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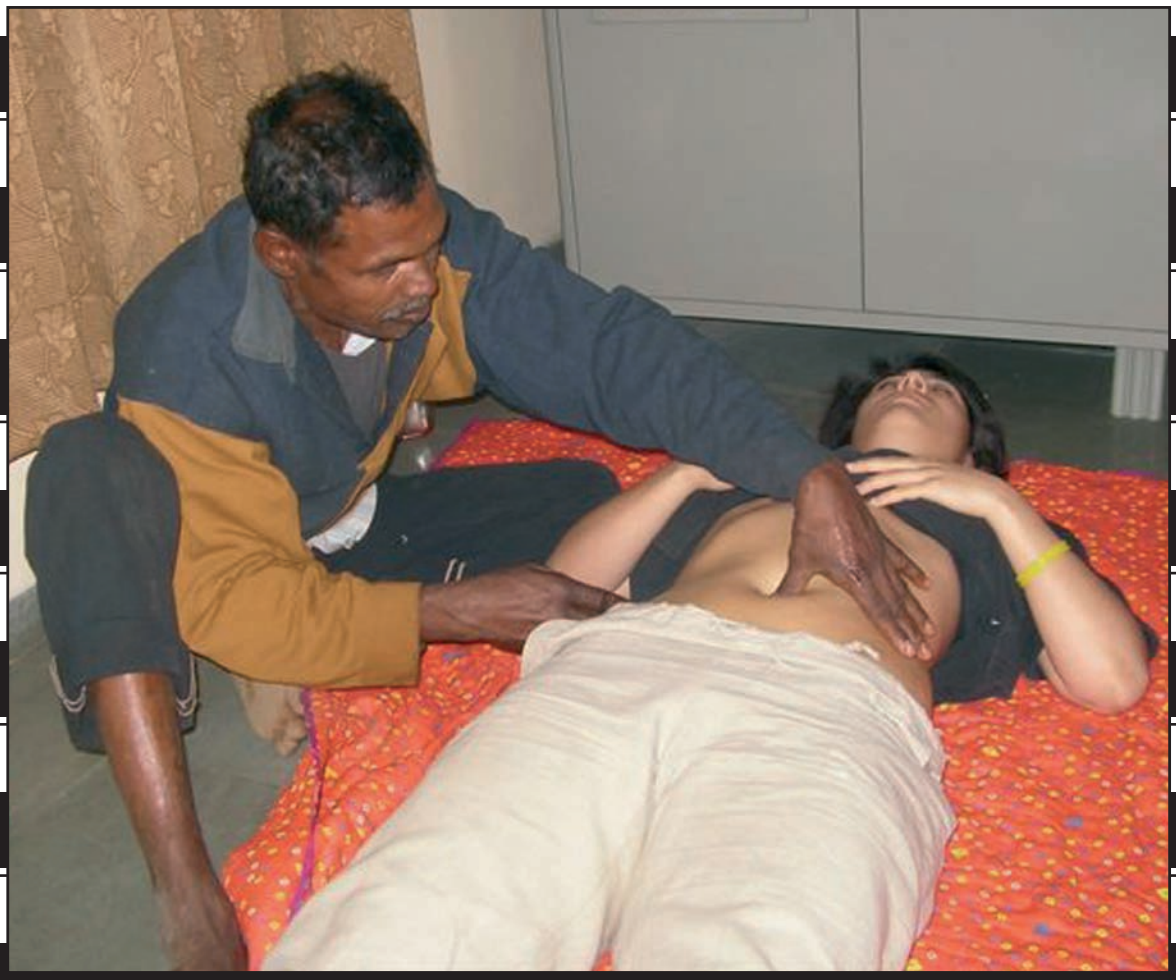

Shifting the navel point

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unit ethnomedicine and international health

Frontispiece

When the "umbilical point" shifts from its original position in the navel, the patient falls sick with either loose motion or vomiting. It is the task of the *badavo* to bring back the "umbilical point" into its original position especially by massaging the patient's belly.

(see page 19 ff, photograph: Traude Pillai-Vetschera)

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Editors, Viennese Ethnomedicine Newsletter, Institute for the History of Medicine, Centre for Public Health, Unit Ethnomedicine and International Health, Währinger Strasse 25, A-1090 Vienna, Austria
FAX: (++)43-1-42779634, e-mail: ruth.kutalek@meduniwien.ac.at
homepage: http://www.univie.ac.at/ethnomedicine

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How Navajo Sandpaintings Accomplish the Work of Healing

Trudy Griffin-Pierce

While Navajo ceremonialism has been the subject of countless books and articles, little ethnographic research has been conducted on the construction of ceremonial sandpaintings as a healing activity in and of itself. Nearly all of the existing literature focuses on the identification of symbols and procedures, creating a relatively static and mechanical picture. This article explores how Navajo sandpaintings, in their creation and use in a ceremonial context, restore order and balance, thus accomplishing the work of healing. Using performance theory, from the perspective of individual actors, to convey the experiential, dynamic quality of ceremonial interaction, this research focuses on the embodiment of Navajo philosophy in sandpainting ceremonies, both during the process of sandpainting construction and subsequent use in the ceremonies. Research was conducted between 1983 and 1992, predominantly in the Tsaile/Lukachukai area of the Navajo Reservation. This research led to the creation of a book that is now being used in classes at the Tsaile, Arizona campus of Diné College. Discussion centers primarily on the theoretical underpinnings of the empirical research because this was not treated in the book; the use of this material by the community is only briefly discussed in this paper because the latter has not been fully evaluated at this time.

Introduction

The Diné, as the Navajo people call themselves, are the largest American Indian nation, both in territory and population; their 17-million-acre reservation is roughly the size of the state of West Virginia, and their population is about a quarter of a million people (USCB 2006). Their homeland, the Four Corners area of the southwestern United States, is a place of great natural beauty: endless space and brilliant light set the Colorado Plateau country apart. Dramatic sandstone spires, towering red cliffs, great expanses of sagebrush steppelands, and mountains that touch the sky remind humans of their place in creation. For the Navajo people, the beauty of their homeland is but the outer manifestation of its sacredness, for all aspects of the natural world are imbued with life and each must be approached in the proper way to maintain balanced relationships in the universe.

Despite the complexity of contemporary Navajo society, the fragmentation of Navajo families as a result of economic, social and health problems, and constant acculturative influences, the traditional ceremonial system continues to be used today. Diné College (once known as Navajo Community College) in Tsaile, Arizona and Shiprock, New Mexico teach Diné philosophy as well as other subjects. In this article, I focus on one aspect of Navajo ceremonialism, sandpainting ceremonies, to show how they accomplish "the work" of healing, a term used by Obeyesekere (1985: 147-148) to refer to "the work of culture … the process whereby painful motives and affects … are transformed into publicly accepted sets of meanings and symbols." Through the work of creating and using the sandpainting in a ceremony, reciprocal relationships are restored between humans and the natural and supernatural worlds.
This article also reflects upon how theoretical research can evolve into a book that records indigenous knowledge in a form that is useful to the community. My own perspective derives from my role, on the one hand, as an anthropologist who sought to understand how sandpaintings accomplish the work of healing, and, on the other hand, as a person of indigenous heritage (Catawba) whose initial ties with the Navajos began in 1970 when I became part of a traditional Navajo family. After the death of my mother, I wrote to the Navajo tribal chairman, asking him to find a traditional family that I could join as a daughter. He located an older childless couple near Many Farms, Arizona. My understanding of Navajo culture began by living with this family in their hogan for various periods of time between 1970 and 1972 and participating in many activities–herding sheep, chopping firewood, cooking meals, attending ceremonies, and many other experiences. My

emotional ties with several Navajo families have grown stronger over the last 36 years. I use these multiple frames of reference to trace the chronological development of theoretically-based research that became *Earth Is My Mother, Sky Is My Father: Space, Time, and Astronomy in Navajo Sandpainting*, a book that is currently used in classes at the Tsaile branch of Dine College. Most of this article focuses on the research process and the evolution of its theoretical underpinnings, while the use of this material at Dine College is only briefly discussed because the latter has not been fully evaluated at this time.

Fig. 1: A hogan and the cultural center at Diné College, Tsaile, Arizona (photograph: Griffin-Pierce)

The original intent of this study was the exploration of cognitive implications about cultural responses to a universally perceivable domain, the night sky. Cognitive in its analysis of a domain in the natural world and symbolic in its interpretive perspective towards the meaning of these cognitive distinctions, this research used sandpainting depictions of constellations as data. Precise rules of tradition determine the form of sandpainting images, but even ritual forms are created by individuals whose unique experiences pattern their interpretation of forms. Thus, ritual images index a system of cultural knowledge that possesses the interpretive variability and consensus of belief characteristic of any system of cultural knowledge. By examining a corpus of sandpaintings defined by subject matter–sandpaintings with constellations–across ceremonials (sandpaintings not limited to one ceremonial), more detailed comparison of form and meaning became possible, enabling the systematic documentation of variation.

Furthermore, the ways in which visual forms index a system of cultural knowledge–that is, knowledge about the heavens–while, at the same time, reflect an underlying world view, became clearer as research progressed. This study helped me understand how consensus and variation in a system of knowledge can not only coexist without being disruptive of the ceremonial system, but also how these varied perspectives contribute to the whole system.

The limitations of this approach also became clear, through successive interviews and participant observation at ceremonies that included sandpaintings. Further interviews became centered on how these immense, ephemeral visual images contribute to the work of healing. Observing the hours of painstaking work invested in the construction of the sandpainting, I asked individuals what they experienced as they helped create the sandpainting, as they sat on the sandpainting, and as they watched the sandpainting being used. In this article, I wish to show how these varied responses to a sandpainting ceremonial are incorporated into a belief system that is overarching enough to encompass all these perspectives.

Methodology and Data Collection

I employed four distinct methods in this project. The first involved a literature review of the ethnographic and historic sources that informed the research as well as the collection and analysis of about 500 slides and 500 prints that I photographed of Navajo sandpainting reproductions from collections housed at the Wheelwright Museum of the American Indian in Santa Fe, New Mexico and at the Museum of Northern Arizona in Flagstaff. Second, I conducted ethnographic interviews centering on this visual material and guided by questionnaires. Beginning in September 1983, four- to six-hour interviews were conducted with tribal members selected for their highly specialized knowledge. Six individuals (AY, AN, RW, WD, AD, and RL) were chanters who knew ceremonies that contained sandpaintings depicting the constellations, one was a Stargazer (diagnostician), and three (HW, PS, and MW) were consultants who had grown up with a chanter in their family and possessed considerable ceremonial/astronomical knowledge because of participation in ceremonial activity. I scheduled these interviews so that months passed between the

first interview and the second interview with the same individual. The intervening months were essential to the formulation of ideas which I was then able to check through successive interviews. Over time, the interview format was refined from a structured questionnaire to a much more open-ended format.

The third method involved observing and participating in sandpainting ceremonies and conducting further ethnographic interviews. Between April 1985 and September 1991, I attended and participated in numerous ceremonies that included the construction and use of sandpaintings. In July 1989, a ceremony was held for me, and I was allowed to photograph the process of a sandpainting being created (with the understanding that these photographs would never be published). Finally, on the basis of this research and my analysis, I conducted semi-structured follow-up interviews to check my analysis. Chanter AD , who had helped create the sandpainting at this ceremony, worked with me to analyze the sequence of photographs. The understanding gleaned from this experience was a turning point in the research, emphasizing not only the extent to which meaning is embedded in context, but also how the visual components of sandpainting images work synergistically to heal. In subsequent interviews, I knew better questions to ask, and I learned more about how the audience, as well as the patient and the chanter, plays a key role in the transforming experience of the sandpainting ceremony. It was at this point that I began to incorporate my previous research on consensus and variation to understand how the various perspectives of the ceremonial, based on different life experiences, fit together to unite everyone present at a level of shared belief.

Consensus and Variation in a System of Cultural Knowledge

A symbolic approach to culture treats cultures as systems of shared symbols and meanings (Geertz 1973) in contrast to a cognitive approach that sees cultures as systems of knowledge (Goodenough 1957). A symbolic approach to ethnography seeks to overcome the problem of approaching culture through the standard categories of kinship, economics, and religion, categories that can be not only externally imposed but also do not account for the dynamic nature of culture. While the cognitive approach is directed at the description, understanding, and explication of native categorization of the world, the symbolic approach focuses on understanding the native referential meaning as well as the emotional significance of cultural symbols as they occur in the context of performance.

The variation that I encountered in narratives about the same constellation confounded me until a fundamental internal consistency emerged in the use of the same cognitive principles to identify and order the constellations and in the way that chanters projected key symbols from their chant specializations onto the constellations. Wallace's classic model of the organization of diversity (1970) was useful in describing how individual meanings, that may vary widely, articulate with communal meanings so that they are not disruptive of the cultural system. Stromberg's (1981: 545) variation and consensus model provides additional explanatory power; in his work with a Swedish Protestant sect, Stromberg found that the source of cultural community (consensus) was located "not on the level of their interpretations of the meanings of central symbols, but on the level of the *relationship between meanings* in any individual's belief system [italics in original text]." The source of behavioral consensus around which the religious sect is organized is the desirability of "inner-worldly" activism (Stromberg 1981: 556).

Stromberg's model was not only of great importance in helping to explain how entirely different interpretations of constellations by Navajo chanters were not disruptive of the overall ceremonial system, but also how individuals in the audience as well as the chanters themselves had different interpretations at the experiential level. What do individuals experience as members of the audience, as patients, and as chanters? What is it that they take away with them after the ceremony? And, most of all, how do ceremonies accomplish the work of healing?

Embodiment

In seeking to understand sandpainting ceremonies at the level of individual experience, I turned to the notion of embodiment. The

human body has emerged as a focus for study in sociocultural anthropology over the last twenty years (Van Wolputte 2004: 251) as perceptions of the body have shifted from Victor Turner's model (1967) of the body as a universal metaphor for classifying the world to Mary Douglas's model (1966, 1970) that demonstrates how the social world in which a person lives is mirrored in the conceptual treatment of the body. Drawing from Merleau-Ponty (1970) and Bourdieu (1977, 1980), Csordas (1994: 276) focuses on the notion of embodiment by collapsing the dichotomy between mind and body, subject and object, and cognition and emotion. Lamphere (1969:282) was probably the first to apply Douglas's model to the Navajo world by pointing out that symbolism about the supernatural/natural world provides "the basic paradigm for interpreting bodily processes of health and illness;" Schwartz (1997) developed this further by examining the cultural construction of the human body in Navajo culture. Csordas's work (1999) on Navajo ritual healing–traditional Navajo healing, Native American Church healing, and Navajo Christian faith healing–established a framework for analyzing the relation between healing and identity politics.

Instead of limiting the concept of embodiment to the patient, I seek to extend this notion to individuals in the audience, the chanter who performs the ceremony, and even the audience that is not always present in physical form. Using data from participant observation and ethnographic interviews, I show how these individuals experience somatic modes of attention. By this I mean that everyone present *feels* the sensory experience of the ceremony in their bodies; at a visceral level, they go beyond merely thinking about or intellectualizing the ceremony to "becoming" the ceremony and the Holy People represented in sand and prayer. As the patient sits on the sandpainting during the healing ritual, those present empathize not only with the patient but also with the hero of the myth as these experiences are created anew rather than simply being recreated. The experiences that the hero undergoes, brought alive in chanted prayers and in the symbols of the sandpainting, are happening for the first time to everyone present. Individuals do not feel that their bodies are isolated phenomena; instead a quality of sensory engagement with everyone present exists, a profound sense of being of one body. Furthermore, a non-physical audience is also present, experiencing the ceremony with everyone else. These are loved ones, relatives who may be deceased, and the Holy People, or supernatural beings, whose presence is summoned by the images in the sandpainting.

Stromberg's (1985) use of "the impression point" is helpful in explaining how symbol and self become synthesized through a mechanism "whereby available cultural form is used by actors in a process of adjustment to their social world." This concept describes the moment when a complex phenomenon becomes graspable to the perceiver. My goal in this article is to show, through the observations of Navajo participants and specialists, how the complexities of Navajo philosophy become tangible and, thus, "graspable," not only to those who participate in the ceremony but also to those who create the sandpainting before it is used in the ceremony.

Spider Woman taught allegorical string figures to the Navajo people to help them "keep our thinking in order" and thus also keep "our lives in order" (Toelken 1979: 96). The activity of making the sandpainting requires the same kind of total concentration and also brings the principle of order to a conscious level of awareness, thus becoming a healing activity in and of itself.

Fig. 2: Making string figures symbolizes and maintains order in one's thinking. (painting by Trudy Griffin-Pierce)

Before turning to the experience of individual participants in order to focus specifically on how the sandpaintings accomplish the work of healing, it is necessary to briefly describe how

the universe is conceived in Navajo philosophy and the implications that these conceptions have for the manner in which the sandpainting is constructed. I then explore the details of how the sandpainting is created and used, using Goffman's dramaturgical performance model (1959) and data from participant observation and interviews with Navajo consultants.

The Continuous Renewal of Sacred Relations

The Navajo emphasis on continual movement and regeneration underlies the creation and use of the sandpainting. Western society tends to value product over process, but the ability of the sacred sandpainting to summon power derives from the process of its proper, orderly construction and ritual use. This emphasis on the dynamic flow of action rather than static product is ultimately reflected in the final act of the sandpainting ritual: the destruction of the painting.

