

Medical Pluralism Revisited (Editorial)¹

Anelia Kassabova, PhD

Associate Professor, “Medical Anthropology” Unit
Institute of Ethnology and Folklore Studies with Ethnographic
Museum, Bulgarian Academy of Sciences
[anelia.kasabova@iefem.bas.bg], ORCID: 0000-0002-6849-8218

Denitsa Nencheva, PhD

Postdoctoral researcher, “Medical Anthropology” Unit
Institute of Ethnology and Folklore Studies with Ethnographic
Museum, Bulgarian Academy of Sciences
[denica.nencheva@iefem.bas.bg],
ORCID ID: 0000-0002-0856-8288

Jakub Střelec, PhD

Postdoctoral researcher, Institute for the History of Medicine and
Ethics in Medicine
Charité – Universitätsmedizin Berlin – Germany
[jakub.strelec@charite.de], ORCID ID: 0000-0002-4311-7618

After the Second World War, the question of health, both individual and collective, became a central concern on both sides of the Iron Curtain. In liberal democracies as well as in state socialist regimes, efforts to combat and prevent disease, to improve healthcare and hygiene, and to regulate reproduction emerged as key pillars of post-war development. These initiatives were deeply tied to matters of political legitimacy, social stability, and economic modernization. Healthcare was not merely a technocratic domain. It became a contested arena where ideologies, institutions, and everyday experiences converged, while also

¹ The research is within the ERC Project "Taming the European Leviathan: The Legacy of Post-War Medicine and the Common Good". The project has received funding from the European Research Council under the European Union's Horizon 2020 research and innovation programme (Grant agreement No. 854503).

emerging as a transnational space, shaped by Cold War geopolitics, international organizations, and the interaction between national systems and global health discourses.

This special issue approaches these dynamics through the conceptual lens of *medical pluralism* as both a thematic and methodological point of departure. Building on classic and contemporary scholarship (Leslie, 1976; Janzen, 1978; Kleinman, 1980; Cant & Sharma, 1999; Adams et al., 2009; Raffaetà et al., 2017), we understand medical pluralism not simply as the coexistence of multiple therapeutic traditions, but as an entangled and dynamic field in which different medical epistemologies, institutional authorities, and cultural practices interact. In particular, our aim is to move beyond a binary view of (bio)medicine versus tradition, and instead explore how people, institutions, and states negotiated health through hybrid practices, competing logics, and cross-system entanglement. Furthermore, our approach seeks to transcend disciplinary boundaries and examine the history of medicine from multiple vantage points – combining anthropological approaches with intellectual history, legal history and the history of medical heritage. This interdisciplinary dialogization, we think, is particularly valuable for understanding the relationship between health, the body, and state power in post-war Europe – the core focus of this special issue

This perspective encompasses three key dimensions: first, it involves the analysis of diverse medical approaches, treatments, institutions, and practices addressing health problems across different societies and political systems in post-war Europe. Hence, secondly, arises the call for methodological pluralism, encouraging the use of varied disciplinary perspectives. Third, it entails working with a wide range of source materials, including archival documents, oral histories, media representations, architectural legacies, and museum exhibitions. This special issue attempts to combine all three aspects by focusing on a variety of research topics.

Therefore, while the concept of medical pluralism traditionally refers to the coexistence of multiple healing systems, we also use it here in a broader sense – to signal the diversity of analytical approaches, disciplines, and narrative styles that shape this volume. The included articles range across medical anthropology, social history, legal studies, environmental and architectural history, and museum studies, reflecting the plurality not only of medical systems but also of the scholarly lenses through which they are interpreted. This conceptual openness resonates with broader efforts in anthropology and the social sciences to move

beyond disciplinary silos and examine medical systems through heterogeneous modes of knowing (Pickstone, 2000; Rabinow et al., 2008; Lock & Nguyen, 2010).

Rather than enforcing conceptual uniformity, we embrace this heterogeneity as part of the volume's core strength: a commitment to examining healthcare transformations through multiple, sometimes competing, disciplinary perspectives.

