

Multiple Medical Realities – Patients and Healers in Biomedical, Alternative and Traditional Medicine

(Editors: Helle Johannessen and Imre Lázár, Berghan Books, New York, Oxford, 2006)

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»Multiple Medical Realities – Patients and Healers in Biomedical, Alternative and Traditional Medicine« is a title to a reader comprised of 10 articles selected by Helle Johannessen and Imre Lázár with the intent to bring together two major theoretical trends in medical anthropology: one based on its fundamental concept of medical pluralism and the other based on phenomenological studies of body and self. The work of authors of these studies, all prominent European social anthropologists with very diverse research focuses situated worldwide (Mexico, Ghana, India, Norway, etc...) uphold the optics on plurality of provision, use and understanding of medical practices as cultural universal. Multiple views on multiple medical realities, as given by this well rounded book, will be inspiring and invaluable reading for any contemporary interest or research in this field.

The initiative to assemble this 4th volume of European Association of Social Anthropologists (EASA) Series was conceived at the workshop of 7th biennial conference of EASA held in Copenhagen, Denmark, 2002. Apart from the research reports, 197 pages of this volume contain two major points of synthesis, one introductory and the other one in epilogue written by editors. There is also a preface to the book written by Thomas Csordas. The book is organized in two parts: the first one with focus on social and the other on individual or phenomenological aspects of body and self in medical pluralism.

Bringing together two major theoretical trends in medical anthropology, as the title of the Introduction suggests: »Body and Self in Medical Pluralism«, the editor Helle Johannessen is proposing major theoretical framework which she will deploy to review each article of this volume. She is expounding on the work of N. Schepher-Hughes and M. Lock who suggest three perspectives from which a body can be viewed and thus analyzed: 1) phenomenally experienced individual body self; 2) social body and 3) body politics – an artifact of social and political control. The author goes on to establish a plurality of phenomena on each of those three levels of analysis mutually connected by multiple organizing principles. Rela-

tionships between those three levels of analysis are regarded as relations of similarity and opposition between organizing principles of each level. At this point Johannessen complements her theoretical framework by another concept: the relationships between organizing principles are seen as »elective affinity«. This originally chemical notion independently used by sociologists B. Turner and S. Lang as a central concept for understanding connections between power, knowledge and the body, is defined as »relation between two social factors which are able to coexist in a stable relation with no opposition and tension between them«.

Thus constructed theoretical tool, as Johannessen writes, allows us to uncover order in local medical pluralism which is not regarded as the sum of separate and distinct medical systems, but as fluid and flexible networks which connect across objects, knowledge, social institutions and persons by affinal relationships. Along with that, phenomenological experience of the body and self is also seen as flexible. It may be linked up to »different networks of praxis, knowledge and power as patients and practitioners move in and out between networks«. This consideration culminates in a model of »complex bodies and flexible selves« where complex bodies have »eyes that see the body and discourse which explains it«, and flexible selves which are »in constant struggle for social recognition where complex body plays a significant role«. Local specifics are thus differences in configurations and individual hierarchies of the elements and patterns of this network.

Pat I starts off with two articles on medical pluralism in Hungary. However, first contribution differs from all the rest from this book in that it is a demographic survey of status and uses of alternative medicine. In statistical terms the study is pointing out some specificities of a transitional conditions in the Hungary which are contributing to the growing popularity of alternative medicine especially between people of higher education and income status.

The core of the second paper is a case study of miraculous outcome of a therapy administered by Taltos healers, a postmodern syncretic medical practice consisted of puzzles with esoteric, spiritualist, neoshamanic and Hungarian ethno-cultural features. In his analyses the author is trying out phenomenological approach leading to an interesting stand point where cultural phenomenology of the body is seen as the »last station before the Transcendent«. To bridge the »gulf between knowledge from the experiment and knowledge from experience« and to enlighten »transspatial and transtemporal medical reality of Taltos healers« the author is concluding with application of Turnerian structure /»communitas« model.

Next story about a mentally ill patient in Ghana tells us how pills and exorcisms in another syncretic practice can successfully complement each other. Author is using the concept of »elective affinity« to describe the relationships between three main acting value systems in this case: biomedical, Christian Charismatic religious and Ghanaian traditional religious system. Although with even conflicting mutual relationships, all three come in play when patient tries to come to terms with her condition. A model of »subjunctive acts of appropriation« is discussed to shed some light on this example of how people »try to act and give meaning to conditions through their entanglements and not against them.«

Following two studies demonstrate how flexible the formation of network in a medical pluralism can be. First study is exploring the motives and attitudes of heterodox German medical doctors, practicing homeopathy, acupuncture or ayurveda and the other one is ethnography on varieties of homeopathic provision in the area of South London, England. In other words, first one is about plurality between biomedical practitioners and the other one is about plurality between users of homeopathy. Interestingly enough, both have reached similar conclusions in grouping their informants in two categories: pragmatic or those who will try out or administer certain mode of therapy mainly out of practical reasons; and committed or those who are more engaged and influenced by philosophical background of particular mode of therapy.

