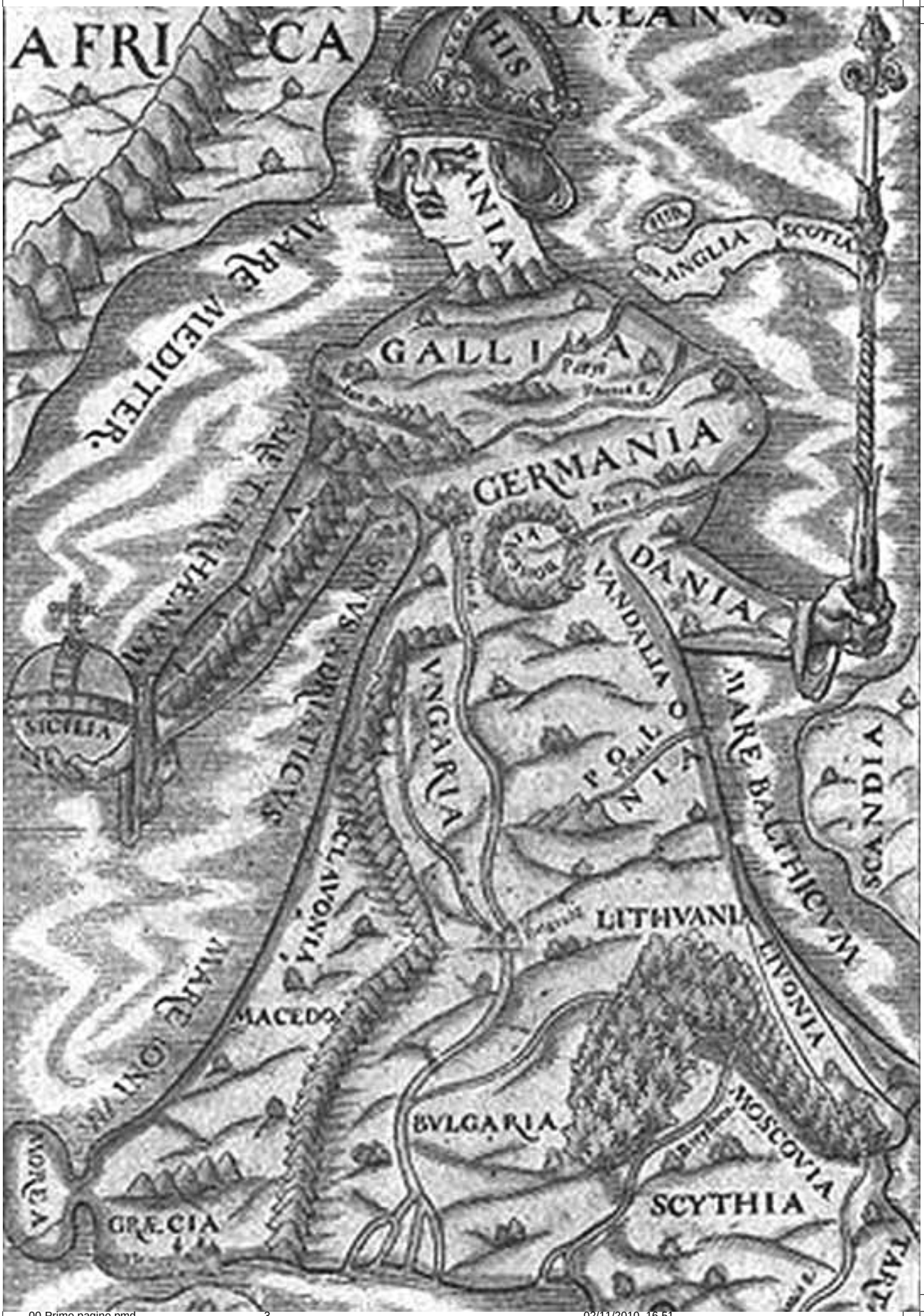
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AM *Rivista della Società italiana di antropologia medica* ISSN 1593-2737

AM. Rivista della Società italiana di antropologia medica è una testata semestrale della Fondazione Angelo Celli per una cultura della salute (Perugia) e viene realizzata con la collaborazione della Sezione antropologica del Dipartimento Uomo & Territorio della Università degli studi di Perugia.

