
Chapter 1

Introduction: Folk Healing in Contemporary Britain and Ireland: Revival, Revitalisation or Reinvention?

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Christ and Rasputin number among the many folk healers in history. The practice is both ubiquitous and unique. It is at once a familiar and shared socio-cultural phenomenon, but it also evokes something magical and other, distant and irrational, and it is seen as deeply antithetical to 'modern' ways of thinking and being. And therein we can locate the complexity of addressing a subject both familiar and alien in a modern society which is assumed to be in the process of shedding the 'last vestiges' of such non-scientific and premodern beliefs and practices.

In sharing the topic of this book with colleagues, we have noted that a similar theme emerges, in which the mention of 'folk cures' brings to light other people's sometimes remarkable experiences and memories of relatives and extended kin who have been 'blessed' with the ability to cure or, at least, to offer solace and comfort to those in need. Unlike the many and varied complementary and alternative health practitioners in Britain and Ireland, folk healers are not easily discovered, and it is this undefined, unrefined and incomplete picture that we have of folk healing practices in these regions that further complicates, but also enriches, our narrative.

Many of us, and not just the contributors to this book, have witnessed a folk cure, or have overheard a story revealing a folk wisdom,

although more than likely it was not seen as a 'folk' act at the time. More commonly held beliefs that derive from folk conceptualisations – 'an apple a day', 'feed a cold, starve a fever', eating a hot breakfast on a cold day – are not necessarily perceived as folk wisdom as they have entered mainstream, sometimes even biomedical, consciousness and have thus become 'common sense'.

There are uneasy aspects of this in folk healing, as it has often been perceived as denoting health beliefs that are erroneous – magical superstitions, or 'old wives' tales', with their own set of assumptions of gendered knowledge (Hufford 1997). This is problematic in the main, as modern medicine has appropriated aspects of folk knowledge in its practice. Also, the relationship between folk medicine and biomedicine has often been seen as two-way (Helman 1986). Thus, far from contesting the lay or folk view of colds and fevers, the biomedical germ theory of disease, Helman suggests, actually supports it. The boundaries of knowledge between the folk and the medical (and expert) are, at least within areas of anthropological inquiry, perceived as fluid and contestable.

Indeed, in this book we highlight the interdependent and interactional nature of biomedical, folk and other alternative and complementary treatments. The boundaries between heterodox folk and complementary and alternative medicine (CAM) practices, as well as biomedicine, are perceived as both contestable and fluid. It will become clear that the various competing healing practices, ideologies and healthcare fields collude with and challenge each other (and have done so historically), and therefore the book will be of relevance to those interested in biomedicine as well as folk, alternative and complementary medicine.

Folk healing is not just about 'tradition', and within an anthropological framework we need to be careful about 'exoticising' such practices, or of over-emphasising their significance in a British and Irish healthcare context. The sentiment in this volume is that folk healing is not about the 'few surviving vestiges of premodern medical thought' (Hufford 1992: 15); folk healing can be 'modern', contemporary, rooted in everyday life and communities, and it is concerned with the here and now. And yet it is also the other side to modernity, it represents a challenge to and a competing (and necessary) alternative discourse to Western science.

One of the uniting themes in this book, then, is to provide illustrative, ethnographic and anthropological examples of folk-healing knowledge and practices, as well as those practices on the boundaries of what is deemed 'folk', and to consider what picture they present about folk healing and healthcare in Britain and Ireland at the beginning of the twenty-first century. In presenting these empirical cases we suggest that in order to answer adequately the question 'what is folk medicine?' one must explore the phenomenon in the context in which it emerges and is practised. This must, above all, be an argument situated in embedded knowledge, for folk-healing knowledge too is 'situated knowledge' (Napolitano and Flores 2003).

This book begins by locating the rise of biomedical culture in the modern period. It discusses the eclipse and subsequent rediscovery and influence of folk medicine and addresses the expansion and changing legitimacy of alternative and complementary medicine in the postmodern era. It begins by introducing health concepts, beliefs and healthcare practices in the early modern period and considers their continuing relevance. Uniquely, it brings together in discussion recent interdisciplinary, cross-cultural examples of folk healing and informal healthcare practices within Britain and Ireland. The diversity of comparative ethnographic field studies adds considerable weight to the broader theoretical discussion of folk medicine.

