

Introduction

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Illness experiences have become an area of interest in the social sciences. Medical anthropology focuses on 'the lived experience' of what is going on in bodies and lives. Anthropological studies of illness narratives see illnesses as polysemic and multivocal. Meanings of illness are personal, social and cultural. They reveal what it means to be ill. Anthropologists have argued that narratives are the forms 'in which experience is represented and recounted'. The first section Narratives – shows that narratives serve a variety of ends in people's lives.

Vibeke Steffen describes how narratives are an expression of people's perspectives and experiences with alcoholism, but are also used for structuring therapy. She shows the role of nature and nurture in narratives of addiction. These narratives are related to master-narratives of social heritage. Steffen makes the point that her informants reacted ironically when she made an appointment to talk with them more in-depth. Remarks such as "Remember to bring your family pictures" or "prepare your childhood story" shows the status of narratives in people's minds. Indeed, anthropologists should not only use narratives and stories; hanging around, observing, being there is essential too.

Rinken focuses on the Western form of subjectivity and identity by linking HIV, mortality and the self. In his paper, narratives serve as a means for self-construction. This needs self-reflection (self-narration) in order to establish change and transformation in one's life.

Jennifer Parr analyses the active role of the anthropologist as a facilitator in a pilot health setting in Cape Town. Parr confronts us with the anthropologist's narrative. Often, this reflexive narrative is difficult to tell in the setting where the anthropologist has to work.

Narratives of women about the risk of osteoporosis are full of metaphors. Susan Reventlow shows the changes in these stories after women had a bone-scan. Medical knowledge becomes embodied.

Against the background of ongoing change in the South African Health Care System, Diana Gibson shows the need for order, cohesion and pattern in health information systems. Gibson describes the development of an information culture and people's involvement. Ritualisation and brokering – anthropological concepts – are very useful in this process.

The final paper of this section focuses on food advertising. Mabel Gracia has studied how people experience and judge this advertising. Gracia concludes that advertising only has an effect within an ideological discourse of needs. Often, advertising starts with people's needs. It is presented as a solution to these needs.

The papers in this section strongly stress the importance of subjective accounts of people and an "emic" view. They show how people deal with their past; how they give meaning to the present and how they use their experiences for the future. Narratives – spoken words, written words and images – are at the heart of this enterprise. The papers show that the personal narratives are related to, and get their meaning from, the cultural context.