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Spirit house with ancestor faces, Yangoru, East Sepik

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Frontispiece

These ancestor spirit faces on a *haus tambaran* (spirit house) in the East Sepik Province of New Guinea are painted in the unique traditional art style of the region. They reflect the ancestor worship characteristic of Melanesian religions. To an historical ancestor, a clan leader, famous warrior, hunter, or healer, extraordinary feats may be attributed. A "big man" in life can become an even bigger man in death. His spirit possesses great power and can perform deeds more remarkable than can a mortal being, and will therefore be venerated for generations. A central theme of Melanesian "Cargo Cults" is the return of the ancestors. As prophesied by cult leaders, the ancestors will bring to their descendents the material wealth (*cargo*) hitherto withheld by the "Whites", along with an elevated socioeconomic status. The syncretistic cargo ideology prevailing in New Guinea is linking traditional mythology to the millenarian expectation of the Second Coming of Christ as taught by the missionaries.

(see Jilek and Jilek-Aal this issue)

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The Repercussion of Rape in the Context of War

Nathalie Minami

Abstract

Despite the signing of a peace agreement in January 2008, the ongoing conflict and disastrous humanitarian crisis in the eastern provinces of the Democratic Republic of Congo have cost over 5.4 million lives since 1998 and forced 1.4 million people to flee their homes. Within this conflict, there is another war being waged. This is a war that has consequences and repercussions that are difficult to quantify, yet are accepted to be so vast that it may be doing more damage to the nation than the guerrilla warfare itself. This war is a war of rape and sexual violence; a war in which there are no victors, just the vanquished. By their acts, the perpetrators, both civilian and military, extinguish the last traces of their humanity. The victims are forcibly violated and denuded of their right of choice and the affected communities disintegrate as the women, who are the stitches that hold the fabric of this fragile society together, are rendered worthless.

This research seeks to allow these women's and their countless sisters' cries for help to be heard by the international community and to provide a better understanding of their African, regional and community specific circumstances. Through in-depth interviews with 18 rape victims and the analysis of their culture, their treatment and the aftermath of their rape experiences, data has been compiled and analysed to facilitate understanding of the multi-faceted issues that arise when sexual violence comes under the microscope in the context of Africa, DRC and this heinous war of attrition. Portions of the analysed data have been entered into tables to extract statistics, provide comparisons and to establish if trends are present. Results and conclusions are provided for the tabled and non-tabled data. This research will provide an understanding of the scope and magnitude of the impact of rape on individuals and on society as a whole so that concise and rapid action by government and non government aid organisations can be implemented when and as required.

Introduction

"There is no precedent for the insensate brutality of the war on women in Congo. The world has never dealt with such a twisted and blistering phenomenon".
Stephen Lewis, former UN Special Envoy for AIDS in Africa and current co-director of AIDS-Free World, September 2007 (Wakabi 2008)

The peace agreement in January 2008 raised optimism that the Democratic Republic of Congo would emerge from the humanitarian crisis which has exacted 5.4 million lives since 1998, of which 4.6 million occurred in the eastern provinces (IRC 2007: 16). But the peace efforts were soon marred by heavy clashes between divergent forces, the majority being between the forces of renegade general Laurent Nkunda's CNDP and the Congolese army as well as other armed groups that are all accountable for the massive displacement of civilians since January 2008. According to Human Right Watch, nearly 100,000 people have been forced to flee in North Kivu since the peace agreement was signed, adding to more than one million people displaced by earlier violence in the region. As the abject poverty is permanently fuelling gross violations, combatants continue raiding villages for cattle, goats and other goods, raping women and girls, and killing civilians who oppose their activities or whom they accuse of being collaborators of their enemies (HRW 2008a: 1).

Rape continues being rampant in the eastern part of the DRC. Over 2,200 cases of rape were registered from January to June 2008 in the province of North Kivu (HRW 2008b: 1). Due to its nature and widespread in the eastern provinces, rape is often referred to as an effective weapon of war, used to subdue, punish, or take revenge upon entire communities (Pratt and Werchick 2004: 7). The perpetrators derive from all armed forces involved in the conflict, mostly poorly trained and not paid, wreaking havoc without fear of punishment. Rape victims often describe their assailants as "soldiers" or "Interahamwe" (Kinyarwanda speaking Hutu militia involved in the Rwandan Genocide),

using the terms to designate any armed person living in the bush whether Rwandan origin or not. Furthermore it indicates that "the actual foreigner, though responsible for many rapes and mutilations, have become scapegoats for virtually all of the sexual violence in the region" (Pratt and Werchick 2004: 9). In some cases domestic Congolese perpetrators may try to confuse victims and witnesses by speaking Kinyarwanda (HRW 2002: 25). As long as the Congolese government does not explicitly clarify the status of citizenship of Congolese Tutsis (AI 2005: 8) – the Banyamulenge in North Kivu – sparks of xenophobic discontent will be deliberately flared by parties whose intentions are to destabilize the region and to distract communities and authorities, thus safeguarding their own interests driven by prospective natural resources in the east.

The rape is not just carried out by armed non-state groups and the Congolese Army FARDC, but also increasingly by others in position of authority and power, including the police, and by opportunistic criminals and bandits, who are taking advantage of the prevailing climate of impunity and culture of violence to abuse women and girls (HRW 2002: 23). The decay of moral and socio-cultural values seems to erode protective social mechanism that would constrain the extensive use of sexual violence (Ertürk 2008: 6), resulting in an increase of perpetrating civilians. In addition, Monuc peacekeepers have been accused of sexual abuse and exploitation in 2004 whose victims were mainly women and girls at camps for internal displaced people who desperately needed money, food or protection (HRW 2005). Due to the protracted climate of lawlessness, corruption and self-enrichment, the motivating factors for rape seem intertwined and often inextricable the longer the condition persists. The crucial factor for the impetus to rape remains the impunity despite of improvements to the Congolese Penal Code and the Congolese Penal Procedure in 2006. According to the Special Rapporteur on violence against women, Yakin Ertürk, the law enforcement and justice authorities have been unable and apparently also unwilling to implement the law (Ertürk 2008: 16).

Rape can be regarded as „spoils of war" after systematically destroying the victims' economic livelihood by looting of property and setting fire to homes. Groups of combatants mainly attack rural villages, kill civilian men and boys, and rape women and girls before making off with the community's cattle, tools or clothing (AI 2004). Furthermore these women and girls may be subject to abduction and slavery to provide sexual, domestic and agricultural service for the combatants, given the fact that even the State forces, the FARDC soldiers, are among the poorest section of Congolese society (Stern and Eriksson Baaz 2008: 12).

The instillation of fear and intimidation is also used as a mean to gain access to natural resources and control over civilians and the territory they inhabit. According to the final report of the Group of Experts on the DRC, appointed by the Security Council, the most financing sources for armed groups remain the exploitation, trade and transportation of natural resources (Ertürk 2008: 5).

Apart from the intention to utterly humiliate and dominate the victims and their family, rape has become a tool of punishment for allegedly collaborating and sympathizing with the rival group. Rape in the DRC is also marked by clear ethnic features which aim to disrupt the cohesion within an ethnic group. This particular strategy of war can only bear fruit in an environment where the solidity of a partnership and community is strongly correlating with the status of the women. In the Congolese society the value of a women is closely linked to virginity, marriage and child bearing and the victim's suffering is often subordinate to the dishonour and frustration inflicted upon the husband, the family and the whole community (Bosmans 2007: 6). It is this perception of public ownership of women's sexuality that makes it possible to translate an attack against one woman into an attack against an entire community or ethnic group. The impact is multiplied when the woman becomes pregnant; the attack is then passed on to the next generation (Shanks and Schull 2000). Subsequently, this internecine struggle is likely to undermine the stability and integrity of the whole community and facilitates the aggressors' triumph/intention.

Beliefs are often entrenched in the combatant's mindset, many of them believe that having sexual relations with a virgin or with a post-menopausal woman will make them immune from disease,

including HIV/Aids, or will cure them if they are already infected (AI 2004: 11).

Methods

This qualitative survey was carried out from June until September 2007 in Goma, the capital of North Kivu province of the DRC. The personal hardships and needs of the victims were at the heart of the study and it was therefore regarded imperative to make them feel as comfortable and unrestrained as possible in the presence of the researcher and the translator.

The research objectives were focussed on identifying and describing the individually experienced consequences of urban and rural rape victims in the context of war and on defining their personal wishes and needs. If assistance had been received, the interviewees were solicited for their personal assessment.

Sites of Research

The study was conducted in three sites within Goma city:

a) HEAL Africa Hospital
HEAL (Health Education Action Leadership) Africa is a small Christian grass-roots organization, founded by the Congolese orthopaedic surgeon Dr. Kasereka ("Jo") Lusi and his British wife Lyn Lusi. It considers a holistic approach of treatment as its main principle and focuses to provide sustainability by training and assisting local and rural healthcare providers and community leaders.

"Heal My People" is a UNICEF-funded program of HEAL Africa that addresses sexual violence and its consequences within North Kivu and Maniema Provinces, collaborating with 46 health centres and 6 hospitals. Qualified counsellors are working in the periphery to identify victims of sexual violence, to refer them to appropriate medical treatment (from post-rape care to fistula repair surgery) and psychological support, and to sensitize communities and families about the impact of sexual violence. Since the program's inception in 2003, over 11,717 women throughout North Kivu and Maniema Provinces have been identified and helped, and over 1,315 fistula reparative surgeries have been done (HEAL Africa 2007).

Rape victims, who are waiting or healing from treatment, are hosted in the „Transit Centre" where they can receive food, lodging, counselling, spiritual assistance by chaplains, and where they have the opportunity to learn new skills like sewing and weaving.

Most of the women interviewed at HEAL Africa were selected from those victims residing at the Transit Centre due to better accessibility and compliance. The interview proceedings took place indoors and outdoors within the hospital area.

b) GESOM hospital (Groupe d'Entraide et de Solidarité Médicale)
GESOM organisation provides a 60-bed hospital and is supported by Medica Mondiale, Synergie des Femmes contre les Violences Sexuelles (SFUS), Compassion Congo and others. Its main focus is to treat victims of sexual violence by offering post-rape care and surgeries if necessary, along with psychological and spiritual assistance. Victims, who are staying at the hospital due to treatments or even lack of homes, are being trained new skills like sewing.

The interviews took place in a room which was used as storage for food as well as for administration work and counselling.

c) Light of Africa Network head office
The Christian non-profit organization's goal is to render aid by addressing deep-rooted prejudices, attitudes, and ideologies that lead to destructive behaviours. Radio and possibly future television programs, along with literature and public forums, are being used to communicate a message of peace and reconciliation, and to draw attention to healthcare and other humanitarian issues. In addition, Light of Africa Network is cooperating with other NGO to fight sexual violence and to provide holistic support for victims.
One interview was carried out at the head office.

