

Introduction

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The first four papers of these proceedings address a crucial issue in discussions about the mission of medical anthropology. To phrase that mission in negative terms, both Raymond Massé and Sylvie Fainzang argue for a de-medicalisation of medical anthropology. In their view, medical anthropology should not accept the biomedical concepts and categories as 'facts' on which anthropologists may comment from a social and cultural point of view. Such a medical anthropology would disqualify itself as only 'writing in the margin' of true science. It would become merely *an* anthropology *in* medicine, a handmaid helping to implement the facts of science in society. A de-medicalised medical anthropology, however, looks at health, illness and medicine and inherently social and cultural phenomena with their own meaning and momentum.

Raymond Massé describes the outlines of a critical medical anthropology focusing on social suffering. His view is based on the complementarity of phenomenological, economic and political perspectives. Medical anthropology, he writes, should be occupied with a comprehensive understanding of disease, taking into account the multi-layered character of both context and experience.

Similarly, Sylvie Fainzang follows Marc Augé to emphasise that practices relating to illness are indissociable from the social and symbolic system. "Illness, as a paradigmatic example of misfortune, reveals the nature of social relationships." She continues: "The medical field is but one social field among others, even if the questions it raises are exacerbated by the radicality of what is at stake, such as life, death, sexuality."

The other two papers provide excellent cases to illustrate the general argument of the first two authors. Oriol Romaní focuses on drug use, not as a pathological condition but as a "potent analyser" of contemporary society. By understanding drug use we will eventually also better understand the society in which it occurs.

In the same vein, Rosario Otegui Pascual argues that the anthropological study of AIDS should lead us to an analysis of processes of social inequality. The socio-symbolic status of AIDS is linked up with the construction of identity, stigmatisation and 'distanciation'.

The discussion that followed the presentation of the papers focused again on the identity and state of medical anthropology. The term 'de-medicalisation' was criticised for two reasons. First because it sounded too defensive, implicitly recognising the domination of medical science and practice over anthropology. Secondly, it sounded unnecessarily hostile towards bio-medical practice whereas we should simply recognise the difference in perception or paradigm. That difference, however, should not be regarded as incommensurable but rather as complementary. As a matter of fact that complementarity was embodied in the persons of several participants at the conference.