CULTURAL CURING: MAGIC IN MEDICINE AND THE PURSUIT OF ALTERNATIVES

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ABSTRACT

This essay explores the ways in which Haitian notions of magic and ritual within the context of illness relates to Western biomedical practices. Although biomedicine is often portrayed as both objective and acultural, increasing immigration to the West highlights the diverse and multicultural nature of experiencing illness and healing (Phelps and Johnson 2004:203). Drawing on Paul Farmer's fieldwork in Haiti during the 1980s AIDS epidemic, it will be demonstrated that forms of magic and ritual are not confined only to "exotic" medical paradigms, but also exist in various forms within Western frameworks, working to establish and maintain the social nature of the healing experience.

INTRODUCTION: CULTURAL HEALING

Anthropology as a discipline has increasingly revealed the complex and variant ways by which culture informs our everyday lives and experiences. While people's lived experiences can differ drastically depending upon differing cultural frameworks, there are particular elements, which are common across geographical and societal boundaries. Illness and suffering exemplify universal human experiences, and hence they come to be endowed

with a vast diversity of cultural meanings and interpretations (Garro 2000:305). Consequently, the practice of healing and the techniques to treat illness and disease are the foundation of medicine trans-globally because they are intimately entwined in the economic, social, political, and philosophical understandings and practices of a culture. (Winkelman 2009:5).

In the West, biomedicine has emerged the dominant paradigm by which people come to understand illness and seek medical attention, and often its scientific foundation has been used to conjure an image of Western medicine as both objective and acultural. However, in recent years social scientists have begun to call attention to the ways in which biomedical, epistemological, and organizational structures coincide with cultural frameworks, in order to form a distinct biomedical culture with discernable sociopolitical features (Metzger 2006:133). Furthermore, the contemporary global has been experiencing an increase in the cultural diversity of the United States and other Western countries as a result of increasing transnational movement and migration (Phelps and Johnson 2004:203). Accordingly, it has become increasingly clear that the biomedical model is not universally applicable, nor does it necessarily correspond with other cultural beliefs and practices. Thus, the potential detrimental consequences of using an inappropriate model can be distinguished when addressing the difficult experiences of illness and disease, and the struggle to regain health. This becomes increasingly relevant when addressing issues of health and illness for those living in, or who have recently emigrated from, areas of the Global South where socioeconomic barriers such as poverty and lack of access to medical care are often deeply entwined with folk models of medicine (Winkelman 2009:4).

The importance of these socially embedded frameworks and how they interact with biomedicine is illustrated by the 1980s AIDS outbreak in Haiti, and how the disease has been conceptually negotiated and treated among both local residents and immigrants to the United States. Additionally, in understanding how Haitian notions of magic and ritual interact with illness

and healing, comparisons can be drawn both to biomedicine, and to the increasingly recognized forms of alternative medicine within the West. The purpose of this paper is to show that forms of magic and ritual are not confined only to "exotic" or folk medical paradigms, but also exist in various forms within established Western frameworks. In drawing comparisons between Haitian and Western practices, this paper will demonstrate that these components work both to establish and maintain the social nature of the healing experience. Furthermore, in highlighting the culturally embedded nature of health and illness, this essay stresses the inadequacy and inappropriateness of a collectively applicable, acultural biomedical model of healing.

REVIEW OF RELEVANT LITERATURE

Anthropology has come to acknowledge health and illness as both biological and cultural phenomena, recognizing that experiences of sickness and the process of healing are deeply embedded in sociocultural relationships and ontological frameworks. Prior to the development of the medical anthropological sub-discipline, anthropologists were already actively researching models of illness as culture-bound syndromes (Dressler 2001:456). However, the 1960s saw the rise of medical anthropologists who were concerned with examining how the biomedical model of disease was distributed within societies, and dependent also upon economic, political, and sociocultural circumstances (Dressler 2001:456). From this more holistic foundation, researchers such as Kleinman (1984) began to approach healing practices less according to their particular cultural characteristics, but with regard more to the transmission and organization of knowledge, and the ways that this knowledge is communicated through the healer-patient relationship. Kleinman divided healing practices according to the biomedical professional sector, the folk, or "lay health culture" sector, and, finally, popular notions of sickness and healing (Sharma 1993:16). Expanded bases of study