Definitional Parameters: Warts 'n' All

Unashamedly interdisciplinary in nature, folk medicine has been the object of study for a range of academic disciplines, including social and cultural anthropology, folklore studies, history, ethnology, ethnopharmacology, ethnobotany and sociology, and more lately, public-health medicine. Folk medicine has inevitably been seen as being tied to particular subcultural groups, such as ethnic subgroups, reinforcing the notion of the 'popular stereotype of folk medicine as marginal to modern culture' (Hufford 1988: 243). Equally and inevitably, this stereotype is also reinforced by much of the medical literature.¹

Previous texts giving space exclusively to addressing folk medicine have sometimes taken an encyclopaedic approach to documenting the range of folk practices and cures cross-culturally, and in this

endeavour an enormous variety of magical folk cures have been documented in the U.S., Europe and elsewhere (see Hand 1980). Further, there is a large body of writing on the efficacy of folk 'pharmacology' and the knowledge of healing properties of medicinal plants and plant roots (Hand 1980; Croom 1992; Mathews 1992), trees (Levine 1941; Earwood 1999), and other natural substances used as curative agents (see Wahlberg, this volume).

Much of the writing on complementary and alternative medicine (increasingly known as the acronym CAM), for example, makes little or no mention of folk medicine or folk healing, as noted previously by Hufford (1997). Where it is given some attention it has been in relation to the general approach to various forms of unorthodoxy highlighting its commonality with non-orthodox drugs and interventions, religious healing, and health crusades (Gevitz 1988). Here the emphasis is on the absence of organising motifs and themes that would allow one to make a useful comparison between such a broad range of practices. Thus, unorthodox practitioners are a 'heterogeneous population promoting disparate beliefs and practices which vary considerably from one movement to another and form no consistent or complementary body of knowledge' (ibid.: 1).

A central dilemma in unpacking the influence and continuing effect of folk-health practices is their scope. The majority of studies of folk-healing practices and beliefs, perhaps understandably, have focused on pre-industrial societies rather than on industrial and post-industrial ones. Undeniably the literature is extensive and others have produced voluminous accounts of folk healing practices, from the regional ethnically linked traditions of *curanderismo* in Mexico and the south-western U.S.A. (Trotter and Chavira 1997), to the *espiritismo* of Hispanic Puerto Ricans, and the 'burn' healers of eastern North Carolina (Kirkland 1992), but that is not the aim of this book. Clearly folk healing and health practices are inevitably tied up with, and sometimes hardly indistinguishable from, regional and local ethnic 'traditions'; the heterogeneity of the population will undoubtedly affect the diversity of the folk 'tradition' (Hufford 1988). Indeed, as Hufford states, anthropological definitions of folk medicine generally see the folk as located between the local, indigenous traditions and the 'official' or 'informal' medical system of the 'culture'; 'unofficial' or 'informal' therefore designates a useful starting point for any debate about folk healing.

Folk, moreover, has often been used generically to refer to all those practices that 'lie outside the "normal" sphere of operations of orthodox Western medical practice' (Bakx 1991: 21). This is a useful definition, although we are likely to narrow this down slightly, since this would provide too broad a range of health practices, in addition to providing semantic as well as epistemological difficulties over what constitutes a 'normal sphere of operations'. In Bakx's definition the practices of complementary and alternative medicine (CAM) are included, and although we would question their incorporation into a 'folk' model, there are useful questions raised here about the folk-inspired nature of many so-called alternative therapies (see McClean, this volume).

Included in these broad definitions, therefore, would be other practices such as the use of 'natural' folk remedies and folk herbalism (see Wahlberg, this volume), in addition to natural health foods and the health movement more generally, originating in the U.S. in the 1950s (Hufford 1988). Further, it is possible in constructing a text on folk health and healing practices that we have also to open ourselves to a discussion of folk illness and other localised socio-medical phenomena (culture-bound syndromes), so intertwined are the concepts.

There is however a wider debate about the extent to which the same concept can be used to analyse such a diverse range of different observable phenomena. As Alver explains, 'The folk system is indeed heterogeneous; there may be greater differences than similarities between the various treatment categories' (Alver 1995: 24). One of the aims of this volume, then, is to provide greater clarity over the scope of folk healing and its relationship both to Western scientific medicine and other alternative health modalities.