Selecting Interviewees

The research was based on 18 case studies that met the criteria of age (under 18 years, 19-25, 26-35, over 36) and residence (rural vs local). The 18 in-depth interviews were semi-structured and guided by open-ended questions. The order and the phrasing of the questions were altered

dependant on the course of the interview and the compliance of the interview partners, which eventually did result in difficulties concerning the comparability of the responses. Conversely, this flexibility was considered necessary to go more in-depth and to clear any misunderstandings. The interviews were conducted either in French by the researcher herself or in Kiswahili with the help of a translator. Upon approval by the interviewees, the interviews have been recorded and later transcribed from Kiswahili into English or French. The French data remained in French. All names were changed into pseudonyms to ensure privacy and allow uninhibited discussion. The women were encouraged to elaborate further on any given question in order to present their personal reality. To access this very sensitive field, competent key informants had been defined to identify rape victims with the required criteria ("snowball sampling technique") and some samples were chosen randomly because of accessibility and convenience without use of a specific survey method ("convenience sampling technique"). In both hospital settings, counsellors took the role of the key informant and translator during the interviews since they were not only proficient to search for the matching interview partners, but also indispensable in generating trust and credibility.

Fig. 1: Two Counsellors of GESOM (Adija Mulabani, Rose Kitwanga) and the author. Source: Minami

Three data collection techniques have been utilized:
(1) comprehensive one-on-one interviews (accompanied by a translator)
(2) observation and interpretation of participants' behaviour during the interview
(3) a review of current literature on the subjects of consideration.

Fig. 2: Painting on a housefront, UJADP (Erica Asbl, Josué Kivombo, Thierry Vahwere Croco, Moise Wahems)

This data triangulation aimed at reducing frequently encountered bias that might have been introduced by the use of one technique alone, acknowledging that "reliability in qualitative studies includes fidelity to real life, context- and situation-specificity, authenticity, comprehensiveness, detail, honesty, depth of response and meaningfulness to the respondents." (Cohen, Manion, Morrision 2000: 12)

Ethical Considerations

Before the interviews took place, the procedures and the purposes of the research were explained to each interview partner. Oral rather than written consent was obtained due to the low education levels and prevalent illiteracy among the rape victims, guaranteeing confidentiality and ensuring them that their names were kept anonymous. The participants were informed to feel free to withdraw consent at any time, given their precarious situation and the potential danger of reprisal. The interviewees were also told that a digital recorder would be used, the responses later transcribed and translated into French.

Limitations

The use of the "snowball sampling technique" and the "convenience sampling technique" reduced the likelihood of a sample that would represent a good cross section from all rape victims of East DRC. The interviewed women obviously constituted only a small fraction of the total number of existing rape victims and

furthermore, they were "privileged" inasmuch as they were receiving medical and psychological care at the time of the interviews.

The true relevance of some questions used in this survey was soon challenged. For example, the questions that asked the interviewees to evaluate the services received and to make suggestions for improving them, were either not grasped or only answered with "very good". As a result, it was impossible to find answers concerning the quality and personal assessment of the obtained assistance. Another difficulty was the definition of 'social assistance' which some of the interview partners did not understand, thus making the evaluation of their responses impractical.

The interviews were translated intermittently into French by the counsellors whose language skills have not always been proficient enough to avoid bias. However, it was regarded as essential to follow and understand the flow and content of the interviews. The transcription and full translation of the recorded interviews into French were conducted by three different Congolese interpreters. Though fluent in Swahili and French, they inevitably introduced bias by only capturing the main meanings and thoughts instead of translating word for word as prior requested.

The Characteristics of the Perpetrators

The victims from rural areas were predominantly attacked by groups of armed rural military who would often repeatedly gang rape the victims. The physical damage tended to result in far-reaching health consequences with hysterectomy, miscarriage and fistula occurring frequently. The perpetrators perceived themselves as invincible and empowered to act above the law. The pervasive violence was not only intended to inflict harm on the individual woman, but also to eliminate any possibilities for shelter and support by cutting off family bonds and devastating community structures. The rapists in remote areas were described as filthy, stinking, scantily dressed men in tattered military clothes who were impossible to identify. Many of the women were treated for STI's which were allegedly contracted during the rapes. The majority of the urban aggressors were unarmed civilians, acting alone, but a few of them were armed military men. The absence of an effective policing and punitive legal system lowers the deterrent threshold which is a contributing factor that may result in a rape if the assailant is presented with the opportunity and suitable conditions. The victims were predominantly adolescents and young women who fell prey to acquaintances and family members. The rapes often appeared premeditated and the circumstances were arranged in order to trap the women alone with the perpetrators.

First Reactions After Rape

Two thirds of the interviewees did not receive or seek medical attention in any form, nor did they report the matter to the police. The reasons varied considerably between the rural and urban victims:

Unawareness and shame were prevalent reasons among the women of the urban area which appeared slightly contradictory considering that the level of education was higher in the urban area. Another noticeable contributing factor for causing a delayed action was the subsequent menacing and often violent behaviour of the assailant that intimidated both victims and family members. The reasons rural victims did not seek immediate medical attention mostly reflected the context and circumstances of the rape. Three of the interviewees were submitted to ferocious torture and found unconscious in critical condition by passers-by. Due to the lack of adequate medical facilities, victims were unable to receive timely medical assistance, however, the majority of those victims who sought medical aid shortly after the rape, did not reveal the real cause of their injuries, preferring this to remain a secret. Traditional medicine was never considered an option for actual treatment, albeit one woman did try to alleviate the pain with herbal compresses.

Accessibility of Medical Assistance

It took an average of 63 days for the victims to receive their first medical attention in health centres which were either located in remote areas or in Goma and Bukavu. Although several women received medical treatment within a week, due to their reluctance to reveal the cause and extent of their injuries, the diagnosis and treatment was often inaccurate and inadequate. The few existing medical facilities in remote

areas were incapable of providing sufficient help due to the lack of resources and the malfunctioning, broken-down health care infrastructure. It is worth mentioning that several women insisted on being treated only for their superficial wounds without disclosing their rape. It remained unclear whether the medical staff was not alert enough to notice that the injuries were more than superficial, or trained enough to encourage these women to overcome their shame. Two interviewees only obtained assistance for the first time nine months after the rape when they were in labour, one of the two was a victim during early pregnancy and the other one became pregnant from her assailant.

One schoolteacher in Goma was raped by two urban soldiers when she was on her way to fetch water from the nearby lake. She went to the hospital to treat her visible wounds, considering it best to relate the incident only to her husband and son even though she was aware of an increasing pain around her anus. By the time she delivered a healthy child from her husband one year later, a rectal fistula had evolved which was eventually only treated when the interview was conducted three years after the rape.

The awareness that competent support for rape victims is widely available in Goma is common knowledge as a result of regular campaigns by non-governmental organizations. Victims are able to find qualified medical help without major delay and simultaneously, this encourages them to overcome their shame and fear of stigmatization. In addition, smaller clinics with limited capabilities direct violated women to recommended hospitals such as HEAL Africa Hospital and GESOM.

Due to the neglect of health centres in remote areas, rural victims received inferior assistance and the majority of them did not even consider proper treatment because of poverty, physical weakness or lack of knowledge. All the more it needs to be emphasized that these women would not have obtained sufficient support without the courage and dedication of the counsellors whose work is not only risky and challenging, but also psychologically draining.
Young victims, both urban and rural, oblivious to the need and availability of care, were taken to hospital to ask for support by their fathers or other family members.

The Physical Health Consequences

The victims of rural areas were suffering from worse genital injuries resulting in drastic long-term health consequences than urban victims. The women who had been raped repeatedly over extended periods of time, all revealed that their genitals and perineum had been severely damaged. In some cases, the rapists had forced wooden sticks into the vagina. Four victims underwent several gynaecological surgeries to restore reproductive health, but in two cases the tissue damage was beyond repair, resulting in hysterectomies at the ages of only 25 and 36 years old. Pregnancy as a result of rape was prevalent in both samples. Apart from the psychological burden, it imposed a physical threat to both mother and child. The urban women among these victims received prenatal care, which may have contributed to their health and the health of their babies. Apart from the mentioned medical risks these pregnant women had to bear, they may also have had to face traditional customs. One victim recounted that the particular belief that a victim who was raped while pregnant, would die during childbirth, was so instilled in her that she was terrified to deliver her baby.

Abortion was considered, but not carried out by only two of the five pregnant victims. One was too afraid of consequential health problems, the other decided against it because of Christian beliefs. One victim suffered from lack of sexual arousal during intercourse with her husband who believed the reason he no longer aroused her was because she had experienced sex with two other men (i.e. the rapists).

The Social Context of Rape

Rape victims who were completely at the mercy of their assailants, suffered from atrocious acts of physical and psychological violation and torture, but the full extent of their traumatic experiences would only be revealed to them in the weeks, months and years following the rape when the stability in their social environment began to fracture. In most cases the role and status that these women once obtained within the family and community abruptly lost value, hence the support of family and community members they were now yearning for appeared to slip away, enhancing the feeling of physical and

psychological vulnerability and isolation. For victims of childbearing age, the prospect of getting married was slim, as the defilement by rape and loss of virginity caused them to be totally undesirable to prospective suitors. Families, who could not bear the shame and humiliation the rape of their daughter had induced, would make them feel worthless and even guilty, yet at the same time they were very careful to conceal the truth from the community.

One 15-year old girl was abducted and raped by her future husband whom she had hardly known. The parents felt that as long as the perpetrator was still going to marry the victim, the rape was no longer defined as rape, thus concealing the violation and allowing the rapist to go unpunished. The girl fell pregnant as a result of the rape, but the future husband never showed up again and she was in effect abandoned with a child.

Seven victims have been married before the rape occurred. Only two husbands remained with their wives, but they were unable to provide the emotional support the women were longing for, as the rapes had inflicted deep and irreparable damage to the relationships. The two men, although educated, one lawyer and one teacher, were constantly repudiating their wives and often even blamed the tragic state of affairs on them.

"There are times when he is angry at me saying 'Raped women are mean women, they only do harm'. There are times when he neglects me, there are times when he wants to make love with me. Having a fistula while making love, that's really not easy (…) [he tells me] 'You are not a woman/wife anymore, you slept with other men, you and the bandits have now a history together.'" (I7 was beduetet die Nummer?)

"Can you imagine, my husband is still an intellectual! (…) If I were one of those women whose husbands were not even educated, how would they treat me? (…) However, Jonas' friends – intelligent and well educated – are telling him 'Jonas, come on, you as an intellectual, how can you accept to sleep with a woman who has had other men? Jonas, you are intelligent, you mustn't accept this!'" (I1)

Due to the wide spread of HIV and other STIs, rape victims were automatically considered to be infected and therefore seen as a threat to the health of the community. Some victims in remote areas who were severely slandered and ostracized by their communities, were reluctant to return home for fear of more of the same. Children born of rape are called "fruit de viol", the crops of rape, an expression that symbolizes the persistency of the repercussions which would be unlikely to come to an end once the crops were harvested.