The destruction of the painting reflects the Navajo conception of the universe as a place of motion and process wherein no state of being is permanently fixed. Balance and order are conditions that must be continuously recreated. Creation occurred *nizhonigo*, or "in an orderly and proper way." This process is ongoing as denoted by the enclitic "-go" at the end of the word. Ceremonials both recreate and restore this ongoing state of orderliness, or holiness. The *diyin dine'é*, the Holy People, are supernatural beings who are summoned by sanctifying the space in which the ceremony is to occur; this is the first step toward restoring proper relations with them. However, this sanctification of space is only temporary and is described as *hodiyiin*, "at this moment in time this space is holy." Thus, no state of being is permanently fixed; the ceremony is only a beginning towards a state of well-being by turning the patient's thoughts in that direction; afterwards, it is up to the patient to continue the maintenance of proper relations with all aspects of the universe through proper thoughts, speech, and behavior.

Thought is considered to be a powerful means of creating: through *hózhǫ́ ntséskees*, right thinking, people draw desirable experiences to them. In Blessingway, the Navajo story of Creation, the Holy People spent time thinking about and planning Creation before they took physical action (Wyman 1970a: 113-114). Because life is an ongoing process, one must continue to practice *hózhǫ́ ntséskees* in order to live a life characterized by balance and harmony.

As recounted in Blessingway, First Man placed an inner form within every landform. These humanlike inner life forms are "the Wind within one;" the Holy Wind (*nilch'i)* is the vital energy that animates the universe as it gives "life, thought, speech, and the power of motion to all living things" (McNeley 1982: 1). The Holy Wind unites all forms of life by virtue of its omnipresence inside and outside all forms of life. Unlike the Western concept of the soul, the Holy Wind is a single entity that exists everywhere, an all-pervading substance in which all living beings participate through the act of breathing. It is the inner forms of the *diyin dine'é* that provide the source of healing during ceremonies.

Reciprocal relationships between humans and the natural and supernatural worlds underlie the Navajo philosophical and ritual system. What Westerners call "nature" or "natural phenomena" is not a discrete category in Navajo thought. Mountains, animals, plants, and natural forces are considered to be *diyin dine'é;* by depicting them in human form in sandpaintings, humans are reminded of their kinship to them (HW). Usually translated as "Holy People," *diyin dine'é* more accurately means "greater-than-human configurations of reality that are actually encountered in the Navajo environment" (Wyman 1983: 556-57). Linked through clan organization, the *diyin dine'é* and the Earth Surface People–all Navajos are Earth Surface People–are considered to be much closer genealogically (Reichard 1950) than divine beings and humanity in most Western religions.

The inner forms of the *diyin dine'é* provide the source of healing during chantway performances. Navajo sandpaintings are but one component of elaborate ceremonies that may last as long as nine nights. Other ritual procedures include purification baths, administration of emetics, setting out of prayersticks, pollen blessings, and the recitation of prayers through songs. In sandpainting rituals, the patient is brought into the hogan after the completion of the painting and, after blessing the painting, he

or she is directed to disrobe and to sit upon one of the Holy People depicted in the painting. The chanter touches body parts of the depicted Holy Person to the corresponding body parts of the patient. Body painting may be used on the patient.

Healing is accomplished through ceremonials that restore the patient(s) to a state of harmonious conditions known as *hózhǫ́*. Because healing is a by-product of the restoration to harmony, the root cause of an illness, rather than a recurring set of symptoms, is treated. Harmony is restored simultaneously in the physical, spiritual, mental, and social domains of the patient's life.

Są'a Naaghai Bik'e Hózhǫ́

The most basic level of consensus among chanters was found at the level of *są'a naagháí bik'e hózhǫ́* (SNBH). Both a spiritual and a cultural principle, this overarching term has been explicated by many scholars (e.g. Reichard 1950, Witherspoon 1977, Farella 1984, and Frisbie 1987). Lewton and Bydone (2000) demonstrate how this synthetic principle is so reflective of Navajo identity that it is used not only in the traditional Navajo ritual system but also in Pentacostal churches and in the Native American Church.

SNBH is inherent in the balance of the universe and its restoration is the goal of nearly all Navajo ceremonies. Pairing, sequencing, and repetition are ways of evoking and restoring this desired state of balance and harmony. All aspects of nature have male and female qualities; rather than being associated with sex, the distinctions relate to a contrast between that which is aggressive, strong, and active and its counterpart, which is submissive, gentle, and passive. Neither is considered to be morally better than the other; both are necessary to the state of balance and wholeness. Each provides what is lacking in the other; together, they create a complete whole (Griffin-Pierce 1988, 1992).

Sequencing of ceremonial actions is based on associations in the natural world: the east-south-west-north sequence that directs movement of individuals inside the hogan during the ceremony reflects cultural perceptions of the sun's path across the sky, and the feet upward sequence used in the application of medicine and sand to the patient's body reflects the growth of plants upward from the ground. Directional symbolism represents growth, reproduction, and the power of attainment, in other words, all that is good and harmonious. Repetition brings power; therefore, phrases are repeated in song-prayers just as figures are repeated in sandpaintings to enhance their power and authority. Such repetition of figures also evokes the ability of Navajo supernaturals to appear simultaneously in several places and to have multiple selves, or aspects.

The emphasis on inclusiveness and completion is evident in the fact that all eight of the major constellations must be represented in both the "Mother Earth and Father Sky" and "The Skies" sandpaintings (WD, AD, RW). HW presented an analogy to explain why completedness is so important: "If a chanter goes to perform a ceremony without a complete *jish* [medicine bundle], he is only kidding himself. Even if he isn't going to need all the objects in his *jish* he should still take the entire *jish* with him because its incompleteness will make him unable to heal the patient." He is saying that the state of being incomplete is so significant that it renders the components–even those that *are* present–ineffective in their ability to heal the patient. Thus, efficacy depends upon a state of completeness in every aspect of a ceremony.

The Visual Depiction of Space and Time in Sandpaintings

Observing the process of sandpainting construction, I became increasingly aware of the care lavished on the depiction of spatial markers. More ethnographic interviews, coupled with many hours of observation, revealed how deeply embedded these temporal and spatial markers are in the sandpaintings themselves. In the "Mother Earth, Father Sky" sandpainting, the constellations must be placed on Father Sky's body in proper alignment with each other: Father Sky is always drawn with his head to the east, where the door of the hogan is located; the Big Dipper and Cassiopeia are always furthest north on his body because they revolve around Polaris, the North Star; other constellations are drawn in proper spatial relationships to this pair of constellations as they appear in the night sky.

Locality symbols may represent the place where the event commemorated in the sandpainting occurred, the homes of the supernaturals depicted in the sandpainting, or the place where the painting is carried out in the myth. Sandpaintings, as well as stories, emphasize and begin with locale. Place represents a power that must be brought under control; thus, space is organized into an orderly, controllable unit inside the sandpainting guardian that surrounds the painting (Reichard 1950: 152-158). The guardian is painted as series of narrow lines that can be either a straight (with 90 degree turns at each corner) or curved lines, most commonly representing a rainbow. The protective guardian is always open at the east side to allow an opening through which the illness, or "evil" power, leaves the sandpainting and the hogan. All hogan doors face the east, and the sandpainting follows this orientation. The east is where the sun rises and thus, represents a place of new beginnings and renewed health.

Nearly all the three-dimensional features of the painting–mountains, lakes, and vegetation–are related to the characterization of specific places. In the Big Starway ceremonial, the four Sacred Mountains are made in relief by heaping sand into mounds and covering them with colored pigments; the patient enters the ceremonial hogan by walking over these four mountains, which represent the Navajo world.

In 1990, I saw "Holy Man in the Power of the Thunders, Holy Boy in the Belly of the Fish." This double sandpainting (two sandpaintings made side-by-side) featured Sky-Reaching Rock, a supernatural rock considered to bridge the terrestrial and celestial realms that is represented by a truncated clay cone that measures roughly a foot in height. Black Mountain and Mount Taylor were also shown three-dimensionally as mounds of sand; both mountains were decorated with evergreen branches to represent trees, while pine needles were carefully placed beneath the branches to represent the forest floor. Four bowls of water, their surfaces blackened with herbs, represented lakes around the base of Sky-Reaching Rock; green algae-like moss was carefully arranged around the rims of these bowls to create a realistic lake shore. Bottlecaps filled with water represented lakes on the sides of the other two mountains. The attention invested in rendering these features–mountains, bodies of water and vegetation–helped to firmly establish the locale of the sandpainting, thus bringing it under control for the purpose of restoring harmony and health.

I saw another example of three-dimensional space in a 1989 "Mother Earth, Father Sky" sandpainting. The Place of Emergence, represented by a bowl of water–the lake that filled the Place of Emergence after all beings had emerged–evoked the upward movement through previous worlds that lie below the present world (AD). Radiating from the lake were the roots of the four sacred plants, the very essence of Mother Earth. The four sets of roots must be drawn before any of the plants are begun, exemplifying the emphasis on order. Father Sky, who is drawn beside Mother Earth to the right, was depicted with his left leg and arm over those of Mother Earth to represent the orientation of the heavens above the earth's surface.

The careful rendering of three-dimensional space was especially evident in the way that the body painting was drawn on Father Sky and Mother Earth. The crossed lines on the backs of each were painted first, before the solid forms of the bodies had been made. These lines were then covered by a layer of sand that represented the body of each being. Finally, the body painting across their chests was drawn. Even though the first two layers were never seen by the patient, this sequence was part of the correct depiction of form necessary to properly invoke the Holy People with their healing power. This orderly sequence is essential for the patient's realignment with the land and the Holy People; the Holy Wind within the patient is thus reanimated.

Through the elaborate three-dimensional sandpainting, a ritual reality is created that removes everyone present far from the everyday world outside the hogan. The soothing chanted prayers, the reassuring presence of a trusted chanter, and a physical and nonphysical audience helps everyone focus their thoughts on healing. Healing occurs as the Holy People and the land, through the spatial and temporal markers in the sandpainting, are brought into tangible reality. Power is summoned from the time of creation through prayers and through

vivid imagery in the sandpainting. The patient and the audience internalize visual and verbal images of the land and the Holy People, reminding all who are present of their place in relationship to everything in their surroundings. As power is brought forth from the time of creation through chanted prayers, the sandpainting, and ritual actions, everyone is reintegrated and restored to proper relationships. Through these processes, a seemingly remote possibility becomes possible and within reach, restoring the hope and belief that bring healing and wholeness.

A Dramaturgical Performance Approach to Healing

A nine-night, eight-day Navajo ceremonial, such as the Sun's House Chant of the Shootingway, is indeed an incredibly complex drama brought to life. This particular ceremonial has 954 songs, six long prayers, complex ceremonial procedures, and an intensity that builds with each successive day; sandpaintings are created and used on the fourth, fifth, sixth, and seventh days (McAllester 1980). Analyzing the details of such a complex ceremonial is beyond the scope of the current paper; it is important, however, to keep in mind that the construction of the sandpainting is an integral part of a much larger whole.

A "performance" refers to "all the activity of a given participant on a given occasion which serves to influence in any way any of the other participants" (Goffman 1959: 15). Goffman's dramaturgical model (1959) is especially useful for Navajo sandpainting ceremonies in distinguishing between "back-stage" and "front-stage" because a much longer length of time is usually invested in creating the sandpainting than in using it in the ceremony. All of the preliminary work would be considered to occur during the "back stage" phase before the metaphoric curtain rises. The patient does not usually see the extensive preparation–"back stage" action–that goes into sandpainting construction and preparation for the ensuing ritual. Only after the aluminum containers of sand have been stored away, prayer sticks have been planted, and the sandpainting has been blessed with corn pollen as fine as snow, is the patient summoned and the action switches to "front stage."

Back-stage

Performed once during a two-night ceremonial and four times during the final days of a five-night or a nine-night ceremonial, sandpainting ceremonies usually take place during the day, with the construction beginning in the morning. Depending upon how many helpers are working on the painting, completion of the image may take as little as two hours for one of the less elaborate paintings that measures a foot or two in diameter. In contrast, it may take a dozen assistants up to ten hours to complete a large, intricate painting that may measure some twelve feet in diameter.

The chanter may participate in the process by laying out some preliminary guidelines, by beginning the picture with a particularly powerful symbol in the center, or by working with the assistants. However, he usually sits at the west side of the hogan directing and criticizing the work because any errors in the design are his responsibility. Mistakes are corrected by covering them with the tan sand that forms the background and painting them over with the corrected design. For practical reasons, the painting is begun in the center and then the design is created outward. As the design is created, the spaces of the background are filled in with black wavy lines. Not shown in sandpainting reproductions because they detract from the entire design, these lines are indispensable for ceremonial sandpaintings because they increase the painting's power, enhancing its capacity to heal.

The image is laid out with painstaking order: tape measures ensure equivalency of size; taut strings ensure perfect alignment; cans and even wire cookie cutter-like patterns ensure regularity of shape. The first symbol is carefully placed so that successive forms will have sufficient space to expand outward. It is essential that directional symbols be equidistant and identical in shape and size, for only then can this symbolism properly summon the powers of the four directions into the painting for the purposes of healing. Balance and symmetry are essential for invoking supernatural presences. Chanter Bitter Water explained to Newcomb that in the "Mother Earth, Father Sky" painting, these two entities "must be identical in shape and size, since they are the two halves of a whole creation

laid side by side, like the two halves of an evenly cut melon" (Wyman 1970b: 34). This is a visual representation of complementarity.

How does the chanter select the image from the repertoire of sandpaintings that belong to the particular chant he is performing? In most cases, he selects the image that is most closely related to the patient's affliction so that it will summon the strongest power possible. An experience in April 1986 provided insight into how sandpainting images are chosen as well as the nature of the intimate relationship among beauty, sacredness, and healing. A Male Shootingway sandpainting that depicted the Buffalo People was being prepared. The patient was a Male Shootingway chanter himself (RW), who was almost 80 years old. Although another chanter (WD), who was in his 70s, was conducting the nine-night ceremonial, RW wandered into the hogan, pacing the floor and observing the sandpainting from all angles. In these unusual circumstances–the patient does not usually enter the hogan until the sandpainting is ready for use–RW chose the specific paintings to be produced for his healing as well as directed their production. Between four and eight men and women worked on the sandpainting at various times, laughing or talking quietly. The chanter conducting the ceremony sat nearby watching their progress. RW took a more active role by freely criticizing the work of the assistants by pointing with a weaving batten to specific figures and details that did not meet his standards. Accordingly, the person responsible would patiently cover the offending form with tan sand and begin that portion again under RW's direction. When figures met with his approval, he uttered expressions of pleased contentment. During this period, RW directed more of the sandpainting's creation than did the chanter who was to perform the ceremony.

Later, RW explained what he had been feeling as he saw the sandpainting take shape. In addition the satisfaction that he felt at seeing figures being rendered correctly, he also experienced deep emotion at seeing this particular sandpainting being brought into physical manifestation. He had chosen this particular sandpainting from the entire Male Shootingway repertoire of appropriate sandpaintings for this day of the ceremonial because of the special meaning the Buffalo People held for him and for the chanter who was performing the ceremony. This image evoked his parents and the stories that they had told him. "Buffalo Pass [near Lukachukai] over there," he gestured toward his right, "was named for the buffalo. They used to be all around here." He went on to explain, "Because the buffalo are special to me and to the chanter [who was conducting the ceremonial] the Buffalo sandpainting is even more powerful." This emotionally charged image, with its deeply personal significance, brought his parents alive as part of the audience.

With two such well-known chanters (WD and RW) overseeing the creation of the sandpainting, special attention was paid not only to detail but also to the spirit in which the sandpainting was being constructed. Even when such individuals are not present, the sandpainting, because it is considered to be a sacred, living entity, replete with power, requires that everyone act respectfully in its presence. "While they are making the sandpainting, the chanter tells whoever is sitting there why the forms are as they are. He explains not just the meaning, but how they came to be" so that the sandpainting is created in an atmosphere of *hózhǫ́ ntséskees*, or "thinking in beauty" (HW). This means that all those who are present during the creation of the painting should participate or observe with a respectful spirit.

Disruptive elements at a ceremony are not always dealt with directly. At a Male Shootingway that I attended in 1989, a highly intoxicated individual insisted on remaining in the hogan while WD was directing the construction of the sandpainting. Later I asked AD why his father had not forced this man to leave, and he explained, "When my father performs a ceremony, he concentrates very hard. He thinks only of the ceremony and gets himself into a harmonious, peaceful state of mind that he must concentrate to keep because there are so many distractions. If he got angry at the drunken man, my father's peaceful state of mind would be disrupted."

AD's wife added, "Navajos respect the individual. Nobody wanted to tell him [the drunken man] to leave because that isn't respectful. And something inside him drew him to the ceremony. He was supposed to be there and maybe it will

help him change. A seed might have been planted to help him see another way. It isn't our place to turn anyone away."

The potential costs of disruption are weighed by the decision-makers. While some who were present probably hoped that the intoxicated man would be calmed by the powers invoked at the ceremony, the patient's family decided to take action. Concerned that the noisy, out of control man would disrupt the thoughts of everyone present, a member of the patient's family took the man by his jacket and led him outside. The family, having paid for an expensive ceremony, wanted to do everything possible to ensure successful results. This man embodied the opposite of everything that they were trying to achieve in the ceremony.

The man was forced to leave long before the sandpainting was completed. Had he been allowed to remain after the ceremony and then forced to leave during this time, a far more dangerous situation would have occurred. Once the sandpainting is completed and blessed, it is considered to have become a sacred, living entity, similar in this respect to a *jish*, or medicine bundle:

> That *jish* is like a person … it should be exercised so it doesn't lose its life. Without use, its power declines; that bundle becomes lonely. To lock up a *jish w*ould be like if I locked you up in a closet for thirty days and didn't let you come out. You would be weakened from the experience and would need to be renewed and strengthened (Frisbie 1987: 103).

