

# ENGLISH SUMMARIES

## **Benedicte Bojlén: The Mysterious X – the Reconstruction of Lost Identities.**

The article describes the methodological development of identification in forensic medicine, thereby sketching out the historical interconnection between art, medicine and anthropology. Social anthropology usually understands personal identity as a person's sense of belonging to a certain group on various grounds. Physical anthropology, on the other hand, understands personal identity as identification. The reconstruction of a person's identity from bodily remains can be done only with help of measurements and use of "scientific" systems for classification of humans. The article shows these systems as cultural constructs. Also artists are sometimes called in to help reconstruct a human face for identification. Like natural scientists, artists have systems of signs – only they seem to escape conscious classifications, putting science in a dilemma. The continued use of medical artists and computerised "phantom" images when constructing a hypothetical identity, urges the author to recommend further research into the semiotics of art and science, especially with the regard to culturally determined ways of seeing, measuring and classifying.

## **Ronald Frankenberg: Two Sides of an Ocean of Mirrors, Divided by a Common Language? The Body in Narrative Anthropology and Scientific Medicine.**

This paper addresses the vexed question of the intellectual relationships between physicians and medical anthropologists sometimes incorporated in the same body. It suggests that they are more divided than they think because neither side always recognises that the former are, by definition, required to be pragmatic and the latter, analytical. They are less divided than they think because both groups have recently moved towards focusing their study on the body; physicians rather than just on the

diseased part, anthropologists instead of on reified, but disembodied, culture. The new developments, however, may lead to the concealing and reinforcing of a deeper division based on their diverse ways of seeing the body. They use each other as mirrors and, as through a glass darkly, see themselves as the despised other, and others as an esteemed self.

## **Jens Seeberg: Signs of Life. A semiotic Analysis of CD4-cell Numbers in Persons with HIV.**

CD4-cells play a vital part for the body's capability to overcome diseases. As a result of HIV-infection these cells are destroyed. Counts of the cells inform both the doctor and the HIV-infected person of the progress of the HIV-infection which may otherwise be unnoticed during the so-called latency period. The article analyzes the different and partly contradictory interpretations of CD4-counts throughout the course of the HIV-infection as well as their different potential for objectivization and corresponding possibilities for taking action. The article points to the necessity for medical doctors to acknowledge the symbolic content of the clinical tests rather than dismiss their patients' worries as unfounded in physiological and bodily changes.

## **Susan Whyte: Discourses on Defective Bodies.**

The notion of discourse is useful in examining the various ways in which impairments of the body are construed. In the last several hundred years of Western history, bodily difference has been the object of Christian charity, pedagogy, medical classification and rehabilitation. The article reviews these shifts in discourse and points to some fundamental assumptions about difference in Euro-American culture. In non-Western cultures, discourses on bodily anomalies can also be traced. However, discourse analysis of the Foucaultian variety

has serious limitations. It ignores the experience of impairment and it tends to present a monolithic view of cultures and historical eras. Ethnographic fieldwork holds possibilities for a better understanding of bodily infirmity as a cultural construction. The article concludes by pointing to some of the challenges confronting an anthropology of disability.

**Espen Braathen: Madness, Power, and Body. Humour in a Psychiatric Institution.**

Humour is a complex and variable social and cultural phenomenon. This article looks at how humour is used and managed by the staff within the context of a Norwegian psychiatric institution. Theories of humour in social scientific writings, are introduced in order to situate its particular anthropological contribution. By locating humor in a psychiatric context we learn that humour is not just sheer creativity and fun, but is part of a host of social processes and cultural influences. The study's theoretical framework views humour as a device of power, regulation and control. Foucault's notions of power and knowledge and Gramsci's concept of hegemony are brought to bear on the use and management of humour as part of the medico-psychiatric gaze, as well as part of hegemonic interests determined by society's larger ideological and politico-economic structures.

**Helle Samuelsen: Local Perceptions of Diarrhoea in Baluchistan.**

Diarrhoea is one of the most common diseases among children in rural Baluchistan and contributes to a very high child mortality rate. A study in which 60 mothers were interviewed shows that humoral theories of hot and cold food play a prominent role in local people's beliefs about causes of childhood diarrhoea. However, data on management of diarrhoea show that the humoral balance is not redressed by intake of cold food. Instead *parhaiz*, a limited diet, is used as treatment. Also biomedical anti-diarrhoeal drugs are becoming popular. Oral Rehydration Therapy (ORT) has a very limited popularity because the qualities ascribed to it by the local population do not fit into a humoral perception of treatment. This study from Baluchistan and other similar studies belong to a medical anthropological

tradition where specific biomedical symptoms or diseases are studied. It is suggested that our understanding of how humoral theories are applied today would benefit if analysed in a wider anthropological context.

**Stella Neema: Local Perceptions of the Female Body and its Reproductive Role: A Ugandan Example.**

The paper deals with Banyankole women of Southwestern Uganda and examines their perceptions of the female body and its reproductive processes. Data is based on qualitative ethnographic studies carried out for a period of one year in 1992 in Southwestern Uganda. The Kinyankole interpretation of the female body is seen in the framework of the biosocial body, both as a physical and a social body with norms and core values of society to be adhered to for protection against all natural and supernatural forces. The internal structure is likened to the outside structure of the body, hence the ideas of "internal breasts" feeding the fetus and "internal oils" that have to be cleansed out, just as the external body needs cleaning. Further, the author describes the Banyankole understanding of the growth of the fetus in stages of metamorphosis ending with childbirth as a process of "authentic cooking". Local perceptions of the female body during pregnancy and childbirth shape women's expectations, practices, and the resultant obstetrical care choices they opt for, and it is related to their own understanding of risk which might deviate from the biomedical concepts of risk during pregnancy and childbirth.

