

# Healthy Community Economic Futures: Comparing Community Economic Treatment Modalities

---

**Paul Wildman\***

*International Management Centres, Australia*

## *Introduction*

In a recent article on the dystopia likely to follow the events of September 11, 2001, Inayatullah (2002a, b) suggests "...if we are interested in the long term, then multiple traditions are needed." In other words, categories or theories from one arena can shed light on another, helping us to see social phenomena which were previously invisible.

To take the example of the health discourse, this means considering how employing naturopathic, homeopathic, ayurvedic or chiropractic traditions - alongside the West's dominant allopathic tradition - might work much better and enhance our health more effectively than use of any single tradition. This piece seeks in some small way to meet this challenge.

## *What do International Relations, Economic Futures and Health Modalities have in Common?*

In terms of the conflictual model of international relations and the current war on terror, an allegorical medical model can be generated in which the germ/disease is seen as the "other": as the enemy. In this example, an allopathic approach is one where the enemy is conceptualised as expendable "bugs" that are destroyed, often by "blasting or bombing" them. In many instances, however, an alternative response may be more productive: the enemy needs to be treated (in particular in the response to September 11) in ways that lead to healing, inner and outer. In such a case, we need to look outside the allopathic and toward other "treatment" modalities. Such an approach also helps us think about the rationale behind the treatment; that is, the nature of causation of the "disease."

---

\* Correspondence: PO Box 74, Nundah 4012 Brisbane Qld, Australia.

Email: pwildman@optushome.com.au

As an example of responding to this challenge, I suggest a case where we take learnings, and categories of learning, and travel between fields, in this case, between the medical and the economic. Through an examination of an ongoing community economic development project, this article considers the ways in which the strong isomorphism between models of medical care and community development may enable the creation of a general theory of social phenomena that can help us understand the deeper patterns of our modern/post-modern world. Isomorphism has often been related to ancestry. However, a futures spin sees it as derived from biology: being of the same or of like form, different in antecedents, but alike in present appearance. (Interestingly, the Greek root "ecos" is the derivation for both the words ecology and economics. A link between natural/organic health related systems and economic systems is evident.)

### *Generalising the Medical Models*

While models of health strategies can help us shed light on international affairs, the community economic development project discussed here is intended to assist communities - especially rural ones - develop an activist or "actionist" response (Rick Slaughter calls such skills "copeability") in proactively developing their economic futures (Wildman 2002a; Slaughter 2002).

The *Community Economic Futures Action Learning Circles* project (CEFALC) aims to develop learning circles for adults to enhance their communities' economic futures now and into the long-term future, in response to globalisation. The project is being jointly undertaken with the Community Learning Association headed by Helen Schwencke, with financing provided by the Queensland Gaming Commission Community Benefit Fund, and will be completed during 2002. A learning circle kit is being developed as a tool for use in the community focus groups; "future economic enhancement" is one intended outcome. Several community focus groups were held to solicit "front of mind" concerns.

A decade ago, similar work found that the most common "front of mind" issue was a sort of cargo cult response: "we need another school/hospital/coal mine/power station/college"; in other words, "we need yet another big project." In the present project, on the other hand, the word "inoculation" was mentioned in reference to community survival, while other inclusions have been "understanding globalisation," "understanding the local economic system" and "retaining the youth in country areas." These

responses clearly reflect a more proactive community. Further discussion and questioning in the community focus groups led to the development of a comparison table (Table 1), which facilitates community understanding of different paradigms for local economic action. It is important to note that different paradigms can lead to (a) very different actions to achieve the same desired results, (b) very different ways of understanding the same action to achieve desired results and (c) the ability to act coherently without the need for endless intellectual agonising.

The table demonstrates different paradigms using a comparison based on the familiar modalities of health. Health provides an ideal model: while we are able to conceptualise our own health and consider alternative responses or management strategies, we tend not to transfer this way of thinking into other management needs. The economy (and the future of communities) is usually considered an external phenomenon controlled by the Government, the Reserve Bank or global forces. The only personal involvement is perceived to be in terms of wages and prices. However, by using health models that are part of people's lived experiences, the economy can be personalised, and thus better understood and acted upon with local and community agency.

