

## 1.5 *Tapping the sources of healing.*

### *Some themes of distress narratives in towns and villages of contemporary Latvia*

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#### *Introduction*

In recent years there has been a major shift of emphasis in the way depression and other forms of mental suffering are perceived, explained and reacted to in post-Soviet Latvia. Whereas during the socialist regime and the first post-Soviet years explanations for ill-being were sought primarily in interpersonal, moral and socio-political sphere, since the introduction of free-market economy in early 1990s esoteric, psychological, and bio-medical explanatory models or causal ontologies have won an increasing popularity. Even though the new folk theories based on them attract a lot of attention and often figure in public discourses that account for mental distress or ill health, the moral and socio-political dimension of theorising suffering has not been discarded. It surfaces in the in-depth interviews where the storyteller is struggling to grasp a deeper meaning of her affliction and to situate her story within the history of her family, her peer group or her country. The speaker's preference for one or another causal ontology depends on both the context in which mental distress has manifested itself and on the context in which it is narrated. At times, however, silence or ambiguity surrounds the quest for meaning and threatens the coherence of the narrative.

Drawing on the debates in medical anthropology and cross-cultural psychiatry I will argue that co-existence of divergent explanations of (mental) distress often reflect two contradictory discourses that nevertheless both inform the sufferer's agency. To demonstrate this I will analyse some narratives entrusted to me during my fieldwork in Latvia where I conducted participant observation, expert and life-story interviews in several towns and villages for nine months in 2002 and 2003. As a participant-cum-

researcher I listened to the stories people told in three different types of setting, one being a support group, the other a psychiatrist's consultation, and the third a life-story interview initiated by myself. Altogether I have recorded thirty-six life-stories and participated in four support or self-help groups. My research participants' age ranges from twenty to eighty, but most are in their forties<sup>(1)</sup>. In this paper, looking at the ways in which interviewees' accounts of their distress embody their aspirations for healing, I will introduce four narratives. First of all, however, let me set my inquiry into the broader context of anthropological studies of suffering.

### *1. The embodied knowledge of suffering*

Kleinman introduced the concept of 'explanatory model' in 1980 referring to a cognitive structure on which both illness experience and clinical practice are based (KLEINMAN A. 1980). He admitted that biomedical as well as indigenous explanatory models are cultural constructs. The cultural system of health care, he argued, shapes illness through the categories that label and explain disease and influence the way symptoms are experienced. Cultural determinants may yield diverse types of somatisation and different illness manifestations, but behind cultural diversity there nevertheless exists a stable identifiable disease entity, for example, clinical depression.

Shweder questioned the distinction between illness and disease in Kleinman's early work. As an alternative, he proposed to distinguish between «forms of suffering» and «the causal ontologies invoked to explain them» (SHWEDER R. 1991: 315). To become meaningful, suffering needs to be interpreted. The interpretation of suffering as an abnormality in some nosological system constitutes a *causal ontology*. The latter term, according to Shweder, signifies the events and processes that are going on in a separate and logically different order of reality (moral, socio-political, biomedical, or psychological) and are thought to cause the experience of suffering.

For Shweder the Western biomedical discourse with its concept of disease is ill suited for representing and comprehending some major forms of suffering. Besides, Shweder critiques Kleinman's later suggestion that socio-political ontology would explain neurasthenia and depression as forms of suffering worldwide (KLEINMAN A. 1986). He refers to his own field research among Hindus in Orissa, India where the most common has been moral causal ontology (relating suffering to transgression, sin, retribution, karma etc.). Other explanations have been related to an interpersonal causal on-

tology (with references to sorcery, evil eye, magic, spirit attack), to a biomedical [Ajurvedic] causal ontology (with references to humours, bodily fluids and substances that affect brain), to a psychological causal ontology (associated with unfulfilled desires) and to an astrophysical causal ontology (with references to horoscopes). In sum, the experience of illness, as it is shaped by culture, can only be comprehended within the context of each society's systems of knowledge, moral values and cosmologies.