While the majority of contributions focus on countries in Eastern Europe, the special issue seeks to transcend Cold War divisions. It therefore also includes articles that explore East-West comparisons, such as between Hungary and the Netherlands, introducing multinational overviews or examining other national contexts, such as Italy. Importantly, the special issue does not treat the 'Eastern Bloc' as a monolithic entity, nor does it portray state socialism as a uniform system. Instead, it attends to the political, social, and cultural specificities of individual Central and Eastern European countries, each shaped by its own historical trajectory. This approach is reflected in the geographical scope of the volume, which includes analyses of Albania, Bulgaria, Poland, Hungary, and Yugoslavia. At the same time, the broader international context remains central.

Despite the thematic and methodological diversity represented in the contributions, a unifying research question runs throughout: the analysis of various regimes of care and control in modern European societies. We aim to offer a framework for the historical analysis and contextualization of institutions, health infrastructures, power relations, and state interventions across different countries in the post-war period. Special attention is paid to the ways in which the governance of health was legitimized, implemented, and embedded in everyday life, and how normative expectations and practices shaped access to care. At the same time, the conceptual lens of *tradition* and *innovation*, through which aspects of governance and care are negotiated, opens space to explore resistance, individual agency, and the adaptive strategies people employed in response to institutional constraints. This is especially relevant in the field of medicine, where the biopolitical entanglement of health, discipline, and state authority created a complex picture of regulation and self-control. From self-managed reproductive care to vernacular healing and selective use of institutional medicine, the articles in this issue demonstrate that medical landscapes were actively navigated and reconfigured from below. Instead of generalizing, the

volume aims to present various modes of governing and caring for population health as transnational phenomena in modern European societies. In doing so, the authors also open research avenues related to phenomena such as medicalization, responsabilization, de-institutionalization and self-governance.

The special issue is structured into four main thematic blocks, each addressing different dimensions of medical pluralism and transformation: *Negotiating Modernity: State Medicine and Local Knowledge*; *Medical Heritage and Memory: Institutions, Infrastructures, Artifacts*; *Biopolitics and Reproductive Governance*; *Margins of Care: Silence, Risk, and Contested Ethics*.

The first section, *Negotiating Modernity: State Medicine and Local Knowledge*, explores the intersection between state-led modernization in medicine and healthcare and the persistence of local healing practices and culturally embedded notions of the body and well-being. This section highlights the frictions that emerged when top-down interventions and scientific trends encountered longstanding traditions and everyday practices. The articles explore how state-driven reforms and therapeutic discourses – ranging from hygiene campaigns to psychiatric treatment – interacted with enduring moral orders, philosophical orthodoxy, and local worldviews. For instance, Klejd Këlliçi analyzes hygiene campaigns in 1960s socialist Albania, which were designed to improve living conditions in rural areas. His article reveals the tensions between socialist modernization efforts and enduring, traditional forms of social organization. Special attention is given to the gendered dimensions of these campaigns, particularly how women were targeted by state initiatives that sought to penetrate and reshape the intimate space of the home. Approaching the question from a different angle, Tiago Pires examines the work of Italian philosopher and anthropologist Ernesto de Martino, whose theories significantly influenced the development of Italian ethnopsychiatry. De Martino's writings laid the groundwork for what Pires refers to as a “decolonization of mental health” in post-war Italy. Rather than relying on standardized models derived from Anglo-Saxon clinical psychiatry, de Martino offered a culturally situated understanding of psychological suffering. His work emphasized the symbolic and ritual dimensions of mental health, deeply rooted in the traditions of Southern Italy. In another paper, Inxhi Brisku analyzes Albanian Marxist philosophy in the 1980s and its response to the rise of Neo-Freudianism. Brisku points out that the inflexible ideological structure of Albanian Marxism severely limited the possibility

of engaging critically with alternative psychotherapies and intellectual traditions, ultimately reinforcing the regime's ideological continuity. Together, the three papers highlight different facets of negotiating the practical and conceptual dimensions of 'welfare' – from the instilling of a modern (socialist) way of life through bodily transformation and new habits, to the culturally embedded sense-making and treatment of one's mental suffering, and the ideologically coded reception of revolutionary theories of the human psyche, such as those of Sigmund Freud.