as Kleinman's helped to open the anthropological arena to a variety of biocultural theoretical foundations, including the critical medical perspective of anthropologists such as Merrill Singer (Dressler 2001:457), who emphasized the importance of access and the distribution of health resources as key contributing factors in the multiplicity of social and environmental conditions affecting quality of life (Winkelman 2009:16).

Landy (1990:361) points out that others, such as Scheper-Hughes and Lock (1987) in their work, *The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology*, have furthered the scope of the discipline by detailing the significant physical effects of emotions and beliefs. In doing so, they argue that "cultural sentiments" must be recognized as separate from, and at times contradictory to, biological desires. As a result, particular sociocultural customs may not be conducive to physiological health, and similarly, certain reactions to illness may be not be directly biologically curative, but possibly detrimental. The power of belief itself, however, forms a subject of discussion within the medical anthropological field, and its capacity to provoke autonomous healing is a subject of discussion among both anthropologists and physicians (Welch 2003:26). Belief, and its various manifestations, has been a primary subject of interest since the infancy of the discipline, and researchers responsible for some of the foundational pieces of literature within Anthropology have studied the notion of "magic," and the ways in which it is created and employed within the epistemological makeup of a society. Malinowski, for example, wrote of the magic employed by the Trobriand Island fisherman for protection when they ventured out to sea (Coe 1997:2).

Within the field of medical anthropology, the idea of magic has been a subject of discussion with regard to particular cultural practices, such as the studies of shamanism by Eliade (1951) and Winkelman (2010), as well as the voodoo death first publicized by Cannon in 1942 (Winkelman 2009:360-390). However, with the recent growth in the popularity of alternative forms of medicine within the West, physicians and social scientists alike,

including Crosley in his "*Alternative Medicine and Miracles*" (2004), and Welch's "*Ritual in Western Medicine and its Role in Placebo Healing*" (2003) have begun to draw parallels between what has so far been considered 'foreign' or 'exotic' magical healing practices. At present, the medical anthropological discussion of health and illness, and their relationship to magic and ritual, involves not only anthropologists, but also medical doctors who are both practicing physicians and social scientists. Among the most influential of these individuals is Paul Farmer, who also addresses the sociopolitical sphere, effectively interlocking the fields of anthropology, biomedicine, and political economy. In doing so, he demonstrates the interconnecting factors that influence the reality of illness. In applying his fieldwork in Haiti during the 1980s AIDS epidemic, Farmer (1992) takes a holistic approach to the study of illness within a specific cultural context, and accordingly his ethnography demonstrates the complex sociopolitical, economic, and historical context of AIDS within Haiti, as well as its relationship to the United States and Western biomedicine. Furthermore, additional studies of voodoo death and healing within Haiti have revealed the significant sociocultural and psychological power of magic, in that beliefs are able to both render one physically ill, heal sickness, as well as rearrange social relationships (Hahn and Kleinman 1983:3).

LESSONS FROM HAITI: MAGIC AND SOCIAL PATHOGEN

The AIDS epidemic in Haiti reaches far beyond the physical dimension of illness, permeating social, political, and economic spheres, which, in turn, serve to shape the nature of the disease itself. Haiti's long history of slavery, political instability, and economic exploitation has left a devastatingly poor and desperate population with extremely limited access to biomedical care (Farmer 1992:183; Winkelman 2009:74). Additionally, Haitian understandings of health and illness are a hybrid of