Suffice to say, in this book we retain a more fluid, flexible and contextual model and definition of folk medicine, in which the knowledge, discourses and practices of various healing modalities interact and intersect at both pragmatic and symbolic levels. What is useful at this stage is to consider some of the debates so far, to begin to construct a typology of folk healing, and to unpick what might constitute the ideal type. In the following we briefly refer to the issues raised in the literature and select some common themes. Further, we highlight, where necessary, the links between the features of folk healing and the chapters in this volume.

Towards a Classification of Folk Healing

Because it is a contested field there is obvious disagreement amongst writers as to what constitutes folk healing or, the more ubiquitous phrase in the literature, folk medicine. In this book we maintain a preference for the term folk healing (although we utilise both as appropriate), with connotations less of the interventionist and curing aspects of the medical model, and more of the supplementary, caring aspects of the lay model. However, what is clear is that authors are in broad agreement about the particular features of what might constitute folk healing, and we expand on some of these themes below.

Writers on folk healing and medicine have pulled together the various features that gives them their distinctive character and have highlighted their difference from Western scientific biomedicine and other forms of complementary and alternative medicine. A number of these features are too similar to other CAM: 'nature', wholeness and purity (Vaskilampi 1981). To our mind, folk medicine is not indistinguishable from CAM therapies, but we need to underline an important distinction here.

Hufford (1988, 1997) highlights the importance of the predominance of the transmission of oral knowledge, although he notes that few healing beliefs could exist completely independent of other media. Other common elements include a reliance on such terms as 'energy' (Hufford 1988, 1997), where folk traditions are closely linked to the concept of vitalism. Here the debate concerns the nature of folk healing as the transfer of 'good' energies into the patients in order to deal with the negative energies absorbed by the patient or client.

Folk Healing as Informal Lay Medicine

Folk healing is relatively informal in structure, when compared to the more institutionalised scientific biomedicine. We have focused on folk practices' emphasis on the informal nature of the learning process and form of knowledge transmission, in which particular folk techniques and embodied practice are transmitted by significant others, family and friends. In line with Kleinman's (1980) general model of healthcare sectors, where the folk, popular and professional sectors interact, we can see how folk healing retains its power and

influence surrounding everyday healthcare decisions. Folk healing in this sense is practised by lay people who are not legally recognised as professionals (see Stone, this volume) and do not enjoy a protected status (De Wert 1984). And yet, 'In the eyes of the local people they are, however, acknowledged specialists' (ibid.: 104). In a pluralistic health culture there is likely to be a degree of tension and conflict between these different competing sectors. 'Folk wisdom' may be more significant than visiting the doctor, and the role of informal networks in aiding that process is crucially important.

It is the informal nature of such folk healing practices that lead some to see these characteristics as promoting a different type of expertise and authority, one that is not based on the formal aspects accorded to professional expert-based knowledge systems. As 'unofficial' knowledge, folk healing lacks authority structures, but is able to compensate for this in ways more meaningful to those who utilise it: 'Folk medicine carries authority, but it is the informal authority of life experience rather than the formal authority of licensure, certification and accreditation' (Hufford 1997: 726).

Thus, folk practices, in tandem with 'traditional' ones, are often perceived as being informally led and based on a less institutionalised form of knowledge transmission. Kirkland et al. point out that the term 'folk' is used 'to designate any medical concept or behaviour based on non-institutionalised oral traditional practices rather than on formal academic and clinical training' (Kirkland et al. 1992: ix). The process of informal learning means that the learning of specific healing practices may come from friends and family, originating perhaps in childhood (Croom 1992), or from other healers who sense the healing potential in others.

In considering the informal (and potentially 'disorganised') aspects of folk healing, others have focused on the ways in which folk-healing practices are symbolic of deeper, more culturally embedded 'lay' practices and therefore should not be analysed separately from other lay phenomena. Here folk healing is a 'deeply embedded, unorganized, and seemingly spontaneous response to illness ... confined to specific geographical areas ... magical traditions or earlier lay forms of self-care and home remedies' (Kaptchuk and Eisenberg 2001: 200). Undoubtedly folk healing practices do not require similar levels of organisation and systematised knowledge as more 'global', scientific systems of knowledge such as Western

biomedicine. Its 'informal' nature, with its roots in lay knowledge, are also its strengths as a form of healing knowledge that is more in sympathy with the localities and communities it treats.

