“Endless disorder!”

Winks of a native to his ethnographer

Sjaak van der Geest

There is nothing more instructive for an anthropologist than to be placed in the position of a native subjected to anthropological inquiry and – later on – to read what the anthropologist found out about him and his tribe. Reading Nicoletta Diasio’s article about Medical Anthropology in The Netherlands nearly provided that instructive lesson; nearly, because she did not write about me/us and my/our tribe but about my/our ancestors.

Diasio calls for a revitalisation of historical awareness in Dutch medical anthropology. Her point is well taken. Few medical anthropologists in The Netherlands have ever heard of Bontius, Pruys van der Hoeven or Van Ossenbruggen, leave alone that they have read their works. It takes a visitor to make you realise that you had ancestors who did more than just their job. For an Amsterdammer it is ‘healthy’ to discover that most of his ancestors are from Leiden. Her article reveals interesting links between these old masters and ideas now current in medical anthropology, not so much in The Netherlands, however, but in France, if we may believe Diasio.

That the precursors of Dutch medical anthropology were medical doctors is not unique for The Netherlands, of course. The same occurred in other countries where medical anthropology emerged as a discipline. Anthropology did not exist at the time and it was mainly colonial officers and missionaries who took up ethnography as a ‘pastime’. (Strangely, except for the title, traders and missionaries are absent in her essay – nurses are another chapter...). That *doctors* took an interest in customs surrounding health and disease was to be expected.

It is surprising, however, that *after* the arrival of anthropology as a separate discipline, medical doctors practicing medical anthropology *avant la lettre* continued to overlook (boycott?) anthropologists and that anthropologists also kept a distance to medical issues in their research.

My tentative explanation is the initial weariness of applied anthropology, which dominated the post-colonial era of anthropology. In the fifties and sixties, most anthropologists fostered the principle of – as much as possible – non-intervention. 'Proper' anthropologists, it was believed, should not make their hands dirty on government- or mission-initiated development projects. Problems of illness and death were first of all to be studied as occasions for social conflict and religious ceremony. Illness and death themselves did not really interest them. Only when they occurred in their immediate environment and touched them personally were they likely to become more actively involved. Many anthropologists, for example, distributed medicines to members of 'their family' and to neighbors and helped them in other ways. Some anthropologists were known to 'play doctor' and even held 'consulting hours'. Such activities remained, however, entirely separated from their scientific work and did not lead them to anthropological reflection. They were not only activities that fell outside the scope of their research, they were even in conflict with the 'rules' of proper anthropological fieldwork: non-intervention, participant *observation*, with the emphasis on the second word.

The 'classic' anthropological allergy to biology added probably to anthropologists' reluctance to get involved in medical things. It was only in the 1970s that anthropologists 'discovered' body and biology as cultural phenomena and became fascinated by medical topics. That was the moment that medical anthropology in The Netherlands – as in many other countries – became a recognised and popular field of study within cultural and social anthropology.

In yet another sense, the origins of Dutch medical anthropology were 'alien': it had to take place on foreign territory. With some exaggeration one could say that not the topic but the topos made a study 'anthropological'. Studies on social and cultural aspects of health, body, mind, emotion and well-being, that would now be considered as typically anthropological, but which took place in Dutch society were not considered anthropological. Conversely, work done under the tropical sun was embraced as anthropologically relevant, even if it was rather far removed from anthropology in theory and method.

One example: the pioneering studies of the physician, biologist, psychologist and philosopher F.J.J. Buytendijk (1887-1974), mentioned in Diasio's text, are hardly ever referred to in the publications of the early Dutch medical anthropologists. Buytendijk's main concern can be characterised as a consistent attempt to overcome the body/mind dichotomy, a theme which about thirty years later became one of the main inspirations for medical anthropologists. Using data from physiology and ethology, Buytendijk tried to make the ideas of the French philosopher Merleau-Ponty about body-subject plausible and acceptable to a forum of hard scientists. He argued for an 'anthropological physiology' and applied his views to bodily reactions such as sleeping and being awake, pain, being thirsty, blushing, sweating and fainting. Buytendijk was closely affiliated to the Heidelberg group in Germany where Viktor von Weizsäcker, Herbert Plügge, Thure van Uexküll and others worked for a non-dualistic brand of medicine.

