

## Book Reviews/Comptes rendus

HELLE JOHANNESSEN and IMRE LÁZÁR (Eds.) *Multiple Medical Realities: Patients and Healers in Biomedical, Alternative and Traditional Medicine*. New York: Berghahn Books (The EASA Series, volume 4), 2006, xii + 197 p., index.

Within the context of globalization there is a continuous and increasing shift towards medical plurality. A variety of healthcare models increasingly intersect and impact people and cultures in diverse ways. This edited book takes a holistic approach in looking at medical pluralism through eleven case studies about countries and regions around the globe, including Hungary, Ghana, Germany, China, England, South Asia, United States, Canada, and Ecuador. The text demonstrates the various aspects of medical pluralism that are experienced in these areas. These experiences do not come without some degree of decision-making, problem solving, confusion, complication, anger, or difficulties. A major strength of this collection is the demonstration of connections between different medical models, medical theory, practices, and personal experiences which are embedded throughout these chapters. Johannessen and Lazar clearly state their goals for this book in the introduction and I feel they have accomplished them in a stimulating way through the use of case studies.

The dominant goals of this book are to convey two themes: (1) body, self, and sociality and (2) body, self, and the experience of healing. Johannessen's introduction offers a strong background into medical pluralism and issues surrounding these two themes. The introduction and literature review are especially helpful and informative. For example, many influential theorists are included, such as Lock, Scheper-Hughes, Turner, Martin, Foucault, Weber, Janzen, and Latour. This theoretical background is designed to show current academic approaches to medical plurality, highlighting crucial questions regarding health and illness. The reasoning behind the contributors' approaches to medical pluralism in the case studies is made visible in this introduction.

The authors outline several intersections between a spectrum of health models ranging from technological bio-medical models to informal medical traditions passed on through generations. The case studies highlight the ways that societies, cultures, or individuals adapt to growing medical pluralism. In the preface, Csordas emphasizes what happens when different medical and healing models intersect. Four ways that medical pluralism is currently being dealt with are: contradictory (in competition with currently practiced health methods), complementary (another solution

to a health problem), coordinating (a solution for a different health problem), or coexistent (meeting the health needs of certain groups or individuals). Each case study shows these four aspects being put into practice in diverse ways.

Barry's chapter demonstrates medical pluralism in which biomedicine and alternative medicine are increasingly connecting through homeopathy use in South London. This chapter reveals coexistent, complementary and coordinating relationships between homeopathy by biomedical healthcare, depending on the various reasons for practicing homeopathy among groups and individuals. Krause's chapter on psychiatric hospitals in Ghana offers a complementary relationship as a solution to conflicting relationships between religious healing and biomedical drugs. Among the participants in this study, spirits are seen as of key importance in understanding sickness and healing. This spiritual or religious view conflicts with biomedical understandings of the body. Krause explores a complementary relationship between the two in which biomedical prescriptions can be offered an alternative solution to healing while keeping strong spiritual and cultural meaning systems intact.

One criticism of this text I might suggest is that while the use of theory in the case studies is evident, it could be more prominent. The purpose of these case studies, as stated in the introduction, is to demonstrate connections within medical pluralism: phenomenological lived experience, socially embedded knowledge, and body politics. The case studies demonstrate the actual practice and lived experiences of these three themes following a theoretically based introduction by Johannessen. However, some of the case studies do incorporate theory in a more direct way. In particular, Samuel's study on South Asian childbirth and medical pluralism incorporates a brief symbolic analysis from Levi-Strauss and theoretical perspectives from Turner. For example, Samuel uses cultural symbols, such as spirits, to show that they can guide healing internally or externally. Likewise, Gronseth's study incorporates analysis from Bourdieu, looking at habitus tensions around self and illness that affect Tamil refugees in the field of contradictory medical practice in Norway. But for the most part critical sociological analysis is missing from the majority of the case studies, or the theory that is utilized is not critical enough from a sociological perspective. Despite these limitations, many case studies do offer strong insight into existing intersections between body, self, knowledges, experiences, and medical structures.

A major strength of the case studies is the thorough explanation and outline of their methodological approaches. For instance, in Knipper's exploration of therapeutic pluralism among the Naporuna, there is a strong methodological step-by-step outline of exactly how an engagement took place within this society. Knipper also discusses the consequences and outcomes of this methodology for research with the Naporuna. Buda, Lampek, and Tahin give a valuable explanation of their methodology through survey sampling and quantitative data analysis of Western cultures that utilize alternative medical practices. Another example is Frank and

Stollberg's explanatory methods section discussing their approaches to researching German physicians and their reasoning for practicing homeopathy, acupuncture, or ayurveda. Other case studies also include useful descriptions of their methodologies.

Overall, I appreciated the implementation of a holistic approach to studying issues around the body, self, power, plurality, structure, medicine, healing and illness in this edited collection. I feel the editors and authors have contributed immensely to the literature on this topic with the inclusion of applicable theory and powerful case studies, which explore current issues around medical plurality. The text's title, *Multiple Medical Realities*, is suitable as this book does capture an array of realities related to medicine, illness, and healing today that are lived and experienced by groups and individuals. This book offers much insight and direction for future research. Further studies, especially on a more critical level, could expand on the topics in this book in order to address the ways that increasing medical pluralism is being experienced socially and culturally.

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