

2nd Annual MAYS Meeting

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University of Warsaw,
Poland

Organized by:

Medical Anthropology Young Scholars
(a network of the EASA, European Association of Social Anthropologists)
The Institute of Polish Culture
& The Student Society for Culture Research, University of Warsaw

Hosted by:

The Institute of Polish Culture, University of Warsaw

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EASA, European Association of Social Anthropologists
University of Warsaw



Medical Anthropology Young Scholars (MAYS EASA) Annual Meeting 2011, Warsaw, Poland

Final report

Panel-reports by Claire Beaudevin, Nina Grube, Stéphanie Larchanché, Johannes Quack, Edit Szénássy, and Natalia Weimann.
Edited by Nina Grube.

The event was co-organized by EASA-MedAnth students and young scholars representatives Claire Beaudevin and Susann Huschke, and Polish Ph.D. students (Michał Kocikowski, Anna Wadolowska, Katarzyna Kułakowska, Hubert Wiercinski). The meeting followed up on the workshops in Berlin and Oxford, (re)connecting medical anthropology students from all over Europe, and allowing for in-depth discussions on specific areas of interest.

The conference gathered students, Ph.D. candidates and postdocs in Medical anthropology. It was hosted by the University of Warsaw (some pictures are displayed on the conference website). The final program contained 32 papers organized in 6 panels, each chaired by a Ph.D. candidate and discussed by a postdoc.

► **Organizational and financial matters**

The organization committee, created in Fall 2010, included MAYS coordinators (Susann Huschke and Claire Beaudevin), organizers in Warsaw (led by Michał Kocikowski), panel organizers and panel discussants. The committee communicated through a dedicated Google Group.

A dedicated website (<http://mays-poland-2011.blogspot.com>) was created by Michał Kocikowski. It aimed at keeping the conference participants informed about the organization progress, and also displayed abstracts and biographical notes about organization committee members.

The University of Warsaw provided the conference site, printed materials and the catering for coffee breaks. For this conference, MAYS was granted 2300 Euros by EASA. This amount was distributed based on merit between 16 of the speakers / discussants who applied for a travel grant. Each of them was given 70 to 75% of his/r travel fees. EASA's membership and events administrator (NomadIT) secured the travel reimbursements.

Logistics in Warsaw were supervised by Michał Kocikowski, who negotiated the University of Warsaw sponsorship and recruited students in anthropology who helped throughout the conference (coffee breaks, computers, etc.).

► Publication plan

Our colleague Michał Kocikowski is in charge of the repartition of the conference papers between the three following publications. The conference participants have expressed their choice and the selection process is in hand.

1. Online journal "Medical Anthropology and Bioethics" in English published by Russian Academy of Science.

2. Edited book in Polish

Editorial board:

- Tomasz Rakowski - ethnographer, anthropologist and physician. Awarded with Tischner's Award for his last book – prestigious award in Poland.

- Roman Chymkowski - anthropologist and sociologist, translator. He is researcher in Polish National Library and has a great experience as editor as well.

- Michał Kocikowski, PhD candidate in anthropology, University of Warsaw, will be responsible for all technical matters.

→ This publication in Polish is important for our Polish colleagues because the discipline is underdeveloped in Poland and this book will popularize medical anthropology.

3. Special issue of Polish online journal "(Op. cit.,)"

For interesting papers which do not suit the book theme.

Panel "Complementary and alternative medicine (CAM), and religious healing", organized by Natalia Weimann (Adam Mickiewicz University of Poznan) and discussed by Vlad Naumescu (Central European University of Budapest)

This panel consisted of three parts, two of them including three papers and one including two. Each part was followed by a discussion, moderated by **Vlad Naumescu** from the Central European University in Budapest.

The first paper, presented by **Eva Jansen**, gave us the insight into the phenomenon of naturopathy in India. The author focused on the three groups of healers with different backgrounds and thus various ways of treating their patients. First of all, there are traditional practitioners for whom naturopathy is just a way of life – they live in the forests like animals, focus on a diet and perceive being Indian as a counterpart to the Western culture. The next group is professionals with an institutionalized educational background, who adapt allopathic medical treatment to the traditional therapeutic methods in order to legitimate the latter. Eventually, there are health psychologists, complementary with the professionals, but resistant to all Western imports.