Shweder's way of reasoning brings to mind an earlier work by Lutz who claimed:

«For cross-cultural investigators to approach the question of suffering or distress via the ethnotheories that make particular kinds of situations culturally meaningful and that link those situations to cultural values and institutions is to begin with a less culturally specific set of meanings and correlations than that contained in the concept of depression» (LUTZ C. 1985: 75).

Like Shweder, Lutz argues that culturally constituted knowledge systems determine how people experience themselves and each other. One type of such ethnotheory, relevant for understanding mental suffering across cultures, is ethnopsychology, or the culturally specific symbolic systems and conceptualisations surrounding the person (LUTZ C. 1985: 68). Ethnopsychological ideas, and in particular those related to the local theories of illness causation, determine the kinds of therapy chosen in case of distress.

Both Shweder and Lutz have rightly pointed to the ethnocentric nature of privileging Western biomedical perspective on mental distress over other frames of reference that conceive of suffering and ill health rather differently. At the same time, what they juxtapose are primarily diverse cognitive systems, in one case ontologies, in the other ethnotheories, that attempt to comprehend, explain, and predict certain events, phenomena and processes, each employing a set of culture-specific categories. Of the two, Lutz seems more sensitive to the embodied nature of cultural knowledge. Although the term ethnotheory primarily refers to a set of conceptually or symbolically articulated cognitive statements, she remarks that *premises of a certain ethnopsychology may be available to varying degrees of awareness and examination* [emphasis of the author]. Assessment of reality status of the knowledge incorporated in an ethnotheory, according to her, is very much determined by the way the inner and outer are conceptualised. Consequently the reality status ascribed to such cognitive method as introspection may considerably vary across cultures. For instance, the Ifaluk, the people among whom Lutz did fieldwork on an atoll in Micronesia, doubt that one can access the inner life of another person while for Americans

the inner is associated with almost sacred marker of the self. Likewise, in contrast to the dominant Western view that posits emotions as natural, pre-cultural facts of the individual psyche, for the Ifaluk emotions are meanings that people negotiate in attempts to understand the relationships they encounter as well as the roles and behaviour appropriate for each situation. Thus experiencing righteous indignation may be viewed as a morally correct response<sup>2</sup> rather than as a deviation from the state of pleasure or happiness that for a long time has been considered normative in Euro-American ethnotheory.

Arguing that an essential aspect of emotional life is constituted by meanings, and for that matter, values embodied in human interactions and responses, Lutz has pinpointed the implicit nature of cultural knowledge (BLOCH M. 1998, BOURDIEU P. 2003). Neither Lutz nor Shweder, however, elaborate on the ways in which premises of an ethnotheory, a cosmology or a causal ontology become a motivational force, i.e., are translated into vocabulary of habitual actions. Hastrup has attempted to reach such an understanding viewing the mind as a «dynamic zone of contact between embodied knowledge and contested evidence» (HASTRUP K. 1995: 181). Like Lutz, Hastrup argues that cultural knowledge is most often expressed in action rather than discursive statements. However, Hastrup develops this argument further. As people incorporate more and more knowledge, she argues, culture becomes sedimented in their bodies and forms their habits. In this sense culture becomes naturalized in the process of socialization. The body is motivated by this naturalized experience that is beyond words. According to Hastrup, awareness and consciousness are twin sources of agency. Awareness «refers to an explicit understanding, while consciousness is largely an implicit vector of knowing» (HASTRUP K. 1995: 183). Whereas awareness relates to a specific moment in time, consciousness is a timeless dimension of knowledge. Hastrup illustrates these statements drawing on two anthropological studies: Abu-Lughod's ethnography of the Awlad 'Ali Bedouins of Egypt and Scheper-Hughes book *Death without weeping* on the shantytown dwellers of north-eastern Brazil (SCHEPER-HUGHES N. 1992). In both communities agency is informed by two contradictory discourses, one derived from awareness, the other premised on consciousness that is incorporated in shared bodily experience, affect in the former case and hunger in the latter. Awareness can be subject to illusion and confabulation even though it runs counter social experience. Within consciousness, on the other hand, «the desirable order of things is collectively sensed, even when silence or secrecy prevail» (HASTRUP K. 1995: 192).