The sandpainting is likewise considered to be alive, which is why those who are present must act respectfully in its presence. Although the completion of a painting may take from one to ten hours, only minutes pass between the painting's completion and its use, and this time is not spent in aesthetic appreciation but rather in a final check of the accuracy with which the forms are depicted. The completed painting is much more than the sum of its parts: its power derives from its state of wholeness, or holiness. Once it has been completed, it is far more powerful and, therefore, more dangerous. Reichard described the sense of urgency after the painting has been completed:

> Up to now no obvious attention has been paid to time…But now that it is finished … there is a note … of an application and bustle, not noticeable before. The painting must be used. It is powerful. The longer it lies the more likely it is that someone may make a mistake in its presence … (Newcomb and Reichard 1975: 22).

After the painting's completion and after the placement of the *k'eet'aan* (prayer sticks), the chanter scatters cornmeal on the painting for the purposes of sanctification. As soon as all individuals have taken their places around the interior walls of the hogan and begun singing the prayers of the ceremony to the accompaniment of a rattle, the patient is summoned.

Front-Stage

After waiting for hours, the patient enters the hogan with a sense of dazed awe. The hogan, stripped of its furniture and familiar objects, seems strange and otherworldly. The sound of singing surrounds the patient, and all awareness centers on the large image lying on the floor of the hogan. Suspended in time and space, the here and now coexists with the mythic past. The patient is transformed from the one-sung-over into the hero of the ceremony's story in a world where miraculous events are commonplace. The recitation of the mythic episodes through prayers, songs, and ritual procedures is understood to be an actual–not a symbolic–enactment. The presence of the Holy People is tangible as all of the stories the patient remembers from childhood merge together in his or her mind. The patient is center stage, the focus of ritual activity; everyone present has come to participate in his or her healing.

"Affecting presences" are works that have "indwelling" power that own "some kind of ability–of efficacy of affect" (Armstrong 1981: 14-15). Existing in a state of ambiguity, affecting presences are both objects and subjects: they are made of materials through the same processes as other things are made, but because people's behavior toward them endows them with presence, they are treated as human subjects (Armstrong 1981: 5-6). The power of works of affecting presence derives from the energy of the interplay of existing both as object and subject.

This evocative ability is precisely what makes the sandpainting so profoundly powerful. When the patient sits upon the painting in the center of the hogan not only is he or she deriving comfort from the present ritual ministrations of a trusted and highly respected chanter and the presence of the audience, but also he or she is stepping back into a mythic time and place in which the protagonist of the myth, with whom the patient is now fully identified, receives supernatural assistance that lifts him far above any danger, rendering him immune to evil forces. One of the key ways in which this identification occurs is through the symbolic fusing of the patient's body parts with those of the Holy Person. By this, I mean that while the chanter is singing about the feet of the Holy Person, he touches sand from the Holy Person's feet (in the sandpainting) to the feet of the patient who is sitting on the sandpainting. The patient's sense of his body is as a permeable vessel without boundaries so that the Holy Person's feet become ritually (even if not visibly) connected to those of the patient. Other body parts follow suit. In the following passage, the feet, legs, body, arms, eyes, and hair become one. Significantly, the order in which these body parts are mentioned is always from the ground up, in the direction of agricultural growth. The mention of voice refers to the ability to speak; speaking is considered to be a powerful form of creating and to have the capacity to bring that which is desired into physical manifestation. The head plume refers to breath or life-force. Thus, prayers uttered by the protagonist of the myth are given voice again in the sacred hogan as they restore the patient to a state of harmony and health:

By holy means I go about,
Because I am Holy Young Man I thereby go about,
Now Sun's feet are my means of travel,
Now Sun's legs are my means of travel,
Now Sun's travel means are my means of travel,
Now Sun's body is my means of travel,
Now Sun's arms are my means of travel,
Now Sun's voice is my means of travel,
Now Sun's eyes are my means of travel,
Now Sun's hair is my means of travel,
Now Sun's plume is my means of travel,
After I have ascended Dark Mountain it is pleasant … [in front of me] …
Pleasant … [behind me] … as thereby I go about
Now because I am long life now happiness I thereby go about
In a holy way I thereby go about …
Because I have ascended Pollen Mountain I am thereby reseated, now to you, my relatives, I have returned! Yours, my relatives, I have returned to be! All of you, my relatives, are rejoicing! Mutually, folks of my relationship, pleasant again it has come to be!
Pleasant it is … [behind me] … as thereby I go about,
Pleasant it is … [in front of me] … as thereby I go about,
Pleasant it is below me as hereby I go about,
Pleasant it is above me as thereby I go about
(Blue Eyes in Haile's unpublished manuscript of the Male Shootingway: 179-181).

The strength of the myths lies in their ability to reach through time with themes that are both universal and eternal. Not only do these messages have vital importance for the patient and his or her specific situation, but they also have meaning for all who are present as they speak to the ultimate realities of existence. Everyone can relate to the overcoming of vast difficulties to reach a perspective of personal wholeness, and thus, holiness.

During the ceremony, when the patient walks across the surface of the sandpainting to sit on one of the depicted Holy People, he or she becomes one with the Holy Person. According to Navajo belief, the sandpainting assists in healing in four ways: the ritual image attracts and exalts the Holy People; the sandpainting serves as a pathway for the mutual exchange of illness and the healing power of the Holy People; the depiction of these supernaturals helps the patient identify with them and their power to heal; and the picture creates a ritual reality in which the patient and supernatural dramatically interact, reestablishing the patient's correct relationship with the world of the Holy People. Significantly, Navajo prayers convey a sense of kinship relationships. Prayers are addressed to the Earth and other deities using kin terms such as "my mother" and "my grandmother."

When the patient moves onto the painting, this physical contact establishes a mutual pathway,

or membrane (Reichard 1950), through which human and Holy Person interact. During the course of the ceremony, it is through this physical pathway that the illness in the patient flows into the painting, while, at the same time, the healing power of the depicted Holy Person flows into the body of the patient. The painting, a living phenomenon, has a life span that has a beginning and an ending. After the sandpainting ceremony, because the sandpainting has become a repository for the patient's illness, it must be destroyed. Therefore, what remains of the smeared design and all the sand is gathered up in a blanket and taken outside to a place north of the hogan. North, the direction of power and danger, is the appropriate place for the dangerous object that the sandpainting has become; there, in a place safe from domesticated animals, it is allowed to go back to the earth of which it is a part.

Corn pollen serves as a bridge between object and subject, belief and manifestation in the ceremony. The strewing of pollen by the chanter before the entrance of the patient is the final ritual act that brings the sandpainting alive: the expansiveness of this gesture as well as the pollen itself animate the sandpainting with life. HW explained that corn is a metaphor for human life because both reach a stage of fruition when they blossom; corn bursts forth with pollen while humans also achieve a peak of development associated with *są'a naghái bik'e hózhǫ́*: "Everytime he talks, thinks, or acts, he does so in radiance, in a state of wisdom and perfect harmony." The act of putting pollen in one's mouth, while saying a prayer, is an offering to one's inner form and serves to identify the petitioner with the Holy People and with their wisdom and guidance (Wyman 1970a: 30). The gathering of corn pollen, not a part of the ceremony, is depicted on the back cover (serigraph by author, 1983).

As the patient is sitting on the sandpainting, he or she is absorbing the power and guidance from the Holy People so that order and balance are restored in the patient's life. One consultant (MW) explained that guidance was the most powerful thing that remained with her after the sandpainting's destruction and the ceremony's completion:

When the prayers say "Your feet [the feet of the depicted Holy Person] will become my feet," the words don't refer to physical strength but to spiritual strength. None of the prayers refer to *dooh* (physical strength). They never say, "Your muscles become my muscles." Instead, the prayers use words like *'ani'*–mind–and *tsiis*–spiritual strength. The prayers say, "Your spirit becomes my spirit." When they say, "Your feet become my feet," they mean that I [the patient] will walk in the right way from now on, on the path that the Holy People walk.

Chanter RW described how it feels to sit on the "Mother Earth, Father Sky" sandpainting:

When you sit on it [the "Mother Earth, Father Sky" sandpainting], think about yourself. If you have a prayer, if you know how to pray, you say a silent prayer. If you don't, you listen to the medicine man pray because this is for you and your faith and all of that together [the universe], with Mother Earth and Father Sky because you are a child of both of them and you think about from here on to the future and that you will have a good life, *hózhǫ́*, a state of beauty and happiness. *Są'a naghái bik'e hózhǫ́:* you think in terms of that. From here on every time the Earth is mentioned you will think of Her as your mother and every time the Sky is mentioned you will think of Him as your father; this is how you will have respect for Them.
This is what you think when you sit on the sandpainting … And if you have the body painting … the token is tied to your necklace … Father Sky [and] everything–the Sun, the Moon, the stars, the Milky Way–all of these things in the heavens will recognize you by that. And the same way for everything on the Earth–the different plants, the animals, the mountains–all of these will recognize you as [their child].

Chanter RW was explaining how the ritual symbols of earth and sky help the patient to focus inwardly upon the most basic of Navajo principles–reciprocity based upon the interrelated totality that is the universe, represented by the phrase, *są'a naghái bik'e hózhǫ́.* Not only was he referring to responsible action, the treatment of other forms of life with the same respect that one would accord one's own parents, and the reciprocal blessing from the Holy People providing all the good things of life just as parents provide for their children, but he was also referring to the creative power of human thought. The ceremonial, especially the

vivid portrayal of the earth and the sky through the sandpainting with its three-dimensionality and penetrability of time, provides an opportunity to all those who are present to be free from the everyday constraints of time and space, and to refocus on the right ways of thinking and acting so that they are reconnected with the desired state of *hózhǫ́*. The ultimate healing power of the sandpainting resides in reestablishing this powerful sense of connectedness, of oneness with all that is.

In summary, for all the participants, the sandpainting is a dynamic, living entity that draws its power from its ability to enable the patient to transform his or her mental and physical state by focusing on the powerful mythic symbols that re-create the chantway odyssey of the story's protagonist, causing those events to live again in the present. The performative power of the sandpainting creation and ritual use reestablishes the proper, orderly placement of the forces of life, thus restoring correct relations between the patient and those forces upon which the patient's spiritual and physical health depend. Through the realization of his or her profound relationship to sacred forces of the past and present, the patient is reminded of his or her connectedness to all of life. By establishing a kinship relationship to all the creatures of the earth and sky through spoken prayers, visual symbols, and ritual procedures, the patient is reminded to treat these beings with the same respect that he or she treats his or her parents; and, in turn, these beings will respond by blessing humanity, just as parents would provide for their beloved children. It is in reestablishing this powerful sense of connectedness that the sandpainting–a sacred, living entity–works its healing power.

Earth Is My Mother, Sky Is My Father

The book, *Earth Is My Mother, Sky Is My Father: Space, Time, and Astronomy in Navajo Sandpainting* clearly belonged to the Navajo people, and it was essential to have the book contract with the University of New Mexico Press specify that half the royalties go directly to the Ned Hatathli Museum at Diné College, Tsaile, Arizona. Each of the chanters and consultants received copies of the book as well as payment for their time and participation. In Navajo culture, a patient "pays" for a ceremony; this is more a reflection of reciprocity than payment as it is conceptualized in Anglo culture (Aberle 1967). When knowledge is given from a chanter to his or her apprentice, the chanter receives payment in some form.

From the beginning, it was made clear to me that knowledge fell into three categories: that which could be shared in a book, that which I would be told but would not publish, and that which the chanter did not wish to share because of its highly sacred nature.

Individual faculty members have found various parts of the book useful. When Chanter AD became part of the faculty at the Tsaile campus of Diné College, he used the chapters, "The Navajo Spiritual World" and "Cosmological Order as a Model for Navajo Philosophy and Life" in his Navajo philosophy classes. He also developed curriculum in the form of power point presentations from the book for his classes. He expands on the material in the book through Xeroxed handouts and extensive lectures. Other faculty members are also currently using parts of the book as lecture material for such classes as those in early childhood development. Astronomy classes focus on the chapters, "The Navajo Heavens in Visual Image and Verbal Narrative" and "The Constellations as a Cultural Text." In understanding ceremonies that include sandpaintings, the chapter, "Mother Earth, Father Sky" is useful.

Another aspect of the book is its record of cultural knowledge from two chanters who have since died of old age, Chanters WD and RW. The tapes that recorded interviews with Chanter RW have been turned over to Chanter AD for use in teaching.

The Tsaile campus of Dine College is located in the heart of the Navajo Nation. The first tribally run college in the United States, Dine College attracts not only students whose families live in various areas of the Navajo Nation but also Navajos who have grown up in cities and seek to learn their language and various aspects of their culture. The student body ranges from individuals who have been raised in fairly traditional households to those who have had little contact with Navajo culture. Many classes are conducted in English, while others are immersion classes in which the instructor speaks only in the Navajo language.

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Changing Mobility, Relationships and Space: the Experience of Difficulty Walking in Later Life

Rachael Gooberman-Hill

Introduction

In my work I am interested in the development of difficulty walking – mobility limitations – in later life and how such changes intersect with identity and social processes. Through research based in the UK, I have explored and continue to explore what it is to go through such alterations in mobility, how it is experienced and what it means to individuals and their significant others. Contrary to biomedical discourse about functioning, limitations and disability, when people develop mobility-difficulty in later life, they seldom describe themselves as "disabled". Instead, they refer to difficulty walking, or getting about, or talk about having trouble with their legs. However, this is with the exception of those who say that they have been disabled for many years already, who may also explicitly describe themselves as "disabled". In addition, although not describing themselves as disabled with regard to everyday, mundane activities, many older people do use this term with regard to entitlements. For example, this is often the case when people describe state benefits or designated parking spaces, at which times people do adopt terminology sanctioned by agencies of the state is obvious. Furthermore, terms such as "handicapped" – widely rejected by advocacy groups for their origins in the phrase "cap in hand" – are not generally eschewed by older people in these contexts, but are used interchangeably with "disabled".

Although terminology is embedded in specific ideologies, regardless of how difficulty getting about is described it is important to recognise its profound effect on everyday life. In particular, because walking and "getting about" is fundamentally about movement and stasis, the experience of difficulty intersects with the ways in which people relate to the space around them and their relationships within those spaces. A person experiencing changing mobility status may find him or herself living in closer proximity to home, and becoming increasingly spatially distanced from the world beyond. Home, however, is about much more than a spatial setting. The space that is home is not constrained by its walls, instead home comprises relationships and configurations that go well beyond the physical space of home space (Moss 1997).

What though does it mean for people to live at home with difficulty walking in later life? Dyck (1995) describes how women with multiple sclerosis restructure and work within their immediate and neighbourhood environments, and the importance of attending to the body in its spatial, geographical context is as crucial part of understanding their disability experience. In this way then, the onset of difficulties intersects the ways in which people make use of their spatial worlds, and simultaneously articulates with a vast array of social relationships. In their discussion of care services entering and operating within homespaces, Dyck and her colleagues point out that, "multiple arrangements and meanings of contemporary homespace indicate the complexity and fluid nature of the relationships through which a home is constructed" (Dyck at al. 2005: 175). As those spaces of home are the locus for relationships with others, and are inextricable from social life, then there are clear connections between mobility-limitations, space and social relationships. These connections are nothing other than complex and fluid.

The intersection of ideas about homes and relationships is possibly nowhere more prominent than in discourses about provision of "care". In the UK, recent trends toward providing care for people with disabilities or chronic illness within their homes rather than within institutions has led to the emergence of a new label for partners of people who require practical support for living: "informal carers". Relationships with significant others are frequently now described in these terms. However, the concept of "the informal carer" is firmly embedded in a policy discourse that is connected to a historical shift in the 1970s (Heaton 1999). Prior to the 1970s, focus had been on transferring those in

need of support for everyday living to small residential homes, but from the 1970s onwards, emphasis has been placed on "care in the community". Within this model, people are encouraged to live in their own homes rather than in institutions. This approach privileges the home as some ideal locus for family life. While home can be the locus of privacy and security (Twigg 1999), for many people the experience of home is not necessarily one of safety and comfort due to violence, abuse, isolation or practical considerations (Goldsack 1999; Dyck et al. 2005: 174). In awareness of the difficulties that home can mean for some people, services in Britain known as "intermediate care" are being established. They are particularly targeted at older people in an attempt to bridge the gap between institutions and home, for instance following discharge from hospital. However, emphasis remains on the value of return to, and continued residence at, home (Department of Health 2001).

In contrast to these discourses about care, scholars of disability stress that *inter*dependence rather than dependence is key to understanding disability (Oliver 1990). Although older people do not necessarily assume the politicised label "disabled", this field of enquiry focuses our attention on assumptions often made about people living with illness or changed ability. Rather than people with disabilities existing in a somehow "dependent fashion" compared with a supposed "independence" of those without disabilities, disability is a continuum, and everyone exists in a state of interdependence. As a person's position on that continuum may shift during their lifetime, then interdependence of people who develop mobility-limitations in later life changes and evolves within the context of relationships. Although some people might experience limitations as novel with increasing age, others may talk about difficulty walking existing since their youth but becoming exacerbated with ageing. While some such relationships may precede the onset of, or increase in, any limitations, others may not. Interdependence however must be understood as inextricable from relations of gender, age and structural factors such as the organisation of health and social care. Gender roles are an especially important consideration in explanations of the space that is home. For many, home is a highly gendered arena, with regard to both the division of labour and the use of space within the home (Moss 1997).

