Ethnomedicine and medical anthropology. A survey of developments in Germany from a viewpoint in 1978

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This following article is a reprint of "Ethnomedicine and medical anthropology. A survey of developments in Germany" from "Reviews in Anthropology" 4, 4: 473–485, 1978. *Thirty years ago the author analyzed the discourses in Medical Anthropology taking place in German speaking countries. He referred to important initiators of this new interdisciplinary field such as Edmund Husserl and his concept of the lifeworld (Lebenswelt) and Victor von Weizsäcker and his "anthropological medicine". There have been three main focuses: (a) Ethnographic studies to serve cultural identity (b) Problems of medical care by describing and comparing medical concepts and cognitive systems, especially in settings of conflicts, and medical transfer situation (c) Impulses for a new medical anthropology: historical and transcultural studies of therapeutic patterns, focused on the suffering and health seeking human—the "homo patiens".*

A survey of developments in Germany

The fascinating field of research bridges medical and sociocultural realms and focuses on the ill person and the management of his health. It is a field where the experimental and historical sciences and the descriptive and interpretative arts intermingle. It has always been attractive to physicians as well as to philosophers and anthropologists. In the German-speaking countries there is a long list of famous physicians like Wilhelm Wundt, Adolf Bastian, Rudolf Virchow, Sigmund Freud, Felix Fr. von Luschan, and others, who deeply influenced the direction of medical anthropology. However, folk medicine was treated marginally and unkindly. Until now in Germany there has not been much work in "medical anthropology" (this term corresponds to the broad German use of "ethnomedicine"). For the growing discussions in ethno-medicine it is important to note that there is no established research and teaching institution for medical anthropology at the university level.

The medical lore of non-Western peoples seems to be of marginal interest to most researchers and it is difficult to attract those who are more than merely curious about the exotic; for this reason representatives of this research area remain in a minority. Drobec (1955) explained why medicine remained the least appreciated area in ethnology. He felt that the organ-

centered approach of scientific medicine minimized interest in the healing attempts of primitives, that a new approach by the cultural sciences was hindered by the over-importance placed on the concepts of religion and mythology, thus complicating a true evaluation of the rational elements in native aetiology and therapy.

Another aspect of the neglect of ethnomedicine in medical history is the passing off of native medical themes as being mere religious phenomena. This can be understood as an expression of well-established disciplines—anthropologists' ethnocentrism and physicians' centrism in their interpretation of native health care. But there has been a remarkable improvement, a movement that has resulted in a greater appreciation of the so-often-discriminated native. The post-colonial anthropologist and physician seem to have reflected upon his/her own position and has become aware of his/her limits. Interest in ethnomedicine has increased during a phase where doubting one's own values seems to have opened up alternative ways of thinking, acting, healing and experiencing.

In the 1950s and 1960s clinicians and psychotherapists discussed the prolegomena of a medical anthropology inspired by the essays of Victor von Weizsäcker. They postulated the specific commitment of the physician in relation to his/her patient—an "anthropological medicine". The central concern was the total consideration of the human being, visible in specific modes of behavior, and reflected by the solidarity of the contemplator with his subject. The discussion of medical anthropology in Germany is still mainly characterized by an antithetic relation to the dominating variation of medicine as an exact and objective science. It is a discussion not only of facts and theories but also an attempt to establish a firm position.

This philosophical nucleus, which seems to me to be very characteristic in Germany, is in sharp contrast to the general view and scope of Anglo-American medical anthropology. Psychosomatic medicine has become institutionalized but these themes of discussion still remain, the ideas not yet applied to the management of these institutions, the solidarity between "homo patiens" and physician still undeveloped.

Psychotherapy today, as a specialty beyond the field of organic lesions, has a tendency toward division; the organic specialist tends to exclude the psychical aspects of the patient's medical biography, and delegates them to the competent specialist on psychotherapy (Huebschmann 1974). Ethnologists and philosophers working in medical anthropology and ethnomedicine should actually be allies. They have in common the ill person, his efforts to balance his perception of the world, and his efforts to cope with different ways of treatment. Following Illich's thesis on the medical nemesis, there is room for all kinds of nonacademic medical thinking and concepts.

These introductory remarks have hopefully shown that the absence of institutionalized anthropological research in the field of ethnomedi-

cine and medical care hardly favors a discussion in the patient's interest. The predominance of isolated disciplines, which I would interpret as positivistic symptoms, calls for interdisciplinary research and institutional reorganization.

