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Wood-carved ancestor (Rotorua)



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Frontispiece: The *Marae*

The picture shows the wood-carved ancestor of a local tribal community in Rotorua. The figure is posted at the entrance of a meeting-house. The *marae* (gathering ground, community facilities) is the symbol of tribal identity and solidarity. It consists of a carved meeting-house, a dining-hall and cooking area, as well as the sacred space in front of the meeting-house. The *marae* is the place of greatest *mana* (supernatural power, prestige), the place of greatest spirituality and the place in which Maori customs are given ultimate expression. Here Maori people gather for many reasons: to celebrate a wedding or another important social event, the elders meet to discuss political issues or the families to mourn their dead and organise the burial ceremony (*tangihanga*). The *marae* is the place where people stand upon the Earth Mother (*papatuanuku*), where every emotion can be expressed and shared with others and where the living meet their ancestors.

Viennese Ethnomedicine Newsletter

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Editorial

Armin Prinz

Here it is: the second issue of our VEN. Of the first, 150 copies were printed and distributed to colleagues all over the world. Due to the big demand, I and my team decided to increase the number of copies this time to 220. This was possible through the support of Dr. Gerhard Kastelic and Dr. Franz Kotrba, directors of the Vienna International Airport, whom we want to thank again for sponsoring the print of this issue.

The reactions to the creation of a newsletter were very positive. I don't want to withhold some commentaries from you: ... "Congratulations! Your newsletter gives an excellent impression, esp. the contribution from Tanzania; well presented, contains relevant information" ... "It looks wonderful. I would like to pay my compliments. - (and in reaction to my accompanying letter, where I excused ourselves for our "Austrian" English) - ... One should not worry too much about the English. One of the charming things in Europe is that we all seem to have our "specific kind of English", so that our identities remain alive - despite Euro, the danger of monoculture, cloning, etc. ..." ... "Sincere congratulations for your first Ethnomedicine Newsletter. You are so full of energy and courage. So, no doubt this newsletter is going to continue." The newsletter was also mentioned in the last issue of "Ethnopharmacologia", the Journal of the French and European Society of Ethnopharmacology.

Only one colleague and very good friend of mine who himself has published a scientific journal for many years, criticised some points. He welcomed the project to publish a real "NEWS"letter regularly, but he criticised the lay-out: "The (Austrian) national colours (red-white-red) in redundancy are bothering the eye." As it is, it was not our intention to symbolise our Austrian national flag but to adapt the stripes to the dominating colours of the frontispiece which anyhow will change with every issue. Though, originally the design had a very different look. I want to give you its short

history: We asked our friend Marco to do the lay-out for VEN. He presented his proposal and we were quite enthusiastic about it. Due to some misunderstandings on our part the colours of the original design were changed, a thing one should never do without asking the permission of the artist! Well, Marco was understandably disappointed, to say the least. We then decided to follow the original design for all issues. We ask our readers to inform us about their opinion concerning the layout.

The main article of this issue about traditional Maori therapies in the health care system of New Zealand is by Christine Binder-Fritz. She shows Maori perceptions of health and illness, the system of *mana* and *tapu* related to them, informs us about new initiatives in the Maori public health sector and the connection of mental health and spiritual healing. This contribution is part of the results of her Austrian Science Foundation's project "Illness Conceptions and Spiritual Healing Among the Maori of New Zealand".

The section "Fieldwork Experience" consists of two excerpts from diaries, Doris Burtscher's and Louis Nidaack Starr's, on the problems they both had with each other during their fieldwork - Doris with Louis as her translator and Louis with Doris as an anthropologist. It is an interesting and very emotional account of the two aspects of fieldwork.

In the same section is Wondwosen Teshome's story of how he personally experienced his fieldwork with a well known traditional healer in Ethiopia. Wondwosen doesn't want the healer's name mentioned because he feels the descriptions are too personal.

If you think you have done a good work, you always find a matching mistake afterwards. So, in the last issue, Edmund Kayombo in his article cites Bibeau in Medical Anthropology no. 11. It should read Medical Anthropology Quarterly 11.

Western Medicine Alone Does Not Cure Maori Sickness

A Discussion on the Integration of Traditional Maori Therapies in the Health Care System of New Zealand

Christine Binder-Fritz

Introduction

The following article focuses on the specific health care needs and culture-linked therapies of the indigenous Maori population. Special interest is given to spiritual healing methods. The paper is mainly based on the field research data of 1996 and 1997, a project (P 11360 MED) that was granted by the Austrian Science Fund (FWF).

In New Zealand there has been a steadily growing demand for traditional Maori healing, which is called *Rongoa* Maori. Within the period of the eleven years from 1986 (my first visit) to 1997 (my last visit) I could notice the increasing number of “traditional Maori healers” who were practising all over the North island. When my last study was carried out, there was a debate going on by the New Zealand Health Authorities about the validity, the place and control of those models of therapies that were going to be integrated into the public health system. This topic also was present in the media with all pros and cons. No wonder, that one Maori informant made the following comment: “New Zealand politicians regard your research topic at the moment as a politically ‘pretty hot potato’”.

As most people during the conversation with me sooner or later ask why I have “chosen” the New Zealand Maori to live and work with, let me tell you the reason. When I think back to my adolescence, New Zealand had always had a special significance for me, and the desire to go there one day was growing. During my studies in Ethnology and Cultural Anthropology in Vienna I attended a seminar on pre-European religions and belief systems in the Pacific region. The focus was on the impact European colonisation and Christianity had on these traditional societies. During the course I prepared a paper on the Maori “system of

mana and *tapu*” and from that time onwards I got more and more interested in Maori culture. For my Ph.D. thesis later on (1989) I went to New Zealand to conduct a field research on the traditional Maori birth system, hereby focusing on the impact westernization and medicalization had on the traditional structures.

During my studies in Ethnology I was working full time in the prenatal and genetic department of the General Hospital in Vienna, as I am a trained medical technician too. The majority of our clients were pregnant women with special genetic risks, and we made laboratory chromosome tests (by means of amniocenteses and chorionic villi sampling). For these women the procedure of testing and getting the genetic findings had somehow the character of a ritual. Having passed all these stages, they felt secure and calm to give birth, as they were convinced to have done everything which is available in Western medicine to reduce the risk connected with childbirth. So for my Ph.D. field research in 1989 I was especially interested in the rituals and symbolic activities of the Maori community that accompany the time of pregnancy, birth and postpartum period.

Methodology

Field data of 1996-1997 was collected by means of qualitative research methods, including: tape recorded interviews (single and focus group interviews), noted observations in health clinics (e.g. on complementary therapies), participant observations in Maori families, participant and non-participant observations of culture-based therapies. Numerous photographs and videos in health clinics were made. Interviews (n= 80) were taped with individuals, Maori and non-Maori nurses, Maori healers, social workers and other health professionals. It has to be mentioned that my former contacts with Maori people, mainly based on the study in 1989,

were of enormous importance to be successful with this research. The Maori community has strong networks and a well defined leadership, so it was possible to gain agreement and support for this research.

Maori Ethnicity or: When is a Maori a Maori ?

When presenting data on Maori the question will be raised “What do you mean when you say “Maori”? or in other words, “Who is a Maori”? Since the European settlement the indigenous people of *Aotearoa* (Maori name for New Zealand) call themselves “Maori”, although the pre-European term is *tangata whenua*, literally meaning “people of the land”. The present Maori are the descendants of the Polynesian canoe navigators who came to New Zealand’s shores from the tropical islands of East Polynesia (Marquesas, Society islands, Cook island), app. 1000 years ago. The term “*Pakeha*”, literally meaning “foreigner,” is employed generally to denote people of European birth or descent.

Another question is raised frequently at conferences “Are there any ‘genuine Maori’ left in New Zealand?”. It is true, almost every Maori family tree (*whakapapa*) does not only include Maori or other Polynesian ancestors but also more or less European ancestors. Indeed many Maori did not reject intermarriage. Intermarriage took place on such a scale that it was assumed that there would be very few full-blooded Maori left. It was further assumed that the offsprings of such marriages would identify themselves with the *Pakeha* and their culture rather than with the Maori.

