

Chapter 9

**ICH as a Legitimation Strategy for
Traditional and Complementary
Healing Methods?**

*Michaela Noseck-Licul
Krems*

As a cultural anthropologist with a special interest in healing knowledge situated outside classic biomedicine, I have been observing the implementation of the UNESCO 2003 Convention for the Safeguarding of the Intangible Cultural Heritage (ICH) since 2007, when it was first discussed, all the way through to its ratification and subsequent implementation in Austria. One of the first tasks was to survey healing and health practices as possible elements for inscription on the National Inventory of ICH in Austria. First, it was necessary to define the criteria for inscription and to decide what sort of practical and theoretical healing knowledge should and may be included in the inventory and what not to inscribe, respectively. Moreover, who was to decide what constitutes ICH worthy of safeguarding? These were the most urgent questions at the beginning of what was to become an extremely enriching learning process.

In the interest of exploring these core questions, the 2007–2010 period saw a research project conducted under my leadership that had been initiated by the Austrian Commission for UNESCO and was financed by both the Austrian Federal Ministry of Health and the insurance company UNIQA.

An initial step in this research was to examine the terms commonly used along with traditional and complementary healing methods. These terms are by no means arbitrarily but consciously chosen by the various actors from this field; they enforce specific ideas about the nature of the human being that are prevalent in the controversially discussed area of complementary and traditional healing methods. Naturopathy, for instance, tends to be regarded as part of established medical practice in Austria. Its associated methods, such as using the healing forces of light, water, warmth and cold, are predominantly applied by physicians working at spas. Even though some actors from this field have already applied for inscription on the Austrian Inventory of ICH, the number of applications has been very low. This could be associated with the fact that naturopathy is well anchored within the Austrian healthcare system and thus, the practitioners may not feel a need for public (including media) attention that can result from inscription.

Practitioners from the field of complementary and traditional medicine, on the contrary, suffer frequent loss of knowledge due to state and other regulations as well as due to the concerns of dominant players within the healthcare system. For example, the EU Directive 2004/27/EC of the European Parliament and of the Council had introduced new regulations regarding the manufacture and distribution of medicinal products for human use. The concerns of practitioners included a loss of traditional knowledge, increasing costs for new procedures, even the prohibition of home remedies. Thus, numerous practitioners I talked with availed themselves of ICH (as defined in Article 2 of the 2003 Convention) to legitimize their right to self-determination and autonomy regarding medical issues, which they perceived as increasingly limited and threatened by our present societies.

Another challenging aspect related to criteria for inscription was the definition of the term “traditional” and the regional anchoring of an element. Asian traditional medicine, such as Traditional Chinese Medicine (TCM) and Ayurveda, is registered under “complementary medicine” in Austria. “Traditional Austrian Medicine”, on the contrary, has not been properly defined, and it is still unclear what to include under this umbrella term. For example, what about elements that are practiced in Austria but have been developed outside nation-state borders,

such as the *kneipp cure*? For this reason, Dittmann (2004) suggests an orientation toward the act of passing on a tradition rather than the tradition-as-object that can be anchored. When a tradition is passed on, the following occurs: a person conveys something to someone else, and we call this first person a *tradent*. The second individual, to whom the content is passed on, is the *accipient*, and the material the tradent gives the accipient is the tradition or *tradendum* (Dittmann 2004, p.120). This description places the focus on the act of transferral. At this point the question arises, however, as to whether the mere act of transferral is already a completed transfer. Dittmann expands his thought by the idea of repetition:

Traditionality, the materials of tradition, and the notion of tradition relate to one another like hearing something and telling it to the next person, like the content of a rumour and the notion of the rumour as such. So if we consider the treatment of individual acts as parts of a chain to be a sort of reconstruction, we can say that by reconstructing a chain of acts of transfer, we identify individual acts in this chain as acts of tradition.” (Dittmann, 2004, p. 122)

Traditional European Medicine, for instance, which has been gaining visibility over the last years, is founded on the exchange of knowledge and products with communities outside Europe. Hence, defining traditional healing methods is not a search for an authentic core (such as an tradition-as-object) or an ultimate approach. Absorbing, applying, and ultimately passing on knowledge forms a self-determined way of handling resources based on experience. In this regard, the term “empowerment” is commonly used in order to emphasise the need for

Making local specialities requires special instruments, pharmaceutical resources and skills. Austrian pharmacists consider this transferred knowledge as part of their cultural heritage. © Kurapotheke Bad Ischl



self-responsibility and autonomy in health issues and in my view, ICH offers many opportunities for the promotion of self-empowerment in these matters, provided that legal frameworks enable such empowerment measures.

