

RIVISTA DELLA SOCIETÀ ITALIANA DI ANTROPOLOGIA MEDICA
FONDATA DA TULLIO SEPPILLI



In copertina

Sfilata per le strade di Mekelle (Tigray, Etiopia), in occasione della *Giornata internazionale delle persone con disabilità*. Foto di campo di Virginia De Silva (dicembre 2014).



Il logo della Società italiana di antropologia medica, qui riprodotto, costituisce la elaborazione grafica di un ideogramma cinese molto antico che ha via via assunto il significato di “longevità”, risultato di una vita consapevolmente condotta lungo una ininterrotta via di armonia e di equilibrio.



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AM

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Editoriale

AM 50: un nuovo inizio

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Care Lettrici e Cari Lettori,

presentiamo qui il numero 50 di AM, il secondo della nuova veste digitale. La rivista è in corso di verifica e vi saranno ulteriori cambiamenti: la transizione non finisce, ma ci siamo.

Siamo a “un nuovo inizio” e tutto dipende da noi: abbiamo recuperato gli enormi ritardi di AM già con i tre volumi dal 2016 al 2019: 41-42 del 2016, 43-46 del 2017-2018 (firmati da Tullio Seppilli, in quanto egli li aveva già programmati e precedentemente messi in opera) e 47-48 del 2019 (che ricordo essere l'ultimo volume cartaceo).

Nel 2020 abbiamo raggiunto l'obiettivo più ambito: rendere tutta la collezione di AM dal 1996 a tuttora liberamente disponibile in internet come Archivio, contestualmente all'uscita del numero 49, il primo di AM in edizione digitale.

Come già sapete la nostra rivista prosegue le pubblicazioni *online* con due numeri l'anno *open access* che vedranno un'uscita cadenzata nei mesi di giugno e dicembre con una programmazione triennale.

Grazie a tutte e a tutti per l'accoglienza gioiosa che ci avete riservato per questo traguardo: innanzitutto a coloro che hanno contribuito a realizzarlo, cioè alle colleghe e ai colleghi del Comitato di redazione della versione cartacea di AM, senza le/i quali non avremmo mai potuto ottenere questi risultati; a Cristina Papa e ad Alessandro Lupo, da lungo tempo compagni di lavoro solerti e leali, che hanno accettato di presiedere l'una la Fondazione Angelo Celli per una Cultura della Salute e l'altro la Società italiana di antropologia medica (SIAM) con uno spirito di servizio tenace, competente e unitario; a tutte e a tutti i membri del Comitato scientifico, che contribuiscono a illuminare la nostra rivista, organo nazionale della SIAM; ai

colleghi e alle colleghe del Consiglio direttivo della SIAM, che hanno accettato di far parte del nuovo Comitato di redazione dell'edizione digitale e, *last but not least*, a tutti e a tutte voi, lettori e lettrici, che seguendo la rivista e/o contribuendo a essa, siete il principale riferimento di AM.

«Tullio Seppilli sarebbe stato contento». È questa la frase che mi è più di tutte entrata nel cuore allorché abbiamo raggiunto la meta di portare AM su OJS. La nostra rivista ora appare sulla piattaforma dell'Università di Perugia e da qui può raggiungere tutti gli altri Paesi. Anche nella programmazione dobbiamo un po' ripensare il *target*. Abbiamo il compito di rappresentare all'esterno l'identità dell'antropologia medica italiana e grazie all'impegno di tutt* ce la faremo. Pur rimanendo un periodico italiano, guardiamo a un pubblico internazionale, composto dalle colleghe e dai colleghi di tutto il mondo (com'è noto, accettiamo saggi e contributi in diverse lingue: italiano, francese, spagnolo, inglese e portoghese), che sanno guardare all'ampliamento che la disciplina specialistica dell'antropologia medica sta vivendo nel momento contemporaneo a livello planetario.

Con l'uscita del primo numero digitale abbiamo avuto riconoscimenti internazionali importanti, da parte di colleghe e colleghi di prestigio; sono fioccate E-mail di congratulazioni da più parti, dirette a me solo perché in questo frangente sono il direttore di questo periodico, a testimonianza della grandiosa capacità di Tullio Seppilli di costruire reti mondiali nel campo dell'antropologia medica internazionale.

In effetti tutto quello che programiamo, silenziosamente o loquacemente, lo facciamo nel nome di Seppilli. Certo con autonomia e responsabilità, ma non a caso portiamo avanti una rivista con iniziative nelle quali la sua presenza è molto evidente. E lo mostra questo numero 50, sia nella sezione monografica sia in quella generale.

Ospitiamo nella sezione monografica una selezione dei contributi più pertinenti per l'antropologia medica presentati, selezionati e riscritti per l'occasione da alcuni dei partecipanti alle due giornate di studio su *Antropologia medica & Disabilità* che organizzammo nell'ateneo perugino l'8 e il 9 novembre del 2019. Si trattò dell'esito laboratoriale collettivo, a opera di un gruppo che fondammo proprio raccogliendo la richiesta di coloro che furono i primi tre aderenti: Virginia De Silva, Fabrizio Loce-Mandes e Francesca Pistone, studiosi indipendenti che hanno svolto il loro dottorato di ricerca lavorando etnograficamente sul tema della disabilità e che al contempo hanno preso parte a diverse sessioni del 2° Convegno nazionale della SIAM «*Un'antropologia per capire, per agire, per impegnarsi*». La lezione di

Tullio Seppilli, svoltosi all'Università di Perugia, il 14-16 giugno 2018, al quale abbiamo dedicato l'ultimo volume cartaceo di AM (ottobre 2019 / 47-48, con una selezione degli interventi tenuti alla sessione coordinata da Massimiliano Minelli e da me) e il primo numero digitale della rivista (giugno 2020 / 49, con le relazioni plenarie).

