

v e t n

viennese ethnomedicine newsletter



Tuti Hinekahukura Aranui



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Frontispiece:

Maniapoto tribal elder and Maori counsellor Tuti Hinekahukura Aranui stands in front of the ancestral meetinghouse in Mokau, New Zealand. She is mother of 7 children and a college teacher for more than 30 years and is regarded as being among the country's leading Maori Icon. She is an expert in the field of culture, Maori values and health, holds a B.A. University degree and worked as a senior lecturer for Maori Studies at the Waikato University in Hamilton. In her seminars she touches the souls of the people. She has been a guest speaker in Alaska, Hawai'i, Garmisch-Partenkirchen and Vienna. Strongly she feels the need to spread the seeds of healing throughout her journey.

Photograph: Ch. Binder-Fritz, 2001.

Viennese Ethnomedicine Newsletter

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Editorial

After numerous discussions over 25 years – since the foundation of the Austrian Ethnomedical Society – we have finally succeeded in implementing Ethnomedicine/Medical Anthropology into the new curriculum for medical studies at the University of Vienna. Up to now only the first year of this new curriculum was a fixed part of the program. We will now have a lecture on the theme “*Anthropological and ethno-cultural aspects of the genesis of illness*” together with the Institute of Social Medicine in the block “*Introduction in prevention and sociogenesis of illness*”, and the lecture “*Transcultural problems in family medicine*” together with the Department for General Practice in the block “*Family medicine*”. The concepts and the bibliography to these lectures will soon be published in our web page. We would like to thank Professor Peter J. Brown, Emory University, for the permission to put his article “Cultural Adaptations to Endemic Malaria in Sardinia” from *Medical Anthropology* Vol. 5, 313-339, 1981 and Dr. Ann McElroy, Buffalo University, for the permission to use her article “Medical Anthropology” from the *Encyclopaedia of Cultural Anthropology*, 750-763, 1996 as references for our undergraduate medical students into the net. We will try our best to also be present in the second and third part of this new curriculum and especially to be able to supervise masters and doctoral theses in our field.

We were also able to set up five lectures at the Department of Social and Cultural Anthropology, University of Vienna, in form of a new module called Makotra (Medical Anthropology, body concepts and transculturality).

We wish to thank all colleagues and friends who helped us to establish Ethnomedicine/Medical Anthropology as part of the official studies for medical doctors and social anthropologists in Austria.

Armin Prinz

Chronicles of Our Trip to Europe. A Journey Undertaken by a Maori and Two Hawaiian Women to Attend a Conference “Shamanism in the New Millennium”

Christine Binder-Fritz and Tuti Hinekahukura Aranui

Prologue

A special place and a special topic was chosen when a conference on “Shamanism in the New Millennium - Wanderers between the Worlds” was held in Garmisch-Partenkirchen (Germany) from October 24–29, 2000. Several German organisations combined their efforts to explore alternative ways of healing. In cooperation with ZIST – “Zentrum für Individual- und Sozialtherapie” (Centre for Individual and Social Therapy, founded by Wolf Büntig), the Reichert Organization and the German Society of Ethnomedicine (AGEM) organized the

symposium. It brought together more than 20 healers and shamans from all corners of the world who came to share their knowledge and love with more than 2.500 participants. The healers were accompanied and supported by family members, friends and scientists who have been living in their communities, studying their medical traditions over a long period.

During the planning of this conference, the organizers asked Christine Binder-Fritz, a lecturer and researcher at our Department, if she could use her connections with her Maori

friends in New Zealand/Aotearoa to “bring” a guest speaker over to Europe who would be willing to speak at the conference on health and healing from a Maori point of view. However, discussing this “sensitive topic” with her mentor and friend, Professor Wharehuia Milroy from Waikato University, whom she has known since her first research study in Aotearoa 1989, needed some time. The “pros” and “cons” were discussed and involved the exchange of much e-mail correspondence, phone calls and numerous facsimiles between New Zealand and Austria. Then, in a final phone call Tuti Hinekahukura informed Christine that she had decided to participate in this big event. Being an “ambassador” of Maori culture and values, she also wanted to act as an advocate and opener of doors for her people and their voices to be heard in Europe. Her two Hawaiian friends, Carmelita Kinau Kapu Saffery (“Dutchie”) and Pua Ka’aihue, felt the need to support Tuti on her journey and decided to accompany her.

Tuti was one of the key-informants of Christine’s five-month qualitative study in 2001, which focused on the “cultural construction of aging and menopause in Aotearoa/New Zealand”. The study, which is part of the current three-year project on “Transcultural Aspects of Women’s Reproductive Health”, was funded by the Austrian Federal Ministry for Science and Education (“Hertha Firnberg” T68 MED, Austrian Science Funds (FWF)).

After a short personal comment of Christine Binder-Fritz on “Anthropological field work and the protection of indigenous knowledge”, the following article will give some personal impressions about Tuti’s exceptional journey and this conference where several participants explored alternative ways of healing – some in a medical and psychological sense and others in traditional ways that ethnic groups have with herbal remedies and spiritual means of delivery in healing. The following article is not only based on tape recorded interviews during Christine’s research study, but also on letters and e-mails that were exchanged before and after the conference between New Zealand and Austria. Tuti will even open her personal diary to share some memories of this conference with the readers.

The Protection of Indigenous Knowledge

Maori people are very much traumatized by the experience of Western Colonialization, land loss and deprivation and therefore they are in general very cautious and reluctant to share their ancestral knowledge. Christine Binder-Fritz was very well aware of the concerns of Maori tribal Elders in regard to the ongoing exploitation of indigenous knowledge. During her field work Maori friends often spoke about bad experiences with some “white anthropologists” from overseas, who were keen on “taking” each piece of information they could get, but often forgot about reciprocity and the ethics of “giving back” to the people afterwards. Some colleagues did not even give back copies of photographs they had taken during their visits.

There is no doubt that working as an anthropologist and doing fieldwork with ethnic communities involves several aspects. Ethics in fieldwork, reciprocity and responsibility for the use of data and quality of human relationships during and after the field study are being regarded as basic and major principles of scientific research, if one does not want to be accused of continuing the “history of colonialism”. Conferences on “Shamanism and Healing” definitely also involve commercial aspects and the possible risk that someone else and not the Maori communities in New Zealand would benefit from such an event, were another aspect of Christine’s concern. On the other hand she had received so much hospitality and cooperation from the Maori people in New Zealand during the time which she had spent with them – altogether 21 months – from 1989 up to the present. So she not only felt the responsibility to take care of the protection of the indigenous property rights but also regarded the conference as a valuable opportunity for Tuti to serve as an ambassador for her people. From that point of view Christine’s contribution in that network could be to fulfil the other side of the principle of reciprocity: after having “received” you have to “return” something.

A Short Portrait of “The Three Wonderful Ladies” Travelling to Europe

1. Tuti Hinekahukura Aranui

Tuti Hinekahukura Aranui, born in 1932, is a Maniopoto Tribal Elder and Maori counsellor, living in Mokau, New Zealand. Tuti has raised 7 children and was a college teacher for more than 30 years. She has operated in the field of social work and Maori medicine since she was a young child among her Maniopoto people and then latterly with people from other tribal groups. Tuti has a certificate for natural therapies and a Bachelor of Arts (Waikato University). She is regarded as being among the country’s leading Maori Icon and an expert in the field of health, culture and traditions. Following Maori values she also works with the oral tradition – myths and stories. The metaphors and hidden messages within these stories are regarded as strong healing tools for those who have lost the meaning of life. In her healing sessions she always places matters of the spirit (*te taha wairua*) at the heart of life.

Thanks to Wharehuia Milroy, Professor of Maori Studies at Waikato University, Tuti is an expert in the area of healing the mind and the spirit – the treatment of spiritual problems that not only afflict the Maori but also other indigenous people. Having 30 years of teaching experience in Primary and Secondary Schools, her skills and expertise have been acknowledged all over the country. She has been guest speaker in Alaska (Conference on Alcohol and Drug Abstinence) and Hawaii. She is facilitating workshops and trainings for the New Zealand Association of Counsellors and Continuing Education at Waikato University. Having retired from mainstream lecturing in 1997 she is currently a *kuia* (“wise woman”) or consultant for the Law School at Waikato University.

In her belated search for knowledge after “twenty-odd years of teaching”, she also listened to the faint whispers of her elders, her first teachers. Her university learning came when she was mature and free of her children – Tuti gave birth and raised seven children – so she was able to reflect on her own life and to find answers to the questions which flooded in during her studies to attain a Diploma in Guidance Counselling. Later, an eight-year stint



Tuti Aranui dressed in her traditional and prestigious kiwi-feather cloak (*kahu kura*), a family heirloom. She is accompanied by her Hawaiian friends Pua (left) Dutchie (right) and myself.

of lecturing among her Maori people in an education program from her university, enabled her to lift the cloud of oppression which had smothered her people for so many years. She touched the souls of her people. In her capacity as a lecturer and an opener of doors for her people she made an impact on communities she visited throughout her time

2. Carmelita Kinau Kapu Saffery

Tuti and her Hawaiian friend “Dutchie”, as she is called by friends, had also asked her for assistance in reviving her own people in their struggle for sovereignty. Dutchie had met many of Tuti’s past students in the short time that they had known each other in 1999. Each of these past pupils had positions of responsibility and seemed to have a purpose in his/her life. They were all using their energies and newly acquired knowledge to retrieve values and protocols which had almost disappeared. Dutchie knew about oppression. She had previously led a peace march in 1995 to protest against the suppression of her own Hawaiian people. Although she was also a product of many nationalities, she was fiercely Hawaiian and proudly proclaimed that fact. She was, however, deeply resentful that her education system did not allow her the privilege of learning about her own language and ancient protocols. She had been a participant in a workshop organised by Tuti for her Hawaiian people. She saw the cloud of depression lifting off the shoulders of her friends. She saw a liberation that gave life and purpose to each person in the workshop with her. So when Dutchie found that Tuti was going alone to

Germany for a Healing Conference, she knew she had to go as well and maybe she could be in some way useful in carrying bags, in assisting in any way possible so that Tuti's tasks would be easier. She therefore volunteered to attend the conference.

But Dutchie had other gifts which will manifest themselves as one reads through these chronicles. She was a student of the Hula group conducted by her respected cultural teachers. She was taught well to acknowledge the gifts of the universe through hula dance, and she was an expert in this field. Her firm walk, her way of speaking and doing unto others that which you wish to be done unto yourself was a strong and welcome support to the messages given to those we met. Her vision and clarity in knowing what is right and just, was certainly put to the test" but like a true warrior for the late Queen Liliuokalani and the former King Kamehameha, she stood firm beside her friend throughout the journey. In fact, one can venture to say, that she was the warrior in the face of possible conflict.

