

## Table of Contents

Abstract	vii
Acknowledgements	ix
List of Figures	xvii
List of Images	xix
Glossary and Abbreviations	xxi
Preface	xxvii
I. Introduction	xxix
II. Structure of the Chapters and the Presentation	xxxii
<b>Chapter 1</b>	
<b>Epistemology, Setting, and Background</b>	<b>1</b>
1.1. Theoretical Sensitivity or What I Saw from Where I Stood	1
1.2. Entering into Relation	3
1.3. Getting into Relation with Healthcare in Indonesia	5
1.3.1. Epistemological Framework and Related Preconceptional Perspectives	7
1.3.1.1. Social Construction, Knowing and Perspectivity	7
1.3.1.2. Social Construction, Culture and Interculturality	9
1.3.1.3. Social Construction, Health, Illness and the Body	11
1.3.1.4. Social Construction, Medical Knowledge, and Medical Systems	13
1.3.1.5. Social Construction and Postcolonial Perspectives on Health	14
1.3.1.6. Implications of a Constructivist Epistemology for Research	15
1.3.2. The Setting: The Medical Framework of Urban Yogyakarta	17
1.3.2.1. The Setting of Urban Yogyakarta	17
1.3.2.2. Healthcare and Healing in Indonesia	19
1.3.2.3. Structure and Accessibility of Primary Health Care (PHC) in Indonesia	20

1.3.2.4. Criticism of National Healthcare Programs	24
1.3.2.5. Structural Difficulties and Corruption in Indonesia's Primary Health Care	25
1.3.3. Heuristic Framework: Health, Illness and Healing in Research Practices	30
1.3.3.1. Theoretical Background: Health, Illness and Healing in Research	30
1.3.3.2. T&CM Constitutes the Linchpin of my Study	30
1.3.3.3. Theoretical Considerations on Conceptualizations of Health and Illness	31
1.3.3.4. Theoretical Considerations of Concepts of Healing and Healthcare	35
1.3.3.5. Theoretical Conceptualizations of the 'Return of T&CM'	39
1.3.4. Exploring Practices of Healthcare Means Entering into Complexities	41
1.4. Fundamental Theoretical and Experiential Assumptions and Knowledge Guiding Research	43
<b>Chapter 2</b>	
<b>Methods</b>	<b>45</b>
2.1. Methodological Considerations	45
2.1.1. Grounded Theory	46
2.1.2. Ethnography	50
2.1.3. Researchers Reflexivity	52
2.1.4. Reflexive Grounded Theory – A Methodological Triangulation	55
2.2. Methodological Approach and Related Implications	57
2.2.1. Principles of Triangulation	58
2.2.2. Preparing for Field Research	60
2.2.2.1. Preconceptions and Theoretical Sensitivity	60
2.2.3. Collecting Data: Positioning Myself and Acting in the Field, Interacting with Data	80
2.2.3.1. Establishing Contact – Starting to Do Fieldwork	80

2.2.3.2. The Simultaneous Process of Sampling, Data Collection, and Data Analysis	83
2.2.4. Analyzing and Interpreting Data – Conceptualizing and Theorizing the Object	95
2.2.4.1. Fundamental Considerations on GT – Analysis	95
2.2.4.2. Initial Analysis as Sample Informing Step	96
2.2.4.3. Open Coding	97
2.2.4.4. Axial Coding	109
2.2.4.5. Selective Coding	116
2.2.4.6. Theoretical Saturation	118
2.2.5. Limitations of the Study	120
2.2.5.1. Methodological Limitations related to the GT Framework	120
2.2.5.2. Generalizability of GT-Models	122
2.2.5.3. The Role of the Researcher	123
2.2.5.4. Using Narrative Interviews as a Research Instrument	125
2.2.5.5. The Research Environment of the Study	126
<b>Chapter 3</b>	
<b>Empirical Approaches to Narratives of Illness</b>	<b>127</b>
3.1. Doing Healthcare – Navigating Healing According to the Rasa of Cocok	128
3.1.1. Narratives about Illness	128
3.1.2. Making Meaning of Illness	131
3.1.3. Classifying Illness Narratives	133
3.1.3.1. Talking about Minor, Usual and Serious Illnesses	134
3.1.3.2. Relational Categorization of Illnesses	136
3.1.4. Navigating Healing in Accordance with the Rasa of Cocok	171
3.1.4.1. Cocok and the Relational Character of Healing	172
3.1.4.2. The Experiential Spectrum of Cocok	177
3.1.4.3. Considerations and Meaning Underlying Cocok	182
3.1.5. Discussion – The Feeling Contact of the Rasa of Cocok	184