"They are giving birth to children which we call the 'Crops of Rape'. When these children grow up, they will ask for their dads. But then, another war will start again!" (I1)

Victims' post-rape attempts to reintegrate into their community was made all the more difficult, as the victims were rarely able to prevent the community from discovering that they were pregnant by the rapists. These young women suffered from rejection and stigmatization by the community, in addition to having to endure nine months of unwanted pregnancy. The pregnancy not only served as a constant reminder of the horrific invasion of the rape, but the pregnancy itself was also perceived as an invasion of their bodies over which they once again had no control.

The total social impact of the rape, once analysed, was mostly perceived to be irreparable. The self-image of the interviewed women was strongly contingent on the cohesion of their community and their reintegration into that entity. As part of that network, problems were easier to solve with the voluntary help of families, neighbours and friends. Rape severely disrupted these strong links and was seen as an attack on the victims' identity. The compound harm inflicted upon the women not only endangered their vital affiliations to their families and communities, but conversely, it initiated a dissolving of the entire community structure.

"When you block the life of a [African] women, you will block the life of a whole nation!" (I1)

Rape was not only an attack on the victim's identity, but also an attack on the integrity of the entire community and for this very reason, the despicable act is an acknowledged method used by military as a means of destroying communities loyal to the opposition.

The Psychological Consequences

The precarious emotional state observed during the interviews, was clearly determined by the individual's prospect of social acceptance and reintegration, rather than by the physical violation experienced and the psychological impact resulting directly from that violation. Contrary to the popular understanding of rape trauma in Western society, the fear of becoming a social outcast appeared psychologically more damaging than the memories of the rape and the psychological impact resulting directly from the actual attack.

Half of the women regularly experienced nightmares with rape-related content that would destabilize their mental equilibrium, but the few victims who were indeed ready to take steps back into society seemed to be more resilient to emotional disturbances. Nevertheless they suffered from recurrent memories which were often triggered by the sight of armed men in uniform.

"As soon as I see military, I feel very miserable! Sometimes, when I pass by them, I'm terrified and I'm feeling bad. I don't want to see military, because they remind me. If I see a guy in military tenure, my heart is beating." (I7)

Victims were able to describe precise details of outrageous moments as if the transgression had occurred recently.

"There was a pregnant woman, they cut her belly open to get the baby out … after that, they left her hanging on a tree." (I1)

Feelings of shame and the fear of being subject to rejection and stigmatization made several victims feel paralyzed in order to avoid any memories and emotions related to the violation. Three years after the rape, one of the teachers still denied the incident to her friends and family. She disapproved of the attempts by other victims and aid organisations to oppose stigmatisation by informing and sensitizing the community about rape and suffering.

The exploration into their mental state was mostly new to the interviewees who had difficulty expressing their feelings and thoughts. By drawing the attention to their bodily sensations and other health problems which were not perceived to be related to their trauma, it was possible to identify the women's psychological distress manifested physically. The most common somatoform symptoms were the lack of energy, chronic headache and sleeping disturbances. Some of the victims affirmed that the headaches would strike them as soon as they were reminded of the rape. Above all, these women needed the prospect of social acceptance to overcome their despair. It was known that victims, who had lost family members, work or even their fertility, were truly desperate and incapable of finding other ways of coping. Though they may have regained their bodily integrity, they still felt worthless, lost and totally dependent on the support of aid organisations.

The Economic Consequences

Rape imposed severe economic challenges on each victim. All interviewees were faced with an upheaval of their financial situation that in most cases had never been stable to begin with. Only two of 18 women had found the strength and willpower to participate in their professional lives again. Young victims, who had been attending school before the incidents, had to assist their families financially with part-time activities. School fees were a drain on the financial resources of the families and in some cases were impossible to pay, which would oblige their children to leave school without graduation. Some had left school revealing that they had not been feeling physically and mentally strong enough to pursue their daily activities to earn extra money for school fees. Adolescents who had been impregnated by their assailants were subsequently forced to take on new roles as mothers with responsibilities and duties that imposed not only psychological, physical and social burdens upon them, but also worsened their already dire financial situations.

Farmers and traders from rural areas had to face the loss of their homes with all their belongings, work tools and savings, finding it almost impossible to return without capital to start with. Additionally farmers would not dare to go back to work their fields and traders would be scared to sell their goods on the roads because of the fear of becoming victims again.

Poverty was the major obstacle that hindered the victims' attempts at restarting any kind of

work activities. This also rendered the women dependent on aid for shelter, food and support. They were often desperate and sad, feeling impotent and unable to break out of that vicious circle of dependency, resignation and loss of self-confidence.

Another reason victims would not pursue their occupation was the feeling of physical and mental exhaustion that numbed them into inactivity. Two victims stopped teaching at school because they did not have the energy and concentration to teach or the resilience to bear potential stigmatization. Here again, it became obvious that the status of the victim in her social environment would affect her working life, often with dire consequences. Wives who had been abandoned by their husbands and who had previously relied on their economic support struggled to make ends meet.

Due to the rising awareness that redefining an aim in a victim's life would increase the ability for resilience, aid organisations like HEAL Africa, GESOM and Light of Africa Network initiated programs that would teach victims who were waiting for or healing from treatment, practical skills that would enable them to generate their own income when they returned home. By encouraging them to learn new activities that they would pursue in future, these women would begin to realize that they were still in control of their lives and entitled to and capable of breaking out of their lethargy. The prospect of repositioning herself in society was of great importance to the mental wellbeing of the victim. Nevertheless it must be stated that most of the interviewees who had been staying at HEAL Africa or GESOM for years and who had indeed been taught to generate their own income, were unable to leave because they had nowhere to go and no family to stay with.

The Spiritual Consequences

None of the victims had declared a loss of their faith after the rape. Although the victims realized that the perpetrators had caused ineffable trauma with physical, psychological, social and economic consequences, their relationship with god had ultimately not been subverted. The awareness of god as the only remaining consistency in their life gave them the resilience and confidence to carry on with life. Some women experienced a profound relationship with god through whom they were able to find the ability to forgive the perpetrators.

Individual Needs of Victims

In most cases, rape had rendered them destitute and (temporarily) dependent on help, hence aggravating the feeling of impotence and desperation. Financial support was considered essential to facilitate the resumption of occupational activities that would empower them to provide for themselves. The women regarded funds (mainly donated by aid organisations) as a means through which they might escape from misery and financial dependency by starting a new business to generate their own income again. Additionally young victims were in need of financial aid to pay school fees and they asked for donations of clothes and food. Furthermore, it was emphasized that social assistance would have been very important for them in the aftermath of rape. They agreed that the disdainful attitude of their communities towards victims of atrocious violation had intensified the suffering, while what they longed for was understanding and acceptance.

"After being raped, the most important need is to be reintegrated. The integration into society. No suffering." (I1)

The victims described various circumstances that would ameliorate the quality of their lives. Work and money followed by graduating from school and university were seen as fundamental aspects that would facilitate their struggle. A restored health was as important as a marriage which implied a new home and shelter for them.

Coping Strategies

By asking the interviewees to advise other rape victims, they would presumably refer to their own experiences and ways to deal with such an upheaval of their lives. Almost half of the victims advocated to trust in God's will and to forgive their perpetrators. One third of the interviewees endorsed the necessity of proper medical treatment together with psychological counselling to prevent further social damage and alienation. Only two victims were persuaded that women, who had endured rape, must not slip into the role of a vulnerable victim destined to a pathetic

living. Rape victims ought to continue occupational as well as social activities that would enable them to be less financially dependant and at the same time distract them from their worries, creating a new view of life.

"The woman must manage to stand up again, meaning that we should stop seeing us as 'we women, we are weak, we stay weak'. No, we can make it too! (…) We should not continue telling ourselves 'we women, we are raped, we are vulnerable'. This mustn't remain in our heads! We do have the power!" (I18)

In a few cases, it was observed that some explanations and attitudes were alluding to the western concept of "learned helplessness" that was defined as a psychological condition, which people who had been exposed to trauma and helplessness adopt in circumstances even when they did obtain control of the situation. Few victims seemed to perceive the aftermath of rape as an unalterable, predestined outcome that would intensify the feelings of impotence and loss of control, which they had already experienced during the transgression. Having faced the situation where escape and resistance had been futile, the victims might have learned that remaining passive was less of a risk and a drain to their current situation. They were unable to contemplate the possibility of carrying on with life, yet they realised that above their family and community bonds and their possessions, only their religious belief had been immune to disruption. This being the only constant in their devastated lives, they sought refuge and advice from god.

Conclusion

Any form of assistance offered to rape victims and their communities can only be serving, powerful and effective with the right comprehension of Congolese culture with its values and support systems, socio-cultural norms and coping and punishing mechanisms. All of these factors had to be taken into account during this study. These aspects shape society by providing a framework that guides people in their daily life actions.

In cultures where family and community are very important, a person's identity is determined by their social affiliation to a community as an active, integrated person. Living in harmony within this community is regarded as essential to ensure a stable identity which also results in good health. Rape victims are blamed, ostracised and stigmatised and if not banished from their communities, they are often made to feel so worthless that they feel they have to leave the community of their own accord, as the people that were once family turn their backs and shut them out completely. The act of rape therefore needs to be understood not only as a transgression of the victims' physical and mental boundaries, but also as an attack on their identity. Fully aware of this, military forces employ rape as a tactic to fragment communities, thereby weakening the support base of their enemies.

NGOs like HEAL Africa launch programmes that are based on cultural expertise to seek consent and compliance of the people, hence endeavouring sustainability. Numerous local aid workers are engaged in sensitising and informing people about sexual violence and its consequences in cities and surrounding areas. They help to mediate between victims and family and community members to counter stigmatisation and rejection. They also refer victims to medical services if necessary and some even try to convince Congolese men to participate to improve acceptance within the male population. Judicial assistance also forms part of the work of many NGOs, where aid workers teach community leaders and members about the rights of women and children. Unfortunately, even in the non-military cases, rape is not considered as severe a crime as in Western society. Some men even consider it their right and this is reinforced when the judicial system sentences rapists very lightly on the extremely rare occasion that a rapist is brought to trial.

Religious support is one of the pillars of interdisciplinary treatments. Chaplains and spiritual aid workers are fostering resilience among the victims during their stay in hospital and they are generally respected regardless of their religion. Due to their credibility among most of the community members, faith leaders may be potential vehicles to improve health and educational campaigns. Provided that they are well trained and integrated within health, judicial and educational programmes, faith leaders may prove to be of great importance in propelling awareness among all levels of society, men and women, rich and poor, young and old, rape victims and also

perpetrators. They might arbitrate family instabilities between family members, husbands and rape victims and ameliorate their reintegration into their communities, which, in the long term, is the key to resilience and reconciliation.