The topic of the second paper by **Roman Sieler** was also the traditional Indian healing called Varma Maruttuvam – a medicine of vital points in the human body. The role of the healer is here to sense these points in the patient's body by touching them in order to diagnose the illness. The most important aspect of this form of treating is to make both the healer and the patient active in the diagnostic process, which is contrary to the Western of biomedical practice.

Eventually, the third paper by **Hadrien Munier** spoke about the voodoo rituals practiced by the Haitian immigrants in Canada. The author focused on two dimensions of the voodoo healing – the therapeutic one, which is to gain strengths by an individual thanks to the contact with the supernatural and another, that is reinventing the self. These people who take part in the voodoo rituals become Haitian as migrants, which is the way of adaptation to new dimension of their cultural identity.

The main points of the first discussion closing this part of the panel were as follows:

- Knowledge – its ambiguous terminology, transmission of knowledge, indigenization and refinement of tradition, critical approach to the traditional knowledge, need for standardization, localization and globalization of knowledge,

- Building networks of actors between locals, politics, economists and biomedical doctors,
- The relationship between doctors and patients defined by knowledge, patients' agency, efficiency and efficacy of healing.

In the second part of the panel, the focus point was the spiritual healing in Poland. **Anna Pietrzyk** described the phenomenon of the so called "biofield energy healing", which is a response to the crisis in the Polish biomedical health care system. Since the latter results in the lack of trust in doctors among patients, people seek alternative methods of healing which better answer their needs. Thanks to the power of media, biofield energy healers are able to communicate with masses in the way commercials do. However, in some cases the popularity of this form of therapy may be destructive as patients tend to resign on the biomedical therapy, which sometimes is the only effective way to treat the illness.

The next paper by **Michał Kocikowski** was about the charismatic healing which popularity is also the effect of people's disappointment with biomedicine. In the situation, where biomedicine seems to be powerless, patients seek hope and solution in their faith, attending special masses and praying. Here, however, the healers encourage patients to treat the charismatic healing as complementary to the biomedical therapy which makes this form of alternative healing safer than the previous one.

The last speaker in this part, **Maja Dobiasz**, presented the form of therapy named "anthroposophy". First of all, she explained the rules underlying this kind of healing, which are the complex perception of the human body (consisting of three layers: physical, etheric and astral), treating illness as an unavoidable result of previous experience and using individual set of healing methods by every single patient. The successful therapy requires the acceptance of one's karma as well as the individual's bounds with nature.

In the discussion summarizing the second part of the panel, following topics were mentioned:

- Breaking the boundaries between religion and spirituality in medicine,
- New identities and values – political and socio-economical dimensions of healing movements,
- Language of mediation: narratives, healers as energy channels, prophecies and their interpretations, healing efficacy in forms of various kinds of evidence (e.g. patients' testimonies),
- Pushing the boundaries of everyday life.

In the paper opening the third part of the panel, **Ramdas Sahienschadebie** spoke about people in Surinam affected by cutaneous leishmaniasis. According to her research, these people tend to use dangerous chemical substances in order to cure their illness. The reason for such behaviour is people's belief that cruel, almost impossible to heal disease requires harsh treatment. Poor socio-economic situation of these people combined with an easy access to dangerous chemicals at work make it only easier to use such a harmful "healing" method. The author called the phenomenon an "experimental health seeking" and pointed out that it is especially visible in this part of the society where biomedicine fails – as well due to the lack of a proper treatment, as to the costs of the latter.

Last but not least, **Pauline Huet** presented a paper about neoshamanism in French Brittany. The focus point here was that members of this movement do not originate from Celtic tribes anymore, although they adapt ancient beliefs to their needs and ask for respect according to their practices. In fact, they state that everyone may be a shaman, he or she must only discover it through their dreams and visions. The role of the shaman is to help the patient in recovery through expression of one's emotions and connection to the world's energy. In this way, the patient's soul can be healed and hence the body since the latter is only the language of the spirit.

The discussion closing the panel included following topics:

- Incompleteness of biomedical knowledge and response to it in form of alternative ways of healing,
- Search for "something beyond" resulting in new forms of spirituality and healing.

The panel on immigration and health was representative of the diversity of research projects currently conducted on this theme. And while three out of the four papers focused on undocumented immigrants experiencing obstacles to healthcare access, the different approaches articulated by the participants highlighted how important is not to generalize about "immigrant health".