Before Maori radicalism increased in the 1980s, Maori culture, language and way of life were generally disregarded and looked down upon. In fact, many *Pakeha* who considered the Maori an uncivilised people, believed that assimilation into the “superior” culture of the *Pakeha* was only for the good of the Maori. Indeed, during my first field research in *Aotearoa* in 1989 I could hear *Pakeha* ask repeatedly : “Why on earth are you studying the Maori culture here and what the hell is so interesting in Maori people?”

For many decades it was considered negative to be Maori for a lot of Maori people and they

tried hard not to be Maori. But Maori radicalism and Maori concern about land property in the last two decades changed it all and today many Maori are proud again of their cultural identity.

It is necessary now to give a short comment on the term “ethnicity” although, due to the limited space, this can not be done in detail. The term “ethnicity” will be used here as a personal and social characteristic to define a certain population group in the context of health statistics. I follow the comment of Alastair Gray (1993:126) that there are “many difficulties in defining and using the concept of ethnicity”.

To determine the validity of statistical data on Maori can create major difficulties. Before the 1986 census statistical definitions generally employed a biological base and used the criterion of half or more “Maori blood”. As already mentioned, there have been extreme high levels of intermarriage over the last two centuries, so that biological criteria are of limited utility in determining ethnic membership. For electoral purposes in 1975 and for statistical analysis at the 1986 census, “self-identification has been the accepted method for ethnic classification. The decisive factors in determining this identification are family background and upbringing, as well as personal commitment, rather than degree of ancestry” (Pool 1991:14). It is important to observe variations between statistical sources, especially when using health data prior to the 1986 census.

In other words: For most Maori it does not matter if in terms of genetics they might be “full-blood” Maori or only be of 50% or even less of Maori descent. What counts are involvement in Maori cultural life and identification with the group, and as my informant Professor Wharehuia stated: “It is the sense of being Maori and of preserving essential Maori cultural traits.”

The *marae* (gathering ground, community facilities) is the symbol of tribal identity and solidarity. The *marae* consists of a carved meeting-house, showing the ancestors of the local tribe, a dining-hall and cooking area, as well as the sacred space in front of the meeting-house. It is on the *marae* where *Maoritanga* (Maoridom) finds its expression and where Maori culture

has survived. The *marae* is the place of greatest *mana* (supernatural power, prestige), the place of greatest spirituality and the place in which Maori customs are given ultimate expression. Here Maori people gather for many reasons: to celebrate a wedding or another important social event, the elders meet to discuss political issues, or the families to mourn their dead and organise the burial ceremony (*tangihanga*). The *marae* is the place where people stand upon the Earth Mother (*papatuanuku*) and speak. It is the place where every emotion can be expressed and shared with others. It is the place where the living meet their ancestors. My Maori friends took me several times to such meetings (*hui*) and it was then, on the occasion of Maori women's meetings, big wedding ceremonies and above all the *tangihanga* (burial ceremony), that I got at least a glimpse of what it means to be Maori.

Contemporary Discussion on the Health Status of Maori

Comparing Maori and non-Maori standards of health show a lower life expectancy for Maori, and high death rates from ischaemic heart disease, asthma, chronic lung disease, diabetes, cancer (bowl, cervical, mamma) and accidental injuries. Another source of concern is that the neonatal and the infant mortality is about three times higher, the rate for suicide six times, and the rate for psychiatric problems almost three times higher than within the *Pakeha* population (Public Health Commission 1995).

There is a variety and complexity of factors that influence the health status of the Maori population. Maori health (*te hauora* Maori) can not be discussed without the historical perspectives and the clash of cultures between the tribal society and the Western world. Maori health problems can not be seen apart from the social and cultural changes, the displacement of religious beliefs and loss of cultural values that went alongside the process of colonisation during the last 150 years. One important factor that contributed to the far worse health status of the Maori population was the extensive land alienation which led to the loss of traditional economy. Dependence on Western institutions led to the shift from rural to urban areas, to a change in family structures and a change of nutrition.

At present the average Maori population still belongs to low social income groups. Therefore Maori health has to be seen in a wider context of Maori social development as their low socio-economical status is also responsible for some of their health problems. There are links between unemployment, low income, cheap and "unhealthy" nutrition, alcohol and drug abuse - and as a consequence - a greater demand on health services. An "unhealthy" lifestyle, with too much fat and carbohydrates in the food, not enough recreation and sport together with excessive smoking are linked to adiposity, diabetes and coronary heart diseases. Alcohol, drug abuse and a high rate of mental health problems are another source of concern.

Maori Perceptions of Health and Illness

We usually think about health using the language of scientific medicine because this is part of our Western culture. Maori people have totally different perceptions in regard to health and illness. They only can be interpreted with knowledge of the philosophical and cultural parameters. There are various differences between Maori healing and the Western bio-medical health system. Firstly Maori have a holistic approach to health and healing: Physical, psychical, social and spiritual dimensions of life can not be seen separated from each other. Secondly the assumptions of cause and effect of illness are based on a strong pre-European cultural concept, which is commonly known as the unwritten "system of *mana* and *tapu*" in the pacific region.

So when does a Maori person feel healthy? A healthy person has four qualities: *taha wairua* (spirit, soul), *taha hinengaro* (thoughts, feelings), *taha tinana* (physical body) and *taha whanau* (extended family). While Western medicine almost completely focuses on *taha tinana*, the physical body, most of the indigenous Maori are not concerned about their body as long as there is harmony within the family and emotional and spiritual aspects are not in disorder (Durie 1994).

Health demands an integrated approach to cultural, social and economic development. The attempt to promote health for Maori people and at the same time to deny their cultural background would be contradictory. When

Maori talk about health, they don't just talk about heart disease and immunisations and cervical screening. They talk about education and employment and broadcasting Maori television programmes and land rights and justice and the Maori language and social Maori protocol (Te Puni Kokiri. Ministry of Maori Development 1994a). Or in other words, Maori have always had a wide view of illness prevention and health promotion.

The System of *Mana* and *Tapu*

The pre-European Maori had a set of values, religious and social concepts which helped to ensure and strengthen the existing political and social hierarchy and regulated and controlled individual and group behaviour (Gluckman 1976; Hanson and Hanson 1983). But as Mason Durie (1994) has pointed out this system can be seen as a base of public health too, as it ensured the well-being of the community.

Based on Polynesian cosmogony there was the culturally shared belief in a sacred, supernatural power called *mana* and in a classification system, that divided people or places as either belonging to the category of taboo (*tapu*) or be free from taboo (*noa*). *Mana* was seen as the sacred power of the gods. This power was handed down from the ancestors to the next generations, and paramount chiefs, priests and some other persons of high rank possessed *mana*, which could also be transmitted to certain objects. To protect the *mana* of a person or an object, the "unwritten law of *tapu*" was used. The division of people, events, objects or places as either belonging to the classification of "*tapu*" or "*noa*", very often served as protective regulative for the community. For example, a very strict separation between food, the place of cooking and parts of the body and the latrines ensured hygienic conditions while food was prepared.

Tapu included all kinds of restrictions and prohibitions. A *tapu* was placed on certain events, like disease, death or other events which involved critical moments, to give protection to the community and the people dealing with these processes. Similarly childbirth was seen as a highly *tapu* event and was given in a special small hut in the bush (Binder-Fritz 1996). Persons handling the dead, or a master

carver, who worked on the construction of a sacred meeting-house, were set under *tapu* by a priest in a special ritual.

Some of these old restrictions are no longer in use, but others still are important to Maori. For example when people are chosen to dig a grave. After the burial the *tapu* is removed from these diggers in a ceremony, usually including prayers and water sprinkling by a Maori ritualist. When I was participating at a *tangihanga*, a burial ceremony, all people washed their hands and some even sprinkled water from a tap over their bodies before we left the burial ground. My friends told me to perform the same ritual which is to cleanse the *tapu* and to protect oneself against possible harm.