AM

RIVISTA DELLA SOCIETÀ ITALIANA DI ANTROPOLOGIA MEDICA

Embodiment and the State

Health, Biopolitics and the Intimate Life of State Powers

edited by
GIOVANNI PIZZA and HELLE JOHANNESSEN

27-28
ottobre 2009

Fondazione Angelo Celli per una Cultura della Salute - Perugia

ARGO

The map of Europe depicted as a regal body. Rotated by 90 degrees, as can be seen, the crowned head is represented by Spain, while the right arm represents Italy, holding the so-called “imperial globe”, the symbol of the Sacred Roman Empire, in its right hand, on which is inscribed the word “Sicilia” (Sicily).

The engravings taken from the *Cosmographia Universalis* by Sebastian Münster, published for the first time in German in 1544 and then, revised and translated into Latin and the principle European languages, soon reaching over fifty editions (the most lavish being that of 1550, in 6 volumes with 471 engravings, by important artists as well, and 26 maps).

Sebastian Münster (Ingelheim 1489 - Basel 1552), a Franciscan monk who later converted to Lutheranism, was a humanist with a profound knowledge especially in the field of cartography-astronomy, though still tied to Ptolomeic and Hebraistic concepts. He published, among other things, a Bible in Hebrew with a Latin version. He taught Hebrew, first at the University of Heidelberg and then, for a longer period, at the University of Basel.

[T.S.]

Carta dell’Europa raffigurata come un corpo regale. Ruotata di circa 90 gradi, come si vede, la testa incoronata vi è rappresentata dalla Spagna, mentre il braccio destro rappresenta l’Italia che regge nella mano il cosiddetto “globo imperiale”, simbolo del Sacro Romano Impero, sul quale è inscritta la parola Sicilia.

L’incisione è tratta dalla *Cosmographia Universalis* di Sebastian Münster, edita per la prima volta in tedesco nel 1544 e via via rivista e tradotta in latino e nelle principali lingue europee sì da raggiungere ben presto oltre cinquanta edizioni (la più ricca, quella del 1550, in 6 libri con 471 incisioni, anche di importanti artisti, e 26 carte).

Sebastian Münster (Ingelheim 1489 - Basilea 1552), frate francescano poi convertitosi al luteranesimo, fu un umanista di vaste conoscenze, particolarmente in ambito cartografico-astronomico, legato ancora a concezioni tolemaiche, e in quello ebraistico. Pubblicò, fra le altre cose, una Bibbia in ebraico con versione latina. E insegnò l’ebraico prima nell’università di Heidelberg e poi, più a lungo, in quella di Basilea.

[T.S.]

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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To our readers

The conference "Embodiment and the State" was held in Middelfart, Denmark from 27-28 October 2006. It was organised by Lotte Huniche, Helle Johannessen and Lisbeth Rostgård, for the Institute of Public Health [Health, Man & Society], University of Southern Denmark (Odense, Denmark); by Giovanni Pizza and Massimiliano Minelli, for the Anthropological Section of the Dipartimento Uomo & Territorio, Università degli studi di Perugia (Perugia, Italia); and by Allan Young and Margaret Lock, for the Department of Social Studies in Medicine, McGill University (Montreal, Canada).

The aims and directives of the Conference were defined in the *Call for paper,* which had promoted the conference itself:

> «Studies on embodiment processes have gained importance in contemporary anthropology, philosophy, psychology and sociology, stimulating renewals in theoretical as well as methodological perspectives: power is no longer considered an abstract and external force, but it is observed in its micro-physical fragmentation and influence on the body. This leads to the need for more emphasis on practical and political aspects of embodiment in order to study power relations in their concrete manifestations, as well as in the practical life of institutions - first of all the state. This conference calls for a confrontation between studies of health and studies of politics. Medical anthropology and related disciplines have recently provided accounts of the bodily life of the state, while on the other hand political anthropologies have overcome classical Eurocentrism. This conference is concerned with discussions of the concepts of agency, intimacy, power, embodiment, suffering, pain, violence, and the politics of heritage. The aim is to contribute to a common ground of dialogue between ethnographies of embodiment and of politics and the analysis of the state in order to investigate the bodily life of state powers».