The second section, *Medical Heritage and Memory: Institutions, Infrastructures, Artifacts*, engages with the material and symbolic aspects of medical history, from architectural transformations of public baths in Bulgaria to museum curation. How is medical knowledge and infrastructure preserved, transformed, displayed, and narrated? How are histories of health and healing remembered? What becomes the face of medical innovation? Examining case studies of public baths and regional museums, the articles reveal the ideological and affective work of 'using and curating the past' with a view to the present, showing how medical modernity is staged and remembered. Slava Savova explores the built environment in Bulgaria after its liberation from Ottoman rule, focusing on case studies of Ottoman public baths and their modernization. She demonstrates that the processes of Europeanization and de-Ottomanization were not abrupt breaks, but rather gradual transformations shaped by enduring cultural practices. Based on these case studies, Savova points out that the country's balneological modernization was an adaptation to preexisting cultural practices rather than a linear or uniform process. In her contribution, Katarzyna Jarosz analyzes case studies of smaller-scale medical museums and the ways in which they construct historical narratives about medical innovation. She focuses on curatorial strategies such as spatial arrangement and object selection, showing how these institutions, often of regional significance, played a crucial role in shaping the public history of medicine. Jarosz highlights how medical breakthroughs are frequently presented through the lens of individual figures. While at first glance the two papers reveal diametrically opposed tendencies – the deliberately 'silent' incorporation of previous material and cultural heritage versus the public display of medical advancement and innovation – both contributions explore the employment and framing of national resources with international significance, whether natural healing treasures or singular medical achievements.

In the third section, *Biopolitics and Reproductive Governance*, the contributions explore the biopolitical dimensions of modern healthcare, with particular attention to the interplay between state power and reproductive practices. This section highlights how reproductive health became a central domain of state intervention, shaped by broader political ideologies, public health priorities, and cultural norms. Contraception, genetic counseling, and prenatal care were often framed as tools for population planning, scientific progress, and civic responsibility. At the same time, individuals and communities navigated these pressures through selective adoption, hesitation, or refusal. These research topics offer insight into the gendered dimensions of health policy and the contested politics of reproductive agency in post-war Europe. For example, Ina Dimitrova, in her study, examines genetic counseling in socialist Bulgaria, with a particular focus on efforts to popularize prenatal diagnosis within the medical system. She situates these developments within the framework of the preventive model of public health promoted by the socialist state, while also drawing attention to its underlying eugenic implications. Dimitrova asks how these preventive measures were implemented and how they functioned as tools to promote the responsabilization of socialist citizens in matters of reproduction. Ivana Dobrivojević Tomić explores the topic of contraception in socialist Yugoslavia, focusing on how government initiatives and prevailing cultural norms shaped societal attitudes toward birth control. Her article investigates the factors that contributed to the population's hesitancy to adopt contraceptive methods, offering insights into the tension between state policy, expert knowledge and private decision-making. Finally, Alexandra Barmpouti examines the phenomenon of do-it-yourself (DIY) abortion, analyzing the factors that influence a pregnant person's decision to pursue self-managed medical abortion. Her provocative general overview considers a range of legal, social, and political contexts across different European countries, demonstrating how national frameworks and global events shape individual reproductive choices. These contributions partake in the longstanding debate over the boundaries between the common good and individual rights, addressing issues of reproductive and sexual freedom and personal agency, which intersect with historically rooted gender roles and social expectations.

The fourth section, titled *Margins of Care: Silence, Risk, and Contested Ethics*, turns to the outer boundaries of care, where medicine grapples with silence, stigma, and ethical ambiguity – particularly in

areas where issues of life, death, and illness became taboo or politically sensitive. This is exemplified in the article by Judit Sándor and Mária Éva Földes, which compares the medicalization of death and dying in two contrasting post-war societies: Hungary and the Netherlands. While physician-assisted dying has become legally available in the Netherlands, in Hungary it remains a medical taboo. The authors trace legal developments and ethical debates in both contexts, focusing on the evolution of doctor – patient relationships, patient rights to information, autonomy, and transparency. Their analysis reveals that, despite legal and cultural differences, end-of-life care continues to pose profound ethical and institutional challenges in both countries. In a different yet thematically related case, Sławomir Łotysz examines the AIDS panic in late 1980s Poland, focusing on how the media and state censorship shaped public responses. His article traces how fear of AIDS manifested across various spheres of life, how it was translated through popular media discourse, and how it was addressed by both the state and other significant actors such as medical personnel, law enforcement, and insurance companies. Łotysz illustrates how fear-mongering narratives – coupled with ineffective state policies on prevention and public information – profoundly influenced perceptions of health risks and of those most vulnerable to them. These final papers again address fundamental issues from a historical perspective, discussing how different societies confront the limits of medical intervention in its conventional sense, and posing questions of personal dignity, ethical responsibility, and the boundaries of care.