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Use of Curatives Produced from the Beaver's Body According to Medieval and Pre-Modern Jewish Literature

Abraham Ofir Shemesh

The beaver is a rodent mammal which lives in North America and in the northern palearctic region of the ancient world (Nowak 1991: II, 634-638). Important curatives produced from the body of the beaver are dried secretions from the preputial or vaginal follicles of male or female beavers, as well as beaver testes. This article discusses curatives produced from the body of the beaver in medieval times in order to treat sexual problems. This designated use will be examined in light of Jewish sources – medical literature and Rabbinical texts from the 10th–19th centuries.

The use of testicles for curative purposes had been customary as early as the classical period, however we find no mention of this in the writings of Jewish sages from the Greco-Roman period. The testes are termed *kastoros orchis* in the medical dictionary of Dioscorides, a physician in Nero Caesar's army in the first century AD. He reports that testicles were used to treat the bites of poisonous animals and to cure problems of the sexual and reproductive systems, such as hastening female menstrual flow, removing the placenta after birth, and aborting pregnancies (Gunther 1959: II, 6). It seems that the use of testicles for treating the sexual and reproductive systems stems from their function as male sexual organs.

Some scholars believe that it was not the testes which were used for medical purposes, rather secretions cumulated on the male's foreskin. This substance was sold in pairs and resembled a pair of testicles, thus its name (Levey 1966: no.66). Efraim Lev claimed that the original substance which served as a medicament was indeed produced from the beaver, however since it was an expensive import, in Eastern countries the more common otter testicles (*Lutra lutra seistanica*) were used as well (Lev 2002a: 66). Significantly, recent surveys of medicaments currently employed in the Middle East indicate that beaver testicles are still sold in pharmacies in Israel and Jordan (Lev, Amar 2002: 256).

The Beaver – Description, Properties, and Methods of Procurement in Contemporary Literature

The source of the medical substance, its names, properties, and manner of procurement by beaver hunters, occupied many medieval writers of nature and medical books, and in the next few lines I shall focus on this aspect. In his "Lexicography of Drugs" Rabbi Moshe Ben Maimon (Rambam 1138–1204) reports that the name *gundava dustur* referred to the testicles of the "water dog", an animal that lives in humid habitats and finds its food on land (the beaver is a vegetarian rodent). He writes: "*gundava dustur* – this is the testicle of the Castor, i.e. *husiyat albaher* (الבحر خُصْيَة), also called *alfahsha* (الفاحشة) (promiscuity). Also [called] Castoria and Castorion. The Castor is a sea animal, the water dog leaves the water to search for food on land […] The people of the Maghreb call this medicine "the smelly (مُنْتِن)" (Maimonides 1969: no. 79)[1].

The Rambam brings the Arab designation of the testicles, which indicate their origin and medical benefits: (A) The Arab term *husiyat albaher*, "testicle of the sea", preserves the ancient Greek name – *orchis*, referred to by Dioscorides, and indicates that the testes originated from an animal living in a marine environment; (B) The term *fahsha*, "promiscuity", is probably related to the fact that this is an aphrodisiac, a substance that arouses passion and promotes reproduction. The concept underlying the view that animal sex organs may be beneficial for problems related to the human sexual system is reminiscent of the medical concept of the doctrine of signature, which maintains that the creator created plants in a certain shape according to their medical purpose (Lev 2002b); (C) "The smelly" – this may allude to the beaver's scent, which originates from substances emitted by secretion glands or by the testicles themselves which are located near the secretion glands.

The castor is mentioned in Midrash Talpiot, a compilation of Talmudic and Rabbinical legends from ancient and later sources collected by R. Eliahu Hacohen Ha'Itamari (Izmir, 17th century) which refer to a variety of Jewish topics, including information on animals. We presume that the writer of the Midrash mentioned the animal due to its medical benefits. He describes it thus: "There is an amphibian which lives both on land and in the water. This animal is called *bifari* and its testicles produce the horse called *castorn*, an animal which is said to live on river banks and which has scales on its tale resembling fish scales" (Hacohen Ha'Itamari 1875: 93b).

Although this report is problematic, it includes realistic information. Identification of the beaver as an "amphibian" indicates that it is a creature that lives both on land and in the water. The description of its tail is accurate. Due to its flat shape it functions as an oar and is covered with scales[2]. However some of the details are inaccurate, for example the fact that beavers are hatched from eggs, when they are actually mammals. Thus, we may assume that R. Eliahu had no firsthand experience of beavers. The description includes no relevant medical information although mention is made of medicines produced from various animals.

Medieval historical sources describe the capture of beavers and the removal of their testicles, undoubtedly a precious medicament. Common myths and fables surprisingly report that beavers pursued by hunters castrate themselves by tearing out and throwing away their testicles in order to save their lives (about beavers and their castration in Roman tradition see: Plinius 1949-1962 VIII, 28; Bodenheimer 1957: 110, 113). This motif appears in relatively late Jewish nature books which copied the information from external sources reflecting contemporary knowledge. This is reminiscent of erroneous traditions incorporated in Jewish literature following vague information interpreted as scientific reality, relating that musk perfume (*Moschus moschiferus*) is the "blood of an animal" (Shemesh 2001–2002). One example is "Tzel olam" (The shadow of the world) by R. Matityahu Delacarte, first published in Amsterdam in 1697. Delacarte in his description of the various regions of the world and the wonderful creatures living therein refers to the beaver of India ("Hind"): "Castor, when hunted, will castrate itself and throw [its testicles] at them [the hunters] and thus escape" (Delacarte 1897: 8a).

This description has no basis in reality, as mammals do not shed their organs when in danger, a practice typical mainly of reptiles, such as lizards. The latter are capable of regeneration, i.e. reproduction of certain tissues that have been separated or injured. We believe that legends circulated in medieval times concerning the origin of this medication were aimed at publicizing its scarcity. It is also not impossible that they were intentionally created in order to raise its market price, as tales of the special origins of medical substances often indicate their rarity.

In the nineteenth century the beaver is mentioned in "Tvu'ot ha'aretz" (The crops of the land), a book by the Jewish-German R. Yehosef Schwartz. He states that the beaver is called *bivra* and that it exudes an oily substance called *castorum* or in Yiddish *bibergeil*, which serves as a medication. Schwartz does not report its medical usages, however this reference supports Efraim Lev's hypothesis that the medical substance produced from the beaver is indeed a secretion and not the testicles themselves. Schwartz notes that in ancient Hebrew sources the *bivra* was identified with the biblical fallow deer (*Dama dama*). This identification is unfounded as according to Jewish law the beaver is considered ritually impure (Schwartz 1862: 159a; Schwartz 1900: 365, note 1)

Medical Uses of Beaver Testicles

The physician Shabtai Donolo (913-985), who operated in Southern Italy, speaks of using beaver testicles as a medicine against hysteria. The meaning of this medical term in classical sources and consequently in medieval medical literature is a gynecological disturbance probably accompanied by mental problems. It seems that the use of beaver testicles, i.e. male sex organs, was perceived as appropriate for treating distinctly female sexual problems, probably particularly in light of the fact that this illness was attributed to women who for various reasons had remained celibate for a lengthy period of time (Donolo 1949: 120)[3].

The Rambam mentions the term *castoren* among

the "hot" and "strong" medicines (Maimonides 1961: XXI, 80), i.e. medicines with a sharp drastic effect of which excessive use should be avoided (Maimonides 1957: II, 6; IV, 8). This advice is intended not only for patients but also for physicians who recommend its use. The Rambam recommends using beaver testicles in a variety of medical recipes and prescriptions. Following the renown 10th century Arab physician Al Tamimi, the Rambam recommends drinking boiled milk with seeds of *rashad* (*Lepidium sativum*) and *castoren* as a laxative (Maimonides 1961: XIII, 52). He recommends treating *rifruf* (fluttering of the skin) with castor orally or externally (Maimonides 1961: VII, 40). The Rambam recommends treating inflammation of the brain with castor and cupping glass (Maimonides 1961: IX, 19) and using castor as a treatment for brain abscess (Maimonides 1961: XXI, 19). As a conclusive antipyretic for bowel pain he suggests preparing an enema from several components and adding castor oil (Maimonides 1961: IX, 92). Elsewhere, the Rambam recommends castor as a component in medicines against animal bites, following contemporary Arab physicians (Maimonides 1942: 103, 117).

The Jewish-Spanish physician, R. Natan ben Yoel Falaquera, who lived and operated in the latter half of the 13th century, recommended beaver testicles (*castoreus colon di bihli*, ancient Spanish) for swelling, neurological problems, trembling, stomachaches, and gynecological problems and illnesses, such as menstrual dripping, extraction of the placenta and of fetuses (Amar, Buchman 2004: 168-169). This list of treatments indicates the benefit of testicles for curing diseases related to the sexual and reproductive systems.

The Palestine-based kabbalist, Chaim Vital (Safed 1543-1620), who served as a rabbi and popular healer, included beaver testicles in the preparation of puréed medicaments for stomach diarrhea. He recommended using oil produced from testicles (*castorio* oil) in ointments for male impotency (Ktav Yad Musayof, microfilm tape no. 2675, 33a; 83a, par. 19, Buchman, Amar 2007: 142; Buchman, Amar 2007: 225).

Information on the prevalent medical uses of the beaver is clarified and expanded in contemporary Arab medical literature. Thus, for example, according to Al-Kindi (9th century) *gundava dustur* is a substance used in enemas and ointments for the nose and head as well as in medicines for insanity (Levey 1966: no. 1, 15, 147, 205; see also Said, Elahie 1973: I, 112-113). The physician Daud Ibn Amar Al-Antaki, who lived and operated in the latter half of the 16th century, relates that the beaver serves as a source of medicine against leprosy, to cure internal organs (liver and spleen), aches (head and ears) and as a component of theriac (Al-Antaki 1935: 109; on his medical writings and his medicaments see Plasner 1964: 138-141; Lev 2004: 77-94).

Medical Uses of Beaver Testes in Jewish Halakhic Literature

To the best of our knowledge, the oldest Jewish source mentioning the medical use of beaver testicles is a letter of response written by Rav Hai Gaon (939-1038 AD), one of the most prominent Babylonian Geonim (Jewish sages who lived in the 7th-11th centuries in Iraq). In an anonymous letter he was asked about the kosher status of a medical preparation which included, among other things, beaver testicles: "Taryaka [theriac] which includes the flesh of an adder and the eggs [testicle] of the animal called gunva dustur – is it ritually pure or impure even in this form? This flesh of the adder is also mixed with dry unleavened bread and made into rock-like cakes [round?] and dried and used in the Taryaka together with the other components." (Asaf 1929: 211).

Theriac is a medical mixture consisting of elements from anomalous sources which are not kosher according to Jewish law, such as the flesh of snakes and unleavened bread which is forbidden on Passover. Various pharmacological traditions on the preparation of theriac were common throughout Eastern countries (Nutton 1977: 133-152, Amar 1996-1997: 17-18, Siraisi 1990: 119). The present recipe indicates that it included *gunva dustur* as well, i.e. beaver testicles. In principle, Rav Hai Gaon permitted the use of theriac on Passover despite the Kashrut[4] problems, due to its significance for saving humans.

