

Name	Institution	Abstract
AKELLO Grace	'Gulu University, Faculty of Medicine, Department of Mental Health', Uganda	<p>Applied medical anthropology in a psychiatric clinic setting: imagining solutions and alternatives for childhood epilepsy</p> <p>'Epilepsy contributes significantly to childhood morbidity and mortality. Uganda is one of the countries with the highest prevalence (at 8% compared to 1% global prevalence) of epilepsy. Publications suggest that over 70% of epilepsy are idiopathic (i.e. its cause is not known). While clients can enroll and access free anti-epileptic drugs in any psychiatric clinics in Uganda, one of the frequently asked questions by clients is: what causes epilepsy? The latter question is complex for clients, psychiatrists and medical anthropologists in psychiatric clinics because none of them can comprehensively answer it yet one of the best approaches in disease management is through focusing on disease causation. Psychiatrists will explain that what is presently known is that about 30% of people living with epilepsy could have got head injuries at birth, but for a large majority of clients, its etiology is unknown. Medical Anthropologists on the other hand bridge the gap between community perspectives and the clinic. Many researchers suggest lay attribution of epilepsy to cen (evil spirits) and the moon(Reis 1998). Nevertheless these assertions are neither what clients nor psychiatrists want to discuss in a psychiatric clinic. This paper to analyse the extent to which applied anthropologists may engage in a dialogue in such complex contexts without losing sight of its relevance, professionalism and providing alternative for people living with epilepsy. Data which will be discussed is based on a working experience over a three-year period in a psychiatric clinic in northern Uganda with a specific focus on childhood epilepsy.'</p>
BOROWICZ Jan	'Institute of Polish Culture, Univ. of Warsaw	<p>'Organ Transplantation: towards the Posthuman?'</p> <p>'In my paper I would like to present my problems with analysing ethical and ontological consequences of organ transplantation in different methodologies and raise questions about a possible connection of this topic to the academic notion of posthumanism. Consequently, I would like to present analysis of two in-depth interviews (conducted in Poland between May and June 2011) with people with transplanted hearts. My analysis would consist of two parts: the first being a traditional psychoanalytical overview, examining the cases with notions of body image, object-relation, separation, and internalisation (Freud, Klein); the second providing an attempt to put organ transplantation in the context of posthumanism, or re-defining the concept of body and subjectivity (Haraway, Nancy). Presenting the case studies from these perspectives should generate questions regarding the possible values of using posthumanism in anthropology and, more importantly, what are the limits of applying theory to given research material.'</p>
BOUFFART Sophie	Université Paris Ouest Nanterre La Défense	<p>Attempt of conciliation between two healing systems on a French territory.</p> <p>In 2001, the hospital in Mamoudzou in Mayotte (which was at that period a French island in Indian Ocean with a « collectivité départementale » status) decided to open a psychiatric unit: the Mental Health Center (le Centre de Santé Mentale). Previously there had been no psychiatric unit on the island. So the hospital recruited a doctor who had already practiced with French expatriates in Goa, India. But in Mayotte the local population, with Bantu/Malagasy/Arabian origins, with a Muslim religion, quickly became interested in this specialized Western medical field. However, local patients often express their pains and symptoms with words and references belonging to spirit possession. The psychiatrist was unfamiliar with those representations, and decided to ask me (an anthropologist PhD student at that time), who was in the same time, same place, working on spirit possession. So we tried to build a common project, with intercultural information and training, for the nursing team (local and expatriate people). That has been built without the approval of the public services, because the hospital was unwilling to fund the initiative. We built up a team, from both fields, between the anthropologist and the nursing team, but also in collaboration with local traditional healers. This presentation will try to trace the dialogues between the two disciplines, and the different partners, the attempts at abuse of this new cultural exchange (during a trial for murder), the approval or the denial of this initiative by other health care professionals, whether Western or local orientation.</p>