Alongside the four thematic sections, this volume also includes a contribution under the heading *Fieldwork Notes* that presents yet another perspective on the pluralities of healing. The text written by Emil Antonov offers an auto-ethnographic reflection on the ‘transplantation’ of Huichol (Wixárika) healing practices from Mexico to Bulgaria. Through first-hand observation of peyote rituals and interviews with both shamans and participants in the ceremonies, the author explores the negotiation of authenticity, spiritual meaning, and cultural transformation in contemporary ritual contexts. The text invites readers to consider how native medical and spiritual practices circulate globally, becoming embedded in new articulations and geographies of healing. It complements the volume’s broader inquiry into medical pluralism by foregrounding lived experience and the evolving entanglements between tradition, commodification, and cross-cultural exchange.

The volume concludes with three contributions under the rubric *Vita Academica* and a collection of thematically related book reviews. The former reflect on academic endeavors and events, dedicated to topics like the anxieties surrounding ageing and care in Southeastern Europe, the challenge of therapeutic approaches in psychotherapy emerging during the Cold War, and the matter of risk-thinking in relation to health and medicine in several socialist societies. The presented books enrich this line of inquiry by addressing anthropological questions and themes such as care and treatment, health education and socialization, disability and social stigmatization.

Taken together, the contributions to this special issue illuminate the multifaceted nature of healthcare in 20th- and 21st-century Europe. They show that, in the post-war period, health became a contested domain, far from neutral, shaped by the interaction of state power, cultural practices, technological advancements, institutional frameworks, and social norms. It emerged as both a tool of governance and a crucial site/field where questions of legitimacy, identity, and social order were negotiated and challenged. By tracing the entanglements between official policies, leading institutions and alternative practices, between ideological orthodoxy and heterodox gestures, this collection offers new insights into how plural medical systems have shaped and been shaped by European societies. We hope that it contributes to current academic debates in the history and anthropology of medicine by acknowledging the international dimensions of health and welfare systems, analyzing the effects of state policies on individual experiences, foregrounding the lived experiences of care, and the moral and epistemic boundaries of medicine while exploring the enduring legacies of the post-war period.

Bibliography

Adams, V., M. Schrempf, S. C. (Eds.) (2009). *Medicine Between Science and Religion - Explorations on Tibetan Grounds*. London and New York: Berghahn.

Cant, S. & U. Sharma (1999). *A New Medical Pluralism? Alternative Medicine, Doctors, Patients and the State*. London: Routledge.

Good, B. (1994). *Medicine, Rationality, and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press.

Janzen, J. M. (1978). *The Quest for Therapy: Medical Pluralism in Lower Zaire*. Berkeley: University of California Press.

Kleinman, A. (1980). *Patients and Healers in the Context of Culture*. Berkeley: University of California Press.

Leslie, C. (Ed.). (1980). *Medical Pluralism in World Perspective*. Boulder: Westview Press.

Lock, M. & V.-K. Nguyen (2010). *An Anthropology of Biomedicine*. Wiley-Blackwell.

Pickstone, J. (2000). *Ways of Knowing: A New History of Science, Technology and Medicine*. Manchester University Press.

Rabinow, P., G. E Marcus, J. D. Faubion. T. Rees (2008). *Designs for an Anthropology of the Contemporary*. Duke University Press.

Raffaetà, R., K. Krause, G. Zanini & G. Alex (2017). Medical Pluralism Reloaded: Toward a Framework for Analysis of the Entanglement of Multiple Medical Systems. *Anthropology & Medicine*, 24(2), 129-144.

<https://doi.org/10.1080/13648470.2017.1317404>.