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The high prevalence of schistosomiasis, challenges in chemotherapeutic approach: how subjective engagements influenced action and innovative strategies for control in Uganda

Schistosomiasis is one of neglected tropical diseases endemic in Uganda. The highly prevalent species is S. mansoniwhich thrives in contexts characterized by poor sanitation, lack of safe water supply, intense human-water contacts and a high density of snails in large water bodies.

The Ministry of Health approach in control is by regular administration of praziquantel to populations at risk. Nonetheless, our study among high risk populations found a prevalence of 28-60%, problems in access and regular supply of praziquantel and many children and adults discussed various side effects of their 3-monthly regimen including diarrhea, dizziness, vomiting, stomach ache, and unpalatable large pills. The risk population depended on the contaminated water bodies for livelihood and therefore exposed themselves to infection and re-infection through unsafe disposal of human waste, swimming, fetching water and fishing.

Whereas our research question was assess the prevalence of schistosomiasis, perhaps due to emotional engagements with the risk population, we promptly contacted other stakeholders to supply praziquantel for the infected children; sensitized teachers, parents and fishermen about various preventive measures against S. mansoni . Ultimately however, we feel frustrated and powerless because effective control of schistosomiasis must involve not only chemotherapy but also behaviour change, provision of clean water, good sanitation and alternative recreation for children living in this setting who swim in infected water bodies. From our experience, intersubjective engagement with this risk population has made work as researchers more difficult as we feel obliged to intervene, to treat, to help them avoid infections and yet, we have no capacity to do it.

In this multidisciplinary study, qualitative methods of data collection included participant observation, 40 in-depth interviews and 12 focus group discussions. School children(N=800)participated in a survey by responding to semi-structured questionnaires and providing samples for laboratory analyses and their weights and height were measured.

Key words: Schistosomiasis, risk population, intervention, subjective engagements, Uganda.

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The Lesbian Body in the Arab Cultures: Between the Medical Gaze and the 'Ethical Gaze'

In this paper I analyze the problematic position of the lesbian body in the Arab cultures. Trapped between the historically inherited gaze that perceives the lesbian body as a diseased body, and the ethical gaze that uses medicine as a means of subduing the lesbian

sexuality as a "disease" that has to be suppressed and controlled, the lesbian subjectivity becomes deprived of the means of self-assertion. By using Foucault's The Birth of the Clinic (1963), I show that the "gaze is not faithful to truth [because] the gaze that sees is the gaze that dominates"(Foucault 1963/ 2007: 45). I also use several historical and modern texts which reveal the negative effect of the medical gaze in the Arab cultures on the female body in general and the lesbian body in particular. Meanwhile, I show how the dominant "ethical" gaze derives its legitimacy from both the medical discourse and the religious one which use medicine as a means of suppressing/subverting what is seen as an "unnatural malady".

The questions which will be raised in this paper is how the lesbian body is still entangled in the dilemma between perceiving it as a diseased body that needs treatment and the ethical discourse that relies on the medical discourse to suppress lesbian emotions as being "sick". In short, the paper shows how the lesbian body is stuck between the medical gaze that keeps on trying to impose regulatory methods on it, and the ethical discourse that deprives the lesbian body of any ethical means of self-assertion. Besides, it tries to find ways to cross the barrier between lesbian sexuality and "medically homophobic ethics".

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From Mathusalem to "tatie Danielle": emotions and feelings of the ethnographer towards frail elderly people

For nearly 10 years, I used to interview frail elderly people. During my PhD, I met about 100 nonagenarians and centenarians and followed 12 of them during 4 years (Balard 2010). Being a young ethnographer (23 y-o at the beginning) meeting centenarians is not banal. Unconsciously, my representation of centenarians was shared between the mythic image of a kind of immortal and the image of the old senile and bedridden. Of course, this conception of them provoked contradictory feelings of enthusiasm, eagerness, anxiety, fear… Actually, I met very heteronymous people regarding health or life conditions but they have in common their long life. Most often, I considered them as knowledge holders as the mythic image of the ancestor. To use Goffman's words (1982), I played the role of the pupil who listen and let them the opportunity to speak and teach. This methodological "strategy" permitted very pleasant interviews for me and for them. According to Rubin (1995) "people like to talk of themselves" and it was a pleasure to listen them because each life story was rich. Most often, I appreciated the interaction even if the gap between my values and theirs could be huge.

After my PhD, I worked with elderly who suffered from cognitive impairment, severe health disorder, and psychiatric or social problems. Lots refused assistance and care. I was there to understand their difficulties and the effects of the case management service dedicated to them. The met was totally different. Some of them were really suspicious and not happy to see me. Very often, their houses were messy, malodorous, and ugly. Some does not want to meet me or do not accept to answer my question. The speech of some of them was a delusional logorrhea. For me, it was sometimes difficult to interview them without feeling contradictory emotions like compassion, sorrow but also nervousness and kind of nausea.

This paper aims to describe this two contrasting experiences and to discuss the social and curative dimensions (Taylor 2011) of the interview. We will ask if empathy is possible with elderly for a young ethnographer and what it implies in the interaction.

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Holistic Humor: The Ethnographer's Role in the Use of Humor as a Coping Mechanism

In the United States, public displays of breast cancer support depict breast cancer "survivors" as hyper-feminine, polite, cheerful, and optimistic women. The public image of breast cancer has created a sociocultural space and social label for "survivors," or women with breast cancer; however, prior anthropological work has demonstrated that this problematic image speaks little to the actual illness experience of breast cancer. The initial goals of this study were to explore this disconnect ethnographically within a clinic and community.

Shortly after beginning ethnographic research among 30 American women with breast cancer, bold and uncouth humor emerged as a self-reported coping mechanism, and narrative interviews often included laughter over side effects such as hair loss and breast deformation. Participant observation further revealed that women often used crude humor among one another, resulting in mutual laughter. My own personal shock to how women could laugh when there is nothing ostensibly humorous about this painful disease then formed the ethnographic focal point.

Humor and laughter are widely recognized human universals, and yet they are simultaneously products of distinct sociocultural understandings and interactions. Within this analysis, I unfold how my presence as a female ethnographer heightened the meaning of humor in this context. My inability to understand the humor allowed women to further assert their control over the stress of the disease. Thus, the women utilized my negative emotions of fear of breast cancer as a means of enhancing their own positive emotions. My own positionality as a woman who has never experienced breast cancer made me the axis upon which women could transcend their own fears of the disease and prove their strength. The paradox of humor in the face of a grave disease, coupled with my cognitive dissonance, challenge conceptualizations of coping. Furthermore, this complexity generates new conversations about the role of the ethnographer's emotions within the bidirectional interaction of cognitive and sociocultural processes inherent to coping with a serious disease.