Folk healing is considered to include practices that involve a degree of apprenticeship (Hänninen 1981; Hufford 1997), and, although the transmission of knowledge from one person to another is not in doubt, the extent of this apprenticeship is, as is its relative significance across a range of culturally specific folk-medical forms. Here the emphasis is on folk healing as a craft, where particular skills are handed down through successive generations, Evans-Pritchard's description of the transmission of medical (magical) knowledge amongst the Azande being the 'classic' anthropological example:

Men who possess medicines of a specialized activity, like witch-doctors and those who practise the blacksmith's art, pass on their knowledge to one of their sons when he learns the craft. Likewise, a man who knows valuable medicine, like vengeance-magic, teaches it bit by bit to a favourite son over a long period of time, for several rare plants and other objects often furnish different elements in the magical compound. Old men sometimes hand over a treasured charm, like the whistle which gives invisibility, to a son as an heirloom. (Evans-Pritchard 1976: 186)

Folk Healing as Gift versus the 'Calling'

In this book there are examples of how those who practice folk healing refer to their involvement in healing as a 'calling' (Alver 1981; McClean, this volume), or alternatively those who were born into it (see Lee-Treweek, this volume). This debate mirrors that highlighted by MacCormack (1981) concerning the difference between ascribed healers (those who claim healing as a birth right) and healers by achievement (where others recognise the individual's healing ability). There are subtle differences between the two: whereas a 'calling' suggests the process of apprenticeship occurring after the 'revelatory moment', being born into it denotes the healer's power as their birth right (see also Philpin, this volume).

For those that are 'called' to heal there are questions about the status of the latter kind of healers and their wider role within the community. The idea of the 'calling' is often that the healer does not have the ability to heal but is a conduit for healing 'energies'; they are

a channel for other, more benign, spiritual powers. One of the most prominent specialists in the area of folklore and folk medicine, Wayland Hand (1971), explored how the 'gift' of folk healing is acquired by an individual in three distinct ways: a gift specially conferred; a gift innate in the healer; and a gift resulting from a unique condition. For Hand, the gift is often linked to the date and time of birth, position in the lineage, or a person's name. A central theme in his work has been to highlight the importance of birth right in conferring the status of folk healer:

By the very fact that such healers are specially marked and derive their power and virtue as healers from the accidents of birth and station, it is clear that the usual means of perpetuating the gift are totally unavailing ... Nor does one hear of the conferral of the healer's gift from one sex to another, or any kind of transmission, personal or otherwise. (ibid.: 274–75)

Between Individuation and Systematisation: Folk Healing as 'Modern' Cultural Practice

There is some level of debate, not just in relation to folk healing but across the full range of alternative health practices, about the tension between the need for individuals to express their own forms of healing practice and the importance of key principles and rules of practice, however loosely defined. This tension is often theorised as a difference between individuation and systematisation (see McClean 2003, 2005), or individuation and depersonalisation (Broom and Tovey 2007).

In focusing on individuation, such writers have explored both the creative and potentially empowering aspect of these practices, as well as the 'darker' side, where ideologies of blame and individual responsibility may also predominate (McClean 2005). Other writers on folk healing have also focused on the strong moral undertones of such practices, where exposing oneself to illness may be seen as an imbalance resulting from individuals neglecting to protect themselves adequately. There is 'common reference to personal responsibility in folk medicine' (Hufford 1997: 726). In these examples, illness is the result of personal misfortune, viewed and treated the same way as divorce, losing a job or the break-up of a relationship (Snow 1978).

The literature on folk medicine and folk healing displays some uncertainty about the extent to which these practices constitute 'systems', as opposed to being seen as just another illustration of

'cultural flotsam and jetsam' (Hufford 1997: 736). In her discussion of folk practices in the eastern regions of North Carolina and Virginia, for example, Mathews (1992) refers to the practices as 'systems'. Hufford likewise accords folk medicine the status of 'system', constituted in a similar, but not altogether identical, way to biomedicine: 'folk medicine [consists of] systems that interact with the other systems of belief present within North American culture (including the beliefs of modern medicine)' (Hufford 1988: 253).