Western-based knowledge of biology and medicine—a system in subsequent agreement with Christianity as enforced during slavery—and traditional African derived voodoo (Holcomb et al. 1996:256). Therefore, conceptual struggles between religious and medical systems of belief become manifested in the social experience of diagnosing and treating disease. Despite the presence of biomedical etiological frameworks, the socioeconomic devastation of Haiti has enforced a shared experience of suffering, rendering biomedicine incapable of providing an all-encompassing basis for the diagnoses and treatment of AIDS (or of disease in general) (Farmer 1992:44). During the initial outbreak of the disease, biomedicine failed to provide Haitians with an explanation as to why yet another form of suffering would plague members of an already destitute community. Yet voodoo beliefs in magic and the ability to "send" illness offer a social context that incorporates personal agendas and individual emotions. For example, a Haitian diagnostic divination might reveal that one individual's slightly elevated socioeconomic status has manifested jealousy in another, providing motivation for sorcery (Farmer 1992:70). Consequently, Haiti's historical experience involving the slave trade, European and American economic appropriation, and devastating trade sanctions that collapsed the economy and impoverished the population, is better integrated into a framework in which AIDS is not only transmitted biologically, but can also be 'sent' through magic (Farmer 1992:152).

Since AIDS is arguably the most significant contemporary global disease epidemic in the world, understanding the context of AIDS within Haiti is pivotal in informing the public approach to, and treatment of, this illness both cross-nationally and cross-culturally. The social perceptions of the conditions surrounding AIDS and the dimensions of the illness itself result, in part, from how political, research, and medical institutions respond to it (Winkelman 2009:71). However, appropriate responses at the institutional level rely on accurate sociocultural understandings of the multidimensional nature of illness at the cultural level. While a biomedical understanding of the origin

of AIDS exists within Haiti, this does not inhibit the coexistence of alternative etiologies, such as the sending of the disease through sorcery. In this context, the socioeconomic depravation of Haitians can result in social unrest, should one member of the community obtain slightly more than the rest. Should this person become ill as a result of AIDS, the attributing of this illness to sorcery acknowledges that the community experiences a mutual socioeconomic suffering, and that for one individual's conditions to improve, it is unfair to, or may even come at the expense of, others. Consequently, conceptualizing the illness as being 'sent' implies a social rift that must be repaired (Wing 1998:146). Furthermore, because a person suffering from AIDS can seek out a voodoo shaman, or *Hougan* (Crosley 2004:5), to attempt to cure the illness by undoing this magic, the ill individual is able to restore a sense of social balance as well as a sense of control over the disease (Wing 1998:146).

Understanding this dichotomy between natural and unnatural disease is pivotal to the treatment of AIDS within Haiti, because it provides the rationale behind the decision of a patient and his/her family to seek out a biomedical clinic or a folk healer (Crosley 2004:127). While Catholicism remains the government-sanctioned religion of Haiti, Haitians—Catholic or not—often actively practice voodoo (Holcomb et al. 1996:256). Thus there exists in Haiti a medical pluralism, which is clearly evident in its relationship to both individual spirituality and group identity. In the context of voodoo, illness is understood to exist within a dichotomy of the natural and the unnatural, and magic is a key function to both of these realms. Within the category of natural illness, a patient is considered to be suffering from an imbalance with nature that can be caused by extreme temperature fluctuations or impurities in water or food (Holcomb et al. 1996:257). An unnatural illness sent through sorcery could involve what would appear to the Westerner as a mundane disease, such as AIDS, or something that would seem much more "exotic," such as the Haitian belief that zombies can be raised from the dead to inflict illness upon others (Ackermann and Gauthier

1991:483). Either way an illness stemming from magical causation requires magical healing, and so an individual suffering from AIDS that has been 'sent' requires a *Hougan* to provide a magical cure (Crosley 2004:127).