Brief Description: This ongoing ethnographic work began in 2007 in a breast care clinic in the Midwestern United States. Thirty women with various stages of breast cancer joined the study, which initially set out to understand the role of the widespread breast cancer support movement in shaping the coping mechanisms used by women with breast cancer. Despite differences in ethnicity, age, and socioeconomic status, humor emerged unanimously among the women within the study as a means of coping with breast cancer. A detailed description of the project is available in a chapter entitled "Holistic Humor: Coping with Breast Cancer" within the forthcoming volume The Enculturated Brain (Lende&Downey, eds., 2012).

Keywords: Humor, Breast Cancer, Stress, Coping, Positive emotions, Mutual Understanding.

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Albinism and Cultures in Cameroon: Albinos Identity through Social Markers (Social Names, Food and Burial Ceremonies) among the Bamileke and the Beti Ethnic Groups

Albinism is a rare genetic an inherited condition resulting from recessive genes derived from both parents to an individual. It affects the pigmentation of eyes (retina, iris), and give a white colour to hair and skin. In African cultures, the birth of albinos was explained through cultural "world views", what resulted to a variety of perceptions and representations which differed from one culture to another. Particularly in Cameroon where albinism prevalence is high, that feature contrast with the common dark skinned populations and is perceived as a strange fact which needs explanations. Considered as "abnormal" beings in the both Cameroonian cultures, people with albinism received particular social identity characterised by the attribution of nicknames (which can be seen as their social definition), cultural practices among which food prohibitions and burial ceremonies. Explanatory model related to these cultural practices go through cosmologies, belief systems and cultural "world-view" and have no link with the biological condition of persons with albinism. Given the direct link that exists between nutrition and health, many people with albinism see their condition exacerbate by the lack of important nutriments found in the prohibited foods. In spite of the "galoping" westernisation of African societies, many persons include persons with albinism and their parents continue to belief in the efficiency and positive effects of those cultural food prohibitions which survive the test of time. After their death, the corpse of persons with albinism is buried in a particular manner and place, this in respect to the cultural norms.

This paper present the results of an anthropological research carried out among the two most affected Cameroonian ethnic groups on the socio-cultural identity of persons with albinism through the following social makers; social names or nicknames, food habits and burial ceremonies.

Key words: albinism-cultures-food-representations- "world-view"-Cameroon

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Liminal Living: Eating Disorders and the Interstices of Being and Coping

In medical anthropology, liminality has come to signify the 'in-between' being of the chronically ill: thrust beyond the bounds of familiarity and living at the edges of identity, lost and redefined. Yet, in my analysis of the illness narratives of people with anorexia and bulimia in Israel and the UK, I found that liminality, for many of the participants, constituted a sought-after mode of existence. Through the practices of starvation, bingeing, and purging, and the sensory experiences of hunger, fullness, emptiness, and pain, my study's participants developed an embodied drawing inward and away, being at once within and

without society for extended periods of time. This ambiguous positioning – which I term 'liminal living' – emerged as a mode through which participants cultivated alternative (if temporary) personal spaces, enacted boundaries, and negotiated social challenges: processes many deemed essential to survival. Notably, in narrative, this liminality was located between the participants' sense of eating disorder as an identity-building form of being-in-the-world, and the psychiatric concept of eating disorder as a maladaptive form of coping with the world. This paper problematizes the boundaries between these two notions, and explores the participants' interwoven drawings on being and coping as explicating liminal lives.

Keywords: eating disorders; liminality; illness narratives; embodiment

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An Ethnography of Gratitude Money: The Doctor-patient Relationship in Post-socialist Hungary

"Without a price –in the most general meaning of the word –there is no value. A belief of some South Sea Islanders expresses this feeling in a naive way: the cure prescribed by a doctor will not take effect unless he is paid."(Simmel: The Philosophy of Money)

The phenomenon, known in Hungarian as gratitude money [hálapénz], is a type of informal payment between patients and physicians dates back to the socialist era, which still follows more than half of the medical encounters and in some specializations only one third of a doctor's earnings is made up of his official income, whereas the remaining comes from gratitude money. Informal payment for doctors is widespread in other Eastern European countries and in Central Asia, albeit its magnitude is probably salient in Hungary. Despite the significant volume of the phenomenon, fairly few studies addressed the issue and even those engaged primarily in the economic significance of this curious type of payment, focusing on the problem it induces in the economic system. My research brings attention to the first component of the expression gratitude money. As the phrase accurately expresses, it is not only a particular form of economic encounter, but it is a thick cultural custom, which is enveloped in complex power relations, effecting trust between doctors and patients and patients' believes about the efficacy of their treatment. In my research I engaged in the cultural meanings of this transaction, drawing on the anthropological notion of the gift. In Mauss' analysis, the gift exchange consists of two opposing transfer movements: giving-receiving and returning- receiving. In this schema gratitude money can be interpreted as the returning gift, the payback, the expression of gratitude. Accordingly, in doctor–patient relationship the patient perceives an obligation, which needs to be returned. Thus, the adequate question is not whether gratitude payment is money or gift, but rather what are all the meanings of the money in the envelope, what it tells us about value, trust and efficacy in the physician-patient relationship in post-socialist Hungary.

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"Experiencing Ethnography on Spiritual Healing: Inter/Subjectivity, Compassion and Intuition in Ethnographic Fieldwork"

" My presentation aims to portray a transpersonal, auto/ethnographic research approach for the study of Burmese traditional medicine and spiritual healing, and shall be understood as an introduction to transpersonal anthropology by the example of Burmese approaches towards supernatural healing and alchemy.

Transpersonal research methods - inspired by transpersonal psychology - emphasise the personal, subjective voice of the researcher at every phase and stage of the research-process and demand the comprehensibility and transparency of personal developments as far as emotion, transformation, cognition and insight are concerned and the integration of the personal dimension of fieldwork in the ethnographic text.

The presentation wants to portray the rise and development of Auto- Ethnography within social and cultural anthropology, the emergence and main concepts of transpersonal psychology which had been constitutive for the development of transpersonal anthropology and the experiential approach in anthropology, as advocated by Edith Turner and others.

Furthermore, I want to give insights into my fieldwork on Burmese traditional medicine and related beliefs and practices and share with the audience my personal, subjective development process to allow the studied phenomenon to be understood in a holistic and comprehensive way. By giving insights into my fieldwork, the presented methods shall become transparent and their potential for integrating the subjective, emotional dimension into the ethnographic text shall be highlighted.

The overall goal of this presentation is to evoke a sensation and impression of the phenomenon under study, a feeling/emotion, which transcends the sole accumulation of data and provision of facts and figures.
As a human being, the scientist is capable of uniting the intellectual, rational dimension with the realm of the heart, thereby providing the audience not only with objective information concerning Burmese traditional medicine and spiritual healing, but also trying to reach and touch the audience on a heartfelt, emotional level.

