

Introducing “Violence, health and human rights: Challenges for medical anthropology”

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Violence, though an unspeakable reality, paradoxically demands speech.

The 2004 annual symposium organised by the journal *Medische Antropologie* focused on the theme ‘Violence, health and human rights: Challenges for medical anthropology’ (Richters 2004). It was held in Amsterdam on International Human Rights Day. December 10, 1948, the General Assembly of the United Nations adopted the Universal Declaration of Human Rights. The idea behind the Declaration was that the horrors of the Second World War should never be allowed to reoccur. Two years later the same General Assembly invited all states and interested organizations to observe December 10 as Human Rights Day, to mark the adoption of the Universal Declaration; more specifically, to remind us of persisting human rights problems in our communities in the world, and of the enormous efforts still required to make human rights a reality for all.

Human Rights Day 2004 was dedicated to human rights education, designating the conclusion of the United Nations Decade for Human Rights Education (1995-2004). In response to a call by the UN Secretary-General Kofi Anan, future initiatives for the enhancement of human rights education worldwide were discussed by the General Assembly “in order to develop and nurture in future generations a culture of human rights, to promote freedom, security and peace in all nations” (Anan 2004). We may consider Anan’s appeal to the world to integrate human rights issues in curricula also as a challenge for medical anthropology: the challenge to step up our efforts to address these issues in teaching. We believe that, although many students from conflict or post-conflict societies come to the Netherlands for further study in medical anthropology and public health, there is still little attention for the theme of violence and human rights in the international curricula of the postgraduate and advanced masters and PhD programs offered to them.

While medical anthropology has always addressed human rights issues, such as ‘the right to health’, its explicit focus on violence developed more recently. Particularly during the last decade has medical anthropology given more attention to this issue. In the ten papers discussed during the symposium a whole range of concepts of violence was presented. Some papers focused on one specific type of violence, others on diffuse forms of it or on the continuum of violence in people’s lives. The concepts

included symbolic violence, sacrificial violence, social death, social suicide, social geronticide, physical violence, sexual violence, psychological violence, gender violence, female circumcision, violence during pregnancy, domestic violence, torture, living in fear, lack of safety, day-to-day hidden violence, massive public violence and the denial of the right to asylum. The human rights aspects of these kinds of violence were not always explicitly discussed but were always present. It was striking that the concepts of health and disease remained in the background. A few of the other concepts that returned in several papers were suffering, safety and (in)security, silence and/or denial, memory, justice, and the body (specified as, for instance, embodiment, bodily memories, the mindful body, the motivated body, the tortured body, the gender body, and the racial body). We believe that these concepts are worth to be further developed. The methodological approaches taken in the papers ranged from ethnographic and psychoanalytic, to epidemiologic, and from very empirical, very personal to more abstract and distant. All this gave us insight into the potential of medical anthropology, which has certainly a great deal to offer to the body of knowledge on the cross-sectional *terrain* of violence, human rights and human suffering.

Between the symposium papers and also between the articles in this special issue, various linkages can be made. This can be seen as a start to apply theoretical concepts of one paper to the analysis of field material in another paper. However, these concepts need further elaboration and reflection. The findings of the papers raised serious questions such as what is violence? Who defines it? Is it possible to elaborate a more general theoretical perspective on violence from papers that describe a specific form? Behind the many questions that can be raised, there is a more serious one: what will be the benefit of developing a theory of violence and injustice? What if we succeed in making violence understandable and explicable? Wouldn't it be similar to what Adorno (1951) has written on the use of art as a way to deal with the atrocities of the Holocaust? "Art takes the sting out of suffering" (Adorno 1981: 34). Theories, like art, impose order and create meaning while violence defies order and meaning. We will have to deal with this paradox. Violence destroys the "master narrative" of "the liberation of humanity" (Jameson 1984) and for this reason medical anthropology will have to focus on 'human rights and justice'. The papers of the symposium and the articles in this issue explicitly or implicitly do so. Their contribution to a perspective on justice for example, can be illustrated by the conclusion in one of the articles (Van Dongen): "Social justice – a prerequisite to stop preludes of genocide/gerontocide – is less a matter of equal distribution than a matter of patterns of interaction, through which life is lived". This applies to what has been written in most of the papers. Gibson, for example, points to the relevance of anthropological informed violence studies when one wants to do justice to stories of victims of violence.

During the symposium it became clear that situations of violence are not just insecure but often also ambiguous. It was amply demonstrated how people deal with such situations in their daily lives. In some of the papers, it came to the fore that people often do not contemplate on wider issues of violence and justice. It seems as if they are unable to think outside the daily contexts of their lives, although these contexts are often horrible enough. Is this what Hannah Arendt (1963) has called "the banality of

evil”, or others “the evil of banality?” Papers also pointed out how people try to make sense of violence. Remembrance, silence, denial, moralising and ‘body techniques’ are important strategies to deal with the threat and uncertainty of violence (see for example Rosenkrantz and Henriksen, this issue).