Ethnomedizin — an interdisciplinary field of study

Joachim Sterly increased the popularity of ethnomedicine in West Germany by establishing ethnomedicine as an interdisciplinary field of study (Interdisziplinäres Arbeitsfeld). He founded the "Arbeitsgemeinschaft Ethnomedizin" (Study Group Ethnomedicine) in 1970 and "Ethnomedizin – Zeitschrift für interdisziplinäre Forschung" (Ethnomedicine – Journal for Interdisciplinary Research) in 1971. The journal has not so far served the purpose proclaimed by its founder, which was to develop a concept of interdisciplinarity, comprehensive enough to present ethnomedicine as a complex of contributions from different defined disciplines, legitimized by their immediate origin from what Sterly (1974) calls "menschliche Lebenswelt." In Husserl's philosophy "menschliche Lebenswelt" is the extrascientific totality of life phenomena underlying every scientific activity. Sterly in a more rigid manner, uses this term for a polarization between scientific disciplines and the extra-scientific "Lebenswelt," which makes the original dialectic interaction difficult if not impossible.

If I understand him correctly, ethnomedicine as an "approach to find truth" (Sterly 1974: 608), should, in the same process, be the negation of the special disciplines which discuss specific ethnomedical questions. "There is no doubt, that ethnomedicine might well be established as an independent discipline. However, this would imply sacrificing the intention of linking with the extrascientific 'Lebenswelt'". (Sterly 1974: 611; reviewer's translation). Sterly finally states that his essay is more a contribution to the philosophy of science than to a methodology of ethnomedicine. His essay, committed as it is, appears to be an extensive metaphor for an individual's attempt to overcome the dilemma described above, namely, the absence of institutionalized research in medical anthropology. Although his essay contains some inspiring passages and acceptable points of criticism, I cannot share Sterly's theoretical approach since it tends to propagate the dogma of incompatibility of real life and academic activities. The Journal *Ethnomedizin* has been appearing irregularly since 1971 and is actually a collection of mostly ethnographic contributions. The articles are mainly written in English with a few contributions by German researchers. A predominance of ethnobotanical articles can be noted, some of great interest. A collection of earlier articles in *Ethnomedizin* concerning the African continent together with some

articles from *Etnoiatria* (the journal of Antonio Scarpa which existed from 1967–1968 in Italy) and others, have been compiled by Sigrid Paul (1976) as an interesting and informative multilingual reader in "Ethnomedicine and social medicine in tropical Africa".

In the general discussion Sheikh-Dilthey (1977), an anthropologist, (similarly to Sterly [1974]) when she postulates that ethnomedicine is profiled, not as a discipline with its own methods, "but a special branch of research in medicine as in anthropology, which treats the socio-cultural dimension of disease and health". Its intention is to compare aetiology, pathogenesis, and therapeutic concepts from different origin (Sheikh-Dilthey 1977: 302), but she does not try to negate the neighbor sciences in her approach to ethnomedicine. She wants to focus on the sociocultural dimension in ethnomedicine, perceived equally beside an economic, biological, and physical dimension.

Perspectives in approaches to ethnomedicine

At this point of the discussion two other contributions should be mentioned, both of them historical. Though of different background they are concerned more or less with the same themes: the sick, and the helplessness of the traditional Western healers.

In her historical analysis of the different concepts and changes of "Lebensantrieb" (vital impetus) Marielene Putscher (1974) discusses the phenomena and concepts linking soma and psyche, often strangely to contemporary scientists, but quite familiar in animistic non-Western concepts. As a medical historian, she analyzes her material on the basis of European philosophical history, beginning with the Greek doctrine of "pneuma" as the moving principle and continuing with its affiliations with the medieval philosophy of "spiritus" and "anima" and with the further division of these into body, soul and mind. This division marks a conceptual separation of matter and spirit, and body and soul. At the end of her introduction she accentuates the specific nonreproducible context of evidence of "pneuma" and "spiritus," whose nature cannot be fixed by operational conceptualization. The emotional states of human minds, needs, dreams and fears, once familiar to a healer, are offered here for building a medical anthropology that may include the psychology and behavior of all human beings and cultures, historical and contemporary.

Quite differently, the folklorist Schenda (1975, 1976) draws his question from everyday life by analyzing the behavior of patients at the intersection of professionalized and naive medical care. His main focus is on the common man and his difficulties in making use of official medical services. In his view there is a dichotomy between official medical systems and biased subsystems,

which are fed by various folkmedical sources and out dated medical hypothesis. This dichotomy characterizes the present situation, which provokes fear of, and latent aggression toward professional physicians, and favors the rise of medical self-care ranging from abuses to the consultation of quacks. The author describes this behavior as deviant and harmful but feels it should not be condemned arrogantly. In his opinion the detailed study of these modes of behavior may help to overcome the increasing needs and sufferings of common people by a more human concept of medicine that could put an end to the dysfunctioning of the established medical systems. Another important point in this concept is that this dichotomy seems to be more easily understood from an economic rather than an ecologic standpoint.