**Jens Aagaard-Hansen: To Call the Sickness by its Right Name – about Leprosy in South India.**

The article focuses on communication in a medical anthropological context. Based on empirical data from a leprosy eradication programme in Tamil Nadu in India, it is indicated how the terminology and the semantics of the sickness influence the medical work. During the fieldwork, 3 biomedical synonyms and 24 Tamil layterms were registered. The choice of label for the ailment in question had clear implications for health education activities, population surveys, as well as treatment compliance.

**Hans-Christian Køie Poulsen: Diagnosis and Treatment in a Nepalese Village.**

According to statistics, the health of the Nepalese population has improved. This progress is described by the authorised health sector as a result of its efforts. It is just as likely that self-medication with bio-medical drugs could have had a quite substantial effect. Though the rural population today willingly integrates bio-medical drugs into their sickness related practice, it does not necessarily lead to adjustment of their hitherto held beliefs and practices. On the contrary, the new medicine is used very much in accordance with the already existing ideas. For the rural population most illness cases have their course beyond the frame of reference normally accepted within Western natural science discourse. The majority of illness cases is thought to be caused by the influence of various invisible harmful agents. It is thus not surprising that the villagers mainly direct their attention towards these. The treatment of physical symptoms is usually considered to be of lesser importance.

**Lise Hildebrandt: Body, Mind and Soul: Experiences with a Body-Therapy.**

The article presents Ma-uri massage as a therapeutical practice, an institution and an experience with the body. The aim of the article is to give examples of non-dualistic experiences with the body. The main point of the article is that Ma-uri massage as a healing activity challenges the Western body/soul dualism and the related definitions of the body and perceptions of reality. The article opens with an account of context and data, followed by a brief description of the Ma-uri Institute and recruitment of potential Ma-uri masseurs. This is followed by descriptions of Ma-uri massage. Learning techniques and therapeutical processes are presented under the subtopics "Body and Cosmos", "Perceptions of Person", and "The Body as a Symbol". The article ends with proposals for future research within the area.

**Mette Bech Hansen: Andean Perceptions of the Body. Relations between Aymara Body Concept and Health System.**

The Aymara of Bolivia have different ways of healing their illnesses and use different

sources of knowledge in the health system. According to their traditional practice they tend to start curing on a home basis using their own knowledge and experience. Otherwise they may consult the local "curanderos" who exercise different abilities. Resorting to the official medical system is rare. Apart from a specific knowledge of the effects of plants, minerals, and animal ingredients it is shown that their concept of the body influences the choice of healers and healing methods. The body concept is essentially a concept of balancing body liquids and the relation between body and nature. The latter gives evidence to talking about cultural embodiment and using the body as a metaphor of the Andean society.

**Jette Jul Nielsen: Body Language? About Body Images in a Centre of Integrated Medicine in Copenhagen.**

In the article the integration of different healers in a centre of integrated medicine is described through an analysis of body images used by the healers in their communication. The images often had the form of metaphors – the body as a "container", disease as "strain", intuition "sensing". The metaphors are interpreted so as to show the different functions in the centre. Some of the metaphors seem to mediate between differing views of the nature of disease, healing and the functions of the body. For instance, the disease as "strain" metaphor allowed healers of different opinions of the bodily structure to communicate in spite of their disagreement, as to whether for example diagnosis was based on circulation or substance. Others allowed the healers to communicate on subjects which were otherwise difficult to discuss, as to the use of the intuition in the healing process and the nature of complex diseases such as HIV-infection and cancer. A consensus thus seemed to have been developed in the centre. The unity was confirmed in a mutual discourse on activity, according to which diseases, disease triggers, medicines, patients and even the healers themselves were described as active and strong-willed. The healers avoided the immediate conflicts by use of these forms of communication because they gave an impression of agreement. The use of metaphors, however, was only of a

limited depth and underneath the apparent harmony, the different healers had different interpretations of the meaning, corresponding to their own medical approach. This pattern of contested interpretations resulted in a fractioning of the centre.

### **Helle Johannessen: A Complex Science of the Body.**

The numerous conceptions of the body exposed in alternative therapies challenge traditional, Western, biomedically dictated conceptions of the body, disease and healing. The apparent heterogeneity could lead to a discharge of alternative body concepts and related therapeutic interventions, but as a large portion of patients experience effect of a variety of alternative treatments, the need for a conceptual framework encompassing heterogeneity at several logical levels emerges. For this purpose the author proposes the concept of "the complex body", in which cultural, social, and natural features are recognized as integral aspects of the individual body, treatment, and the healing process. The body is conceptualized as a complex field of potentials, to be explicated and unfolded in interaction with specific therapeutic concepts and techniques. Underlying the obvious variety within alternative therapies, a common focus on the body as structure, disease as de-structuration, and treatment as re-structuration is revealed. Treatments are rarely aimed at destruction of disease agents or pathologies, but most often aim at a general strengthening – re-structuring – of the patient, biochemically, physiologically, mentally, culturally or socially. Examples from reflexology, biopathy and kinesiology support the validity of a concept of the complex body, which leads to a reconsideration of scientific and scholarly approaches to evaluation of effects of alternative therapies.