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Paths of Health: Yanomami and Medics Interactions in Amazonian Venezuela

The Yanomami are indigenous peoples who live in the Amazon rainforest, in the frontier between Brazil and Venezuela. For Venezuelan mainstream society, they are at the margins, in largely inaccessible and isolated areas. The Venezuelan government has historically thought of indigenous peoples as bounded groups, which should be contacted, civilized, hygienified. Strategies and programs have been designed for these purposes, and the exchange would seem to happen from the state towards the indigenous peoples only. However, the Yanomami are increasingly showing the ways in which they also come to 'travel the paths of the whites'. For example, how they have learnt to be community health workers, and now act in biomedical spaces which had been so far the reign of medical

doctors.

In this paper, I will first describe the many paths that link Yanomami villages in different areas of the forest, with the health posts, hospitals and administrative offices in the cities. I then describe the movements of medical doctors from the cities and hospitals to the Yanomami land, and contrast to those of Yanomami people towards the white. The boundaries between Yanomami land, regional and national health care centres, and even international spaces such as journalism and NGOs, become blurred as I show the flows of Yanomami people, news, policies, and objects through this network. The Yanomami usually refer to this movement between Yanomami and biomedical spaces as 'walking the paths of the white' or 'walking the paths of health', and this ontological way of understanding their interaction with doctors and other non-Yanomami people is at the core of my discussion. Together, the interlinking ideas of paths (by Yanomami people) and boundaries (by doctors) form an interesting setting from which to explore notions such as 'interculturality', pluralistic medical systems, and Amazonian perspectivist relations.

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National – Global Organ Trade

Patients generally seek a cure for their problem in their immediate surroundings. A shortage of local solutions drives them to seek help in other countries. Commercial organ transplants constitute one of the prominent examples of this issue, although they are generally less acceptable and often illegal. Both the formal policies of the various countries and the economic position of their citizens lead many organ seekers to poor countries. The strict enforcement of prohibition of organ trading in rich countries – where its citizens quite often perceive this activity to be lifesaving - generates increased trading in poor countries (in which the authorities tend to turn a blind eye to this practice). Globalization places obstacles in the path of independent decision-making on the part of individual states. The alternatives available to the individual (vendor, purchaser, and dealer) should be taken into account when passing legislation on these matters. The interstices between the national and the global spheres as well as between the normative and the illegal are addressed here. The Israeli example is a typical case study representing this situation.

Key words: globalization; organ trade; social regulation.

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Male Abortion Experiences. Conceptualizing Interstices by Focusing on Experiences

Abortion is situated at the interstices of moral, social, political, and feminist domains and claims. Moreover, I argue that men can be seen to be in the interstices of the abortion complex, since women, not men, are rightfully the primary concern of all parties involved,

including the men themselves. Based on results from my Master thesis research, which consists of 20 qualitative interviews with men at two Viennese abortion clinics, I illustrate this argument. Combining Kleinman and Kleinman's (1991) approach of an ethnography of interpersonal experience with the perspective of an anthropology of differences, I demonstrate the complexity of men's experiences at the interstices of the abortion phenomenon. I begin by contextualizing abortion in Austrian media discourse. In Austrian media, men involved in abortions are often portrayed as suffering and having no rights or influence on women's decisions to terminate a pregnancy. I question the single category "men" involved in abortions as portrayed by the media, showing individual men to differ greatly with respect to personal biography, living condition, income, personal moral values, conceptions of masculinity, relationship to the woman concerned. The interstitial position requires men to position themselves with respect to discourses about legal, religious, moral, and political aspects. Contrary to images from the media as well as from opponents of abortion, this positioning leaves men with a considerable scope for action. Thus, reactions to abortion are also shown to differ greatly, from taking responsibility to forms of neglect and violence. With this research, I demonstrate the benefits of an anthropology of experience and difference to uncover these interstitial spaces.

Key words: Abortion; gender; men; masculinity; anthropology of differences; anthropology of experience

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Questioning and challenging the differences: A fieldwork experience in rural Guatemala

Why do some practices continue to exist even when some of these have been 'proved' to be to the detriment of people's health? This question has generated debate by public health researchers, physicians, medical anthropologists and many other professionals from the private or national healthcare sector. Yet this question takes it for granted that some social or cultural practices are bad practices that put people's health at risk, and can be replaced by good or better practices. This premise represents not only an epistemological dilemma but also challenges how diverse and different programs are implemented. The answer that lurks here is that some practices are the result of ignorance, superstition, unconsciousness and the lack of access to resources and education. However, diverse institutions, organizations or professionals conclude that even when new policy reforms and interventions could be easily implemented; some practices cannot be 'eradicated' or 'changed'.

A critique to the naturalizing idea of the passive victims and a racialization of diseases has been questioned and rejected by the Division of Public Health research group from the University of Liverpool, who, during a three year period, examined the care-seeking behaviors of mothers of sick children under five years old and neonates in rural Guatemala. From their perspective, care-seeking behaviors cannot be reduced to operational concerns, which serve as "outline procedures"; although some particular behaviors underline a number of aspects that initiate a long series of interconnected events.

Practices are constituted and bounded by individuals and large social groups or institutions by varying degrees, which can be linked through space, time, human agency and cultural practices, which consequently fractures the illusion that some programs can be employed as

a model. These findings indicate how practices that are not understood tend to be merely naturalized by politicians, public health officials and scientists. In this long-term study an analysis is proposed to better understand how social interactions shape and challenge the discourse of diseases, showing that health impacts lay -explicit and implicit- within the self-related experiences and the social interactions of dissimilar levels.

Key words: medical ethics, and policy making, methodological procedures and field experiences

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Corporeal Critique: The Political Work of Bodily Matter in Ghana

In Ghana, as elsewhere, some bodies matter more than others, a fact reflected in differentiated and graduated governmental regulation of gendered bodily practices, some of which are protected while others are reformed. But bodies are not only subject to body politics, regulation, and public health management – they are also a vehicle of political critique. Based on 16 months of ethnographic research on Ghanaian efforts to end female genital cutting, this paper examines corporeality as a site of political critique of governance by NGOs and the state. In the context where cutting occurs on the margins of the state and thus marks the nation's (and global) "others," what is asked of the body and what work does the corporeal matter do? I explore this question through two ethnographic moments at the interstices of legal and biomedical governmentality. First, I analyze how bodies speak back to the new legal regime that criminalizes cutting by examining the bodily gestures of my interlocutors who participated in NGO-constituted networks of surveillance. At a time when no critical discourse about law was available, the bodies of governmental actors were an index of their ambivalence about what counts as violence and about the excesses of law. Second, I analyze how women in northern Ghana's Bongo district construct a hybrid (indigenous, biomedical, technoscientific, and socio-political) notion of a blood calculus to make sense of the ends of cutting and to draw attention to their concerns about scarcity. While rural women welcome the end of cutting, they use the blood calculus to explain that their bodies can no longer afford blood loss due to their new precarity and resulting bodily vulnerability.