Schenda and Sheikh-Dilthey (1975) both presented their theses at the Second Conference on Ethnomedicine at Heidelberg in 1974. Their two contributions were the most provocative because they guided the discussions toward mediating theory and practice. Sheikh-Dilthey (1975) did so quite indirectly. Although the audience was embarrassed by her subject, she discussed suffering as a probable factor in convalescence and carried out a phenomenological analysis with examples mostly from religious sociology and social anthropology. Individual and collective suffering patterns were compared. She contrasted two antithetical modes of behavior: overcoming suffering through suffering, and through cheerfulness.

I have tried to show that ethnomedicine in Germany is often discussed with commitment, therefore I will now briefly outline the activities of the already mentioned "Arbeitsgemeinschaft Ethnomedizin", an association that sponsors the interdisciplinary dialog between medical, social and cultural sciences with the intention of inspiring research on, evoking interest in, and appreciation of non-western healing traditions. Today it has more than one hundred members of various professions and a new quarterly periodical called "Curare – Zeitschrift für Ethnomedizin und transkulturelle Psychiatrie". Its "Fourth Conference on Ethnomedicine" with the theme traditional gynecology and obstetrics will be held in December 1978 at Goettingen.

The conferences by the study group are now at the point of establishing a tradition as a forum for discussing all questions on medical anthropology. The first conference was held in 1973 in Munich (Methods in ethnomedicine), the second in 1974 in Heidelberg (Factors of recovering health in social and ethnic groups). The proceedings are partially reviewed in this paper (Schröder 1977; Rudnitzki et al. 1977). The third conference in Heidelberg in 1977 was especially effective in illustrating the scope of ethnological interest and research by its theme "Concepts of family and its meaning for social security". The emphasis of the papers was on the gain and loss of social security as contributed by medical care in the situation of social change.

The following review of recent research studies in ethnomedicine is more a blueprint than an exact methodological discussion. There is a bias toward

cultural relativism in most of the works, which I compile under more practical aspects.

1. Ethnography: collecting folk medicine concepts of illness and healing to sponsor trials conserving cultural identity.
2. Problems of medical care: description and comparison of medical concepts and cognitive systems, i.e. symptom awareness, for a better understanding of mistakes and conflicts arising in all types of contact, and of medical transfer, between equal partners or by an imperialistic approach.
3. Impulses for a new medical anthropology by historical and transcultural studies of therapeutic patterns.

Ethnographical contributions

Physician Wulf Schiefenhövel (1977) gives an informative synopsis of the various methods and problems of ethnomedical field work. He points out the problems of verifying the validity of the information that arises in subtle situations. Schiefenhövel gained his field experiences during several long surveys in Papua New Guinea, and Iria Yaya. His studies on the mechanisms of birth control and traditional obstetrics are now in preparation. One of his collections of the healing plants of Papua was described and analyzed by Reina Wolff-Eggert (1977), a pharmacologist. She reports that half of the 115 plants collected are used to cure respiratory diseases, and a quarter of the plants are used in combination with magical concepts. The study points out that the research for rational drug usage of most of the plants is based on the exact observation and the empirical knowledge of their effects.

The research of Helga Venzlaff (1977), an orientalist, on the Maroccan drug-salesman and his wares is informative and full of details. Maroccan tribal markets of the Beni Mguild were the research areas. Venzlaff collected all the available drugs of botanic, animal and mineral origin, and other objects, and in so doing added to the linguistic and botanical data detailed descriptions of the medical folklore of each of the 170 different materia medica.

Lind is one of the nine authors in "Saeculum" 28, 2 (1977), physician and anthropologist, whose contribution to this special ethnomedical volume is in the quintessence of his fieldwork (Lind 1975) among the Ayoré of Paraguay. He describes detailed etiological concepts of the origin of diseases and of therapeutic techniques. The Ayoré have successful applications and intensive psychotherapeutic techniques for both psychogenic and organic diseases. Their rationality in therapy seems to be impressive. Lind's translation of

native philosophies and concepts into the terminology of medical and social anthropology are very smooth and plausible, but there are instances where more phenomenological descriptions are needed.