Monika Kujawska's paper on Polish migrants' medicinal plants first addressed the issue of continuity and change in the phytotherapy of temperate climate peasants from Poland who have settled down in isolated, rural areas of subtropical forests in Argentina. She investigated the ways in which Polish immigration, as an organized form of family migration, created a space for preservation, recreation, and transmission of traditional ethnomedicine. In discussing continuity and change in migrants' pharmacopeia, she draws attention to how plants are used, prepared, and administered. As far as changes, she evaluates similarities between Polish migrant's pharmacopeia and that of Mestizos (people of mixed European and Amerindian origin) in Misiones.

Her analysis was very enlightening in terms of understanding cross-cultural patterns of adaptation which, as she points out, not only include processes of "deculturation" (loss of heritage customs) and "acculturation" (adoption of the elements of the host culture), but also the particularities of the cultural environment they take place in.

Nolan Kline's paper on Migrant oral health in Central Florida discussed health inequity among migrant agricultural labourers in the U.S., using the lens of access to dental care. His study reveals how oral health is valued less than systemic health in the United States, how conceptualizations of healthcare as a commodity exclude access to care for the poorest populations. In such a context, poverty is a significant barrier to care, and Kline uses food as a proxy measure of poverty, in order to demonstrate how poverty constrains access to dental care among undocumented migrants. His analysis includes a discussion of representations of undocumented immigrants in the US, referring to the concept of "deservingness" in relation to the hierarchization of populations.

Kline's comments on the social significance of teeth among undocumented immigrants were particularly interesting, as "a marker of social vulnerability". His research is crucial in counteracting negative representations of undocumented immigrants as cultivating unhealthy habits since often, in public discourses, cultural differences in the vocabulary of illness and health are found to be the principle influences on immigrant utilization of health services.

Saphia Mokrane's presentation on Access to medical care for undocumented migrants in Brussels explored practical obstacles to healthcare access to undocumented migrants who are eligible to Urgent Medical Assistance (UMA) in Belgium. Mokrane's careful breakdown of the administrative steps and intricacies to obtaining UMA was enlightening in terms of its heaviness and contradictions. She showed how, unlike in the US, theoretically, Belgium has an ethical approach to emergency and basic healthcare provision for the undocumented. However, in practice, those ethics are tested by administrative/ bureaucratic obstacles on the one hand, but also by direct care refusal. She concluded on undocumented people's strategies to cope and manage such obstacles.

Finally, **Susann Huschke's** presentation on Subjectivity and Social Suffering in the Context of Undocumented Migration: she precisely highlighted such strategies through the story of one of her informants, Eduardo. Huschke's analysis of Eduardo's experience constitutes a true anthropological exercise at "resocializing" the concept of social suffering that is linking up the relevance of political and economic barriers that induce both physical and emotional suffering, to individual understanding of what suffering means and how it can be managed.

Huschke's research helps deepen our understanding of the frames of perceptions through which people interpret relations of inequality and construe ideas of alterity and community, all of which underlie the production and management of immigrant health. Together with Mokrane's and Kline's presentations, it highlights these "intangible factors" — namely social stigmatization, precarious living conditions, and the climate of fear and suspicion generated by increasingly restrictive immigration policies — all of which hinder undocumented immigrants' access to health care rights by depicting them as undesirable political subjects.

Panel "Mental Health & Psychiatry", organized by Nina Grube (University of Münster) and discussed by Johannes Quack (University of Heidelberg)

The papers presented in the panel "Mental Health & Psychiatry" were "complementary" in the best meaning of the term. The methods applied and topics discussed nicely illustrated the spectrum, diversity and liveliness of contemporary medical anthropology.

Drawing on a genealogical approach **Ruari-Santiago McBride** presented a discourse analysis of "trans-gender" starting from its pathologisation as mental illness up to recent policy making in contemporary neoliberal Britain. This development was, however, not presented merely as a success story. At the core of the paper was the dilemma that the political activism that enabled some members of the trans-gendered community to become integrated into the binary gendered logic of mainstream society also resulted in further alienating those who do not fit into this logic. The discussion centered around the question if the political grouping of transgendered and homo-/bisexual persons within the LGBT-framework is politically useful. It came to the conclusion that it is when considering LGBT as a vulnerable group regarding social and political exclusion and discrimination but that by attending to gay needs it also tends to override transgender issues.