Later evidence of the medical use of beaver testicles is provided by the halakhic[5] compilation "Zivchei tzedek" (Right sacrifices) by

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Contributions to Visual Anthropology

Ancestor Myth, Millenialism, and "Cargo Cults": Rapid Change in New Guinea

Wolfgang G. Jilek and Louise Jilek-Aall

"Cargo Cult" movements arise from a cargo ideology based on the syncretism of traditional Melanesian myths with the Christian salvation message. These millenarian movements of Melanesian cultures are typically initiated by charismatic prophets. Inspired by visions or dream revelations, they proclaim the advent of apocalyptic events ushering in the return of the ancestors with the desired *cargo* hitherto withheld by the "Whites", in an earthly paradise of abundant wealth and social advantage for Melanesians. Cult prophets are perceived as messengers from the supernatural world; sacrificial death may be expected. Preparations for the arrival of ancestors and cargo are made, wealth creating rituals are performed. The cult may evolve into a religious sect, or into a socioeconomic or nationalistic organization. During field work assisting the mental health service of Papua New Guinea 1984/85, the authors obtained information on "Cargo Cult" movements by interviewing the cult leaders mentioned below and other key informants. In the colonial period these cult leaders had served prison terms which heightened their popular reputation.

In the Sepik region, Yaliwan, the prophet-messiah of the Mt. Turun Movement "opened" the sacred Mt. Turun for the ancestors' return, to bring the "good times" of status equality and material wealth. His deputy Hawina organized a mass organization combining magical rituals with political aims, later co-opted by a Western fundamentalist church. In the Papuan Gulf, several "Cargo Cults" had occurred since the 1920s. In the 1950s and 1960s, Torea led a movement, prophesying the coming of Christ and the ancestors with the desired *cargo* and causing the exodus of the "Whites". Now a respected elder and healer, Torea expressed concern about the "sick-making" effects of rapid modernization on young Papuans. In the North Solomons, a cult had been started by a "big man" in 1946. His nephew Teosin, guided by nativistic ideas, organized the "Hahalis Welfare Society" in opposition to Western missions and colonial government, and established himself as charismatic community leader.

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

Photograph: Manfred Kremser

Reference

Jilek, W.; Jilek-Aall, L. (2009) Ethnopsychiatric aspects of rapid culture change: Syncretistic "cargo cults" in New Guinea. In: R. Kutalek, A. Prinz (eds.) Essays in Medical Anthropology. The Austrian Ethnomedical Society after thirty years. Wien, Münster: Lit Verlag 269-287.

Fig. 1: Spirit houses (haus tamburan), Maprik, E. Sepik (all photographs by the authors)

Fig. 2: Dream house for divination and prophesying, Mt. Clancy peak, S. Highlands

Fig. 3: Greeting Prophet Matias Yaliwan and family, Ambakanja, E. Sepik (1984)

Fig. 4: Ancestor figures, Ambunti, E. Sepik

Fig. 5: Visiting Toaripi Prophet-Healer Erekofa Torea; Moveave, Gulf of Papua (1984)

Fig. 6: John Teosin (right), President, Hahalis Welfare Society and Prophet of Neo-Melanesian Religion, Buka Island, N. Solomons (1985)

Use of Curatives Produced from the Beaver's Body According to Medieval and Pre-Modern Jewish Literature
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R. Abdallah Somekh (1813-1899), a leading 19th century Babylonian authority (on his life and achievements see Ben Yaakov 1949). R. Somekh says that "the testicles of the water dog" were used to treat the illness of *shivron* (see below): "There is a simple custom in the city of Baghdad that anyone who has the illness of shivron drinks *gund*, as it is called in Arabic, and this is the testicles of the water dog, which is a known cure" (Somekh 1899, Yoreh Dea, I, 85:137. See also Shemesh 2001: 983-986). Thus we know that beaver testicles were used in Babylonian medicine for at least a millennium, and it seems that they were considered an efficient and significant medicament.

Jewish commentaries and responsa[6] usually use the term *shivron* to refer to depression (*shivron lev*) or mental affliction (Kimchi 1959: Micah 7, 3; Hildesheimer 1969: I, Yoreh Deah, 233; Kuk Hacohen 1979: Hoshen Mishpat 5), however also as a term for hernia (Landa: Yoreh Deah, 58, Shemesh 2004: 104-117). In the present context, as explained below, the second option seems more plausible. A hernia is a protrusion of soft tissue through or between muscles. Some of the common types of hernia are hernias near the root of the thigh towards the bottom of the stomach or hernias of the groin very close to the male testes. It seems that beaver testicles were perceived as an efficient medication for treating hernias due to the proximity of the groin and the testicles.

Popular Eastern Asian medical literature indicates that beaver products continued to be used as stimulators against hysteria, paralysis, rheumatism, etc. until recent generations (Vohora, Hhan, 1979: 39; Lev 2002a: 66; Lev, Amar 2002: 256).

Conclusion

This essay discusses medicaments produced from the body of the beaver which was a popular item in the medieval medicine cabinet for treating sexual problems. *Gunva dustur* mentioned in the response of Rav Hai Gaon, one of the most prominent Babylonian Geonim (10th–11th centuries) is identified as a medical substance produced from beaver testes. The prevalent medical uses of the beaver are clarified and expanded in Arab medical literature as well as in Jewish medieval sources.

This precious medicament served a variety of medical purposes, such as for treating snake bites, fertility problems, bowel pains, hernia, hysteria (=gynecological disorders) etc.
One of the basic uses of the testicles was to cure problems of the sexual and reproductive systems. It seems that these medical treatments stem from their function as sexual organs. The concept underlying the view that animal sex organs may relieve problems related to the human sexual system is reminiscent of the medical view of the doctrine of signature, which maintains that the creator created plants in a certain shape according to their medical purpose.
Myths common in medieval and pre-modern times relate that beavers chased by hunters would castrate themselves by tearing out their testicles and throwing them at the hunters to save their lives. We believe that such legends began in the classical period and were intentionally inserted within medieval folklore in order to emphasize the scarcity of the animal and thus artificially inflate prices.

Jewish sources deal with various halakhic aspects related to the medical use of products produced from the beaver's body. Among the problems presented is the issue of the kosher status of medicines that include testicles, as beavers are considered ritually impure. The use of testicles in theriac, which consists of unleavened bread as well, aroused the question whether it is permissible to consume this medical preparation on Passover. The use of beaver testes is a long-standing tradition. Their mention in general medical literature and Jewish literature from medieval times until the 19th century indicates that they were perceived as an essential medical substance. The fact that they continue to be sold to this day and that they are used by popular-traditional medicine for curative purposes supports this observation. As far as we know there is no scientific research on the medicinal properties of beaver's testes. This may be sufficient justification for investigating whether the ancient uses have any real medical basis.

Notes

[1] On medical lexicons see for example lexicons of the Syrian lexicographers Bar Bahlule (Duval 1881–1901) and Bar Ali (Hoffmann 1874), who wrote bilingual lexicons with translations from Syrian to Arabic. On the Arab medical lexicography of Andalusia and North Africa see Serri 2007: 113-119.
[2] The nutria, whose scientific name myocastor is similar to that of the beaver, has a scaled tail as well, however it originates from Eastern South America.
[3] See the editor's note that this usage was mentioned as early as in classical sources, such as Herodotus, History, chapter IV (Donolo 1949: 120, note 98). Ron Barkai states that hysteria, in Hebrew called "suffocation of the womb" (*Suffocatio matricis*) was one of the distinctly feminine illnesses that medieval medicine inherited from classical medicine. The symptoms of this illness, described in the writings of contemporary physicians, were a rising of the womb in the abdominal cavity with strong pressure on the stomach, respiratory difficulties and sometimes even respiratory arrest, and it is not surprising that it was also called hysteria. Thus, the source of the disease is a gynecological problem which probably had mental effects as well, and therefore was attributed only to women (Barkai 1987: 50). According to the ancient medical view the reason for the disease, which afflicted unmarried virgins, widows, nuns etc. was that "feminine semen" accumulates and is then contaminated, causing the disease (Barkai, ibid.).
[4] kashrut: a corpus of Jewish laws dealing with what foods Jews can and cannot eat and how those foods must be prepared and eaten)
[5] halakhic: Jewish religious laws
[6] responsa: a collection of questions and answers of Jewish sages

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Projects

AIDS-Prevention by Dancing. The "New Light"-Project from Calcutta. Children of Prostitutes are Dancing Kathak and Bollywood.

The main centre of classical Indian dance is the 15-million-capital of Bengal, Calcutta. The red-light-district of the city, Kalighat, is a slum where prostitution and drug dealing are blooming as important sources of income. It is assumed to have about 1.000 prostitutes working there – in a country, where approximately one million women earn their livings this way. Their children live under poorest conditions, usually in one room together with their mothers. They are present while their mothers work, hiding under the bed. Some women do only have a tent-cover as a roof and protection. They are often addicted to drugs and suffer from venereal diseases – the percentage of HIV-infected women is increasing continuously.

With this background, social worker Urmi Basu founded the project "New Light" in Kalighat in the year 2000. It aims at the improvement of the children's living conditions and offers them a career away from prostitution, out of misery and drug-abuse. Usually, the children and youngsters do not know their fathers.

Today, "New Light" runs an education centre for the lowest caste of Dalits ("untouchables" who represent the main part of the prostitutes), a community health centre, a computer education centre, a centre for law assistance and drug abuse aid, assistance for the distribution of small credits and a programme for income development, a girl's home – the "Soma Memorial Girls' Home" – and a centre for child care. Here, the little ones can take a "time out", away from their mothers while they are working. Future projects are the establishment of a bakery and a flower shop service, a boys' home, a HIV/AIDS care centre for adults, a local care centre for AIDS orphans as well as a care centre for HIV infected children.

The orientation of the project is completely secular. It is open to members of all religious communities, mostly local women and participants from regional districts. There are also women from Hindu speaking regions of the country and from Nepal and Bangladesh. Nepal is a favourite place for the recruitment of young prostitutes. Due to increasing AIDS infection rates, their age at the beginning of the job nowadays is between twelve and thirteen years.

A few years ago, Urmi Basu, the leader of the girls' home of Kalighat, founded a dance-group with youngsters from the project. One of the most important dance teachers of Kathak, the 64 year-old Pandit Chitresh Das, is in charge of the artistic management of the project. Under his attention, this famous North Indian dance is taught for about three years. Chitresh Das has continuously developed Kathak, without ignoring its roots. He now offers his knowledge to the children and youngsters of "New Light". With his project, he does a lot to overcome the social borders set by the Indian caste-system. According to Urmi Basu, the girls are supposed to learn how to organize their daily life independently in shared apartments under the attention of social workers. She herself is consequently working for the security of the girls and boys. Together with the girls, the boys are trained to learn a living-together without sexual or other discrimination.