CHARLAP Cécile	'Laboratoire Cultures et Sociétés, Université de Strasbourg'	<p>The menopausal body as a place of mastered uncertainty: management, representations and experience of menopause in the French context</p> <p>'In the western world, the ageing female body is seen as a source of uncertainty. Menopause is socially constructed as a strong image of disquiet and insecurity. It is associated with symptoms, pathology and risk, and representations of danger underlie the image of the menopausal woman. The social management of menopause has its roots in a device meant to discipline the body: its medicalization. Medicalization is to be seen as an attempt to master the uncertainty by handling the menopausal body within a medical frame. Indeed, visiting one's doctor, having hormonal check-ups and taking hormones are common steps of the menopausal process. Since the ability to control one's body is seen as a visible social skill, women tend to subscribe to the medical device. On the basis of my doctoral research and interviews carried out with menopausal women, my aim is to analyze the menopausal body as a place of mastered uncertainty in the French context. First of all, I wish to analyze the mechanisms of menopause medicalization and to examine the social representations that underlie its social management. Secondly, I would like to emphasize the function of medicalization as a process to reduce uncertainty by normalizing women's experience and stabilizing the menopausal body. Finally, I will attempt to analyze women's experience and emphasize the aporia that lies beneath it: so as to reduce social anxiety due to the uncertainty of the menopausal body, its social management places women in a context of disquiet during menopause.'</p>
CONDE MIGUELEZ Rodrigo EBGE Manfred Egbé	'University of Rovira & Virgili, Tarragona, Spain	<p>'Welfare, Ageing and Socioeconomic Disparities in Tarragona-Spain'</p> <p>'The progressive demographic ageing of the older population in Europe has been remarkable: average life expectancy in EU 27 has risen to 78.8 years in 2008 from 72.2 years in 2002. In Spain there has been a rise to 81.5 years in 2008 from 79.0 years in 2002. With a population projection of 520 million people by 2050, the old age dependency ratio for EU27 is equally projected to increase to 59.55% by 2060 and by 56.57% in Spain. This situation and projections do not only put to doubt the sustainability and survival of the European welfare state but also what impact the situation will have/has on the socioeconomic status and health of Europeans knowing well the % of the GDP of European states dedicated to social expenditure. This study analyzes the impact the current crisis situation in Europe may have/has on the socioeconomic status and health of Europeans; it will examine how health status will be or is impacted by socioeconomic status especially of the elderly in Spain (Tarragona). We use primary data from SHARE, Eurostat, INE and fieldwork data (via interviews and questionnaires with a sample group of elderly people living in Tarragona) for analysis. The study projects that the ageing of higher socioeconomic strata has better health outcomes than those of lower socioeconomic strata.</p>
DINCOVICI Alexandru	'National School of Political Studies and Public Administration, Bucharest'	<p>'Controlled pain(s). Combat sports and the remaking of the world'</p> <p>'Pain is known to unmake the world. At least that's what medical anthropology scholars claim when studying life-threatening diseases and chronic pain, while using a methodological framework inspired from phenomenology. Nevertheless, by claiming the universal world-destroying status of pain, they neglect some cases in which, instead of world unmaking, pain becomes world making. These are cases in which pain is controlled, carefully managed, and in which it becomes positive. Based on a three year fieldwork in combat sports gyms, the following paper seeks to argue two things. First and foremost, that we should speak about pains instead of pain, as fighters, at least, learn to distinguish among different types of pain, each having its own consequences. Second, pain can be positive and its roles, in the fighting world, are extremely important. Pain not only serves the skill-acquisition process, it also helps fighters define and set the (physical) boundaries of their existence, while enhancing body awareness and shaping new ways of being and acting in the world.'</p>
GIACOMONI Caroline	'CHU Bordeaux - Chercheur Associé ADES, CNRS'	<p>'Blood in the depth of women's experience of gynecological cancer'</p> <p>'The representations related to blood and fluid take a main part of patients' discourses, that's what the psycho-anthropological study FECAPSE(1) about the experience of sexuality and couple relationship of women, using interviews with 30 patients with pelvic cancer, revealed. Then a particular point arises: how blood is socially and mentally invested by patients?</p> <p>First, blood involves in the development of female sexuality and its representations become a signifier during the experience of the disease. Bleeding is one of the specific symptoms to pelvic cancer that worries women outside the "red thread"(2) of the feminine. It allows some patients to link the impact of gynecologic cancer with the body (bleeding due to surgery...), to understand the internal body, and build a "new" identity.</p> <p>Secondly, this "fluid" is an obstacle. It also impacts the relationship with the spouse, because it participates as a symptom to a differentiated investment related to the organization of the couple. The symptom "blood loss" may limit the sexual act, calling the concept of "souillure", through the fear of transmission revived by the presence of blood.</p> <p>Finally, this liquid that oozing out the vagina, generating mostly uncertainties and fears, is not always associated with an anomaly, and is likely to arouse women to others' fantasies and interpretations.</p> <p>(1)Cancers of the cervix, corpus uteri, ovary (FECAPSE 1, 2008), vulva and vagina (FECAPSE2, 2011) - Funding INCA (2)SCHAEFFER (2005) "Le fil rouge du sang de la femme"</p>