Małgorzata Anna Charyton's paper was based on ethnographic fieldwork of "traditional healers" in a region of Poland called Podlasie. On this basis she addressed, on the one hand, the question how local traditions are influenced by global developments concerning the concept of stress and the way in which this lead to a glocalisation of concepts and therapies. On the other hand she discussed how the medical pluralism characteristic of Podlasie could be described, drawing on the differences between bio-medicine and CAM, the oppositions between medical and non-medical approaches; as well as orthodox religion, magical practices and folk therapies. The discussion focused on the factor of time in ethnography and the question of how it influences fieldwork results. Comparative examples of the glocalisation of stress in other regional contexts were also discussed.

The invocative approach of **Agata Sikora** was to apply the classical medical anthropological question concerning the trans-cultural application of psychiatric categories to a trans-historical study. While anthropological studies have shown that established mental phenomena cannot be easily identified in non-Western settings or that apparently fitting categories actually have a different meaning in local contexts (Kleinman's classic "category fallacy" 1977) Sikora asked whether it amounts to a "category fallacy" to speak with respect to the sentimental emotionality of Salomea Słowacka-Bécu (1809 – 1849) of depression. Rather than deciding for or against such a labelling the paper ended with a much appreciated abeyance in order to acknowledge the difficulties of final judgements in such cases. The discussion concentrated on the legitimacy of exploring transhistorical questions versus transcultural questions in anthropology.

Finally, **Tom Widger** presented to us a comparison of developments within mental health care in the UK and Sri Lanka. On the basis of rich ethnographic data he described how and why in post-Tsunami Sri Lanka doctors and politicians acknowledge only psychiatric approaches as mental health care recourses. Further he discussed the example of suicide and argued that the resulting processes of medicalization transform social and political problems into medical ones. In contrast to these developments Widger observed attempts in the UK to

de-medicalise the health care system, to introduce “culture” back into a fully biomedicalised system.

Panel “Social life of medical technologies and pharmaceuticals”, organized and chaired by Caroline Meier zu Biesen (Freie Universität Berlin) & Claire Beaudevin (University Paris Descartes/Cermes3)

The panel “Social life of medical technologies and pharmaceuticals” featured 7 papers and was partly drawing on Appadurai approach and, in a broader way, also constituted a call for more social contextualization of research objects.

The first two papers dealt with life disrupting events and with the new expertise necessarily gained by patients who have to use new medical technologies.

Susanne Ådahl's paper dealt with home dialysis in Finland, and started with showing the audience a “disembodied” advertisement for home-dialysis machines that did not include any human character. Then, drawing on a strong actor-network theoretical framework she presented in details, she used a case-study to describe circulations of agency within the network involving the patient, the machine, the house itself and the family.

Elsa Mateus presented a paper about the social life of *Enbrel*, a biological therapy used to treat several kinds of serious arthritis. She described the way this drug is produced and used in Portugal, and how its autonomous administration by patients both empowers them and reduces treatments cost, thus increasing the pharmaceutical company's weight on the drug market. Discussing the self-assessment protocols used by patients to describe their everyday experience with *Enbrel*, she also emphasized the modifications of subjectivity induced by the daily use of such treatment.

The third paper was given by **Emanuele Bruni**, and introduced the audience to an ongoing research about an unknown epidemic liver disease (ULD) in Ethiopia. ULD is unknown for biomedicine, but the paper relevantly emphasized that it partly corresponds to existing disease taxonomies and that one can observe the merging of different aetiologies and the partial adoption of biomedical aetiologies. Officially involved as an anthropologist in the prevention and control program, Bruni described the way this emergency program neglects the actual living conditions of the population, and discussed differences between epidemic and plague, as well as the necessary a change of perspective for this very program.

The fourth and fifth papers dealt with pharmaceuticals and their globalization.

Britta Rutert presented the social life of P27, a chemical compound originating from South Africa. Her paper draws on the vivid ethnographic account of P27's itinerary and transformations through several local social fields — laboratory as well as Eastern Cape villages. The paper discussed globalization of pharmaceuticals on the basis of the different identities taken by P27 in South Africa.

