The Cultural Diversity of Healing: Meaning, Metaphor, and Mechanism

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INTRODUCTION

Notions of healing are central to any system of medicine. Anthropologists have documented a rich array of healing practices employed in different parts of the world. The comparative study of healing systems has shed light on the universal elements of healing as well as culture-specific features. In the classic account of Jerome Frank, all systems of healing share some theory of affliction, defined roles for patient and healer, a circumscribed place and time for healing rituals, specific symbolic actions with healing efficacy, and consequent expectations for recovery.[1] Ethnographic studies reveal cultural variations in every aspect of this general framework. In the contemporary world, migration, telecommunications, and mass media have made such cultural variations not simply a matter of intellectual curiosity, or a source of scientific hypotheses about the nature of healing, but a practical concern for clinicians seeking to provide effective care to an increasingly diverse population. Indeed, this is not only an issue for newcomers, but also a feature of the general population. In Canada, Australia, the USA, and the UK, various forms of complementary, alternative, and traditional medicine are used by 20-40% of adults annually.[1-4]

Clinicians need some understanding of these healing practices in order to consider their implications for biomedical treatment. Some practices directly challenge the assumptions of biomedicine; others may conflict with prescribed treatments. At the same time, healing traditions offer important resources for patients. Practitioners able to work in concert with these complementary medical systems and sources of healing will be better able to serve their patients.

The diversity of healing practices

The great diversity of systems of medicine is reflected in a comparable diversity of models and metaphors for healing. Healing involves a basic logic of transformation from sickness to wellness that is enacted through culturally salient metaphorical actions. Common healing practices include: The use of medicines that are drunk, smoked, injected, or otherwise taken into the body; methods of getting things out of the body by emetics, cathartics, purgatives, bloodletting, or surgery; manipulations of the body through touch and gestures or with specific materials; diagnostic or divinatory practices that establish the nature of the affliction in terms of its causes, consequences, or some other classificatory scheme; and the use of rituals and ceremonies incorporating words, music, costumes, and other theatrical devices that may involve the afflicted individual or the healer alone, interaction between patient and healer, or the participation of a whole group or community.

The problem of efficacy

The key question with respect to any healing system or practice is "Does it work?" The effectiveness of a healing practice is embedded in a larger cultural system that identifies different types of malady or affliction and prescribes appropriate interventions. For example, a healing intervention may be deemed successful for quite disparate reasons: (1) the afflicted person recovers (recovery may be judged in terms of improved function or reduced symptoms and suffering); (2) the afflicted person does not recover, but others in their family, entourage, or community are helped; or (3) the system of medicine itself is affirmed (by engaging others in their roles as patients and participants in the healing ritual).

The social context of healing

The classic accounts of healing rituals in anthropology have appealed to the grounding of symbols in core values, well learned and lived daily in local worlds that reflect a coherent and well-integrated social system.[5] More recent accounts take note of the constant flux and change of cultures and the ways in which historical ruptures present important contexts for healing.[6,7] In these accounts as well, new healing practices address core values and concerns in which individuals and communities have a profound stake. In multicultural urban settings, however, we face situations in which many people have only a shallow connection to a tradition and healing practices themselves undergo creative change and hybridization.

Globalization has increased the pace of cultural confrontation, challenge, and change. The contemporary world presents us with a new situation in which the coherence of traditional systems of healing and their links to an underlying culture and worldview are challenged and strained. Systems of healing that were rooted in a particular cultural tradition, community, and way of life have been uprooted, packaged, and made available in a global marketplace. This has important implications for the efficacy, ethics, and politics of healing practices.

To the extent that a healing practice depends on a shared cultural background or acts through communal networks, its efficacy may be reduced. Older theories of the fit of healing practices with ethnophysiological, sociomoral, or religious systems of meaning are insufficient...
to address the common predicament of the person moving between cultural worlds. We need new models to understand the potential effectiveness of culturally based healing in a world in which cultures are in constant flux, transformation, and hybridization. The appeal to a traditional form of healing which may serve to reinforce a valued ethnocultural identity may not have the same value for patients who are in transition, caught between cultural worlds, and ambivalent, at times, about both the old and the new. People are increasingly encouraged to adopt new values and approaches to health, both because of the novelty seeking and acceptance of the “new and improved” that are part of consumer capitalism and, ironically, because disaffection with contemporary institutions leads to a romantic idealization of the exotic as “traditional” and “holistic,” and hence as able to restore lost values of harmony and community.[8]

In traditional healing, healers are part of small communities and their credibility and reliability is judged by others close to them. When healing practices are divorced from the local communities or cultural systems in which they developed, the communal methods of regulating the authority and practice of the healer are replaced by the dynamics of the marketplace or by struggles for power among professional guilds. This raises unsolved problems of regulation and public safety.

CONCLUSIONS

Migration, mass media, and telecommunication have exposed everyone to diverse healing traditions that promise effective or integrated treatment of conditions that remain poorly understood or managed in biomedical care. In urban centers, people from many different backgrounds make active use of the wide variety of healing traditions available. Complementary and traditional systems of healing are widely used in the general population, although specific forms may be more or less popular among particular ethnocultural groups. This is a function of dissatisfaction with contemporary biomedicine as much as it is confidence in any alternative system. The understanding of illness and healing within biomedicine tends to be narrowly conceived in terms of physiological processes and does not always attend to powerful psychological, social, moral, and political dimensions of medical interventions. These wider dimensions have demonstrable physiological effects as well as involving psychological and social processes, which are important in their own right for individual well-being and recovery from illness.

There is a close link between definitions of efficacy and theories of mediation. Indeed, there is a tendency to move the problem of efficacy back to some facet of its theoretical mediation or some facet of the therapeutic activity itself so that merely carrying out the effective procedure is prima facie evidence of efficacy. So, any account of efficacy must include an analysis not only of what, how, and why things work, but also of more basic or anterior questions of what it means for something “to work,” what it is supposed to be working on, and toward what end. This takes us far into the material circumstances of healing practices, which include not only physiology and behavior but also social and political institutions and ideologies.

Systems of healing are part of local worlds of meaning and power. The meanings conferred by healing practices include the personal, social, religious, and moral significance of affliction and recovery. The forms of power invoked in healing include personal feelings of efficacy and self-control, the professional and institutional authority of healers, and larger forms of economic, political, or spiritual power. The quest for meaning and power in healing cannot be entirely disentangled: Sometimes achieving power is enough to foreclose any further search for meaning; more often meaning is offered as a salve for the powerless.

Disentangling the different levels of efficacy in healing practices may allow researchers to identify specific mechanisms and evaluate outcomes. This in turn will provide a knowledge base to inform public debate on the place of complementary and traditional healing practices in pluralistic health care systems. Recognizing the diversity of healing practices should encourage clinicians to inquire about patients’ use of alternative sources of help. Ultimately, it may inspire clinicians to undertake collaborations with other healers or develop their own hybrid approaches to address the range of their patients’ concerns.

REFERENCES