GILLE Baptiste	'University of Oxford'	<p>'Healing the spirit sickness'</p> <p>'My research focuses on healing practices and the therapeutic efficiency of ritual action. I would like to introduce issues on a particular ritual called "Spirit Dance". This ritual is still performed by the Coast Salish communities (Northwest Coast of Canada, near Vancouver). This ritual is supposed to heal from depression and addictive behaviours (drugs or alcohol). It is composed of three different stages: 1. Firstly, a diagnosis: a person feeling depressed, usually in the middle of the fall, is said to suffer from the "spirit sickness" (i.e be possessed by a spirit power named /syuwél/ or a life force called /syowen/). In this case, the "white" medicine is not considered to be helpful. 2. Therefore, this individual is "grabbed" for an initiation: during four days, she or he is withdrawn from the society and kept in a little cubicle. The initiate is thus introduced to the supernatural being and receives a song and a dance. 3. The last stage is the trance: once the initiation is over, the newcomer has to dance, in trance, in front of the community and show the power that he or she has gained from the supernatural being. I understand the mechanism of the therapeutic efficiency and the ritual work as a way of determining the presence of an agency held responsible for the individual's suffering. This supernatural agency, gradually integrated through a number of interactions with ritual agents, becomes slowly a part of the individual's perception of the self. '</p>
HASLUND Helle	'Aarhus University'	<p>'Parenting and family life after preterm birth.'</p> <p>The notion of what is a normal family is brought to focus when a couple receives a preterm infant. The present study thus investigates the cultural ideas and ideals that inform the process of becoming a family as social identity and everyday practice.</p> <p>The study is based on fieldwork in Denmark over 1, 5 years, with families (their first born a preterm child) in their homes and within professional health settings using a mixture of participant observation, interviews with parents, focus group discussions with parents and interviews with health professionals as well. Facebook with friendships, participation in open and closed groups is included as methodological tool.</p> <p>I assume that cultural ideas of the normal family are activated through preterm birth. Therefore preterm-families are used as empirical window, when I examine the construction of everyday life, parental identity and social roles as they are negotiated, contested and accepted. My preliminary findings show a heavy focus on monitoring, child-development and health being associated with good parenting. Parenthood is a professionalized and a highly moral practice. The health system intends to empower parents through knowledge, but adversely it generates insecurity and families with preterm children. "Peer groups of mothers" are thought to be a place of recognition and sharing, but negatively contributes to the stigma of the premature-families in the process of mutual assessment that is practiced in the groups.</p>
HERBST Franziska	'University of Heidelberg'	<p>The cultural reinterpretation of biomedicine in Giri, Papua New Guinea</p> <p>This paper is based on ethnographic research carried out in Giri (Papua New Guinea) starting in 2006, and providing insights into how Giri people anchor biomedical practices and technologies in their pluralistic medical system. This system is made up of a multitude of diagnostic methods and therapeutic procedures ranging from indigenous practices to Christian healing prayers and non-indigenous shamanistic rituals. When transplanted, biomedicine takes new forms; it is not uniformly practiced and consumed throughout the world as medical anthropologists have persuasively shown (see, amongst others, Kleinman 1995: Chapter 2, Lock & Nguyen 2010, Saillant & Genest 2007). Biomedicine has its roots in the Western philosophical tradition and has for centuries been characterised by the Cartesian dualistic view of mind and body. As such, biomedicine has eclipsed the mind from clinical theory – it has failed "to conceptualize a 'mindful' causation of somatic states" (Scheper-Hughes & Lock 1987: 9). Giri understandings of personhood (the component parts of the person and the relations between them) differ dramatically from this mind/body dichotomy. Social relations are understood as impacting heavily on individual health and illness. The paper explores the creative ways that Giri people employ and locally reinterpret biomedical practices and technologies against the backdrop of indigenous knowledge of the body, health, and illness.</p>