Here I would like to draw on Hastrup's argument in order to qualify Shweder's thesis about the 'styles of suffering' as embedded in moral values and cosmologies. I agree with Shweder that there are always a variety of causal ontologies that can be invoked to account for suffering even though some would be culturally more preferred than others. At the same time, along with Hastrup I doubt that mere explanations, based on folk-theories, cognitive or nosological systems, or discursive statements, can become a source of agency. Causal ontologies and explanatory models may as well derive from discourses based on the historically contingent awareness and thus contradict consciousness sedimented in bodily experience. To illuminate this relationship between causal ontology and embodied knowledge, in the following chapters I will examine the ideas of causality that Latvian narratives of mental suffering reveal, as well as the meanings, values, and beliefs they incorporate.

## 2. Causal ontologies of suffering in the 20<sup>th</sup> century Latvia

Until the restoration of national independence in 1991 distress and suffering in Latvia were often seen as rooted in the moral and political sphere. Skultans demonstrates that social and political causes dominate illness accounts of the people born in the first decades of the 20<sup>th</sup> century (SKULTANS V. 1998). Narratives of the body and its sufferings have been used to articulate a political critique of the society of Soviet Latvia (SKULTANS V. 1999). Illness in this perspective ceases to be contained solely in the private and medically manageable realm. Also my previous research (MCKEVITT C. - LUSE A. - WOLFE C. 2003) suggests that the older generation often view their health through the prism of shared historical experience.

One of my interviewees, Mirdza, now eighty, belongs to this age cohort. Mirdza approached me after a lecture on my current research topic that I delivered to board members of a retired persons' association in a regional town. Later I visited her at home and learnt that in 1946 when she was twenty-two and had just entered university, Mirdza was arrested. Military tribunal charged her with 'membership in a counterrevolutionary organisation'<sup>(3)</sup> and sentenced to ten years imprisonment whereupon she was sent to one of the GULAG<sup>(4)</sup> sites of confinement in the Sverdlovsk region in Russia. Initially, though, Mirdza wanted to tell me not about herself but about her acquaintance. From the ten-year period of slave labour and extreme need in Siberia during which she was sent from camp to camp and met hundreds of people Mirdza could only remember one person who had

succumbed to depression. Mirdza recalls that Aina, a young woman then, had been sentenced to twenty-five years in labour camps and deported to Siberia in 1949<sup>(5)</sup>:

«Thus you had to spend all your life there. And you would not know where you will settle, what awaits you, for it was not freedom, we were behind the fence, there always was a guard with a gun around. [...] And that Aina was sent to Krasnoyarsk. The heavy labour, the meagre food, and so she spent her days – and she had left a little baby in Latvia. [...] And with that depression of hers, not sharing with anybody she became so poorly that she was no more able to walk or to move, she did not want to talk to anyone, just was in tears all the time. [...] And she – she had no hope anymore. And then finally came that day, it was in [nineteen] fifty-four, after Stalin's death, when one day she was told she was released. That she could go to Latvia. [...] Yes, and then that Aina – looking back to it now – when she was released she was kind of out of her mind. She did not believe she was free!»

This story sympathetically relates the misery and despair of a young woman innocently sentenced to seemingly endless years of coercive labour and hunger in a foreign land. Her lot was even more aggravated by the fact that she was separated from her loved ones. Yet the account also reveals much about the storyteller who seems to have comprehended Aina's suffering but at the same time stresses what allowed her, Mirdza, not to give up, namely, her sense of inner freedom and sense of justice as well as an almost metaphysical sense of belonging. That contrasts sharply with Aina's reported state of withdrawal:

«If a human being was still in a sound [mood] – if THAT did not happen – there still was a hope, there was a dream about homeland, about future. We still were able to admire stars».