Haitian understandings of AIDS and its relationship to larger local frameworks of health and illness demonstrate that no direct opposition can be made between what may be considered a strictly "biomedical" illness such as AIDS, and one that is "cultural," such as zombification. Rather, the experience of being ill is itself culturally defined; it is based within social, spiritual, and economic parameters. The economic reality of many countries in the Global South is that access to biomedical care is often difficult, if not impossible, for those who cannot afford it. Consequently, in many societies, including Haiti, 'folk' medicine is often the primary mode of healthcare, and biomedicine is often not practical or sustainable economically or culturally (Micozzi 2002:400). An anthropological perspective is thus fundamental in approaching health and medicine in a cross-cultural or multicultural context, as the beliefs held by people within a society are critical in both disease causation and the process of healing. Moreover, Western anthropologists and medical practitioners alike must be reflexive; recognizing that biomedicine itself participates equally in culturally based epistemological structures, and therefore does not necessarily contradict the "exotic," (Hahn and Kleinman 1983:3).

As migrant communities steadily increase within North America, and the West, so does evidence of the culturally contingent nature of biomedical practice. Among ethnic minorities, patient dissatisfaction results from issues of economic and linguistic accessibility, in addition to difficulties with the contrasting nature of the biomedical encounter in relation to their own healthcare traditions (Hand 1985:240-241). Consequently, issues such as 'cultural competency' and 'cultural sensitivity' in healthcare have become points of discussion within medical institutions and the medical academic world, as well as among biocultural and medical anthropologists (Phelps and Johnson

2004:203-4). Anthropology has become critical for understanding the limitations of current biomedical positions, and to a shift in the medical paradigm which includes the incorporation of cross-cultural medical perspectives into a general understanding of health and illness. Included in this shift in perspective is the breakdown of the binary between biomedicine and folk medicine, in which biomedicine represents the latest in new technologies and accuracy, and folk medicine represents more outdated, and less relevant knowledge (Micozzi 2002:398).

A culturally informed medical perspective is not only based upon knowledge of, and sensitivity to, diverse ideological frameworks of health. Rather, it involves the repositioning of the biomedical model itself in order to recognize two integral spaces within biomedicine: the points of divergence between biomedicine and folk medicine, and the elements of folk medicine which remain present, yet often unrecognized, in the biomedical model. The significance of these subjects lies in the way in which they affect quality of care. Acknowledging the cultural contingency of biomedicine allows for the realization that aspects of this model may prove unbeneficial to patients, and that it cannot be universally administered in a way that is compatible with the ideological models of other societies. An additional space for anthropologists thus lies in negotiations surrounding the incorporation of both biomedicine and folk medicine within cross-cultural contexts.

Although it exists in pluralistic medical environments within the West and throughout the world, biomedicine boasts structural hegemony over the folk traditions practiced alongside it. This authority is held by its perceived superiority on the part of institutions that distribute power and resources accordingly (Sharma 1992:28). In societies in which biomedicine is either largely inaccessible or not the preferred mode of treatment, this can lead to a marginalization of alternative forms of healthcare. Even within highly multicultural societies such as North America, biomedicine dominates the political and economic spheres, and consequently it permeates cultural conventions, in-

cluding those involved in educational institutions, prenatal care, and contraceptive practices (Winkelman 2009:194). However, as patients become steadily more critical of the treatments they receive, it is becomes correspondingly more essential that the elevated status of biomedicine is questioned on a functional level—that is, the ideological foundations of the structure must be accounted for (Sharma 1993:17).

CONSIDERING CONTEXT: FINDING CULTURE IN BIOMEDICINE

Western culture emphasizes the presumed consistency and objective scientific method of biomedicine as a universally applicable system of diagnosis and healing (Winkelman 2009:194). This assumption has allowed the biomedical system to establish both structural and conceptual hegemony as the most accurate and effective method of treatment. The penetration of biomedicine into multiple facets of social life due to its allocation to the role of 'public health' has allowed for health to be presumptively and homogenously defined within biomedicine's narrow parameters (Inhorn 2006:345). Hence, clinical and public health concerns that often dominate the discursive field of health inevitably reflect Western definitions and interests. Within the United States for example, the National Institute of Health forms the governmental agency primarily responsible for funding health related research, and hence it sets the parameters and priorities of the medical field (Inhorn 2006:348). Western medicine is based upon a sharp distinction between mind and body, and carries the assumption that physical phenomena hold much more strength than the psychological. Consequently, medical focus predominantly lies solely on the material aspects of the body—using pharmaceutical drugs to affect the body at the cellular level, and fixing individual parts much like one would repair a machine. Biomedical culture is based upon the historical revelation that the illness of a whole organism can be understood

