



Editorial Introduction

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Editorial Introduction

The fourth issue of *Health, Culture and Society* carries the title, *Ways of Seeing: Causes and Beliefs*. We have, as always, a geographically diverse set of contributions which seek to engage with the tension between local and global interpretations of disease. Elsewhere, this can be understood as the status of indigenous knowledge(s) vis-a-vis established scientific knowledge. A distinct set of beliefs pertaining to ancestral cosmologies and traditional value systems present themselves as the bonding agent to indigenous societies and communities. As with all societies of human civilization, health is the primary pillar of importance in which all members invest, and with which all identify. Yet the way a sign, or a symptom is seen and interpreted, and more broadly, the way human being is seen and understood, often marks a tension between modern medicine and traditional healing systems: both will have their distinct set of interventions; both will have their distinct methods of diagnosis; both will have their distinct system of interpretations. When we speak of health in a culturally perceptive– or culturally comparative context – one has to take into account the health seeking behavior of a distinct group, and that where to the clinician a pathological sign will mark the need for rapid intervention based on protocol, to the community member it will mark something “other”, be it a karmic cleansing or the punishing burden of a past life misused. In either context, truth holds firm for each: truth for the clinician, truth for the community member, truth for the shaman. And although tension will arise in what exactly the cause (aetiology) may be, and what concordant treatment should be chosen in accordance to this understanding, all converge to a central point, namely: that there is a sufferer who is burdened by ill health, and that a treatment/intervention exists to remedy his/her predicament.¹ Of course, the question of “effectiveness” remains and what modern medical science can above all guarantee is a medication and management system which can alleviate symptoms and improve life conditions, when properly administered, and when properly distributed and accessed.

Mutual understanding and the cultivation of local and global dialogues are absolutely necessary factors to our modern life, even more so today where geography, identity and cultural patrimony are so very important aspects to an emerging yet troubled modernity, where health is high on the agenda as a platform for social equity, democratization, and human rights. It is to these needs and necessities that researchers respond with studies which reveal the importance of history, society and culture to the complexities and challenges of health, which are ultimately, human challenges. And before challenges can be overcome, they ultimately must be understood.

Chapecó, Santa Catarina

¹ “Aetiology” is a word that was seldom used in a cultural context, and in fact it is a term that is seldom used within the currency of daily clinical debate. The word signifies “causation” and more broadly, “origination”. In this way, such a term has crossed all fields of enquiry at one time or another, given that αἰτιολογία in Greek, meant to attribute a reason to something. As with all medical terminology, the indebtedness to the Greek language has remained for much of the conceptual machinery of causation, diagnosis and prognosis is rooted in Hippocratic terminology.