3. Pua Ka'aihue

Pua is also Hawaiian with many genes in her makeup. She had been one of the participants in the Hawaiian workshop. When she heard that Dutchie was to accompany Tuti on her journey to Germany, she too volunteered to come as well. Previously Pua had been a teacher-cum-assistant in an early childhood program in Hawaii. She had just resigned after many years working in her role of surrogate mother for many children within the system. She had seen the progeny of oppressed people in her classes. Some children had wonderful parental support, while others had little support and left her care with much to be desired. She was one of those liberated people who now have a mission. She wanted to help people to value themselves too and she was ready and willing to lend a hand.

Like Dutchie, Pua has a particular gift. She has the healing hands of a *lomilomi* expert, a well-known traditional way of massaging. She had years of training with her family elders, and her experience had helped her to understand the different pressure points of emotional and physical pain. Her expertise in massage and

reflexology came into use many times during the journey. It was therefore no wonder that these women were so well received and respected. They carried a collective aura of calmness and strength that came from within the combined gifts each carried. They moved with such a sense of purpose and dignity that people from the Pacific Isles were proud to send them as representatives of their ethnic groups. They were a team! Tuti was also proud to have them as team members on her healing journey.

The Long Journey

Diary notes from Friday October 20, 2000

Wednesday and Thursday disappeared into the time travel I spent on three air-flights. So here I am sitting outside on the Wittelsbach Hotel patio three storeys high, watching the sun paint the tips of the mountains which will become familiar friends for us during our ten days' stay in Garmisch-Partenkirchen. The orange-pink tinges tipped the spare snow drifts up high and later picked out the autumnal colours spattered within the dark green pines standing tall and straight as they marched up from the green grass swards of the valley floor. Such beauty opening out as the sun slowly highlights the landscape. Then as we look up into the sky we see the white paths of the aircraft which provide transport and communication as they wend their way across the atmosphere. The stillness is apparent as the paths criss-cross the sky leaving their trails as straight paths like direct messages to us. If the *kaupapa* is right there is no problem. Just cleave the way through whatever comes in the future. No one was to realize how important that message was until a few days later. "Ko te ara whanui tenei hei tohu i te huarahi mo te orange o te iwi."

Dutchie and I had been up early despite the tiredness of the previous days' travels. The physical journey had taxed all of us. With the long hours of distance hopping, stretching my resilience, my body was exhausted. My mind, however, was still clear and there was a real need to make sure that the real purpose of our journey was to be adhered to with commitment and integrity. The organisation had paid my travel expenses; they were also to pay for all our costs for accommodation and meals. Later we were to find out that we were also provided with a vehicle to transport us to many places.

We had to produce the best and provide a presentation and seminar that would help in the healing process. I was still unsure of what I needed to present, but the plan was beginning to present itself.

During our different converging journeys to this country, many challenges presented themselves, but we dealt with them calmly and considered the needs for people to undertake their differing roles and responsibilities. Having to buy another bag to break up the weight of my carry bag was the first challenge. Knowing which bag to check through was a slight dilemma. But the purpose of the journey had to be considered. Then in Los Angeles and the meeting-up with Dutchie and Pua with their ready laughter and joy of being alive, the journey took on a different tone. The journey would surely be easier to bear with their company.

Watching Dutchie work with the ticket officers was a joy and a source of much laughter during and after the event. The untapped energy within Dutchie just played havoc with the computers which broke down every time she went near them. This gave us time to explain the journey the “Intrepid Three” were undertaking and of course we were given some very preferential treatment to ease the tiring journey ahead of us. Observing the motions was an education in itself. It was to reveal explicitly the power of love that we sent out to those in need. The people we touched felt an increase in their own spiritual energy as we discussed our journey with different people.



Tuti hugging a participant. People say she “opens up the hearts”

Like the ticket officer who gave us whole rows of seating so that we could relax in comfort; the stewardess who could not stop enquiring as to our destination and purpose; the gentleness and consideration shown to us by people who whipped us through customs with the speed and comfort of travelling on trolleys to the next point of departure. The gentle prodding of the baggage manager, who was to search for and retrieve the extra baggage which had gone astray in Los Angeles because the destination ticket had been ripped off.

All these were indications of the many small challenges that we met and the waves of response both negative and positive that we observed on our journey. The beauty was in observing the negatives fall in and fall out again of our paths, with the calmness and smiles with which we faced every challenge. Truly every path is not without burrs, but it is the knowledge that the Creator is our friend and constantly walks with us that spurred us on in our journey. Some of the interactions were so funny and so unpredictable, that the gales of laughter went well into the night when we reflected on the day’s events.

Our two guides, Reyhan and Judith were such wonderful people. They made our entry into their Bavarian country so full of wonderful cameo shots of care and joy. To arrive at the hotel late, tired and loaded with baggage that stretched the mind of the tired receptionist did not deter us from sending a prayer of thanksgiving for the long journey, before falling into our beds at about 1.30 am. We had travelled far but had arrived safely, except for a wayward piece of luggage that was stuck in Los Angeles. This was the beginning of our interaction with Bavaria and its people.

Exploring the Bavarian Landscape and Reflecting on the Past

Diary notes from Friday October 20, 2000

Today was a beautiful day with the sun, the people, the picturesque countryside and castles interspersed in our tour with our guide Reyhan. After a late breakfast at 10.00 a.m. – how decadent one gets sometimes – we discussed where and what we should do for the day. We had a car – a Mercedes Benz no less – and we needed to “bum rubber” while we had it. So



Dutchie giving a hula lesson to the audience

shopping was short-lived, only enough time to gather a bunch of cards to send home to family and friends, then off we went to walk the paths of many who wished to view the legacies of König Ludwig, the King who literally built castles wherever he pleased within his beloved country of mountains and lakes.

First we visited the monastery in Ettal with its wonderfully painted walls and ceilings depicting beautiful seventeenth century art. It was significant that we should choose this place as our first to visit. Each of us, Dutchie, Pua, Reyhan and I took our own time and places to visit, pray for our families and friends at home, and finally to ask blessings for our time here in Garmisch. The time was special and several signs were given us to ponder on later, as we moved around, like the beautiful stark figure of a skeleton cloaked in black tucked under a shelf of one of the confessionals. He was holding a skull in his hand towards one as one passed. Was this a reminder of one's own short life span in this world? Or was it a reminder for me to visit the tattooed head of my ancestor resting in a Viennese museum?

The sacred heads of my ancestors were bought and sold by avid collectors and anthropologists of the 1800s. Oh the whims of people playing with such sacred issues of another race, and the gullibility of those of my own race who scavenged and sold these things to people who did not know the sacredness of these artefacts! It was after this event that I again brought up a heartfelt wish that I had discussed with my son prior to coming. I had known about some of our

artefacts that were taken and given to museums within Europe. One of them was a tattooed head preserved and mounted and now "resting" in a museum in Vienna. I wanted to make a special visit to view my ancestor, to let him know that we still cared about his absence and that maybe one day he would be returned to the people who still grieve silently for their lost one. Perhaps when that day comes, their rattling bones will lie still, and forever be in peace in the bosom of *Papa-tu-a-nuku* (Mother Earth) Maybe then the gates of *Hine-nui-te-po* (Goddess of the Dark) will close with loving arms around the missing part of our *tupuna* (ancestor) who lie in wait within her, without its head. We will see! We will see! (Note: during the visit in Vienna after the conference, that special prayer was delivered to this sacred ancestral head)

It seems significant that we were reflecting on König Ludwig II of Bavaria, the Maori King Tawhiao of Aotearoa, and Queen Liliuokalani of Hawaii, who in all respects were reigning monarchs at almost the same time, given a year or so. So is there another purpose here that



Vienna sightseeing

brings two Hawaiian ladies and another, a Maori from Aotearoa to be on this land at a significant time when everyone is in search of Healing and Peace for the Peoples of the World? Is it a coincidence that we are all here together? I think not! Maybe this is a plan that the Creator in His own wisdom is putting into action. Were we all brought together for a purpose? If so, what are we meant to do? How are we to do it, and when do we do the things that are meant to be done? Questions abound, but we must wait and the time will be given when we must say what needs to be said and things will be done and how they should be done. So we all wait for specific signs to signify what all of us must do, and how we can work together for the common good. It was a spiritual moment of silence and quiet sharing of thoughts.

Saturday October 21, 2000

This day dawned with a mixed bag of tricks, breakfasting late again after sitting on the patio enjoying the scenery. Oh dear! And then to retrace our steps to Linderhof castle that was visited the previous day. Before we could do that, however, we had to rearrange our means of transportation.

When we arrived on Thursday evening tired, a little fragmented and disappointed at having lost a bag in transit from Los Angeles to Frankfurt, a rental car had to be requested and ordered at the rental car desk. We were soon sitting in a smooth silver grey Mercedes Benz with piles of our baggage. Now here we were here this Saturday morning, keen to hold on to the car but not so keen to pay such an exorbitant amount with our meagre funds. Today was a good time to exchange our vehicle for one that could transport more and be possibly more reasonable. Dutchie traded our luxurious silver grey Mercedes for a very comfortable and serviceable van that could transport 6-7 people. As it turned out this car served our purposes well driving to Vienna and back to Munich to catch our flights home.

Yesterday's sun was beautiful, but the misty mysterious glow today was playing its magic by making the autumn colours of the forest positively breathtaking. It seemed that the yellow hues we had seen yesterday had changed a little

more to a beautiful vibrant orangey – brown glow that shimmered in the slight breeze that was not there yesterday. The valleys were alive with colour and people, who yesterday had been working in their offices but who were now hiking, cycling and tramping along the paths within the glowing, shimmering forest and fields.

Our guide Reyhan had arranged to take us to a restaurant built in the early 1600s with wonderful service and delicious cuisine that tickled our palates. On leaving, the host and waitress came to the door to shake our hands and wish us well. They also invited us to come back again for another meal before we left Bavaria. Of course that was promised with speed, but it was an invitation that we could not keep, as it turned out later.

Sunday October 22, 2000

The sound of cowbells mingled with the ring of church bells woke Dutchie and I to another day, Sunday, which dawned slowly with the sun waking the tips of the mountains with his vibrant paintbrush of flame at first, then the yellows, and orange-browns of autumn appeared in the valleys. We took so long to soak up the beauty of nature that again we tramped in late for breakfast in a quiet empty breakfast room.

Reyhan, our guide provided by ZIST took us to the foot of one of the gondolas that would take us to the top of one of the lower mountains. Eckbauerbahn was waiting to take us to another level where we were able to have an eagle's eye view of the valley. The ride up on the gondola was cool and breath-taking, with each meter of height revealing a vast valley floor of interesting patterns of life. The chalets sat squat and comforting in their precisely mapped out streets, while the scattered farmhouses spoke of busy preparations for the winter. Woodpiles growing, renovations needing completion, and last minute hammerings echoed back up to us from the iridescent shimmering valley floor.