When people develop mobility limitations in later life, they start to use their houses in new ways. This has both social and practical elements, and both social and practical are imbued with meaning. The social use of space includes bringing the world or friends and family into the house, but between couples, the use of space can reflect and sometimes emphasise changes in relationships that can occur at times of mobility change. On a practical level, people adopt strategies in the home to be able to conduct or to ease difficulty in conducting their daily lives and activities. Not only do people use their home spaces differently, they also alter their homes, although the significance of such alterations as indicators of the permanence of mobility limitations can prove a disincentive. Whether changes to social or environmental spheres, all such changes are processes that are inextricable from the processes of relationships within which these changes take place. In the words of Lisa Iezzoni in her work on mobility problems and her own experience of living with multiple sclerosis "walking problems often become a family affair" (Iezzoni 2003: 83).

The Research Study

This work is an element of a larger multidisciplinary programme of research exploring mobility limitations in later life. Based within the UK Medical Research Council's Health Services Research Collaboration (MRC HSRC), the programme comprises epidemiologists, statisticians, social and behavioural scientists examining the determinants of disability in later life, as well as service use and delivery. From the outset then, this work is framed by the view that ageing and change in mobility take place alongside one another, and that "older people" represent a category for study. Part of my role as the anthropologist within the programme has been to achieve some degree of insight into the experience of walking difficulty in later life, in the context of social and cultural aspects of everyday life. I have been doing this through two research studies, one of which I discuss here: a study entailing 15 participants living in or near a large British city between 2002 and 2004.

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Traditional Healing among Vasavi Bhils. A Preliminary Report

Traude Pillai-Vetschera and Robert Machado

The Vasavis are a sub-section of the large Bhil tribe which is spread in different Indian states, especially Rajasthan, Gujerat and Madhya Pradesh. In their own language they call the region where they live, between the two rivers Tapti and Narmada, *Olem bhavan*. The major part of the population are *adivasis* (members of tribal communities, *adi* = original, *vasis* = dwellers) with little formal education. There are no bigger towns in the region, but mostly scattered settlements in the remnants of the former dense jungles, and the infrastructure is bad. The people living there cherish their traditional beliefs, and this holds true this holds true also for their ideas about sickness and cure. The rich heritage of ancient knowledge about medicinal plants and different practices to cure all sorts of ailments is worth of further research. In this preliminary report we want to outline some of the widely spread concepts.

In Vasavi health care there are actually two traditions – a male and a female one. The "male" one is considered as more important, is institutionalized, covers all aspects of healing and includes also magical practices. It will be dealt with below. The "female" tradition is general knowledge of the women and deals above all with pregnancy, birth and the bringing up of small children.

The "Female" Tradition – Pregnancy and Birth

The knowledge about home made medicines, taboos and practices is handed down from mothers, mothers in law, and experienced midwives (*tongi hiyarki)* to the young women, and as long as no extraordinary problems arise, the women handle pregnancy and birth without the help of male specialists. Traditional beliefs and observances during pregnancy are still considered as important.

Whereas formerly there were usually eight to ten children in a family, nowadays the younger couples practice family planning and the number of children has come down drastically to two or three. Especially the women are keen on avoiding unwanted pregnancies and complain that there are still men, especially those addicted to alcohol, who do not care and do not bother about taking precautions. Fortunately, among the Vasavis the Hindu craze for male offspring is not so evident and a baby girl is as welcome as a boy.

As the Vasavis are very poor, a mother to be eats whatever she can get, although at least theoretically many avoidances have to be observed. For example, in the beginning of pregnancy the woman should not eat groundnuts, coconut or two things which are stuck together, like two bananas or two aubergines; during the whole period not anything raw (should be eaten), not too much oil, no curds, and she should not eat from a very big plate. If she eats curds, this will get stuck on the child and is bad for the growth of the foetus, if one eats from a big plate, the placenta will become too big. Certain grains like *khodri* should be avoided during pregnancy.
During sun- and moon eclipses, a pregnant woman is neither allowed to eat or drink, because the food cannot be digested, the woman may suffer from vomiting or loose motion, and the child may become blind. Safest is to stay indoors until the eclipse is over.
Other observances consider the woman's husband: He is not supposed to tie his turban in the presence of his pregnant wife. If the woman brought water in two water pots, the husband is not allowed to drink water which had been brought in the second pot. Among the informants a discussion arose whether a pregnant woman should carry two pots at all or not. While the present men said she was not allowed to do so, the women insisted that nobody cared about their physical well-being during pregnancy, and that they had to carry as much water as always and that they had to do all the work as usual.

When there is a funeral during the time of his

wife's pregnancy, the husband is not supposed to eat or drink anything there. This belief is related to death pollutions.

That pregnancy is not considered a state of "blessing" but rather a state of disgrace and impurity can be seen from the following taboo: If a bamboo, a tree or piece of dry wood falls and lies across the way, the pregnant woman is supposed to avoid stepping over it and has to go around it. If this is not possible and she has to cross the path there, she puts a pebble on the wood as a sort of testimony that "I did not touch you and defile the deity of the plant". That is to avoid that the supernatural beings who dwell in such trees or bamboos get defiled and angry, which would have a very bad effect on the woman. If the stone is there, all the deity's curses will be absorbed by the stone.

Not only offended divinities but also the wrath of witches (*dakan*) may be dangerous for the mother do be. If a *dakan* uses magic on the expectant mother, the child will be stillborn. If the pregnant woman gets a pain in her body and is doubtful if an evil spell had been cast on her, the *badavo* (see below) is called to the house and sucks the skin in the spot where the pain is felt. If one *badavo* alone cannot help, another helper is called. During pregnancy, many women take precautions against evil and ask the *badavo* to prepare a protective cotton string (*kol bandhe*). He ties knots into the string, and with each knot he says a magic formula (*mantra*, in Vasavi *hokat*). This string is then worn by the woman around her neck.

Most women complain that their husbands never help them during pregnancy in bringing firewood or water, and that they have to work as usual until the very last moment. The delivery takes place at home, only when problems arise, help from outside is sought and the woman may be finally taken to the far away hospital.
Babies are breastfed until two or three years, if possible, unless the mother becomes pregnant again.

The "Male" Tradition

The little hamlets of the Vasavi Bhils are scattered in a hilly region of Gujerat. Thus many people live far away from even primary health centres. Especially during the rainy season, when the water in the little rivulets rise high, it becomes extremely difficult and often impossible to reach a bigger settlement with a medical centre or hospital. Thus the Vasavis in cases of sickness are used to approach their own healers, in whom they have much faith. Only when the traditional medicines and practices are of no effect (as for example in the cases of advanced cancer) or if an operation has to be performed, the patient is taken to a hospital. Otherwise the people rely on their healers and their medicines.

Becoming a Healer – mondavi, badavo and panavi

When speaking of healers, generally the term *badavo* is used. A man has to pass three stages, with three different denominations, on his way of becoming a full-fledged healer. At first the man has to become a *mondavi*, that means he has to learn from experts how to prepare from the roots, barks, leaves, flowers, fruits or sap of the innumerable medicinal plants known to the Vasavis the appropriate medicines for different diseases. To be a *mondavi* is the precondition for reaching the next stage, namely to become a *badavo*.

Whereas every man can be a *mondavi*, it needs divine consent to become a *badavo*, who has to deal with supernatural beings, with oracles and magic. That means that a deity has to take possession of the adept, when the training starts. If this does not happen, the training cannot continue. On the other hand it may also happen that a deity chooses a person to become a *badavo*. In such a case the man gets a dream in which he is told to undergo the training. Usually one or more goddesses give the order. That happens during the period when the ceremonies and training for the *badavo*s-to-be are going on (in the weeks between the festivals of *dasra* and *divali* in autumn). The person who gets the dream jumps from his bed and rushes towards the place where the tyros assemble every night and learn from experienced *badavo*s how to send, remove and return magic spells, how to perform the grain oracle etc.

If the man does not follow the goddess's order, the dream will come back to him repeatedly. Sometimes it happens that a person really wants

to avoid going to the meeting place, because once he has agreed and undergone the initiatory ceremonies, he cannot turn back and afterwards, when he has become a *badavo*, he cannot deny his services to the people. When he is called to the houses of the sick or of people in other troubles, he has to go there and do the needful – ask the grain oracle (Fig. 1–5), provide medicines, perform the necessary rituals, or make offerings to the deities. In such a case – when the man is not willing to follow the goddess's order – there is only one way out: He touches a woman who is in her menses or takes water from her. Thus he gets polluted (*hetu)* during the critical period of apprenticeship and cannot become a *badavo* any more. This concept of *hetu* is said to have always existed among the Vasavis, although usually it is felt much less among *adivasis* than among the Hindu population. And as among the Hindus it is here too connected with death. If in a village somebody dies, the whole village becomes defiled and remains such until the house of the deceased has been ritually purified. It seems that polluting himself deliberately in order to avoid the call of the deity has no negative consequences for the man concerned.

It takes about one and a half months to become a *badavo*. During the complex initiation ceremony, a number of fowls and a goat are sacrificed and the students have to drink a few drops of blood of a black cock mixed with a little liquor. This is supposed to cause the favourite divinities to bestow special skills on them. The young men also get possessed by their tutelary deities, and they will be taught further knowledge in their dreams by their favourite divinities.

Only a very confident *badavo* can aspire to become a *panvi*, a person who is able to handle also the witches (*dakana*). He can find them and control them. In the villages, a *panvi* is also called *karagir* ("skilled expert") or *gura* (guru, i.e. "teacher"), because later on he can also instruct others to become *panvis*. It takes up to three months to acquire all the necessary knowledge from an elderly and experienced *gura*, under whose supervision the younger one has to practice the new skills and who also conducts the initiation ceremony. This is done at *kalichaudas*, the night before *divali*, which is considered the darkest night of the year.

Cure

If in a house a person or animal falls sick or other problems arise (that more people fall sick, animals die or don't produce, cows do not give milk), usually the *badavo* is approached and requested to perform the grain oracle, to find out the reason of the disturbance: A fist full of grains with a copper coin inside is waved in the air for several times over the head of the patient or at a particular place in the house. Any type of grains can be used, but usually it is paddy seeds or *juwar* (*Sorghum vulgare* – great millet) The grains are afterwards wrapped in a green *khakra* (*Butea monospermas*) leaf and taken to the *badavo*. He has to get into a trance and has to find out first of all who the patient is, because the people are not supposed to tell him whether it is a man, a woman, a child, or an animal who is sick. Then he has to understand the kind of sickness and its cause, which may be natural, but also a witch, a ghost, an offended deity, or a spell cast by another human being

To get possessed, the *badavo* picks up a little mud from the ground, takes the name of his favourite deities and drops the mud to the ground again. In that moment the divinity is expected to enter his body from the legs. Drums are not necessary, and are even considered as dangerous. When they are used during rituals, out of 50 participants at least 5 or 6 will get possessed and fall into a trance, even if they are not supposed to. There are gods, goddesses and spirits who can possess a person and that happens due to the "wind" of the supernatural being.

Once the *badavo* has found out the details about the disease with the help of his tutelary divinity, he can proceed with the cure. If there is a natural cause, an offering has to be promised to nature gods and the medicines can be prepared (see below). But if someone else is responsible for the sickness, a vow has to be made to the very being that caused the problems.

If a witch has created the troubles, the deity has to be found out to whom the *dakan* had made an offering to get the permission of harming another human being. Now an offering has to be promised to the same deity in order to

nullify the effect of the witch's evil doings. A witch can also spoil a house by transferring with the help of magic rituals some bones or mud from the cremation ground into her victim's house, and the diviner has to find out the spot where the things are buried and remove them from there to get rid of the problems in the house.

When the *badavo* got all necessary information with the help of the grain oracle, the grains are tied in a piece of cloth. If the patient had been brought to the *badavo*, he fastens the rag with the grains on the left or right upper arm of the patient and at the same time he gives medicine. More often the patient had been left at home and the cloth with grains is taken there and tied on the patient by the family members. When a cow or ox is sick, the bundle is not tied on the animal itself but to the pole in the partition wall that separates the living quarter from the stable. If there are troubles in the house, they tie the cloth to the entrance door of the house.

Plant Medicines

The Vasava Bhils believe that in olden times two divine reformer kings ruled their country and looked after the welfare of the people living in it, Raja Pantha and Gando Thakor. They established *devtas* (deities) in all the plants and rocks, because they thought that *adivasis* had no light when they went to the jungle, and with the help of these divinities they could make fire with two firestones, or by rubbing two pieces of wood together. So from that time onwards in *Olem bhavan* a deity dwells in each tree, each bush, creeper and stone. Thus nowadays, before taking plants for medical use, a sacrifice has to be promised to the deities, otherwise they will get offended and snakes will come to the house, or the medicine will work adversely from what it is meant to. The deities connected with the single plants are mostly female, but there is also one male divinity, Vanvahi Dev or Vanshi, who protects all the forest plants. To him an offering – incense sticks, a fowl or sometimes even a goat – has to be promised before the plant or parts of it can be taken. After the patient has been cured with the help of the herbal medicines, the *badavo* has to perform the sacrifice in the house of the patient.

Collecting the plants has become much more difficult now, as the forests have been badly reduced and the healers nowadays have to walk much longer distances than earlier. Some plants which formerly were common have become very rare now and the people have become aware that one cannot only collect the plants but one also has to take the trouble to plant new ones. They are trying now to make up for the losses by cultivating medicinal plants in gardens, but certain plants need their special habitat and cannot be grown elsewhere. It is also mostly not possible to store the medicines for a period of more than 21 days, then they will get spoiled and sometimes even "turn into poison". Only dry powder medicines can be stored for a longer time in glass bottles, and there exists a plan to establish a cooperative for producing and selling such medicines.

Not all *badavo*s use the same medicines for treating diseases. Even if they may use the same plants, one may prepare the medicine from the leaves of a tree, another one from the bark or the roots. There is also no general rule that one has to learn from one's own gura only, but knowledge may be collected from any expert, learnt in the dreams by one's favourite deities, and some people even learn by trial and error.

Usually the *badavo* treats the patient in the latter's own house and comes daily for 5 or 7 days, depending on the disease. Often, apart from taking the medicines, there are also other observances. In the case of jaundice for example, the patient has to keep a strict diet without any fat, meat or fish. Besides, he is not permitted to sleep on his wooden cot but is made to sleep on the floor. It is believed that otherwise his condition will get worse.

Epidemic Diseases

Formerly epidemic diseases, especially cholera, caused great threat among the Vasavis. They usually came with the monsoon rains, when the water gets contaminated. Thus after the first two rain showers promises were made to the goddesses to make an offering, e.g. of a fowl, if the village would be spared from the disease. During the monsoon it is more difficult for the healers to get the herbal medicines, and it often happens that in one family two or three people fall sick at the same time. Thus the responsibilities for the *badavo*s become very high. When

the patients become too many, they call a medical doctor to vaccinate the villagers. Especially in the case of cholera, which is believed to come from outside, there were no special rituals to appease the goddesses and foreign medicines are considered as more effective than plant medicines.

The goddess responsible for smallpox is Yah, and the disease is called Yah Avi, meaning "goddess Yah has come". It seems that the disease was never widely spread in the area, as there are very few people with smallpox scars on their faces. Nowadays smallpox has been eradicated and only chickenpox is there.

A pox-patient is brought to a certain spot at a little river which is supposed to be the place where a ghost lives. A split bamboo, a coconut and a chicken are taken along. The bamboo is held thus in the falling stream water that it can be used like a sort of tap, and the patient is given a bath with water dripping from the bamboo. Then the coconut and the chicken are offered and the towel which was wrapped around the patient's head is removed from there and left as an offering to the ghost. After everyone has taken bath and worn new clothes, the whole party returns home and is convinced that the patient will be cured soon. If the patient feels too sick to be taken to the river, he is left at home and is given the bath with the river water there, and also the sacrifice is offered at the patient's house.

Leprosy is endemic in the villages. To cure the disease, a ditch is dug and the intestines of preferably a cow (calf, goat) are kept inside. The patient is made to sit for quite some time on the intestines, which are also wrapped around his body, and then he is covered with mud in such a way that only the head remains uncovered. This procedure may be repeated for a second time, but most people cannot afford to slaughter another animal. If the leprosy patient has already open wounds, these are washed with the liquid that oozes out from the intestines and which is supposed to kill the "germs". Apart from this treatment a diet without oil, fish and other too nourishing items is prescribed.

Leprosy patients are kept apart, that means that once the disease becomes manifest, a small hut is constructed at a distance from the village and the person has to stay there with his or her own dishes etc. Food is provided by the villagers and kept at some distance, as nobody is willing to approach the spot. Lepers who die are not burnt but buried. It is believed that otherwise the cremation ground would get polluted and other people who come there might contact the disease as well.

Other Treatments

A massage is given for example in connection with the widely spread belief that the so-called "umbilical point" can shift from its original position in the navel, causing troubles. If it goes down, the patient gets diarrhoea, if it moves up the person starts vomiting. The *badavo* can locate its position by placing his hand on the navel region of the patient and feel for the "pulsation". To bring the "point" back to its proper position, the healer massages the sick person's stomach region before the patient has taken breakfast, and he pulls the legs of the patient, until he can feel the pulsation in the proper place again. Such practices are learned by watching and helping knowledgeable persons, when they give treatment to their patients.

Conclusion

What is presented here is only a preliminary report on the rich medical tradition of the Vasavi Bhils. The traditional healers of this community use more plants for their medicines than are described in the textbooks of the Ayurveda. These herbal medicines, together with baths, massages, food taboos, other avoidances and observances and quite often magical practices are supposed to cure a great number of diseases among the Vasavis.

