

Introduction

Sylvie Fainzang

CERMES (INSERM), Teyran (France)

A conference on medical anthropology cannot be held without granting some space and time of reflection to the issue of the body. Medical anthropology, through its focus on illness, has a particular interest in the human body and all that relates to it (its organs, its substances, its functions), in that it questions the relation of illness with physical experience and pain. For the patient who suffers, the body is an «essential part of the self», said Good (1994).

If the body is a central object for medical anthropology, it is also central for general anthropology. As stressed above (Fainzang, in the present volume), the study of the body and of its representations is fundamental to anthropology insofar as it allows to unveil some of the symbolic logics governing life in societies, which is one of the main purposes of anthropology. But the study of the body is also important because it means focusing on suffering and on the lived experience of people, which is another way of understanding and analysing social realities.

Yet there are different ways of seeing and conceptualising the body, which play a part in the kind of relations medical anthropology has with biomedicine and with anthropology in general. The issue of the body brings us to the way the body is perceived and conceived both by anthropologists and by informants. It is examined here on various levels and the discussions concern:

- the image of the body,
- the conceptualisation of the body,
- the status of the body (especially as an object or a subject, an agent of experience and narratives),
- the role of the body, namely as a vehicle, through signs and symptoms.

In this regard, the papers also examine what is at stake with the body in medical anthropology and the relationship between the body, anthropology and medicine.

The papers in this chapter raise quite a number of heterogeneous questions. Some take the body as a means of deciding on the place of it in medical anthropology studies; others take the body as an object of reflection *per se*. They all address, however, a certain number of questions, which concern the question of the relationships of anthropology and medicine, and the contribution of medical anthropology to anthropology.

The issue of the body is all the more important as it refers to the notion of embodied experience. A few years ago, Good (1994) noted that literature on representations was important but that accounts of illness experience were largely absent. This gap has been largely filled thanks to interpretative studies: nowadays, many authors plead for an anthropology of experience (Kleinman & Kleinman, 1995). Likewise, the papers in the present chapter largely speak of embodied experience.

However, it seems that the issue of the experience of the body is somehow seen as the opposite of the issue of representation. There is a focus here, as in interpretative anthropology, on embodied experience as the grounds of illness representations, which stress the primacy of bodily experience. The result is a concern to give accounts of bodily experience rather than to give cognitive renderings of illness, as the opposite course of what Good noted concerning the context criticised by anthropologists in the interpretative tradition, simply reversing the order of priorities. The body is seen as subject of knowledge, and experience is seen as prior to representation. This requires some comments to be made:

- 1) What is striking is that the distinction between the study of representations and the study of bodily experience is a distinction between cognitive and experience-related categories. That is to say, it is a distinction, which reifies the split between body and mind, whether it is by taking one or step or the other.
- 2) One question is how far the actual focus on embodied experience and the notion of embodiment contributes to general anthropology? This question relates to the true anthropological issue of the relationships between body and knowledge.
- 3) There is, in this field of research on the issue of the body and embodiment, a consensus that embodiment rests on the phenomenology of illness experience. But the notion of embodiment seems to have different contents and implications for different people. Some base knowledge on the experience of the body, while others find that the body expresses what comes from social and personal life experience, seeing the body as a reading grid of life and of the self, or as the locus of the cultural construction of personal experience.

So it seems that we confront some major problems here. Finally, we can wonder whether we do not have, with body and illness, the same type of

relationship as in the story of the chicken and the egg: which came first? Which depends on the other? Can we make any sense of the separation between them?

References

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