Last study of the part one is about plurality of social interpretations of biomedical concepts. On the example of a couple from a rural Greek village that went through a great lengths to conceive children author is demonstrating how aspects of health seeking activity are expressed as a function of individual's relation to the community. The couple is navigating through the network of many different explanations depending on the social contexts, unwilling to talk openly about health problems out of fear that others may not hold the same »medicalisation of ideas« which could possibly impact on their privacy and reputation.

With a following study on childbirth and medical pluralism in South Asia begins a second part of this reader. The article is shortly reviewing a notion of »modal states«, a theoretical tool which allows for analysis of human experience as a part of mind-body-society-environment

complex, as opposed to biomedical explanations whom the author sees as focused only on the level of the body. Thus the birthing rituals in South Asia, although maybe not appropriate from the biomedical perspective, are presented as more informative and supportive to the woman in labor than the available biomedical alternative. To use the author's words: »If the traditional (medical) procedures can have a positive žplacebo effect', biomedical practices may well have a negative one.«

The author of the next study describes his cooperation as physician with traditional healers and shamans of Naporuna in Ecuador. By asking the question what people did and thought of his work, he gains a better understanding of the *samay*, a local concept in the line of »life force« which could well correspond to mind-body-society-environment point of view from the previous study in this book. This insight not only improves the practice of the author but also leads him to question analytic categories like »medical system« and »explanatory model« as unspecific.

The story of the next chapter is about Tamil refugees in Northern Norway who are experiencing diffuse and vague aches and pains that are difficult to diagnose and cure for Norwegian biomedical personal. The reasons for that are best left to be said by one of the Tamil informants in the study: »Norwegian doctors only see my body and organs. They don't see my person.« Through additional elucidations on massive social and cultural rearrangements this new community is facing, the author illustrates how process of healing is connected with construction of self and identity.

The concluding case study of this book is a disturbing story about a mentally ill woman from Chiapas, Mexico, who is, in quest for healing, being pushed in the »spider's web« of medical realities by her relatives and friends. The study is a warning how proliferation of medical realities can only worsen the condition when the process of handling them is not with the control of the individual. Author sees a life history of his informant as a »constant battle between different explanatory models embedded in the social experience of multiple agents, who have endeavored to heal her soul.«

The epilogue begins with Helle Johannessen and Imre Lázár asserting of the multifaceted or holistic conception of sickness and healing, (i.e. medical plurality) as inherent and universal for complex societies. The editors are giving us another punch line where they see medical plurality as reflection of the complexity of the body. Such statement will lead them to reconsider its epistemological and ontological implications. Firstly, they will throw a suspicion on naturalistic ontology of western science arguing for cultural influences on its main axiom: nature and truth as universals, independent of time and space and of human consciousness, morality and culture. As an alternative to naturalistic ontology they will take into consideration a metaphysical one which complements model of body-psycho-social medicine by an additional attribute – spiritual. Confronting notions like social psychophysiology and psychoneuroimmunology on the one side with the reference to several, experimental stud-

ies, seriously challenging naturalistic ontology, on the other, the editors will offer a bypass to this polarizing discussion. Successful navigation through contradictory character of our own internal and external everyday life, especially when seeking healing, is a »common sense« clearly demonstrated through the chapters of this reader. Thus, driven by this »postmodern pragmatic eclecticism« the authors will take shelter under the framework of »ecosystem of healing practices embedded in a wider social, technological, natural or even supernatural reality«. This will finally open doors for the last, culminating concept of the book hinted in its title – the concept of multiple medical realities. Based on the works of A. Schutz who defines reality as »the meaning of the experiences and not (as) ontological structure of objects« the authors will reach a following statement: »medical realities do not exist as coexistence of separate and independent sociocultural system of medicine but are embedded in networks based on affinal organizing principles linking medical narratives and forms of praxis to issues of power and social relations«. The epilogue is concluded with applicable suggestions of such understandings.

All articles in this reader focus on the plural use of health care. However, the complementing thematic selection of the articles is evident from the following facts: all studies are result of fieldwork but one which gives us an impersonal, statistical viewpoint; all are focused on the relationship between alternative and biomedicine except one which is committed to the plurality within biomedicine; the majority of papers are pointing out affir-

mative features of medical plurality except the last one which is showing us the negative ones, etc. Within and in between articles of this reader the matter is examined from the viewpoints of multiple classes of actors included in the process of participating and observing multiple medical realities: pragmatic or committed practitioner or patient, anthropologist and even anthropologist practitioner. Lastly, the author of each article deploys one or more different theoretical models not necessarily in line with the one used by editors in their synthetic texts.

By this impressive and well balanced composition of updated articles of this reader the editors have successfully achieved a plurality of the perspectives on this complex matter of ecological network of healing practices. It is interesting to notice how the multiplicity of selected themes, viewpoints and theories, presented through chapters, give rise to the concept of multiple medical realities. This is strikingly analogous to the idea of the editors that the medical pluralism reflects the inherent need of the self to deal with the complexity of the body. The universal traces of our thought patterns are thus interwoven in the structure and the conclusion of this volume. This book is motivating and exciting reading and could easily serve as a textbook on the core topics of medical anthropology which are, by the word of Thomas Csordas:

»the misery of those who are ill, the pity of those who become healers and the unwillingness by either to tolerate such pitiful misery.«

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