The folk sector has been characterised as an 'open' system, in that it interacts freely with other social institutions: the family, the economic sector, rituals, and so on (Press 1978). Alver (1981) talks of folk medicine as an open system that responds to need as it arises, embedded as it is within the community, whereas biomedicine is a closed system, global rather than local, and one that is locked into a priori assumptions. It is a closed system as it is based on precisely defined ('universal') knowledge and procedures that are not contextual: it does not depend on place and time, or practitioner (Press 1978).

A theme developed in this volume is that folk practices (because they are an open system) are more likely to serve the psychosocial needs of the community they are located in. This is in contrast to scientific medicine, where communities experience a lack of control and power over external threats, or events they perceive as beyond their sphere of influence (Snow 1978; Mathews 1987, 1992): 'health problems are inextricably linked with other matters of daily life, lack of money, loss of a job, envious neighbors, a straying spouse' (Snow 1978: 102). As Press explains, 'An *open* system is an *adaptive* system' (Press 1978: 72): it adapts to new social and environmental changes and threats. Press highlights how folk medicine, as the material and symbolic expression of specific cultural forms, can help migrants adapt to new urban environments.

In relation to Black American folk healers, such as root doctors (variously referred to in the literature as voodoo, hoodoo, witchcraft and hexing), this social theme concerning the use of folk medicine to address the lack of control individuals have over their lives has been particularly central; it continues to apply to the more economically deprived Black and minority, ethnic communities and areas in the U.S. Many Black and minority ethnic groups in the U.S. are perceived as alienated from orthodox medicine, and when it is used it is often in

tandem with folk treatments (Scott 1974). Here racism, and the extent of social inequality, social uncertainty and poverty amongst Black American communities, can reveal more about the nature of folk healing and the extent and meanings behind its everyday usage.

The Scope and Outline of the Book

This volume is divided into three parts. Part I considers the historical context of folk healing (Introduction and Chapter 2 and 3). It introduces the history of healing practices, health beliefs and healthcare. These chapters examine the rise of biomedicine and draw upon varied contemporary and theoretical accounts of folk medicine. The late eighteenth and nineteenth centuries saw the broadening of access to 'formal' medical provision. This took the form of the emergence of regular practitioners, the expansion of institutional provision and, in the late nineteenth century, the professionalisation of medicine. It has often been assumed that this process led to the displacement of older existing practices of medical healing.

In Chapter 2, Moore and McClean outline how biomedicine has acquired a privileged place as a healthcare practice in Western society. Its hegemonic position is cemented through science's association with authoritative expert knowledge. Biomedicine has acted as a gatekeeper over the label 'science', which in turn helps defend its interests and achieve professional closure. However, while folk healing has not undergone a formally recognised process of rehabilitation, the continuance or re-emergence of alternative health practices underscores a major socio-cultural transformation, one in which 'expertise' is challenged and personalised knowledge celebrated. We can refer to this era as post-scientific, although a range of explanations are explored. Science is the most culturally embedded and reflexive system of knowledge in Western society, so changes to the status of science have fundamental implications for the nature and legitimacy of knowledge in a post-scientific era. This chapter locates the emergence of biomedicine's dominance in the context of modernity. It examines the rise and professionalism of biomedicine and draws upon varied contemporary and theoretical accounts of folk medicine. The professional nature of scientific knowledge, the increasing professionalisation of complementary and alternative

medicine (CAM), and the changing nature of legitimacy are discussed in relation to the emerging social context. The chapter also considers the role and meaning of informal healing practices in a post-scientific era, where science and forms of expert knowledge are questioned. It concludes with a summary of the challenges folk healing poses to scientific knowledge in more local contexts.

The chapter further elaborates on the historical aspects of folk healing, locating this within wider sociological and anthropological debates. In so doing, it brings to bear a number of theoretical positions and discusses folk healing in a modern, late modern or postmodern context. It deals with cosmology; ancient as well as contemporary cross cultural interpretations of health and illness; traditional health beliefs and 'survivals' of formerly mainstream beliefs; and how these have been reframed and reinterpreted in the wake of dominant (and imported) religious beliefs. It also discusses the juxtaposition (and we would contend, false paradox) of science and religion and the intimate relationship between faith and medicine. The paradigmatic schisms produced by the Enlightenment and concomitant spiritual, social, economic, cultural and cognitive changes are also discussed. So too is the emergence and development of modern (or formal) medicine, and science as the direction of, and justificatory rhetoric for, biological medicine. It also addresses the elitist and protectionist practice of formal medicine (now with global tendencies).