Valérie Liebs presented a paper co-authored with her colleagues from Kinshasa, Göttingen and Leipzig, which focused on herbalists in Kinshasa. Liebs analyzed the everyday strategies they build in order to make a living: standardization, packaging, publicity. She also described the conflicts that arose in the herbalists' community, divided regarding moral issues of the “modernization” process.

The sixth paper, given by **Sandra Baernreuther**, dealt with assisted reproduction in India. Based on an actor-network theory approach, it analyzes the way these technologies are shaped by the Indian society, and the social life of gametes and embryos involved in IVF procedures. It concludes on the *multiplicity* of embryos (abstract entities, insurances, gifts, future babies, waste biological material, potentially aesthetic cell formations, etc.)

Amanda Wilson presented the last paper of the panel, focused on the case study of Kannapolis, former textile town of North Carolina that has been partly turned by a local industry tycoon into a new genetics centre. Wilson analyzed the local economic shock of 2003 and the later creation of a blood bank — filled with the inhabitants' DNA. She showed how this scientific program and its potential outcomes is framed as a valuable future by the inhabi-

tants, and how this forecast helps them keeping memory of their shared industrial past and tightening their bounds to local places and people.

Despite an apparent eclecticism, the 7 papers fell into several transversal themes that all were emphasized in the intermediary and final discussions: ontologies and actor-network theory (Mateus, Ådahl, Baernreuther, Wilson); status of knowledge (Bruni, Wilson, Rutert, Liebs); agency and control (Mateus, Ådahl, Baernreuther, Wilson, Bruni); globalization and pharmaceuticals (Liebs, Rutert, Mateus); politics of life (Baernreuther, Wilson, Mateus, Bruni).

Panel "Reproduction and population politics", organized by Edit Szénássy (Charles University, Prague) and discussed by Erica van der Sijpt (University of Amsterdam)

The panel on reproduction featured three speakers. The first speaker was **Maria We-grzynowska**, a PhD candidate from City University Dublin, Ireland. Her presentation titled "My hand in my own hands: Polish women's healthcare strategies during pregnancy and birth giving" was focused on the multiple strategic decisions Polish women need to make in order to assure the best possible care for them and their newborn babies. Frequently, this involves 'gifts' for the hospital staff – presents of monetary or other nature, thought to be necessary for increasing one's chances of adequate care.

The second speaker was another PhD candidate working on reproduction-related issues of East Europeans. **Lorena Anton** from the University of Bordeaux 2, France/University of Bucharest, Romania presented her ongoing research concerning the aftermath of communist Romania's stringent population politics and its effect on maternal health and reproductive decision making among Romania female migrants in France. The presentation was called "Be(com)ing a socialist mother and its legacies: Politics of reproduction and 'national health' during Ceausescu's Romania".

The final presentation was delivered in a rather unorthodox way: **Papreen Nahar** from the University of Durham, UK was, apparently because of her Bangladeshi passport, denied boarding the plane which would have flown her to Warsaw, in spite of her valid Schengen visa. Thus Dr. Nahar read out her paper, titled "Women in Bangladesh: Policy and program perspectives", to the audience via Skype. Her research was focused on the marginalized position or actual invisibility of infertile/reproductively challenged women in a country that has a significant 'overpopulation' problem.

Discussant Dr. **Erica van der Sijpt** reminded that reproduction is a topic that needs to be viewed and analysed as a wider societal problem. It needs to be understood, among others, in terms of power relations between spouses, health professionals, and policy makers. Reproduction is thus not a 'natural' process but is instead influenced by a complexity of factors that need further anthropological inquiry.

Panel "Health revisited: understanding the search for well-being in social, economic, emotional and political contexts", organized by Pauline Huet and discussed by Izabella Main (Adam Mickiewicz University of Poznan)

The panel featured 6 papers:

- Nicole Gilchrist, "Shifting Focus: A Move to Well-Being"
- Natalia Weimann, "Health Centred Design"
- Piotr Szenajch, "The Death We Talk About and the Dying in the Eyes of Hospice Patients"
- Anna Wójcik, "Social Consequences of Travel Tourism in Poland – Case Study: Duszniki Zdrój"

- Kim Bartholomæussen, "Health Care Workers in Denmark"
 - Carys Banks, "Interpreting and 'doing' care in a supported living environment for intellectually disabled adults: some findings from a preliminary ethnographic study"
- [abstracts are available at <http://mays-poland-2011.blogspot.com/p/abstracts.html>]

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