In September and October 2008, the dance group of the "New Light" project toured through Germany, Belgium, France, Italy and Spain to present their Kathak performances at the "Kinder Kulturkarawane 2008" (Children's Culture Caravan). Shy and timid at the start, the girls soon overcame their anxiety and presented a fresh and happy dance performance. Lacking perfection was counterbalanced by their charms and youthful energy, cheerfulness and wonderful fast movements of arms and feet. Kathak was followed by traditional folk dances and Bollywood creations. The interview afterwards took place under the attention of the psychological guide of the young dance group, Anushva Ganguly.

The basic idea of the project is as simple as it is brilliant: To (re-)construct civilisatory structures by cultural work. In a country like India, there is no better way to do this than by dance and music: These two are playing an absolutely significant role in this country until today, representing the centre of culture, even though originating from the religious sphere. "New Light" shows that it is possible to sell the virtuous motions of dancing feet only, instead of the whole body, and, thereby, achieve a better future.

Assia Maria Harwazinski

MD Theses 2009

Alvarez, Natalie: Medical pluralism in South Africa: The issue of HIV/AIDS and poverty. Diplomarbeiten Ethnomedizin und International Health, Band 9, ISBN 978-3-902633-08-8

For my diploma thesis I spent several months in South Africa and researched the effects of HIV/AIDS on the South African people. My focus was mainly on children. I also looked at the influences of politics, ethnicity, race and history on HIV. Two months of the time I spent working in paediatric clinics with HIV positive children and spoke to patients and their guardians about various topics concerning their HIV status. Special concentration was on the topics of HIV transmission, especially mother to child transmission via breastfeeding; stigma around HIV; the South African HIV management and the politics around HIV.

The methods used were qualitative interviews and participant observation. The main findings were that the high incidences of mother to child transmission are due to tradition and politics. Following traditional beliefs breastfeeding is still very important in South Africa; however, only breastfeeding, which has a lower incidence of transmission than mixed feeding, is also not appreciated by the general public. Also the politicians unwillingness to allow dual therapy at birth, a therapy proven many times to reduce

transmission rates drastically in comparison to the single dose of Nevirapine, has unnecessarily kept vertical transmission rates high. The influence of poverty on HIV is clearly shown in its high rates in rural and poor areas. Also lack of education and HIV rates are proportionate. The stigma of HIV remains strong and makes testing and compliance to regimen difficult.

Minami, Nathalie: The repercussion of rape in the context of war. Diplomarbeiten Ethnomedizin und International Health, Band 10, ISBN 978-3-902633-09-5

Despite the signing of a peace agreement in January 2008, the ongoing conflict and disastrous humanitarian crisis in the eastern provinces of the Democratic Republic of Congo have cost over 5.4 million lives since 1998 and forced 1.4 million people to flee their homes. Within this conflict, there is another war being waged. This is a war that has consequences and repercussions that are difficult to quantify, yet are accepted to be so vast that it may be doing more damage to the nation than the guerrilla warfare itself. This war is a war of rape and sexual violence; a war in which there are no victors, just the vanquished. By their acts, the perpetrators, both civilian and military, extinguish the last traces of their humanity. The victims are forcibly violated and denuded of their right of choice and the affected communities disintegrate as the women, who are the stitches that hold the fabric of this fragile society together, are rendered worthless.

This research sought to allow these women's and their countless sisters' cries for help to be heard by the international community and to provide a better understanding of their African, regional and community specific circumstances. Through in-depth interviews with 18 rape victims and the analysis of their culture, their treatment and the aftermath of their rape experiences, data has been compiled and analysed to facilitate understanding of the multi-faceted issues that arise when sexual violence comes under the microscope in the context of Africa, DRC and a this heinous war of attrition. Portions of the analysed data have been entered into tables to extract statistics, provide comparisons and to establish if trends are present. Results and conclusions are provided for the tabled and non-tabled data.
This research provides an understanding of the scope and magnitude of the impact of rape on individuals and on society as a whole so that concise and rapid action by government and non government aid organisations can be implemented when and as required.

Soos, Christina: Ethnomedizinische und medizinanthroplogische Untersuchungen zu Malaria in Isiro, Demokratische Republik Kongo. (Ethnomedical study on malaria in Isiro, Democratic Republic of Congo) Diplomarbeiten Ethnomedizin und International Health, Band 11, ISBN 978-3-902633-10-1

Despite all the campaigns launched by various organizations, malaria is still a major problem in the Democratic Republic of Congo. The WHO reports that 90% of the deaths due to malaria occur in 19 different countries, where DR of Congo has the second highest incidence. For the majority of the inhabitants the preventive measures such as impregnated mosquito nets or intraresidual spraying are not available. Furthermore, for the rural population the modern anti-malaria medication is, due to lack of money, not available.

The field study in Isiro mainly focused on the individual prevention of the inhabitants, their behavior in case of getting ill with malaria and their traditional treatments. Moreover, an important issue was also the identification of the local illness concepts of malaria. The duration of the field study was ten weeks; the aims were explored with qualitative interview techniques, focus group discussions and participant observations.

The population in Isiro was not well informed about the cause of malaria. Most of the answers about the transmission mentioned for example the sun, air, obesity or birds. In case of disease people either go to a pharmacy or a health post; the majority treat themselves with Paracetamol or traditional plants for the first few days. The most commonly used plants are *Cympopogon citratus*, *Ocimum gratissimum*, *Azadirachta indica*, *Euphorbia hirta* and *Artemisia annua*. The same plants are also applicable for

traditional prevention, for either smoking the mosquitoes out of the house or for using them as oils. The results of this field study should be seen as a contribution to the improvement of prevention and therapy for the population.

Hung, Christina Yuh-Ron: Historical, clinical, epidemiological, and ethnomedical aspects of Schistosomiasis in China. Diplomarbeiten Ethnomedizin und International Health, Band 12, ISBN 978-3-902633-11-8

Schistosomiasis is the second most important tropical disease after malaria, and one of the most important diseases in China still affecting about 900 000 inhabitants, mainly in lake and marshland areas. The history of this parasitic disease in China is long and devastating. Findings have confirmed its existence as early as 168 B. C. and many accounts used terms like "village without villagers" or "village of widows" in association with this infection due to the high number of deaths. Even Chairman Mao devoted a poem to this endemic disease. Thanks to the Chairman's influence, the Chinese government has realized the importance of schistosomiasis control and has been working on the disease's control and eradication for more than 50 years. Since the start of this program, many adaptations have been made according to the current scientific opinion significantly contributed by China. "Big bellies" are seldom seen nowadays and several regions and provinces have managed to completely eradicate this disease. Perception of schistosomiasis and its control has also changed over the years. Improvements in the therapies, new diagnostic methods, and political decisions have influenced the population's attitude, beliefs, and thoughts.

One way people's attitudes and beliefs are shaped is through political changes, as the one child policy exemplifies. Furthermore, beliefs are diverse in the different social groups, as these beliefs are often shaped by education or local history. Throughout this paper, experiences with the disease and the disease's influence on everyday life are discussed. Although the Chinese national schistosomiasis control program has been a success, a lot of work and many challenges still lie ahead. In particular, the end of the World Bank Loan Project in 2002 and the completion of the Three Gorges Dam have caused many complications for the Chinese and their efforts to eradicate such a complex and vast spread disease.

Tasser, Corinna: Die weibliche Genitalverstümmelung. Wissensstand von ÄrztInnen in Wien und Südtirol und die gesetzliche Lage im Ländervergleich. (Female genital mutilation. Knowledge of medical practicioners in Vienna and South Tyrol and the legal situation). Diplomarbeiten Ethnomedizin und International Health, Band 13, ISBN 978-3-902633-12-5

FGM (female genital mutilation) is taking place in 28 African and some other nations. Due to increasing migration today this practice also occurs in western countries. According to these facts, medical professionals all over the world should know about FGM and how to treat affected women accordingly.

The study took place to discover lacks of information and how it might be possible to increase knowledge in medical professionals. In 14 qualitative interviews with gynaecologists from Vienna, Austria, and Southtyrol, Italy, basic knowledge of and experiences with FGM were investigated. Additionally, the legal situation in some European and African countries was being discussed. The results show that the interviewed gynaecologists had basic knowledge of FGM. However, there still is a lack of information. All interview partners were of the opinion that further education on FGM is necessary and an inclusion of FGM in medical education would be desirable.

Alder, Nora: Stellenwert der Homöopathie bei Allgemeinmedizinern. Eine qualitative Untersuchung zur Einstellung von Allgemeinmedizinern im Raum Wien zur Homöopathie als komplementäre Behandlungsmethode. (The significance of homoeopathy for general practitioners. A qualitative analysis of the attitude of general practitioners in the Vienna area towards homoeopathy as a complementary method of treatment). Diplomarbeiten Ethnomedizin und International Health, Band 14, ISBN 978-3-902633-13-2

Many patients in Austria wish to use and do use homeopathy as a complementary therapy. In most cases, the first person to address is their general practitioner. Hence, it seemed relevant to ascertain how this group handles the patients' wish for homeopathy. The purpose of my study was to investigate the importance of homeopathy in GPs' practice as well as their attitudes towards that method. The main questions concerned the use of homeopathy in practice, fields of application, experiences with the method, opinions about its effectiveness, handling of the patient's wish for homeopathy as well as a possible links to conventional medicine.

Qualitative interviews were used to collect data. Seven general practitioners from Vienna were chosen as interview partners. The interviews were tape-recorded, transcribed and analysed by the method "Zirkuläre Dekonstruktion". The GPs' attitudes to homeopathy as a complementary therapy can be described as tolerant-accepting. They appreciate the method in principle, but scarcely use it in practice. If they do, they mostly use complex homeopathic remedies which they prescribe on indications. The referral to doctors practising classic homeopathy is rare, partly due to a lack of information about existing offers. Fields of application are mainly seen in banal infections and diseases where conventional medicine has reached its limits. For severe or acute diseases, conventional medicine is preferred.

The patients' demand for homeopathic treatment expressed to the GP does not seem to increase. The reasons for this demand are mainly seen in the lack of side effects of homeopathic treatment and in scepticism towards conventional medicine. The patients using homeopathy are described as mostly young, female and well-educated. Although the interviewed GPs' attitudes to homeopathy are quite positive, the importance of the method in daily practice is rather low. Better information about fields of application, possibilities and limits of homeopathy for all doctors as well as better link to classic homeopaths would be desirable.