HESEBECK Ina Kathrin	Germany	<p>'Social Accessibility? Students with congenital heart defects within the German school system.'</p> <p>'This paper focuses on disabilities and chronic conditions in terms of social accessibility. In Germany, physical accessibility as a concept is strongly connected to legal disability status and has reached new prominence within German law in recent years. I argue that implementation hindrances to physical accessibility are often preceded or exacerbated by social barriers. This does not only pertain to adults. Drawing from my fieldwork in Berlin and environs with adolescents with congenital heart defects, I reflect over values displayed during incidences where my young informants experienced different forms of exclusion and/or support in a school environment. Taking the school as a focal point of social interaction, I adhere to Arthur Kleinman's call to surpass negative assumptions about life with disabilities and chronic conditions and instead parse the actual values displayed in social</p>

		interaction. In doing so I relay episodes that uncover levels of participation, physical fitness and speed, camaraderie, solidarity and compromise as highly rated. Finally, I explore ways in which the concept of social accessibility may help bridge a gap between a proclaimed policy and people's lived realities. [Keywords: chronic illness, biopolitics, young people, normalisation.]
INGRANDE Dalila	'University of Perugia'	<p>'Governing families through Primary Health Care programs: an anthropological analysis of the Community Health Worker in Brazil'</p> <p>'The paper wants to propose an anthropological and critical analysis of the Primary Health Care (PHC) programs and practices, trying to bring into light the relations between the specific rationality and the tactics used for their implementation.</p> <p>The central idea of the PHC programs is making the patient able to constantly check and monitor his own health conditions, and thus to reach the competence and instruments necessary to understand how to prevent illness. This is the so-called patient-centered care domain.</p> <p>I will refer to my fieldwork research in Brazil on the role of the Community Health Worker (CHW), an important figure of the Family Health Program, the Brazilian version of PHC.</p> <p>Using the Foucaultian concepts of subjectivation and governmentality, the paper will try to present the Brazilian CHW as a subject who is supposed that act on the actions of governed citizens, in order to empower individuals regarding their health conditions. The CHW teaches his patients how to achieve a specific "care of the self", which is aimed at forming their capacity to invest on their own health, expecting a return in the future ("preventive approach").</p> <p>What are the implications of this way of thinking about health? How can we analyse, in an anthropological perspective, the transition from a curative-based medicine to a preventive medicine, grounded over the family behaviours?'</p>
IRWIN Rachel	'London School of Hygiene and Tropical Medicine'	<p>'We're in it together' - A meta-narrative of 'partnership' within the World Health Organization</p> <p>'This paper examines norms of engagement amongst the World Health Organization, non-governmental organisations (NGOs) and the private sector. It constructs a narrative of how the notion of 'partnership' - typically in the form of public-private partnerships - has become normalised in global public health. It focuses on the creation of two WHO policy documents, the International Code of Marketing of Breast milk Substitutes (1981) and the Set of Recommendations on the Marketing of Food and non-Alcoholic Beverages to Children (2010) and examines relationships and partnerships amongst the key actors in both case studies. As the two documents were written thirty years apart, they allow perspective for how engagement amongst various sectors has changed over time. The paper draws from wider ethnographic research on the WHO, including a year of participant observation within the Organization as well as in-depth interviews with actors in both case studies. It posits that interactions amongst these key actors hinge around perceived and "real" control, with different actors negotiating various levels of control and influence over the policy-making process and outcomes - in the form of these two WHO policy documents. It also addresses control from Foucault's power-knowledge perspective by examining differences in the production, dissemination and use of public health evidence by NGOs, the private sector and the WHO - and how these differences influence policy-making at the WHO.</p>