At the symposium many issues that were raised by Annemiek Richters in her leading article (Richters 2004) were taken up, but many also were not. Although medical anthropology has substantially contributed to the body of knowledge in the field of violence and human rights during the last ten years, we believe there is still much work to do. The large number of participants at the symposium made clear that there is a great potential in developing the theme. Five articles in this special issue are based on papers presented and discussed during the symposium; one was submitted after it.

In the first article, Els van Dongen shows with ethnographic material from South Africa how the violent past and present shape the lives of many older people and their relationships with children, grandchildren and others who are younger. She argues that among the members of black groups, usually considered as victims of the Apartheid system, justice and human rights may be even violently wrung from each other. This struggle emphasizes that human rights dynamics are continuously and even violently shaped by social interaction. This may lead to social death and – in the case of many older people – even to social gerontocide.

The second article is on South Africa as well. Based on fieldwork in Cape Town, Diana Gibson touches upon social murder. She discusses how efforts to address rape are hampered by financial and personal constraints. She illustrates with harrowing cases the ways in which women transformed acts of rape ‘into something more sexual than power’. Such strategies can be seen as negotiations about ‘a fragile line between their own trauma and the possible further exposure to societal violence if they disclosed it as the life altering experience of rape’.

In a third contribution about South Africa, Marie Rosenkrantz and Ann-Karina Henriksen focus on strategies of safety among adolescents in Cape Town. They show that fear of violence may condition everyday practices in which embodied knowledge about gender, class, race is (re)produced. The authors’ attempt to develop a theoretical framework of ‘strategies of safety’ will be an inspiration for future research and policy.

In an article on domestic violence during pregnancy in Turkish and Moroccan communities in the Netherlands, Dineke Korfker and her co-authors discuss how carefully midwives have to manoeuvre to make this violence discussable. The authors show how difficult domestic violence is to identify, because the women do not report on events that Dutch health care providers would consider as violence. In their article the authors link their approach to Nancy Scheper-Hughes’ concept of “small wars and invisible genocides daily enacted by ordinary citizens in homes” (Scheper-Hughes 1996).

Francine van den Borne’s article on women in urban Malawi mainly focuses on structural violence. She argues that prevention of HIV and AIDS often is irrelevant because of severe socio-economic and gender inequalities. Women’s agency to prevent HIV/AIDS “is limited since their daily experienced structural violence perpetuates the AIDS epidemic”. The author uses an unusual – and ethically contested – method to

obtain in-depth knowledge of women's experiences and strategies. She does not avoid a discussion about her method and maintains that, although very cautiously, a researcher has to make such a choice in order to gain understanding of 'what is really going on'. Based on that inside knowledge, she concludes that the simple, straightforward promotion of the negotiation about condom use in multiple partner relationships does not have any effect.

Joop de Jong argues for an interdisciplinary approach in the study of psychic health consequences of violence. Analysing the anthropological critique of Breslau (2004) on the concept post-traumatic stress disorder (PTSD) and its use, he calls upon psychiatry and anthropology to bridge their respective universalistic and relativistic points of view. Based on work with Bhutanese refugees in Nepal who had suffered torture, De Jong illustrates the complexity of experiences of violence. He states that a worldwide inventory of local expressions of unusual or 'deviant' behavior is necessary. Such an inventory has to use a phenomenological approach and employ a combination of qualitative and quantitative research methods.

It seems that epidemiological studies such as described by De Jong, which give evidence of the scope of serious mental health problems among survivors of gross human rights abuses, can make a greater contribution to the protection and promotion of human rights than 'pure' anthropological studies. They will be more convincing to policy makers and humanitarian agencies that something needs to be done for those survivors of violence.

However, anthropological studies make a contribution to the promotion and protection of human rights in a somewhat unexpected and unobtrusive way. The contributions to this special issue illustrate that commonly used strategies, social dynamics and processes of meaning-giving often do not contribute to justice and human rights. On the contrary, many of such strategies seem to result in the maintenance of the (oppressive) status quo of people, who do not have access to human rights. They might even have negative effects, because they divide people and create potentially explosive situations. Anthropology can criticise this socialisation and domestication of violence by in-depth studies and by giving voice to this concealed protest and message about injustice. Although none of the authors took an explicit critical or radical stance, they did expose concealed realities. This may prompt us to reinvigorate projects of understanding difficulties and needs of people who live under siege and to create an awareness of what is 'really going on'.

In the remainder of this issue are two other articles. Ad Goethals, Sarah Detaille and Frank den Hertog describe an experiment with a client-driven internet project for (ex)clients of psychiatric health care in The Netherlands. After the previous special issue of this journal and a well attended meeting on the patient perspective in health research *Medische Antropologie* intends to regularly report on this increasingly important theme (see also in the section 'Berichten'). This article is one of many to come.

In the last article Sjaak van der Geest introduces the theme of the next symposium, which will be about bed and culture. Most people are conceived and born in bed; they stay in it when they are ill and will die in it. However, social scientists have paid little attention to 'the life in bed'. The coming symposium in December 2005 will direct our

attention to this forgotten piece of furniture (see 'Berichten' for more information on the symposium).

In addition to the articles, this issue contains a large section of book reviews, many of which also focus on aspects of violence, human rights and suffering.

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