Insieme a Massimiliano Minelli, Andrea F. Ravenda e Nicoletta Sciarrino, dopo il convegno del 2018, abbiamo contribuito a configurare un gruppo di lavoro denominandolo AM&D. Una *équipe* che, accanto alla *Call* di quel seminario, ha scritto un documento comune, una sorta di *manifesto*, che qui di seguito riproduciamo per intero, anche perché da esso si evince il debito scientifico e politico che dobbiamo alla lezione di Tullio Seppilli:

Il gruppo AM&D (Antropologia Medica e Disabilità) nasce dall'incontro di ricercatrici e ricercatori intorno alla tematica della disabilità, a seguito del II Convegno nazionale della Società italiana di antropologia medica (SIAM) tenutosi a Perugia nel giugno del 2018 «*Un'antropologia per capire, per agire, per impegnarsi*». La lezione di Tullio Seppilli. Attraverso lo studio e la ricerca, il gruppo intende valorizzare lo spazio di azione della teoria e della pratica antropologica all'interno del campo della disabilità. Le prospettive di antropologia medica che perseguiamo non hanno l'intento di ri-medicalizzare o antropo-medicalizzare la questione della disabilità, ma evocano un'antropologia critico-politica del corpo, dialogica e sperimentale, incentrata sui processi di incorporazione, di ben-essere e, quindi, di salute. La disabilità emerge come un "campo", inteso sia come spazio di riconoscimento reciproco tra gli attori sociali, sia come terreno di contesa regolato da rapporti di forza. Ne risulta evidenziata la natura innaturale e storicamente determinata della disabilità. La pratica etnografica permette di connettere le esperienze più intime di condizioni "disabilitanti" con i discorsi pubblici e istituzionali; di analizzare le ricadute locali di processi globali, come la Convenzione delle Nazioni Unite sui Diritti delle Persone con Disabilità e i documenti delle agenzie internazionali; di mettere in discussione le categorie di "vulnerabilità", "marginalità" e soprattutto "funzionamento" e "abilità". I lavori scientifici del gruppo, nella loro pluralità, sono uniti dal filo rosso di uno sguardo critico e de-essenzializzante, attento alle politiche di dis-abilitazione di alcune categorie di attori sociali e a quelle di riconoscimento, al disvelamento dell'abilismo incorporato, alle retoriche di *empowerment*, di autonomia e di indipendenza coniugate in maniera specifica all'interno dei sistemi neoliberali. Si va dallo studio dei dispositivi dello sviluppo a quello delle pratiche di cittadinanza attiva, dalle esperienze del corpo nella sua continua relazione con il contesto in cui si trova alle infinite possibilità aperte da pratiche insorgenti. Nell'ottica qui delineata il gruppo AM&D si impegna in «attività di ricerca con finalità operative tese a fondare processi di consapevolezza e di liberazione» (Tullio Seppilli). Il gruppo

AM&D è composto da: Virginia De Silva (coordinatrice) / Fabrizio Locemandes / Massimiliano Minelli / Francesca Pistone / Giovanni Pizza / Andrea F. Ravenda / Nicoletta Sciarrino.

Grazie a Virginia De Silva che ha accettato di coordinare il gruppo AM&D e di curare i due volumi che costituiscono in termini di pubblicazioni una selezione di qualità degli esiti di quel seminario di due giornate: la sezione monografica di AM e un numero dedicato a questo tema dalla rivista napoletana di *Disability studies* "Minority Reports". AM e MR si sono uniti in una sfida co-disciplinare: spingere l'antropologia medica e i *disability studies* a un confronto necessario, argomento sviluppato da De Silva nelle introduzioni a entrambi i monografici e più volte ripreso nei saggi successivi da lei presentati.

Inoltre, nella sezione generale, accogliamo scritti eterogenei, che vanno dalle analisi etnografiche sulla riduzione del danno, alla collaborazione transdisciplinare con esponenti della ricerca biomedica fino alla riflessione filosofico-antropologica sulla fondazione da parte di Ernesto de Martino del rapporto fra antropologia e arte.

Anche se in un'ottica del tutto nuova, riprenderemo progressivamente a pubblicare l'insieme delle rubriche che, nella loro ricchezza, caratterizzarono i primi anni della rivista, ispirandoci all'*Osservatorio*, ideato da Seppilli. Cominciamo in questo numero a ripristinare i *Lavori in corso*.

Infine, puntiamo molto sulle recensioni, un genere di scrittura non sempre difeso in Italia. Per noi esse costituiscono una parte indispensabile di AM, perché danno conto di volumi importanti, del presente, soprattutto, ma anche del passato, che a livello mondiale sviluppano la ricerca antropologico-medica orientandola in direzioni plurali.

È al termine di un anno particolarmente complesso che licenziamo questo numero 50 di AM, chiedendovi di continuare a seguirci come già state generosamente facendo.

Siamo ben consapevoli della mole eccezionale di questo particolare fascicolo, che, pure essendo singolo, si avvicina ad alcuni volumi doppi della collezione. Tale ampiezza non si ripeterà in futuro, ma ora essa sta a rappresentare il nostro omaggio alla memoria.

Grazie, auguri e saluti fraterni a tutte e a tutti coloro che in modi diversi sostengono la nostra amata AM.

“They fear us, we are contagious...”
“Homo chernobylus”¹ as an Example of a Potentially
Disabled Person and His/Her Defence Strategy

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Abstract

“They fear us, we are contagious...”. “Homo chernobylus” as an Example of a Potentially Disabled Person and His/Her Defence Strategy

The text is targeted on the defensive strategies and adaptation mechanisms used against radiation by residents of Ukrainian settlements trapped at a distance of 60–80 km from the Chernobyl nuclear power plant after its explosion. It discusses coping with disabilities by modification of folk healing, oral narratives in the form of black humour, and religiosity. The core of the data was collected among a specific group of ethnic Czechs resettled from Ukraine to the Czech Republic in 1991–1993.

Keywords: Chernobyl, Ukraine, ecological disaster, Czech Republic, disability

*Introduction*²

This text is targeted on defensive strategies and adaptation mechanisms used against radiation by residents of Ukrainian villages and towns when they were trapped at a distance of 60–80 km from the Chernobyl nuclear power plant before their resettlement. We discuss coping with disabilities or their reducing by modification of folk healing along with alimentary strategies and the role of oral narratives in the form of black humour. We also mention the rise of religiosity that has emerged as a tool to protect against disability and as a substitution of relevant information from the state apparatus in order to protect their health and psychological integrity.

Our data were collected among a group of resettled ethnic Czechs from Ukraine who in 1991–1993 became the subject of state-controlled relocation to the Czech Republic as a part of a humanitarian-focused action following the Chernobyl nuclear power plant accident, their followers, and among villagers of Czech origin in settlements nearby the Chernobyl power plant.

Our key research question is how the immobility, isolation and the social “label” of the socially constructed category of “Homo chernobylus” influence people’s behaviour in a critical situation threatening their health and lives and refers to disability as a form of otherness that is not primarily anchored in the body but is shaped by the social and material conditions of a society with which it is closely linked. Disability is in this text a relational concept; it is a form of otherness. It is closely connected with the concept of normativity (VEHMAS, WATSON 2016), and coincides with collective behaviour.