Now what helped Mirdza, who in many respects shared Aina's lot, still preserve a hope for the future? In our conversations Mirdza several times referred to the ten years she spent in Siberia as to "my study years". Figures of speech like this are quite common in the narratives about deportations (SKULTANS V. 1998). Inferring the deportees' shared, embodied quality of experience they convey a moral and political perspective on suffering. Mirdza describes her unjust lot just by implication, as if jokingly. It seems that the capacity to adopt a wider socio-political perspective has been for her, as well as for many of her contemporaries, a source of moral empowerment and for that matter also of mental endurance. Unlike Aina (and like the Bedouin women in Abu-Lughod's ethnography), Mirdza was able to articulate her painful consciousness of the losses she had suffered in the 'emotional discourse' of songs and poems (she recited to me some from heart and others from her Siberian notebooks). Moreover, this consciousness of a plight was balanced by her awareness that she shared her

anguish with hundreds of others as well as by her deep love for her native country. That attachment, even though it can be partly attributed to Mirdza's patriotic upbringing and thus a discourse *on* feelings (HASTRUP K. 1995: 185-186), seems to have substantially contributed to Mirdza's endurance, inner freedom and agency<sup>(6)</sup>.

Other life-story interviews I recorded suggest that younger people in Latvia formulate their experience, concerns and problems in quite different terms than representatives of Mirdza's generation. Mirdza sees ill health and suffering as caused by the conditions of imprisonment and subjugation whereas inner freedom for her is something taken for granted. By contrast, for Latvian women now in their forties it is rather the sense of inner freedom and agency that has become problematic thus contributing to suffering. As Putnina too has observed in her recent ethnography of maternity practices, in post-Soviet Latvia structural positions still count more than the individual voice for it is still believed that those are structures that possess agency (PUTNINA A. 2001: 383). Drawing on my interview data I will argue, however, that despite this general tendency, people, especially those who undergo a personal crisis, seek to reclaim their voice, their self-worth and agency.

### 3. *New tendencies in understanding the causes of ill health*

Since the early 1990s a process of polarisation of causal ontologies has begun in Latvia. On the one hand, the psychological mode of reasoning is gaining an increasing popularity<sup>(7)</sup>. On the other, the biomedical discourse is encroaching upon popular understandings of mental health and illness often obscuring unequal power relations as a ground for moral indignation that also contributes to distress and depression.

#### 3.1. *Psychological understanding of causality: Eva's analysis*

According to psychological understanding, depression signals a threat to the self. For several of my interviewees to overcome depression has meant to recover the inner voice and to articulate its message. These people told me how they endeavoured to start speaking and acting in the way they felt rather than according to what others expected. Other interviewees emphasise the healing and empowering potential of their commitment to make a common cause with their peers (most often within a non-governmental or charitable organization). In both cases there emerges again the

theme of inner freedom. For these people, to recover the voice of the self has meant to attain a higher level of freedom, and for that matter, agency. For some of them, the change in outlook has been brought about by psychotherapy. Eva's story gives us an insight in a healing process conceived as reclaiming authenticity in experience.

Eva (born in 1956) trained as paediatrician and worked on a hospital ward for 17 years. She recalls that even though her work involved taking on great responsibility, her salary hardly sufficed to provide for the family. As soon as an opportunity arose, in 1997, Eva decided to embark on training as a psychotherapist.

«I completed [the training] in 1980. Thus I trained – studied purely in Soviet time. And psychology, psychotherapy was non-existent. Nil. There was a void. [...] And then one feels a need to fill that void».

Thus the feeling that something was missing stemmed not just from lacunae in her education, for Eva it also signalled an emotional void. In our conversation Eva admitted to having suffered from depression. In her narrative she focused on her private crisis yet one can nevertheless discern a mighty echo of past political events that have had far-reaching effects on the minds of more than one generation:

«Overall I feel like a post-war child. [...] Such a period. Namely, the 1950s - well, the post-war – looking back now, it still was a post-war feeling then. And my granny was with me, the closest relative, my carer, dear and kind. Nevertheless she is – looking back now – absolutely depressive. She gave birth to six children, just two survived. Husband went to fight, well, in fact he died in a concentration camp... One son lost his life as a legionary [...] These opposite camps – and children split between them<sup>(8)</sup> and... I think that involves such an immense distress – and losses. And my father was deported to Siberia, for example, and the two little daughters – both died too. That is that life of a woman. What can she feel like...».