The concept of *mana* and *tapu* served as a strong public sanction system, as the breaking of *tapu* was believed to lead to "supernatural punishment" in form of sickness, called *mate Maori* or even death. Even at present quite a number of Maori hold the view, that if people are careless and do not follow the social Maori protocol, they are likely to suffer from some kind of affliction. Harangi, my 38 year informant, put it that way: "That's what Maori people would do: Look back to find out whether they had done something which they should not have done and put the blame for their misfortune on it. They always put it down to something".

Rongoa Maori

Traditional therapy is called *Rongoa Maori*, including herbal medicine, massage and imposition of hands, prayer (*karakia*), water sprinkling and some other symbolic activities. Alongside with the strong cultural revival movement in *Aotearoa*, traditional healing and herbal medicine (*Rongoa Maori*) are being rediscovered at the present. Due to Christianity and Western medical practices a transmission of their methodologies can be observed. Some spiritual healers using traditional Maori prayers, spells and rituals also have incorporated some Christian elements and prayers.

The Traditional Healer

The growing interest in traditional Maori healing can be realised in the increasing

number of “Maori healers”, who offer a great variety of treatment: herbal medicine, physiotherapy and special massage, counselling and spiritual healing, according to their special talents and training.

Traditional healers were called *tohunga*, which literally means “experts” or “specialist” and they usually were spiritual and religious leaders. Maori healers very often also were powerful political figures. With the *Tohunga Suppression Act* in the year 1907 Maori traditional healers were forced to work underground. The skills and the knowledge of the *tohunga* were not entirely lost, but diminished in the last decades. At present only a few persons are left, who call themselves *tohunga*. Most of the persons call themselves just “healers” and some Maori Ministers also practice “spiritual healing”.

New Initiatives in Maori Public Health

New Zealand’s total health care system consists of hospital and community-based services. At present the health care system is in the transition phase of major reform. The health reform

of 1991 has brought new health structures and a bicultural health system. This meant an opportunity for Maori to participate in health development. Maori health groups and initiatives could define their goals and priorities for the future. The Ministry of Maori Development supports different Maori health groups, who are contracted to provide primary health care services (Te Puni Kokiri 1994 b).

Maori health was one of the Government’s priorities for 1994/95. Preference was given to preventative strategies and positive models, which consider traditional Maori approaches to health, illness and healing. This model is the development of Maori initiatives to improve health status and also cut down the costs of health services for the Maori consumer (Durie 1994; Ministry of Health 1994).

As Mason Durie states, advances in Maori health have always been in association with strong Maori leadership (Durie 1994). Therefore one goal for the future is Maori control and leadership in the field of public health. On the other hand Maori want to take with them the cultural heritage of their



The centre of the pain is located. A spiritual healing ceremony by Miha Tamehana and Millie Heke will accomplish the treatment. Prayers (*karakia*), hand laying, holy water and the Maori bible are essential parts of the ritual.

ancestors and therefore the demand for traditional herbal healing and spiritual rituals (*Rongoa Maori*) has been steadily growing.

Further emphasis will be on the promotion of health and healthy lifestyles within the Maori community. According to Te Puni Kokiri (1994a:15) the philosophical background of health promotion is that the culture and family support (*whanaungatanga*) are key resources of good health. Maori perceptions of health are different from Western health care: For Maori people health must be regarded from a holistic perspective. According to the WHO definition, the Health Promotion Forum of New Zealand defines that health promotion “is any combination of health, education, political, spiritual or organisational initiative designed to bring about positive attitudinal, behavioural, social or environmental changes conducive to improving the health of populations” (Te Puni Kokiri 1994 a:15).

One of the primary issues in health development is to empower people with knowledge, skills and resources to enable them to take care of themselves. One of these Maori initiatives had founded the “Korowai Aroha Health Centre” in Rotorua, where most of my research was conducted and excellent cooperation with the spiritual healer Miha Tamehana and documentation of his healing methods was possible.

Mental Health and Spiritual Healing

“When people are sick, you don’t ask them where they come from or what they do. You just reach out your hand and help them. And as you do, they can open the windows to their soul and know that we are one”. This is what Koro Hemi who is a member of the New Zealand Maori Healers Board stated in 1989.

Mental health has become the major health focus. Mental health statistics show an alarming increase in admissions to psychiatric hospitals since 1976. Especially high levels of schizophrenia are a matter of concern (Te Puni Kokiri 1994b). Several informants, who are working in the health and social areas, emphasised that a high percentage of these problems arise in connection with drug and alcohol abuse and addiction. One informant



Millie Heke, a trained nurse, is specialised in traditional massage techniques. (Korowai Aroha Health Centre, Rotorua 1997).

said: “Our psychiatric units are full of Maori people, who in many cases also have problems with drugs and alcohol.”

As already mentioned Maori health has to be discussed from several perspectives. Maori have definitely another dimension of health as their European fellow-men. Body and mind can not be seen separated from each other and for them it is very important to take into account spiritual values as well, which are considered as an essential part of their life experience. As already mentioned Maori generally belong to a lower income group and social and economic development is one of the community’s target for the future. Improvement of living conditions certainly will reduce the need for health services, but on the other hand Maori say that material well-being does not automatically mean good health.

There is still the strong belief that a balance in life is important for good health, wellness and well-being. Stable social relationships within

the extended family (*whanau*), the local Maori group (*hapu*) and their tribal group (*iwi*) are considered to help maintain good health. Interpersonal problems, tensions within the family or within the relationship of the members of *hapu* or *iwi* therefore may lead to health problems.

One of my Maori informants told me about her personal experiences when dealing with the mental health problems of one of her daughters. In general the following traditional sources of help to approach a mental health problem are made use of: Firstly a consultation of family members or elders (*kaumatua*) within the community will be sought. If family members are not able to deal with psychic problems, other traditional sources of help will be sought for. Especially in cases of mental disorders either tribal elders or a traditional healer may be asked for help. And this is still the rule prior to see a doctor or seek help from the clinic.

In terms of culturally shared beliefs a classification of illnesses into diseases with natural and others with supernatural causes is still prevalent. The first category is *mate tangata*, meaning disease or sickness which is temporal, caused by germs, like an infection or an accident. The second, *mate atua* or *mate Maori* (Maori sickness) means a spiritual problem which is caused by supernatural “mechanisms”, sent from the gods or ancestral spirits, when a person has violated a *tapu*, for instance. The third category, called *maakutu*, is caused by “black magic” or when a spirit enters a person, the dead literally join the living. This form of spirit possession needs a specific exorcism.

Some of the spiritual healers and Maori ministers to whom I could talk (Miha Tamehana, Hohepa Kereopy, Mere Henare, Otaki Karaka, Eruera Beattie) have confirmed that culturally shared beliefs in the old laws of *mana* and *tapu*, in the existence of *mate Maori* and *makutu* can still be the cause of psychic problems and mental illness. They also told me about personal experiences in such cases and as traditional spiritual healers (*tohunga*) they may be successful in treating such mental disorders.

The spiritual healer Otaki Karaka told me, that he had been confronted with “spiritual

problems” several times and he described how he tried to solve them. His father and two of his uncles were also *tohunga*, from them he learned about spiritual healing: “The *tohunga* has to find out what caused the problem, they (the patients) have to tell you what's wrong. When people start to tell their story there are three things you have to look for as a *tohunga*. These three things are: check if they have done something wrong, or if someone else has done something to you, like a *maakutu* (black magic) or something like that. The other thing is, one of the main reasons why people get problems, is because they have got something that does not belong to them”. Otaki told me then about a girl, who had stolen a valuable pendant with a traditional *manaia* symbol (an ancestral figure) from another girl in her classroom. The other day she presented this stolen item as a gift to her boyfriend, who was delighted and put it on his neck. During the night he had a nightmare, where the *manaia* (not the pendant!) grew tighter and tighter around his neck, until he almost could not breath anymore. So he took it off his neck and did not wear it any longer. When his girl friend asked him, he told her about the nightmare. When the girl sought advice Otaki told her: “The family did not want the *manaia* to go anywhere else” and he recommended to return the pendant to the owner.

