

Towards medical anthropology in The Netherlands

Reply

Nicoletta Diasio

My thanks go to those contributors who took the time and trouble to read my paper and make such useful comments. Anke Niehof gives a more complete picture of the Leiden anthropology than I was able to paint, and I am grateful to her for the references to the works of Maijer and Kloppenburg-Versteeg. Her bibliography is an invaluable resource for further thinking on the subject.

As concerns the history of the discipline, I should like to comment on Van der Geest's remarks on the refusal to engage in an applied anthropology that is said to have characterised the 1950's and 1960's. The theoretical stances (non-intervention, observation, neutrality) frequently came up against implicit, un-said practices, which went far beyond the distribution of medicines and the consulting hours he mentions (indeed, in my view these play a significant role in data gathering, interactions with informants, and in the status of the researcher in the field). Evans-Pritchard's highly critical remarks on the involvement of ethnologists in mixed research teams (1946, 1976) are clear evidence of the cooperation between, and of the uneasiness affecting, post-war researchers like Fortes and Firth in Great Britain, Bastide in France and De Martino in Italy (not to mention the North American researchers).

I understand that the word 'genuine' made Van der Geest start. And with good cause: indeed, the term is ill chosen and does not reflect the connotation in the passage. My thesis aimed to sound the various medical anthropologies off each other, each one being not only affected by the others but also the product of a mix of sciences now considered as quite distinct. I had the privilege to work under François Raveau, who was an anthropologist and doctor, and whose anti-dogmatic approach, intellectual curiosity and generosity are still examples for me today. He taught me always to consider the possibility of another anthropology beyond any method, subject or idea, and he would never have subscribed to the move towards disciplinary purification that the word 'genuine' implies. I acknowledge my error. It is also true, as Richters writes, that I read the Dutch experience in the light of British, French and Italian experience, and that basing my paper on a chapter of my book, itself part of a much wider comparison, gives an ontological character to the specific features of Dutch anthropology. A Dutchman or Italian sees himself as Dutch or Italian in the mirror of the other. As Ferrero said in 1929 on the subject of literature: 'European literature is one, which, in depicting one country,

implies all the others. The European writer should not, therefore, going into exile out of lust for the foreign, but seek to understand the implicit behind his acquaintance with the world. All written works are the fruits of comparison' (in Gnisci 1988: 37).

Reysoo raises a real, pertinent problem: how can comparable units of meaning be constructed? Can understanding of the other be approached other than through the cognitive clash – implicit or not – between a set of concurring evidences (Hocart 1936) and the categories – history, culture, experience – of the researcher?

Essentialist leanings appear from time to time in the history of the discipline, and would seem to be present in certain comments. I have never said that the Dutch "should be worried about their diversity" (Van der Geest). On the contrary, I maintained that such diversity is an asset, and I believe it serves as a caution for any body of knowledge that considers itself more homogeneous and coherent than it really is. If you are "masters of relativism, dissuasive of your achievements and averse from chauvinism" so much the better, show us then how we can be that too, but without disturbing your Belgian neighbours on the way. One of the reasons I became interested in Dutch medical anthropology is that in accepting its diversity, it brought into light the diversity of anthropology in general and of medical anthropology in particular.

The tension between the heterogeneous and the specific brings us back to the problem of borders. Unlike edges, which can be defined as series of points, a border has depth. It is not so much a no-man's-land as a buffer zone: a wide un-defined area full of dynamic, creative elements, and not merely a device for separating and categorising the real. It stands on the periphery of a system and is potentially at the centre of another. By definition, medical anthropology is situated on disciplinary borders and draws its substance from them. From my point of view, the subject poses itself in epistemological, and not, as Richters writes, in ontological terms. Medical anthropology developed out of different, at times conflicting, disciplinary approaches to knowledge and of historically changing ways of differentiating between subject areas. Even if Buytendijk is not, and was not, considered a medical anthropologist, he did mark out a field which, given the configuration of knowledge in his time, came within the compass of anthropology and showed the multiple meanings of the term: hence, the richness, but also the lack of precision of medical anthropology as a sub-discipline.

The "alien" character (Van der Geest) of the origins of Dutch medical anthropology, like the ex-centricity of writers such as Morel, Zanetti and Rivers in other countries, does not seem to have been affected by time. Richters, like Van der Geest, regrets the placing of medical anthropology at the intersection of disciplines while emphasising its existence as a separate subject area. But is it not its very existence on the periphery that makes it rich? In my view, a highly specialised medical anthropology would remain impervious to studies in kinship, religion, economics, politics and so on, and could not fulfil the function of reflecting the complexities of reality. The border area is full of what Mary Douglas calls ambiguous symbols – signs that are placed in different categories at one and the same time, and that indicate different levels of existence (M. Douglas, 1967). However, I am aware of the professional risks that a sub-discipline called medical anthropology implies and, as is apparent in some comments, of the problems involved in defining borders and also in transgressing them.

As for the title, given the reactions it provoked and the many requests I received to change it, I still find it is highly pertinent. In the ordinary sense, the word 'missionary' evokes a hint of self-righteousness; 'nurse' – ethnography of the concrete; 'trader' – pragmatism with a view to obtaining results. The recourse to stereotypes was designed to bring out, by way of contrast, the complex and the irreducible. It does not, of course, do justice to those nurses who toiled tirelessly in the background coping with the gore of war. Our culture has never given full recognition to these women whose work is now largely forgotten, and I am aware of having contributed to this. It does not do justice either to the missionaries who generally did far more than simply act as censors (in the do-gooder sense) and concern themselves with the welfare of others. Finally, it does less than justice to those traders who financed anthropology.

As for the accusation that I indulge in French academic prose, I first received it as a compliment. I can only add that I had already heard the stereotype of the French intellectual, concerned more about *how* he speaks than about *what* he says, in G.B. Shaw's *Pygmalion*. And my attitude can hardly be French chauvinism, as I am Italian. Finally, being an anthropologist, and not a doctor, my concern is only to help the sick through my writing and ideas. I find the insistence of my readers on the Frenchness of my writing both amusing and disquieting: I feel like that character in Pirandello's *Così è se vi pare*: who am I – *la signora Frola* or *la signora Ponza*? A genuine Italian?

I shall not answer the comments of those contemporary Dutch anthropologists who reproach me for not talking about contemporary Dutch anthropologists. I deliberately chose not to examine the work of the intellectuals I interviewed in my field in 1993-1994. Though this may weaken my point, it did not seem right or even useful from a methodological point of view to mix the roles of informant and analyst in a paper focused on forerunners. The present tense I use is the historic, not the ethnographic present. Making all due allowances: "all history is contemporaneous", said Croce, whose courageous resistance to Fascism through 'philosophical subtleties' will long be remembered.

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