After the opening introduction of the Conference by Giovanni Pizza and Helle Johannessen, a number of fundamental papers were given in plenary session and then divided into four parallel working groups that dealt with *Politics of medicine and health, Investigating the intimacy of state powers, Contesting citizenship: rights, conflicts, and politics of life, Bodies and institutions in transformation.*

The interest which emerged from the conference led the organising committee to entrust Helle Johannessen and Giovanni Pizza with the collection and selection of the papers presented and to solicit those of

some of the official speakers who, for various reason, were not able to attend the conference in Middelfart.

This Journal is delighted to publish the results of the material collected in the volumes 27-28 and wishes to thank the two Editors and all the Authors for their precious contribution.

Tullio Seppilli, Editor-in-Chief of *AM*

[translated from the Italian by Paul Dominici]

Ai nostri lettori

Nei giorni 27-28 ottobre 2006 ha avuto luogo a Middelfart, in Danimarca, il Convegno "Embodiment and the State". L'incontro è stato organizzato da Lotte Huniche, Helle Johannessen e Lisbeth Rostgård, per l'Institute of Public Health [Health, Man & Society], University of Southern Denmark (Odense, Danimarca); da Giovanni Pizza e Massimiliano Minelli, per il Dipartimento Uomo & Territorio. Sezione antropologica, Università degli studi di Perugia (Perugia, Italia); da Allan Young e Margaret Lock, per il Department of Social Studies in Medicine, McGill University (Montreal, Canada).

Gli obiettivi e le direttrici di lavoro del Convegno erano stati definiti nel *Call for papers* che ne aveva promosso lo svolgimento:

> «Gli studi sui processi di incorporazione hanno ormai acquisito una notevole importanza in antropologia, filosofia, psicologia e sociologia, stimolando il rinnovamento delle prospettive teoriche e metodologiche: il potere non è più considerato come una forza esterna e astratta, ma è osservato concretamente nella sua frammentazione microfisica e in rapporto alle influenze che esso ha sul corpo. Si riconosce l'esigenza di una maggiore enfasi sugli aspetti pratici e politici dell'incorporazione, in modo da studiare i rapporti di potere nelle loro manifestazioni concrete, cioè nella vita pratica delle istitituzioni: in primo luogo, dello stato. Questo Convegno intende favorire il confronto fra le scienze della salute e le scienze della politica. Nei loro più recenti sviluppi scientifici, l'antropologia medica e le discipline ad essa vicine hanno fornito resoconti etnografici sulla vita sociale dello stato, mentre in parallello le scienze politiche hanno spesso mostrato di saper andare oltre le classiche prospettive eurocentriche. Il Convegno intende sollecitare discussioni sui concetti di agentività (*agency*), intimità, potere, incorporazione, sofferenza, dolore, violenza, politiche del patrimonio. Obiettivo principale è costruire un terreno comune di dialogo fra le etnografie dell'incorporazione e della politica e l'analisi dello stato, in modo da promuovere nuove ricerche sulla vita corporea dei poteri statali».

Aperto da una *Introduzione* di Giovanni Pizza e Helle Johannessen, il Convegno si è articolato in una serie di relazioni di base tenute in seduta plenaria e in quattro gruppi di lavoro paralleli (*Politics of medicine and health, Investigating the intimacy of state powers, Contesting citizenship: rights, conflicts, and politics of life, Bodies and istitution in transformation)*

L'interesse di quanto emerso nel convegno ha portato il comitato organizzatore a incaricare Helle Johannessen e Giovanni Pizza a raccogliere e se-

lezionare i contributi presentati e a sollecitare anche quelli di alcuni relatori ufficiali che per motivi diversi non avevano potuto raggiungere Middelfart nei giorni del Convegno.

Ne è risultato il materiale che questa rivista è stata ben lieta di ospitare, dedicandovi il suo vol. 27-28 e ringraziandone, per il prezioso lavoro critico, i due Curatori e tutti gli Autori.