Chernobyl Czechs

The group we studied was a part of the Czech national minority living in Ukraine, partly relocated to the Czech Republic. This group reached Ukraine by migration in the 1860s. It was a migration to the then Tsarist Russia, Volhynia, and Kyiv governorate. The vast majority of this migration group (approximately 40,000 people) returned to Bohemia after the Second World War. Its small, easternmost parts, however, were not allowed by the leadership of the then Soviet Union to relocate. This group lived near the Chernobyl nuclear power plant. It was partially relocated in 1991–1993 with the assistance of the Czech government together with a little Czech minority group from Belarus living nearby the Chernobyl nuclear plant too³ (see more in VALÁŠKOVÁ *et al.* 1997). It was about 2,000 people, and they were spread around the Czech Republic predominantly to little towns and villages. Relatives and acquaintances from Ukraine gradually moved spontaneously to this group, so that it is now approximately double. We visit this migratory group from 1991 and have acquired our information about the behaviour of the trapped population in the vicinity of the Chernobyl power plant predominantly from these immigrants, from our visits to Ukraine and written resources. Our informants⁴ used to live in the villages of Mala Zubivshchyna and Malynivka and in the towns of Malyn and Korosten approximately 60–80 kilometres from the power plant.

We first started collecting stories about the Chernobyl disaster and the behaviour of people in the contaminated zones only gradually, and on the basis that the resettlers often spontaneously told about this event themselves. Just after their relocating to the Czech Republic in the early 1990s, our original goal of the research was an adaptation to a new milieu. By 1997, we

had captured approximately 300 stories and completed 195 questionnaires with compatriots, where we also received quantifiable answers. The compatriots kept spontaneously returning to the Chernobyl disaster during the talks, not only because it was a recent severe traumatizing event, but because they justified their presence in the Czech Republic by the explosion of a nuclear power plant. At that time, 85% of all of the answers about their resettlement stated that the motivation for their relocation was the Chernobyl catastrophe and health reasons (VALÁŠKOVÁ, UHEREK, BROUČEK 1997: 53). The Czech population from the areas affected by the nuclear disaster are people from rural parts of Ukraine who put great stress on the fact that they can take care of themselves and do not rely on the help of others. They do not want to be unemployed; they do not want to live at the expense of other people; they want to be economically independent, and they justified their arrival in the Czech Republic mainly by their concern for their health and the health of their loved ones. Only 8 % of all those questions admitted then that they had moved from Ukraine to improve their standard of living (VALÁŠKOVÁ, UHEREK, BROUČEK 1997: 53).

In 2009–2011, we conducted follow-up research among those resettled from the former Soviet Union. We then contacted 128 respondents. 95 came from villages around Chernobyl. 84 of these 95 displaced persons cited health reasons as their motivation for coming to the Czech Republic. At that time, we already focused on narratives of the Chernobyl disaster. Many of our respondents claimed that without the Chernobyl disaster, they would never have moved. They left farmsteads, houses, livestock, and gardens. Most now live in flats in prefabricated houses. They were able to transfer a wide range of experiences from the rural environment even into this new space. Our latest interviews in 2020 show that many of them find interesting parallels between the current epidemiological situation and what they lived through after 1996. Their answers illustrate the trap they felt there were in after the power plant explosion and the pressure under which they had moved. At the same time, they themselves had only gradually begun to realize their disability. Sometimes it was not recognized in full until a few years after the power plant explosion.

At the time of the nuclear power plant explosion, our informants were at a distance where they could not identify with their own senses that something had happened. Also, in the following days they remained without information. They were located in the so-called 4th zone—i.e., where moving was recommended, not mandatory. In their localities, immediately after the explosion, various and vague information appeared that someone

had heard a crash, another saw smoke, a luminous or black cloud, another could see a convoy of trucks heading to the power plant, another received information about the number of injured persons in the Korosten hospital, etc. The news gradually and slowly unwound: a part of the power plant had exploded, and the air was polluted by radiation.

About Chernobyl

The explosion occurred in the fourth block of the Chernobyl nuclear power plant in Ukraine on April 26th, 1986, during the night shift. Subsequently, the world learned the extent of the catastrophe gradually, and to a limited scope. The tragedy was surrounded by silence in Soviet media and official denial from the authorities of the Soviet regime similar to another nuclear disaster at the military nuclear facility Mayak located in Kyshtym in the South Ural region of Russia in 1957 (MEDVEDEV 1979; KOMAROVÁ 1997). The then Soviet regime withheld information to the neighbouring states as well as their own citizens near the nuclear power plant. It was not until 1989 that there was a public discussion of the full consequences of both events.

As for Chernobyl, the world could be kept away from the data for a long time due to the lack of free information flow and due to the lack of free movement of people. Free migration of people was forbidden in the Soviet Union, and people could not move without permits. Between the eight and eleventh day after the explosion, approximately 90,000 people were evacuated from 170 towns and villages. Within the next few weeks, the total number of people who moved out of the area within a 30-kilometre radius (so-called the Exclusion Zone) reached 135,000 (MEDVEDEV 1992: 151; POYARKOV *et al.* 2000: 3). Finally, it was relocated 335,000 people (WADDINGTON *et al.* 2017). However, people at longer distances (this is also the case of our respondents) stayed trapped in their places of residence without sufficient information and adequate aid. “I worked in Korosten as a seamstress and how many times did they come to measure—no nothing, you have it all right—they never said we had something elevated or such...” (woman, born 1953, Korosten). However, they also knew from the hints that something was going on and that everything was not quite right: “But they walked around the village with iodine, yes, they were students, they carried iodine around the village” (woman, born 1954, Malynivka). Despite the efforts of the government to mask the extent of the accident, data on its extent are uncompromising. The radionuclides contaminated 23%

of Belarusian territories where every fifth Belarusian today lives, 4.8% of Ukrainian lands, and 0.5% of Russian territories (ALEXIEVICH 1997/2017: 6–7; YABLOKOV, NESTERENKO 2009: 6).

The exact chronology of the tragedy and the reasons for it have been analysed in many publications. Nevertheless, many circumstances remained unclear. To sum up, "The Soviet system in which everyone in the government and various institutions was responsible for everything produced a situation in which no one was responsible for anything" (BAR'YAKHTAR *et al.* 2000: 16–17). Experience of our informants with the approach of the government and the responsible authorities to the whole situation and thus the loss of confidence in any procedure directed towards the lay population is illustrated by many narratives, which are repeated in many elements. As an example, we present the memories of university-educated family members:

It exploded on the 26th, and on the 1st of May, we were all at the parade, and no one knew anything. They only told us, only when everything calmed down after the holidays, but from the beginning, there had been nothing. Then when they informed us a bit—what to eat and not drink water from the well, no one believed it when the radiation is not visible, and it acts for a longer time. And they immediately told us that in the town where we were, it was such a white spot where no radiation fell. So, they said on the radio that it did not fall in Malynivka ... [shrugs—author's note]. (Man—physician, born 1943, a woman—healthcare worker, born 1950, Malynivka).