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Street sold pharmaceuticals: icons of contested quality, confidence and distrust

On their way from being produced until being swallowed by users, pharmaceuticals interrelate with a variety of actors, strategies, ideas and intents that form various interfaces on international, transnational and national levels. These arrangements mutually shape the

drugs and the practices towards them, along specific power topographies. While inter- and transnational forces always reach into local and national spaces, in this presentation I will focus on pharmaceuticals sold in informal markets and associated local actors (providers and users). In order to highlight and analyse how confidence in street sold medicines is generated and contested in connection with advertisement and mouth to mouth propaganda in the messy pharmaceutical marketing in Mali`s booming capital Bamako. I draw on data stemming from a fieldwork project I have carried out in 2011.

Taking the fact that neither users nor providers of medicines can tell about a product's quality of ingredients and composition as well as its effects without evoking various regimens of knowledge, forms of experience and regulations as a starting point, I will ask how self-medication with street sold pharmaceuticals is configured by a split of and uncertainty about quality and effect and which role confidence and suspicion play in this process. In which ways do advertisement and pharmaceutical marketing in Bamako add to these uncertainties and how do they enable distinct tactics of legitimization? How in turn do these aspects allow for practices of distinction and various ideas of belonging through specific contexts of confidence and legitimization? I will show how street sold pharmaceuticals build an interstitial space that interrelate various forms and practices of legitimization and knowledge, while at the same time, these pharmaceuticals blur and contest boundaries between legal/illegal and quality/non-quality pharmaceuticals, thus generating new configurations and contexts for confidence and distrust.

Key words: pharmaceuticals, grey market, informal market, trust, confidence, West Africa

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Straddeling the local, national and the global: understanding the discourse of drug quality through the practices of a civil society organization

The present paper draws upon Michel Callon's notion of 'qualification' in order to understand the socio-technical processes shaping the discourse of 'drug quality', during the stage of commercial production of pharmaceuticals in India. By 'qualification', Callon refers to the attribution of some qualities, characteristics or attributes to a product. It also includes the processes the product undergoes to acquire these attributes. Notions about 'drug quality' figure prominently in India in the discourse of pharmaceutical firms, physicians, health activists and consumers alike, particularly in the context of manufacturing related protocols, prescriptions of medical practitioners, marketing strategies of firms and pronouncements of health activists and government departments in relation to health policy. These notions cannot be examined in isolation and as being separate from the socio-technical processes, which shape their qualification. Thus understanding the discourse of drug quality is also as much about how drugs are 'qualified' by different groups or key actors such as firms, regulatory bodies, physicians and health activists. The paper attempts to demonstrate how the discourse about drug quality in India occurs in a terrain, which is relatively unstructured and fluid and in a space, which straddles the local, the national and the global. In this connection, the paper undertakes the examination of the everyday routines and practices of a civil society organization, Locost Therapeutics Ltd, specifically its shift from the local Good Manufacturing Practices (GMP)–related drug manufacturing and testing protocols to an ostensibly more sophisticated and stringent set of protocols, embodied by Schedule M and

modeled largely on WHO-GMP protocols. The paper also attempts to demonstrate how the qualification of drugs here involves the interplay of cognitive, normative and politico-economic dimensions.

Key words: pharmaceuticals, qualification, GMP, drug quality

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How to become a medicine woman? Explanations about pain felt by medicine person in Mexico and Kazakhstan

I had an accident and my arm was broken in 2006, after that, the pain in my arm is constant. In Mexico I received some treatment, not only at the Hospital, but also by medicine men and women. When I was in Kazakhstan I received treatment once more, this time by a Chinese medicine man. This paper examines the different versions and explanations about my pain that all these medicine persons told me. It is worth to mention that, being myself the daughter of a medicine man, my contact with these people was, at the same time, an exercise of different exclusions/inclusions, depending the moment and what they saw in me. Physical pain is related with spiritual behaviors, not only mine, but also from other people. At the same time, pain experience is also part of the preparation of the medicine men and women, feeling pain is a requisite in my own process for becoming a medicine woman. Being my experience in Kazakhstan the most recent, I take the conversations with the Chinese medicine man as the guiding of all the presentation.

Key words: medicine person, explanations on pain, reflexivity, Kazakhstan, Mexico

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Paradox of the observer on fieldwork at the margin: From an observer to an object of power gaze

This paper is based on ethnographic fieldwork conducted among blind singers and groups of musicians working in the streets of Bangkok. My paper relies on reflexive ethnography at the margin. During my fieldwork I had to encounter with power of gaze from many sighted people at overcrossing bridge, street side and market where blind singers work. I felt depressed because sometimes I heard sighted people gossiped about me that I am a 'Mafia' who takes advantage of blind singers. At the same time among 'wong gan kon taa bot' (blind people group), they gossiped about me that I am a 'Spy' who investigates top secret of wong gan kon taa bot for police officers or Thai government officers. In other word, while 'I' am an observer who observes the 'others', I am gazed by the 'others', too. However being under power of gaze of the others helps me understand how blind people suffer from the power of scopic regime resulting from modern ideology and Buddhism. My paper argues that fieldwork at the margin is the dialectic between emotion, morality and ethic.

Ethnographers always move in and move out liminal border between human's emotion and morality and professional's ethic. My paper also argues that any emotion which happens in the field is not negativity but we can use it as a research tool in order to gain insight to marginalized situation or study anthropology of suffering.

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Betwixt and Between: The medicalisation of liminal gendered citizens in South Africa

Despite the generally decreasing importance of a person's sex/gender for most legal matters in countries that seek to promote the equality of their citizens, sex/gender is still of crucial importance for a number of laws and institutions. This paper deals with the medico-legal classifications of sex and gender and their impact on transgendered and intersexed South African citizens' rights.

Classification systems that are used to identify people are, first and foremost, political and social entities. Different classes within a classification system rarely denote differences between pari passu entities. More often they constitute a value-laden hierarchy. Classification systems therefore repeatedly become the target of protest and social movements. One such system – apartheid – was successfully challenged by the South African people. In its aftermath sex, gender, and sexual orientation were also included in the 1996 Constitutions Equality Clause in an effort to highlight and promote the prevention of any form of discrimination. However, while race is today acknowledged to be a social construct, only used e.g. in forensic anthropology or biomedical research to make distinctions between fuzzy sets of traits (traits that have only degrees of membership), the same perspective with regard to sex is only inching towards general acceptance.