Tullio Seppilli, direttore di *AM*

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Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 13-20

Editorial.

Two or three things about Embodiment and the State

Giovanni Pizza - Helle Johannessen

University of Perugia / University of Southern Denmark

To summarize the academic debates on embodiment on one hand and the state on the other is not our aim in this editorial. We shall only try to discuss some of the implications and meanings of the two main concepts: "Embodiment" and "the State", and thereafter point to some of the possibilities for conceptualizing the relationships between the two.

On Embodiment

The concept of embodiment is in many ways a "tricky" concept, as it is easy to understand and at the same time its meaning is often quite complicated and contested. The ease of the concept is connected to the fact that it is a common word in the English language. According to the Oxford dictionary of the English language, "embodiment" is the noun referring to the verb "to embody" which means: «to make ([an] idea etc) actual or discernible; (of things) be an expression of; include; comprise». Thus, we can talk about a multinational company as an embodiment of capitalism, of a wedding ring as an embodiment of the bond between a man and a wife, or of this conference as an embodiment of ideas that occurred in our minds some years ago.

But as with so many other everyday concepts, embodiment has also been included in academic discourse and thereby discussed and defined over and over again. In this way our contribution here is a personal reflection based on our standpoints as anthropologists and thereby with a strong bias towards the use of embodiment in anthropology.

An important point in the anthropological use of the concept of embodiment is contained in an article by Thomas Csordas published in 1990 in which he suggests that embodiment be used as a paradigm for anthropology

(CSORDAS T. 1990). Csordas suggests, that «a paradigm of embodiment can be elaborated for the study of culture and the self» (*ibidem*: 5) and argues that «the body is not an *object* to be studied in relation to culture, but is to be considered as the *subject* of culture, or in other words as the existential ground of culture» (*ibidem*, italics in original). Csordas points to the works of Alfred Irving Hallowell (1892-1974) on the cultural constitution of the self, to those of Maurice Merleau-Ponty (1908-1961) on the problematic relationship between the body and perception, and to the works of Pierre Bourdieu (1930-2002) on the embodiment of social practice (*ibidem*: 5-8). In this field of paradoxical conceptual positions of self, culture, body, perception, habitus and practice, Csordas identifies embodiment as a superordinate concept that comprises and creates compatibility between phenomenology and what he calls dialectical structuralism (*ibidem*: 12).

There are two issues that we find to be of interest in this early proposal by Csordas. The first issue is that embodiment in his understanding becomes a feature that is closely tied to the human body. When Csordas so easily moves between, and links, concepts of the body, self, culture and embodiment, we believe that this reflects a personal quest to combine a cultural anthropology of the self with a philosophical exploration of the bodily grounding of perception and a social theory of the relations of social and bodily practice. In a later publication, Csordas defines embodiment in a rhetorical comparison of the relation between text and textuality to the relation between body and embodiment, which allows him to propose «..."the body" as a biological, material entity and "embodiment" as an indeterminate methodological field defined by perceptual experience and mode of presence and engagement in the world» (CSORDAS T. 1994: 12). In this understanding "embodiment" becomes a concept that refers to bodily perception and experience of being-in-the-world, and it seems that this close connection between embodiment and the human body has stuck with the concept ever since. For those interested in social studies of medicine it is of course very relevant to refer to the human body, since such this entity is the subject and object of disease, treatment and healing. But we would like to point to the potentials of considering embodiment as a more encompassing concept, that not only refers to the phenomenology of perception and experience of the human body, but rather refers to the practice that makes some ideas, ideologies or power relations discernible and actual in the social and personal lives of humans.

The second issue of interest in Csordas' proposal of embodiment as a paradigm is his attempt to combine apparently incompatible perspectives of cultural anthropology, phenomenology and structural sociology into a

common theoretical frame. In this attempt he highlights the question of the relationships between the human being and the context in which he or she operates; an issue that has been discussed since the earliest days of anthropology, and that may be considered the core subject of the discipline. The debate in anthropology has changed over the years as new theoretical developments have been introduced, but it seems that there are two overall opposing perspectives with which anthropology sometimes still has to struggle. We are pointing here to that which has at times been called the structure-agency debate, and at other times the phenomenology-constructivist debate. The central issue is the question of the direction of influence. Does human agency produce society or does society produce human experience? Is perception a pre-objective, phenomenological and subjective feature, or is it constructed by social and cultural power relations?