Of course, the degree of the problem varied from place to place. Another respondent, who, on the other hand, lived in one of the most affected areas, explains what the key moment was when she decided to move:

I'll tell you why I decided to move here. Firstly because of the children and secondly, since I worked at a school [in Korosten—author's note], I saw that in schools and kindergartens, they took the soil, that it was so contaminated that the devices could not even show how much radiation was in that soil. And so I thought that if you carry it away, we probably can't be there, we have to be because of the children, so I decided to move (woman, born 1954, Malynivka).

Another of the actors in our interviews has a similar memory from the vicinity of Korosten:

Well, we did not know anything about Chernobyl exploding; it is about 100 km from Chernobyl, as well as to Kiev. The first of May we went to the parade, and the third of May we found out [what happened]—a week later. The children outside are playing; nothing, silence on the path. And then they started measuring, all around, we had the most in the yard. I know

that then they came and put asphalt on our yard to bury it—the radiation. We had the greatest radiation there, our village, and also here in the Czech Republic my husband and I had the greatest radiation, as they measured us here (woman, born 1954, Mala Zubivshchyna).

For the broader public, Chernobyl was one of the groundbreaking events for thinking about world catastrophes. The sociologist Ulrich Beck described it as an “anthropological shock” in Western Europe. The shock came primarily from the fact that common knowledge has proved useless in the face of this catastrophe, as did expert knowledge (Beck 1987: 153–165). The inhabitants near the Chernobyl power plant experienced the same in their everyday lives. They had to help themselves using their own advisement.

Disability after the Chernobyl Disaster

From the first days, we felt that we were Chernobyl's, that from now on, we were rejected. They are afraid of us... (VYGOVSKÁ 2017: 196).

Our contribution aims to answer how residents of the affected areas responded to health risk and how they tried to eliminate it. First and foremost, many of them sought a basic physiological response—exit, escape, but that was not possible under the conditions of the then Soviet Union. So, many locals tried to leave, or at least set their kin, especially small children, to relatives or acquaintances in more remote areas. The majority of these residents had not even suffered any visible or tangible signs of illness yet, but their statements show that they were disadvantaged because people in remote areas, through misinformation, feared them. It left many residents disabled at once without noticing any symptoms on themselves because they and their social surroundings conceptualized radiation as an invisible killer that works overtime (ROMASHKO 2016). As Goffman would say—they have a “spoiled identity” due to an attribute that is deeply discrediting (GOFFMAN 1963: 13). Moreover, what's more, when it comes to radiation, not all of us are created equal. About half of the population is average, a quarter is very sensitive, and the other quarter is very resistant (MYCIO 2005: 207). The disability of people we are talking about affected by radiation after the Chernobyl disaster was not anchored in the body but was so-called socioembodied.

In his *History of Disability*, Henri-Jacques Stiker (1999) argued that societies reveal themselves in how they manage difference. In this case, it is worth noting many different “labels,” socially constructed categories, referring

to disability as a form of otherness, which was attributed to residents near the Chernobyl power plant. The labels were shaped by the social and material conditions of society. For example, a socially constructed category was introduced by American-Ukrainian journalist Mary Mycio *Homo chernobylus* (МЫЦЮ 2005). Another label is *samosels* (самосели), which means squatters, or literally self-settlers. The label is used in connection with predominantly older people returning to the so-called exclusion zone to farm and spend there the rest of their lives despite varying levels of radiation (the zone's only permanent residents). The reporter of National Geographic calls them *returnees*—stubborn older people, women mostly, who insist on living out their lives in the place they call home (JOHNSON, LUDWIG 2014). Indeed, according to many findings, Ukrainian evacuees—especially those over the age of 50—suffered much higher stress than the *samosels* (МЫЦЮ 2005: 193). However, this is how *returnees* are referred to only in Ukraine, as squatting is not tolerated in Belarus, which has been hit hardest by the radioactive fall-out.

Mary Mycio toured the Zone repeatedly and reported the disaster's long-term effects on its human, faunal and floral inhabitants. She came up with a rather bizarre finding, namely that the area surrounding Chernobyl has become Europe's largest wildlife sanctuary, a flourishing wilderness teeming with large animals and a variety of birds, many of them members of rare and endangered species despite their radioactivity (МЫЦЮ 2005; SHKVYRIA, VISHNEVSKIY 2012). It is also worth mentioning that in 2011, Chernobyl, site of the world's worst catastrophe at a nuclear power plant, was officially declared a tourist attraction (JOHNSON, LUDWIG 2014).

Another example of "labelling" is the population group named *poterpili* (in other words, sufferers), which numbered 3.5 million inhabitants and constituted 7 percent of the Ukrainian population (PETRYNA 2004: 203). Adriana Petryna refers to the paradoxical growth of a population claiming radiation exposure. The concept of *poterpili* qualified them for some form of social protection, cash subsidies, family allowances, free medical care and education, and pension benefits (PETRYNA 2004: 203). The money benefit, called as a "death allowance," surprisingly did not arise worry or fear of their recipients and their endeavouring to migrate from the contaminated area. People became dependent on financial compensation, which stabilized them in a dangerous location.

A specific example of labelling was observed among displaced persons to the Czech Republic between 1991 and 1993. They are one of several

groups relocated from Ukraine to the Czech lands. Paradoxically, they do not merge with other groups with whom they share many common characteristics. They call themselves *Chernobyl Czechs* and thus stimulate their surroundings to perceive them as well. They do not imply any physical disability, but refer to the specific conditions under which they came, the humanitarian nature of their relocation and hence the right to specific attention. “They do not count us as being people from Volhynia; they call us compatriots from Chernobyl, we are those from Chernobyl” (woman, born 1954, Malynivka). Their interpretation of their specific position is individual. In the field, we also captured the label *second class*, which, however, was more related to people forced to stay involuntarily in the irradiated zone, i.e. police officers, cooks, drivers, with whom our respondent shared space only a few tens of kilometers away. For the most part, however, it was the label *Chernobyl Czechs* spoken by the carriers in the CR—by our respondents—in the positive sense, sometimes even with a gently recognizable dose of pride in their voices. One way or the other, however, it creates a specific intergroup boundary (VALÁŠKOVÁ *et al.* 1997; UHEREK 1998).