KATA Prachatip	'Amsterdam Institute for Social Science Research (AISSR), University of Amsterdam'	<p>'Dis/abled Body of People with Disabilities: The History of Biopolitical Body and Sovereign Power of Thai Nation State '</p> <p>'This paper is based on ethnographic fieldwork conducted among blind singers and groups of musicians working in the streets of Bangkok, analyzed texts such as available literature, public policy, and law documents relating to disabled people, and interviewed governmental and non-profit organizations. My paper shows that Thai government has regulated ambiguous body (dis/abled body) of people with disabilities through state mechanisms in each era. In the era of nation building people with disabilities were viewed as 'disabled body' or helpless people. Therefore, they were kept in shelters, rehabilitation center or skill development center. At that time Thai government developed social work knowledge and social worker to aid them as helpless citizen. On the contrary, in the era of modernization people with disabilities were viewed as 'able body'. Thai government viewed them as 'human resource' that needs the process of rehabilitation and skill development, especially after 'the international year of disabled persons' in 1980 medical knowledge supported development of rehabilitative approach and defined classification of people with disabilities. My paper argues that the dis/abled body of people with disabilities was identified as moral-political subject where power was exercised a double movement of inclusion-exclusion in order to regulate good citizen or, and in the process solidify sovereign power of Thai nation state.'</p>

LIGGINS Siobhan Arlena	'University of Uppsala' Department of Cultural Anthropology and Ethnology, Uppsala, Sweden	<p>'Remembrance of an almost forgotten disease – Health seeking in the face of the illness Noma in Sokoto/ Nigeria '</p> <p>'The major interest of the study is to examine the concept of health and illness in the respect of the illness Noma in a hospital in Nigeria against the backdrop of medical pluralism. I will focus on the actual ways in which people conceptualize matters of illness and health, how they decide upon therapeutic strategies and how they implement their chosen opportunities of action.</p> <p>In the poorest societies, Noma is still remaining as a public health issue. It is the most severe form of a bacterial induced inflammation of the buccal mucosa, which mostly infects children, whose immune systems are compromised by malnutrition and unsanitary environments. I am planning to conduct my fieldwork in the Sokoto Children Hospital in Nigeria, a hospital specialized on the treatment of children infected by Noma. I will have the possibility to accompany a Dutch doctors-team during their action in May 2012 and observe the effects of the European doctor's on the local doctor's and see if and to which extent an intervention of the European doctor's takes place. Since there are no anthropological studies on Noma so far, the main aim of my research will be to contribute useful and critical anthropological knowledge for the promotion of the human well-being of children and the treatment of the disease Noma in collaboration with health professionals. I will follow the question, how ethnic differences and cultural health-related beliefs, among others, affect both the access to the Sokoto Children Hospital and the relationship to this medical establishment.</p>
MARTÍNEZ SANTAMARÍA Luz	'Universidad Complutense de Madrid'	<p>'Reproductive body in the Andes of Northern Peru (Lamabayeque).'</p> <p>'This paper discusses the ideas and practices that are woven around the human reproductive process in the Quechua-speaking community of Incahuasi, in the Andes of northern Peru. The reproductive process is analysed in different levels from the body, through the social group and to the territory and the environment.</p> <p>In Incahuasi, pregnancy, childbirth and the postpartum period are understood as a social and bodily disequilibrium process, considered as pathological. During pregnancy and especially in the birth, the woman is thought as ill, until she is finally 'revive' (kawsay) after the delivery. This process of disequilibrium is related with the notion of foetus as part of a set of non-human forces, strongly linked with the Andean landscape, from which must be separated.</p> <p>Following childbirth, the woman should recover her lost body balance through a series of requirements and restrictions and is gradually re-integrated into the social setting, as well as her son. The new born is integrated through a number of rituals like the 'aguasocorro', a domestic baptism, or the 'landa', the first hair cut, kindred with the meaning of being a Christian-human and a member of a specific community.</p> <p>The analysis of this double process followed by the mother and her son, at the individual, social and natural levels, and the links are drawn between these dimensions, allows an approach to representations and notions of a plural and permeated body, embedded in an Andean natural and social landscapes.</p>
MCBRIDE' Ruari-Santiago	'Queen's University of Belfast'	<p>'Personality Disorder Policy and Practice in Northern Ireland's Prison Estate: A Scoping Study'</p> <p>'Northern Ireland's Prison Service (NIPS) is under increasing political pressure to reform following a series of damning reports that have highlighted serious problems in service delivery, staff culture and in overall management of the prison estate. The mental health of prisoners is of primary concern as it has been historically neglected in both policy and practice as a consequence of the security focused prison regime. Of particularly relevance is the way in which personality disorder is 'managed': 60-80% of offenders are said to suffer from a personality disorder yet there is currently little provision to attend to their needs. The prison environment is seen to exacerbate mental health problems in vulnerable individuals and limited therapeutic service provision will therefore increase the chance of recidivism. This reveals that the NIPS is failing in its stated goal of making society safer. Reform is thus needed to improve efficiency and effectiveness and develop policy and practice to ensure offenders leave prison with improved mental health rather than with greater problems. The presentation will provide an overview of the first nine months of my research, which has taken the form of a scoping study. It will outline what I have learnt thus far and how I intend to progress in the coming years by describing my research strategy, methodology and intended areas of focus.</p>