Sometimes the cause for a sickness can lay back far in the past and then it is much more difficult for Otaki to find it. At the beginning of each healing session there are *karakia*, ancient prayers to God. Then he concentrates: “I focus all my energy, I focus to where the problem is. Then I have to ask the person questions, to see where the problem is”. Otaki's diagnostic process seems to be intuitive, when he tries to find the cause of the problem. As a spiritual healer he may be able “to interweave the past with the future” as he told it. With help of his religious prayers (*karakia*) he questions, whether the cause of a “spiritual problem”, like nightmares, or seeing the ghost or the spirit (*wairua*) of one of his ancestors (*tipuna*) has something to do with the violation of a *tapu* or with *makutu* (black magic).

If a person feels that a spiritual entity is occupying his home and creating “spiritual problems” traditional help is sought with a special person, who is familiar with *karakia*

- this can be a *tohunga* like Otaki, an elder or a member of the clergy - and he may be asked to perform a “spiritual cleansing” of the house and home. This ceremony is called *takahi*. The ritualist would go to the house and carry out this process. It involves incantations, water or the use of a special food. The service begins inside the house, the ritualist goes from one room into the next, touching the walls, the bed, tables and chairs. Also after a death the family asks for such a cleansing ceremony, or if a person has transgressed an old cemetery or old graveyards, a healer might be asked for a “spiritual cleansing ceremony”.

The Spiritual Dimension in Healing

To live in harmony with the social but also the natural environment, rituals and prayers to their gods were essential elements of the pre-European society. Prayers and rituals (*karakia*) before collecting and while using medicinal plants, were an essential part of traditional healing. These elements still are considered as unalterable concepts by traditional healers. The healing ceremony and all

the procedure involved has to be done properly including prayers to God asking for help. The *tohunga* hereby only is the channel for this supernatural energy or power called *mana*, that comes from God and it does not really matter whether the Christian God or the old gods of the Maori pantheon are asked for help: without this spiritual dimension a healing ceremony would not be effective at all.

Maori health perspectives consider the links between body and mind, natural and social environment, family, culture and spirituality. As the individuals are part of wider social systems, family involvement at times of illness is a very traditional and cultural aspect of healing and healing has therefore a holistic approach.

Land alienation and the shift from rural to urban areas went alongside with the loss of cultural links to their land and their ancestors. The land not only was the source of physical but also of spiritual living. Inter-generation discussions about the way of living, about social and cultural values are a source of conflicts



Hohepa Kereopa (left) and Makere Whakamoe (right): The *kai-awhina* is a special service for Maori patients in hospital to support Maori by prayers and blessings and to inform staff on cultural issues to avoid misunderstandings. (Eastbay Health, Whakatane Hospital 1997).

within the present families. Especially between the young generation and the elders (*kaumatua*) problems are arising in a changing Maori world. A (good) Maori healer will always offer counselling in family matters, too.

As Maori are still very religious people the membership in a church or a religious group is very much esteemed. Especially in times of crises, illness and other challenges in life Maori show a great demand for spiritual advice and spiritual healing. For many of the Maori people, in spite of a westernised life-style, the spirit is the primary element of life. The spirit is the “*conditio sine qua non*” of all that exists. Health is seen as the result of a spirit in harmony and balance - and illness is the outcome of a disrupted or inharmonious spirit.

Maori health initiatives have been successful to incorporate special services in some hospitals. This new service, called *kai-awhina* - which I could observe in the Whakatane hospital - was created to make Maori people feel comfortable in the hospital environment and to support patients and staff on cultural issues and to help avoid misunderstandings. The *kai-awhina* person offers prayers, blessings and support for those Maori who wish so.

Conclusion

Particular clinical syndromes with mental and psychic disorders, which are culture-linked, are unique to Maori and called *mate Maori* (Maori sickness). They are deeply embedded in Maori concepts of health and illness. Explanations of illness based on a postulated breach of *tapu* or because of some sort of black magic (*maakutu*) continue to have meaning for quite a number of Maori. Particular at times of crises and illness the concepts of *mana* and *tapu* are central to much of the anxiety and depression of Maori patients. The sick person might have hurt someone else by failing to fulfil social obligations towards him, or by interfering in something that was none of his business, and so on. The offended person might be hurt emotionally, the offender might be hurt by getting sick.

Maori medicine acknowledges the part which guilt and anxiety can play in the genesis of disease. Personal spiritual healing is mainly

done in stress related situations and especially in case of culture-linked illnesses like the above mentioned ones. Spiritual healing ceremonies incorporate symbolic structures and rituals with a suggestive character and - as first attempts have shown - could also be an affective side-therapy in the treatment of alcohol and drug addiction.

In a constantly changing Maori world, where cultural values are more and more threatened and a certain amount already is lost, the knowledge about traditional healing is being rediscovered at the moment. Maori themselves are bringing effective health services to their own people. Indigenous herbal medicine and ritual healing ceremonies are regarded as valuable because they consider the cultural background and Maori philosophy.

Maori concepts, even though they can not be rationalised in medical terms, are gradually introduced into primary health care. Maori views, though not always understood by western medical staff, are taken on board. Such a “culture-sensitive” approach also recognises that to address health issues successfully, behavioural aspects and cultural practices of an ethnic minority group must also be addressed.

Traditional healing elements therefore should be acknowledged as an integrative part of Maori Primary Health care. Creating a new synthesis of the best of traditional therapies (*Rongoa Maori*) and Western medicine should be the challenge for the future.

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somehow as their “Austrian daughter” and for their aroha and hospitality while living in their families. Furthermore I would like to record my warm appreciation of help and assistance from the following friends and well-informed people of Aotearoa, or New Zealand: Dr. Nigel and Dr. Kath Prickett, Emily Schuster and June Grant, Puti Puti O' Brien, Matewawe Hahipene, Aroha Yates-Smith, Harangi Biddle, Phyllis Tangitu and the clients of the Whaiora Psychiatric Unit. My special thanks go to the spiritual healers and Maori ministers: Miha Tamehana, Otaki Karaka, Merepara Henare, Hohepa Kereopa, Margaret and Tom Tuakana, from the Cook islands, Eruera Beattie, Bob Elliott and Dennis Lihou. Thanks go to Ngaire Whata, head of the Korowai Aroha Health Center, and Millie Heke and the staff for their excellent cooperation. I would like to state, that without this help my research studies would not have been possible.

Fieldwork Experience

The “Fieldwork Experience” column will be constantly present in the “Viennese Ethnomedicine Newsletter”. It is mainly concerned with students’ and scholars’ field experiences, and how their encounters were meaningful, communicative or unacceptable, how in some way they were conservative, open, reflexive, friendly or hostile how the community members were reactive, interactive, welcoming or sometimes not at all responsive to some issues presented by the researchers. Through this column we hope to share your and our experiences during the field work.

This time we have excerpts from two different diaries. One is from Doris Burtscher, presently doing fieldwork in Senegal, the other is from her translator Louis Nidack Sarr with whom she worked more than one and a half years.

Problems of Communication: An Anthropologist’s and a Translator’s Diary

Doris: “In the beginning we worked together smoothly but later Louis confessed his longing for me, to which I did not respond. From this time onwards I always had the feeling that he wanted to punish me for my refusal. It was a difficult time for me, but Louis is an excellent translator. He speaks French fluently and deals very sensitively with ‘my’ healer.”

Fimela, Tuesday, 19 May 1998
Doris Burtscher

“My translator is a tiring fellow. Touchy on the one hand, stuck up, arrogant and aggressive on the other hand. He is jealous of my weekend activities and takes revenge by the way he does his work. How am I to carry on to the end of the project, without him giving me hell? Since I started to listen in with my headphones I want to have meticulous translations. When I notice that (during the interview) Louis asks a question twice and then only one question is given in the written record, I tell him so and he immediately gets furious and angry. He defends himself and at the same time reproaches me aggressively for not taking him seriously and above all for not trusting him.

Louis wants to settle my hash again. He keeps me in the dark, knowing that an explanation would be helpful. He feels that I don’t concentrate but that is not true. Apart from all the rest, I also have to pay attention to get the correct spellings of the words, so I lose the thread and have to ask questions which to him seem idiotic. His behaviour is arrogant, I cannot support his haughty way of looking at me, he knows exactly what is going on and he enjoys it, he is incredibly mean - and only yesterday he tried to convince me that as a good Christian he had to respect the feast-days.