Fig. 1: The *badavo* opens the grain-bundle

Fig. 2: Throwing the grains on the ground

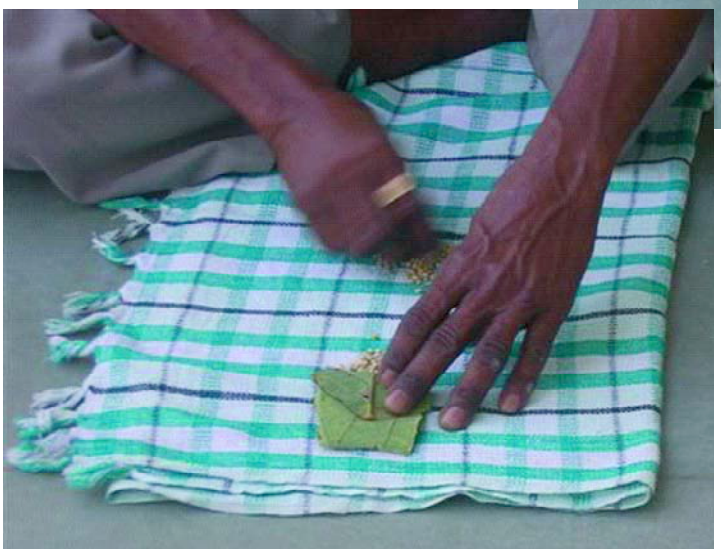

Fig. 3: Putting the grains in groups and counting

Fig. 4: Performing the grain-oracle at the occassion of the festival for the goddess Yahamugi

Fig. 5: The *badavo* "blesses" the grains

Changing Mobility, Relationships and Space: the Experience of Difficulty Walking in Later Life
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The participants were seven men and eight women, aged between 58 and 85 years at first interviews. All were selected on our behalf by two hospital consultants because they had difficulty walking. The consultants were a rheumatologist and a care of the elderly consultant, and the rationale for participants' involvement in the study was difficulty walking rather than a specific health condition. As all of the participants had recently been in receipt of secondary care, most had developed difficulty walking over recent years, although some said that they had had difficulty walking for some years already, which had worsened with age. Although health condition was not explicitly connected to criteria for recruitment to the study, the types of conditions that people lived with was of course influenced by the involvement of the two specialists. Those who had been recruited through the rheumatologist reported that they had osteoarthritis, rheumatoid arthritis or Paget's disease. Several people had had strokes, managed by the care of the elderly consultant. However, in addition, participants reported conditions including heart problems, asthma and cataracts and people often said that difficulty walking was related to more than one condition. For instance, if a person had both osteoarthritis and cataracts, then they would describe their difficulty walking as connected to both of these conditions rather than purely to one or the other.

I interviewed 14 people four times each, and interviewed one person only twice. All of these interviews took place at people's own homes, where most had lived for many years. I also spoke with participants on the telephone in between the interviews in order to arrange my future visits to them. Nine of the fifteen participants were living with their partners, all of whom were spouses. Of these nine people who were living with their spouses, six were men and three were women. I met all of their spouses in person, and interviewed four of them. The study had been designed so that the first, second, third and fourth interviews with each person would take place roughly two months apart. For a range of reasons not all of the interviews took place at such tidy time intervals, but this slight elasticity did not seem to present any particular problems. Interviews were relaxed and informal, albeit that in the first interview with each participant I asked questions from a questionnaire containing items about health and neighbourhood in order to obtain some information with which to structure future discussions. Also, the following interviews did explore set themes and contained a few set questions. In interviews we talked about health, personal history, mobility, daily activities, aids and appliances, use of services, and change over time, both over the course of the interviews and the preceding period. By discussing health and mobility, we also talked about the experience of growing old. Although certain themes were explored with everyone interviews were extremely flexible, and we explored and talked about other issues as interviewees brought them up.*

Changing Space

When people experience change in later life, the changes that they do or do not make to their living space are highly practical. But changes to homespaces also entail wider significance that reflects relationships within and beyond those spaces. In his discussion of the Kabyle house, Bourdieu (1990) describes the house as a space that becomes ascribed with meaning through practice. This analysis formed the antecedent to his focus on practice and the development of the concept "habitus". Carsten and Hugh-Jones (1995) extend this discussion to describe the house as an extension of the body, a space which must not be seen as separate to society, but as one which is intrinsically part of social interactions: "It is out of these everyday activities [sharing, living, consuming] … that the house is built" (1995: 45). In other words, houses are not just arenas for social interactions to take place within, but are embodiments of those interactions.

One of the most obvious, concrete changes to the space of their home that people make at times of changing mobility is to move house. Although not everybody is in a position to do this, and not everybody wants to, for some people such a move can be extremely successful. One of the people whom I spoke with described the success of his move to a new home:
Mr Norris had difficulty getting around and lived in pain that was especially related to a former knee operation and worsening

osteoarthritis. He described that as his arthritis progressed and he found it increasingly difficult to negotiate the stairs at his previous home, he and his wife had decided to move to a bungalow. "And come the end, when I couldn't get up the stairs, I had to move, I had no choice." The decision to move was also influenced by their desire to leave the "noise" of the city for the quiet of the suburbs. In their new home, there were no stairs to worry about, and they relished the peace and quiet. Mr Norris's wife also said that she was pleased with the move, as the area was quiet and she did not have to worry about her husband's difficulty with the stairs, although the move meant that she now had to travel further to reach her part time job in the city. On the other hand, not everyone is able to move house for practical or financial reasons. For instance, Miss Fletcher also had difficulty with her stairs, and also maintaining her garden. On my first visit to her, she described at some length how she had wanted to move house into sheltered accommodation. Unfortunately, when I saw her again she had found out that the scheme that she had in mind turned out to be too expensive for anything but the smallest apartment, which she felt would barely have accommodated her. Living alone, she felt compelled to stay put in her home with its stairs and rather unmanageable garden.

Some people altered the way in which they employed their home space following change in how well they could walk. Sleeping arrangements are understandably important for many people with mobility difficulty living in houses that are not configured in ways that are appropriate for their current situation. It was not uncommon for people to sleep downstairs. Often this was viewed as a temporary measure, until things "improved", but this rather depended on circumstances. Often the decision to sleep downstairs in a reception room rather than make permanent changes to the house, such as installing a stairlift, indicated optimism about the future. But sometimes this arrangement was superseded by a decision to install a stairlift, a decision that in itself was sometimes based on the sense that things had improved enough to make a stairlift usable, but also based on a degree of acceptance that a stairlift was indeed necessary.

For example, Mrs Evans was 81-years-old when we first met in December 2002. At that time she used two walking sticks to help her get around her house. She lived in a house in a suburb of the city with her husband of 35 years and she said that they no longer went out much at all. Following repeated surgery on her right leg, she was so self-conscious about her appearance that she would no longer wear skirts, choosing trousers instead. Initially, Mrs Evans had been reluctant to have a stairlift installed, and was sleeping downstairs, but as she failed to recover mobility quickly following series of hip operations and revision surgery following complications, she decided to have one put in. She was on the social services' waiting list for provision of a stairlift, which she described as a "chairlift". When the lift failed to materialise soon enough, she and her husband chose to pay a private contractor to install one immediately for them. Initially, she was pleased to have it there, even though she was not able to use it yet, she was looking forward to the time when she could do so:

"But it's better than me struggling up over the stairs. I couldn't do it no more. So my husband's using it at the moment, up and down (laughs). Yeah, got to be better hasn't it, to have a chairlift? I shall be glad when I can get out there and use it."

Within a few months, Mrs Evans was able to use the stairlift as well as her husband, and was able to sleep upstairs again, which she described as "good". The return to the previous pattern of use of the house, enabled by the stairlift, was clearly an important part of recovery for herself and her relationship.

Other people do not arrive at the decision to install a stairlift or other aids, even though circumstances persist for some time. Like Mrs and Mr Evans, Mr Croft described how his wife was sleeping downstairs, but explained that they would not install a stairlift in the hope that his wife's mobility would improve. Unlike Mrs Evans, Mrs Croft was still waiting for further surgery and had not undergone complications from surgery. Furthermore, in the course of the interviews, Mr Croft received a knee replacement operation himself, with which he was delighted. Hence, optimism about improvement in Mrs Croft's mobility seemed founded on concrete experience of success.

Some people were not necessarily able to look

forward to such recovery and potential to achieve a return to previous mobility. This could be the cause of frustration and sadness. The potential not to regain former use of home space did not just depend on their health states, but also on the social support available, including whether someone lived alone or not. One woman, Mrs Keegan, lived alone since she had been widowed some years previously. She had a grown up daughter, but her daughter had her own health concerns and lived elsewhere in sheltered accommodation. Following a stroke a few months before our first meeting, Mrs Keegan had spent several months in hospital. She then returned home with the support and assistance of regular "home care" staff who visited her three times a day to help her dress and cook. Since her stroke, Mrs Keegan had never ventured beyond the ground floor of her house, and slept in the front reception room, which had been made up into a bedroom by home care on her return from hospital. The first floor of her home, which she had known and inhabited for 34 years, was now foreign territory.

It is not surprising that sleeping arrangements are of great significance to those who find that their mobility becomes altered. When walking difficulty means that sleeping arrangements have to be altered, these alterations bite deep. While their significance is clear when couples are no longer able to sleep in the same room against their wishes, they are equally meaningful for those who live alone. When an entire floor of a home becomes off limits, and when spaces that were previously public in nature must be used for sleep – one of the most private of things – then these reconfigurations of space both represent bodily change and serve as constant reminders of those changes.

Among people used to their home being configured in particular ways, the idea of making changes can be extremely difficult. For instance, Mr and Mrs Applegate's home had an open stairway with only one handrail, which was not the usual arrangement for a house of that type. They had made the alterations themselves in their youth, and saying that they had not considered that it might present a problem later. Although Mr Applegate had considerable difficulty negotiating the stairs, and they talked about installing a motorised stairlift, his wife explained that she was keen not to have one, saying that she felt it was one of the only forms of exercise that her husband was able to do. Even though she had to help her husband get about, she still preferred to keep their house as it was, and changing the house would constitute some acceptance that things would not improve. Her insistence on the importance of exercise reflected her hope that her husband's situation might improve.

Others are not aware, nor are made aware by professionals, of the practical possibilities available. In the UK at the moment, the waiting list to see an occupational therapist to pay a home visit to discuss adaptations can be over a year. This inhibits the information that people receive about possible alterations. Although visits do eventually happen, and adaptations are offered, in the meantime there can be a period of time when people must struggle on without help. This is a well recognised problem of service provision, and is being addressed with recruitment drives, but currently remains a problem for many people.

As well as stairlifts that enable people to inhabit both floors of a two storey home, a range of alterations and appliances within homes affects use of space within it. To people with walking difficulty, for whom standing unaided can be difficult, kitchen stools enable them to still use their kitchens almost as before their difficulties began. Rails on stairs and in bathrooms provide support when needed, as do motorised bath seats. "Raisers" placed under the legs of comfy chairs in sitting rooms ensure that the chairs are high enough for a person with difficulty standing from sitting. Such adaptations and appliances are the food and drink of occupational therapy and the assistive technology sector of commerce. While some adaptations, such as grab rails, are small and inexpensive, at the other end of the spectrum, fully adapted bathrooms can be fitted for ease of access and safety. In the UK, there is some degree of state help for such adaptations, but accessing help can be complex and time-consuming. Some of the best public service provision seems to take place when patients are discharged from hospital, but for those who have not been in-patients in the recent past, the wait for an assessment visit and then for assistance can seem interminable. Many of the people whom I spoke to had arranged for their own aids and adapta-

tions from the private sector in order to expedite them, as had Mr and Mrs Evans.

Changes that people make to their place of residence or to the fabric of their homes are highly pragmatic decisions. However, those pragmatic choices reflect joint decisions that take place within relationships. The alteration of spaces within homes can enable couples to continue or to regain their proximity to one another, such as through their sleeping arrangements. In other rooms, chair raisers, high stools and adaptations mean that people can use their space in almost the same way as before, albeit that the space becomes visibly demarcated as adapted. Furthermore, when space within the home becomes inaccessible or unusable, then the sadness about changes in space can highlight and heighten sadness about changed physical ability and concomitant changes in relationships outside the house.

Material alterations that facilitate the use of space have clear effect on interactions that take place within that altered space. Robert Murphy (1987) describes how the presence of walking aids can divert attention, shifting observers' attention onto disability rather than the myriad other qualities possessed by those who happen to use them. He writes from his own experience as someone with a progressive illness and whose "social me" had died as he became less able to participate in social events as his illness advanced. When Murphy started to use a wheelchair because of his advancing quadriplegia, the ways in which people engaged with him took on a new complexion, in which the wheelchair became a focus of attention. While this could be an obstruction, in other ways he found that he presented "less of a danger" to women. Alterations to homes can similarly signify a new status or identity for those living within them. However, when alterations take place following a period of difficulty, then they can act as liberators rather than presenting barriers. The decision to make a move, or to make changes to the fabric of space not only takes place within a web of social relationships, but can bring a sense of relief. Conversely, at the other, extreme end of the spectrum, the inability to make changes – for whatever reason – may bring with it a sense that the change wrought by mobility-limitations has overwhelming, negative impact on relationships and self.

Changing the Use of Space: at Home and Beyond

I have tried to show that the ways in which the material aspects of space inside a home are altered (or not) are inextricable from the relationships within which those alterations take place. Another way in which people who develop walking difficulty adapt is by altering the way in which they use pre-existing space. I have already described how sleeping arrangements may be altered at times of mobility change and have noted the regret that this engenders. Also, to retain or regain closeness to life beyond the home, some people make attempts to bring that outside world into the home. Conversely, others find this difficult and may try to get out and about as much as possible, some with more success than others.

Socialising for pleasure can undergo dramatic changes when a person can no longer get out and about in the way that they might have done before. Notably, some people who spoke with me made a conscious effort to ensure that social life went on inside the home, even if going out was less of a possibility. While sometimes this was because of the efforts of friends and family, sometimes it was due to the labour of the individuals themselves, along with their partners. Some people were explicit about their attempts to transpose their social networks from public arenas away from the home into the more easily accessible, close space of home. For instance, Mr Bradley, who had difficulty walking and tiredness since a stroke, seldom ventured out. He and his wife talked with some eloquence about their active attempts to "bring the world inside." They were pragmatic and able to mobilise resources for this. For example they had organised a subscription to satellite television that enabled Mr Bradley to watch many more sporting fixtures than were available on standard terrestrial services. Their efforts also involved asking friends to visit as often as possible, so that Mr Bradley did not lose contact with his network of friends but maintained an intact social world. Relocating the social interactions to the house meant that these friendships could still continue, albeit in a different setting.

As well as encouraging friends to visit, bringing family into the home can be crucial to some

people. Visits from family members can be a considerable boost for those not able to get out as much as they could previously. When those visits involve caring for those visitors, they can bring about a particularly pertinent sense of satisfaction. Two of my interviewees talked about their babysitting arrangements: both of them babysat for grandchildren on a regular basis. Every time that I visited one of them – Mr Owen – he was looking after his young grandson with some pleasure. However, at times of mobility change, such arrangements are not necessarily stable. The other person who babysat regularly was Mrs Matthews. When I first saw her she explained how her son and his partner used to drop off their daughter with her while they went shopping, but that this had not been the case over recent times. This was because she had been taken ill in April 2003 and had only slowly started to regain her health and mobility since then. However, the week before I saw her for the first time, in October of the same year, her son had again left her granddaughter with Mrs Matthews while he and his partner went shopping. While her stiffness meant down was sometimes difficult for them to play with the children in the way that they might have done in the past, babysitting meant that she felt engaged with her son's family life and Mrs Matthews seemed pleased that this might again become a regular feature of life, which in fact it did. Of course, such pleasure in looking after children is not always the case, but in both of these instances it was. In Mrs Matthews' case, looking after her granddaughter again was emblematic of recovery and a degree of return to a former state of affairs. For Mr Owen however, the reason why he was able to look after his grandson was precisely because he spent increasing amounts of time at home. Importantly though, the ability to "help out" by looking after a grandchild provides a sense of closeness to family, continuity and sense of contributing to wider family life in spite of current difficulties.

Conversely, changes in mobility may mean that a person reaches a point when they want to receive some "help". This was a new departure for most people, and help ranged from paid help in the garden to regular, daily visits from professional home-care services who helped with everyday tasks such as providing and preparing meals. Some people received help from friends, neighbours and family. So, for example, neighbours helped with putting out the rubbish bins, and relatives made alterations to homes. Several people talked with sadness about how they could no longer work in their gardens as they used to, or how housework had become a problem. For example, Mrs Devonshire received help from relatives to install shelves and decorate her kitchen, and Miss Fletcher and Mrs Keegan both had gardening help, one from a paid helper, the other from a neighbour. While they appreciated the help of others in these circumstances, all reflected on a time when they had done these tasks themselves. The reconfiguration of family or neighbourly relationships into ones of help was not viewed lightly. Usually such help was appreciated, but not without a degree of sorrow about changed ability.

In some instances, bringing the world into the home is seen as representing a dramatic and sudden shift from their previous practices. This is especially the case if help is provided by professionals, who are essential new arrivals into the set of relationships within which people live. As Twigg (1999) has pointed out, when such "carers" enter people's homes, they are guests. As such, they are not necessarily part of the inner circle in an individual's life, yet they have to provide help, sometimes with intimate tasks, within the deeply private sphere of the home. This can sometimes mean that professional home-care is not always well liked, and may be barely tolerated as a necessary evil. This said, it is only fair to recognise that some people do strike up strong friendships and relationships of trust with professional carers in their home, which was certainly the case with one woman whom I visited. In cases where home-care follows an acute episode of ill health, then accepting the presence and work of professional carers can be particularly difficult. For instance, Mrs Matthews described how she had been admitted to hospital some months prior to our first interview, and that after she was discharged her general practitioner (GP) had told her that he "didn't think at one time [that] you'd be able to come and live at home again." On her return home from hospital, she was given chair raisers and some grab-rails were fitted in her house, and she was also provided with home-care service, who helped with housework among other things. She explained that as

she started to recover, she started to realise that she did not like how they worked, particularly the way that they cleaned, so eventually she had asked them to stop coming. Similarly, Mrs Keegan, who I have already mentioned, disliked some of home-care's practices, but as she still needed help with some fundamental tasks, such as getting out of bed, she was neither able nor willing to halt their visits.