Citizens who find themselves in the interstices between male and female categorization, that is citizens with liminal gendered identities or bodies that are not easily classified as male or female are not catered for by most laws and are impeded in accessing their civil rights. Instead of questioning if rights (especially in post-apartheid South Africa) should not be granted on the basis of citizenship rather than physical features, liminal gendered South Africans face psychopathologisation.

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Spiritism and Psychiatry in Brasil. Practices and Discourses in the Field of Religious and Scientific Hybridisation

The context of rapidly increasing modernization in Brazil reveals a phenomenon of

progressive harmonization of religious and psychiatric approaches, concerning research, diagnosis and treatment of emotional and mental disorders. Especially scientific educated followers of the religious-philosophical movement of Brazilian Spiritism prove to be extremely active in this debate. This research project follows the aim to analyze, regionally compare and put into relation scientific, religious, and popular practices and discourses in Brazil, focusing on their performative quality. Based on the idea, that after decades of rejection of Spiritist concepts by the governmental health system dynamic processes of mutual influence and hybridisation are flourishing, it is time for taking a snapshot of the consequences of this peculiar development for the mental health care system of the country.

The fusion of anthropologically influenced theoretical approaches of Transcultural Psychiatry contributes to an innovative view on the significance of religion for the development of alternative modernities in Brazil and thus for cultural specific forms of psychiatric practices and discourses, allowing them to be acknowledged, described and analyzed.

Key words: Brazil, Hybridisation, Modernity, Spiritism, Transcultural Psychiatry

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The Pre-clinical Trial of an Indigenous Medicine: Amidst Multiple Orders of Legitimacy

The last decades see muthi (South African indigenous medicine) emerge as a reservoir of biopharmaceutical innovation. The pre-clinical trial of Umhloyane or Artemisia afra (Jaqu. Ex. Willd) as a medicine to counter the tuberculosis pandemic serves to illustrate the dynamics profiling through this initiative. The trial is led in African and American laboratories by scientists meant to collaborate with isangomas (Xhosa diviner-healers) and inyangas (herbalists, here mainly Rastafarian) in Cape Town South Africa. In the pre-clinical trial, old and new ontologies complexify and fragilize the process of making biopharmaceutical innovation while still making it possible. I here aim to tease out how these sometimes contradictory political economies partake to the trial with very distinct ontological premises. Beyond questions of the efficacy of this 'wild' medicinal plant, political economies of health are weaved within three orders of legitimacy that translate themselves in nature/culture relations, along the thrust of 'indigeneity', of the 'African renaissance' and in the humanitarian effort to 'save lives'. These three forms of political economies inhabit the heart of the debates, driven by different kinds of hope for different kinds of humanities. The overlapping political economies of hope that I have found to move through the pre-clinical trial, I qualify as poetic, romantic and humanitarian. I will discuss how the pre-clinical moment is difficult to mask under the seal of an 'objective' scientific research when thus offshored.

Key words: clinical trial, muthi, Artemisia afra, South Africa

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Performative healing: between 'deception' and imaginative medical practice

Although the influence of the placebo effect, or 'meaning response' (Moerman 2002), is well known in biomedicine, it is usually not seen as a healing resource but is instead rejected as deceptive and fake. In biomedical knowledge production, placebo effects are regarded as confounders that need to be eliminated in order to study the "real" efficacy of a drug. Paradoxically, symbolic statements of 'scienticity' and 'objectivity' are part of the everyday ritual performance in medical practice, and thus clinical trials even contribute to the placebo effect, instead of eliminating it. Meaning responses are part of any medical encounter and impact physical and psychological processes. However, biomedicine fails to employ them in an honest and skillful way.

Traditional healing methods are often depreciated as relying "merely" on the placebo effect. This paper seeks to turn this argument around by regarding ritual performances as creative ways to enact and support healing processes. An example of such ritual performances is Candomblé, an Afro-Brazilian religion in which 'deep knowledge' is being produced through bodily experience including dancing and elaborate ritual performances. In Candomblé, dualisms like mind-body, subject-object, and construction-reality are being rendered useless. Humans create their deities by worshipping them and thereby cultivate axé, the vital force. In turn, they receive axé from their gods during trance possession and ritual performance.

I explore the enactment of worship and healing in Candomblé as a model for creating 'meaning responses'. These responses are to a great part induced by transformative bodily practice such as dance, ritual baths, dressing and eating like the gods, and ultimately embodying the deities through trance possession. Recognizing such practices as a healing art, I suggest establishing an integrative medicine that employs imaginative, bodily performances instead of depreciating them as fraud.

Key words: ritual healing, placebo, Candomblé, knowledge, imagination

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Transnational Professionalization and the Role of the American Medical Association of Vienna and the American Medical Society of Vienna in the 20th Century

While the construction and transformation of medical professions and professionalization has largely been analyzed in terms of internal national processes, and state and corporate interaction, less appreciated has been the role played by the wave of transnational professionalization which began in the early 1920's. Transnational professionalization, which juxtaposed the logic and practices of transnational NGO's with local urban and regional medical models and structures, was formative in both redefining and recasting Central European models, organizational and inter-organizational structures, and traditions of health, medical practice, and medical professions, and in fostering emergent health and medical-professional forms, structures, discourses, and meanings. Throughout the interwar years Vienna [and Central Europe] negotiated its way through turbulent and ambiguous

times by creating itself as a "network city" [through the "strength of weak ties"].It both received and appropriated, but more significantly recruited to it numerous transnational NGO's, which recast their health and medical professional systems. More, during the interwar years and during the Cold War era [1904-1938; 1952-1990], Vienna recruited to its medical community and university - with the AMA of Vienna and its successor (the AMS of Vienna) being key active agents - thousands of doctors from around the world, for English language, postgraduate medical training. Hence Vienna [and Central Europe] were emblematic of, and pivotal nodes in, the transnational construction and recasting of the medical professions, the professional discourses and cultures, and of health in the US and North America, Central Europe, and the developing nations of South Asia, the Middle East, and beyond. We first attempt to construct an integrated, reciprocal history of medicine joining Central Europe and the US/North America, from the beginning of the 20th century through the end of the interwar era. Second, we examine the role played during the Cold War Era - 1963 through 1990 - by Vienna/Austria's cultural diplomatic strategy of political "neutrality ", which fostered links with the developing world, and recruited to Vienna medical professionals from South Asia and the Middle East. This strategy provided an alternative professional path, logic, discourse for developing world doctors which countered their exclusive medical reliance on the sphere of influence of either the United States or the Soviet Union. The resulting triadic professional confrontation of metaphors – US, Soviet, Vienna – in India, for example, recast the construction of medical professionalization and its culture beyond traditional analytic frames of either subaltern or Ayurvedic/indigenous medical models. We argue that the transnational framework and dialogue both altered and reconstructed traditional medical and professional frames, and generated new knowledge, practices, and discourses.