Things are coming to an end and finally everything would have gone smoothly, but I do not want an end like that. There are still a few important questions to be cleared up, and I don’t want to leave before having settled them. But Louis sabotages my work. He believes that he does not do so, but he does, by deliberately avoiding to give me the necessary explanations. Louis wants to destroy me again.

Today again he went to the last extremity by telling me that I had done him so much harm and that I was responsible for our problem, and - worst of all - that I embezzled his money. In the evening there remains a bitter feeling and no joy about the accomplished work. We had passed a very good month of March,



From left to right: Doris Burtcher, the traditional healer Geidj Faye, Louis Nidack Sarr

Louis was so friendly and enthusiastic that work was real fun. I felt good and secure, and now everything starts anew. He takes revenge on me, but that he won't admit, he punishes me for not letting him sleep with me. I knew that sooner or later he would start again with it."

Fimela, Tuesday, 19 May 1998
Louis Nidack Sarr

"There is nothing worse than working under conditions that cut right into your heart. This happens often to me, when something rubbes me the wrong way. Doris is impatient, when I argue she cuts me short, and that confuses and makes me angry. Sometimes I get the impression that she does not even listen to me. She doesn't follow my thoughts and asks silly questions. I have to repeat myself continuously and loose myself in infinite explanations. Often I take over with the interview when she runs out of questions. Besides I have the impression, and actually it is more than an impression - that she suspects me of not repeating her the complete interview. This worries me, because I was always honest with her. I have not the slightest interest in doing a thing like that. The burden of the whole work is on me, from the beginning to the end, if I wanted to I surely could sabotage her work. It is clear that she will lash at me, even if I do my best. I consider this a lack of gratitude towards me. She has the bad habit to think badly about her vis-à-vis, and she is too difficult a person. Besides she takes advantage of her good looks to impress others. She doesn't notice that she hurts me when she flirts with the boys. Sometimes she is like a figure-head because she is imprudent. She doesn't know how to defend herself. Finally I understood that she is exposed and I feel pity with her. I had a closer look at her and acknowledged her physical charms. I admit that I sometimes feel tempted to behave like the others, knowing that I could have her if I only wanted. But I want to respect her in everything she is, a woman and a human being. It is one of my principles not to make use of others. I appreciate her very much, but it is clear to me that our characters don't go well together. Definitely there is no change to understand each other. Shortly ..."

A Healer With a Pistol

Addis Ababa, January 1999

Dear friends and colleagues!

This brief article narrates the field experience I shared with Prof. Armin and Ruth, when we ventured to make anthropological investigation in Ethiopia. My brief article for today is about a healer with a pistol.

I remember the day we met him for the first time. It was the secretary of the “Healers Association” who introduced us to him. When he saw Prof. Armin and Ruth, he said to the secretary, “*Oh!! Tilik engeda ametahibigne!!*” (“You have brought me big guests”). The healer is one of the most influential healers in the country. A healer who treats more than five hundred patients per day. Patients come to him from Addis Ababa and other provinces irrespective of their ethnic and tribal identity.

The healer always carries a pistol with him. It seems to me that he is proud of carrying it. Once, while I was chatting with him, his grand-son brought his cap and pistol and said, “Papa, lunch is ready and mama is looking for you!” I was so scared of the pistol. I think, the healer understood my feelings from my gestures. He said, “Didn’t you tell me that you are an Amhara?” “Yes, I am.” I immediately replied. “Amharas are not scared of guns”, he retorted.

Actually, it was not for me I was worried but it was for the small boy. I intended to give him an answer. But, rather I remained silent. I did not want to oppose him.

The healer has a medium stature, and a little bit heavy. His colour complexion is typical Ethiopian. He is not dark, and he is not fair. He has a sort of brownish colour. He has a fatherly approach when chatting or treating patients. Maybe, that is why many patients come to him. But when he gets angry, he becomes a different person. He likes to give commands, and wants to be obeyed at any cost. Whatever he says, it has to be obeyed. That is it! Let me share with you one story:

It was October 15, 1998. There was a cold silence in the room. There were no more than 10 people inside. But no one was speaking. I said in Amharic, “*Endemen aderachichu*”, the usual morning greeting, which means “Good morning”. I heard only few responses, and the rest greeted me by gestures. “What happened?”, I asked myself. The healer broke the silence after a few moments. He told his assistants to be ready in the afternoon. It seemed to me that I had interrupted something. Without saying anything, they dispersed. “What is going on?” I asked myself again. I looked at the healer. He looked different today. I read anger on his face.

It was later on I learned the story. But, one thing I know. I have never seen the healer in such a state of mind before. In one of my interviews later on I asked him why he was angry on October 15. He hesitated for a moment. Maybe he was not sure whether to tell me or not. He said there are healers who want him to be dead. He narrated to me how he escaped a murder attempt in his own house, and how he retaliated by casting spells long time ago. Gradually, he became angry again. Perhaps, I said in my mind, it would have been better if I hadn’t asked him such a sensitive question. When he thinks of other healers he feels bad. After a few moments, he said some of his workers were conspiring with a certain healer to defame his name and image.

On another day, there were many patients in his compound, as usual. As I entered his room, he said loudly: “Oh, you and your *faranjis* (an Amharic term for “white people”) have not yet broadcasted in the radio about me?” I was taken by surprise. He continued: “Last week, other faranjis came and broadcasted in the radio, that I am number one in Africa healing!” When he said this, he was glancing left and right in the gesture of expecting appreciation and support from the people around. I was not

even aware that other foreigners had come and made a program about him. Since I know that he doesn't like to be confronted with facts, I made an appealing smile, and told him that the films we shot were for educational purpose, not for media purpose. Then, he immediately gave a conciliatory remark. "Of course", he said, "They (referring to Prof. Armin and Ruth) recorded many things, more than the other *faranjis*."

On another occasion, I gave him the video cassette which was sent to him by Prof. Armin and Ruth. He was very happy, and proudly showed it to his assistants. Finally, he told me to come on next Thursday so that he could take me to a certain place. On that fateful Thursday, I went to his residence. When I entered his room, he didn't even give me a recognition look. He simply continued treating his patients. After waiting for more than two hours, I told one of his assistants that I had to go since I had another appointment somewhere. The assistant passed the message to the healer. However, I was instructed to wait again. I cursed his unpredictable nature in my heart. Actually, it was pointless to explain to him why I wanted to go. I waited for another hour, until mid day!

Exactly at noon, the healer went to his other room, and after staying for more than thirty minutes, he came back. But this time, he wore an overcoat, and held a small stick made of iron and wood which characterises old Ethiopian patriots. I even didn't understand why he wanted me to stay. To make things worse, he ordered me to get in to his old Land Rover. I followed his order without saying a word. With me at the back side, one old person, (whom I learned that he was a pensioned Captain and his childhood friend) sat uncomfortably. At the last resort I tried to protest. The healer gave me one hostile look. It was enough to silence me!!

After driving for about fifteen minutes, we reached our destination. To my surprise, it was a hotel!. The healer was going to invite me for lunch! When we entered the hotel, almost every one rose to his feet, as a gesture of respect to the healer. We went to a special quarter which was reserved only for him. I think, the healer was a regular customer of the hotel.

He had some raw meat to eat, and *taj* (a local alcoholic beverage made of honey) to drink. When I insisted that I should not eat raw meat, he said, "You are not a *faranji*!" But at last I convinced him that I was not going to eat raw meat because I didn't feel well in my stomach.

After taking two *birille* of *taj* (a traditional bottle for drinking *taj*) he brought out a small hand-written parchment from his pocket and gave it to *shambal* (the Amharic term for "captain") and asked him to read it. It was probably after ten minutes of reading, I heard someone snoring. It was the healer himself!

The *shambal* woke him up, and once again the healer fumbled his hand into his pocket and took out two hundred Birr. Without giving me the slightest chance to protest, he handed the money to me. I was dumbfounded. I did not even know how to react. He said to me, "You are a student, you need money. Take this." I tried to protest, but in vain. The *shambal*, with a broad smile, said, "You have to obey him! He is your father!" I obeyed.