The confinement of "embodiment" to a phenomenological approach to the human body seems to have become paradigmatic, as studies on embodiment in the past 10-15 years have largely been concerned with the body's subjective experience and being-in-the-world. In these studies embodiment has often been a conceptual tool to broaden the idea of the body, from an idea of the body as a corporal materiality of flesh and bones, that is so central in biomedicine, to a conception of the body as comprising corporal-subjective experience and existence in a social world. We strongly support this conceptual redefinition of the body and find it to be most important in the understanding of human lives.

Csordas as well as other scholars reminds us, however, of the need to analyse and understand the body and embodiment as being-in-the-world and not as something in itself, but as related to the wider political-economy and structural aspects of society. Many scholars have also studied bodies as political, economical and structural constructions, predominantly in a Foucauldian perspective, but as far as we understand, there have not been many attempts of combining the phenomenological and the constructivist perspectives in thorough ethnographic explorations and analyses of specific empirical settings. There have been noteworthy theoretical propositions and studies that explore the interrelatedness of structural and phenomenological features in general terms as for example in works on the relations between science and female bodies. It seems to us, however, that many studies have either focussed on embodiment as a social construction of bodies in a way that reduces the experiences and agency of the individual to puppet-like functions of structure; or have focussed on embodiment as the existential being-in-the-world in a way that reduces the social to an abstract level where it is kept blurred and unfocussed as in a haze.

As Bruce Kapferer has said: «The powerful individualist and subjectivist turn in anthropology (...) is one factor resulting in notions of the social and of society as becoming little else than empty shells of small or no analytical value» (KAPFERER B. 2005: 2-3). We find that, at this point in time, there is a need to strive for methodologies and analyses that incorporate both perspectives equally in an investigation of the processes and relations between the two. But before we move on to a further discussion of this, we need to take a closer look at the other pole, at the second concept in the title of this collection of texts: the state.

With regards to the "State"

The term "state" has a long and complex history, discussed in a wide range of sciences. We will not attempt to review such a long history, but a few brief sketches may be useful. After the medieval representations of the ruler as embodied power and government, Italian thinkers during the Renaissance, contributed greatly to the development of the word "state". The term derives from the Latin world *status* and since medieval times referred to the standing of rulers, to the conditions of the republic: *status publicus* or *status rei publicae,* and indicated at the same time the standing of rulers (the "Prince" in Niccolò Machiavelli's terms); the land (the defence of territory was essential); and the administrative structures and the power of the Prince. More recently, Max Weber formulated the concept of the modern state as characterized by the idea that only the state has the legal monopoly of physical constraint. The "modern state" is the entity which has the monopoly of the political, which is set in practice by rational procedures and means: the law, the bureaucracy, which allows the legality and the objectivity of the political administrative process (MATTEUCCI N. 2005).

The Weberian concept of the state is very different from the idea of the state that we find in anthropological research, which we will return to shortly. But even though one may criticize this concept of the state, it is also possible to find interesting points within the history of European philosophical-political science itself. For instance, as the philosopher Gianluca Briguglia has shown in a recent study, Western political science of the state for centuries has been using the metaphor of the *state as living body* (BRIGUGLIA G. 2006). Since we are investigating together "Embodiment" and "the State", we cannot disregard such an intriguing metaphorical tradition used for describing the nature and function of the state. To further the point, we find in the works of Niccolò Machiavelli (1469-1527) and Thomas Hobbes