LEGITIMATION STRATEGIES IN CAM

In Austria, complementary medicine is a controversial field in which varying positions and definitional powers are subject to negotiation between numerous occupational groups and legitimation strategies.

The Austrian law entails that only physicians and certain other health professionals (under a physician's supervision) may treat illnesses. There are no official occupational categories, such as "alternative practitioner", for people who work in a way that is complementary or otherwise different from conventional health professions. However, there are many professional and lay practitioners in Austria who work in the realm of folk medicine and so-called energetics—an unregulated trade and professional "grey zone". Practitioners from this field may avoid calling attention to their practice because they are often already limited by legislation and/or the concerns and reservations of some occupational groups. Others may wish to seize the opportunity to gain the cultural-heritage label in order to strengthen their position as practitioners or for marketing reasons.

Based on Pierre Bourdieu's *Outline of a Theory of Practice* (1976), one can identify orthodox and heterodox groups that primarily employ claims to scientificity as their strategy of legitimation. Referring to their

Specialities of individual pharmacies include knowledge on nature, cures and healing that had formerly been passed down orally and have since been documented in recipe books. Specialities of Individual Pharmacies was inscribed on the Austrian Inventory of ICH in 2010. © Kurapotheke Bad Ischl



own scientific backgrounds and evidence-based practice, the dominant players from the field are the ones who define what is effective. Although conventional physicians may offer complementary therapies that have not yet been verified legitimately and scientifically, their practice must be based on scientific principles. In clinical studies, however, both the cultural context and the so-called general healing effects are excluded to the greatest extent possible; the symbolic value of the objects employed, ritual components, the patients' expectations, prior knowledge as well as patient-healer communication are ignored in evidence-based studies of efficacy in order to provide a health care system that benefits all people regardless of their backgrounds. By contrast, traditional and complementary healing methods depend on these backgrounds that have also been proven relevant in placebo research, and which can be alternatively subsumed under the term "meaning response" (Moerman, 2002). The reference to tradition and experiential knowledge is an alternative strategy of legitimation in cases where legitimation via clinical studies promises no success due to the abovementioned differences. UNESCO's activities in the field of ICH has raised awareness among practitioners about such alternative strategies, particularly in the course of the ratification process that preceded the implementation of the Convention—when the process of exploring just what ICH can be, and what advantages it might entail, was still underway. Many practitioners from the field of complementary medicine probably hoped to find public acceptance as bearers of ICH.

CHALLENGES OF THE INITIAL PHASE OF IMPLEMENTATION

Dealing with ICH has given rise to numerous questions, most of which have already been addressed. For example, it was unclear what constitutes ICH as defined by the 2003 Convention and what criteria have to be met for inscription on the National Inventory. "Tradition" as a term caused controversy in particular. Although the Convention does not speak about the concepts of "uniqueness" and "authenticity", recurring questions involved: how long-running does a tradition need to be for inscription, how much change is acceptable, is authenticity necessary, and also, who determines the answers to these questions? It is often misunderstood that establishing 'authentic' or 'better' versions of ICH practices is not in the spirit of the 2003 Convention. As living heritage, ICH has a history of practice and significance but, most importantly, it has a present relevance for the bearers in terms of function, value and meaning.

A surprising challenge in dealing with ICH was the fact that some bearers, who did perfectly conform to my notions of ICH, refrained from being associated with it. For example, individuals from the Alpine region practising healing methods based on magic words preferred to remain unknown. In fact, they considered media attention as a threat to themselves and their secret because of historical experiences of exclusion and persecution by church and state authorities.