MELO Lucas CAMPOS Edemilson	'University of Sao Paulo'	<p>'From health education to self-help: ethnography on diabetics' groups in the primary health care, Brazil '</p> <p>'Health educational groups are made in the Brazilian primary care centers, for the people with diabetes and hypertension. These groups are denominated Hiperdia Groups and organized by health professionals with the purpose of facilitate the adhesion to treatment. This research is focused on people with diabetes because of the differences between the illness experience of diabetes and hypertension. The aim of this study was to analyze the meanings attributed to the Hiperdia Groups by patients and health professionals. This ethnographic research was conducted on five groups on a primary care center, in the Brazilian Southeast, between August 2011 and June 2012. Patients and professionals were interviewed and participated in groups' discussion. Observations took place in the meetings of these groups and the researcher took the role of the ordinary participant. The meanings attributed for the members to the groups were composing a tenseness line. The patients point out the need of sharing their experiences and knowledge</p>

		about their chronic illness, and the strategies to obtain access to the health system. The professionals are confronted by the moral and technical imperative that involves promoting healthy lifestyles for the patients and the adherence to the treatment. Given this fact, it is argued that there is a crisis in configuration of the health education model in front of the emergency of self-help groups in Brazil. These are a social movement that gives value and legitimacy to experiential knowledge of the ill and, implicitly, challenges the authority of health care workers.'
SEKULER Todd	Institute for European Ethnology, Humboldt Universität in Berlin	<p>Colluding with Medicine: Convivial relationships between medicine, gender and the nation state</p> <p>In her call for 'ethnographies of the particular', Lila Abu-Lughod (1991) clarifies that her argument for particularity as a practical approach to feminist anthropology is not about privileging micro over macro processes. And yet, tactics to consider the role of certain macro factors in engaging with ethnographic research, even when done with feminist or other political motivations, remain elusive if not contrary to the aims of anthropology. For the field of medical anthropology – where field notes are often bound by the realm of the medical – incorporating reflection about projects of nationalism and neoliberalism, which are often inextricably linked with medical processes, tend to be especially restricted. By engaging with publicly available data from a range of media, community and professional outlets regarding the relatively recent declassification of transsexuality from France's list of long term psychiatric disorders, I will attempt to untangle certain macro factors that are critical to reflecting upon the power structures shaping the context in which these changes are produced and rendered meaningful. As I will demonstrate, transgender community organizations, health care professionals and French political figures have sought to control these changes, manipulating them for a range of social and political goals. Focusing on this debate, the context in which it developed and the ways in which it has been used on both national and EU levels, this paper will examine various stake-holders invested in reshaping the multiple, contested and convivial relationships between health, rights and gender presentation in France. I will conclude by briefly considering the relevance of Jasbir Puar's concept of homonationalism to these changes, so as to contextualize them within contemporary debates about nationality and rights, and to explore how pluralized and medicalized categories of gender become tools to stake claims about the future of modernity and the concept of rights within France and the European Union.</p>