Ronge, Florian: Lepra im Senegal. Historische, medizinische und ethnomedizinische Hintergründe der Lepra im Lepradorf M'balling. (Leprosy in Senegal. Historical, medical and ethnomedical backgrounds of leprosy in the leprosy village of M'balling). Diplomarbeiten Ethnomedizin und International Health, Band 15, ISBN 978-3-902633-14-9

Epidemiological studies indicate that, although there is a lot of effort concerning the decrease in the prevalence numbers in leprosy since the introduction of MDT (Multi Drug Therapy), new case detection rates have decreased only marginally. An adequate explanation for this situation is lacking. Some experts suggest that this may be due to an unknown reservoir for transmission, a greater importance of sub-clinical transmission than expected or due to delayed treatment which is strongly influenced by the stigma and psychological impact of the disease. However, it points out that leprosy is very complex and should still be a topic of public health concern, especially in developing countries.
This study investigated the main factors causing the problem of controlling leprosy and also the different problems caused by leprosy in Senegal. They include, amongst medical problems after healing, the impact of the diagnosis on the psyche referring to discrimination and social stigmatization. Another aim was to point out the role of traditional healers in terms of treating leprosy, as in Senegal traditional medicine is still used extensively by the public. Qualitative methods were used to collect data in a leprosy village called M'balling, its surroundings and the central leprosy treating institution in Senegal named "Hôpitale Fann" in Dakar. Leprosy patients, health service providers, traditional healers and informants representing the public view in Senegal towards leprosy, were interviewed.
The findings reveal the following: The way of transmission in endemic areas in Senegal is indeed, as elsewhere in the world, insufficiently known, as cases of leprosy can only rarely be linked to close physical contact. It points out that sub-clinical contact and inoculation of bacteria from the environment is very likely in the investigated cases and that more research is needed to act preventively. Nonetheless, the main risk factor for transmission and severity of leprosy in Senegal seems to be due to delay in treatment. This is an outcome of stigma which was found to be very widespread in the region of investigation. Moreover, delay in treatment is also related to culture. Other risk factors are poverty and help seeking in traditional treatment, as there seems to be no really effective treatment for leprosy available in traditional medicine (in contrast to other diseases).

Riedl, Katharina: Interdisziplinäre Krankheitswahrnehmung zwischen Religion, Biomedizin und traditioneller Heilkunde in Uganda/Mbarara District (The perception of illness in relation to religion, biomedicine and traditional healing in Uganda/Mbarara district). Diplomarbeiten Ethnomedizin und International Health, Band 16, ISBN 978-3-902633-15-6

HIV is one of the major problems Uganda has to face today. In the context of medical pluralism, this work gives an overall view of the importance of religion, traditional medicine and biomedicine in the fight against HIV. Patients, experts, pastors and healers were interviewed and asked to point out there experiences with the illness. To underline this, the work also contained case studies of HIV positive patients. Another focus point was the different ways of prevention and therapeutic forms today. Particularly interesting was to point out the positive and negative aspects of the so-called Healing Churches, which are present in many parts in rural and urban Uganda. Furthermore different prevention programs were compared, with special emphasis on studies of circumcision and it's effect on HIV transmission rates.

Höfinger, Uta: Tuberkulose in Dharamsala. Public Health Aspekte und ethnomedizinische Hintergründe der Tbc in der Exiltibetischen Gemeinschaft Nordindiens. Tuberculosis in Dharamsala. Public health aspects and ethnomedical background of TB in the Tibetan excile community of Northindia). Diplomarbeiten Ethnomedizin und International Health, Band 17, ISBN 978-3-902633-16-3

Being responsible for 1.7 millions cases of death per year, tuberculosis is one of the major causes of mortality worldwide. Due to its high association with HIV/AIDS and the development of MDR and XDR-TB, it has become one of the major public health problems of our time. The high burden of TB strikes especially young people on the height of their reproductive age. Furthermore, TB is a major problem in refugee populations.

The focus of this field study lies on the Tibetan population in North India, which has enormous trouble fighting TB. This work investigated the reasons for the current serious situation with a mixed methods approach. Talking with both, patients and experts (doctors, nurses), the problem is examined from their personal views. Additionally to the interviews, participant observation was an important study method. The surrounding conditions such as the socioeconomic and medical situation have been explored and embedded into the research topic's holistic concept. Patients' concept of illness have been investigated and compared to expert's perceptions. The same strategy was used to explore the knowledge about TB. Both topics are essentially important for implementing educational programs. Summing up the results, risk factors and solution strategies have been described.

Obituary

Els van Dongen (1946–2009)

In the evening of 4th February 2009, Els van Dongen, anthropologist, colleague and editor of the journal "Medische Antropologie", died at the age of 62. Her death came after a long and painful sickness, a period of hope and desperation, of gratefulness for a rich life mixed with stubborn resistance to the unfairness of that same life.

Els was a gifted anthropologist and an unusual colleague. Students loved her teaching, original, sharp, concerned and full of entertainment. Colleagues admired her for her unbridled energy and productivity and her many talents. She was fast in everything she undertook and impatient if things went too slowly. She deeply disliked bureaucracy and its meetings.

Her anthropological life started late, at the age of 35. She first trained as primary school teacher, during which time she met her husband Leo Hulshof. From 1968 till 1978 she taught in two primary schools in the proximity of their beautiful house in the rural south of the Netherlands, near the Belgian border. In 1978 she decided to study geography. During that course she discovered anthropology, which she liked instantly. In 1982 she decided to join the new part-time evening course anthropology at the University of Utrecht. She combined the role of student with the care of her family. She completed her master's cum laude in 1988 with a thesis on the semiotic approach in the study of illness (1988).[1] That approach revealed her later interest in illness as a social event and a metaphor of conflict.

Six years later, in 1994, she defended her PhD thesis based on conversations with psychotic people in a psychiatric hospital. The title of her thesis *Zwervers*, *knutselaars*, *strategen* (Tramps, handymen, strategists) betrayed her aversion to psychiatric labels (1994a). She regarded the people she met in her research first of all as people out of tune with the "normal" society, but gifted with extraordinary skills and ideas. I am sure that she experienced "kinship" with them in their common "unusualness". Provocative also was the quote from John L. Caughey that she chose as device for her book: "'Schizophrenic' is perhaps best kept in its traditional sense, as a pejorative label for deviants whose visions we do not like." A few years later she would write that "madness" showed "that otherness is present in all of us. The otherness we fear" (2002b: 10).

In her book, which ten years later was published in a slightly revised English version (2004a), she sought to describe and understand how psychiatric patients experienced their world. She did so from the patient's point of view, focusing on the fears and hopes that characterise the life in a clinical mental ward. Dilemmas in that life are: How to express subjectivity in an atmosphere designed to restrain demonstrative emotion? And how to maintain personal integrity in a completely ordered regime? She portrayed the psychiatric patients as "wanderers" – homeless people, as it were – in an alien and hostile country, creating a "bricolage" reality from materials at hand. Although she often positioned the therapists and psychiatrists as representatives of an oppressive regime, she did not doubt *their* integrity either.

In 1996 she joined the staff of the Medical Anthropology Unit at the University of Amsterdam and began to play her key-role as teacher and researcher in our team. She taught both general courses in anthropology and specific medical anthropology modules on themes such as "anthropology and

psychiatry", "anthropology and chronic illness" and "medical anthropological ethnography in Europe".

She published a collection of six narratives by people she met in the closed wards of the mental hospital during her PhD research. The personal stories are alternated by her observations and comments. The book, she wrote in her prologue, was her debt to these people: "I became indebted because the people shared with me what they had: their stories and (part of) their lives." (2002b: 8) A little further she reflects: "When I went into the hospital, my aim was to study how people deal with mental illness and how mental illness could be understood from the perspective of the people themselves. Now I must admit that madness taught me more about the power of culture and the power of people than about madness" (2002b: 9).

The power of culture … In 2000 she co-edited a volume with contributions about the way Europe treated migrants in need of health care. A central theme in that volume is exclusion. It proved a recurrent theme in all her work: exclusion and marginalization of "others", such as psychiatric patients, migrant, refugees, victims of violence and older people.

When she turned her attention to older people in South Africa, she came home with touching stories about the beauty and warmth of old age but also with horrifying data of older people being abused and maltreated by their own children and grandchildren. In one article (2005a) she spoke of "social gerontocide". Invisible dramas unfold in poor households where the young generation despise and reject their older relatives for their passive role in the Apartheid era and try to "kill" them socially. But, she stressed, the older people are not helpless victims. They fight back and develop strategies to survive.

Research among older people drew her attention to remembrance. Being old consists of having many memories. Rejecting or silencing those memories, however, implies a rejection of the older people themselves. "It is almost as if the past never happened," one person tells her. In one of her last published articles (2008a) she quotes a common saying of the young silencing the old: "That was your time … This time is ours!" In other words: Shut up. The "culture of silence" in which they were forced to live during Apartheid is thus prolonged into the post-Apartheid era. That awareness of muted memories inspired her and Monica Ferreira, with whom she collaborated throughout the South Africa years, to bring out a collection of "untold stories" to give voice to the lives of older people in the new South African society (2004b).

Her last major publications were two edited books, one about lying and concealment in medical settings and one about distance and proximity during illness. The former, co-edited with her long-time friend and colleague Sylvie Fainzang, argued that lying is a way of dealing with major crises that people encounter, particularly during illness (2005b). The theme connects with ideas she has been airing from the very beginning: health problems are not only about health; they are linked to shame, exclusion, suffering and social violence. Lying in such circumstances may be the most effective medicine to restore the damage. But lying is mutual; those with power in medical contexts may exploit the lie as well, to maintain their position in the medical hegemony.

"Facing distress" (2007), co-edited with Ruth Kutalek, brought together papers of a conference of the European Association of Social Anthropology in Vienna. Distance and proximity constitute the ambiguity of the illness experience. On the one hand, illness leads to loss of independence and need of help and care by others; on the other hand, illness makes one lonely as it isolates the patient from normal social encounters and may scare others away. The pain of the sick body will thus be aggravated or replaced by the distress of ostracism.

In 1998 Els and I organized the first conference on "Medical Anthropology at Home" (MAAH). For Els doing fieldwork "at home" was a personal experience. For about ten years she had been doing research "around the corner" in a psychiatric hospital. For me, it was – and remained – mainly a dream. For both of us it was an attempt to contribute to the de-exoticisation of (medical) anthropology. The theme and format (small-scale/intensive discussions) proved successful and since 1998 the MAAH conference has been held every second year, in The Netherlands, Spain, Italy, Finland and Denmark. Els, Sylvie Fainzang and Josep Comelles became the driving forces. Els co-edited two voluminous special issues with conference proceedings (2001, 2002a) and remained active as

long as she could. She wrote a paper (2008b) for the last conference in Denmark focusing on her personal sickness and suffering, but was unable to present it. We discussed her moving self-reflection in her absence.

In 1990 Els published her first article in "Medische Antropologie". She described the social meaning of medicines in the psychiatric ward where she did her research. The medicines, she wrote, had a binding as well as an oppressive effect in the interaction between patients and staff. Relations between these two parties had the character of a combat in which medicines (taken or refused) replaced words. The article became a key-text in our work on "pharmaceutical anthropology".