Others do not receive any new influxes of visitors when their circumstances change. This is notably the case when their mobility changes are not severe enough to absolutely stop somebody still getting out and about. Several people in the series of interviews fell into this category, and were at pains to alter their circumstances such that they could still go out and about. Cars were paramount to this ability. One woman learnt to drive, and acquired a car during the course of the interviews, one man obtained a specially adapted car in place of his previous sports car, and another described how he had recently changed car to a four-wheel-drive vehicle which was high enough off the ground to enable him to get in and out without too much difficulty. In all of these instances, obtaining the means to travel were partly pragmatic, but were primarily about maintaining a social life. The two men wanted to be able to visit especially significant friends, while the woman wanted to be able to visit her mother who was in her nineties and lived in a residential home. On the other hand, some simply cannot drive, either because they have never done so, or because they are unable to do so due to the effects of health and mobility changes. Mrs Matthews, the woman who had recently had a virus requiring hospitalisation and who now had trouble walking, was no longer able to drive. She stressed this as the most important change for her, as it meant that she was no longer able to visit her daughter who lived some hours away by road. Mrs Matthew's husband was no longer able to drive either, and so they relied on family coming to them.

Changes in the ways that space is used reflects and reminds people of their physical limitations. For those able to bring the world inside or be able to travel beyond the four walls of home, altered, novel ways of doing things may mean adaptation and a degree of success. But not everybody succeeds all the time at making changes, and it is important that we remember that change is not a matter of individuals acting in isolation. Instead, decisions about bringing people into the home, or decisions to travel to visit others are grounded in the nature of bonds with others. While some bonds such as that between Mrs and Mrs Bradley who worked to bring the world inside may facilitate change, others may be frustrating as the inability to mobilise oneself physically to visit family living elsewhere weighs heavy.

Conclusion

The notion that individuals who find that their mobility alters in later life should be encouraged to adapt and cope only makes sense if those strategies are viewed as inextricable with their relationships with others. Changes to the use of space are a key feature of adaptations that are made when walking ability alters. But space is not a neutral field, instead it is imbued with significance and importance, not least as the space of home and beyond represents relationships of closeness and privacy. At one end of the spectrum, the entrance of professional caregivers into the home challenges notions of privacy. For instance, Twigg (1999) explored bathing and washing through interviews with professional careworkers and recipients of care (who were older and disabled people). She describes how home is essentially private and the difficulty of performing intimate carework as a guest. In describing the home, she explains: "Home is about privacy, security and identity. It embodies the self, both in the sense that it is the concrete extension of the self and in that it contains and shelters the self in its ultimate form of the body" (ibid: 397-398). However, home is about relationships as well as about individuals, and in my work I have found that the construction and reconstruction of home in the light of altered mobility takes place through connected people rather than sole agents.

Furthermore, the experience of walking difficulty is grounded in experience, particularly the experience of movement through the spatial plane. In discussions of disability and chronic illness, there has been a great deal of attention paid to the meaning and significance of disability. Much of this work has been spurred by Erving Goffman's work on stigma (1963) and descriptions of how chronic illness disrupts

people's biographies and the strategies adopted at such times (Becker 1997, Bury 1982). While it is important to recognise the significance of change, for instance with regard to self-identity, people's pragmatic strategies reveal something of how it is to live with change. As a person's relationship to their space alters, so does their relationship with others.

Finally, the phenomenon whereby people living in couples talk about "we" rather than "I" when discussing the health or mobility status of one member is well known (Iezzoni 2003: 94). It is often taken as an indication of a positive adaptation to change as couples muster their resources as a unit. But not all couples act in this way, and not all people live within relationships where this is possible, let alone living within intimate relationships at all. But it is important not to label people living alone as necessarily isolated. Instead, it is crucial to acknowledge that, although structural constraints or impairments may mean that people alter what they do and how they do things, agency remains. This is the case whether they choose to alter their homespaces or not, or how they feel about the new use of the space within and beyond the home. However, it is important to remember that not every story is one of success, in worst case scenarios and in spite of professional support, life within the home may be difficult and deeply depressing.

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Note

* The interviews were audio-taped and transcribed for analysis. In keeping with the requirements of UK ethics committees and standard MRC practice, all names used here are pseudonyms and any potentially identifying details have been altered here.

"Ban of Hope" – "Moolaadé", the New Film of Senegalese Filmproducer Ousmane Sembène

Assia Maria Harwazinski

Senegalese film director Ousmane Sembène was just the old one as ever when he presented his new work "Moolaadé" during his third visit to Germany 2006: A courageous and vivid fighter for justice and humanity now in his mid-eighties. Ousmane Sembène was never afraid to touch sensitive matters, as he had shown in his previous cinematic works, for example "Guelwaar" (1992) which is dealing with the conflicts of Muslims and Christians living together in an African village, and "Camp de Thiaroye" (1988) which is dealing with the clandestine existence of a french transition-camp with Senegalese soldiers near Dakar during World War II, exactly: in the year 1944.

Sembènes movies were always co-productions of various countries, usually Senegal, Algeria, Tunisia, France; only "Camp de Thiaroye" was solely an African production. Again, his new film is a co-production of various African countries: Sembène was enjoying support from Burkina Faso, Senegal, Cameroun, Tunisia and Marocco as well as the organization of the United Nations, while his visit to Germany was made possible with the help and support of the French Movie Festival (Tuebingen/Berlin), the Protestant Centre of filmwork in respect of development (Evangelische Zentralstelle für entwicklungsbezogene Filmarbeit – EZEF, Stuttgart), as well as several other institutions.

Sembène is the first man dedicating his energy to the sensitive matter of female genital mutilation on celluloid and among the first African men at all to speak out loudly against it in the open. With „Moolaadé" he created an excellent material to use in educational and health campaigns in African (and other) countries against the mutilation of the outer female sexual organs. This is no problem for him at all, since he is a completely secular, left-wing person of Muslim origin who has been member of the French Union (CGT) and communist party for a long period in his life in France; religious barriers and values are no "holy cow" to him. When he was expressing his "Thanks" to the audience in Tuebingen, he emphasized on his method of working: "What I am showing you tonight, I am doing in exactly the same way at home in the African villages. Cinema for Africans has to be like an evening-school!" Therefore, we can consider Sembène's film to be a contribution of cultural renewal in African countries.[1] Nevertheless, he admitted that it is not always and allover possible to do this; there are regions and even states in Africa where he does not dare to show his movie "Moolaadé", because he does not want to get clubbed down by the angry mob. "There still are states in Africa who do not yet have a public law against female genital mutilation which is the precondition for everything else to change in these areas". The interest of the audience outside Africa is very important for him as motivation to continue: "With your interest and through the encounter with people here, I am getting encouragement for my work at home in Africa, for only one single reason: Interest in humanity." So, Ousmane Sembène is to be mentioned in one line together with Jean Rouch (France), Paul Meyer (Belgium) and Luigi di Gianni (Italy) as being one of the most important and eloquent presenters of the young cultural discipline of "visual anthropology" which is using celluloid plus "a certain regard"[2] (so the name of the prize Sembène received from France in 2005 for his work) to make human culture visible to two audiences: the European and American (shortly: Western) one to learn more about foreign, unknown regions and people, and the native audience to learn about their own culture and making decisions about what of it they should keep and what they should sacrifice to a better life including more humanity for everybody.

"Moolaadé" takes place in a traditional small village of adobe-huts (in the way of traditional African adobe-architecture) including a little mosque with small wooden bars to climb up on in case of necessary repair-work after great rain-falls. The people of the village are preparing the arrvival of a former young inhabitant

who has studied and worked for a long time abroad, in France, and is therefore considered to be "rich" and "a good catch" for matrimony. He is supposed to marry Amsatou, daughter of Collé Ardo, who has reached the age to marry. She and the two wives of the father are already preparing the wedding by going shopping at the local "mercenary", a witty trader and horny person, former soldier at the UN, who is trying to seduce any woman passing by, but although being a womanizer, he is a friendly guy anyway. The women explain to him that the merchandise will be paid later by the future husband of Amsatou as soon as he arrives.

The story actually begins with the escape of six young girls – in fact: children – from circumcision. Four of them are taking refuge in the hut of Collé Ardo Galo Sy who formerly was circumcised herself and is suffering from the consequences up to now. Collé Ardo's first daughter died while being circumcised. The mother therefore decided to object and refuse the circumcision of her second daughter, Amsatou, because she does not want to lose her, too. This is the background why the four young girls fled into her court; two more escaped into the city. To protect the girls, Collé Ardo is fixing a special rope as ban in front of her courtyard-entrance and, in this way, establishes the "Moolaadé" (ban) to protect the girls in the village. Nobody is allowed to enter neither hut nor yard without her permission; he would then risk to be hit by the spell of the "Moolaadé" who, sooner or later, has deadly effects – so the story goes (which is upheld and realised with the help of secret orders of sorcerers and then becomes a self-fulfilling prophecy). The inhabitants of the village are afraid of the ban, respectively the spell, and Collé Ardo's self-consciousness; there have already been cases of inhabitants who got killed by the spell in the past – so the story is being told.

Here, Sembène is virtuously playing with the traditional "asylum right" in African tribal societies to indicate indirectly that female genital mutilation[3] is a political reason for asylum, e. g. should be recognized as one which has not yet been generally decided upon in the international discussion on human rights. There is an ongoing quarrel between cultural relativists and cultural universalists upon this topic which is challenging also the definition of "tolerance" in respect of a further approach to realize international standards of human rights in practice worldwide which means: There cannot be tolerance towards humiliating intolerance, here: towards the natural sexuality and feelings of women.

Collé Ardo now gets affected by the anger of the group of female circumcisers who come to her house in the traditional costume of the seven-year-ritual[4]. The major speaker of the group carries the wooden club with the double-headed cobra. Collé Ardo offers the girls to choose themselves: "If you want to be circumcised, then you can go and let it have done." None of the girls wants this, so the circumcisers have to withdraw from the "Moolaadé". Sitting in the yard, Collé Ardo lets the girls then tell their reasons why they do not want to be circumcised. They are tender, beautiful scenes Sembène is showing here; the girls are mentioning various reasons for their refusal to be circumcised: One for example has lost her sister during circumcision, and all of them are afraid of the pains and of dying from it. The camera shows the circumcision-hut in the forest, an initiation-hut, and explains why: Here, the freshly circumcised, weeping girls who have to pass this ritual to become accepted as an adult "pure" female in the community, are lying on blankets on the ground, under the attention of the circumcisers, and can hardly move. The eldest one asks the freshly circumcised ones to join into the circle with the old women to start dancing to finish the ritual. From the slow, stalking and staggering and wide-spread-legged movements the spectator is able to imagine the pains of the girls; one of them is pausing with a pain-torn face, she cannot move at all and breaks down from weakness and aching. Tears are rolling down over almost all the faces of the girls; none of them has a lucky expression. It appears to be obvious that the dance also has the function to distract the attention of the girls from the pains of the fresh injuries.

Here, Ousmane Sembène is visually making clear the cruelty of this old archaic rite of initiation and "cleaning" (so the background-belief) of many west- and other African societies who continue this practice up to today and do not think of abandoning it (Thiam 1981). In these scenes, he is making clear the most important function of visual anthropology: Showing

pictures of encounters with other societies and their practices to people who usually will never have the chance to get acquainted with, in this case, African societies otherwise. Gentleman as he is, Sembène does not confront the spectator with the look upon what many gynecologists and obstetricians cannot escape from: The view of mutilated female genitals. He is satisfied with the description of the fear and pains and shows them indirectly, by looking on the pain-torn faces of the mostly very young girls as well as their handicapped mobility and movements.

Meanwhile, everybody is looking forward to the visit of the young guy from Paris. The elders as well as the local Imam are paying him their visits and greetings in the shadow where he is placed upon a kind of throne. The young man has to hear from his father that his marriage with Amsatou is not accepted, because she is not circumcised, but a *bilakoro*[5]. One has already arranged the matter; he is going to marry his eleven-year-old cousin Fily who has been correctly excised in the way it is supposed to be carried out. Even though the young man protests that his marriage is none of his father's or anybody elses's business, he accepts the ceremony. The slender girl, still a child, is offering the obligatory cup of water to the newcomer who is going to be her husband soon. The female circumcisers are complaining in front of the village-council, the imam and the husband of Collé Ardo about her rebellion and the banned (= protected) girls. At the same time, sad Amsatou is now asking her mother: "Mum, why did you not have let me circumcised? Now I will never offer the bowl of water to any man and will never be able to marry!" One of the circumcisers is searching for Collé Ardo to tell her that she can still have the ritual carried out at her daughter Amsatou, the young man would then only have to wait for about a fortnight to marry her. But Collé Ardo sticks to her consequent refusal of circumcision: "My daughter will never be circumcised!"

Then, Collé Ardo, in her enlightening rebellion against forced female circumcision, is showing her naked belly: Torn meat, badly grown-together belly-muscles, full of scars of an operation covering almost her whole torso which has nothing to do anymore with a regular cesarian section to give birth to her second daughter Amsatou who could not have been born the "natural way". She cries out loud that she does not want Amsatou to be circumcised, because she, Collé Ardo, was in desperate need of a surgeon to cut open almost her whole body to help giving birth to her second daughter, due to her own severe mutilation! The circumcisers are threatening her by saying that Amsatou will never find a husband, that she will never marry, because no man will accept and marry a *bilakoro* – a non-circumcised, an "impure" woman. Meanwhile, the young newcomer is paying the bills at the mercenary whom he proudly tells of the now planned marriage with young Fily. The mercenary is shocked: "This little girl? She is only eleven years old! This small thing is almost still suckling her mama's breasts! – You are suffering from pedophilia, you guys! – You will marry Amsatou!"

The village is getting startled when screaming women are announcing that the two girls who escaped to the city were found dead; they had jumped into the fountain and drowned. The village is covering up the fountain, growing uneasyness is spreading among the men who fear to lose their authority, but do not question anything. One is assuming the cause of all the hazzle being hidden especially in the radios the women are listening to all day long. These radios seem to screw up their minds and plant new ideas into their heads. So, the men decide to confiscate the radios from where the women are enjoying unusual education and funny things, such as music. Collé Ardo's co-wife is complaining about the men who try to control and imprison the brains of the women: "How can you imprison something you cannot even see on the outside?" From who knows where, she pulls out a very old radio which has not yet been discovered by the men, and passes it on to the first wife. After a while, Collé Ardo in her rebellion is not only gaining understanding, but also the solidarity of the other women; each one of them knows what circumcision means for a woman.

Meanwhile, one of the circumcisers has lured the youngest one of the escaped girls – little Diattou – into her arms and draggs her violently into the forest for circumcision. The little girl defends herself, screaming desperately that she does not want to be circumcised, but cannot escape. At the same time, Collé Ardo is being raped under pains by her angry husband who is

trying to reestablish his authority by using violence against his wife. The scene is well cut by Sembène and alternating with the pain-torn face and the yells of little Diattou who does not survive her excision. Especially here, Ousmane Sembène excellently shows the relation between the cruel rite of female genital mutilation and the harsh consequences of the self, for example pains during sexual intercourse, and puts it drastically into pictures.

One of the most intimate scenes of the film – in Sembènes own words, the most intimate one in his eyes – takes place among elder men. The imam and another man are talking to each other while returning home from the mosque, and one is asking the other: "Did you ever have sex with a *bilakoro*?" The other man answers quite shocked: "No, never ever! I would never do that!" Here, Sembène is putting the finger on the centre sore spot: The conviction of the men that a *bilakoro*, a non-circumcised woman, is "unclean" and means danger to the authority and honour of the male population. No man in the village here (except the mercenary and the young guy from France probably) has ever made the experience of having sex with a non-circumcised woman; so none of them knows that sexuality with a *bilakoro* means more fun for both partners, because it does neither cause excessive pains nor injuries. Another discussion in the movie is dealing with the question whether female genital mutilation is part of Islam and demanded by this religion; the majority of the population sticks to this opinion. But there is one voice announcing: "The imam of the big mosque in Mecca said, female circumcision does not belong to Islam!"

The men in the village are becoming angrier and angrier. The husband of Collé Ardo feels himself being made fun of by his wife; he is incited by his young brother to wip his wife in public as punishment. He is cracking up completely to restore his injured "honour" and forgets any measure. Collé Ardo is pressing the lips together and does not let any sound escape from her mouth. The conflicting parties in the village are becoming more and more violent. The mercenary, rather tolerated than respected in the village, is the only man to help Collé Ardo, forcing her husband to stop beating her and carrying her away with some other women to help and save her; he gets killed shortly afterwards. Nevertheless, the women are forming their resistance against circumcision which means: *Against* their men and *against* the circumcisers who are now forced to lay down their knives. Collé Ardo, as the head of the rebellion, is screaming out loud: "Never again shall any girl be circumcised here!" The young guy from France finally also supports this position, still against his father who wants to beat him up – and he says: "My marriage is my personal affair. I will marry Amsatou." At least a part of the population is beginning to understand that the cruel rite of female genital mutilation has to be abandoned, for the sake of everybody.