(1588-1679) traits of a discourse on the bodily life of the state expressed not only in metaphorical terms. Machiavelli (in 1515) thus describes the state as a body regulated by the balance and stability of its "humours" (BRIGUGLIA G. 2006: 77-110), and this metaphor is not only a fragment of a naturalistic rhetoric - it is related to the medical practice of the time, which helps Machiavelli to develop a dynamic philosophy of conflict and transformation processes represented in terms of health, disease and effectiveness of cures. Machiavelli is inviting us to study the state as a *form of life* (by means of the body metaphor), during wars, in struggles, in instability, and he is elaborating an art of effectiveness, based on the ability of managing and transforming relations of force. In that sense the bodily metaphor is not used only as a cognitive device or a rhetoric suggestion about the physiology or pathology of politics, but as a framework for reasoning on specific and concrete situations of conflict in which the sovereign powers of the state, are embodied and enacted. Similarly, according to Hobbes, in his *Leviathan* (1651) the metaphor of the body-state is conceived also in theological terms: the naturalization of the state is processed in terms of an embodiment of divine authority identified with the state. The direction Hobbes takes is clear, if we quote the titles of his treatises: *De Corpore, De Homine, De Cive*: body, man, citizen. That is to say that human beings share a biological body but also a state body, which is their second nature, that as citizens.

Through such short sketches in the history of the term "state" and of the metaphorical tradition of the "embodied" state, we would like to underline how it is possible to disarticulate the Weberian idea of the fixed unity and rationality of the state with a critical re-reading of political philosophy. Ethnographies of the complex evidence of the state in everyday life have placed much stress on the fragmentation and microphysical presence of the state (ARETXAGA B. 2003). But this fragmentation should not be reified as the dissolution of the state, as the so-called "crisis of the state". It is more an attempt to see how the state is "living" in the practices of everyday life, that is in embodiment processes.

In an early attempt of overcoming that dichotomy, the Italian marxist Antonio Gramsci (1891-1937) suggested that the "state-ness" in everyday life be studied. Gramsci tried to go beyond the separation between the state and civil society, and in his practical theory of hegemony we find a broad field of state activities. «State is the entire complex of practical and theoretical activities with which the ruling class not only justifies its dominance but manages to win the active consent of those over whom it rules» (GRAMSCI A. 1975: 1765). In the theory of hegemony, as conceived by Gramsci, a specific ideology is not simply a set of defining rules and sanctions, nor the

establishment of a dominant view of the world, based on the power of coercion, but an ideology is constantly working culturally and "sentimentally" in order to inform how the world and reality *are* (MAGEO J. - KNAUFT B. M. 2002: 5). For Gramsci the state takes on the task of elaborating «a new human type» (GRAMSCI A. 1975: 2146), by transforming the body and producing the idea of subjectivities. The state acts, therefore, in a mutual intimate dialogue with its citizens, and Gramsci is suggesting that if «"State" means the conscious direction of the great national multitude, it follows that a sentimental and ideological "contact" with such multitudes is necessary» (*ibidem*: 1122). In the *Prison Notebooks* Gramsci also reflects on the concrete performances and physical actions of intellectuals and state bureaucrats, who are considered the reproducers of state life through their gestures (as in writing for instance), and he suggests that one should study how the state lives in the hands, arms, legs, in the elements of the body. Perceptions, actions and gestures, are to be detected in daily life, and a Gramscian anthropology of the state should also be an ethnography of the body techniques and embodiment processes of the agents of the state and its "citizens" - the body tecniques (including intellectual work) by means of which the state is done, undone, and re-done daily in a process of reciprocal dialectics.

In the wake of these Gramscian suggestions, we can consider the "enlarged" state as being fragmented into daily life, and this is in fact one of the main suggestions resulting from a contemporary anthropology of the state (HERZFELD M. 1997, DAS V. - POOLE D. eds. 2004, SHARMA A. - GUPTA A. 2006). The state is nowadays investigated as an ensemble of power relations, a set of practices, processes and experiences (ARETXAGA B. 2003), and the effects of which are fragmented into many different institutional fields of practices - school, family, medicine, heritage... Or it is identified with state-like institutions that see their sovereignty as the power to dictate what life is and what death is, if not who may live and who must die, as the church, terrorism or mafia have done or continue to do in different ways.

