ABSTRACT. In this paper I want to draw attention to the integration of Western medicine into therapeutic choices among patients in rural Sri Lanka. These patients’ interpretation and use of Western pharmaceuticals is discussed in relation to the Ayurvedic theory of balance. The influence of this theory on people’s ideas of health and illness is highlighted in encounters where laymen and professionals alike use Western medicines according to context and their respective perspectives. Such therapeutic encounters are used to describe how the meaning of therapy is negotiated and communicated. The modes of perception used by doctors and patients seem to be mutually exclusive but each has its own logic. Western medicines are used as a symbolic means which help the patients and the practitioners of Western clinical medicine in a rural health unit to communicate through — rather than despite — “misunderstandings” based on their differing cultural assumptions about the body, about disease and about therapy. This argument is raised in relation to recent theoretical discussions among medical anthropologists concerning doctor-patient relationships, asymmetric medical relations and the analysis of meaning systems.

INTRODUCTION

Inadequate communication between physicians and patients who do not share a common background and mutual expectations is said to contribute directly to low rates of patient satisfaction and compliance (Zola 1985, Stein 1985, Fisher and Todd 1983, Waitzkin 1983). Such problems are looked upon as magnified when Western-trained physicians practice in the Third World with patients who do not understand biomedicine and who may operate with other theoretical systems and expectations (Smith 1982, Boesch 1974, Matthews 1979, Hegggenhougen 1980). Non-biomedical versus biomedical interpretations and classifications of illness have proven to be a major cause of miscommunication, e.g. in India (Djurfelt and Lindberg 1975), Tunisia (Creyghton 1977), Cameroon (van der Geest 1987), and East Africa (Whyte 1982). It is also emphasized that the pronounced lack of understanding between doctors and patients not only rests on the doctor’s ignorance of native illness concepts but also on the asymmetrical medical relationship and the doctors’ attitude of superiority (Hepburn 1988).

I want to challenge studies that assume lack of match between patient and doctor interpretations and misunderstandings resulting from power inequities produce poor clinical care. This may be true in the U.S. and in Europe where the expectations of medical care include verbal consultation and communication.
around more existential matters having to do with health. Much social science literature assumes a very particular cultural model of the doctor-patient relationship, one that might not be appropriate in many parts of the world. I argue that the situation is different where the culture of the doctor-patient, as well as the social organization of medical care, are sharply divergent from those in the West. As I shall demonstrate with data from Sri Lanka the patients' expectations are of a technical biomedical kind. Such expectations are readily met and lead to satisfaction. Both doctors and patients are satisfied with what is going on but on different grounds.

In anthropological studies on the uses of Western medicines in Third World countries it is argued that people are pragmatic and use what is available (Logan 1973, Janzen 1978, Mitchell 1976). A question seldom asked though is whether people seek Western medicines because qualities in those medicines are perceived as relating to their indigenous illness categories. This would mean that the medicines seem natural and understandable to them within the framework of their ideas (Welsch 1983, Bledsoe and Goubaud 1985). One outcome of people's beliefs in the medicines will be that they have some therapeutic effect (Moerman 1987, Stein 1987). The ontological role of the rituals that are involved in illness management through the use of Western medicines may confirm key notions about the real world in a way which affirms the validity of such rituals, irrespective of their practical outcome (Young 1976). In this way Western medicines can and often do meet local users' perceived needs and are integrated into their particular beliefs and health-seeking behaviour (Kleinman 1980, Young 1982, Igun 1987, Nichter 1980, 1987).

In this paper I will show how the therapeutic communication between patients and their doctors in a rural peripheral health unit in Sri Lanka meets the expectations of both actors although they seem to base their satisfaction on different conceptions of what is going on and on each other's understanding of what is going on. I argue that Sinhalese patients and practitioners of Western clinical medicine are able to communicate through rather than despite misunderstandings based on their differing cultural assumptions about the body, causes of disease and therapeutic logic. Investigation of how such ideas are employed in therapeutic communication is essential for understanding diagnosis and therapy, as well as the role of language in linking social experience and ideas to disease/illness and therapy. Medical anthropologists have problematized this relationship in their attempts to provide a basis for a "meaning-centered approach to medical anthropology" (Good 1977, Good and Good 1981). Inspiration is taken from this approach as well as the discussion related to asymmetric social relationships (Ortner 1984). As is obvious in this study the asymmetric relationship between doctor and patient is natural and called for by the actors involved.