Eva interprets the impact of these political and family circumstances of her early years on her mindset from her present vantage point as a psychotherapist. Interestingly, in that she as if distances from her immediate memories using the third person pronoun:

«Cause it is almost forbidden there, well, not exactly forbidden, just unconsciously so, but still, overall there is no joy, you see, one cannot experience joy, fulfil one's wishes, 'cause there is another person whose lot is much heavier than mine...».

Beside this unconscious prohibition of wishes and enjoyment, those born in 1950s are also likely to know fear well. For Eva, her father's life-world embodied it:



«It is a matter of survival. If he survived in Siberia, then how can he afford to [oppose] somebody here and now? [...] And that's what the period was like, you see. I think that to afford or wish something...[...] It did not exist, it was not allowed! And repression of wishes, in turn, results in depression...»

A year later, in our second conversation Eva, having read my interpretation of her account, emphasised: «That's what that emotional milieu is like: fear as a background of depressivity, and it cannot be integrated into the selfhood for it is never spoken about. Fear resides in the unconscious, it's not explicit». I see the fact that Eva relates her own past experience in the present tense as implying a deep significance. As a psychoanalytically trained person Eva understandably speaks about the emotions deposited in the unconscious as motivational forces behind her own and her relatives' past words and deeds. At the same time, the story of her family can readily be interpreted in the theoretical framework advanced by Hastrup, namely, as an example of the way in which consciousness and awareness intertwine engendering motivation and agency. «Silence or secrecy may be imbued with value and thus with motivational force. The absence of direct and public articulation points not to lack of consciousness of the values or desires implied but to a lack of means to act explicitly upon it...» (HASTRUP K. 1995: 192). Thus the depth of the suffering caused by silencing and repressing desires, in fact, affirms the centrality and value of the desired for the sufferer. In the case of Eva's family, freedom, spontaneity and safety of the loved ones have been such desired objects. As we have seen, Eva does not discard the socio-political causal ontology, as one would expect from a person in her trade. Rather, her training as a psychotherapist has made her able to break the silence and articulate the dominant, but deeply subdued mode of consciousness with which she grew up. Her narrative convincingly demonstrates that self-exploration does not inevitably preclude due attention to political and moral aspects of distressing experience. To understand herself Eva had to understand her genealogy, and that inevitably raised the question of justice, in interpersonal, as well as in a moral and political sense. In spite of the oppression and losses her predecessors went through and the sediments that that has left on her embodied emotional experience, Eva has reclaimed her sense of inner freedom and agency. Having felt the heavy weight of injustice and fear as a child she has chosen to do herself justice now, as an adult:

«I was kind of bored with lamenting and blaming the government, and was wondering: could it really be that nothing depended on myself?».

Few of my interviewees, though, have been so articulate in analysing their lives. Besides, a competing perspective, that of psychopharmacology, at

times overshadows the importance of self-analysis in terms of history, genealogy and power relations.

### 3.2. *Ambivalence about the biomedical approach: Pärsla's case*

As elsewhere in the world (LUHRMANN T. 2001) also in Latvia the biomedical perspective has recently been gaining in authority. In this discourse, not only disease but also illness appears to be little more than a biochemical process. For instance, in an interview with a Latvian psychiatrist published in a local newspaper in 2002 we can read: «Worries, stress, abuse of alcohol, drugs or medicines are just factors that contribute to the onset of illness. Its cause is a disturbance of the chemical balance in the brain»<sup>(9)</sup>. Although not all doctors in Latvia interpret depression in such a narrow way, the biochemical approach has become more established owing to pharmaceutical industries' marketing strategies (HEALY D. 1998). Notions of psychopharmacology are also leaking into lay knowledge, as browsing through newspaper columns in Latvia suggests. At the same time, from among dozens of people who entrusted their life-stories to me no one admitted that antidepressants had helped them to overcome depression: in most cases they had just stabilised it. I will illustrate this by referring to a psychiatric consultation in a regional health centre at which I was present in January 2003. During the consultation the doctor invited her patient, Pärsla, to tell me about her illness.