These previously mentioned examples indicate the conceptualizations of the specific community, the inhabitants of the affected zones most often calling themselves only as of the *Chernobyl's* or *Chernobyl's people*:

The world has split. We are the Chernobyl's, and there are them, all the other people. Did you notice? Nobody says here: I'm Belarusian, I'm Ukrainian, I'm Russian... We're all from Chernobyl. I'm a Chernobyl person... Like he's some kind of special sort of people (ŽARKOVÁ, ŽARKOV 2017: 140).

The example of *poterpili* and the example of *Chernobyl Czechs* in the Czech Republic shows that this labelling has not of geographic nature. Their significance or rather connotation, at least in the case of our enquired group, shifted geographically. Division line, we Chernobyl's and the rest of the world, however, remained unchanged. The latter includes not only the indigenous population from the Czech Republic but also the Czechs from Volhynia, who immigrated from Ukraine (former USSR) to Bohemia after the Second World War (so-called Volhynia Czechs from the former Volhynia Governorate). It expresses above all social connotations and can be transmitted to the groups thousands of kilometres away from the Chernobyl power plant.

Modification of folk healing and alimentary strategies

Only several days after the explosion the people were officially instructed not to remain outside their houses without a serious reason and about some restrictions concerning the water supply, food and preparing the meals. "There was no protection against the radiation. Do not move around outside, do not be in the sun, do not drink milk, cover wells so that the radiation cannot get there, because when it rains, where it flows—everything goes into the well" (woman, born 1954, Mala Zubivshchyna). Since the information was fragmented, confused, and incomplete, and the recommendations often could not be implemented, people searched for ways to help themselves by monitoring the environment and modifying their eating habits with the recommendations of their neighbours, local authorities, and local folk healers. Indeed, the residents themselves found that advice coming from the authorities from the outside was completely at odds with the established practice they had witnessed:

The first year, we did not even drink milk from our own cow, it wasn't supposed to be, but you wanted milk, so it was sold. And then we found out that it was the same thing, our milk, that we would hand it over, they would take it to a dairy plant, pour it in bottles there, and then we would buy our own milk. Then we drank it... (woman, born 1953, Mala Zubivshchyna).

Indeed, in remote locations, despite the Soviet socialist regime and its prohibition of alternative treatments, folk healing has flourished and has been recognized by local people as a source of cheap and effective help for everyday health problems, mainly because of the distance and unavailability of official institutionalized medical care. Even now, after relocating to the Czech Republic, many of our actors refer to local knowledge of home-based treatment, most often phytotherapy, which they have had a good experience with. Moreover, people relocated from the contaminated zone to the Czech Republic brought specific knowledge on what is curative and valuable for the human body. Thus, one of our respondents founded the enterprise Czech Iodine in the Czech Republic, which exports Czech iodine to Ukraine, where it is supplemented in mineral water (UHEREK, BERANSKÁ 2015). The folk medicine of the Czechs in Ukraine was specific for its syncretism, which consists from the mixing of the original knowledge from the Czech lands of the second half of the 19th century (the time of their departure to Tsarist Russia) with new knowledge from their Ukrainian surroundings (for more information see BERANSKÁ, UHEREK 2016; PHILLIPS 2004). An example of an adopted and modified approach can be the use of a herb called Greater celandine (*Chelidonium majus*),

which is primarily used in the Czech milieu for external application to skin growths (warts and other skin neoplasms) and is not recommended for internal use because of its toxicity. And yet, some Chernobyl Czechs, following the knowledge of their Ukrainian neighbours, use it and won't hear a bad word about it, even here in the Czech Republic, internally in the form of water infusion or alcohol tincture as a detoxifying agent with anti-tumour effects for blood purification and other diseases such as diabetes or liver problems. The herb is called *cistotel*, and the treatment is described by the respondent as follows:

Everyone who has cancer problems drinks it there, they want to cleanse the body and blood, they stop metastases... this is in alcohol, it is drunk at nine, twelve and two and taken in drops. The first day one drop, the next day two drops, the fourth day four drops, the fifth day five and then there is a full spoon, and that's enough, so the dosage returns again 5–4–3–2–1, and supposedly even my sister said that she had a relative and she had metastasis and it stopped the metastasis. And I wanted to help in this way Pavlína [a relative—author's note], and she said no that it is poisonous, that she won't drink it. And everyone drinks it in Ukraine that it has such curative power... and it is made at home (woman, born 1954, Malynivka).

This cultural intermingling of influences is, to some extent, reflected in the collection and use of other herbs, although only to a small extent. The vast majority of herbs inherent to the geographical area of the CR were probably and still can be found in the Ukrainian temperate zone, as most of the mentioned herbal remedies used in Ukraine can be found almost unchanged in old Czech herbariums and inventories of medicines, the knowledge of which Czech colonisers took with them in the second half of the 19th century to the new unexamined territory. We can present as an example the cultural use of a herb called Fireweed (*Epilobium angustifolium*), which in Czech conditions is predominantly used for the treatment of the urogenital tract in men, and to a lesser extent in both sexes in kidney and bladder diseases. It is also generally thought to cleanse the blood, heal the mucous membranes of the digestive tract, relieve anxiety and reduce mental tension. Producers in Ukraine and Russia decided to use these properties, as well as the high content of a wide range of vitamins, trace elements and amino acids, by producing a so-called *Ivan čaj* (Ivan tea, where herb is subjected to a controlled fermentation process), which is also occasionally distributed in the Czech Republic. Our respondents also like to mention it, because in Ukraine and Russia it is a well-known product with a long history.

Along with the modification of eating habits, with various amateur recommendations spread among people on what to eat and not to eat and after what type of preparation, such as using the filtration of liquids by the digestive tract of domestic animals or through a loaf of bread and consumption of food perceived as "radioprotectors" or "sorbent." Folk healing was also used with the help of local mostly women healers who used for treatment raw uncooked eggs and raw uncooked potatoes for enlarged lymphatic nodes with signs of sympathetic magic (for more information see BERANSKÁ, UHEREK 2016; PHILLIPS 2002). Such a mix of knowledge and information gave rise to a specific system of strategies of the health care in the contaminated zone, which bears some traits of the folk healing on the one hand and alternative medicine on the other hand (BERANSKÁ, UHEREK 2016).

In addition to the alimentary defensive strategy and changing dietary habits and customs, which we will not mention in detail as we have compiled them in other papers, we will look at other defensive strategies by which people have tried to cope with the life-threatening situation. These are primarily strategies leading not directly to the preservation of physical health, as in the case of an alimentary strategy, but above all to the sustentation of psychological integrity and the establishment of a psychological balance disrupted by experienced shock and prolonged stress after the explosion. The function of oral narratives in the form of black humour and the rise of religiosity can be counted into this group of defensive strategies.