at the cell level, thus informing the diagnosis, prognosis, and treatment of a patient (Micozzi 2002:399). Medical practitioners who hold the keys to this knowledge compose an organizational culture that has distinct sociopolitical features. Just as the *Hougan* possesses knowledge that is necessary for dispelling a "sent" sickness, the physician comprehends the passing of illness on a microbial level, and so is consulted by patients and their families due to his/her possession of this exclusive understanding (Metzger 2006:133).

Biomedicine exists in an intricately developed organizational structure, arising out of a specific health culture. The social relationships and hierarchies created and maintained through the practice of biomedicine mirrors those of other societal constructions (such as kinship roles) that have long been anthropological subjects of cultural study. Physicians, for example, boast a relatively high social status due to their specialized knowledge and level of education (Metzger 2006:133). Furthermore, the role of the patient involves specific modes of interaction with both the physician and members of healthy society. When the patient submits his/herself to medical examination, a relationship is created that positions the doctor as dominant and the patient as the supplicant. In this way, a degree of separation is maintained between the two, allowing the physician to maintain both emotional distance from the patient, as well as an impression of authority and power, not unlike the spiritual power attributed to many folk healers (Welch 2003:30-31).

This interaction with a physician or healer designates a particular role to the patient, who must then contend with the social consequences of being labeled as ill. The validation of sickness or disease within the biomedical paradigm results in changes in social expectations, allowing the individual to be excused from regular responsibilities and obligations (Winkelman 2009:65). Often this involves a significant degree of social isolation while the patient is being treated—whether in a designated place of healing such as a hospital or healer's facility, or within the home. The sick individual is thus barred from extended social interac-

tion, being instead relegated to the doctors or priests for treatment (Hutch 2006:328). Farmer (1992:68-69) illustrates this social isolation as he discusses the sick role taken up by Manno—the first member of his case study to fall ill of AIDS in Do Key, Haiti. In becoming ill, Manno's adoption of the sick role acted to degrade his relatively high status as a schoolteacher. Both his journeys to the biomedical clinic and his eventual withdrawal to the dwelling of the *Hougan* involved his removal, and eventual isolation, from the rest of the community. The sociopolitical aspect of illness and healing is present within both folk medicine and biomedicine. The patient's adoption of the sick role and the social power of the healer are pivotal parts of the healing process both within and outside of the West, and therefore biomedicine cannot be conceptualized as existing outside of social functions and societal relationships.

MEDICINAL RITUAL AND ALTERNATIVE MOVEMENTS IN THE WEST

The relationship between doctor and patient is pivotal to upholding the social dimensions of the healing process. This is exemplified in the biomedical paradigm, both in the social process of diagnosis and treatment, and in the collapses in communication that contribute to the failure of producing adequate biomedical service. The social patterns of self-diagnosis and seeking professional attention within biomedicine parallel those of folk medical cultures. In both structures the medical culture patterns are integrated into a complex network of beliefs and values that are embedded within larger society. Beliefs surrounding causation largely inform what preventative actions and treatments may follow, and the sequential system of behaviours that a patient is subject to is similar. Following self-diagnosis the ill individual seeks professional treatment from a professional who possesses comprehensive knowledge in the subject area (Coe 1997:2).