I left the healer and his friend, *shambal*, at the hotel to enjoy their *taj* on that day. I was so much happy that day. Because I knew that the healer cared for me! And I got his confidence. On that day I wrote on my field diary, "rapport establishment-successful".

With my best regards
Wondwosen Teshome

The Social Forum

Networking and Departmental News

Wondwosen Teshome came back from his field research in January. His topic is: “Medical pluralism in Ethiopia. The Ethnomedicine and cosmopolitan medical practices among the Gurage migrants in Addis Ababa.”

Afewerk Kassa came back from his fieldwork in Ethiopia end of February. His project title was: “Transmission of HIV infection through harmful traditional practices among the rural adolescent girls in Ethiopia” for his master’s theses: “A comparative study of KABP (knowledge, attitude, behaviour, practices) of AIDS and STDs among rural and urban adolescents in Ethiopia.”

Doris Burtcher and Felicia Heidenreich went to Senegal, to work on their project “Concepts of sickness and traditional treatment among the Serer, region Sine-Saloum, Republic of Senegal” sponsored from the Austrian Science Foundation.

Guest-Lectureships

Next semester Els van Dongen and Margaret Lock will be guest lecturers at the Department of Ethnomedicine and the Institute for Ethnology, Cultural- and Social Anthropology, University of Vienna. Els van Dongen is going to be in Vienna from 14 - 18 April 1999, Margaret Lock from 15 May to 5 of June 1999.

Els van Dongen

14 -18 April 1999

A Tale of Double Bind: Medicine and Anthropology

The history of the relationship between medicine and anthropology often is not fully appreciated. It stretches back before the turn of the 19th century to the present days of the consolidation of medical anthropology as a field of work and study. The relationship has many twists and turns, including periods of collaboration, cross-fertilisation and “folies a deux”. During the first period, anthropology and medicine worked together closely. Some anthropological scholars were physicians, as is the case for psychiatrists sometimes nowadays. The emergence of medical anthropology as a distinct sector within the larger discipline is relatively recent. While some anthropologists maintain that anthropology should call for a deeper integration with medicine, others have their doubts and fear of medicalisation of medical anthropology. Related to the anti-medicalisation approach, a third strand within medical anthropology can be detected: the political-economic approach. In this lecture, I want to give an overview of the recent history of the relationship between medicine and medical anthropology and discuss the question of integration versus partition of the two disciplines.

Oddnography: Crazy Narratives That Make No Sense But Have Deep Meaning

Recent anthropological studies explore narratives as self-explanations, as process, product or consequences of the telling itself. The story is not a true event, but a construction of that event within personal and social history, guided by norms and rules of the cultural discourse. In anthropology it often is assumed that narratives contribute to the identity of the teller: every story has a coherent plot

and in telling the story people make claims about the coherence of their lives and their relationships with the listener and others. In this sense, a narrative has to be “good”, that is conventional. However, there exist narratives that are not “good”. They make no sense and only seem to widen the horizons of the imaginable. They often are told by people who escaped the cultural climate and social conformism: crazy people, junks, Einzelgänger. The question is if and how these non-sense narratives could generate knowledge about a culture. By postulating that a culture can be at best studied from its margins, I will discuss this question and illustrate it with ethnographic material.

Els van Dongen studied cultural anthropology at the University of Utrecht, The Netherlands. Specialisation in psychological anthropology, semiotics and medical anthropology. Her masters research was on meanings of madness in a mental hospital in the Netherlands. Her doctoral research on worlds of madness, speaking with psychotic people led to the Ph.D theses “Tinkerers, vagabonds, strategists. Speaking with psychotic people”, 1994. Her recent researches are on images of care among elderly mental patients, nurses and therapists and eating disorders, control and risk. Els van Dongen is a researcher at the University of Amsterdam, Medical Anthropology Unit. She is staff member of the Amsterdam Masters of Medical Anthropology. She lectures on chronic illness, critical medical anthropology and anthropology & psychiatry. She is involved in the development of new courses in medical anthropology at the University of Amsterdam. She is an editor of the Dutch journal “Medische Antropologie” and the series “Health, Culture and Society”. She is a member of the editorial board of “Anthropology and Medicine”.

Some publications:

Space and time in the lives of people with long-standing mental illness: an ethnographic account, Anthropology & Medicine, 1996.

Anthropology of Difference, 1998, Utrecht: ISOR (edited together with Selma van Londen).

Margaret Lock

15 May to 5 of June 1999

Course: Anthropology of Medicine

This course will commence with a survey of the history and theoretical approaches of medical anthropology. The following topics will then be covered: the epistemology and taxonomies of medical knowledge in which shamanism, East Asian medicine, and biomedicine are compared; cultural psychiatry, including a discussion of comparative nosologies, culture bound syndromes, politics and mental health, and cross-cultural approaches to healing. The second half of the course will be devoted to current global issues in connection with health and illness, reproduction and population health, comparative approaches to nutrition, development and health, and culture and the new biomedical technologies including reproductive technologies, the new genetics, and organ transplants.

Seminar: Anthropology of the Body

This seminar will focus on the unresolvable difficulties of representing the body in both theory and in connection with practices (cultural, clinical, disciplinary) that are performed on it. Anthropological and other theories about the body from early this century to the present time will be critically discussed with emphasis on the following types of analysis: structural, symbolic, hermeneutic, social and cultural construction of mind, body, and emotions, and the postmodern. Sickness as cultural performance, the body as a medium of resistance, the gendered body, the construction of “race” and ethnicity, and the bodies of technoscience will be considered. The relationship of anthropological accounts of the body to the newly emerged field of bioethics and to current policy making that impinges on health and illness will also be discussed. Case studies and ethnographic accounts will be used as illustrative examples throughout the seminar.

Lectures of Our Department

Armin Prinz: Introduction Ethnomedicine

Start: Wednesday 17 March, 5-6.30 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

contents: Introduction, theoretic and methodical concepts, the position of Ethnomedicine in Medical Anthropology, ecology and epidemiology, medicine and cultural change, patterns of medical thinking and doing, humoral and solidar concepts, culture-bound syndromes, surgical practices in Ethnomedicine; all topics with slides/examples from own research

Armin Prinz: Seminar Ethnomedicine

(in English language)

Start: Wednesday 17 March, 3.15-5.45 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Reports of M.A and Ph.D students about their work, interested students welcome!

Ruth Kutalek: Introduction Ethnopharmacology and -botany

Start: Tuesday 16 March, 1 p.m., Di 1.15 -2.45 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Introduction and history of Ethnopharmacology and -botany, important plants and plant-groups (mind-altering plants, hunting poisons, ...), use and categorisation in indigenous societies and in our own, field-techniques of collecting plants

Call for Papers

For the next two theme issues of the Yearbook of Cross-Cultural Medicine and Psychotherapy the editors invite the submission of contributions for the topics: "Divination and healing - transcultural perspectives", "Pilgrimage and healing - transcultural perspectives". A case study approach and a strong clinical orientation is a prerequisite. For printing specifications and informations: Dr. W. Andritzky, Kopernikusstr. 55, D-40225 Düsseldorf, Tel.: **49-211-345619, Fax: 345628

Congresses

International Symposium on Medicinal Plants: Folk Traditions, History, Pharmacology
14-18 September, 1999. San José (Costa Rica)

Organised by:

*"Geodata Centre", Costa Rica, "Sciences et Lettres, Belgium",
under the auspices of: Universidad para la Paz, Costa Rica*

From 14 to 18 September 1999, the 1st International Symposium on the History and Folk tradition of Medicinal Plants will be organised in Costa Rica, the largest biodiversity centre of the world. The main topics will be the history of medicinal plants from antiquity to present times, folk traditions (past and

present), scientific knowledge, integration of folk tradition into medicine, ethnobotany and pharmacology, with a special emphasis on temperate and neo-tropical floras. Comparative, transperiod and interdisciplinary studies are welcome, as well as works and projects dealing with the use of multimedia means in the field. The scientific programme of the unique event of this kind, which will include plenary lectures, papers, posters, round tables and free discussions, aims to encourage the study of a patrimony of humanity exposed to disappearance, and to contribute to the preservation of flora worldwide, among others by the recuperation of historical tradition and plant lore. Its proceedings are expected to constitute an indispensable tool and a work of reference on this subject. The Symposium is a non profit event devoted to promote study, scientific research and divulgation in the field. Held in the heart of the tropical forest, it is designed to be an international forum open to physicians, pharmacists, chemists, botanists, historians, philologists, ethnolinguists, ethnobotanists, anthropologists and everybody wishing to hear communications of major world specialists in the field, to contribute personally with the presentation of original works, and to participate in focused discussions on the current state of research in medicinal plants, their meaning for man, culture and science through World History.