The five modalities investigated in the table - allopathic, naturopathic, homeopathic, heteropathic and prophylopathic (preventative) - are illustrative only and not necessarily exhaustive. Further specific treatment techniques can be located in different modality columns depending on the "attitude" or "approach" of the practitioner or to an extent the patient. The fifth mode - the prophylopathic (a composite word I coined) - refers to health strategies that are preventive, defensive or protective, using, for example, exercise and diet; are protective - including via a protective moral position through, for example, community ethics; and finally, contraceptive.

Table 1: Community Economic Futures - Treatment Modalities

Criteria	Allopathic	Naturopathic	Homeopathic	Heteropathic	Propylopathic
Treatment of the disease (illness/invasion). Host's response to "the other."	Treating other (illness/invasion) with other by death. That is, other is seen as the enemy and is therefore subject to death through drugs, bugs or bombs (a highly localised version of bombing and germ warfare).	Treating other (illness/invasion) with "natural" different other to mitigate illness/invasion.	Treating other (illness/invasion) with the same but lesser other, in order to boost the host's capacity via knowledge.	Treating other (illness/invasion) with its opposite or counterpoint	Treating other (illness/invasion) with simpatico force majeure before other manifests in the host - a sort of medical dance. That is, preventing or avoiding the need for the "treatment" of other.
Medical examples	<p>System of treating disease by the use of agents producing effects countering those of the disease (as opposed to homeopathy).</p> <p>This conventional medical system is also called symptomology, with doctor as expert/ patient as passive recipient.</p>	<p>System of treating disease and disorders based on assistance from nature, especially by use of herbs, natural foods, exercise and sunlight.</p>	<p>A system of therapeutics, notably popular in the 19th century, founded on the stated principle that "like cures like" (similia similibus curantur). Homeopathy prescribes for patients drugs or other treatments that, in healthy persons, would produce symptoms of the diseases being treated. The body overcomes the illness through "learning."</p>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>Acupuncture focuses on healing/readjusting body systems through balancing energy flowing through the body's twelve energy meridians;</li> <li>Magnetic treatment;</li> <li>Diploe &amp; bio electric therapy;</li> <li>Yin/Yang, halves of the brain;</li> <li>Electron - positive &amp; negative spin;</li> <li>Chiropractic;</li> <li>Chakra rebalance; and</li> <li>Specialised massage including hydrotherapy.</li> </ul>	<p>Healthy lifestyle, exercise, diet, massage, mind-body link, microvita, holistic medicine etc. Self-determination health. Like attracts like:</p> <p>Everything in the world draws something to itself: infidelity draws the faithless, and goodness attracts the one who is rightly guided. Both magnet and amber attract: whether you are iron or straw, you will be drawn.</p> <p>If you are straw, you will be drawn to the amber; and if you are iron, you will be pulled to the magnet. When anyone is not associated with the good, he inevitably becomes a neighbour to the corrupt.</p> <p>-- Mathewi IV: 1633-1636.</p>

Table 1(continued)

Economic examples	<p>Unrestrained Growth - Globalisation including:</p> <ul style="list-style-type: none"> <li>. Monopoly capital;</li> <li>. Income imbalances;</li> <li>. High unemployment;</li> <li>. Poverty;</li> <li>. Macro structure uncritiqued and untouched; and</li> <li>. The local subsumed by the global.</li> </ul>	<p>Small-scale enterprise, ethical finance, anti-monopoly laws, anti price fixing laws, training - macro structure remains as is but is humanised.</p>	<p>Globalisation scaled down into globalisations on the regional level. This way globalism at the macro level is the same as globalism at the micro level and vice versa.</p>	<p>Re-balancing globalism through its counterpart, localism. Here, localism is not just a smaller scale version of globalism but is qualitatively different to its global counterpart.</p>	<p>Community economic development, economic justice, natural capitalism, spiritual economics, for example:</p> <ul style="list-style-type: none"> <li>. PROUT;</li> <li>. Permaculture;</li> <li>. Socialism;</li> <li>. Reformed macrostructure.</li> </ul>
Concept of a Healthy Community Economy	<p>Somewhat mechanistic achievement of economic goals of: Growth, Price stability, Equity, full employment</p>	<p>Dynamic, just &amp; innovative economy where equal opportunity is real and the market is codified in a way that assists the small</p>	<p>Dual/Multiple/Russian Doll economies i.e. small and large economies co-existing harmoniously</p>	<p>Helping to generate free flow of balanced energy in Community Economic Development (CED) systems through the economic meridians.</p> <ul style="list-style-type: none"> <li>. Energy (\$, Goods &amp; services)</li> <li>. Production &amp; Exchange</li> <li>. Info flow</li> <li>. Employment</li> <li>. Minimising spending leaving or escaping from the locality</li> <li>. Input V's Output balance</li> </ul>	<p>Robust and resilient sustainable locally managed and participative economy with healthy individual sectors</p>