While biomedical practitioners often question the rituals,

remedies, and oral traditions of folk cultures, the simultaneous analysis of both paradigms reveals that many of the basic principles are similar. It has been established that the set of shared social beliefs informing folk healing systems exists also within biomedical culture. However, in addition to this, it can be illustrated that Western medical practitioners have also not entirely abandoned the methods of folk healing. Many of them have actually been integrated into contemporary care (Wing 1998:144). Often the spiritual dimension that plays an integral role in folk medicine is considered absent within biomedical practice. However, the acceptance of biological processes that are understood only by the physician differs greatly from an acceptance of the spiritual teachings of a healer. Just as Manno accepted the *Hougan's* knowledge of magic-based pathology in Farmer's ethnography, the Western patient accepts the physician's knowledge of microscopic activities, and the remedies for these various invisible maladies (Crosley 2004:85). Furthermore, the strength of the mind in healing the body is invoked in both systems. Autonomous healing, also known in Western science as the "placebo effect," has been cited as potential reason for the success in folk medicinal healing methods. However, it is also utilized in biomedicine, and results in large part out of the interaction between doctor and patient wherein the doctor provides the sick individual with meaning and limitation to his/her experience with illness (Welch 2003:27). When, through explanation or the provision of medicine, a patient is provided with the expectation that his/her condition will improve, this has a therapeutic effect and has been clinically proven to contribute to the healing process (Welch 2003:28).

In addition to employing psychological healing mechanisms, biomedicine and folk medicine also run parallel in their following of specific healing rituals. Despite the efforts of Western medicine to differentiate its own methods from those of shamans and other alternative healers, the way in which doctors interact with their patients is highly ritualized, and this plays a significant role in the healing process (Welch 2003:21). The

use of symbolism is invoked in both traditional medicine and biomedicine in order to facilitate the healing process. Within Haitian voodoo, for example, the *Hougan* may make use of dolls which symbolize the negative emotions that the sick individual wish to cast off. In biomedicine, the white coat and white colours of the hospital symbolize the physician's status as the key holder to cleanliness and purity from pathogens (Wing 1998:150). Within both systems, the practitioner intervention is the same: the ill individual is assisted in taking the appropriate action in alleviating a specific physical distress. Therefore he/she now holds the responsibility for following the healing regimen in order to both fight the sickness and prevent recurrence in the future. Following social norms such as confining oneself to the home, and avoiding negative external influences such as over-exertion are prescribed in order to counteract the manifestation and spread of a pathology. Often such actions are not considered healing rituals within Western medicine, yet comparisons can be made with what the West *does* consider ritual practice within folk healing practices (Wing 1998:152). In acknowledging these parallels, biomedicine would become better equipped to treat patients both cross-culturally and transnationally.

Because illness is embedded in societal roles and interactions, when medical care does not meet these social needs and expectations, it fails to provide the kind of holistic assistance that the patient requires. Anthropological studies have revealed the pivotal role of the healer-patient relationship. Thus in striving to remove itself from its social context, biomedicine often falls short in delivering comprehensive treatment. This relationship is further strained by the neglect of many physicians to attempt to bridge the gap between biomedical and lay medical beliefs and understandings. As a result, both the medical practitioner and the patient often end the consultation unsatisfied, and in many cases this negatively affects the compliance of the patient and his/her overall level of improvement (Coe 1997:2). In the West, biomedical patients have increasingly become more critical of the treatments they are receiving and, consequently, more

inclined to question clinical judgments and seek alternative opinions. The pursuit of a more appropriate method of healing to meet their particular problems has greatly contributed to the growth of alternative medical fields, which often resemble characteristics of the folk medical paradigm (Sharma 1993:17).

The expansion of complementary and alternative medicine is part of a movement that involves a general increase in healthcare options. Although it is often less systematic than the practice of medical doctors, practitioners of such techniques do possess some sort of extensive knowledge of the body, including ideas regarding the causes of health and illness. In addition, alternative medicine, like biomedicine and folk medicine, involves a technical intervention on the part of the practitioner, which often includes either the administration of curative substances such as in homeopathy and herbalism, or the administration of manual techniques such as osteopathy and reflexology. Furthermore, cognitive techniques such as meditation and hypnotherapy may be invoked in order to utilize the mental and emotional aspects of the healing process—practices comparable to the biomedical use of the placebo effect (Sharma 1992:4).