Pärsla is about 30, she is married with two children. Her health problems began in 1996, after her youngest child was born. Pärsla recalls backache, fits of dizziness, nausea, weakness, and increasingly also anxiety. Concerned but perplexed about her condition Pärsla consulted a neurologist, a surgeon, an endocrinologist, a gynaecologist, as well as several healers. In summer 2002 Pärsla eventually visited the psychiatrist who diagnosed her with a prolonged post-partum depression. Treatment with antidepressants finally seemed to alleviate her condition. During the consultation the doctor carefully asks Pärsla to tell about both her past and present feelings:

**«Doctor:** *You were weeping because you felt nobody understood you, weren't you?*

**Pärsla:** *Uhm – also – and also because, you see... I was bored with myself...*

**Doctor:** *Also your social status had changed? You had lost or quitted your job – felt estranged from your friends?*

**Pärsla:** *Nnn... that hardly left any great impact on me, since I have grown up in countryside, you see, the youngest child. I have always been independent, from chil-*

hood. And... I am not especially keen on making friends for I have had a bitter experience..

**Doctor:** *Since when have you started feeling better and hope that all will be well?*

**Pärsla:** *...Well, it was when I began – began taking [the name of an antidepressant]».*

This dialogue leaves an impression that for the time being Pärsla has no other option than to rely on psychiatrist's prescriptions. At the same time, listening to Pärsla, one could not help noticing her deep ambivalence about her own condition. Upon her arrival Pärsla complained that she was bored with the domestic routine and eager to 'come out of her shell'. That wish sounded well justified once I learnt that Pärsla had to quit her work as a florist a year ago and had stayed at home since. Moreover, she claimed to have received little understanding or support from her husband. A few minutes later, though, Pärsla described herself as an "independent human being": being the last child of her parents and having grown up on a lonely farmstead, she was used to coping on her own. Nevertheless, the bitterness with which she spoke suggested that this self-image was constricting and largely based on a popular, normative discourse emphasizing the value of self-sufficiency and personal independence. Thus what prevents the young woman from 'coming out of her shell' is not a biochemical imbalance in the brain, as the biomedical discourse would suggest. Rather Pärsla's difficulties can be attributed to her awareness of her role as a wife and mother expected to care for the family more than for herself. Such a stance has prevented her from articulating and sharing with others her resentment about having not fulfilled her desires. Luckily, Pärsla has found a psychiatrist to help her acknowledge and articulate her concerns and feelings and draw upon her inner reserves to find the motivation for healing.

### *3.3. The contextual nature of causal ontology: Gunta's narrative*

Psychological discourse is not the only alternative to biomedical discourse in Latvia. In a number of narratives a type of causal ontology can be discerned that I would characterise as "esoteric" or "spiritual". In today's Latvia it is most closely associated with alternative therapies or healing ("*dziēniecība*"). Although there are more and more suppliants who set their hope in either biomedical or psychological solution of their crises, a great number of people draw on what can be termed "spiritually esoteric ontology" in their attempts to make sense of distress. Thus several of my inter-

viewees mention visits to healers, while even more people refer to what they have read about healing. At times, the spiritual perspective complements the socio-political one, as Gunta's narrative suggests.

Gunta (born in 1959) looks back to her thirty to forty years of age as to a period of her life crisis. There was a pre-history to that, however. Gunta was trained at an agricultural college where she also met her future husband. After graduation both moved to the husband's native village. There Gunta gave birth to their three children and stayed at home to look after them for several years. She returned to work in the late 1980s when collective farms had just begun to dissolve:

«[...] Thus I fell out of the process, and thereafter the time had come when the kolkhoze's property was being divided. [...] And there I damaged myself. Now one would ask: what for? In fact, because of the property, even though I did not need property for its own sake, I just desperately wished to be a farmer!».