Key words: Transnational professionalization, history of medicine, social construction of medicine, Vienna

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Moving beyond binary reasoning in psychiatric diagnosis: the case of depression and creole language of distress in the Caribbean

Interpretativist and critical medical anthropologists have questioned the assumption of the universality of the psychiatric nosography and mental as not being appropriate to non-Western local worlds. However, anthropology have traditionally analyse local understanding of mental health disorders through a list of local popular and culture specific diagnostic categories (folk illness), reproducing the empiricists and cognitive bias of biopsychiatry. Replacing universal category of mental disorders by culture bound categories rooted in local cultures is not appropriate to transcend the «category fallacy». Hybrid ways to conceptualize mental distress are often still to be developed. Based on twenty years of fieldwork in Martinique and St-Lucia (Caribbean islands), my researches show that neither creole diagnostic categories related to depression, nor explanatory models related to these local idioms of distress (i.e., gropwèl, devein, angoisse) are clear-cut. They coexist in a multidimensional, complex, unstable and context dependent conceptualization of mental distress. It will be suggested that popular as well as psychiatric diagnostic categories should evolve towards an anthropology of the «language of distress» based on local idioms of categorization, expression and explanation of mental distress. A theoretical approach based on such a local, culture-specific language of distress challenge the empiricist and static

dimensions of the explanatory model concept itself. In the post(neo?)colonial economic and political context of the contemporary Caribbean countries, depression will be analysed as a moral comment on social suffering and structural violence. The creole language of distress is a political discourse as well as a cultural construction of the meaning of mental ill-being.

Key words: mental illness, social suffering, idioms of distress, Martinique, structural violence

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Care in-between Cultures: Folding Paper Swans by Filipina Caregivers in Israel

In Israel, Filipina migrant workers are employed as live-in caregivers for elderly and dying patients. This foreign homecare has emerged in Israel as a standard option located at the junction of global and local economics, the marginalization of female caregivers, medical conceptions of need and cultural narratives regarding well-being and end-of-life choices. Israeli families choose foreign homecare as both a moral necessity and socially acceptable solution, transferring the bulk of family responsibilities to outsiders so that family members can go on with their daily lives, released from the duties of caring for the physical needs of their parents without actively deserting them. This local-global setting reveals the particularized world of bodily deterioration as the state's concern, while creating a new category of marginalized non-Jewish non-citizen caregivers who re-organizing the familial burden.

This paper examines the practice of folding paper swans invented by Filipina caregivers. This practice creates a micro-system model of adjustment through precise, small-scale and repetitive movements which joins and synchronizes a tripartite process: the paper swan construction process, the patient's process of decay, and the caregiver's process of self-creation. As a result, in the short term, this facilitates the creation of a self-sustained micro-system. The swan folding process transcends the caregiver's and patient's interpersonal and intercultural differences and opens the possibility for mutually intelligible communication. However, in the long term, the micro-system contains within it the seeds of its own self-destruction: the patient eventually dies, the caregiver is deported to the Philippines, if not reassigned to another patient, and the swans are given to others. Then the three components—patient, caregiver and swan—become disposable bodies.

Therefore, focusing on the Filipinas' swan folding expands both understanding regarding the phenomenology of globally dislocated and marginalized caregivers' ethics and medical anthropology understanding regarding care as a ritual in its own right.

Key words: Filipina migrant worker, global-local homecare, eldercare ritual, selfcreation, ethics

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Notions of efficacy around a Chinese medicinal plant: Artemisia annua – an innovative AIDS-therapy in Tanzania

Innumerable new (traditional) remedies for the treatment of HIV/AIDS have appeared in the therapeutic realm in the last fifteen years (Hardon et al. 2008). These remedies are heterogeneous both with regard to their qualitative efficacy and their geographical origin.

In Tanzania, the HIV epidemic has strengthened the need to integrate traditional medicines for the (symptomatic) treatment of AIDS (Stangeland et al. 2008). The efficacy claims of traditional medicines, however, reinforce a biomedical paradigm for HIV/AIDS: government control programs often discourage patients from consuming supplementary substances due to the fear that these substances endanger the efficacy of HIV medicines.

This paper explores the controversial tendency of Tanzanian patients who turn to medicinal plants in the case of an AIDS illness. At the centre of this exploration is the Chinese medicinal plant Artemisia annua L., which has played a decisive role in the therapy management of an HIV self-help group in Tanzania/Musoma since 2003. The appropriation of Artemisia in this group represents a new type of access to therapeutic care. Special attention is directed at the economic independence of the patients and the creation of new social spaces.

In my paper, I question whether an improvement in healthcare for patients can be achieved primarily through access to ARVs or if other factors are significant for the expansion of patients' power to act. I will elucidate that the adoption of Artemisia is based on complex negotiations and attributions to its efficacy. The construction of efficacy encompasses forms of legitimation and the instrumentalization of (medical) knowledge. It implies individual psychological aspects – such as patients' expectations – as well as (emotional) connections to remedies (Luedke and West 2006). On the basis of Steven Feierman´s concept of "relational efficacy" (2010), my paper analyzes that therapeutic efficacy can only be meaningfully defined if social and cultural behavioural dimensions play a role: trust is attributed to the Artemisia-plant, contributing to assumptions of its efficacy and thus shaping a therapeutic solution in excessive demands of healthcare.

Key words: Traditional medicine, efficacy, relational efficacy, trust, HIV/AIDS

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Recipient of Romania: Dealing with a transplant surgery in an eastern developing country

The way organ recipients adapt to the changes produced by incorporating a new organ is an unknown topic, for both the local medical authorities and the social science involved in the process. As the public credibility for the existing health-care system has been continuously decreasing since the fall of communism, transplant surgery emerged as an example of its few still functional branches. Thus, the attention was mainly focused on the medical success stories to the detriment of the recipients shortcomings. This created in time a gap between health-care and their subjective experience. By placing this phenomenon in today`s Romania medical system context, I will focus not only on the post-op experience, but also on the way that disease had already altered, since before the surgery, the patient`s expectations. Disease, by being a subjective experience, is, in fact, a liminal stage in which the patient`s possibility to perform within his usual social background becomes limited. The transplant solution promises to put to an end this stage and bring back, to completely restore, the former way of living. Instead, the recipient is forced to face a new reality, one

for which he has to start finding new strategies and ways to adapt to, all over again. Several factors are responsible for these differences. The immunosuppressive pills answer for a low immune system which can cause problems in socialising or finding a job. Recipients also have to adapt to a new identity cast upon them by the law which considers them as disabled people. Moreover, they have to deal with the incorporation of the new organ; for most of them the latter is loaded with a symbolic value, a fact usually denied by the medical authorities. All these reasons create new ties that bind people with similar experiences to one another, to limited circles, to inefficiently yet solved prospectives.