The state is alive also outside the confines of its national borders and governments, and also in its internal struggles for local identities, which are ironically and apparently against the state. We could adhere to what Veena Das and Deborah Poole say when they write in *Anthropology in the Margins of the State*:

> «Our analytical and descriptive strategy was to distance ourselves from the entrenched image of the state as a rationalized administrative form of political organization that becomes weakened or less fully articulated along its

> territorial or social margins. Instead, we asked seminar participants to reflect on how the practices and politics of life in these areas shaped the political, regulatory, and disciplinary practices that constitute, somehow, that thing we call "the state"» (DAS V. - POOLE D. eds. 2004: 3).

State-ness in everyday practice

The following chapters can be considered as a contribution to a discussion at the crossroads between medicine and politics, and their overall theme is to explore ways in which to combine the two well-developed perspectives of embodiment, on the one hand, and the state and other institutional structures, on the other, into a coherent analytical gaze encompassing both. In which analytical frameworks can we grasp the interrelatedness between the two, and what strategies can we outline for research of the relational processes? We believe that a combination of the two perspectives will provide for a stronger position of the social studies of medicine. We want social studies of medicine to avoid being positioned as either a voice for patients' experiences as something that exist only in the body-minds of the patients, or as a social critique that is obsessed with abstract discussions of power, discourse and docile bodies being worked upon by authoritative voices of medicine, law or discipline.

With reference to the original English meaning of the term "embodiment", as well as, to newer insights from the anthropology of the state, we find that the idea of "stateness'' in everyday practice is a good starting point for the identification of the relationship between embodiment and the state: «The sphere of everyday practices is the primary arena in which people learn something about the state» (SHARMA A. - GUPTA A. 2006: 11). We therefore propose studies that pay close attention to bodily based practice of persons and various institutions of the state, and to how the concrete practice of the one may spur the concrete practice of the other. An approach along these lines would lead us to insights of ways in which the state enters our bodies as well as how bodies create and recreate the state: in the course of everyday practice, in the central institutions of state bureaucracy, and in sites that are marginal and apparently removed from bureaucratic state procedures.

The complexity of the political aspects concerning embodiment calls for a meeting between studies of healing and studies of politics, a meeting that may involve rethinking of concepts such as agency, intimacy, power, embodiment and the state. Such a meeting between studies of healing and

politics also implies a consideration of the intimacy of state powers on such diverse bodily experiences as those of nationality, citizenship, science, violence, illness, dance or spirit possession. We believe that this collection of works could stimulate further thinking along these lines, and we are proud to introduce here chapters that focus on these questions in relation to concrete empirical settings.

We are grateful to the Authors for their interesting contributions, and hope that fruitful debates may arise as the articles unfold the richness of bodily practice and the complexity of "state-ness" in everyday life.

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Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 21-35

The history of a virtual epidemic

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McGill University, Montreal

This chapter is an account of an episode in the War Against Terror. The War was a response to three attacks on September 11, 2001. Americans were told that 9/11 was the beginning of a war of terror The attacks also initiated a war against terror that included the Us invasion of Afghanistan, the passage of the Patriot Act by the Us Congress, and the creation of a cabinet-level Department of Homeland Security. Another consequence of the war against terror was an epidemic of a psychiatric illness and an incipient public health crisis. This chapter is about that epidemic.

This chapter is divided into three parts. Part one is a brief history of this epidemic. The 9/11 attacks were, in a sense, an instance of aerial warfare perpetrated against a civilian population. In part two, I consider an earlier instance, the Allied air war against German cities during World War II. There is a puzzling disparity in the numbers of psychological casualties following these episodes, 2001 and 1943-45. In part three, I offer a solution to the puzzle, at least for the American half of the equation.

Psychiatric consequences of 9/11

September 11, 2001: terrorists targeted are the towers of the World Trade Center (WTC), the Pentagon, and probably the White House. About 3,000 people died. Most of the deaths were at the WTC site, and it was the televised images of this attack that riveted worldwide attention. American political leaders and experts on terrorism described the attacks as acts of psychological warfare: the targets were chosen for their symbolic importance. Politicians and editorial writers compared 9/11 with the surprise Japanese attack on Pearl Harbor. The enemy was described as cruel but also cunning. Powerful images of the attacks were transmitted to the remotest corners of the country.