Buytendijk argued that there is subjectivity and meaningful reacting, in physiological processes. At the time, his publications were not thought to be relevant to cultural anthropologists but that negligence was mutual. Buytendijk took his inspiration and data from biology and psychology, from human beings as well as from animals, but never referred to studies of people in other cultures. It is doubtful that he ever read anthropological work.

I started this comment with the observation that Diasio does not write about us but about our ancestors. But *did* she? She writes in the present tense (not an ethnographic present) when she characterises Dutch medical anthropology as an entanglement of "idealism and disenchantment, pragmatism and the exercise of doubt", "open to other disciplines (linguistics, politics, economics)", "variety of subjects of investigation", "heterogeneous nature of the theoretical references", "doubt about its identity", and "propensity for involvement."

As an anthropologist, I will be the last to denounce a fellow anthropologist's interpretation of my culture. After all, many interpretations are defendable and almost anything goes when it comes to general statements about a culture. What I *do* expect, however, is that the author supports her interpretation with ethnographic data: interviews with informants, documentary sources, etc. Strangely, her data stops where that interpretation starts: somewhere around 1970.[1] All we hear from *living* informants in Dutch medical anthropology is that they regard themselves as unimportant and uncreative. Only one is quoted, Loes Schenk (who will be surprised to find her name mentioned in this context), criticising her colleagues for not caring about the suffering of their informants during fieldwork.

How did Diasio reach her conclusion that Dutch medical anthropology is heterogeneous, doubting its identity, inclined to applied research? Her historical trajectory does not provide the key. Her interpretation of the past rather seems to be inspired by her conclusions regarding present-day Dutch medical anthropology.

The main clue for her view of Dutch medical anthropology seems to be derived from Hofstede whose concept of culture, ironically, is decried unanimously by Dutch anthropologists, one of the rare instances of 'homogeneity' among them.

However, I do not disagree with her characterisation of Dutch medical anthropology as heterogeneous and lacking a clear identity. She is right, we are a motley crowd (*bont gezelschap*) without proper canons of theory and rules of method. I may well have told her this when she interviewed me many years ago.

When I look at our own team of medical anthropologists, the "Amsterdam school", that wide variety of themes, theories and methods is obvious (although we do have some powerful leading themes: cultural meanings of medicines, dynamics of medical knowledge and technology, immunisation and culture, reproductive health, long-term

care, children, culture and psychiatry, see MASU 2003, MAU 1997). And she is right: that diversity does not worry us. *Should* we be worried?

Sometimes it does worry me. Our “respect for difference” and “fear of divorce” has another side. We do not make headlines in anthropology; we did not found a ‘school’; we did not leave a distinct footprint in the history of (medical) anthropology. We worked hard and wrote good ethnography, but where is the “theoretical depth”? Eclecticism usually breeds contempt.

Or is there comfort in the adage: Theories will go, ethnographies remain?

“A genuine Dutch medical anthropology”? The only genuineness I can think of is the recognition that there is no such thing as Dutch medical anthropology. We are masters of relativism, dissuasive of our achievements and averse from chauvinism.[2] Is it because of the smallness of our country, our language? The self-praise, which has become a custom – and strategic necessity – in our discipline fills me with (vicarious) embarrassment; nothing as humiliating as glorifying oneself. There may be ‘national culture’ in the Dutch proverb that self-praise stinks. Are we too proud to promote ourselves?

But our Belgian colleagues do not find us modest and dissuasive.

She speaks of the proliferation of medical anthropology in The Netherlands. Does it not apply to anthropology in general?

A true point: we were writing prose without knowing it. It was only after an American colleague in the *Biennial Revue of Anthropology* told us that what we were doing was called Medical Anthropology that we became medical anthropologists.

One can hardly say that medical anthropology in The Netherlands succeeded in becoming a mediator between medical science and social science. Most medical anthropologists see themselves as ‘pure’ anthropologists and resist adoption into medical institutions. Conversely, their habit of culturalising medical issues may antagonise medical professionals and rather enlarge the distance between the two disciplines.