We were not alone on this little journey, and we arrived at the top with others, breathless and alive. The hot sun warmed our backs and the sharp, invigorating sparkle in the air made us

feel great to be alive. A short walk took us to the little café strategically placed to shelter the eat-out patio that was now filling up with families of like mind. They too were here to enjoy the scintillating sunshine and the grandeur of mountain peaks that surrounded the spot we had found. We just had to have something to drink, so fresh buttermilk, steaming hot coffee and sparkling tap water was enjoyed with gusto. Almost two hours later, after chatting and reflecting on previous days' events, we wended our way back to the gondolas which took us back down to the bottom of the valley. We could appreciate the thrill of viewing the world from greater heights than the ones we were brought up in. Yes, seeing the world from a higher vantage point was an unexpected thrill indeed.

Meeting with the Other Healers

Sunday evening dining at our hotel we met some of the other invited healers, their supporters and some of the scientists. The aged Peter Castello, representing Australia's Aboriginal Culture and his adopted son Wayne, sat with us that evening to enjoy the cuisine of the hotel we were in. Much chatter and food sharing took place, when suddenly we were joined by the Nepalese delegation. Most of us had just started on our main meal, and it became obvious that the new group were not going to be served a meal. They had arrived too late for the kitchen hands who had already locked up and gone home for the night. The new group were being asked to go somewhere else for a meal. To us this was out of the question. So a discussion with the headwaiter allowed us to rearrange the food we had not yet partaken to be served to our newfound friends. Our favourite headwaiter and waitress did well. They moved easily between the two groups attending to their needs with care and diplomacy. We were able to fill up on our ordered desserts, so the parable of the five loaves and fishes was played out well that evening in a hotel dining room that had never seen the like before.

We all moved into the lounge for cups of tea, coffee or hot water, when again we were assailed with a group who attached themselves to us. Apparently one of their members was a prolific writer and had written much about the Nepalese culture and their methods of healing.

He (Note: it was Christian Rättsch, German anthropologist and part of the organizing team) had arrived with an entourage which suddenly catapulted the group into a difficult situation: there was much chatter now and liquor began to flow with cigarette smoke filling up the once clean pristine lounge with its clawing pollution. It was not long before we suggested a prayer of thanksgiving for all our arrivals, and blessings for our families before we three returned to our room to clear our smoke-filled lungs before sleep. HMMM! What manner of healer is willing to pollute his own body with smoke and alcohol? We were glad to make our exits but sad to see that such things were happening at this conference. We will see! After a shower to clear the stench of smoke and a massage later, we were asleep in the hands of Morpheus. We slept well and the next day we were invigorated, full of anticipation and purposefully clear in our own minds what our roles were to be in the forthcoming days.

Tutis Oral Presentation in Germany Diary, Monday 23 October

Monday dawned with sunshine and great expectations. In the afternoon there was a welcome banquet for all of us and I met with Christine Binder-Fritz, who had just arrived from Vienna. She was my link to this whole conference. She was a little surprised and got a bit nervous to hear that I still had not made up my mind what I was going to deliver at my presentation, which was scheduled for the next day in the afternoon. But I promised to have it ready for breakfast to give her time to prepare for her task, which was to be on stage with me and to translate my message into German.

Diary, Tuesday 24 October

D-day dawned with the criss-crosses in the sky. Temperatures were cooler and I had been up since 4.00 a.m. My mind was clear and I knew what I needed to say. I wrote being mindful to allow pauses for the translation from Christine, so the flow and thread of the message would run clear and strong. 5.00 a.m. I heard the cowbells tolling the movement of their ambling owners as they went out onto the hilly pastures for grazing. By 6.30 a.m. I was reading my speech to the sleepy audience of my room-mates Dutchie and Pua. Silence! They sat up. They

were impressed with the sincerity of the message and the subtle way I had written the Who, What and Why of my purpose in the web of interactions we had experienced. I was fully prepared for Christine when she knocked at our room door at 7.30 a.m. She was overjoyed with my work and we all trooped down for breakfast ready for the day's events. Christine stressed the importance of experimenting and synchronising some technical matters before the presentation. This happened during the lunch period and our technicians were wonderful.

The presentations were all different in content and we all had mixed feelings about some of them. The Nepalese team were first and they had gone early to prepare the stage. Their half-hour seemed to go quickly and the explanations of what and how shamanism was used in their country was not clear to me. Each group or individual presented their speech in different ways. It was difficult for me to decide whether the message or the show was the more important factor with some. Throughout the day the weather was a little uncertain. Lunchtime saw us walking through a slight spattering of rain with the concrete walks obviously spotted with the tears of *Rangi* (the ancestral "Sky-Father" in the Maori creation myth). I knew then that my presentation would be safely supported by my ancestors. They were already here with me.

4.00 p.m. arrived and all sounds and technological systems (Peter, the technician, to control the slides and the CD player and Andrea with the overhead projector) were in place. When the slide with the image of the old *kuia* (Maori female Elders), appeared on the screen this gave us a sense of calmness and dignity as I waited for the introductions to finish. Christine was standing on stage after she had introduced me. She was waiting while Hirini's sounds came through and the *kuia* was faded out to bring the *whare-nui* (ancestral meetinghouse) in place and I called out to my ancestral house to give the support I needed to present my message. I climbed the stairs and then turned to greet Christine in the time-honoured way of my people: with the *hongi* (pressing noses and sharing one breath together). We then went to the middle of the stage and I delivered my message. As we interlaced our words I sensed the calmness of the *kuia* and the support of Hirini's voice during the opening. Everything went

smoothly until I walked off after my *waiata*. The applause was loud and long, the video will tell the story. My sense was of peace and the audience acknowledgement of the sincerity of my presentation.

After my presentation others followed, but I am afraid I got lost in the academic jargon that was used to present their topics for academics. It was a scientific exploration that left the majority of people guessing. Perhaps I was biased against an academic scientific dissertation that precludes people who are seeking a natural healing method in a simple form. My friends and I nodded off occasionally which was really rude of us to do so.

Before we went to dinner, a lady in an orange jacket came up to me to explain how I might begin the process of retrieving the artefacts I spoke of in my presentation. Tears welled up in my soul as she explained who she was and how she might help to implement a process for the artefacts to return. Support was beginning to come from most unexpected quarters and I was so taken back that I could not even accommodate the needs of a photographer and magazine reporter quietly waiting in the wings. Much time passed before we were able to go to dinner, where more discussions took place. A heavy day of listening and presenting was followed with a sigh of relief and an early night to rest the weary body and soul.

Back in New Zealand Diary note, December 30, 2000

This journey was an inspiration and moving for all three of us who attended a conference that came out of an invitation to Tuti Aranui. An invitation which was based on a good network between the University of Vienna, with Christine Binder-Fritz as a member of AGEM and her contacts to Maori communities, especially to Professor Wharehuia Milroy, University of Waikato, who wanted to make sure that "the right person" would represent the Maori people in a forum that was worldwide and internationally above board. I am sure we did our best to do justice to the task we were given. My friends from Hawaii are here in New Zealand as well. We will meet in the next few days and share more of the wonderful times we spent at the conference in

Garmisch-Partenkirchen. Christine is here too and we are looking forward to meeting again. That will be something!

Reflections

The appearance and activities of these three participants from the Pacific Islands had left such remarkable impressions with the audience at the conference, that “The Three Wonderful Ladies“, as they were called, were invited by ZIST to also participate at the next Conference “Soul in Medicine“, which was held from 31 October to 4 November 2001 at the Congress Hall in Garmisch-Partenkirchen. So they travelled again this long distance to offer a presentation and a three-day-workshop there. The message “Heal the soul of women – and you heal the world” of Tuti’s presentation on stage, was delivered well to the audience. Up to 120 participants on the third day of the seminar were a challenge to our team (Tuti, Dutchie, Pua, Alexander, and Christine). Again the skills, the *mana* and the embracing love of “The Three Wonderful Ladies” opened up the hearts of the people and “healing from within” was initiated.

Furthermore, as Tuti had already planned her visit to Vienna, she offered to Christine to give a lecture for nurses who had attended seminars on “Transcultural nursing care”, and for students who are studying ethnomedicine or social and cultural anthropology. This special lecture on “Soul in Medicine: Essential concepts of health and healing from a Maori point of view” was held at the Institute for Ethnology, Social and Cultural Anthropology at the University of Vienna.

Healing a Community from Within – an Epilogue

“We are actually breaking the cycle of colonisation and realising the dreams of our ancestors who continually remind us in certain ways that we cannot deny what is right for us and the generations to come. Strongly I feel the need to spread the seeds of healing throughout my journey” (Tuti Aranui).

The following text is based on conversations and exchange of e-mails between Tuti and

Christine, discussing several issues concerning health and healing from a Maori point of view.

Christine: You have been working with German and Austrian people in your seminars at both conferences, in 2000 and in 2001. And you gave a wonderful lecture in Vienna on “Soul in Medicine: Essential concepts of health and healing from a Maori point of view”, where you spoke about the oppressive nature of colonisation and missionary influences. How do you see the present race-relation between the two population groups of your own country, between the Maori and the New Zealanders of European origin, who are called *Pakeha*?

Tuti: Well you know, that I was brought up in an era when the Maori language and ways of being were being suppressed. I felt the dis-ease of oppression from a dominant and patronising group of people who were interested only in their assimilation programmes. Our Maori people were regarded as being savage, ignorant no-hopers who seemed to need to be civilised and christianised. Both of my parents were of English and Maori stock and had lived through the aftermath of the Land Wars, Land Confiscation, followed by influenza and tuberculosis epidemics. As has been seen in other colonised societies, the demoralisation and destruction of self-worth within the Maori tribes was reflected in the typical manner of an oppressed people who sought solace from the drugged effect of alcoholism and drug addiction. Family abuse and violence were and still are the outcome and hallmarks of such numbing activities. The community pains had become vicious circles of ridicule; name-calling and blame that hid the real factor that started the whole cycle. When people are in such a state, it does not take much to suddenly have a simple dispute flare up into a conflict of interest that unsettles both races. I see myself as a product of this era and I have reached out to grasp the best of both worlds to educate and nurture my own children and many grandchildren. My children and grandchildren are gifts, the legacy of a marriage between Maori and Pakeha and who are now searching for the best of both worlds for their own progeny.

Christine: Tuti, in your seminars at the last year conference 2001 in Garmisch you worked with Maori myths and ancestral stories and

interactive exercises. Could you explain, what is your aim in these seminars?