Key words: Transplant surgery, recipients, Romania, liminality

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Germs: Global as Gold

This paper discusses the use of concepts as tropical diseases and national public health control in an era of globalization.

What do we understand precisely by global scale? If we observe cases of chikungunya fever in Italy and insist in the use of concepts as tropical diseases, are we thinking in a global scale?

And what about the toast of mass media, global warming? This concept as a kind of deus ex machina has also appeared in the confused episode of chik fever in Italy. Global warming was evoked as a possible reason for the arrival of dreadful African mosquitoes in Europe. But, the summer of 2007 was not specially hot in Europe. So, why these mosquitoes have not chosen a hotter summer to come to Europe?

A similar story to bird flu that points out the most migratory birds are not wild ones, but rather chickens! And it's true since chicken fly (dead or alive) in a huge quantity in a global scale. The velocity of transportation modes is an important element in a study of the spread of diseases. But an investigation in the conditions of trade – especially illegal transportation and selling of merchandises – can also help to clarify the subject.

Borders have become more and more abstract in a global world. But international institutions organized after World War II didn't keep the pace with globalization, and are still anchored in the XIX century notions as National State, national public health and tropical diseases.

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Trust, efficacy and uncertainty: Health-seeking strategies and practices of the inhabitants of Bishkek, Kyrgyzstan

In the urban space of Bishkek – capital city of Kyrgyzstan – medical pluralism, shaped by

post-Soviet political and economic changes, offers to the people an array of treatments rooted in different medical traditions. Despite the contest between practitioners of biomedicine and other traditions, there are no impermeable boundaries between them and the latter are treated as complementary to the former.

In this presentation, based on my fieldwork in Bishkek in 2011 and 2012, I will focus on strategies and practices of the people who search for treatment. Due to the difficult situation of health care system and its perception those strategies are marked by uncertainty and anxiety. I argue that in that context the notions of "trust" and "distrust" are of great significance, and trust is not strongly connected with efficacy, but rather with the strength of "ties" of a person – direct or more often indirect – with a doctor or other practitioner and following expectations that as their patient she/he would be treated decently. Trust laid on someone who recommends a particular practitioner is also important.

It does not mean that people are not interested in efficacy – to achieve this goal they often use a "multiple try strategy". However, efficacy is not necessarily referred to cure and has much wider spectrum of meanings. Trust, in turn, seems to be a source of legitimacy not only for practitioners of complementary medicine, but also for medical doctors. Such informal legitimation is commonly more valued than a bureaucratic one. The outlined picture is further complicated by political interests of the parties, financial matters and ethnic diversity of the society.

Key words: trust, efficacy, uncertainty, health-seeking strategies, multiple try strategy, Bishkek, Kyrgyzstan

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Traumatic impact of (ritual) debt bondage and sexual exploitation: Interstices of public health, medical anthropology and religious studies.

The paper will highlight various cultural practices of (ritual) debt bondage in contemporary Nigeria and its use in trafficking human beings- THB.

I will further focus on the numerous verbally-expressed categories of relationships articulated by Nigerian women in Viennese Public Health counselling centers, offering a new perspective on a little-known aspect of relations between the local and the global, focusing on female victims of human trafficking. The control and bondage of single women before they travel (from Nigeria to Europe) shows the importance of socio- cultural aspects and religion in the organization of trafickinhg. The paper will demonstrate how trafficker´s from in the region and the "Madames" in Europe, make strategic use of ties of religious kinship, locality, politics and finance, using "ritually grounded" networks to circulate information, credit and "goods." Not only, however, are professionals (in therapy, and European counselling centers, social workers, lawyers etc.) at best vaguely informed about the social practices at work, but there is also very little data available about the qualitative and quantitative characteristics of associations and practices subsumed under ritual bondage or vodún religion. There is a general lack of information regarding its social-cultural meaning and its efficacy in trading THB.

The paper will present research on Ritual dept Bondage as harmful practices, defining it as immaterial violence caused by "witchcraft similar practices" and its traumatic impact on individuals, with translocal effectivity.

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The mindful smoker – a prolegomenon for future work in tobacco control

This paper takes a deliberately provocative look at smoking from the point of view of medical anthropology's 'three bodies'. It argues that, like Scheper-Hughes and Lock, public health views of the smoker are the product of social, cultural and political contexts. Drawing on historical and literary, as well as contemporary cultural materials and analyses, we explore how 'the smoker' is reduced to an abject body in/by public health. Our paper expands the smoking body (and mind) to interrogate the nature of the category 'smoker' and its manifestations, the cultural experience of smoking as pleasurable and (sometimes) rational, and the political as corporate product as well as production by the state. How does anthropology position itself within this complex and shifting terrain? More ambitiously, now might anthropology take a leadership role in a new wave of thinking about public health problems by focussing on complexity rather than simple systems of cause and effect; and by integrating the subjective and intersubjective with 'objective' analysis and measurement in order to understand and address risky health behaviours?

Key words: tobacco control, smoking, public health, phenomenology, complexity

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Transactions and emotions: Managing uncertainty and trauma when working therapeutically with survivors of politically motivated torture

My experience of working as a psychotherapist with survivors of politically motivated torture who have been displaced by violence has been enhanced by my knowledge and experiences as an anthropologist. The asylum seekers seek to make sense of and give meaning to their experiences of traumatic events while seeking lost objects like self and memory in the in-between space of the clinical setting (Levi-Strauss, 1966).

The process of therapy is 'working through' (Freud, 1984) or reworking the traumatic events in dialogue and trying to hold together the fragments of the story. The therapist, like the anthropologist, hears, experiences, records, interprets and observes from their own cultural frames of reference through the process of separation, liminality, and reincorporation (Turner, 1967). The therapeutic "betwixt and between" space supports clients to move through the rite of passage, and helps the therapist 'hold' and witness their distress. In the struggle between remembering, suppressing, forgetting and re-remembering, the client has the need to be believed and to find a sympathetic understanding. Hearing their frustration and confusion I find it helpful to apply the analytical concept of the drama triangle (Karpman, 1968). I move between the role of the persecutor (internalised bad object), or the role rescuer (internalised good object) while acknowledging and holding the transitional

position of the victim. This helps me with my own feelings of powerlessness and distress in the therapy room; it helps separates my own experiences of personal displacement and professionalinbetween-ness. (Siddique, 2011)

This paper will explore the displacement of emotions in the encounter of trading documentation, scars and symptoms as trauma capital. The act of sharing the traumatic fragments is the practise of embodying the re-remembering of their violence. We value the place of inbetween-ness in our story making and therapy.