For participation and further information please contact the organisers:

Simposio Plantas Medicinales; P.O.BOX 6131, 1000 San José, Costa Rica

Prof. Ronald Chaves, Prof. Alain Touwaide

Fax : + (506) 283 02 63

e-mail: simposio@nexos.co.cr

ICAF (International Commission on the Anthropology of Food - European section) organises a congress on the topic “**Crossing Borders - Foods East and West**” on the 27 - 30 August 1999 in Sinaia (Hohenzollern-castle), Romania.

Contact: Dr. Carmen Strungaru, Faculty of Biology, University of Bucarest. Str. Splaiul Independentei 91-95, Secd. 5, RO - 76201 Bucarest.

e-mail: carst@bio.bio.unibuc.ro

Publications of the Department 1998

Prinz, Armin: Über den Umgang mit Leichen bei fremden Völkern. (Dealing with corpses among foreign people) In: Stefanelli, Norbert (Ed.): Körper ohne Leben. Begegnung und Umgang mit Toten. Böhlau Verlag, Wien 1998, 136-140

Prinz, Armin: “*Kaza basolo*” - A culture-bound syndrome among the Azande of Northeast-Congo. In: Gottschalk-Batschkus, Christine E.; Rättsch, Christian (eds.): Ethnotherapies - Therapeutic Concepts in Transcultural Comparison. Curare Special Volume 14, VWB, Berlin 1998

Kutalek, Ruth: Traditionelle Heiltherapien bei den Wabena SW-Tansanias. “*Kupika jungu*” - “das Kochen des Topfes”. (Traditional healing therapies among the Wabena of SW-Tanzania. “*Kupika jungu*” - “cooking the pot”.) In: Gottschalk-Batschkus, Christine E.; Rättsch, Christian (eds.): Ethnotherapies - Therapeutic Concepts in Transcultural Comparison. Curare Special Volume 14, VWB, Berlin 1998

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Abu-Baker, Hwiada: The importance of the unimportant. Culture of disease and the wisdom of the traditional medical system. In: *VEN*, 1, 1998, 5-8

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Kayombo, Edmund: Initiation of healers: An example from Tanzania. In: Gottschalk-Batschkus, Christine E.; Rätsch, Christian (eds.): *Ethnotherapies - Therapeutic Concepts in Transcultural Comparison*. Curare Special Volume 14, VWB, Berlin 1998

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Burtscher, Doris: Die Rolle der Vögel im Denken und in der traditionellen Heilkunde der Serer. (The role of birds in the Serer traditional healing) Wien 1994

Steiner, Walter: Mögliche Ursachen für osteoporotische Veränderungen in der Mittelalterlichen Siedlungsgemeinschaft von Sayala/Nubien. Eine historische Studie zu einem medizinischen Befund. (Possible causes of osteoporetic alterations in the mediaeval settlement of Sayala /Nubia) Wien 1994

Kremla, Eva: *Datura*. Pflanze zwischen den Welten. Anwendung insbesondere bei den Indianern Nordamerikas aus ethnobotanischer Sicht. (*Datura*. Plant between worlds. Its use among the Indians of Northamerica) Wien 1994

Kutalek, Ruth: Ethnomykologie des Fliegenpilzes (*Amanita muscaria*). (Ethnomycology of the fly agaric (*Amanita muscaria*) Wien 1995

Bösch, Eva: Die Schlange in den Heilkunden. Eine ethnomedizinische Betrachtung. (The snake in healing. An ethnomedical view) Wien 1995

Dabringer, Maria: “*Chisiya Mama*”. Eine ethnobotanische Betrachtung des Gänsefußgewächses *Chenopodium quinoa* Willd. unter besonderer Berücksichtigung wirtschaftlicher und sozialer Bedingungen agrarischer Produktion in der ecuadorianischen Sierra (“*Chisiya Mama*”. An ethnomedical consideration of *Chenopodium quinoa* Willd. in the Ecuadorian Sierra. With special reference to economic and social conditions of agrarian production) Wien 1996

Durstberger, Jutta: Das Sandorakel “*Alamana*” bei den Azande in Nord-Ost-Zaire. (The sand-oracle “*Alamana*” among the Azande of North-East Zaire) Wien 1996

Girardi, Susanne: Krankheits- und Heilungsprozesse im internationalen Kontext. Zusammenwirken traditioneller und moderner Medizinsysteme. (Processes of sickness and healing in international context. Cooperation between traditional and modern medical systems) Wien 1996

Nöbauer, Herta Maria: Zwischen Ausgrenzung und Selbstbestimmung. Zur medizinisch-therapeutischen Bedeutung des *Boorii*-Kultes für muslimische Hausa-Frauen. (The medical-therapeutic significance of the *Boori*-cult for Muslim Hausa women) Wien 1996

Hinger, Sylvia: Halluzinogene in der Psychotherapie. (Hallucinogens in psychotherapy) Wien 1997

Eidenberger, Margit: Medizinische Behandlungsmöglichkeiten bei Folteropfern - ein interdisziplinärer Ansatz (Possible medical therapies of torture victims - an interdisciplinary discourse) Wien 1998

PH.D Theses in Progress

Doris Burtscher: Biographien traditioneller Heiler im Senegal. (Life stories of traditional healers in Senegal)

Felicia Heidenreich: Biographien traditioneller Heiler im Senegal. (Life stories of traditional healers in Senegal)

Bernhard Hadolt: Medical Anthropology.

Sylvia Hinger: Traditionelle Malereien im Senegal und Tansania und ihr ethnomedizinischer Inhalt. (Traditional paintings in Senegal and Tanzania related to Ethnomedicine)

Ruth Kutalek: Steven Lihonama Lutumo. Leben und Arbeit eines traditionellen Heilers der Bena SW-Tansanias. Ein Beitrag zur biographischen Forschung in der Ethnomedizin. (Steven Lihonama Lutumo. Life and work of a traditional healer among the Bena of SW-Tanzania. Biographical research in the field of Ethnomedicine)

Eva Kremla: Ethnopharmakologie. (Ethnopharmacology)

Edmund Kayombo: Traditional healers and management of health problems with special focus on HIV/Aids patients.

Hawaida Abu-Baker: Cultural beliefs in reproductive health in the Sudanese community. Case study: the Eastern and the Western Sudanese (The Fur and the Hadandowa tribes).

Wondwosen Teshome: Medical pluralism in Ethiopia. The Ethnomedicine and cosmopolitan medical practices among the Guragie migrants in Addis Ababa.

Projects of the Department

Austrian Science Foundation (Fonds zur Förderung der wissenschaftlichen Forschung, leader of the projects Armin Prinz):

1. Project title: Krankheitsvorstellungen und Krankenbehandlung bei den Serer der Region Sine-Saloum, Republik Senegal. (Concepts of Sickness and Traditional Treatment among the Serer, Region Sine-Saloum, Republic of Senegal)

Doris Burtscher, Felicia Heidenreich, project number: P 11247-MED

October 1996 - 1998

2. Project title: *Mana* und *Tapu*, *Makutu* und *Mate* Maori. Krankheitsvorstellungen und spirituelle Heilung bei den Maori in Neuseeland. (*Mana* and *Tapu*, *Makutu* and *Mate* Maori. Concepts of Sickness and Spiritual Healing among the Maori of New Zealand.)