Tuti: The seminars are interactive exercises which will encourage people to use their own initiative to reflect what our ancestral stories have always been. The metaphors and hidden messages within our own stories are strong healing tools for those who lose the meaning of life. So my seminars are interactive workshops of storytelling. There is a chance for people to tell their own stories. In a way this is a form of

“massage with words”, a kind of acknowledging the skills of a storyteller.

In other words I help people to re-establish the ways of being of the old world to adjust their lives to a much more meaningful way of life in today’s world. Healing comes from within and unless a person or a community is prepared to look at their immediate past history and look further back to the lores of the land of yester-years, their lives can become quite hopeless and out of synch.

Working with “Doctors without Borders” – How to Conduct Ethnomedical Fieldwork Under Adverse Conditions

Doris Burtscher

Presentation of the Project

In July 2001 MSF (Médecins sans Frontières – Doctors without Borders) invited me to participate in an exploratory mission for a health project in the Guidimakha region, located in the south of Mauritania. This was a great and interesting challenge and a new possibility to apply the ethnomedical knowledge and experience I had gained during my fieldwork with a research project in Senegal (Burtscher 2002). The first thoughts I had in relation to the aims of the project were to work out a new scope of duties, albeit with similar contents, which would have to be carried out under difficult conditions – during the heavy rainy season.

The general objective of the exploratory phase was to make a diagnosis of the sanitary situation of the region followed by an analysis of the problems related to the future Guidimakha project.

• Specific Objectives for the Medical Anthropologist

- to bring to light the demographic data of the region
- to describe the social structures of the different ethnic groups (Soninke, Halpulaar, Moor)

- to describe the anthropological approach to health of the different ethnic groups
- to describe the traditional system of community health
- to constantly participate in the analysis of problems and the elaboration of the final project

The project was intended to last three months from August until November 2001. The team consisted of a medical doctor and field coordinator in one, a logistician, myself as a medical anthropologist and a driver who also acted as my translator.

I arrived in Nouakchott, the capital of Mauritania on 9 August after a short briefing in Barcelona. At that time the rest of the team had already traveled to the research site in the south of the country. I joined my colleagues a few days later at our base camp in Selibaby, the capital of the region.

Demographic Data

The national population is composed of three different ethnic groups, the Moor, the Halpulaar and the Soninke. The Moor population is divided into black and white Moors. The black Moors or Haratins, constitute 40%, the white Moors 30% and the Soninke and



Local nurse in a Mauritanian village examining a patient

Halpulaar 30% of the entire population of the country. In the Guidimakha region the majority of the people belong to the black Moors, Soninke and the Halpulaar. The total population of the region is about 200,000 inhabitants, which amounts to 7.5% of the total national population of 2.7 million. The official language is Hassaniya, an Arabic dialect, and French. Mauritania is a homogeneously Muslim country. 99% of the people are Muslims. Some 0.8% follow traditional African religions while some 0.2% are Christians.

The Different Ethnic Groups

All three ethnic groups have a strict hierarchical social structure. There are three principal classes: the aristocracy with its “marabouts” and warriors is the dominant group, followed by the people of the castes, the craftsmen and the “griots”. The servile class, the slaves, is on the lowest level. The old slavery tradition is particularly characteristic. Officially Mauritania’s president Ould Taya abolished slavery on November 9, 1981 but the practice still exists. Even today Pulaar weavers can hardly refuse to carry out certain gratuitous tasks for their former masters.

The Soninke, the major ethnic group of the Guidimakha region, are sedentary farmers. This population is also characterized by a high number of emigrants, particularly to European countries and Central Africa. The Haratins and the Pulaar are nomadic herdsman. Affected by the years of severe drought, however, they had to settle down and devote themselves to agriculture.

The predominant social unit is the extended family. Strict endogamy is practiced. Polygyny

is common among the Soninke and Pulaar but rare among Moors who practice monogamy. The social organization is patrilineal, patriarchal and patrilocal. The Soninke and Halpulaar society is divided into age classes – a system which is older than the Islamic religion but has lost its importance within Islam. People in a certain age class are not associated by physical age but by common and traditional events such as initiation and circumcision.

The Fieldwork

After I arrived in Selibaby I was given a detailed and profound briefing from the medical doctor, our field coordinator. I was informed about the major problems of the region and how we were going to proceed during the next few weeks. Knowing that the time was short, we had to work hard to acquire all the requested information. The project’s first draft was planned to be completed by the end of September. During our first fieldtrip with two local nurses we accompanied and supported the national vaccination campaign in a particular part of the Guidimakha region. It was the first chance for all of us to approach the population and observe its reactions towards “modern medicine”. During the vaccinations, when I did not have to help the others, I carried out my first interviews with members of the community we worked with.

The Methodology

The whole investigation was based on qualitative methods. I conducted semi-structured interviews and narrative interviews. To serve as an outline for the interviews, I compiled a questionnaire. I did individual interviews mostly with traditional birth attendants, people who were responsible for women’s projects, or with nurses at the health posts. Also group interviews (see Coreil’s four types of group interviews, Coreil 1995: 194ff.) were done, mostly with groups of women in a village and occasionally with a group of men. My intention was to work in different villages all around the region, visiting localities with just one ethnic group or with a mixed population, villages with a health post as well as villages with little or no access to one. In order to obtain information on

continue page 18

Contributions to Visual Anthropology

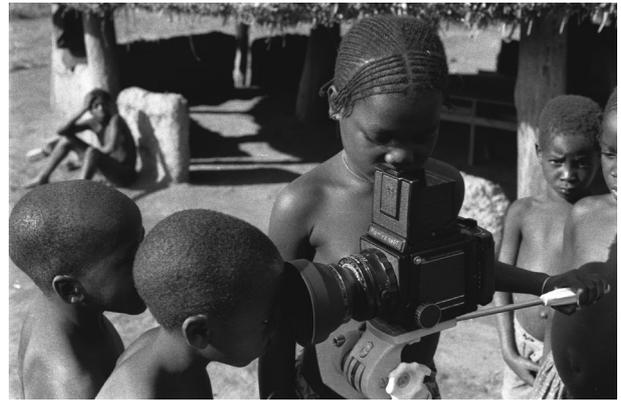
Traditional therapy and witchcraft in Tinga-Tinga paintings

Ruth Kutalek

How is witchcraft symbolically expressed and perceived by Tinga-Tinga artists? Which symbols do they use in relation to traditional therapy and how are these symbols used in ethnographic reality?

The following Tinga-Tinga paintings show typical episodes involving traditional healers – *waganga* – and witches – *wachawi*. The paintings were done in the 90's for the local tourist market in Dar es Salaam, Tanzania. By choosing scenes of traditional therapy and witchcraft the artists on the one hand hope that these will encourage tourists to buy their paintings. On the other hand these topics are of great emotional importance to them because they are confronted with similar scenes in their daily life. Traditional healing and witchcraft are present and still existing phenomena. Consulting traditional healers or *waganga* is very common even in urban areas like Dar es Salaam. To compare the ideas in the painting with the “ethnographic reality” I chose some photographs I made during field research in the Southwest of Tanzania in 1996 and 1997.

The scenes depicted by the painters are full of symbolic meaning. Ritual pots in the foreground of Job's painting (fig. 1) are used in rituals to fend off the evil powers of witchcraft. Such kinds of medicinal pots are also observed in a healing ritual among the Bena, which is called “kupika jungu” – “cooking the pot” (fig. 4). This ritual is performed to exorcise the witchcraft and to protect the patient from future evil attacks. The pot is usually filled with magical objects, the head and heart of a chicken, medicinal plants and water and is boiled for several hours. The patient and his relatives drink the concoction as part of the ceremony. During this process the traditional healer has to imitate the witch to ensure the success of the ritual.



Our logo for this series: Azande children inspecting the camera of a visual anthropologist.

Photograph: Manfred Kremser

Human bones and skulls (fig. 1) symbolize cannibalistic concepts that are common in witchcraft beliefs. Witches meet regularly in special places where they “eat” human meat. The victim will then become severely sick, often suffering from a so-called “wasting disease”. If nothing is done to counteract the deadly power, the patient is bound to die. A person can also be bewitched by magically sending disease-causing substances to the victim, burying them at the junction of a road. The victim then “jumps” onto the substance and is thus “infected”. The patient has to be treated by a traditional practitioner who dispels the witchcraft substances by forcing him to vomit the evil-causing agents (fig. 5) as shown in Mkura's painting (fig. 3).

Magic horns are symbols that are extensively used by all three painters (fig. 1, 2, 3). Whenever an abnormal light is seen in the sky, people say that a witch is travelling to his/her victim. These witches use these horns and sometimes shallow baskets to ride when spreading evil and magic substances. These substances are swallowed by the victims and often vomited or excremented in the process of healing. The painting of Mkimba (fig. 2) and cauterization shows two patients being treated with enema. One patient excrements the deadly substance into a bottle.

Beliefs in witchcraft in Tanzania are not confined to the realm of legends or mythology. They are significant in modern rural and urban life and relevant for decisions regarding health-seeking behavior.

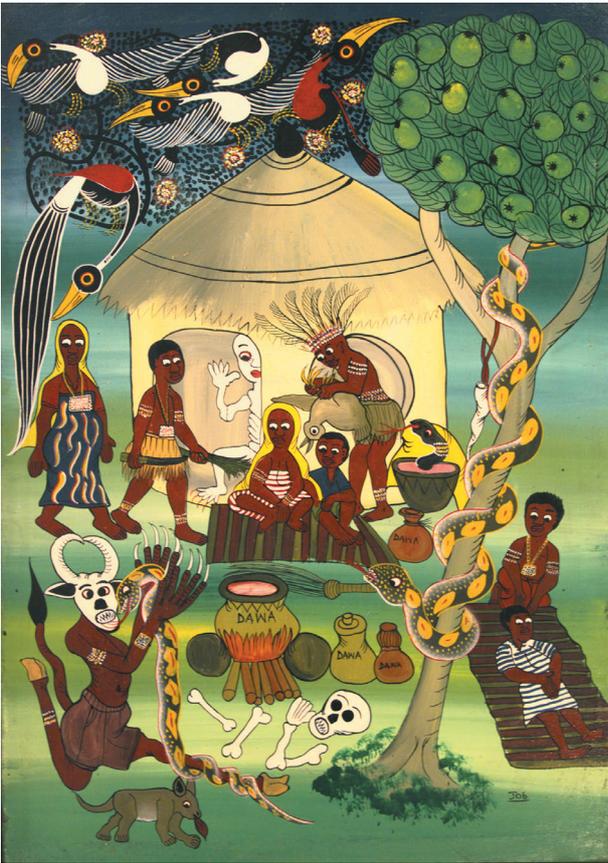


Fig. 1: "Dawa" – "Medicine"