Drawing on the National Folklore Collection, and archives at University College Dublin, in Chapter 3 Cox explores the historical literature, looking at the relationship between folk medicine, local health beliefs and regular and irregular medical practice in Ireland. She also explores the factors influencing the acceptance of practitioners 'regular and informal' by communities, and assesses the importance of economics, reputation and 'ethical' behaviour upon the practitioner's chances of success or failure. In so doing, Cox draws out the tensions between traditional and formal healthcare practices, pointing up lay pragmatism based on perceived efficacy, culturally preferred treatments and costs.

Part II presents a wide range of contemporary, ethnographically informed, research into 'indigenous' health practices. In Chapter 4, Philpin introduces wool measuring as a particular type of folk healing, described in Welsh folk literature from the late nineteenth

and early twentieth centuries, that has survived in parts of rural mid Wales to the present day. The most common form of illness for which wool measuring is currently sought is the condition that people define as 'depression' (*clefyd-y-galon*). As Philpin observes, the act of wool measuring was symbolic of ethnic belonging, with responsibilities such as acceptance of certain codified behaviour and adhering to an indigenous, localised belief system and knowledge. The study emphasises the relationship between the individual and the community, and how ill health was mediated by community processes via the folk healer through the process of wool measuring. It emphasises an essentially Durkheimian quality, that of the primacy of the will of the group over the individual and importantly how this translates into therapy and efficacy for sufferers of depression. Philpin (like Moore in Chapter 5) highlights the relationship between folk healing and local economics in the form of animal husbandry. She argues that people turn to traditional medicine where biomedicine is unsuccessful, because the conditions do not fit easily into biomedical classifications.

In Chapter 5, Moore outlines findings from ethnographic research which set out to look at health and the assessment of related need in two small rural towns (one Catholic and one Protestant) in Northern Ireland. The research was conducted in an area variously described as 'the murder triangle' and 'bandit country'. Moore presents hitherto unreported information on the crucial role that folk healing played in the lives of people in these communities. He focuses on beliefs and ideas about health (both lay and professional), and the role of informal or folk healing in these communities and how they were integrated into general healthcare practice in both communities. Moore discusses the practice of folk healing known locally as 'the cure' or 'charm', and the centrality of this for local belief systems: how it impacted on the social and economic structure of both communities, and how this was seen to operate – that is, how and by what mechanisms 'the cure' or 'charm' was inherited or transferred. It also highlights the interface between local people and formal health care systems, the role of folk medicine and the bridge between folk medicine and modern medicine.

The first community studied was the Catholic town of Ballymacross and initial analysis suggested that belief in the 'cure/charm' was more likely to be tied to a specifically Catholic ethos

(defined in an ethnic, cultural and religious sense). Only after fieldwork was carried out in Protestant Hunterstown did the full extent of the embeddedness of 'cures/charms' become known, transcending religious affiliation in these polarised communities. A central point made by Moore is that folk healing is not, (*pace* some of the literature), confined to Catholics and Catholicism, but is alive and well in Protestant communities in Northern Ireland.

Herbal medicine is seen as a part of folk medicine, albeit a separate part with a scientific edge. In Chapter 6, Wahlberg investigates the demise, revival and resurgent interest in British herbal medicine. He shows how the British medical establishment, by legally challenging indigenous herbal practices, drove them to the brink of extinction. Wahlberg makes the link between local folk medicine and folk medicine from other countries and healthcare systems, including Ayurvedic, Tibetan and Chinese medicine. He shows that practitioners of British herbal medicine now incorporate aspects of imported Asian and Latin American medicine into their repertoire of healing plants.

He also emphasises the belief that it is the failure of biomedicine (as people have become alienated from a formalised, depersonalised and bureaucratic system) that has revived folk medical traditions. Wahlberg discusses the value of twentieth-century anthropology to understanding the emic worldviews of peoples and underscores the need to document and go 'back to the roots' of herbal medicine to rescue original country (appropriate) remedies and folk recipes that have been used for centuries. As with MacFarlane and de Brún (Chapter 8, this volume), he also underscores how globalising forces and traditions from other healthcare systems are influencing and shaping healthcare and medical knowledge in Britain. He argues that indigenous herbal medicine in Britain has reinvented itself as Western herbal medicine, as distinct from its Chinese, Ayurvedic or Tibetan variants.