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Research of Romany (Gypsy) health-disparity after 'anthropology of biomedicine'

Anthropological accounts of contemporary biomedicine's historical commitments and social performance warrant distrust and pessimism. Originally conceived for managing productive bodily capacities in emerging secular states, modern population-focused biomedical institutions continue to fail people along enlightenment's conceptual constraints: subordinate to politico-economical regimes, they assist (re)production of politico-economical inequalities (structural violence); exalting expert perspectives, they assist oppression or hijacking of lay identities (symbolic violence); confined to universalist modelling, they exhibit inefficacy across social boundaries (methodological naivety) (Lock & Nguyen 2010).

However, recent rejoinders within biomedicine – certainly those accumulating in circles concerned with populations as wholes – allow for some modulation and perhaps new hopes. Not only are here the above shortcomings becoming widely acknowledged as largely internal (Beaglehole 2003, Solar & Irwin 2007, Susser & Stein 2009). The WHO has already started to demand a radical departure beyond present boundaries – via unprecedented structural refurbishments of the entire biomedical establishment (from prioritization of its wellbeing agenda across executive sectors, to necessitation of final recipients' presence upon care conceptions, to broadening of the very definition of health-related scientific evidence; WHO 2008).

Is biomedicine considering taking part in emancipating human bodies from the logic of productive (bio)politics? How would such betrayal of the state and corporations by experts reconfigure biopower? What would this all leave our bodies with?

Skipping these heavy-weight questions themselves, the author closes his argument for their pertinence with contemplating rather an example. How exactly could a particular population-defined health-issue get approached with both greater legitimacy and efficacy after/thanks to loosening of constraints which 'anthropology of biomedicine' disguises as controversial? Based on previous field experience among segregated Roma, an innovative epidemiological health-disparity research strategy is sketched, combining medical-anthropological data-acquisition techniques (Hausman-Muella 2003) with recent eco-social epidemiological- (Krieger 2011) and relational-sociological theories (Archer 2000).

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Health Care for All? Rethinking Globalization and Health Inequalities in the Turkish Context

The talk will explore the ways in which the Turkish health institutions and services are recently re-conceptualized in global terms. It will mainly focus on two seemingly unrelated processes which point out the interactions between globalization and inequalities from the two different ends of the scale. On the one hand, Turkey is becoming one of the most prominent centers for medical tourism with its luxurious private hospitals and globally trained doctors. It attracts around 500.000 patients each year mainly from the Arab, former Soviet Union and Balkan countries, as well as from Europe and the United States. On the other hand, the country regularly receives a flux of asylum-seekers and refugees from the African, Arab, and former Soviet Union countries. Obviously, the medical tourists and people who escaped to Turkey differ from each other significantly in terms of their socio-economic status, health condition and health care needs. The social actors who are actively involved to take care of these two groups of people also vary. A strong partnership between the state and private medical sector dominate the medical tourism, whereas a few, small to medium scale non-government organizations work on the issue of irregular immigrants' health. Based on a media and internet survey and interviews with the social actors involved in these processes, the talk will focus on how those two global trends interact with the existing health problems and inequalities in Turkey in terms of conceptualizations of health and illness and practicing medicine. I will also relate this research with the concepts of biopolitics and biological citizenship by discussing how the patients' rights and responsibilities are taken into account in this process.

Key words: Globalization and Health, Medical Tourism, Immigrants' Health, Biological Citizenship, Biopolitics

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Liminal Spaces within Life-Phase-Transitions. Implementing Active Ingredients of Ritual in Health Care

In the Netherlands a 'transitional model' to diagnose and treat patients and their families was developed by four anthropologists within psychiatry and youth care (Van Bekkum et. al. 1996). It gained acceptance e.g. in the Handbook Cultural Psychiatry and Psychotherapy (2010) and is used on a small scale in clinical practices in Dutch and German mental health and youth care. This conceptual and therapeutic tool is grounded in the three phase model of Arnold van Gennep (1908) who distilled it from his cross-cultural comparative analysis of rites of passage performed at life-phase-transitions in first nation communities.

We introduced the model in diagnosing and treating clients and families with a migrant background, especially with troubled adolescents, by 'redressing' migration as a life-phase-transition (van Bekkum et. al. 1996).

In his PhD research the author uses it as conceptual framework to analyze and describe young men's 'coming of age' experiences in urban contexts in the Netherlands (Van Bekkum 2013).

The model reaches beyond boundaries and focuses on interstices while it modifies and

expands Victor Turner's (1969) conception of van Gennep's (second) liminal (transitional) phase and liminality (condition of being in between). We developed a new concept: 'liminal vulnerabilities', being specific and life-phase bound.

In the nineties we, a network of psycho- and family therapists, started to experiment and test the model in our clinical practices to avoid unnecessary medicalizing-psychologizing effects of migration in help seeking clients.

Five years ago we started co-creating 'containing and holding environments' with clients combining Turner's (1969) and Winnicott's (1951) concepts of liminal and transitional space. Our experiments show a promising potential of facilitating safe, creative atmospheres in which client(systems) revisit/transform their losses and pains and revitalize their family and social bonds.

Because the model is embedded in 'experience-near' language (Geertz 1982) and based upon life-phase transitions (with and without ritual components) it connects easily with uncompleted life-phase-transitions of people from different social, ethnic, national and cultural backgrounds.

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Cancer and main sources of knowledge and authority in Poland – a case study of Warsaw and Bialystok, northeastern Poland

Cancer is one of the most important and troublesome medical condition of contemporary times. In many cases, despite of a constant progress of medicine and development of new, more advanced technologies and screening test, it is still a deadly disease. Various reports show that in the nearest future almost a third of Polish population will die or experience this condition. So – cancer is not only a medical condition – it is a deep, social dilemma, a field to explore not only by medicine.

In my paper I would like to present a part of results from my PHD fieldwork, focused on the various forms of experiencing cancer. Based on 44 so called "narrative interviews", collected among cancer patients from a local GP clinic in Bialystok (northeastern Poland) and patients and members of patients' corporations in Warsaw, I would like to explore the topic of main sources of knowledge and authority for people suffering from this condition. I believe that three main elements play a crucial role in ills biography. These are medicine, family and new forms of knowledge, strictly connected (in Polish context) with economical, technological and social transformation – new media and patients corporations. These elements are in a constant interaction which can be compared to tectonic plates. The results of these interactions are represented by complex and dynamic biographical landscapes of people suffering from cancer. These landscapes compound of a kaleidoscope of meanings represent a modified local health system, proposed by Arthur Kleinman. During my presentation I will present general findings backed up with ethnographic material.