Eventually Gunta and her husband set up a farm of their own but because of a disadvantageous bank loan they got into debt. Her daughter's problems at school marked the culmination of her anguish:

«And thus one such little neurosis, another one – something you swallow. That all accumulates – not because of a catastrophe, it just gradually accumulates. [...] And you are not able to do anything at all, just walk around like a fool and look, all over that burning sensation, headache, that's all. I have read about that, I realise: that's depression. Must go and see the doctor».

A family doctor prescribed her antidepressants and that really helped. Shortly afterwards, however, unbearable joint aches set in and Gunta took the opportunity to go to a sanatorium. Having joined a group of gymnastics there, Gunta praised the coach:

«Yes, she taught us those exercises that help relax the spine, you see, things like that... But she also knew how to bring in order your mind at the same time, you see. How badly you need that exercise and how you can enjoy it [...]».

«Plus the library: there was such – either I accidentally came across it or somebody suggested – that book by Lüle Vilma<sup>(10)</sup>. That was right for the brain – to put it in order. And when you also talk to others, from what conditions they have been restored, you see, I thought then: have to strive. I did exercises at home once I returned – I took it very seriously. Just have to stand up, that's it! My brain has completely changed since then...»

Thus for Gunta depression was not just as an illness to be treated with antidepressants but an urge to revise her whole mindset and habits. Phys-

ical exercise and 'psycho-hygienic discipline', to borrow her own words, helped her a lot in that. Besides, like the people of Mirdza's generation, Gunta discovered an empowering potential in sharing her experience of suffering with others. Upon the resolution of her crisis Gunta actively engaged in the local sports club and became a member of jury in the county orphans' court. Now she sees these activities as a precondition of her mental well-being.

This story too can be interpreted in terms of twin sources of agency, one being largely discursive, another an embodied and experiential one. Having read quite extensively, Gunta is well aware of multiple discourses around depression (socio-political, psychological, biochemical, esoteric) and able to relate those to her own life-story. However, only when she turned her attention towards her ailing body and repositioned it as a 'mindful' one, endowed with soul, embodying knowledge and signalling distress, did she tap her source of healing. Sharing her lot with others and articulating the moral and spiritual meaning in suffering was a decisive step towards affirming agency.

### *Conclusion*

As has been established in medical anthropology and cross-cultural psychiatry, the experience of illness and suffering is shaped by culturally grounded knowledge and shared moral values. Drawing on these resources can help one attain a coherent statement about the meaning of adversity and, by the same token, dissipate the sense of distress (KEYES C. 1985). In this paper I explored narratives of four Latvian women and analysed the ways in which their accounts of mental distress reflected their efforts to find a meaning that could lead towards empowerment and eventually towards healing.

To comprehend the variety of ways in which mental distress can be perceived, experienced and responded to, I employed Schweder's concepts of 'styles of suffering' and the respective causal ontologies. I conceded that since they acknowledge multiple culturally grounded perspectives these concepts allow to eschew ethnocentric approaches that privilege the biomedical perspective over other frames of reference. At the same time, as a conceptualisation of cultural cognition Schweder's approach is a rather static one in that does not it clarify why one ontology should be preferred over others at a given social and historical

time and space nor how it can become a motivational force for people aspiring to healing.

I attempted to qualify Schweder's conceptualisation of multiple 'styles' and causal ontologies of suffering drawing on Hastrup's approach to motivation and agency as informed by cultural cognition. According to Hastrup, «experience and description are bound together in a constitutive relation that admits of causal influences in both directions» (HASTRUP K. 1995: 192). Awareness, or explicit understanding, and consciousness, the implicit vector of cognition, are two intertwined sources of agency and motivation. I argued that in the case of mental distress, representations, decisions and actions might derive from awareness as well as from consciousness. One or another causal ontology may at times contradict consciousness that has been sedimented in bodily experience. The potential to attain healing and empowerment depends not so much on the coherence of a causal ontology behind each narrative than on the sufferers' ability, through "suffering in style", to draw on shared moral understandings and bodily experienced meanings.