Taking into account the present epidemiological transition one would perhaps expect that anthropologists will gain more recognition from their medical colleagues. Chronic disease and old age take an increasing amount of attention. The emphasis

shifts from active medical intervention to care and social attention. The role of the social and cultural context becomes more important and so does the study of this context by anthropologists.

The growing number of citizens from foreign origin with different cultural perceptions of health and medicine constitutes another factor that could increase the need for anthropological involvement in health care in Dutch society. It hardly happens, however.

The answer of the medical profession to the growing awareness of the importance of culture in dealing with health and health care is that they themselves become 'anthropologists', picking a few methodological 'tricks' of qualitative research from their anthropological colleagues and doing the job themselves.

Dutch anthropologists are largely absent where one would expect them most: in medical schools and in applied research among migrants in The Netherlands.

The life of Vincent van Amelsvoort can serve as an 'emblem' of the uneasy bedfellowship of medicine and anthropology.[3] Van Amelvoort, who died in 2001, was a tropical doctor with a keen interest in culture and can be regarded as a pioneer of Dutch medical anthropology. Diasio's characterisation of him is not entirely fair but it is true that his passion for (medical) anthropology was driven by his medical ideals. His anthropology was no doubt an anthropology *in* medicine and he was increasingly worried and frustrated by the lack of commitment and academic stand of medical anthropologists. He lamented and criticised the esoteric style of anthropological writings, which did not contribute in any way to better health and often felt misunderstood by the new generation of medical anthropologists.

Vincent van Amelsvoort would certainly not have been enchanted by this article by Nicoletta Diasio, which – he would say – indulges in philosophical subtleties and shows little concern for the misery of sick people. The (French) anthropology of misfortune that she embraces seems more concerned with academic prose than with sick people.

Personally, I appreciated her exposé on the range of thoughts of my ancestors and largely recognised her – though unsubstantiated – profile of Dutch medical anthropology: "Endless disorder"? You may be right (wink).

Notes

Sjaak van der Geest is professor of medical anthropology at the University of Amsterdam. Parts of this comment draw on an earlier sketch of the 'foreign' beginnings of medical anthropology in The Netherlands (Van der Geest 1996).

1 She also ignored the few attempts of Dutch medical anthropologists to sketch their field of research and their history (Buschkens 1982, Richters 1983, Streefland 1986, Van der Geest 1996).
2 For more discussion on the allergy of Dutch medical anthropology to self-congratulation, see some of the essays on 'academic ethnocentrism' in Van der Geest & Reis 2002.
3 For more information on Van Amelsvoort, see Braakman 1986.

References

Braakman, M. (ed.)
1986 *Gezondheidszorg en kultuur kritisch bekeken. Medisch-antropologische opstellen aangeboden aan Prof. Dr. Vincent F.P.M. van Amelsvoort*. Groningen: Konstapel.

Buschkens, W.F.L.
1982 R.A.J. van Lier en de ontwikkeling van de Leidse Medische Sociologie voor Ontwikkelingslanden. *In*: B.F. Galjart e.a. (eds), *"Een andere in een ander." Liber amicorum voor R.A.J. van Lier*. Leiden: ICA-Publications No. 52, pp. 163-73.

Diasio, N.
2003 "Traders, missionaries and nurses", and much more. Early trajectories towards medical anthropology in The Netherlands (1660-1970). *Medische Antropologie* 15 (2): 263-286.

MASU (Medical Anthropology/Sociology Unit)
2003 *Social studies of health and health care. An overview of projects and publications (1997-2002).* Amsterdam: MASU.

MAU (Medical Anthropology Unit)
1997 *Research by the Medical Anthropology Unit, University of Amsterdam: An overview of projects (1993-1997).* Amsterdam: MAU.

Richters, A. (J.M.)
1983 De medische antropologie: Een nieuwe discipline? *Antropologische Verkenningen* 2 (3): 39-69.

Streefland, P.H.
1986 Medical anthropology in Europe: The state of the art. The Netherlands. *Medical Anthropology Quarterly* 17 (4): 91-94.

Van der Geest, S.
1996 Het 'vreemde' begin van de medische antropologie in Nederland. *Medische Antropologie* 8 (2): 324-39.

Van der Geest, S. & R. Reis (eds)
2002 *Ethnocentrism: Reflections on medical anthropology*. Amsterdam: Aksant.