Humour as a coping strategy

I don't like to cry... I'd better hear a new joke. For example: They grew tobacco in the Chernobyl zone. It was then turned into cigarettes at the factory, and every cigarette packet carrying a title: The Ministry of Health is warning you for the very LAST time—smoking is bad for health! And the grandfathers keep smoking quietly! (ARŤUŠENKOVÁ *et al.* 2017: 67)

Maybe one may ask why to investigate humour, especially the form of black humour, about such a serious issue as the tragedy of Chernobyl nuclear power plant is. Maybe because, as Stronach and Allan said, "the comic is never quite absent from the discourse of tragedy" (STRONACH, ALLAN 1999: 42). Aside from the classic psychoanalytic Freud treatise on jokes (FREUD 1960), research in psychology has shown humour and laughing can enable a person to dissociate from feelings of distress, and this can be a useful individual psychological coping strategy (KELTNER, BONNANO 1997). It also

brings an element of normality into the anomalous situation. “Want to hear an anecdote? We loved jokes there. Black humor...” (FILIN 2017: 113).

It can be said that humour is intangible and elusive as radioactivity itself. We assume that humour was used by our respondents to relieve uncomfortable feelings related to “the disabled role” and consequent laughter bonded individual members in the same situation as in the case with physically disabled individuals whose disabilities are primarily anchored in the body (MACPHERSON 2008: 1090). The notion of the importance of this kind of psychological relief can support an international collective of authors who studied the mental health of clean-up workers in the Chernobyl power plant 18 years after the Chernobyl accident.⁵ They found that particularly the clean-up workers were more than a healthy population susceptible to depression, suicide ideation, post-traumatic stress disorder and headaches (LOGANOVSKY *et al.* 2008). As an example of the disturbed psyche of these clean-up workers, we can mention one of our respondents. He was one of the 10–15 cleaning workers among the resettled Chernobyl Czechs. The status of cleaning workers did not acquire only the people who eradicated the consequences of the explosion, but also musicians who were directed to the affected zones to make concerts and live performances to alleviate the stress of those who were forced to stay at the site—an example of soviet hazard with human lives forced *ad absurdum*.

Our respondent, one of the liquidators, lives after resettlement in the southern part of the Czech Republic with the highest grade of disability within the context of the Czech social welfare scale (third-degree disabled). After overcoming post-traumatic syndrome and disrupted psyche, he became an alcoholic. After the death of his parents he lived with, he found himself in precarious social conditions, threatened with being thrown out of the apartment he shared with his parents. Finally, thanks to the intervention of the mayor of the city and the lawyer, he stayed in the apartment, but still faces psychological problems.

Unfortunately, there is not much space for humour in this case of our respondents. However, the role of humour shines through another interview with our key informant from Kyiv, who always says he looks his 73 years old because he was preserved by Chernobyl (he is actually 73 years old, but compared to his compatriots, some of whom look older than they are by their age because of health problems, the informant is happy to look his age). He has in his active lexicon several jokes circulated among compatriots. He speaks seriously only of cancer and thyroid problems present

among the resettled compatriots and about his sister-in-law's pancreatic necrosis, which can only be associated indirectly with the effects of exposure. No one knows exactly which health problems to consider as consequences of exposure and which do not. In connection with the current coronavirus pandemic and COVID-19 illness, one respondent notes that they tease her at work (she works as a kindergarten teacher) by saying that she does not have to worry about anything because she already has immunity since Chernobyl.

The existence of humour and humorous folklore which was not controlled by the state already had their fundamental role in the former Soviet Union not only as of the opposition to the regime (so-called underground jokes) but primarily for the reason that these jokes compensated the tremendous shortage of available means of popular entertainment (DRAITSER 1989: 119, 124).

Chernobyl did, in fact, produce an avalanche of jokes (DRAITSER 1989: 120). László Kürti who studied jokes about the Chernobyl produced by outsiders in neighbouring states (Hungary, Czechoslovakia, and Poland). He proposed that the popularity of Chernobyl jokes lasted well into the fall of 1986 and that joking about Chernobyl stopped as work resumed at the Chernobyl nuclear power plant and the official media dropped the subject (KÜRTI 1988: 325). As for insiders who experienced the disaster, we do not assume so. The Chernobyl jokes were still largely alive back in the 1990s, as witnesses' statements in Svetlana Alexievich's publication and our respondents demonstrate (ALEXIEVICH 1997/2017). Many of her witnesses' as well as our testimonies are spiced up with humour, often of a brilliant character.

László Kürti, who gathered jokes in Budapest, Warsaw, and Prague (in Prague with the assistance of Zdenek Salzmänn) heard jokes from people of different ages and social groups, from students, university professors, from cab drivers, and factory workers (KÜRTI 1988: 325). The jokes arose in local isolation in individual states, did not overlap, and it is clear from them that there was no unofficial international dialogue about Chernobyl at that time. We can say that the Chernobyl jokes were both time-and-space specific, but to some extent, they were universal in their design (KÜRTI 1988: 326). The humour of people living in the contaminated area also does not overlap with local sources from outside. Of course, it addresses similar issues. As universal appear jokes about radioactivity of food, about deactivation of radioactivity with the widespread consumption of alcohol (which was widely popular and Soviet authorities' preferred way of calming

people involved in eliminating the aftermath of the explosion) or jokes about radioactivity-affected fertility, male potency, and effects of irradiation on the genetic information of the population. And, of course, ethnically oriented jokes, for example, about liquidators and so-called Soviet biorobots, were no exception.

A few examples follow: a joke about apples, alcohol, potency, physical disability, and so-called biorobots.

“A market place in Ukraine. A seller praises his stuff:

Apple, Chernobyl apples! Who wants Chernobyl apples! Hurry while they last!

—Are you crazy? Who is going to buy those apples?—a passerby says.