Fig. 2: "Mtaalam wa dawa za jadi Iringa" – "Scholar of traditional medicine in Iringa"

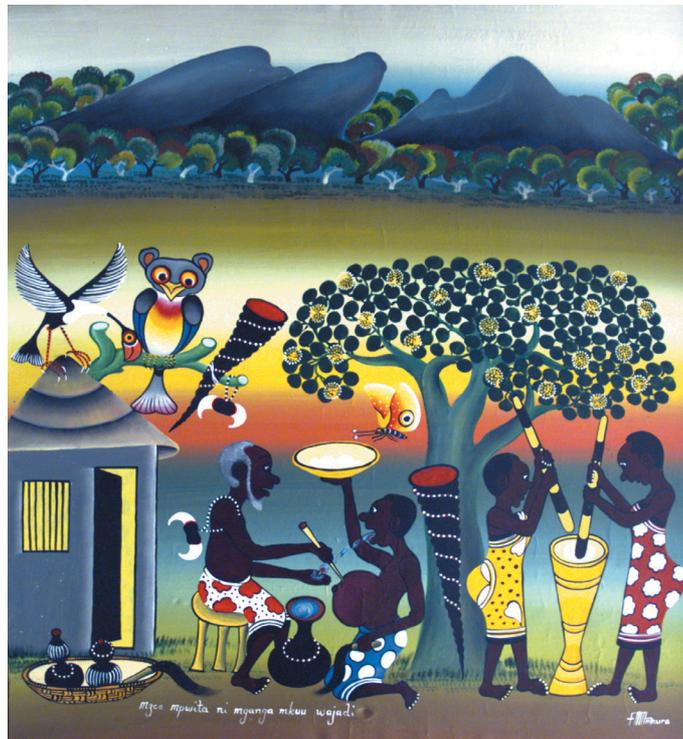


Fig. 3: "Mzee Mpwita ni mganga mkuu wajadi" – "Mr. Mpwita is a great traditional healer"

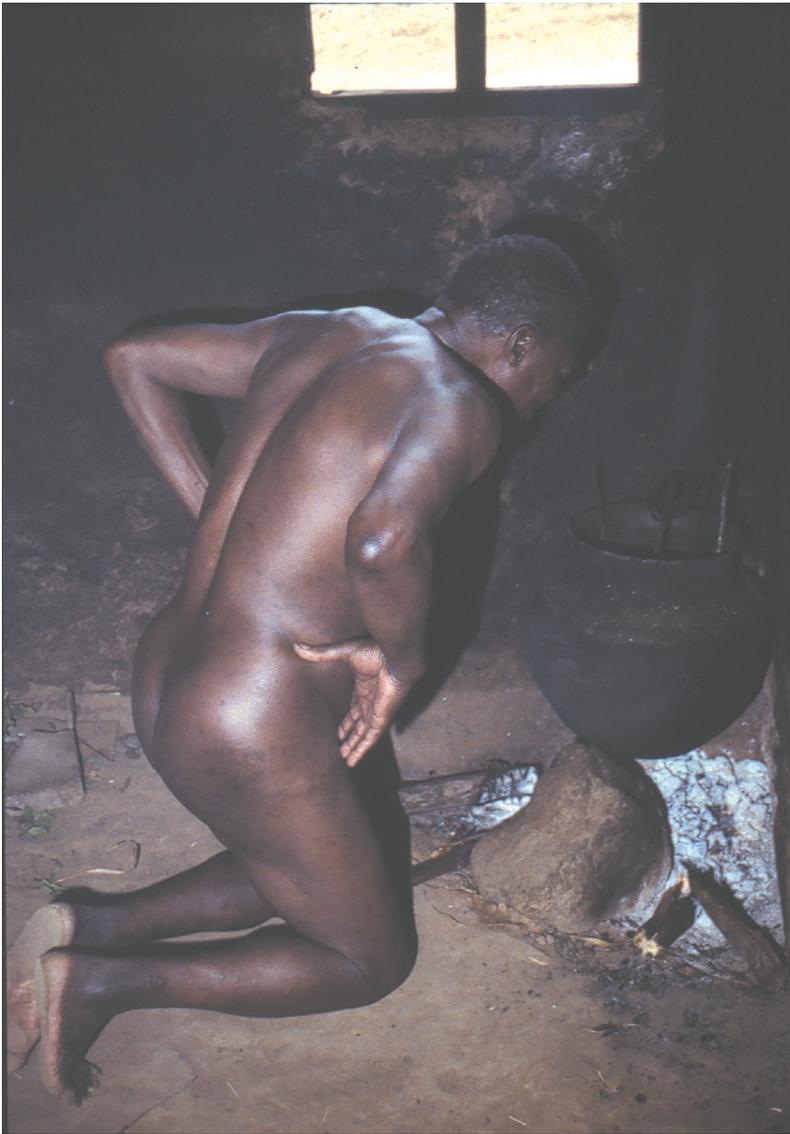


Fig. 4: The traditional healer Lutumo performs the healing ritual “kupika jungu” – “cooking the pot”.



Fig. 5: A witchcraft-object which was vomited by a patient, presented by our former Ph.D student Edmund Kayombo.

**Working with “Doctors without Borders” –
how to conduct ethnomedical fieldwork
under adverse conditions**
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the impact of an urban environment, I also worked in the city of Selibaby. After initial conversations during the vaccination days, I modified the questionnaire and adapted it to the people’s conceptions of health and illness. I now had a better idea of the most vulnerable groups, women and children that needed to be focused on for the inquiry. Due to the lack of time, it was not possible to work with the nomadic groups who were traveling through the country from north to south and from west to east seeking fertile territory for their cattle.

Problems Related to the Methodology

After just a short time the major problem was adapting to the rhythm of my colleagues who had to evaluate the 2 health centers and the 29 health posts of the region. I was used to having enough time to get in touch with the population I wanted to work with. However, having arrived in a certain village, I had to immediately select one person or a group of people. Instead of observing daily life and finding out myself with whom it would be best to work, I had to ask the nurse of the health post or the chief of the village, who then recommended someone to me. I would have preferred to stay for several days in one village and to gather more informal data as well as non-verbal information by means of participant observation. Doing research under pressure was rather frustrating and I was not entirely satisfied with my work.

On September 5 I expressed my frustration after an interview with a traditional Pulaar healer: “I felt the pressure to work quickly because we had a long way to go and my colleague still needed to visit more health posts that day. How can I work with such a respected person, a person full of knowledge and wisdom, without the right atmosphere and without having enough time ...” Again, on September 9, after I tried to speak to a traditional birth attendant of the Soninke without having a direct translator as she could not speak Pulaar nor Hassaniya and my translator did not

speaking Soninke, I wrote: “The interview failed completely. I am very angry. How can I do an interview “en passant” while the others do their job in the health post in one or two hours. In that case it is not even worth starting ... I am frustrated about the working method that I feel I am forced to use.”

However with just one car, the driver acting as translator and the lack of time for our research, the problem could not be easily solved. I agreed with my field coordinator that I would stay in selected villages while the others continued to evaluate the remaining health posts. It is crucial that a medical anthropologist has enough time to work with the population to enable them to get accustomed to him/her and vice versa and in consequence to gain mutual confidence. It is a very intimate matter to speak about one’s health problems, how people perceive their bodies, illness and disease, to talk about the assumed causes, to explain gender problems, and to give an “honest” answer when they are asked which institution they consult for a specific health problem. The cause of an illness always determines the treatment – treatment with modern medicine in the health post or with traditional medicine by the healer. I tried to show that I support cultural and social approaches to health problems and that I am convinced of the importance of both traditional and modern medicine (this was important due to my background with MSF).

This was one of the first times that MSF Spain invited a medical anthropologist to join an exploratory mission. During my briefing in Barcelona and in Nouakchott I noticed uncertainty of the MSF members towards my unusual



Doris Burtscher in conversation with local people in a Mauritanian Pulaar village

role in the mission. However, they had great expectations of my work. It was also my first time to work with MSF and I therefore realized the full responsibility of this exploratory mission. The logistical problems persisted with the team on the research site. Everybody was interested in my work and convinced of its importance for the project, but it was not clear which priority should be given to my tasks. When I felt under pressure and did not have the courage to express my frustration I thought that since my role was so new for all of us, the medical doctor's work may have been more important to MSF than mine. At the same time I did receive maximum support from my head of mission in Nouakchott and from my colleagues in Selibaby.

Conclusions

The MSF experience in particular is to act quickly in emergency situations but for a medium-term or long-term project with the consultation of a medical anthropologist it is essential to have enough time for reflection. In order to get maximum information about people's ideas of the subjects related to the project we need an appropriate proximity to the people to build up trust. Confidence and

responsibility as well as the sensitive use of the collected data are basic conditions.

How did I cope with all the stress and pressure? I conducted my fieldwork under circumstances that were often difficult for a medical anthropologist without the necessary time. However, I adapted to the conditions and I was able to draw from my experiences of earlier fieldwork in Senegal. During a short period of time I collected much data which will permit the team to propose an adequate project to meet the needs of the population.

In spite of all the problems mentioned above, I enjoyed the mission very much. It was an enormous challenge for me and I would not want to miss my experiences with MSF, my colleagues and the people of Mauritania.

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Interview with Professor Ma

Maria Michalitsch, December 6, 2001

First of all I feel very honoured to have this interview with you and I am very pleased to do this. May I ask you a little bit about your life, where you grew up and what is your cultural and scientific background?

It is nice to talk with you and I am also pleased to answer any questions that you raise. I was born in Beijing in 1927 and spent most of my life before I came to England, being awarded a research grant by the Wellcome Trust to work at the Wellcome Institute for the History of Medicine in London.

I was trained first in Chinese history, philosophy and literature for two and a half years, then another two and half years in Western culture, including history, philosophy, art,



Professor Ma is a former guest professor of our Institute. He was invited by the University of Vienna to hold a lecture on "Medicine in Relation to Chinese Culture"

general history of science, etc. Also at that time I started studying Western literature, particularly English literature. I graduated from the Yenching University – maybe not many people know this university – Yenching is another name for Beijing. This university was actually founded by the union church, chiefly funded by America. We had Chinese teachers as well as teachers from America, from Britain, and some other countries. This university was merged into the Peking University in 1953. After graduation, I turned to medicine, because I got a job as an assistant editor to a leading journal for Western medicine at the Peking Medical College of the Peking University. The professor, Dr. Li Tao, who was my supervisor was a well-known medical historian, one of the pioneer medical historians in China. He was also one of the chief editors of the journal. With his help I got the chance to study Western medicine and the history of medicine as well. That's how I started to know medicine and started to embark on the study of the history of medicine. I was very happy and delighted to have this chance because actually I come from a family of traditional medical doctors of many generations. My grandfather and great-grandfather were quite famous locally at our native town not far from Tianjin.

