

Preface

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When good science makes an advance it pauses and turns to reacquaint itself with the modes of thought that immediately preceded it. Science orients itself with respect to these modes of thought, examines its connections, debts and disputes with them, decides whether it is operating at a different level of analysis and with respect to different interests, conceptualisations and subject matter. The present volume is a case in point of good science in this sense. It addresses medical pluralism, a founding concept of the field of medical anthropology. To the consideration of pluralism is added medical anthropology's more recent concern with body, self and experience. These articles demonstrate, with exceptional consistency, an assiduous attention to ramifying the interconnections between these two modes of reflection in medical anthropology, situating them as dialogical partners within the theoretical and empirical discourse of the field. In the process, both become refined and the field advances.

This observation can be elaborated as follows. Within any complex contemporary society, there exist a range of therapeutic alternatives ranging from biomedical treatment to religious healing, from highly technological therapies to casual folk remedies, and from professional treatment to informal treatment by family members. Such therapeutic alternatives are often based on very different cultural presuppositions, but in practice may be related to one another in the following four ways. First, they may be regarded as *contradictory* and incompatible, and hence in conflict or competition with respect to cultural legitimacy. Second, they may be regarded as *complementary* in the sense of addressing different aspects of the same health problem or category of problem, addressing a problem in a different but compatible idiom, or having an additive effect in alleviating a problem. Third, they may occupy *coordinating* positions within a total societal repertoire of health care resources, regarded as suitable for quite different kinds of problem. Fourth, they may be *coexistent* with contact or direct interaction, serving the differently defined needs of different segments of a population.

However, these relations do not necessarily define a structure. As practice theory has taught us, they may be understood as strategic options for defining the relative deployment of treatments throughout the course of any illness episode or healing trajectory. In other words, what a methodological standpoint grounded in bodily existence adds to an understanding of medical pluralism is experiential immediacy. In that immediacy the conceptual distinctions among medical systems and treatment modalities, distinctions that we may indeed find useful in mapping out situations of medical pluralism, can break down entirely. Here the descriptive language of pluralism is necessarily replaced by the existential language of self, intersubjectivity and the present moment. The intellectual polarity that is synthesised in these contributions thus reminds us that the core topic of medical anthropology is neither politics, economics nor political economy; neither biology, chemistry nor biochemistry, but the misery of those who are ill, the pity of those who become healers for those who are in misery, and the unwillingness by either to tolerate such pitiful misery.

Furthermore, as these studies conducted in all corners of the globe admirably show, pluralism may exist insofar as there are distinct practitioners who can be consulted for different kinds of healing, but also may exist within the practice of individual healers who possess expertise in a variety of therapeutic modalities of different cultural provenance – and both kinds of pluralism are to be distinguished from syncretism, in which different modalities or elements of therapy are combined in practice. Individual patients and healers may be highly eclectic in their choice of treatments or may be devotedly committed to one or more forms. The immediate experience of pluralism can be radically different for members of immigrant communities and those who are fluent with the cultural valuations placed on the alternatives available to them. Prior to all of this is the series of questions that has perhaps the most existential salience of all: what is the nature of the problem, how is it best defined, what are the criteria of diagnosis? Intuition and sensibility about these issues may determine initial choices among pluralistic options, or a disposition to consult one form of healing may predetermine how the inchoate distress of raw existence become shaped by the rhetoric of healing.

For Lázár and Johannessen, a principal motivation in having brought these contributions together is to argue that the proliferation of medical ideas, interpretations, nosologies and therapies across the globe is not evidence of a deep confusion in humanity's confrontation with affliction, a hit and miss effort to systematise an approach to affliction that 'gets it right once and for all'. The plethora of healing forms linked loosely by various degrees of elective affinity has a more radical implication in that it points to 'complexity in the body per se'. This articulates the truly intriguing promise of the synthesis between the study of medical pluralism and that of body, self and experience. The promise is that of elaborating the insight that the body is not only an organic entity, but the seat of a nuanced and multifaceted existence, a being-in-the-world.

In this sense the multiple realities of the volume's title are not fragments of reality that must be pieced together in order to construct a comprehensive understanding of illness and healing. Neither are they necessarily dimensions of reality that coexist in a manner analogous to the way string theory in physics posits multiple dimensions of the structure of the universe. For, in appealing to Alfred Schutz, they emphasise that 'It is the meaning of our experiences and not the ontological structure of the objects which constitutes reality'. In these essays, that in effect bring an always-relevant question in medical anthropology into a new age, medical pluralism clearly shows its transnational face, its postmodern modality and its experiential immediacy.