Oh, my God, you will be surprised how many I've already sold! They buy it for staff, bosses at work, mothers-in-law and so on...” (man, born 1947, Kyiv, this joke in many variations can be found at: <https://www.anekdotovmir.ru>; DRAITSER 1989: 120; ARŽUŠENKOVÁ *et al.* 2017: 65)

“What sits on the table and glows. What is it? Ukrainian borsch” (KŮRTI 1988: 334)

A tractor steers under the mountain, a reactor stands on the mountain, when it explodes, even a cabernet (a type of wine) won't help... (man, born 1947, Kyiv)

another form: “A tractor steers along the mountain, a reactor stands on the mountain. If the Swedes hadn't told us, we wouldn't know anything to this day...” (VERŽIKOVSKIJ *et al.* 2017: 116)

“If you want to be a father, cover your testicles with lead... impotents divide into radioactive and radio passive” (man, born 1947, Kyiv; ŠIMANSKIJ 2017: 145)

“I once knew a guy whose parents were from Chernobyl:

On the one hand, he was friendly, but on the other hand, he was quite clingy.

But on the third hand, he had eight fingers” (<https://upjoke.com/chernobyl-jokes>)

“Why are the Chernobyl girls the prettiest? Because they are glowing” (a joke from the then Czechoslovakia in KŮRTI 1988: 331)

“They took the American robot to the roof, worked for five minutes, and stopped. The Japanese robot worked for nine minutes and stopped. The Russian robot worked for two hours. Then came a command from a walkie-talkie: ‘Soldier Ivanov, you can go downstairs to smoke!’” (KUDRJAGIN 2017: 230–231)

The role of religiosity

Donald Capps, a professor of pastoral psychology in Princeton, says "if men have three religions—honor, hope, and humour—the greatest of these is humor" (CAPPS 2006).

Just as humour can help people overcome difficult situations in life, so can spirituality and religiosity. The initial heading of our contribution comes from the statement of an Alexievich's respondent from Belarus, which in unshortened form sounds as follows: "They fear us, we are contagious... For what does God punish us?" (ARŽUŠENKOVÁ *et al.* 2017: 61). The testimony does not invoke the responsibility of the state, science, or society, which was common at that time but of God. The following question is obvious: How do people perceive the Chernobyl tragedy from a spiritual point of view?

Elena Romashko analysed how atomic power may be interpreted through the lens of spirituality and mythology as a cultural response (ROMASHKO 2016). She ponders how people process the idea of radioactivity, which is invisible, tasteless, and odourless, has no boundaries, permeates everything, and can harm directly through the air, food, and environments. Not to mention the impact on a person's genetic information. On the other hand, the same form of energy is used for healing, most often cancer, which it itself causes in large doses. She mentions people's frequent comparisons of radioactivity to sin and evil. In a religious sense, the Chernobyl tragedy is often associated with a biblical prophecy (St. John in *Apocalypse* 8:11) about a star called Wormwood. The Wormwood (botanical species *Artemisia vulgaris*) is a wildy growing plant/or bush around the nuclear plant, and according to its colour, the power plant was also reportedly named. The Bible says that a big star named Wormwood fell from the sky, burning like a torch and fell to a third of the rivers and the springs of the waters. A different species of Wormwood, *Artemisia absinthium*, is mentioned in the Bible. However, the similarity is so significant that many people, including politicians, have accepted this analogy and concluded that the Chernobyl tragedy was predicted in the Holy Bible (PLOKHY 2018: 40; ALEXIEVICH 1997/2017: 81).

After processing the initial shock of the Chernobyl explosion and providing basic living needs, people around the nuclear plant understandably began to wonder why and how it happened. And naturally, why to them. This is similar to all disabled people or people with chronic and serious illnesses. Generally and in a poetic sense, a journey to the inner corners of the soul follows, someone starts to philosophize, someone turns to psychology,

someone prays to God. Religion and religiosity have experienced a general rise in both Ukraine and Belarus (ROMASHKO 2016). This is also due to the fact that, until the fall of the Soviet regime, religion was persecuted. Here are a few statements from the residents of the affected zones:

Everything alive is on four legs, looking down and being dragged to the ground. Only a man stands on the ground, his hands and head heaving to the sky. To pray. To God... (ALEXIEVICH 1997/2017: 81)

After Chernobyl, churches began to fill with yesterday's atheists. There was nothing to do but pray, of course. Back then, communists were instead of God, and now only God remains... (ALEXIEVICH 1997/2017: 34; ARTUŠENKOVÁ 2017: 65).

The religion played a significant role in the lives of our respondents throughout their stay in the territory of the former Tsarist Russia and the subsequent Soviet Union. Its importance is evidenced by the fact that a group of so-called Volhynia Czechs (from the then Volhynia Governorate), who relocated disorganizedly after World War II in 1945 (approximately 6,000 members of the 1st Czechoslovak Army Corps, who ended up the war in what was then Czechoslovakia) and subsequently en masse in 1946–1967 (a total of about 40,000 people) they suffered very much emotionally after coming to the land of their ancestors. The Czech Republic has long been considered one of the most atheistic European countries (EVANS 2017), so it is no wonder that none of the displaced groups found support in their religious sentiment. In the case of resettlement after 1945, pathological features of behaviour in the form of alcoholism and suicide began to appear in soldiers waiting for their families, the cause of which is reported, among other things, the unavailability of non-Catholic spiritual support (most resettled respondents were and are Orthodox). With the second group, the so-called Chernobyl Czechs, it was not such a large problem, but, as our research in 2011 showed, most mentioned their Orthodox faith and the impossibility, or worse availability in its practice. It is also the case of a respondent living in a smaller town with less than two thousand inhabitants: “In *Sokolov* [a medium-sized town in the CR—author’s note] we sometimes went to church, here is nowhere to go...” (woman, born 1947, Mala Zubivshchyna). This is also reflected in relation to the next generation, as one of the many respondents to the question of religion demonstrates: “We are all Orthodox, pope baptised the children there [in Ukraine—author’s note], but now what...?” (man, born 1939, Malynivka). Thus, despite their baptism or the private practice of their parents, most children already have atheistic thinking, strongly influenced by the majority society of the Czech Republic.

"Kids thus believe something, and something they don't..." (woman, born 1940, Mala Zubivshchyna). However, due to the improvement in the economic and health situation achieved by our actors due to moving from Ukraine, the vast majority of our respondents now no longer have a great need for public religious life in the Czech Republic, they take into account that Chernobyl, which was a catalyst for increased religious thinking in the former Soviet Union, is a closed matter and does not need to return to it in any way, not even religiously.

Conclusion

The word Chernobyl's or Chernobylman (Černobylec) itself is, until now, a kind of sound signal... suddenly we've become rare exhibits (KALUGIN 2017: 53).

Our key research subject was how the disability, isolation, and the social "labels" of socially constructed categories influence people's behaviour in a critical situation threatening their health and lives. In the case of our actors, we refer to disability as a form of otherness, abnormality, that is not primarily anchored in the body but is shaped by the social and material conditions of a society with which it is closely linked. After the Chernobyl explosion, disability developed as a category not only because of environmental circumstances but also in parallel with changing social attitudes and, as some authors argued, disability constituted a category through top-down initiatives (PETRYNA 2002; PHILLIPS 2010).