Sembène's film "Moolaadé" forces people to think. This is exactly the point where the work of the great old man of African cinema is making the most sense – Ousmane Sembène put it into the following words: "I want to show the movie, and I want the people to go home and think about it." They definitely do so, because one cannot escape the effect of the intense pictures he is showing.

The "*Ban of hope*" is a very important movie for campaigns in health education and information lessons in Africa, but also for preparing medical personnel and teachers who go to certain areas to work in Africa, because it is produced by a „native", black African and, therefore, will probably have a bigger chance to be accepted as if it would be a European or American "white" production. We hope for Ousmane Sembène that his movie will have exactly the success he wishes most: That "Moolaadé" will someday also be shown in states which have so far not passed an official law against female genital mutilation. In our conversation, Sembène expressed his disapproval of any cultural relativism expressed from Europeans or Americans concerning the topic of female genital mutilation. In his opinion, the official passing of adequate laws against female circumcision (in any way it is carried out) is the first step to create the basis for complete dismissal of this cruel practice. In his eyes, it does not make much sense to pay circumcisers by international organizations[6] against female genital mutilation, because these women do not make much money out of it anyway; their profit lies more in the prestige they gain acting out traditional religious practices

which are thought of as being magic and necessary for a woman to become a fully recognised member of the traditional African societies in question. Much more important (as it is the case with AIDS, too) is to give money for health education and information campaigns in African villages whose aim is to change the mentality in respect of the whole socio-cultural context in a lasting way. This is a lot more difficult than anything else. One has to change the way of thinking in both sexes:

A non-circumcised woman has to be understood as neither "unclean" nor "nymphomanic" nor presenting a "danger" to the authority of a man;
- a man who marries a non-circumcised woman does neither loose his „authority" nor his „honour";
- both sexes will enjoy a greater sexual pleasure without female genital mutilation;
- both sexes will have less health problems and, therefore, less costs for health measures and curings;
- Europeans and Americans have to dismiss any form of "cultural relativism" concerning the problem of female genital mutilation;
- Europeans and Americans have to dismiss any form of discriminative ways of thinking of Africans defining themselves primarily through their sexual activity and/or size of the penis. This is also a problem in health and education campaigns concerning the battle against AIDS and HIV. A famous German Catholic noble lady from Bavaria and admirer of the Pope, Gloria von Thurn und Taxis, who was raised in Somalia, once claimed in a talkshow[7] that the problem of the spreading of AIDS in Africa is due to the fact that "Blacks like to fuck too much", using a very special German term.

France was, as far as I am informed, the first country to prohibit female circumcision completely in 1990 (and is probably the only country where we can find specialists of plastic surgery to restore the vaginas of mutilated women). In Great Britain, female genital mutilation is actually and unfortunately a wide-spread practice, as Birgit Krawietz is citing in her dissertation "Die Hurma" on behalf of Vanora Bennett: "As a cultural rite, it is not only practised in Africa itself, but also in European countries abroad. In Great Britain alone, the number of clandestine circumcisions performed on young girls per year is estimated at 2000-3000. For further information and descriptions what is happening in some "south London kitchen", see Bennett (1989: 7).[8] For Italy, we can assume a similar case of clandestine circumcisions, due to the migration of African people from former colonies. Also in Germany, we can find cases of young African women in medical clinics who are suffering from the consequences of being circumcised, having severe health-problems.[9]

On the information that Norway in 1995 has not only abandoned female genital mutilation, but also passed a law which punishes parents and men who transfer their girls and women to be circumcised abroad in their home-countries (or wherever), Sembène was quite delighted: "This is correct! I completely agree with it!" was his spontaneous response.

The general discussion whether female genital mutilation is a problem of Islam or not is important and overdue at the same time: As long as Islam – which means: the Islamic law, *shari'a* – does exclude female genital mutilation from the protection by the islamic principle of physical intactness (arabic: *hurma*) and is legitimizing, blessing and practising female circumcision as a regional „customary law" (arabic: *`urf*, *`ada*), FGM is very well a problem of Islam and part of the religious system in certain regions[10]. Female genital mutilation will be no more a living part of present Islam only at the point in time when the whole schools of *fuqaha'* (lawyers, Imams, scholars, muftis etc.) in the islamic world clearly, openly and without misunderstanding publicly abandon FGM completely and change the interpretation of Islamic law into the direction that the whole female body as well as female sexuality in the whole world is covered by the islamic principle of protection of physical intactness (*hurma*)[11]. Imams have to admit that FGM was and is a problem of Islam, and that this practice cannot be accepted in the 21st century anymore, but has to be put to the pigeonhole and "into the archives" to get covered with honorious dust. The same procedure has to be followed-through in regions of Christian and Jewish religious dominance where female genital mutilation is practized as well (Somalia, Ethiopia, Eritrea and wherever)[12]. As long as

the great religions in their worldwide announcing and claiming of being the authorities to define "morals" are not explicitly speaking out against female genital mutilation in their traditions and legitimations, this cruel rite is very well one of their problems which has up to now always been legitimized also by religious systems. Neither female sexuality nor the female body, but *FGM* has to be declared as being "immoral"! The most honest response would be: Yes, female genital mutilation is part of our old religious systems, but now we do not want to practise it anymore, because it is overdue and non-acceptable. We want to hear this from all Imams and other religious authorities in the Islamic world and elsewhere, also on the country-side in the Nile-delta, with no exception at all! – instead of threatening physicians and other specialists – and sometimes kill them – when they speak out against it[13].

With "Moolaadé", we have another fine example how the product of an engaged artist of another country is providing a medium not only for entertainment, but for education and practical use to improve the situation of a suffering part of mankind in less developped parts of the world and regions of partly illiterate populations. Here, visual anthropology is the language to be understood by all sides and to clarify the situation. It is the pictures we see and understand, even though we are not Africans and do not speak any of the local languages. For Africans, it is the pictures of their own culture that put into question religious or traditional beliefs which only cause harm and destruction in the individual person and, in the long run, to the whole community.

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The film "Moolaadé" is available at *Evangelische Zentralstelle für entwicklungsbezogene Filmarbeit, Stuttgart.*

Notes

[1] Emilie de Brigard put it this way: "Its (= films) essential function, however, was stated by its very first practitioner and remains unchanged today. Film "preserves forever all human behaviours for the need of our studies" (cited after Félix-Louis Regnault by de Brigard in: "The History of Ethnographic Film", p.15; Principles of Visual Anthropology (ed. Paul Hockings), 2nd edition, Berlin/New York 1995.

[2] French: A special view.

[3] In the text, I am also using the abbreviation FGM.
[4] In terms of the science of religion, the practice of female genital mutilation can be considered as a "rite of initiation" where the girl is being initiated into the role of an adult woman who is now a "pure, clean woman" with the right to marry. FGM is therefore the mark of a new period in life.
[5] "bilakoro" = woman without purity, without cleanness.
[6] Some organizations such as INTACT pay circumcisers a certain amount of money for their "loss of income".
[7] ARD-Talkshow "Friedman" with Michel Friedman 9th May, 2001 – original words: Gloria: "Afrika hat Probleme nicht wegen fehlender Verhütung. Da sterben die Leute an AIDS, weil sie zu viel schnackseln. Der Schwarze schnackselt gern." Friedman: "Soweit ich weiß, schnackseln Weiße auch gern." Gloria: "Aber wo das Klima wärmer ist, schnackselt man noch lieber." Somit gelte das auch für die Italiener.
[8] Krawietz, a. m. a., p. 223.
[9] I know of a few cases of female doctors who have been confronted with mutilated women from African countries in Wiesbaden and Tuebingen (Dr. Helga Brenneis from Pro Familia, Wiesbaden, as well as Dr. Will from a medical practice in Tuebingen). The women were unable to have sexual intercourse, suffering from pains during urination, menstruation and kidney-problems, as well as being unable to give birth to a child vaginally.
[10] See "Religiöse Überzeugungen kontra empirische Wissenschaft: Die Diskussion um die weibliche Beschneidung als Problem des Islam (Religious Beliefs vs. Empirical Science. The Discussion on Female Genital Mutilation as a Problem in Islamic Societies)" in: CURARE 20 (1997) 215-219.
[11] See the fine dissertation of Birgit Krawietz "Die Hurma. Schariatrechtlicher Schutz vor Eingriffen in die körperliche Unversehrtheit nach arabischen Fatwas des 20. Jahrhunderts" (The hurma. Islamic religious law and the principle of protection of physical intactness according to arabic fatwas of the 20th century), especially § 14.3 "Schariatrechtliche Apologetik der weiblichen Beschneidung" (Apologetics of the shari'a to defend female circumcision), 224-230.
[12] See Harwazinski, "Circumcision" in: Brill Encyclopedia of Religion, Vol. I (2006), 410-412, and "Beschneidung" in: Metzler-Lexikon Religion, Vol. I (1999), 144-146.
[13] Here, I am referring to the cases of threatened and exiled Egyptian doctor and writer Nawal as-Saadawi, but also the cases of Ayan Hirsi Ali and others, especially unknown and also male physicians in Egypt and elsewhere – not to mention all the courageous medical personnel and teachers working in the development aid.

Book Review

John K. Chen, Tina T. Chen, Laraine Crampton: Chinese Medical Herbology and Pharmacology. First edition, 2004, Art of Medicine Press.

As a medical student in Austria with a Chinese background, I gladly take the challenge posed by my professor to review a contemporary reference book on Chinese medical herbology and pharmacology written by John K. Chen, Tina T. Chen and Laraine Crampton. This materia medica covers 1,336 pages and is currently regarded as one of the most comprehensive and authoritative texts on Chinese herbal medicine. In order to evaluate this book, let us first take a look at the authors.

John K. Chen is a pharmacologist and a specialist in Chinese herbal medicine. Currently, he teaches at various TCM (Traditional Chinese Medicine) universities in Los Angeles, California, such as the Yo San University of Traditional Medicine, the Emperor's College of Traditional Oriental Medicine and the School of Pharmacy of the University of Southern California (USC). Chen does not only write books, articles and scientific papers, he is also a member of the editorial board for the Journal of the American Academy of Medical Acupuncture (AAMA), called Medical Acupuncture. He speaks at seminars and conferences for the Lotus Institute of Integrative Medicine, a TCM institute with the goal to educate practitioners in order to reach a higher standard of practiced Chinese Medicine, as well as for various universities and educational and professional organizations. Furthermore, he is a member of the Herbal Medicine Committee for the American Association of Oriental Medicine (AAOM) and an herbal consultant for the California State Oriental Medicine Association (CSOMA). Dr. Chen received his Doctor of Pharmacy degree from the University of Southern California (USC) School of Pharmacy and his PhD from South Baylo University of Oriental Medicine and has ever since done pharmacological research on Chinese Herbs. Last but not least, he is the founder of Evergreen Herbs, a pharmacy for Chinese Herbs.

Like her co-author, Tina T. Chen has also contributed many scientific papers to various journals. After graduating from South Baylo University of Oriental Medicine, she received a bachelor's degree in East Asian Language and Literature from the University of California at Irvine School of Humanities. She completed her post-graduate training mainly in the People's Republic of China at numerous hospitals for TCM, such as the Guang-An-Men hospital in Beijing. Chen specialized in internal medicine, acupuncture as well as gynaecology and now lectures for the Lotus Institute of Integrative Medicine on TCM Gynaecology and Cosmetology. Furthermore she teaches at the South Baylo University of Oriental Medicine and has served as examiner for the California State License Exam for acupuncturists and as a chairman of the Education Committee for the California State Oriental Medical Association (COSMA). Dr. Chen is not only a licensed acupuncturist but also holds certifications from the WHO in internal medicine and gynaecology. Finally, she functioned as a translation specialist for the International Association of Integrating East-West Medicine and at several other events.

As a former adjunct professor in writing and Business Communications at the University of Southern California, Laraine Crampton has written, edited, researched and published for many well-known journals and papers, for instance the Annals of Plastic Surgery and the Los Angeles Weekly. Besides functioning as a ghost-writer for several medical doctors, she teaches at the Yo San University of Traditional Chinese Medicine, from which she graduated. Crampton holds licenses in Acupuncture and Herbology and has served as lecturer for the B'shert Integrative Oncology Services (BIOS), an integrative medicine center. Furthermore she acts as a speaker and consultant for the Torrance Memorial Medical Center.

Chinese Medical Herbology and Pharmcology is divided into three parts: Overview, Herb Monographs and Additional Resources. Preceding Part One there is an instruction on how to use the book and a so-called Herb Identification Guide, which contains 553 full-color photographs of Chinese herbs arranged in alphabetical order by Pinyin name (Pinyin is the way of spelling out a Chinese word by use of Roman letters). The authors chose pictures of harvested and processed herbs so that readers can

easily recognize them in a purchasing situation. Unfortunately, unlike black-and-white images which can be found later in the book, these color photographs do not show the herbs in life-size. In the instruction, the authors explain whether pictures show the actual size of the herbs and what names they have listed to securely identify a Chinese herb. They also specify their primary sources for their nomenclature. Furthermore, it is emphasized that TCM terminology is differentiated from Western medical language by capitalizing and/or italicizing and that the dosages cited represent the standard dosage of dried herbs to be used in decoction for an average adult. Not only do the authors give their definition of an average adult (weight, age), they also provide a short summary of the herb status (fresh, dried, unprocessed, processed). Moreover, they point out the importance to note the contraindications and cautions and the necessity for emergency treatment in case of an accidental, life-threatening intoxication. Basically, the writers guide the reader through the typical construction of an herb monograph and give comments about how to understand and interpret the information given in certain paragraphs. To my amusement, a disclaimer was also added at the end of this section in which the authors state that they cannot take responsibility for any errors or omissions in this book although this book was conceived to be a reference book for clinicians and students.

The first main part – the overview – incorporates a brief summary of Chinese herbal medicine. Beginning with a short digression on the history of Chinese herbology and emphasizing the importance of historical texts which most of the contemporary knowledge is based on, the authors continue with the nomenclature of Chinese herbs, explaining that characteristics, functions and origin usually determine the Chinese name of an herb. This way of naming things is quite typical for the Chinese language where a subject is identified to belong to a group or species and then circumscribed by the usage of adjectives to differentiate it from other members of this group or species. After listing some examples and giving translations of the most frequently used adjectives in Chinese herbology, the authors elaborate on the classification, the growing and harvesting, the preparation and processing as well as the characteristics and the clinical applications of Chinese herbs. In the whole first section, general knowledge concerning Chinese herbology is transmitted and readers who are new to the subject can learn from the obvious experience of the writers although the usage of Pinyin and Latin names does not help laypeople to identify herbs at first since most beginners neither know the Pinyin nor the Latin names of herbs. The introductory part concludes with a brief note on herb-to-herb and herb-to-drug interactions which are important topics to all clinically active herbologists and health professionals. Regrettably, the authors only give a short summary on pharmacokinetics and pharmacodynamics rather than discussing the current problems occurring from the parallel usage of Western and Chinese medicine more thoroughly although it is often stated that patients prefer to seek care from several health professionals for treatment of a single disease or symptom.

Subsequent to the concise overview presented in the first part, 670 Chinese herbs are finally named and subdivided into categories by their function. The second part named "Herb Monographs" covers twenty chapters and thus twenty categories of different functions which are all explained or defined at the beginning of their specific chapters. Subcategories of action, differential diagnosis and treatment of illnesses, contraindications, processing, pharmacological effects as well as herb-drug interactions are mentioned. In order to present the information in a more structured way, the chapters are subdivided into sections and at the end of each chapter all described herbs are listed with their main features. The herb monographs per se are arranged in the following way: Pinyin name with Latin name in brackets, traditional Chinese and simplified Chinese name, a short register including Pinyin name, literal name, alternate Chinese names, original source, English name, botanical name, pharmaceutical name, properties and channels entered, a black-and-white photograph in life-size and information on Chinese therapeutic actions, dosage, cautions and contraindications, overdosage and its treatment, chemical composition, pharmacological effects, clinical studies and research, herb-drug interactions, toxicology and possible supplements. As a bonus, authors' comments and references conclude each monograph. These subtitles in the monographs structure the contents clearly and thus make it comprehensible why this book is found to be one of the best reference books on Chinese herbal medicine of our time. For all who are interested in going deeper into the matter, the citing of the original source (the first text an herb was mentioned in) and the references are of utmost value.

Part Three of this book is called Additional Resources. In this last section of the book, the writers decided to present some useful tables and cross-references starting with the cross-reference based on TCM diagnosis. Cross-reference based on Western medical diagnosis, on pharmacological effects and cross-reference of single herb names and of herbal formula names make it possible to look up anything one desires from any starting point one can think of. Following these topics the authors list herbs offering beneficial effects to support pregnancy and also cautions and contraindication for the use of herbs during pregnancy. After a short comment on dosing guidelines and a table which shows weights and measures in Chinese, British and Metric systems Dr. Chen et al. do not forget to name the herbs that are protected by the Convention on International Trade in Endangered Species (CITES). To conclude with, all historical texts as well as contemporary references used are listed in two separate bibliographies, a glossary is added and after giving some information about the authors and contributors, an index helps readers find whatever they want.

For a medical student, like I am, I believe that this book is good to acquire a basic knowledge on Chinese herbal medicine. Not only does it give detailed information about the herbs, it also helps the understanding by providing background information. For those interested in further studies, the authors have cited all references they used. The tables one can find throughout the text help the comprehension of this complex material and since basic terms are explained in the overview even beginners can read this book without feeling overwhelmed by the huge amount of information. All in all, Dr. Chen and his co-authors have managed to create a book for everybody interested in Chinese herbology and the numerous contributors from the USA and China suggest that the information presented in this book is based on extensive scientific knowledge and experience. In addition one has to praise the authors for their scientific approach which will help Chinese herbology to assert itself against orthodox medicine.