In 1994 she helped as guest editor to make a special issue about *Zintuigen* (The Senses) and in that same year she joined the team of editors. She kept that position till the end of her life. "Medische Antropologie" has been the main outlet for her ideas on health, culture and violence, certainly in the first decade of her career. She wrote eighteen articles and comments and an uncounted number of book reviews for this journal and (co-)edited five special issues on "the senses" (1994b), "older people, well-being and care" (1997), "shit, culture and well-being" (1999), "medical technology and the body" (2002c) and "violence and human rights" (2005c). We, the editors, will miss her fast and sharp judgment in the evaluation of manuscripts, her invaluable editorial suggestions to the authors and her cheerful directness during our discussions. Another journal favourite journal for her was "Anthropology & Medicine", in which she published about the creation of cultural difference, lying and illness, and bodywork in nursing. From the beginning in 1994 she has also been one of the editors of the book series "Health, Culture and Society" which has brought out sixteen titles so far.

Els was a person with many talents. She took lessons in drawing and painting and produced beautiful canvasses with symbolic objects and portraits of relatives, friends, and people she met during fieldwork. Many of her productions can still be viewed on her website. She was also a filmmaker and photographer. The topics she chose for her photographs and films were sometimes from her anthropological research but often focused also on other things such as nature, everyday life and unexpected details such as the movements of hands during a conference.

Els has lived a very full life and accomplished more than most of us will be able to achieve in a life twice as long as hers. Even so, she was not always a happy scholar, perhaps feeling that her close colleagues did not fully understand or appreciate what she was doing. Close colleagues are sometimes more distant than those who are far away. Nevertheless, in this space, she carried on with her own strong and positive energy, becoming a popular guest lecturer in universities abroad and serving on various international scientific committees.

When her sickness grew more serious, about two months before her death, we decided to make a book of friends for her. Thirty-eight people, colleagues from Amsterdam, from other Dutch universities and from abroad, plus students and friends contributed brief essays (and one poem) that dealt with the themes that had been prominent during her academic life. They focused on people who are excluded or marginalised, because of their age, their illness, their "madness" or because they are living in violent circumstances. Other contributions were about people who are oppressed because they do not fit in the dominant discourse: people with HIV/AIDS, victims of (sexual) violence, refugees and migrants.

The title of the book "Theory and Action" was the name of a famous core module that Els taught in the Master's of Medical Anthropology and Sociology. In one of her papers she stressed that theory and action are closely connected in medical anthropology. "Theory helps us to bear our ignorance of facts," she quoted George Santayana. Facts, she continued, acquire their meaning from what people do to them, in this case anthropologists and the people they are working with. Theory provides a way of finding pertinent meanings and making intelligent interpretations that open the door to relevant action. She then cited the famous line from Kurt Lewin that there is nothing so practical as a good theory. A good theory is practical because it enhances understanding and produces the questions that really matter in medical anthropological research.

,In her module, Els discussed with the students that problems of ill-health and suffering should be regarded in their historical, political and economic contexts and how larger social and political forces shape relations and actions and cultural imagination at the local level. The necessary – but

often difficult – cooperation between anthropology and health workers received special attention. Questions that were addressed during the course included: Why do we need theory? Which theories are relevant? How can we link macro, meso and micro theories with practical work?
"Theory and Action" constitutes both medical anthropology's ambition and its weakness. The frequent criticism that medical anthropology receives from those who work in the heat of the day confirms that, unfortunately, much academic work remains largely or totally useless to "actors" in health care. Nearly every contributor in the book struggled in one way or the other with this dilemma and with the challenge of proving the practical relevance of theory.
When her condition became critical, we decided to tell her about the book and gave her the list of authors and the titles of their contributions. She was overwhelmed and deeply moved when she saw the list of so many friends. She gave us one of her paintings for the cover of the book and allowed us to include one of her last essays that dealt with her own illness and the way people express their connectedness in times of suffering and uncertainty (2009). Four weeks later we brought the book. I held a short speech and she responded directly and with humour. She was almost too weak to open the paper wrapped around the book. We drank a glass of wine and had a lovely lunch while she observed us from the sofa. She read the essays and reacted personally to many of the authors. Ten days later she died. On the 9th February we said farewell to her in a ceremony full of music and words of comfort.

Sjaak van der Geest

Notes

[1] Years between square brackets refer to the publications listed at the end of the obituary.

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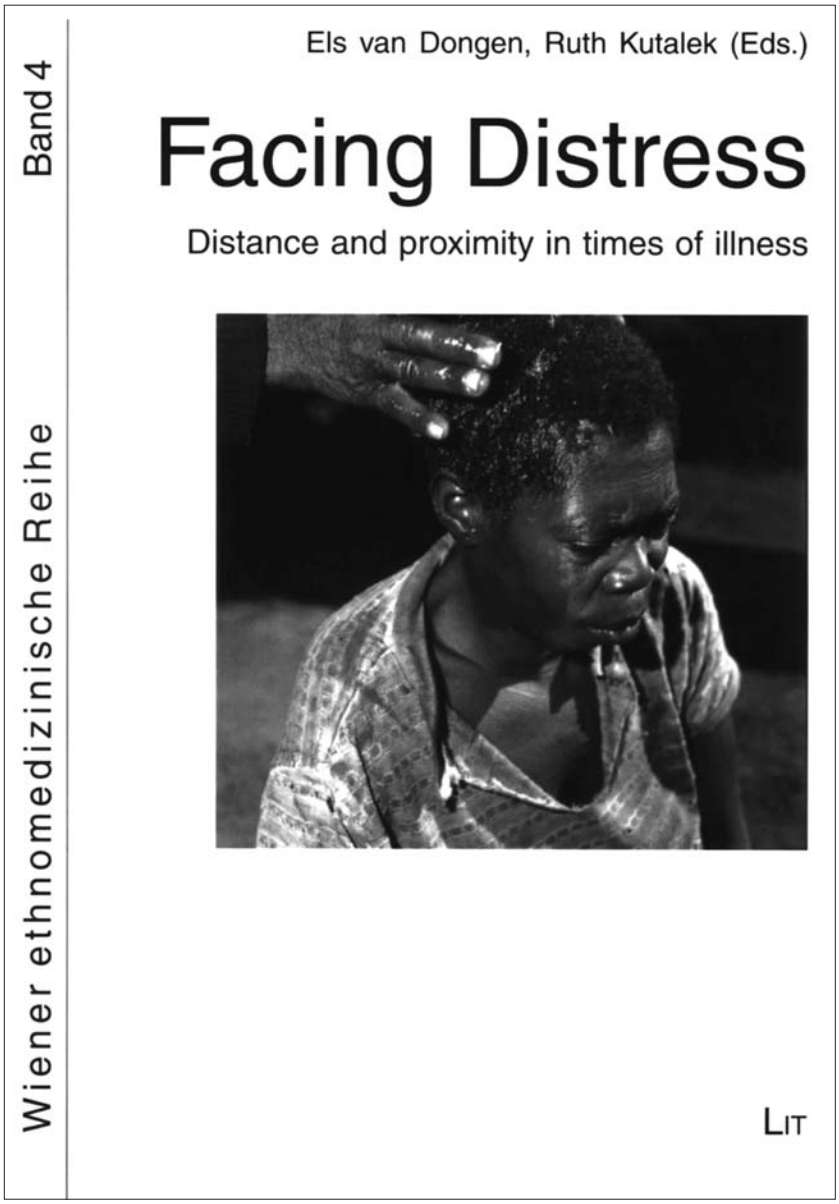

Wiener ethnomedizinische Reihe
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Distance and proximity are concepts par excellence to describe what may happen in times of illness and suffering. When one faces distress and suffering the need of proximity of the sick or suffering person may manifest 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.

This book is supposed to be a warm thanks to all those who have supported the Austrian Ethnomedical Society (Österreichische Ethnomedizinische Gesellschaft) in the last three decades and who have turned it into what it is today. The 29 authors of this volume have been connected to the Society and the Unit Ethnomedicine and International Health, Medical University of Vienna, in various ways. Apart from our guest professors John Janzen, Wolfgang Jilek, Ma Kanwen, Margaret Lock, Richard Ralston, Sjaak van der Geest and Zohara Yaniv, many other medical anthropologists have contributed to this volume.

After giving an introduction to the history of the Austrian Ethnomedical Society and other ethnomedical institutions, a selection of theories and research topics in current medical anthropology and ethnopharmacology is presented.

This book is also dedicated to Els van Dongen and Nina Etkin, two medical anthropologists of international format and guest lecturers at the Unit, who recently passed away.

Ruth Kutalek and Armin Prinz are Assistant Professor and Associate Professor at the Unit Ethnomedicine and International Health, Department of General Practice, Center for Public Health, Medical University of Vienna.

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Während über den haitianischen *vodú* bereits zahlreiche Werke namhafter AutorInnen erschienen sind, verhielt sich die Scientific Community angesichts des Ostteils der Insel Hispaniola – der Dominikanischen Republik – bisher eher zurückhaltend. Dies liegt nicht zuletzt an ihrer Einschätzung als Touristenparadies und der daraus abgeleiteten Annahme, dass *vodú* und andere zu Heilzwecken eingesetzte kreolische Manifestationen dort schon sehr selten geworden sein müssen. Die Autorin hinterfragt diese Annahme und zeigt überraschend vielfältige Strategien auf, die in der Dominikanischen Republik – abgesehen vom Arztbesuch – in physischen und psychischen Notlagen zur Anwendung kommen. Die Bandbreite reicht von Heilszenarien, bei denen unter Anrufung katholischer Heiliger mittels Handauflegen „gesundgebetet" wird, über Exorzismen, bei denen krankmachende eingedrungene Geister auf lebende Tiere übertragen werden, bis hin zu „Besessenheitsriten", die von rhythmischer Trommelmusik begleitet sind und der Aufrechterhaltung und Wiederherstellung der Balance zwischen Menschen und Geistern dienen. Trotz strukturellen Ähnlichkeiten will man sich in der Dominikanischen Republik aber deutlich von der Praxis der benachbarten Nation abgrenzen. *Vodú?* Das ist Sache der anderen!

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Photograph last page

In the evening of 4th February 2009, Els van Dongen, anthropologist and editor of the journal "Medische Antropologie", died at the age of 62.
In her painting she reflects her anthropological research in a mental hospital. "She regarded the people she met in her research first of all as people out of tune with the 'normal' society, but gifted with extraordinary skills and ideas. (…) She sought to describe and understand how psychiatric patients experienced their world. She did so from the patient's point of view, focusing on the fears and hopes that characterise the life in a clinical mental ward. Dilemmas in that life are: How to express subjectivity in an atmosphere designed to restrain demonstrative emotion? And how to maintain personal integrity in a completely ordered regime?" (van der Geest, this volume)

Old woman in mental hospital, painting by Els van Dongen (1947–2009)

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