In Chapter 7, McClean introduces ethnographic research on alternative health practices in the form of crystal and spiritual healing. Spiritual healing has its roots in the spiritualist practices of nineteenth-century Victorian society. However, he not only considers the resurgence of such practices but also introduces a discussion of features that are new to the contemporary scene. He discusses how crystal healing and spiritual healing are commonly practised at

centres that exert little regulatory control. McClean focuses on one such centre in Northern England that is organised and run by a charismatic and entrepreneurial healer. While the practice is personalised, healing is sanctioned by the Centre and by the leader of the Centre. This situation can be seen as particularly paradoxical, and McClean offers a range of illustrative examples.

Within his discussion he unearths the importance of the 'trance' and communication between the living and the dead. While the spiritual sceptics remained unconvinced of this form of communication – in the famous case of the escapologist Harry Houdini, it was not disbelief per se, but the inability of a grieving son to contact his deceased mother – other notables, such as the physician Sir Arthur Conan Doyle, were persuaded. The chapter considers the resurgence and revitalisation of folk-inspired spiritual practices. Crystal healing has been bracketed as one of a number of neo-pagan and New Age treatments when in fact, as McClean shows, its roots stem from a much earlier time. This is an eclectic mix of New Age reference to Christ with aspects of seemingly more pagan beliefs and rituals in the use of crystals and symbolic trappings, including paraphernalia and metaphors of biomedicine.

McClean shows that crystal and spiritual healing, unlike other forms of folk healing, are representative of a seemingly more organised and centralised (and quasi-professional) practice, even though the actual practice of healing is personalised. This rests on institutional philosophy and peer approval and diverges from other traditional folk-healing practices that emphasise the non-centralised, indigenous, local and informal. He makes links between crystal and spiritual healing and CAM. The examples used are illustrative of the disillusionment experienced by patients who perceive formal medical care as having given up on them.

In Chapter 8, MacFarlane and de Brún approach health issues of migrants in the wake of what has come to be called 'the Celtic tiger'; that is, the unprecedented patterns of migration into the Republic of Ireland as a result of its recent economic success (though this may now be more accurately described as a 'paper tiger'). They look at plural health practices of Serbo-Croat and Russian-speaking refugees and asylum seekers. The research suggests a profound lack of immigrants' trust in Irish general practitioners (GPs) and outlines how formally sanctioned Western medicine fails these communities. The chapter points up some of the emerging consequences of

globalisation in the form of economic migration and the problems physicians now face in dealing with increasing numbers of patients from diverse cultural backgrounds.

This raises issues of barriers to effective care for these communities and the consequences in terms of a failure in delivering appropriate and competent care. The authors discuss a 'heterogeneity of actions' within which utilisation of GP services is carefully negotiated and managed. They show that a range of heterodox health behaviours were drawn upon as alternatives or supplements to the use of GP services. These included the use of herbal treatments from health food shops and the use of informal lay networks to access familiar medicines from their home countries. Other strategies included describing symptoms over the telephone to family members or friends, or travelling to their home countries for medical treatment.

The chapter situates these findings in the broader literature about plural health practices in terms of culture and health, and pragmatism in health-seeking behaviour. In so doing it brings into sharp relief complex social and cultural issues that affect care in terms of competing health models and diverse treatment choices in an expanding pan-European (and now global) context. MacFarlane and de Brún emphasise the importance of multiple medical systems. Their discussion also brings us to complementary and alternative medicine, and the centrality of cultural ideas regarding health in terms of authenticity, allegiances and resistance to formal biomedicine, and they question the legitimacy of Western biomedicine as practised in the Irish context.

Their chapter emphasises medical pluralism and they begin by pointing up the variance within biomedicine(s) as 'culturally mediated practice', underlining Kleinman's point that biomedicine is an expression of a cultural system (Kleinman 1980). In so doing they draw attention to the limits of biomedicine. MacFarlane and de Brún underscore a central motif emerging in this volume, that of the pragmatic use of all available medical options (including biomedicine) rather than outright resistance to, or rejection of, biomedicine.