3.1.6. Locating Paradigmatic Differences of T&CM and the Rasa of Cocok	188
3.2. Localizing Health, Illness and Healing in Between Natural versus Kimia	189
3.2.1. Localizing Different Conceptual Understandings of Healing	190
3.2.2. Concepts concerning the Nature of Health, Illness and Healing	193
3.2.2.1. Normative Concepts about the Nature of Health	194
3.2.2.2. Normative Concepts about the Nature of Illness	202
3.2.2.3. Normative Concepts about the Nature of Healing	208
3.2.2.4. The Conceptual Interdependence of Natural and Kimia	218
3.2.2.5. The Normative Notion of Nature	220
3.2.2.6. The Location of Meaning: Natural as Guiding Framework	228
3.2.3. Epistemological Perspectives on Natural versus Kimia	230
3.2.3.1. Regimes of Knowledge between Empirical Wisdom and Scientific Evidence	230
3.2.3.2. Javanese Traditional Knowledge versus Western Modern Knowledge	232
3.2.4. The Location of the Epistemological Dichotomy of Natural versus Kimia within Illness Narratives	253
3.2.5. Contextualizing Meaning of the Normative Differentiation of Natural versus Kimia	254
<b>Chapter 4</b>	
<b>Considering Empirical Presentations in the Light of a Given Epistemological Framework</b>	<b>257</b>
4.1. Production of Knowledge in the Framework of Research Interviews	257
4.1.1. Research Interviews: Shared Performances of Representatives	258
4.1.2. Telling and Retelling Stories: Narrative Identity	260
4.1.3. Negotiating Identities: Narrative Constructions of the Self and the Others	261

4.1.4. Identity Matters: Researching the Subaltern Others	265
4.2. Locating the Self among Others: Exploring Peculiarities of the Given Narrative Framework	269
4.2.1. She Didn't Want to Tell because you are West	269
4.2.2. Selected Insights into Health Biographies, instead of 'Objective' Truth of Healthcare Realities	272
4.2.3. The 'Westerner': Concepts, Considerations and Examinations of the Researching 'Self'/'Others'	274
4.2.4. 'Doing Being Western': In-group and Out-group Negotiations in the Context of Research Interviews	282
4.2.5. The 'Western Ghostly Audienc': Confidential Insights for a Wider Audience	285
4.2.6. Locating the Researching 'Self': The Situated Outsider	288
4.2.7. Examining Narrative Constructions of the 'Self' and the 'Others'	290
4.2.7.1. The Javanese: An Imagined Community within the Multiplicity of Selves	291
4.2.7.2. Doing Being Javanese: A Reference to a Way of Acting	293
4.3. Locating Peculiarities of Javanese versus Western in the Context of Interviews	300
4.3.1. Contextualizing We and Them: Reflections of Natural versus Kimia in Light of Javanese versus Western	300
4.3.1.1. My Historical Reflections of Natural versus Kimia in Light of Javanese versus Western	303
4.3.1.2. Performative Reflections of Natural versus Kimia in the Light of Javanese versus Western	310
<b>Chapter 5</b>	
<b>Moving Beyond Duality</b>	<b>315</b>
5.1. Introduction	315
5.2. Moving Beyond Duality: Navigating Healing in Accordance with the Rasa of Cocok	317
5.2.1. Javanese Health Seekers as Bricoleuses: Making Meaning of the Rasa of Cocok through the Lens of Healthcare Bricolage	318

5.2.2. Javanese Medical Professionals Moving Beyond Duality	322
5.3. Categorical and Structural Barriers in between Medical Traditions	332
<b>Chapter 6</b>	
<b>Conclusion</b>	<b>337</b>
6.1. Modeling Concepts and Approaches Underlying Healthcare in Yogyakarta	338
6.1.1. The Modeling of Natural versus Kimia	339
6.1.2. The Navigation of Healing in Accordance with the Rasa of Cocok	345
6.2. The Temporal Situated Understanding of Meaning in Between Subjectivity and Reflexivity	351
6.3. Research Perspectives: Healthcare in Indonesia	355
Closing Words of Ibu Kartini	359
<b>References</b>	<b>361</b>
Filmography	361
Bibliography	361
List of Newspaper Articles	394
<b>Appendix</b>	<b>397</b>
Appendix A	397
Appendix B	399
Appendix C	401
Appendix D	402