Christine Binder-Fritz, project number: P 11360-MED

November 1995 - March 1996 and January 1997 - June 1997

3. Charlotte Bühler Stipendium (Charlotte Bühler Grant)

Dagmar Eigner

title: Ritual, Drama, Imagination: Traditionelle Heilmethoden in Zentral-Nepal. (Ritual, drama, imagination: Traditional healing methods in Central Nepal)

Grant from the Federal Ministry of Science and Research (Stipendium des Bundesministeriums für Wissenschaft und Forschung):

1. Doris Burtscher

Project title: Die Rolle der Vögel im Denken und der traditionellen Heilkunde der Serer, Senegal (The role of birds in the traditional medicine of the Serer, Senegal)

1992/93

2. Ruth Kutalek

Project title: Traditionelle Heilkunde bei den Bena SW-Tansanias (Traditional Medicine among the Bena of SW-Tanzania)

1995/96, 1997

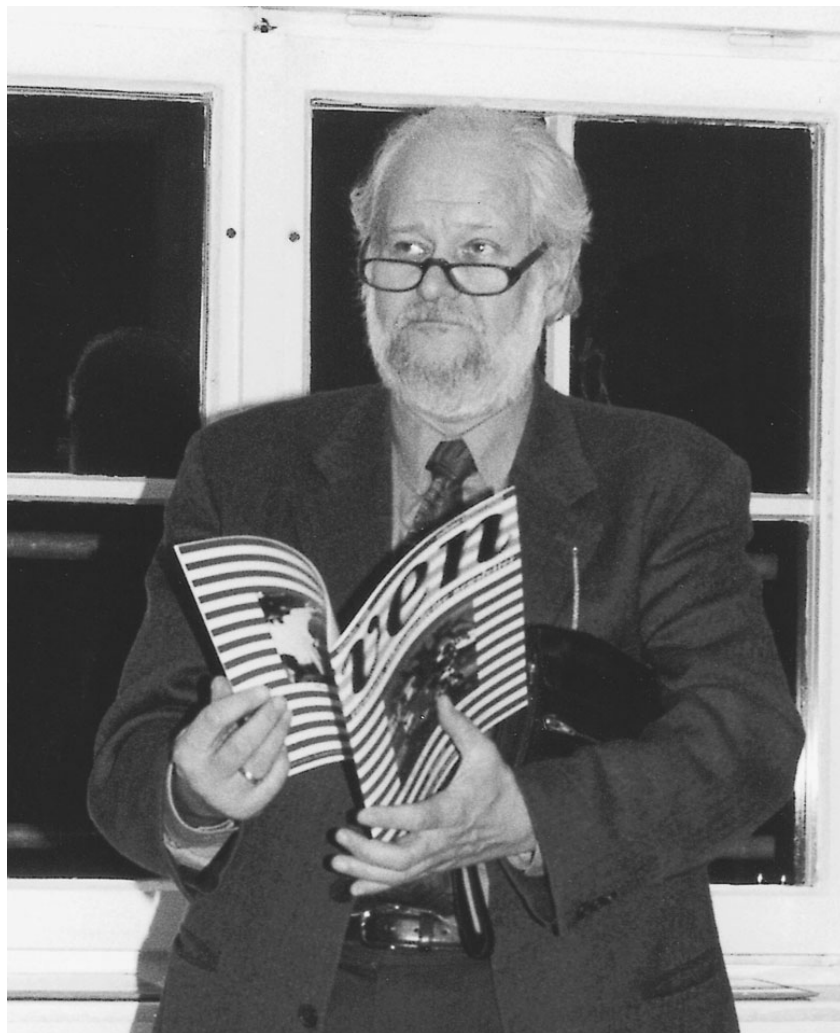
Library News

With the establishing of our Department of Ethnomedicine we also started to set up a special library. Up to now it comprises about 2.000 books, 34 journals and a number of bibliographies and series. The books are arranged in 53 subject- and regional topics - for instance "traditional medicine of Africa, Asia, North-, Middle- and South-America, Europe"; Ethnopharmacology, Nutritional Anthropology, Ethnopsychology, Visual Anthropology, Fieldmethods, and so forth. The collection of journals include well known titles as: Food and Nutrition Bulletin; World Health Forum; Ethnopsychologische Mitteilungen; Curare; Culture, Medicine and Psychiatry; Shaman; Transcultural psychiatric research review; Medical Anthropology; Medical Anthropology Quarterly; Sociology of Health and Illness - to name only some of them.

For further information please call: (++) 43-1-4277-27530, Brigitte Kranz

Exhibition

In December 1998 an exhibition on traditional Suwer paintings from Senegal took place at the Vienna International Airport. Two of the artists, **Adja Colle Ba** and **Maalainy Sow (Malo)** were invited to present their work and do their paintings right on the spot. At the following finissage in our Institute for the History of Medicine the first Viennese Ethnomedicine Newsletter was presented to the audience by the former president of the Austrian Ethnomedical Society and Professor of the Institute for Ethnology, Social- and Cultural Anthropology, **Prof. Karl R. Wernhart**.



Prof. Karl R. Wernhart presenting the first issue of the VEN

News of the Austrian Ethnomedical Society

Dear friends and colleagues!

On 9. Dec. 1998 the new committee of the Austrian Ethnomedical Society was elected:

President: Armin Prinz, Vicepresidents: Wolfgang Kubelka and Karl Wernhart, 1. Secretary: Ruth Kutalek, 2. Secretary: Christa Kletter, Treasurer: Wolfgang Telesklav

After the election Ruth Kutalek gave a lecture on her Ph.D. theses: "Steven Lihonama Lutumo: traditional healer among the Bena of Southwest Tanzania"

If you want to become a member of the Austrian Ethnomedical Society and to get the VEN regularly (three times a year), please send the completed form back to:

ÖSTERREICHISCHE ETHNOMEDIZINISCHE GESELLSCHAFT
(AUSTRIAN ETHNOMEDICAL SOCIETY)
c/o Abteilung Ethnomedizin
Institut für Geschichte der Medizin
Währingerstraße 25
A-1090 WIEN
AUSTRIA

MEMBERSHIP ENROLLMENT

Member (annually öS 200.- = Euro 14,53) ☐

Student Member (annually öS 70.- = Euro 5,09) ☐

MEMBER NAME:

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.....

ADDRESS:

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FAX: PHONE:

E-MAIL:

DATE:

SIGNATURE:

With your membership you help us to publish this newsletter.

If you are already a member, please hand forward this application form to somebody who might be interested in our work.

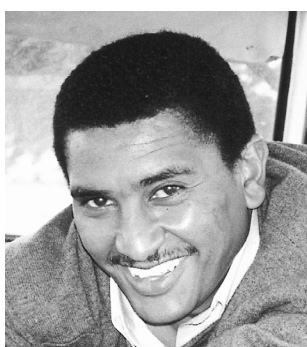


Contributing Authors

Christine Binder-Fritz, Ph.D. (social and cultural anthropology), lecturer and researcher at our Department and at the Institute for Ethnology, Cultural and Social Anthropology; trainee for transcultural nursing care in the General Hospital in Vienna. Research project on Maori-medicine 1996, 1997 financed by the Austrian Fund for Scientific Research.



Doris Burtscher, M.A. (social and cultural anthropology), researcher in our Department's project: "Traditional Medicine among the Serer in Senegal" financed by the Austrian Fund for Scientific Research.



Wondwosen Teshome, B.A. (history); M.A., (social and cultural anthropology, University of Pune), Instructor at the Ethiopian Adventist College (EAC). Currently Ph.D student at our Department with a grant of the Austrian Academic Exchange Service (ÖAD)

Photograph last page

In our last newsletter we had the Baobab (*Adansonia digitata*) on our frontispiece. As a pendant for this issue, we chose a Baobab painted by the Suwer artist Maalainy Sow (Malo). It shows a traditional healer who is specialized in oracles and divinations. In front of the Baobab the healer sacrifices animals und uses his magical objects in order to answer the questions of his clients. On the picture it says: "*If you come here and you do a sacrifice you can ask to be healed when you are ill. If you want a job, a wife or a husband, if you want to win in lottery, if you want to kill a person, this is the right address.*"

Submissions, announcements, reports or names to be added to the mailing list, should be sent to:

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Baobab by Maalainy Sow (Malo)

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