Table 1(continued)

<p>CED Examples (Italics represent topics from the kit)</p> <p>CED Examples (cont.)</p>	<ul style="list-style-type: none"> <li>. Multilateral Agreement on Investment and many World Trade Organisation decisions reduce or kill off local production and investment;</li> <li>. Conventional training . Public sector job creation i.e. through direct public expenditure.</li> <li>. Managing the process of CED</li> </ul>	<ul style="list-style-type: none"> <li>. Some Corporate Social Responsibility Programs</li> <li>. Triple Bottom Line accounting</li> <li>. Just tax laws</li> <li>. Enforcing antimonopoly and anti price fixing laws</li> <li>. Community Ethics</li> <li>. Understanding the basics ie. the nuts &amp; bolts of your community economy</li> </ul>	<ul style="list-style-type: none"> <li>. Conventional Regional Economics often sees the local as the large writ small ie. small scale globalisation</li> <li>. Inoculation</li> </ul>	<ul style="list-style-type: none"> <li>. NIMBY's (Not In My Back Yard)</li> <li>. Energy Meridians: Dollars. Taxation</li> <li>. Goods &amp; Services</li> <li>. Learning</li> <li>. Desire for Earning &amp; Learning</li> <li>. Creativity/Animation</li> <li>. Entrepreneurial spirit</li> <li>. Body Systems:</li> <li>. Rules &amp; Regulations</li> <li>. Community Innovation Process</li> <li>. The Market</li> <li>. Economic Institutions</li> <li>. Community Economy Sectors</li> <li>. Consumer needs</li> </ul>	<ul style="list-style-type: none"> <li>. Community Economic Capability Building,</li> <li>. Grow Your Own (GYO) community economy</li> <li>. Community Ethics</li> <li>. Nuts and Bolts</li> </ul>
<p>Governance style</p>	<p>Black Letter Law: regulation first, initiative last, with local fitting in to the global.</p>	<p>Catalytic: initiative first, regulation last, with the local "doing its own thing" loosely aligned with the global.</p>	<p>Regional: discrete regions administratively independent, yet strategically dependent.</p>	<p>Localist: local identity and culture, with the global fitting in to the local.</p>	<p>Glocal: dance between Global and Local.</p>

Source: P Wildman 2002

### *Observations and Findings*

All modalities have their role and value and are not necessarily mutually exclusive. Described by Inayatullah as “the most visible and obvious, requiring few analytic capabilities,” (2002b) litany type issues, while presenting similar symptoms of a particular disease, generate very different “treatments” depending on the different modality or paradigm chosen (Inayatullah 1988). The conversation of paradigms illustrated by the modality table can also be applied to what may be called “polyphonic governance,” where metaphoric (indigenous and often prophylopathic systems of being) interact with the Western linear “allopathic” mindsets (Wildman 2000b). Sometimes however, for instance in emergency situations, treatment must come before prevention: allopathy before prophylopathy.

No matter which modality has been chosen, research in the medical field shows that an individual sense of agency is the greatest generative cause of good health (Whitehall Studies 1990).<sup>1</sup> In other words, a sense of ability to act and achieve a positive result is crucial to individual health. The learning circle kit uses the modalities to take this further, and to link individual and collective health with healthy community economies.