In 1954 the professor referred to above, was invited and appointed director of the Department of Chinese Medical History of the Institute of Chinese Medicine and Materia Medica at the Central Health Academy, which was a leading medical institute in Beijing. So I became a primary research fellow and assistant to Professor Li of that Department. By this time in China a government policy started to try to develop Traditional Chinese Medicine (TCM). With the setting up of the Academy for Traditional Chinese Medicine, which was directly affiliated to the Central Ministry of Public Health, the above Institute of Chinese Medicine and Materia Medica was merged into this new Academy. And, as a result, I became an assistant research fellow of this Academy, working in the Department of Chinese Medical History. And from that time on I had the chance to attend a part time course of TCM. Later, I had the chance to attend a very high-level three-year course for TCM at the Beijing College of TCM specially organised by the Central Ministry of Public Health. All the

teachers were veteran TCM doctors and quite a few of them were nationally well known. After completing this course in 1962, I continued working at the Academy until I came to Britain in 1987. Of course, by then I had already been promoted from assistant research fellow to associated research fellow and then to the position of research fellow and professor.

Was TCM then more familiar to you or were you more attracted to Western medicine? What was it like to study two different medical systems?

Yes, this is a good question. Since I had previously learned some Western medicine, when I started to learn TCM, I had difficulty understanding its fundamentals, such as *yin* and *yang*, *qi*, *jing luo* channels and collaterals, what Western doctors would call meridians. These concepts and ideas seemed to be a bit vague to me, hard to understand at first. But later I realised that the two medical systems have entirely different approaches and that TCM is an ancient system heavily imbued with characteristics of Chinese culture and philosophy. In TCM is actually imbued with Chinese natural philosophy. *Yin and yang*, *qi*, the five elements, etc., are based on natural philosophy, just like the philosophy of ancient Greece, which exerted profound influence upon Greek medicine represented by Hippocrates. So in Greek medicine there were the theories such as the “humours”. There were similarities between Chinese and Greek medicine in their approaches. But, Western medicine has experienced tremendous and substantial changes since the Renaissance time, owing to the impact of various social factors and the forming of a different methodology in the study of medicine. For instance, the reformation of human anatomy by men like Vesalius formed the foundation of physiology represented by men like Harvey, this in turn gave rise to pathology which was founded on anatomy and physiology pioneered by Morgagni. Taking advantage of the development of related branches of science and technology, such as biology, physics, chemistry, etc., Western medicine then developed rapidly in a completely different way and direction. For example, with the invention of the microscope, doctors could observe germs and a new branch of medicine, aetiology, was then created. Now the study of Western medicine has developed

into the molecular level. For historical reasons, TCM was hardly able to dissect and study human body like that in Western medicine. For several thousand years, TCM has been based on the fundamentals recorded and discussed in medical classics such as the *Huang Di Nei Jing* (The Yellow Emperor's Internal Classic) (*Nei jing*), *Shang Han Lun* (Treatise of Fevers Caused by Cold) etc. When I practised I found TCM had its strong points, of course, also its weak points. Western medicine also has its strong points as well as weak points. One of the weak points of Western medicine is that it relies too much on the methodology established by men such as Aristotle, Galileo, Bacon and Descartes. As a result, the Western model of disease changed from the holistic to the bio-medical: disease is viewed as something to be measured and quantified, the central idea is to measure, to visualise, to quantify, a concept so dominating it sometimes seems that unless disease conforms to these strictures no concrete diagnosis and judgement can be made. The social, psychological and behavioural factors of illness are thus neglected. I think one of the strong points of TCM is that it has a holistic point of view, taking the body as an organic whole, the body and mind as a whole, the body and environment as a whole.

One of Hippocrates' famous words are "You can't treat one's disease when you don't know the person who has this disease". And with the modern techniques we have forgotten all about that. But Traditional Chinese Medicine still functions this way.

Yes, I agree with you on this point. One of the strong points of Traditional Chinese Medicine is taking the patient as a person. When a doctor, I mean a qualified traditional Chinese medical doctor, views the patient, he is not only treating the disease, but treating the person as well. You can't separate them. There is a human being. You have to pay attention to his mental state, to emotional factors. So when you are treating the patient and try to find the disease, you have to treat the person, the person as a whole, the body and the mind as a whole, and you have to take into account of the environment and the social condition of the patient. In the *Nei jing* you can also find some comments not only about the relationship between the body and the mind, and the natural world, but also

discussions dealing with the people's social condition or social situation. When you are examining the patient you have to consider the patient's social situation, whether he is poor, noble, rich, or whether he was rich and noble and later became poor and lowly. You find such sayings in the *Nei jing*, which are very interesting.

I think this is a good, strong point of TCM, although not all practitioners or people who claim to be TCM practitioners would follow this. May be they are just too busy, or may be they are just not qualified enough.

Have you heard about this new branch in Western Medicine Psychoneuroimmunology? It was founded by Solomon from California. It reminds me a bit of how Traditional Chinese Medicine is working, taking the person as a whole.

Yes, I think so, because these are the shortcomings of Western medicine. Some scholars like George L. Engel point out that a new model of diseases is needed. He says: "The dominant model of disease today is biomedical, with molecular biology its basic scientific discipline. It assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables. It leaves no room within its framework for the social, psychological, and behavioural dimensions of illness ..."

I mentioned that Western Medicine has many strong points. Yes, we need to weigh, to measure and to see. When diseases have developed to a certain stage you can measure and see something. That is why Western medicine is usually more concrete in diagnosis and judgement. With TCM methods you can't. With Western medical techniques, however, you can detect some evidence but by the time you have got it, the disease has already been formed. For instance cancer. When it is formed, you can see that it is already developed. You can know the location of the cancer, its size, etc., but sometimes no evidence can be obtained with the method I mentioned. Then the doctors say, "Sorry, I can't help you." The doctor can't give a diagnosis because according to the laboratory reports nothing is wrong.

The strong point of TCM is seen in one of its principles called *bian Zhen Lun Zhi*, which means diagnosis and treatment should be based on an overall analysis of symptoms and signs, the cause, the nature and location of the illness and the patient's physical and mental condition in accordance with the basic theories of TCM. That is, for a proper diagnosis and treatment, the doctor should pay attention to all the symptoms and signs and take the patient's mental and environmental and social conditions into account. Then the doctor can prescribe and quite often the treatment works.

How do you feel about heart transplantation, because TCM says that the shen (spirit and mind) resides in the heart? Or liver transplantation – the hun (that aspect of soul that does not die) is in the liver. How do you feel about the transplantation of organs?

The heart and the liver in TCM are not the same heart and liver as that understood by modern Western medicine. One of the functions of the heart in TCM is to control mental activities. The liver in Chinese medicine has also something to do with emotional or psychological factors. This is because in TCM internal organs are sometimes understood as functional units rather than as solid structures. I would encourage the patient to receive this kind of treatment because maybe this method is the only hope for the patient to prolong his or her life.

And the same concerning the heart?

The purpose is to help the patient if the patient wants, so I am not against these kinds of methods as long as they are necessary. However, patients' mental state should be observed. When you treat a patient also encourage him or her to fight against the disease. Usually it produces better results. Really, the mental state or psychological state is a key point for doctors to consider. They should not regard the patient or the patient's body only as a machine. Patient should always be encouraged to fight the disease whenever it is possible, not to give up. That's I think one of the strong points of Traditional Chinese Medicine. The psychosomatic relationship should be emphasized.

You came to England when you were invited to do research there. How has your life been since then?

Oh yes, I have been happy in Britain, because I have more time to concentrate on my research. I have met quite a few good people and colleagues. The name of the Wellcome Institute for the History of Medicine, at which I worked for over ten years has been changed to The Wellcome Trust Centre for the History of Medicine at the University College London, and I have been happy working at the new Centre as an Honorary Senior Research Fellow. I have been considering doing some comparative study of the history of medicine on the development of Western and traditional Chinese medicine. That would help us to understand the present situation. I think such comparative studies will help us to know the characteristics of each of the two medical systems. We have to study all the necessary historical and cultural background because medicine developed so closely with the social and cultural background, including philosophical influences. I would like to do something in this field, although this is quite a new field. Not many medical historians have realised the importance of this kind of study. You have to know the histories of both these two medical systems and also you have to know the background of these two. We have to know and think of the past, so that we will be able to know the present and how the future will be.

May I ask you about the philosophical background of TCM? How do you think Daoism, Confucianism and even Buddhism influenced TCM?

TCM was chiefly influenced by Confucianism and Daoism. Buddhism had some influence on the ethical aspect, but not substantially in TCM theory. The concepts of *yin*, *yang*, the five elements, *qi*, etc. were not initiated by Confucianism or by Daoism, although they were accepted and developed by both. Chinese Medicine is somehow a mixture of these two in philosophical theory. The concept of *yin* and *yang* appeared quite a bit earlier. For instance a man called Boyang (BC 780) used the *yin* and *yang* notion to explain the phenomenon of earthquake as the result of the action of *yin-yang*. He's earlier than Lao Zi and Confucius. The book of *I Jhing* by that time

had not yet appeared. People in the earlier period used *yin* and *yang* idea in daily life. The original thinking of *yin* and *yang* was: a place facing the sun that's *yang*, a place not facing the sun, that's *yin*. So were the idea of five elements, and *qi*. All such ideas and concepts were accepted and further developed by Daoism and Confucianism. And later they were applied to medicine because medicine needs the guide of philosophy to explain the phenomena of life, disease, etc. So, in the *Neijing* you see a mixture of these two philosophical theories.

The use of such theories was very good for the development of Chinese medical theories. On the one hand, it helped TCM to develop its methodology in a systematic way and formed its theoretical framework. However, on the other hand, I think it was, to a certain extent, apart from other social factors, also one of the chief factors that hindered TCM from being able to have a further substantial change and development. The reason why the theoretical framework has been adopted and being used from ancient times down to the present without substantial change is an important and interesting topic to be dealt with. We do not have time to discuss it. The fact is that although it has its strong points, it is sometimes too vague and quite often heavily relies upon the doctor's experience, good understanding and resourceful power of reasoning, for the theories underpinning practice are somewhat very abstract and not easy to handle.

Would it be good to use the strong points from every medical system? How do you feel about this as a person and as a scientist? Would it be good to combine medical systems and develop a new medical system?