Yuh-Ron Hung

Forthcoming Conferences and Events

The New Era of Transcultural Psychiatry: Advanced Collaboration of East and West. Joint Meeting Japanese Society of Transcultural Psychiatry (JSTP) and World Psychiatric Association (WPA-TPS), Kamakura, Japan **27-29 April 2007**.
Contact: Prof. Fumitaka Noda (Chair organisation) Info www.shonan-village.co.jp/wpatcp.htm

Embodiment, Ritual, and the Sacred Landscape in the Context of Tibetan Healing. Oxford, United Kingdom, **17-18 May 2007**. Conference organised by the Anthropology Research Group Oxford on Eastern Medicine and Religion (ArgO-EMR). The workshop aims to serve as a channel of exchange between Tibetan religious-textual oriented disciplines and the more practical concerns of medical anthropology of Tibet, emphasize the overlap between medical practice and ritual healing, and produce new interdisciplinary research questions.
Contact: Patrizia Bassini and Elisabeth Hsu, University of Oxford, Institute of Social and Cultural Anthropology, 51 Banbury Road, Oxford OX2 6PE, UK. patrizia.bassini@anthro.ox.ac.uk

Freiburger Filmfestival, **15-20 May 2007**.
Ethnology – Africa, America, Asia, Oceania www.freiburger-filmforum.de

Embodiment, ritual, and the sacred landscape in the context of Tibetan healing. Oxford, UK, 17-18 May 2007. Conference organised by the Anthropology Research Group Oxford on Eastern Medicine and Religion (ArgO-EMR). The workshop aims to serve as a channel of exchange between Tibetan religious-textual oriented disciplines and the more practical concerns of medical anthropology of Tibet, emphasize the overlap between medical practice and ritual healing, and produce new interdisciplinary research questions.
Contact: Patrizia Bassini and Elisabeth Hsu, University of Oxford, Institute of Social and Cultural Anthropology, 51 Banbury Road, Oxford OX2 6PE, UK, patrizia.bassini@anthro.ox.ac.uk

STROBL am Wolfgangsee / Oesterreich 1.-3. Juni 2007. Zur Jahrestagung der Arbeitsgemeinschaft Oesterreichische Lateinamerikaforschung in Wien Wird der Workshop „Medizinischer Pluralismus“ veranstaltet.
Info über Evelyne Puchenegger-Ebner eveline-puchenegger-ebner@univie.ac.at
http://www.lai.at/wissenschaft/arge/jahrestagung-2007

RAI International Festival of Ethnographic Film at the University of Manchester, **27-30 June 2007** (followed by a conference 30 June-2 July).

Power and Autonomy in Alternative and Complementary Medicine. The 4th international academic & experiential conference, Nottingham University, Nottingham, UK 4-6 July 2007. For further information about ACHRN meetings, or to join the network, contact: Joanne Reeve (Secretary) http://www.achrn.net:80/ (Alternative and Complimentary Health Care Research Project). Joanne.Reeve@liverpool.ac.uk

The **Afrikanistentag 2007** will be organised and held by the Department of African Studies, University of Vienna, 23-25 July 2007. Spitalgasse 2, Hof 5, A-1090 Vienna, Austria, Tel.: +43 1 4277 43201, Fax.: +43 1 4277 9432. Registration form at: http://www.univie.ac.at/afrikanistik/afrikanistentag07.htm Sections within themes on medicine and culture. General enquiries: afrikanistentag07@univie.ac.at

1st Congress on Transcultural Psychiatry in German-Speaking Countries, 6-9 Sept. 2007, World Psychiatirc Association, Transcultural Psychiatry Section. University Witten/Herdecke, Germany.
Further information: solmaz.golsabahi@marienhospital-hamm.de
http://transkulturelle-psychiatrie-a-ch-d.gmxhome.de

The 4th FOKO Conference - Female Genital Cutting in the Past and Today. Hanasaari, The Swedish-Finnish Cultural Centre, Espoo, Finland, **7-8 September, 2007**. In the 4th FOKO conference we aim to bring together scholars and other experts to discuss the multi-faceted phenomenon of FGC from historical and present-day perspectives. This conference is the fourth gathering of The Nordic Network for Research on Female Circumcision (FOKO). Dead-line for binding registration and payment is June 15, 2007. Registration form (link to the registration form) and updated information, see http://www.ihmisoikeusliitto.fi/projektit/kokonainen/foko)
Contact: Janneke Johansson, Project Manager. KokoNainen Project, Finnish League for Human Rights. E-mail: janneke.johansson@ihmisoikeusliitto.fi susan.villa@ihmisoikeusliitto.fi

The **2007 Annual Meeting of the SSPC** (The Society for the Study of Psychiatry and Culture, Jim Boehnlein, MD, SSPC President), held in conjunction with the World Psychiatric Association Transcultural Psychiatry Section (WPA-TPS) and the World Association of Cultural Psychiatry (WACP), will be held in Stockholm, Sweden, **September 9-12, 2007.** Info: email sspcadmin@gmail.com or www.psychiatryandculture.org (SSPC's website).

Ethnopharmacologie appliquée: de la plante médicinale au médicament. Formation continue. Metz, France, 10-15 septembre 2007. Renseignements: SFE (Société francaise d'ethnpharmacologie), 1, rue des Récollets, B.P.4011, F-57040 Metz Cedex Email: sfe-see@wanadoo.fr www.ethnopharmacologia.org

10th ICAF Conference „Food and Ritual“, Barsana, Maramures (Romania) **5-9 Oct. 2007**, organized by the International Commission on the Anthropology of Food (ICAF) Website: www.icafood.com Contacts: Carmen Strungaru, Faculty of Biology, University of
Bucharest, Romania email: carmenstrungaru@yahoo.com or Wulf Schiefenhoevel, Human Ethology, Max-Planck-Institute, Andechs, Germany email: schiefen@orn.mpg.de

World Conference of Ethnotherapies 2007, Munich, Germany, 12-14 Oct. 2007
Info: Ethnomed e.V., Melusinenstr. 2, D-81671 München, Germany, info@institut-ethnomed.de, www.institut-ethnomed.de

19th World congress of the World Association for Social Psychiatry (WASP) in Prag, Czech Republic, 21-24 Oct. 2007. Basic topic of the conference is "A changing world: Challenges for society and for social psychiatry". GUARANT International spol. s r.o., Opletalova 22, 110 00 Prague 1, Czech Republic. E-mail: wasp@guarant.cz www.wasp2007.cz

Anthropologie et médicine. Confluences et confrontations dans les domaines de la formation, des soins et de la prévention, Marseille, France **25-27 October 2007**. Info: AMADES a/s Programme Anthrop. de la santé-MMSH, 5, rue du Château de l'Horloge, F-13094 Aix-en-Provence Cedex 2. email par AMADES, secretariat secretariat.pas@mmsh.univ-aix.fr
http://www.agem-ethnomedizin.de/download/DOC-NL14-5_Marseille_Oct_2007-colloque_amades.pdf

Putting Region in its Place: Health, Healing and Place, Edmonton, Alberta, Canda, 26-28 Oct. 2007, is an interdisciplinary conference that invites papers and panels from scholars who are interested in the intersections of place and health. Info: Christopher Fletcher, Department of Anthropology, University of Alberta, Tory Building 13-22, Edmonton, AB, Canada T6G 2H4
http://www.ualberta.ca/~place/index.html

!!! NEW DATE !!! New Trends in Ethnobotany and Ethnopharmacology, Joint Meeting: 20th Conference Ethnomedicine & 6th European Colloquium on Ethnopharmacology
The meeting will be held in the Museum für Völkerkunde, Grassi Museum, Leipzig (Germany) **Nov. 8-10, 2007** under the auspices of AGEM (Arbeitsgemeinschaft Ethnomedizin) www.agem-ethnomedizin.de/ in co-operation with the European Society of Ethnopharmacology – ESE
http://ethnopharma.free.fr, the Société Francaise d'Ethnopharmacologie – SFE
www.ethnopharmacologia.org and the Austrian Ethnomedical Society – ÖEG
www.univie.ac.at/ethnomedicine
Themes
1) Skin and wrapper: dermatology, cosmetics and prevention
2) Humans and animals: from ethnozoology and veterinary medicine to the construction of the bird flu
3) Ethnomycology: inventory of non-hallucinogen mushrooms and other chitin-containing substances (e.g. insects.)
4) Toward an Anthropology of medications
5) Ethics and international rules for an applied ethnobotany and an applied ethnopharmacology: How do we value traditional knowledge?
6) Posters concerning all topics related to ethnobotany and ethnopharmacology are welcome
Contact and further information
6th European Colloquium of Ethnopharmacology, c/o Ekkehard Schröder, Spindelstrasse 3,
D-14482 Potssdam, Germany, Tel.: +49 331 704 46 81, Fax: +49 331 704 46 82,
e-mail: ee.schroeder@t-online.de
http://www.agem-ethnomedizin.de/
download/DOC-NL14-1_Leipzig_8-10_nov_2007_Call_f_Pap_Post.pdf

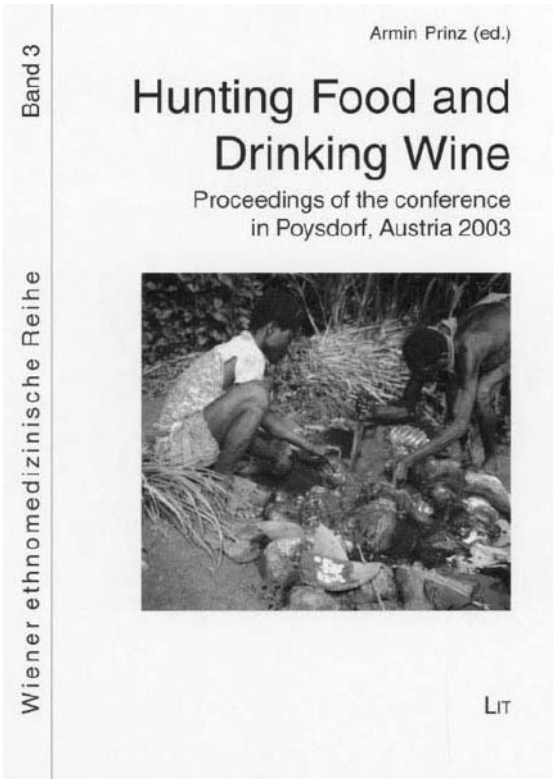
Armin Prinz (ed.)

Hunting Food - Drinking Wine

Proceedings of the XIX Congress of the International Commission for the Anthropology of Food (ICAF), International Union of Ethnological and Anthropological Sciences (IUEAS), Poysdorf, Austria, Dec. 4 - Dec. 7, 2003

Reihe: *Wiener ethnomedizinische Reihe*
Bd. 3, 2006, 272 S., 24.90 EUR, br.,
ISBN 3-8258-9318-9

Worldwide hunting is subject to a manifest cultural change. Folk hunting rituals are in danger of disappearing. Therefore the idea this conference was to connect hunting and celebrating hunting luck all over the world and to define the social impact of these activities. The different contributions are focused around the topics hunting as preservation of environment, the interaction of hunting and cultural change, the controversy of hunting for food and pleasure, and the social impact of rituals and celebrations on the hunting community



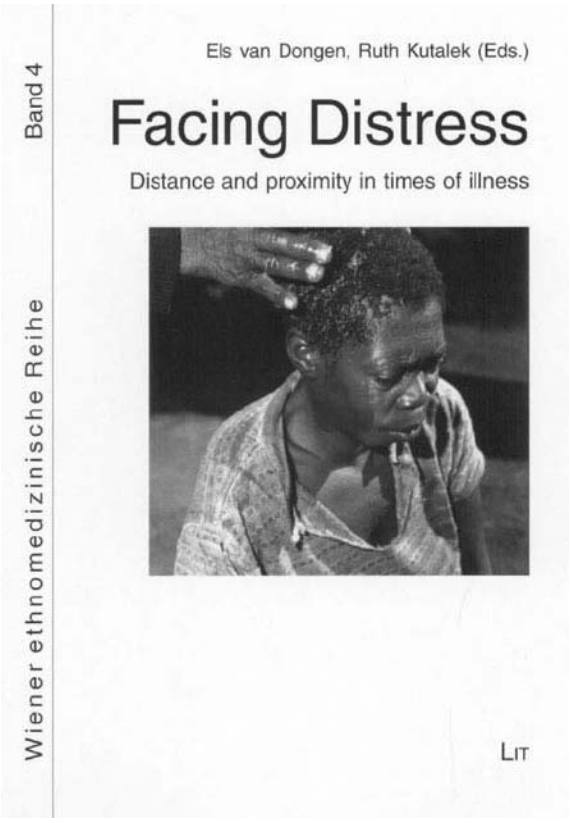
Els van Dongen, Ruth Kutalek (Eds.)

Facing Distress

Distance and proximity in times of illness

Reihe: *Wiener ethnomedizinische Reihe*
Bd. 4, 2007, 176 S., 14.90 EUR, br.,
ISBN 978-3-8258-0171-7

Distance and proximity are concepts par excellence to describe what may happen in times of illness and suffering. When one faces distress and suffering the need of proximity of the sick or suffering person may manifest itself or - the opposite - a need of distance exists. A doctor or an anthropologist may believe proximity is necessary, but the other can disagree. Illness raises questions for all individuals. The sick individual will question his/her relationship with others and being-in-the-world. The authors of this volume take up issues of distance and proximity in illness and suffering in various situations. The papers were first discussed in a workshop texteditFacing distress. Distance and proximity in times of illness at the 8th Biennial EASA (European Association of Social Anthropologists) conference in Vienna in September 2004.



Katharina Sabernig

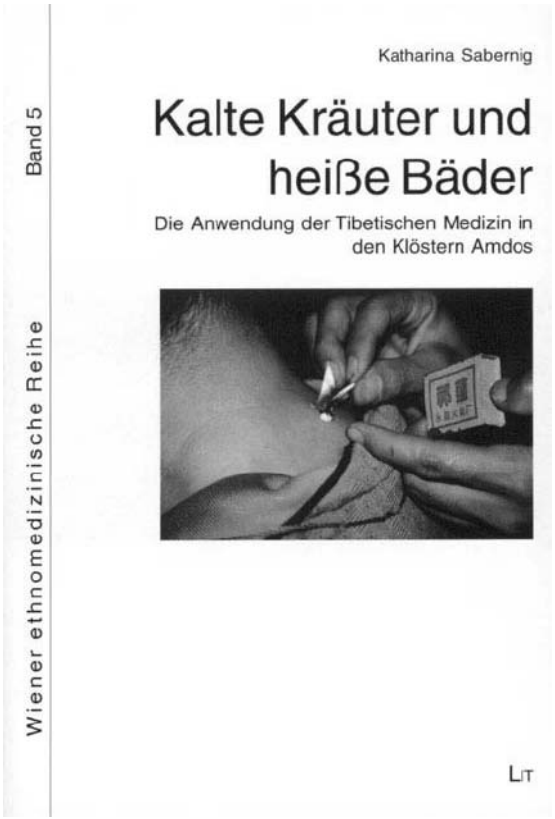
Kalte Kräuter und heiße Bäder

Die Anwendung der Tibetischen Medizin in den Klöstern Amdos

Reihe: *Wiener ethnomedizinische Reihe*
Bd. 5, 2007, 176 S., 14.90 EUR, br.,
ISBN 978-3-8258-9491-7

Wie wird die klassische Tibetische Heilkunde heute vor Ort angewendet? Können wir von den philosophischen und psychologischen Grundlagen der tibetischen Vorstellungen von Krankheit und deren Heilung profitieren? Wo besteht die Gefahr, auf pharmakologische oder therapeutische Missverständnisse zu stoßen? Dieses Buch sucht nach Antworten auf Fragen dieser Art. Es beruht auf mehreren Forschungsaufenthalten im Kloster Kumbum in der tibetischen Region Amdo.

Katharina Anna Sabernig, geb. 1971, erforscht seit 1995 traditionelle Medizinsysteme in China, Tibet und der Mongolei. Sie ist Lehrbeauftragte am Institut für Geschichte der Medizin, Zentrum für Public Health der Medizinischen Universität in Wien



Contributing Authors

Trudy Griffin-Pierce is an Assistant Professor in the Department of Anthropology at the University of Arizona. Of Catawba Indian heritage, she was born in South Carolina but has made Arizona her home after being informally adopted by a Navajo Indian family. She has published five books about American Indian cultures and numerous articles.

Rachael Gooberman-Hill obtained a PhD in Social Anthropology from the University of Edinburgh in 1999. Since then she has been working at the University of Bristol as an anthropologist within a multidisciplinary team exploring ageing, disability and pain.

Traude Pillai-Vetschera, Ph.D. in Social and Cultural Anthropology, she is Associate Professor at the Department of Social and Cultural Anthropology, Vienna, and Associate Member of the Institute of Indian Culture, Mumbai.

Assia M. Harwazinski, PhD in Islamic Studies and Science of Religion, lecturer; she has formerly worked as a medical secretary, warehouse-worker and personal secretary of the manager of employee relations in an international insurance company in Chicago as well as in university administration in Germany, internship in journalism; focus on sociology of religion, religious fundamentalism, migration and integration, visual anthropology.

Photograph last page

"The Gatherer of Corn Pollen" (by Trudy Griffin-Pierce 1983) depicts a Navajo woman in her corn field as she gathers corn pollen, an essential component of Navajo ceremonies. The chanter strews corn pollen on the sandpainting before the patient enters the ceremonial hogan, which is believed to animate the painting with life. During the ceremony, one way that the patient's identification with the Holy People is accomplished is by eating a pinch of corn pollen.

The Gatherer of Corn Pollen

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