In the text, we show that people who find themselves in abnormal conditions were referred to as anomalous. At the same time, in these new ecological conditions, they sought a new relationship with the outside world. They created new knowledge about what to eat, drink, and they creatively used all the available information for setting a new normativity. They created their own folk wisdom, what is beneficial and what is not, learned to perceive themselves with their disabilities through narration and humour. In a new situation, they also developed a new relationship with God. Through these acts, they have activated all their previous knowledge. Amid abnormality, they created their own normality, the world of their own rules. We can find a whole range of examples of similar behaviour, especially in Goffman's work, notably in the publications *Asylums* and *Stigma* (GOFFMAN 1961, 1963).

It is symptomatic that this world is basically built on elementary cognitive rules, that the similar can be influenced by the similar, and whatever comes into contact, in a certain sense, remains in it. However, as we have already shown, the rules of existence in this specific world have not been unanimously codified, were unstable, and syncretical (BERANSKÁ, UHEREK 2016). It was not a complete, closed system of knowledge, as we know from isolated ethnic groups. But it is notable that people living in this world have found their own way and sense of belonging.

The general term “disabled” is not easily translatable into other languages (INGSTAD, WHYTE 1995: 7). The conceptualizations of disability are considered within specific descriptive local words. In our case, there is a specific label—*Chernobyl’s* or *Chernobyl’s person*—the terms that come from the actors themselves and, at the same time, are, together with many other labels, conceptualized by scientists, journalists and other people from outside. The label puts these people in a similar position as Robert Murphy’s undefined ambiguous people: “neither sick nor well, neither dead nor fully alive, neither out of society nor wholly in it...” (MURPHY 1995: 153–4).

In our paper, we tried to introduce a specific group of ethnic Czechs resettled from Ukraine to the Czech Republic in 1991–1993 as a subject of state-controlled relocation and humanitarian-focused action following the Chernobyl nuclear power plant accident. We showed that the Chernobyl experience reproduces long after the relocation to new conditions, and the sense of exclusivity of the group is still expressed by self-labelling as the Chernobyl Czechs. We tried to outline some of defensive strategies by which these people trapped in places near the power plant tried to cope with a situation of absence of relevant information in a life-threatening environment. We found that modification of folk healing along with alimentary strategies, black humour in the form of jokes and taunts as well as some form of spirituality can play their part in the protection of health, preservation of psychological integrity, and coping with social disability in polluted areas.

Notes

⁽¹⁾ “They fear us, we are contagious...”—The statement is quoted from Alexievich’s publication *Chernobyl’skaya molitva: khronika budushchego* (ALEXIEVICH 1997/2017: 61). In the text we use the English transcription of the author’s name for better comprehensibility. Unfortunately, another versions of translation of her publication was not available in the Czech Republic at the time of preparation of the manuscript, so we used citations from the Czech version. Mary Mycio uses the term “Homo chernobylus” in her publication entitled *Wormwood Forest: A Natural History of Chernobyl* (MYCIO 2005: 183–216).

⁽²⁾ This study was written with the institutional support of the Institute of Ethnology of the Czech Academy of Sciences, v.v.i., RVO: 68378076 and the support of Strategy AV21, the research programme "Society in Motion and Public Policies."

⁽³⁾ Chernobyl power plant is located about 20 kilometers from the Belarusian border.

⁽⁴⁾ All respondents/informants mentioned in this article are anonymized for personal data protection reasons. Respondents were contacted during long-term research on this topic and in some cases again for the needs of this text.

⁽⁵⁾ The exact number of these locally referred to as clean-up workers, "liquidators," is not known. The Chernobyl forum assesses in total up to 600,000 and out of them 350,000 in 1986–1987 (THE CHERNOBYL FORUM 2006: 10). They were sent into the power station or the zone surrounding it for decontamination work, sarcophagus construction, and other clean-up operations. In the immediate aftermath, many of them were treated for radiation sickness (HATCH *et al.* 2005).

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Riassunto

«Ci temono, siamo contagiosi...». «*Homo chernobylus*» come esempio di una persona potenzialmente disabile e delle sue strategie di difesa

Questo testo intende esaminare le strategie difensive e i meccanismi di adattamento utilizzati contro le radiazioni dai residenti degli insediamenti ucraini, intrappolati a una distanza di 60-80 km dalla centrale nucleare di Chernobyl dopo la sua esplosione. Il saggio esamina come viene affrontata la disabilità modificando delle tecniche di guarigione popolari, narrazioni orali sotto forma di umorismo nero e religiosità. Il nucleo dei dati è stato raccolto tra un gruppo specifico di Cechi, che si sono trasferiti dall'Ucraina alla Repubblica Ceca nel 1991-1993.

Parole chiave: Chernobyl, Ucraina, disastro ecologico, Repubblica Ceca, disabilità

Resumen

«Nos temen, somos contagiosos...». “Homo chernobylus” como ejemplo de una persona posiblemente discapacitada y de sus estrategias de defensa

El texto se centra en las estrategias de defensa y los mecanismos de adaptación utilizados contra la radiación por los residentes de los establecimientos de Ucrania que quedaron atrapados a una distancia de 60 a 80 km de la planta nuclear de Chernóbil después de la explosión. Analiza la adaptación a las discapacidades mediante la modificación de las sanaciones, las narrativas orales en forma de humor negro y las manifestaciones religiosas. La información central se recopiló entre un grupo específico de etnia checa que se restableció desde Ucrania a la República Checa entre 1991 y 1993.

Palabras clave: Chernóbil, Ucrania, desastre ecológico, República Checa, discapacidad

Résumé

«Nous, on leur fait peur, nous sommes contagieux...». “Homo chernobylus” comme exemple d’une personne souffrant potentiellement d’une invalidité et sa stratégie de défense

Le texte aborde les stratégies de défense et mécanismes d’adaptation utilisés par les résidents ukrainiens piégés dans un rayon de 60 à 80 km autour de la centrale nucléaire de Tchernobyl après l’explosion. Modification de la médecine traditionnelle, récits oraux à l’humour noir et religiosité sont quelques-uns des moyens de surmonter le handicap. Les données ont été principalement recueillies auprès d’un groupe précis de Tchèques ayant vécu en Ukraine qui se sont réinstallés en République tchèque entre 1991 et 1993.

Mots-clés: Tchernobyl, Ukraine, catastrophe écologique, République tchèque, handicap