Yes, that's actually what I've been thinking of developing – a new model of medicine, although it is by no means an easy thing, and it is a long term's job. It needs great manpower and material resources. But, if you try to take the advantages of these two medical systems and try to integrate them, it would at least be good for the patient. Chinese medicine is usually more economic – you don't need expensive apparatus and equipment. Its way of treating certain kinds of diseases, including chronic and degenerative problems, have been shown effective and promising. That's why patients like to

see TCM doctors. In China today, official policy encourages the two medical systems to work together to develop and integrate the best of each and offset their respective weaknesses. Encouraging results have come from combining the two systems in the treatment of some difficult conditions. For instance, in cancer, combined methods have shown promising in prolonging the life span and reducing side effects of radiation and chemotherapy. So, in some conditions, although you can't only rely on Traditional Chinese Medicine, you can take it as a complementary. Yes, that's also my personal experience.

Maybe you know that the first method of TCM that came to Austria was acupuncture. We have schools in Austria, which teach acupuncture but not the theory behind it. What do you say to this?

This is quite widespread, quite common in the Western world. Due to various reasons they don't pay much attention to the theories, I mean principles in TCM works, such as the *Neijing* or some other works on acupuncture and moxibustion. This is understandable because those doctors – usually they are doctors trained in Western medicine – although they were taught acupuncture and learned the theory of the channels or *qi* and so forth, it's too abstract to them. They were trained in Western medicine and are used to a different methodology. Western medical doctors accept the facts based on experimental research, for instance, the mechanism of killing of pain by acupuncture have been proved that the brain secretes more endorphin, which can help to relieve pain. Western doctors usually accept this because it is based on scientific research and is supported by such evidence, while the channels have not been found morphologically, or anatomically or histologically. So, to them the theory of channels and collaterals is still too abstract.

As I mentioned yesterday in my lecture, a TCM prescription usually consists of five, ten and even more ingredients, but how can you prove the pharmacological effect of each ingredient? This is for the time being still a difficult problem. Western medicine needs evidence based on Western methodology. Acupuncture has been accepted perhaps chiefly on acupuncture's effect of relieving pain, with its mecha-

nism based on the nervous system. They don't believe in *qi* or channels, no, they just accept this fact – endorphin. The fact is that based on its theories such as channels and collaterals, *qi*, etc. Acupuncture has been practised in China for over several thousand years. It has a wide range of indications and good effect in the treatment of many kinds of conditions, which has already been recognised by the World Health Organisation. So, it is still a good thing to see that acupuncture has been accepted in the Western world, although there is the tendency that acupuncture is separated from TCM and many people do not pay attention to its traditional theory. I think the theory of acupuncture together with its effect and mechanism in treating various kinds of diseases are worth further studies.

So do you think it's bad for TCM that Western people separate acupuncture from TCM and accept acupuncture and not the whole TCM, or do you think it could be a chance for TCM to get more popular and to get also scientifically proved in the Western world?

I think on the one hand it is good that officially acupuncture has been accepted, although not on the basis that we understand. I hope the tendency of separating acupuncture from TCM is just transitional. So long as acupuncture is effective in the treatment of many conditions, it will become more popular and I do believe more

scientific evidence of its mechanism can be obtained and the value of its theory will be recognised.

I would like to do a study in Austria with aids-patients. Do you know if there is an international standard or do you have any idea how to standardize such a study?

There is no unified international standard so far. Different patients have different kinds of conditions such as male or female, old or young, and also the body constitution, the stage of the development of disease, and other social and natural environment factors, etc. You need to consider all these factors. Then you have to analyse all these data, you have to have some statistic method. You need more time to observe more patients until you can reach some conclusion. It is very complicated, really, to reach a conclusion which can be accepted by the doctors who are trained scientifically. Even in China it is not easy although quite a few people carry on this kind of research. However, some patients do say that their condition improved after using Chinese medicine. There are reports on some Chinese herbal remedies which have been shown clinically effective in strengthening the patients' body and relieving some symptoms. This is promising.

Professor Ma, this was a very interesting interview! Thank you!

Lectures of Our Department

Armin Prinz: Introduction Ethnomedicine (for graduate and undergraduate students)

Start: Wednesday March 6, 5-6.30 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

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

Start: Wednesday March 13, 3-4.30 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Ruth Kutalek: Ethnopharmacology and -botany

Start: Tuesday March 5, 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

Wulf Schiefenhövel: Transcultural Ethnomedicine

Wulf Schiefenhövel: Seminar Ethnomedicine and evolutionary medicine

Both: Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25
(to be announced)

Christine Binder-Fritz: Women – Health – Migration: Transcultural Aspects of Gynecology and Obstetrics

Start: Thursday 3 May, 3 p.m. (s.t.), Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Bernhard Hadolt: Medical Anthropology

Institute for Ethnology, Cultural and Social Anthropology (to be announced)

Dagmar Eigner: Shamanic Therapy II

Institute for Tibetology und Buddhismuskunde, 1 hour, block (to be announced)

Publications of the Department 2001

Prinz, Armin: Ethnomedizin. Ganzheitliches Heilen bei den Azande in Zentralafrika. In: A.Stacher, W.Marktl (Hrsg.) Ganzheitsmedizin in der Zukunft. Bericht des 1. Zukunftssymposiums der Wiener Internationalen Akademie für Ganzheitsmedizin, 17-18. November 2000, Schriftenreihe Band 22, 21–29, Wien, Facultas

Prinz, Armin: Pratiques et conceptions médicales ? un bien commun à tous les hommes In: La médecine traditionnelle. Contributions Dakaroises aux Discussions, 35-38, Dakar

Prinz, Armin: Contributions to Visual Anthropology: P[^]ogax, the Ritual Bath of the Seereer, In: Viennese Ethnomedicine Newsletter 3, 3; 13-15

Prinz, Armin: Reisetrombose 2001. Konsensuspapier In: Phlebologie 30, 101-103

Prinz, Armin: Kaza basolo – A Culture-Bound Syndrome among the Azande of Northeast-Congo. In: Viennese Ethnomedicine Newsletter 4, 1, 12-13

Kutalek, Ruth: Steven Lihonama Lutumo. Leben und Arbeit eines traditionellen Heilers der Bena Südwest-Tansanias. Ein Beitrag zur biographischen Forschung in der Ethnomedizin. VWB, Berlin

Burtscher, Doris: Traditional Healing in Senegal. Ethnomedical Research. Life and work of a traditional healer of the Seereer-Sine. Wiener Zeitung, 4. September

Burtscher, Doris; Heidenreich, Felicia: Concepts of Sickness and Traditional Treatment among the Seereer, Sine-Saloum Region, Republic of Senegal. In: Viennese Ethnomedicine Newsletter 3, 2, 3-9

Heidenreich, Felicia: Working with Immigrants in a Parisian Suburb – from Ethnomedicine to Transcultural Psychiatry. In: Viennese Ethnomedicine Newsletter 4, 1, 8-12

Weissenböck, Alexander: The Collection of the Department of Ethnomedicine. In: Viennese Ethnomedicine Newsletter 3, 3, 7-11

Weissenböck, Alexander: Shamanism and Witchcraft in th Paintings of M. Moke. In: Viennese Ethnomedicine Newsletter, 4, 1, 13-15

Ph.D. Theses

Geidj Faye: “no and no rimeem” – “I was born with knowledge”. Life and work of a traditional healer of the Seereer Siin in Senegal. A contribution to biographic research in ethnomedicine.

Doris Burtscher

This dissertation explores the healing system of the Seereer Siin community in Senegal by relating the biography of one traditional healer, Geidj Faye, and his patients.

The biography describes the healer’s life, education, work experience, his understanding of illness and its causes, his diagnostic techniques, treatments, knowledge of plants and their use, his investigation of and advice to patients, and finally his position in the community. It also shows the course of the illnesses, their causes and the influence of the social environment, i.e. family, relatives, friends, etc. on the patient. In addition I assessed the behaviour and attitudes of some patients, i.e. how they manifest their illness in the family or society in order to be accepted as patients. I have explored under what circumstances patients prefer to go to the healer or to the modern health services (health station, health centre and rural hospitals). I also examined people’s understanding of illness, rituals, the prevention of illness and the expectations from society, family and the healer in cases of both mild and severe illnesses.

The Seereer

The Seereer are the third largest group in Senegal (15% after the Wolof and Halpulaar). The Seereer Siin populate the Region of Fatick around the large deltas of the Sine and Saloum Rivers. They live from growing millet and rice for self-subsistence and they raise groundnuts as a cash crop. They breed cattle, goats and sheep. They are organised in a bilinear way, with a maternal and a paternal lineage. Ninety-four percent of the Seereer have adopted the Islamic religion, but they are one of the groups with the highest rate of Catholics. Still unimpressed by missionary influence, the *pangool*, power principles related to ancestral spirits and inhabiting certain places, play an important role as mediators between God and human beings.

Methods

Qualitative methods were used in the study. The main emphasis was given to a traditional healer’s life history. The narrative interview was the best way of collecting information about the healer, his practices and his experiences. I obtained more interesting data when he told stories than when I asked him questions, because the questions elicited very short answers. The biographical study aimed at investigating how the community influences a person and how he himself as an individual reacts to, or plays a role in the community. In field studies the investigator has to take part in the daily life of the

group. This is the main reason I chose to conduct participant observation, to examine the private life of the healer, his family and his relationship with the community. Moreover I conducted tape recordings, photos and videos and collected 25 different medicinal plants.

The Portrait

Geidj Faye was born in Thiolaye in 1939. He lost his mother at the age of five. He is a farmer practising traditional medicine. Geidj Faye is a Muslim, has two wives and four children. His second wife has no children from him, but has nine from her previous (deceased) husband. There are two children living with him. The youngest son keeps cattle and the youngest daughter is married to the healer's nephew, who grew up in the same house. His daughter's two children always stay with him. I suppose he wishes to train them as healers.

Geidj is the 5th generation of traditional healer from his father's side. He learned traditional healing from his father and grandfather. Knowledge was also given to him by his ancestor spirits and "bought" from other natural spirits in a symbolic way. He started to practise traditional medicine independently after the death of his father. He also acquired knowledge of traditional medicine in an informal way, during discussion and while exchanging stories with friends and other healers. He himself passes his knowledge on to his children, and also expects to teach his grandchildren by keeping them with him at present. The nephew, his daughter's husband, assists him in collecting and preparing medicinal plants. Due to the good relationship between my translator and Geidj Faye he also invited him to learn from his wisdom and to identify medicinal plants.

Geidj, being a general traditional medicine practitioner, cures all kinds of diseases. Treating diseases caused by non-natural powers, such as sorcery, "bad works" and bad winds are a speciality of his family. Treatments include plant use, beverages, ritual washings, steam and smoke baths, massages, offerings and rituals.

The conclusion of the dissertation is a theoretical reflection on the most important findings and results of the research.

M.A. Theses

Afework, Weldemichael Kassa: Sexual Behaviour and Knowledge of AIDS and other STDs among the Rural Adolescent Girls in Ethiopia.