On the contrary, Schlosser (1972), an ethnologist, gives fuller descriptions in her rich and detailed edition of the first part of the manuscripts from the Zulu doctor Laduma Madela. She has been in contact with this fascinating philosopher, witchdoctor and poet for more than 15 years. Schlosser translates Madela's report on the whole Zulu mythology, philosophy, and knowledge, which Madela had written down and illustrated during the last 20 years. Madela expresses his wisdom in a contemplative way, the material has not been written systematically but by association and by reflection on the daily occuring events. He is always driven by the wish to preserve the old traditions in a time of rapid social change, to save an important part of cultural identity for the younger generations. To fulfill this goal he learned to write, and he practiced potent magic.

Analysis of medical care

The most recent field studies available were done by Pfleiderer, Maler, and Heller, two anthropologists and a physician. Pfleiderer (1978) concentrates on the study of six healer personalities in several shrines in Gujarat, India, elaborating on their different conceptual backgrounds. She does not merely classify therapeutic patterns, she interprets the special cultural rationality of the intervention during the healing act. She concludes by offering evidence of the highly successful therapies of these healers and compares these with Western healing agencies. In this part of India a relatively free coexistence of different healing systems exists, and these shrines, because they respond better to the specific needs of the clientele, indicate that western medicine has a determined limit for expansion.

Another reason for the limitation of Western medicine is described by Heller (1977) in his explanation of specific mutual barriers of communication between Western healers and the Tamang of Cautara in Nepal. These people live in a homogenic culture characterized by high "authenticity". The Tamang have a cold/warm dichotomy with which symptoms, causes, modes of aetiology, time and therapeutic choice are associated. Heller describes the prestructured cognitive systems of body disturbances that enable these people to suggest explanations and to make prognostic hints about illness. These explanatory systems, often deduced from analogies and observations of climate and exterior phenomena, are very plausible to the Tamang. Heller, who worked as a practician during his field survey, stresses that he found diagnostic pathways with all his patients there. Their concept of time and

continuance are so different from Western ones that a long-term medication strategy for chronic diseases cannot be accepted by a Tamang. In addition he reports on their highly differentiated classification of edema—even when a Western trained doctor can hardly recognize pathological change.

Maler (1977) gives us a fascinating report of a therapy ritual to cure the psychogenic sterility of a Digo woman in Tanzania. He also discusses some contributions to research on biorhythm and his own musicological analysis of audio-stimulation to influence hormonal activities. He demonstrates that the musical environment during the three days and two nights ritual is one of the most essential elements for therapeutic success. The performance is characterized by an expertise of high standards, precise and formalistic to a degree formerly unknown in order to guarantee control over physiological alterations of the patient (i.e., pulse rate) which are linked to the rhythms and tempi. The whole ritual can be described as a simultaneous application of different therapeutic actions. The Digo have several distinct therapy rituals for disturbances like depression, rheumatoid arthritis, skin diseases, and others, each one performed with a different set of musical patterns.

Special communication structures in the healing acts are studied in the contribution of Figge, Rudnitzki and Huber, and Kapapa. Figge (1973, 1977), a psychologist studying the Brasilian Umbanda, demonstrates the aetiology of disease derived from a spiritual being. The Umbanda practice a specific trance technique to treat these diseases by temporarily extinguishing the primary personality. Vicariously the secondary personality communicates with other personalities. These secondary personalities represent incorporated spirits that are well known (to them) partners in communication in the therapeutic medium for oneself and others.

Kapapa (1977) reports a different categorization of the same event by two Bantu groups in Malawi. The dream of having a mission from one's ancestors produced, in the one group, a healing personality, a mad man in the other group. Kapapa reflects on the therapeutic potential in each of these two groups.

Another aspect of communication is pointed out in the following study. Rudnitzki and Huber (1977), both rehabilitation psychiatrists, discovered the therapeutic milieu for successful therapy. During traditional review proceedings they analyzed their initial failures and found that the social surroundings of the patient is the right environment for healing. When the patient began to speak freely to her therapists about her visits to quacks they decided that these visits should be incorporated into the therapy. In accordance with the articulated needs, they reinforced the patient's wish to frequent the local quacks with resulting therapeutic success.

The dichotomy that Schenda (1976) outlined was not present here. The authors postulate a microcosmic analysis of ethnomedicine to achieve better therapies and to overcome the rigidness of institutionalized medicine.

The contributions mentioned above lead to the recent world-wide discussion of contact and integration of Western and traditional healing systems. The discussion started in Germany in the "Arbeitsgemeinschaft Ethnomedizin." In 1973 a meeting was held in Berlin-Tegel on community health and health motivation in South East Asia (Diesfeld and Kröger 1974). During the week-long seminar Asian and European medical doctors discussed the perspectives of Western and traditional healers (Diesfeld 1977).

Critical contributions toward a new medical anthropology

To end this survey I want to quote three historical studies: the dissertations by Haas, Bernauer, and a study by Unschuld, which give some perspective on the discussion of a new medical anthropology.