Analysing illness narratives of four women I attempted to demonstrate that in spite of the increasing popularity of biomedical and psychological explanations of mental distress in the post-socialist Latvia, it is within the moral and socio-political framework that the storytellers manage to both make sense of their suffering as other than an individual malady and affirm their agency. Thus Mirdza's story, cast in the form of a moral critique of inhumane political regime, attributes mental ill-health to the conditions of subjugation and powerlessness. Psychological and spiritually-esoteric perspectives on suffering prove most empowering when they are complemented by the moral or socio-political one. For example, Eva's account of her crisis, even though expressed largely in psychoanalytic terms, powerfully conveys her sense of a regained agency precisely because it also contains a moral critique of the repressive society of her childhood. Gunta, in turn, challenges her own earlier resentment at economic and political injustice and discovers her creative potential as well as new ways of connecting to others, having shared with fellow sufferers the bodily dimension of knowledge and repositioned her ailing body as a 'mindful' one. Pärsla's narrative, in contrast, has largely been shaped by the biomedical causal ontology and thus detached from the shared horizon of embodied knowledge. The engagement with consciousness in it is silenced.

## Notes

- (1) The interviewees' names have been changed here, in order to protect their identities.
- (2) Lutz's approach to emotions is supported by Nussbaum's argument according to which emotions embody beliefs about value, worth and salience of the object they are focussed on (NUSSBAUM M. 1999).
- (3) While still at school, Mirdza had taken part in the youth organization *Mazpulki*. The origins of this patriotic and educational organization can be traced to the *4H Club* (acronym for "head - heart - hands - health") founded in the United States in 1902. Main activities of *Mazpulki* consist of educating children and adolescents about household, agriculture and environment. In 1940 it had local branches in all primary and secondary schools of Latvia, comprising 44.200 members. URL (accessed on 21/02/04): <http://www.mazpulki.lv/> The adjective "counterrevolutionary" was attributed to the political parties of the Republic of Latvia, youth organisations, anti-Soviet leaflets and songs (VIKSNE R. on URL *Crimes against Humanity. Latvian Site* <http://vip.latnet.lv/lpra/viksne.htm>
- (4) GULAG is a Russian acronym, meaning "Mass Administration for Corrective Labour Camps".
- (5) Altogether ca. 94,000 people were deported from three Baltic countries on 25 March, 1949. These deportations were in part directed against the supporters and family members of the partisans. Cf. *Fourth Sub-Commission: Crimes against Humanity in the Territory of Latvia during the Soviet Occupation 1944-1956. The Progress Report of Latvia's History Commission: Crimes against Humanity Committed in the Territory of Latvia from 1940 to 1956 during the Occupations of the Soviet Union and National Socialist Germany*. URL (accessed on 21/02/04): <http://vip.latnet.lv/lpra/4subcomission.htm>.
- (6) According to Hastrup agency can be viewed as a «feature of continuing conversation in the community, embracing both a discourse on emotions and an emotional discourse» (HASTRUP K. 1995: 190).
- (7) What concerns psychology, the only university department of psychology in Latvia was closed by Soviet authorities in 1940s not to be re-opened till early 1990s, so that in Soviet times there were no more than a dozen professional psychologists in Latvia. Practically no psychotherapy was available. Since early 1990s, however, there has been an exponential growth of this industry in Latvia. The membership of psychotherapists' associations is approaching two hundred.
- (8) "Opposite camps": one of Eva's uncles was conscripted into the Latvian Legion, a subdivision of German Troops during the WWII, another into the Soviet Army.
- (9) *Alūksnes Ziņas* 5 February 2002.
- (10) Lüle Vilma is an Estonian folk healer and author that became very popular in Latvia in mid-1990s.

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