Baumann, Kathrine: Tabak: Droge der Menschen – Nahrung der Götter. Die Verwendung von Tabak im rituellen und schamanistischen Kontext am Beispiel ausgewählter Ethnien in Südamerika. (Tabacco: Drug of the People – Food of the Gods)

Huber, Bettina: Die magisch-religiöse Bedeutung von Krankheit im surandinavischen Raum. Darstellung einer modifizierten Volksmedizin des peruanisch-bolivianischen Altiplano. (The Magic-Religious Significance of Disease in the Surandine Area)

Plandor, Bettina: Kulturelle Dimensionen der Pflege im Krankenhaus bei indischen Pflegepersonen. Der Einfluß des Weltbildes auf ihre Pflegepraxis. (Cultural Dimensions of Care in Hospitals with Indian Personnel)

Rattay, Brigitta: Susto – ein universelles Culture-Bound Syndrom? Überlegungen über die kulturübergreifende Gültigkeit medizinischer Konzepte. (Susto – a Universal Culture-Bound Syndrome?)

Schultheis, Gunhild: Bienen und Honig. Eine ethnologische Untersuchung über Ernährung, Medizin und Kulturgeschichte. (Bees and Honey. An Ethnological Investigation about Food, Medicine and Cultural History)

Tutschek, Margot: *Kancha. Die traditionelle Verwendung von Cannabis sativa L. var. indica als Heilmittel im soziokulturellen Kontext am Beispiel Thailand. (The Traditional Use of Cannabis sativa L. var. indica as Medicine in a Socio-Cultural Context in Thailand)*

Forthcoming Congresses

3rd International Conference of Anthropology and the History of Health and Disease, Ethnomedicine (13th to 16th mar) and 4th Course on Medical Anthropology and Ethnomedicine (11th-13th mar) with the topics "Ethnogerontology -Ethnogeriatrics. Living and healing old age in the world". Genoa/ Italy 11-16 March 2002:

In detail: 11-13 March: healing old age / living old age. 13-16 March: dreaming old age / global societies and old age transformations / medicalization of old age / social politics and utopias of elsewhere and otherwise.

Contact: Museum of Ethnomedicine A. Scarpa, University of Genoa, Via Balbi, 4/4 - 16126 Genoa/Italy. Fax: +39-010-2095916 / email: museo@disa.unige.it. = = <http://embd.lettere.unige.it/museo/english/attiv/congress.htm>.

Anthropology du Medicament, Colloque int., Aix-En-Provence, 21st -23rd March 2002 organisée par AMADES et univ. d'Aix-Marseille III (Leha)

Contact: Laboratoire d'Écologie Humaine. 38, avenue de L'Europe, F - 13090 Aix-en-Provence (France). Tel. ++33 4 42 95 24 20 / Fax: ++ 33 4 42 95 02 09.

Email: u.leha@free.fr

International Conference on Economics and Human Biology, Tübingen July 11-14 2002. Topics: Impact of economic development on health and productivity; health models in economic theory; measurement of poverty, malnutrition and psychological deprivation in developing countries, pre-historic health. Visit: www.vwl.uni-muenchen.de/lk_komlos/tuebingen.

email: Joerg.Baten@uni-tuebingen.de

5th Colloquium on Ethnopharmacology: "The cultural interbreeding in ethnopharmacology: From indigenous to scientific knowledges" in Valencia (Spain), May 8-10, 2003. The main themes : Indigenous knowledge and practices related to curative natural products, Indigenous uses of the medicinal plants, their diffusion (past, present and future), scientific studies on indigenous plants (past, present and future), institutional and extra-institutional projects of study of the traditional floras, legislative aspects, ethnopharmacological studies in Spain, NGO and ethnopharmacology

Contact and further information:

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Fax: 963 864091 – 963613975, e-mail : Etnofarmacologia@uv.es, First Circular and Pre-registration form: website : <http://www.uv.es/Etnofarmacologia/>

The European Society of Ethnopharmacology has a new web-site:

<http://ethnopharma.multimania.com/>

Midwives and Women Together for the Family of the World. 26th Triennial Congress organized by the International Confederation of Midwives. April 14-18 2002, Austria Center, Vienna. Congress office c/o Wiener Medizinische Akademie, Alser Strasse 4, 1090 Vienna, midwives@medacad.org, <http://www.icm-congress.com>

Anthropology & the Health of Populations. Global Trends and Local Contexts. The 3rd Annual International Social Anthropology Conference, 20-22 June 2002, AT, Brunel University, West London, U.K. contact: medanth2002@brunel.ac.uk, www.brunel.ac.uk/research/cshsd

Book Review

Ruth Kutalek: Steven Lihonama Lutumo – Life and Work of a Traditional Healer of the Bena of Southwest Tanzania, in German. ISBN 3-86135-324-5; paperback 17x24cm, 274pp., b/w.photos. VWB Verlag für Wissenschaft und Bildung Amand Aglaster: Berlin 200 1. (Orders: VWB, P. O. Box 110368, D-10833 Berlin, Germany; Fax 030-2511136) EURO 34.00.

Review by Prof. Dr. Wolfgang G. Jilek

This is volume no.1 of the newly inaugurated “Viennese Ethnomedicine Series” edited by the Department of Ethnomedicine, University of Vienna, Austria (Head: Prof. DrDr Armin Prinz), and it is a promising start for the planned publication of monographs in the field of ethnomedicine, which includes ethnopsychiatry. Dr Kutalek, the author of the present volume, an active member of the Department of Ethnomedicine, spent several months in 1996 in a remote area of Tanzania, East Africa, as participant observer at the healing compound of an experienced traditional healer (mganga) who later sent her a kind of apprenticeship certificate in appreciation of her assistance. There she became familiar with the healer’s aetiologic concepts and therapeutic approaches, and also with his clientele. With a focus on actual incidents she introduces the reader to personal life, professional behaviour and worldview of the healer, and to his patients. She reports her observations and personal experiences without neglecting to review the pertinent ethnographic and ethnomedical literature, going back to the earliest sources from German East Africa in the 1890s, and encompassing studies dealing with Tanzania and also other regions of Africa up to 1998. She made a major effort at identifying the healers herbal remedies and their indications; a list of the indigenous and scientific names of the medicinal plants used is appended to the text, as is a glossary of terms in local languages. This reviewer was impressed by the many parallels of indigenous therapeutic principles and methods in southwestern Tanzania with those he encountered among other tribal populations who have preserved indigenous healing traditions, in African and in other non-Western cultures. There are close similarities also in the healer’s typical initiatory illness and therapeutic utilization of altered states of consciousness (which both have in the past often been misinterpreted as psychopathological conditions of medicine men and shamans). In Tanzania, and elsewhere among indigenous peoples, traditional healing is never an individual affair but a collective attempt at problem solving, involving the healer, the patient and her/his kin, often also other community members. The author shows how traditional healing, unlike modern clinics in developing countries, deals with social conflicts that are often expressed in terms of magical causation of illness and misfortune. The presented case reports of the healers patients of both genders and of different age and tribal background, with a great variety of problems and afflictions (including psychiatric disorder), illustrate the way the mganga handles complaints indicative of interpersonal and interfamily problems. Unresolved social conflicts usually underlie symptom formation interpreted as caused by uchavi (witchcraft or sorcery, not clearly differentiated by the Bena people) which is the major emic aetiology, besides punishments by ancestral or other spirits for the omission of obligatory acts or transgressions against traditional rules. As in other indigenous healing systems, the naming of the illness is most important for the therapeutic process; in this healers practice it may precede the exploration of symptoms as his diagnostic powers and that of his divinatory oracle are not assumed to depend on providing detailed anamnestic information. Dialogues are conducted in the form of suggestive questions by the therapist with expected affirmative responses by the patient. The healer’s verbalizations and ritual acts, carrying a symbolic meaning clearly discernable by the trained observer, are generally assumed to be equally effective as, or even more effective than, the plant or mineral remedies he dispenses to his clientele. Although these remedies may contain biologically active ingredients, they are often selected according to the ancient principles of analogy or signature and also have to be magically “activated” by the healer. The authors dictum “there is no definition of illness or efficacy of remedies which is not culture-bound” (p.237) has universal validity for traditional healing in indigenous cultures. It is evident from her data that the practice of this healer in the southwest of Tanzania corresponds to that of most traditional healers in that it is predominantly based on psycho- and socio-therapeutic intervention. Written in a vivid language and eminently readable style with verbatim rendering of some dialogues, illustrated by interesting photographs, containing many valuable references, this book, although small, is packed with information of relevance to all interested in the interface of culture and curing.

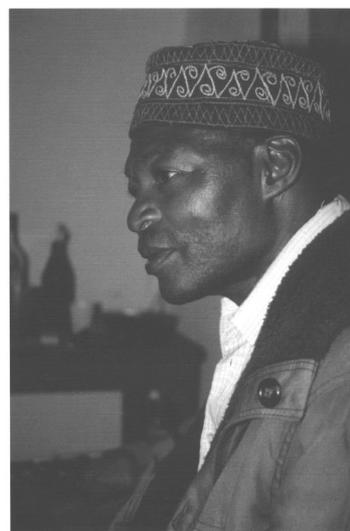
Band 1

Wiener ethnomedizinische Reihe

Ruth Kutalek

Steven Lihonama Lutumo

Leben und Arbeit
eines traditionellen Heilers
der Bena Südwest-Tansanias



vwb

News of the Austrian Ethnomedical Society

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

Dear friends and colleagues!

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:

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Contributing Authors



Christine Binder-Fritz, Ph.D. (social anthropology), Hertha Firnberg project leader (T68 MED) financed by the Austrian Federal Ministry for Science and Education. Research projects on Maori medicine, she spent altogether 21 months in New Zealand



Doris Burtscher, M.A., Ph.D. (social anthropology, Vienna), researcher at our Department, research projects on Seereer medicine in Senegal



Ruth Kutalek, M.A., Ph.D. (social anthropology, Vienna), assisstant at the Department of Ethnomedicine (University of Vienna), research on traditional medicine in Tanzania, Ethiopia and ethnopharmacology

see 1st page

Tuti Hinekahukura Aranui, B.A. (Maori Studies at the Waikato University in Hamilton). Maniapoto tribal elder and Maori counselor, is an expert in the field of culture, Maori values and health and has been a guest speaker in Alaska, Hawai'i, Garmisch-Partenkirchen and Vienna.

Photograph last page

The 50 Schilling note has the building of the Institute for the History of Medicine, home of our Department of Ethnomedicine, at the back. With this note as a symbol we wish to say good buy to our old currency and thank the Austrian National Bank for supporting our projects.

Photograph: with the authorization of the Austrian National Bank



Our Institute