In other cases, I realised that there is an urgent need to elaborate and undertake safeguarding measures in order to preserve knowledge that is gradually disappearing. However, the identification of a bearer community, one of the criteria for inscription on the Austrian Inventory, was impossible in some cases because one cannot speak of community and identity in terms of public knowledge and competency on traditional and



For centuries, communities from Upper Austria have produced pitch oil using so-called pitch oil stones (granite stones with furrows similar to leaf veins chiseled across their slightly slanted surface) and pine wood. The Distillation of Pitch Oil in the Eastern Mühlviertel Region was inscribed on the Austrian Inventory of ICH in 2013. © Manfred Danner

complementary healing methods. This means that there is currently no possibility to inscribe elements regarding home cures and the healing effects of herbs (used for first aid or to cope with minor ailments) in general terms as well as other skills and knowledge related to traditional pharmacopeia on the National Inventory even though this knowledge is disappearing, particularly among young people. Inscribing Local Healing Knowledge in the Pinzgau Region as well as Specialities of Individual Pharmacies serves as examples for elements which have been recognised and safeguarded by the communities themselves. Although the inscription of these elements has raised public awareness, however, the objective of promoting a self-reliant healthcare competency among the Austrian population has remained unmet.

RECOGNISING EXPERIENCE AS A RESOURCE

Considering cases where the implementation of the Convention (in terms of inventorying ICH) fails to meet the needs of the bearers, it becomes clear that some issues demand further consideration. In retrospect, for me as a researcher in complementary medicine, dealing with experiential knowledge (in terms of tacit knowledge, embodied knowledge) is in itself the most important impulse and a way to understanding traditional healing methods

and their value to the individual and to society—regardless of whether or not this is reflected by the National Inventory. Pursuing this idea via research and providing target groups with an adequate form of legitimation, thereby reinforcing decision-making and empowerment of communities, groups and individuals, is a viable approach.

Experiential knowledge is the essence of traditional and complementary healing methods; in German, accordingly, this approach is referred to as *Erfahrungsmedizin* [experiential medicine]. In this field, experience is an indicator of quality. Without experience, we have nothing to hold on to, which is further emphasised by discussions concerning ICH. Embodied knowledge includes the sensory realm, it equips us with abilities and resources in all areas of life. Alongside explicit knowledge (i.e. knowledge generated, tested, and reflected on in natural sciences), this form of knowledge is very important. It entails many aspects that are relevant for science, such as embodiment. In fact, these aspects are developed further in dealing with traditional and spiritual healing methods (see Csordas, 2002). When the Heidelberg-based philosopher and psychiatrist Thomas Fuchs wrote about implicit knowledge, he was probably not referring directly to ICH but even so, he does express an essential concern that is brought into focus by the 2003 Convention:

For homo sapiens it is not the expert who is equipped with all possible information, but quite literally the “tasting human” (Latin: sapere = to taste, to know)—in other words, the being that is possessed of a special taste or sense for complex situations, and who is able to master life through precisely such implicit, intuitive experiential knowledge. If we lose personal experience and instead rely only on maps, we will have a hard time weathering future storms. (Fuchs, 2008, p.257)

RÉSUMÉ

Aborder la notion de patrimoine culturel immatériel dans les domaines de la santé, de la souffrance et de la guérison permet d'ouvrir la réflexion sur un discours international qui présente des caractéristiques particulières en Autriche. En raison des priorités différentes de la médecine officielle d'une part, des approches complémentaires que celle-ci ne reconnaît pas d'autre part, les praticiens de ces méthodes complémentaires cherchent avant tout à légitimer leur pratique. La référence à la tradition semble l'un des moyens d'y parvenir, mais soulève la question de savoir si la Convention pour la sauvegarde du patrimoine culturel immatériel peut répondre à ces attentes. Cet article souligne, en interrogeant l'étendue terminologique et conceptuelle du domaine en question, les défis et les opportunités d'une approche basée sur le patrimoine culturel immatériel.

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