Part III explores policy implications and concentrates upon examining the distinction between folk healing and CAM, and also focuses on the regulation and ethical implications of folk medicine (Chapters 9, 10 and 11). In Chapter 9, Lee-Treweek emphasises the rise of the new healing markets and new forms of medical

entrepreneurs. CAM has become big business in Western societies (McQuaide 2005). She illustrates how CAM, in its quest to complement biomedicine, is concerned with seeking professional recognition and formal legitimacy (within the biomedical model). Yet it uses a business approach similar to pyramid selling and often appears cult-like in its orientation. This raises important issues that separate CAM from traditional folk healing. These are issues of authenticity and commoditization, along with other tensions concerning training and apprenticeship (science) on the one hand and birth right (magic) on the other. She makes the point that social recognition (already pre-established for the folk healer) is often sought by CAM practitioners.

Lee-Treweek suggests that there is a basic flaw in the taxonomy used by serious writers in the field which has made the distinction between CAM and folk healing nebulous. Lee-Treweek suggests that this category error has permeated mainstream sociological thinking and has obscured an understanding of the true nature of folk medicine. Her chapter clarifies important distinctions between folk healers and CAM practitioners. This includes the tendency for CAM to be organised into separate modalities with boundaries and differentiation in terms of knowledge distribution and indemnity cover. It illustrates the professionalisation of complementary healing with an emphasis on credibility, knowledge base and proof of skills. She suggests that the rise and expansion of CAM in Britain has effectively undermined and annexed indigenous, traditional folk healers. Lee-Treweek argues that for CAM practitioners, monetary exchange is important in passing on skills of healing or access to healing. Others have shown this to be an important distinguishing feature between faith healers who have an international appeal and are more entrepreneurial, and folk healers (see Buckley 1980; Moore, this volume). The point here is that CAM is regarded as non-organic, appropriated, tied to modernity and contrived.

In Chapter 10, Stone considers the licensing, payment and legal position of folk healers and argues that there is partial recognition by the British Department of Health in moving some practices towards statutory regulation (under the auspices of the Medical Council). She argues that (with the exception of herbal medicines) folk healing has traditionally sat outside formal regulatory structures. As the rest of CAM moves towards greater professionalisation, and as non-U.K.

healing modalities become mainstream, questions arise as to whether indigenous folk healing could be, and should be, regulated – that is, restricted to those with ‘appropriate’ training and qualifications. There is particular concern in relation to ‘the inappropriate healer’ (see Moore, this volume) and ‘the fraudulent healer’ (Lee-Treweek, this volume).

Stone looks at pro- and anti-regulation positions. One of the arguments advanced is that failure to regulate may be harmful, so raising the issue of safety and quality assurance. Also, since CAM is now moving toward recognition and regulation, why shouldn’t folk medicine? Stone raises the point that since healers know what they are doing they are potentially legally culpable under common law. This implies ethical expectations and appropriate ways of behaving, and, to this extent, the folk healer owes a duty of care. She makes the point that while the contemporary mantra is ‘consumer choice’, ill people remain potentially vulnerable. Alternatively, autonomy may be held to be important in a world where legally sanctioned and prescribed medicine and drugs have also been charged with having iatrogenic consequences.

Stone emphasises key points raised throughout the volume, arguing that folk healing is resistant to commoditisation precisely because formal regulation is incompatible with folk healing. In other words, the magic would be lost. The chapter suggests that more research is needed to explore the feasibility of alternative forms of, or basic measures of, regulation that could be adopted in folk healing, and advocates some form of formal licensing, using as an exemplar the Ontario model.

In the final chapter, McClean and Moore discuss contrasting perspectives that are instructive in explaining the changing boundaries between informal and formal healthcare. These discussions point to the changing and contested nature of healthcare and medicine in contemporary society; lay and professional health beliefs; and the juxtaposition of scientific and lay health practices. Finally, it pulls together key empirical and theoretical strands, and points towards an agenda for future applied research in health and medicine.

Notes

1. Cecil Helman's colourful account of his experiences as both anthropologist and general practitioner in *Suburban Shaman* (Helman 2006) is one of the notable exceptions.

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