However, despite its recognition of an emotional aspect to healing, biomedicine generally makes a sharp distinction between the mind and the body that is not present within folk medical cultures. Because alternative medicines consist of more holistic approaches to healing, they also parallel folk medical techniques (Micozzi 2002:399). Furthermore, the techniques invoked in Western alternative medicines parallel those, which, in other cultures, have been considered magical procedures. Within the field of herbalism for example, roots and herbs with medicinal qualities are administered to the patient. Whereas in the West, their healing powers are understood to stem from particular chemicals, the folk healers of other cultures may attribute them to the "magical" properties of the plant (Hand 1985:242). Moreover, methods such as acupuncture or hypnosis are often explained on a physical level when practiced alongside biomedicine, yet these techniques do not differ greatly from certain

shamanistic techniques. These can include the use of the power inherent in animal skins or stones among some American indigenous groups, or the use of psychic energy to undo a magically "sent" illness in Haiti (Crosley 2004:120-121).

The holistic orientation of alternative medicine allows these methods to operate in approaches complementary to each other and to biomedicine. Whereas much of the functionality of the human body remains, at least in part, a mystery, alternative medicine allows the practitioner and patient to explore the knowledge that has been accumulated over centuries and across cultures (Crosley 2004:120). Furthermore, when biomedicine fails to alleviate an illness, alternative methods can be explored in order to address it more extensively, from a more holistic position (Hand 1985:242).

CONCLUSION

Despite its wider conceptual applicability, alternative medicine in the West is not economically accessible to many members of society who may prefer it over biomedicine (Sharma 1992:18). It is likely that many individuals who are socioeconomically marginalized, such as recent immigrants, may find certain alternative therapies more appealing than a biomedical practice which often does not account for cultural diversity. However, often many of these treatments are financially inaccessible. In Western countries where biomedicine is also a financial strain, receiving adequate medical care becomes highly problematic. Simultaneously, in his ethnography on the AIDS crisis in Haiti, Farmer (1992:205) illustrates that in non-Western countries, biomedicine can be both financially inaccessible and conceptually inadequate, as it does not address the social aspect of illnesses such as AIDS, which are intricately entwined with the socioeconomic conditions of poverty and problematic social relationships.

Anthropology's focus on cultural understanding and practice

within the healing process can inform the development of a better approach to both the treatment of patients in the West, and the administration of biomedical care in the Global South. In a cross-cultural environment, it is pivotal that the perspectives of both folk healers and biomedical practitioners be incorporated and integrated into contemporary care (Wing 1998:144). Meaning, spirituality, and trust are, for many patients, key elements to the successful treatment of illness, and the existence of forms of ritual must be both acknowledged and utilized in biomedicine as well (Welch 2003:32). Such increased emphasis on interdisciplinary collaboration would help to increase accessibility to medical treatment both in the West and in the Global South (Coe 1997:6).

The body does not exist in a cultural vacuum, but within historical, socio-cultural, political, economic, and geographic contexts that, in addition to genetics and biological makeup, interact in order to form the biological organism. Correspondingly, disease is not religiously or spiritually neutral, but is understood and explained within this conceptual collage of knowledge and experience. Within the geopolitical climate of growing cross-national migration, the West is becoming increasingly culturally diverse, and thus people who are both seeking medical care and to administer medical care come from a variety of traditional backgrounds (Metzger 2006:131-132). Furthermore, the fact that biomedicine is not practiced homogenously throughout the world illustrates its cultural foundations. As is illustrated by the pluralistic treatment of AIDS in Haiti, treatments of the same conditions vary significantly transnationally, as do inclusions of cultural etiologies along with scientific explanations (Winkelman 2009:194). Within the West, medical pluralism is often a strategy employed by immigrants in particular, as they have statistically more trouble accessing biomedical healthcare than the majority of the population, due to both structural and conceptual barriers. Consequently, consciously including cultural contexts within health assessments and treatments becomes the only way to effectively treat these members of society

(Metzger 2006:131-132). Rather than focusing on the ways in which biomedicine and folk medicine diverge theoretically and practically, exemplifying the similarities that can be found between medical paradigms can inform and revolutionize the biomedical approach, rendering it both more applicable and more effective.

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