VIDNER FERKOV Katerina	'Mreža zdravja', 'Ljubljana'	<p>'Between Ideals and Abilities Dynamics Provoked by Paradigms of Holistic Healing'</p> <p>'Instead of providing empowerment, holistic approaches which are most often used as an alternative to biomedical paradigm, can also represent an additional troubling factor. Despite the general rejection of the principles of holistic healing by biomedicine, they became embedded in the reality of our social lives. Even users that never choose Complementary and Alternative Medicine (CAM) approaches to health encounter the "holistic discourse" in daily life and media. Various paradigms of holistic healing became lingua franca when describing disease and illness. It became common that biomedical doctors allude to mental and emotional "responsibility" for certain disease or trauma, but on other hand provide only biomedical approaches to address them. Simultaneously those who choose CAM and holistic approaches can become caught in "ideals" present in holistic approaches, frequently with partial understanding of concepts they are following. Certain groups and NGO's are promoting empowerment and "natural" approaches with little consideration to that such approaches take time, patience and specialised knowledge as well. In this paper I present several examples from my fieldwork in order to expose the dynamics that are present in the encounter of biomedical and holistic paradigms.'</p>
WĘGRZYNOWSKA A Maria	School of Nursing and Human Sciences, Dublin City University	<p>Flintstones and magic hands: biomedical regimes and Polish migrant women's transnational healthcare practices.</p> <p>'Polish migrant women living in Ireland often describe the Irish doctors' and midwives' approach to pregnancy as "cold" and relying on "natural selection". This is usually contrasted with what they see as typical for the Polish obstetric care that is involving an approach full of "panic" and "spreading anxiety". This contrast is informed by Polish migrant women's recourse to both Irish and Polish healthcare services. Indeed, while caring for their pregnancies or seeking to improve their own health, Polish migrant women use not only what they see as properly 'Irish' healthcare services, but often consult Polish doctors practicing in Ireland or travel back to Poland to access healthcare services there. This multiplicity of healthcare sources creates transnational spaces where some migrant women manoeuvre between the Irish and Polish biomedical regimes to improve their access to good care. This paper explores the possible links between women's expectations regarding good care and the larger structural forces shaping the Polish and Irish healthcare systems. As other healthcare systems around the globe, the Polish and Irish healthcare systems have been strongly shaped and reshaped by market-oriented reforms. While at the macro-level privatisation may seem to be a unitary process affecting healthcare systems in a similar way, local strategies of implementation led to different configurations of the private/public and primary/specialized care in each system. The different institutional developments in Ireland's and Poland's healthcare systems lead to two different biomedical regimes that act as diverse, and culture specific contexts for women's needs, expectations and meanings in regards to good care.'</p>

EASA training session

<p>MATEUS Elsa</p>	<p>'Institute of Social Sciences - University of Lisbon'</p>	<p>Of the Rosemary, the Sage and the Commons</p> <p>'This paper is an introduction to a case study on a small village known as "Terra das Ervanárias" (Land of Herbology), in the surroundings of a Portuguese Natural Park (Serras de Aire and Candeeiros).</p> <p>The new identity is framed by a strategy of community-based management of natural resources and forest in communal lands (baldios) for local development. The management council (2006) has assumed promoting the Land of Herbology as one of its main projects, in order to restore and protect the traditional ethnobotanical knowledge, expressed in the gathering of spontaneous plants with medicinal value, in a process of restructuring local appropriations of the environment around ecotourism as an effort to sustain conservation and traditional practices within rural economies, uniting social and environmental objectives.</p> <p>The claim of tradition in the gathering of plants and herbs used in folk medicine and its marketing process by the local industry of herbal products can also constitute an attempt to involve local subjects in the development of "legitimate" knowledge about a native species of sage (<i>Salvia</i>) which is potentially useful for drug development for Alzheimer's therapy, namely, through the possibility of producing it locally.</p> <p>To be supported by Agronomic Science implies different forms of knowledge and new relations emerging between humans and non-humans at local and global scales.</p> <p>This paper aims for a reflection upon processes where biodiversity and ethnobotanical knowledge are intertwined with market demands on herbal medicines, agronomic and pharmaceutical research, local development and community based management of natural resources.'</p>