In a system that is out of balance, unregulated Globalisation may be seen as a pathology. One way to redress this imbalance is to counterpoint it by developing a resilient local economy. So a heteropathic modality, in which the local is developed in its own right in a complementary role to the global, may be chosen - rebalance for rebirth of the local without mimicking or fawning towards the global. The learning circle kit under development strongly advocates the view that the best way of achieving such heteropathic rapprochement is through developing the informal “bottom up” economy of the individual→family→community rather than the more abstract theoretical concept of the macro economy writ small to the local level.

### *Conclusion*

By using health modes as a way to understand economic paradigms, we invite not only a conversation between disciplines, but also a conversation between paradigms. This helps us better work through the process of moving from vision to paradigm to methodology and to implementation - the “main” station - and thence to vision. In terms of futures

methodology, this approach develops the *contextual futures* perspective through linking the lateral modality perspective of the various treatments/actions for the same symptomology. The future is thus reconceptualized and alternatives are created.

Globalisation and its “unstoppability,” it being “here to stay,” representing the tide (I would say “tide”) of “progress” dominates much of the current talk on the economic situation. The result of this domination has been that other economic “modalities” are all but eliminated and, when they are admitted, it is often for symbolic political (or token) purposes only. From the former domination of the western medical world by the allopathic mode, the past generation has seen a virtual Gaia of modalities emerge. While the emergent ideas have initially been faced with substantive resistance, the dominant allopathic approach has begun to signal acceptance and even a glancing mutual respect. This Gaia of modalities found in the health field is sorely needed in economics.

Symptoms of economic disease, whether rising unemployment, increasing poverty in the third world, spiralling environmental costs, all tend to be simultaneously seen, judged *and obscured* by the lens/paradigm of the allopathic globalised economic system. Seeking alternate modalities, such as those from health management, allows us to use the “medeco” (medico-economic) system discussed here to insist that alternatives can and should exist.

### Note

1. Whitehall 1990. “The Whitehall Studies” were completed in the early 1990’s. Professor Marmot and his colleagues followed thousands of British civil servants for three decades and found that health was directly related to a sense of individual agency or ‘destiny’, which in turn was largely determined by socio-economic position. Standard allowances for health such as smoking, diet, exercise were found to account for only one quarter of the variation in health; agency and its related socio-economic position accounted for most of the rest. See Marmot, M., & Wilkinson, R. (Eds.), (1999). *Social Determinants of Health*. New York: Oxford University Press. Also see Australian Broadcasting Commission <<http://www.abc.net.au/science/slab/stress/whithall.htm>> Australian Doctors Reform Society <<http://www.drs.org.au/wwwboard/messages/199.html>> and an excellent semi-governmental explication of the issue at <<http://www.rph.wa.gov.au/hpnetwork/Social.pdf>> and comments from a researcher at the University of Melbourne <<http://members.optushome.com.au/psydeas/health.htm>>

### References

- Inayatullah, S. 1998. "Causal Layered Analysis: Poststructuralism as Method." *Futures* 30(8): 815-829.
- \_\_\_\_\_. 2002a. "Dystopia Near and Far." *Futures Bulletin (WFSF newsletter)* 27(1): 1, 10-14, 10.
- \_\_\_\_\_. 2002b. *Questioning the Future - Futures Studies, Action Learning and Organisational Transformation*" Taipei, Taiwan: Tamkang University.
- Mathnawi IV. 1996. Version by Camille and Kabir Helminski, "Rumi: Jewels of Remembrance -Threshold Books. (Persian transliteration courtesy of Yahya Monastra).
- Slaughter, R. 2002. "Future Shock Re-Assessed." *Futures Bulletin (WFSF Newsletter)* 27(1): 4-7.
- Wildman, P. 2002a. "Activist Versus Academic Writing: towards a Richer Conversation." *Futures* 34: 219-227.
- \_\_\_\_\_. 2002b. "The Litany of Death: A Deep Futures Critique of the Australian Royal Commission into Aboriginal Deaths in Custody." *Futures* 34: 571-581.

