and promises of transition to democracy and capitalism.

²⁷ Microcredit institutions (MCIs) provide a range of small loans, from 500 to 15,000 KM and serve people whose informal or intermittent work precludes from the formal banking services. Many borrowers raise loans simultaneously from several MCIs to meet their business needs and get indebted informally to pay the monthly installments. MCIs also cater to entrepreneurs mistrustful of banks or requiring smaller loans. MCI's procedures for loan application and disbursement are simplified and provided on site – at homes or businesses of the applicants.

Recommendations for the US Policy Community

My recommendations range from advice on how to better understand the region to an outline, a wish-list of sorts, of issues and initiatives that in my opinion could greatly improve the life in and the future of the region, given the sufficient investment of support and capital.

Formal politics: Ethnonational politics, as I saw them from within people's everyday lives, are the bottom-line politics, driven by the electoral system and for the purposes of electing and keeping in power the political candidates sustained by the very rhetoric of ethnonational difference. The result is that the elected officials (and their appointees to all the sectors of society from the Ministry of Health to the University) keep up the ethnonational rhetoric, keep invoking the recent past, and keep making the minute issues a matter of vital national interest. I might be stating the obvious but the point is easily lost when all you see is the end-product of this political game (the media reports, the government discussions, the electoral results), and the point is: the great majority of people in Bosnia are moved more by the threatened quality of life than by the national concerns. I heard so many say (and I believe them) that they could care less who is the president for as long as he is smart and leads the country well. I think that who ever realizes this and takes it seriously, can make a great change in Bosnia, the constitutional framework notwithstanding.

Global parallels: Bosnia should be seen not only in the regional perspective, within the framework of postsocialist and transitional markets and states, but also compared to theoretical and ethnographic insights from postcolonial studies. Demonetized economy, disconnect between lifestyles suggested by the global popular culture and local realities of subsistence, promises of democratization and real limitations of states to provide job security and equality before the law or to prevent crime and corruption, are just a few commonalities with conditions described for postcolonial Africa, for instance, that point to a more general condition of global political economy that Bosnia is a particular case of.

Higher Education: An unprecedented number of young people and mid-career professionals are now attending universities. Many students from villages and provincial capitals are the first in their family to go passed elementary or high school learning. They are their parent's principle investment. But the academia in Bosnia is stale and corrupt, professorial seats are assigned on the basis of political party affiliation (often to people whose incompetence, illiteracy, or indifference towards the students is a stuff of popular jokes) and held "for life." The curriculum is rigid, stuffed with highly technical classes lectured by the professors and more often by their assistants, and entirely lead by the exams. Students study to pass exams and pass time for the lack of anything better to do while dreading the end of schooling when they register with the Employment Bureau with thousands of others out of work. Social sciences for instance are boiled down to a standard exam at many different departments, taught from text books which are for the most part plagiarisms written in abstruse language, quite consistently defying sense and relevance. Text books are published through intimate connections and then forced onto the students of the professor-author. Libraries are poorly stocked (especially in recent texts) and are no place to study. There is no platform for a student debate, academic or otherwise. At the time when an unprecedented number of young people are enrolling in higher education, it is a shame that universities offer education for degrees only and promote memorization of facts for the sake of passing exams. I think that the current university system very much educates Bosnians – students and their parents – in political apathy, ethnonational voting (not so much from conviction but from inability to

imagine a viable change), and political disorder – the stuff that plagues Bosnia in the recent history²⁸.

Politics by other means: Most international formal support seems geared towards party pluralism and oppositional politics. However, I think that political change in Bosnia might be better effected and political apathy better countered with initiatives that offer services to community and the state. Instead of encouraging the opposition to the government or to the ethnonational politics, I think that the international community should support platforms and promote common concerns that are not addressed in an organized manner for the lack of resources and the lack of habit. Rather than have a political party model as the viable framework for association (so much so that there are parties of war invalids, pensioners, or the party of those whose savings were lost with the demise of Yugoslavia) people should be helped to group around, say, ecology or medical patients' interests or support groups of kinds (say substance abuse or mental health).

Health system: State health system and the public health insurance agency are in a great need of reform. Private health practice is excluded (with a few exceptions) from the health insurance plan and private health sector initiatives are bureaucratically stifled for reasons that have nothing to do with their performance nor with patients' best interest. A dual system of public and private health care uneasily coexists and is equally unaccountable to the patients or the state. It is curious that the international community meddles into institutions considered sacred to a sovereign nation-state – say by appointing an expatriate head of the Bosnian Central Bank – but an institution that decides, quite literally, about life and death of Bosnians on everyday basis (as the Health Insurance Fund does) is fully entrusted to the hands of local politicians.

²⁸ A great deal could be accomplished with support in form of grants and exchange programs for university students, student newspapers and campaigns, book and media libraries, workshops, exchanges of faculty, student discussions, student-voted competitions for scholarship, projects, or awards for the best faculty, invitations and incentives for maverick professors to lecture (those who disagree with the political appointees, colleagues, are forced to resign and leave Sarajevo, for instance, and take posts in Croatia or elsewhere in the region), semester-based lecturers, etcetera, etcetera.