<p>CALZOLAIO Chiara</p>	<p>Ecole des Hautes Etudes en Sciences Sociales'</p>	<p>'The ethnography of violence in a hyper-mediatic context. Ciudad Juárez, mass-media realities and the contradictions of everyday life'</p> <p>What happens to the ethnographical research when the field is highly visible in the public sphere and in the medias? How can the anthropologist tackle the truths and the common sense "produced" by the medias on extremely sensible issues? We would like to investigate the limits and the opportunities of anthropology in a hyper-mediatic situation on the basis of a long-term ethnography in Ciudad Juárez. This Mexican city at the U.S. border, is worldwide known for the feminicides and, more recently, for the militarization and the increasing of violence and criminality related to the "war on drugs" declared by the Mexican government at the end of 2006. On one hand, the relationship between the researcher and his interlocutors, used to face journalists and international actors, evolves. They are aware of the international image of Ciudad Juárez, apprehended as the world most violent city, and often express the desire to change this stigma. On the other hand, the ethnographic practice can underline contradictions, paradoxes, nuances, that are often the borrowed from the simplification of media realities. Such categories as "victims" or "guilty" that seems to be clearer in the rhetoric of gender-based violence or of the "war on drugs", appear blurred at the contact with ethnography. Anthropology can overcome media representations of violence, showing how legality and illegality, experiencing and reproducing violence, structural inequalities and the immersion in the circuits of criminality are strongly connected and merged in everyday life.'</p>
<p>CAPELLI Irene</p>	<p>'University of Turin'</p>	<p>“‘fuqash ‘arafti fi rassek hemla?’ Discovering, hiding and experiencing pregnancy and reproduction in the lives of single mothers in Morocco”</p> <p>'Despite existing and being culturally shaped in the past decades, the phenomenon of single motherhood in Morocco is acquiring novel meanings. Recently, the reality of single mothers in Moroccan society has been increasingly mediated; it has been touched upon by the changes encompassed in the family code reform (2004) and it is the object of several organisations' projects across the country, especially in its economic capital, Casablanca. While being widely discussed in public discourse, being a single mother in Morocco threatens the private sphere of the family and is nonetheless socially stigmatized, being emblematic of illegitimate sexuality. Yet – according to gender differences – the latter is visible throughout society and may be accepted unless its 'proofs' remain invisible. Therefore, pregnancy outside the framework of a socially or legally legitimate union may imply the temporary or definitive disruption of family ties or radical changes in women's lives, such as (inner)migration, fleeing or embodied strategies of pregnancy hiding within one's household until childbirth. Resulting from consensual relationships or violence, sometimes 'discovered' after up to five months, others welcome as divine will or accepted after abortion attempts, reproduction outside a legitimate framework is usually not a choice. It implies multiple social, legal and 'survival' challenges for women of diverse ages, social classes, education levels. Basing my insights on ongoing research, I aim at discussing the multiple uncertainties, fears, anxieties but also issues of desire marking the subjective</p>

		<p>experiences of women starting from the moment they become aware of their pregnancy outside a legitimate union, through their different coping strategies and negotiations regarding reproduction, sexuality, social and family ties.</p>
<p>FIALOVA Lydie</p>	<p>'University of Edinburgh'</p>	<p>'Understanding the Experience of Psychosis '</p> <p>My research explores different ways of understanding illness in acute and chronic schizophrenia. I examine the use of biomedical explanations of the origins of illness in the narratives of patients, and the role of the category of disease in the neutralization of the moral space.</p> <p>The experience of psychosis transforms the sense of self as well as the life-worlds of patients, and is often disruptive to and destructive of social relationships. I am interested in the ways in which patients understand the origins and nature of their illness, how the category of illness is constituted in the dialogue with psychiatrists, and how this category is adopted and often creatively transformed in the narratives of the patients. The category of illness allows for the externalization of agency, drawing a distinction between oneself and the illness, and the neutralization of the moral space of the relationships within which patients live. However, the category of illness becomes problematic in cases of chronic schizophrenia, where the distinction between oneself and the illness is not so easy to draw. I explore alternative understandings of psychotic experience and the ways in which patients and their relatives come to terms with their illness.</p> <p>My work draws on research in acute and chronic psychiatric hospitals in the Czech Republic. In this particular context, the neurobiological orientation of psychiatry has been supported through a Marxist-materialist worldview that disregards alternatives to the biomedical conceptualization of mental illness. Also, the religious framework of understanding the 'supernatural elements' of psychotic experience is not readily available, and the cultural landscape of understanding schizophrenia is rather different from countries that were exposed to the psychoanalytic influence.'</p>