Haas (1976) analyzes the voluminous literature on arctic hysteria and discusses the psychopathological thesis of Ohlmarks (1939). He suggests an interdisciplinary research on shamanism which should be interpreted not only in its ecological and economic environment but also in the light of animistic experience. The main result of his study is his claimed proof that arctic hysteria is neither an individual pathologic development nor a mass reaction to ecologically determined frustration. Rather, he claims it is a specific answer to historic economic disruption and cultural deradication as a consequence of the impact of imperialism in past centuries. He feels that the connection of arctic Shamanism and arctic hysteria is arbitrary; the latter phenomenon a time-bound abnormal reaction, the former a cultural pattern. Therefore he prefers the term "Schamanentum" to the more common "Schamanismus."

The development of the principle thesis of Unschuld (1975) can be followed in his other publications (1973, 1974, 1978). 1t is based "… on a concept of medical professionalization which is seen here as the continuous process by which one or more groups in a given society increase their control over medical resources available." (Unschuld 1975: 83). He argues that by developing professional ethics a doctor can protect his corporate status against the competition of outside medical lore, since he is able to defend himself/herself against any accusations if mistakes or wrong prognoses are made. In this study we encounter the rivalry between the medical profession and Confucianist philosophy over the control and disposal of medical resources. This book is important because it demonstrates the results of a medical ethic in China by its selection of old Chinese texts. Though two different groups explain the origin of their resources and claim the best distributional modes, a third group (free doctors, similar to European doctors) remains the most successful. "One may observe a slow but steady progress of

medical practitioners toward a higher level of professionalization. Evidence for this development can be found in the evolution of claims contained in ethical statements by this group" (Unschuld 1975: 84). The main sense of these studies can be more easily understood if the reader is aware of the unorthodox use of the term *ethics*. I agree with Unschuld's conclusion that the most crucial task should be the development of underlying values within the confines of medicine.

The dissertation by Bernauer (1977), a sociologist, is in a sense an historical document, since she did her practical work in Chile during the government of Allende. She discusses a model of group participation where the responsibility for all group activities is delegated to participating people rather than abstract institutions (such as the state). Autonomy and increasing self-reliance has proved to be a useful model of medical self-care. Agents (not necessarily healers) are created by the people and their work is legitimatized by the commune. As contact persons they have medical experts as partners if necessary and they function as go-betweens in a mutual exchange of medical experiences. By becoming more and more aware of the origins of disease—alcoholism is studied—people gain a political consciousness that helps them to develop successful strategies for achieving health in a broader sense. The study shows several urgent health problems. Further she discusses a beginner's mistakes and problems in stimulating such innovative movements. In her short supplement she reports on the actual restoration of private medicine and the rehabilitation of the former medical profession.

I interpret these studies in a context that cries out for the practice of a new anthropology whose medical implications are rooted in a solidarity with "homo patiens". I have selected ethnomedical, sociological, and philosophical approaches by several authors in Germany, dealing with medical anthropology and I have tried to put different contributions in a framework where anthropological research finds its central object in the person itself. Solidarity with "homo patiens" has been my focus of attention. Medicine and ethnology, as problem-oriented fields, should contribute to man's health by providing creative problem-solving for man's physical and social well-being.

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Note

30 years after this account on "Ethnomedizin" (ethnomedicine and medical anthropology in German speaking areas Vienna still is the only place where the interdisciplinary field of ethnomedicine, nowadays mostly referred to as medical anthropology, is formally eszablished into the university system. In the course of the long-lasting, according to the author not very fruitful German debate about "Ethnomedizin vs. Medizinethnologie" terminology the author has been pleading for a synonymous use of those terms since the 1980ies. Given the fact that during his later study years in the 1970ies Gadamer & Vogler published their seven volumes of "Neue Anthropologie – New Anthropology" at Thieme und Beck and thus presented the future-orientated outline for a new era of academy he came to prefer "Medizinanthropologie" to "Ethnomedizin" over the years. Because of verbal wars due to time-bound issues of political correctness and worldview this draft remained not all too acceptable until the present day. So he all the more insisted in specifying the scientific concerns presented in Curare from its 31st year (2008) onwards by using the subtitle "Zeitschrift für Medizinethnologie / Curare – Journal of Medical Anthropology" (see also editorial by Kristina Tiedje and Ekkehard Schröder: Medizinanthropologische Perspektiven zum Thema *Lebenswelt* in der deutschsprachigen Ethnologie: Medizinethnologie on the move. *Curare* 30, 2+3, 2007: 101–110).

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