There is also a striking difference that would make 9/11 potentially more insidious and potentially more dangerous than Pearl Harbor. In the weeks and months following the WTC attacks, a threat hung «like the cloud of smoke over Ground Zero and parts of Manhattan, [This threat has] remained "in the air," never truly disappearing, never giving a concrete target for protective action. [...] Unlike the bloodiest air raids in war, there was no trusted safety signal ... and no safe places.... [and] boundaries between direct and indirect exposure were blurred... [The difference was only] a matter of *degree*» (SHALEV A. 2006: 607-608). From now on, every American might reasonably consider himself or herself a potential victim.

The most severely affected victims were the close relatives and comrades of people killed in the attacks. The Mayor of New York City and his administration expressed their concern for the victims' mental health. They were offered psychiatric care and counseling and an effort was made to protect victims from inquisitive outsiders. Trauma researchers were discouraged. A prominent biological researcher wrote that, because the attacks and their implications for the future affected the entire nation, 9/11 must be regarded as a collective trauma. The attacks have created a permanent public health emergency, comparable to an epidemic of infectious disease.

> «Terrorism is in essence ... an assault on the mental state of a population. ... It would seem obvious that public mental health should be a central element in any effective defense against terrorism. ... September 11 was the first major event since World War II which tied public health directly to national defence».

The ban must be lifted, it was argued, because information obtained from the most severely affected segment of WTC victims would yield the most valuable information on pathogenesis, treatment efficacy, etc. The ban was unfair to the victims because it denied them the opportunity to make a unique contribution to the national welfare. And it was a bad precedent.

Four years later, in an editorial in the New England Journal of Medicine, a researcher appealed to Washington to end the "moratorium on research". With the assent of Congress, the Bush administration had created a Department of Homeland Security. And now, the government's «preparedness to prevent and respond to terrorism ... should be extended to mental health research». The American public «needs to be alerted to the necessity of research and prepared for the operational procedures that would be implemented in the aftermath of terrorist attack». Government policy should encourage the development of «a culture of education in which the academic community can freely communicate what is and is not known, such that [future] survivors of terrorism will understand the value of their

participation in research to the generation of useful knowledge» (YEHUDA R. *et al*. 2005).

There had been no moratorium on research. It was mainly the established researchers who were habituated to working with the direct victims of traumatic violence who were closed out. There were other researchers however, many of them relative newcomers to the trauma field, who grasped the novelty of the WTC attack: it was an unprecedented combination of terrorism and television. The target of their research would be the victims of the "distant traumatic effects" of television. These victims would be counted in the millions and there would no obstacles – moral, political, or technological – separating them from researchers.

When American psychiatric researchers write about trauma today, their frame of reference is posttraumatic stress disorder (PTSD) as encoded in the current diagnostic manual, DSM-IV. TV images are not included in DSM-IV's list of "traumatic stressors" and the text does not mention "distant traumatic effects." However, DSM-IV introduced a significant change in the definition of the stressor criterion that opened a space for phenomena such as distant traumatic effects. The previous stressor definition specified direct exposure to an event outside the range of human experience and deeply distressful to nearly anyone. In DSM-IV, the traumatized victim is described as someone who «experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others [and whose] response involved intense fear, helplessness, or horror». Distant traumatic effects are presumed to represent a distinctive kind of traumatogenic "witnessing".

This term was first used in posttraumatic research conducted on a group of small children (TERR L. *et al*. 1999). Their teacher had prepared them for viewing the launch of the Challenger space shuttle, and a class project had acquainted them with the biographies of the shuttle's crew. On the occasion of the launch, the children watched together in the classroom a fatal disaster on television projected in real time.

I have located twenty-nine empirical studies of the "distant traumatic effects" of terrorist attacks in the United States. Sixteen studies are about the 9/11 attacks: three are based on national samples; seven are about regions beyond New York City (e.g., Arizona, California); and six concern parts of New York City beyond the WTC site. Findings were based on self-reports obtained from respondents or their parents, since some of the informants are grade school children. Structured interviews collected information on PTSD symptoms and television viewing: answers consisted of ticking off the

options. Questions relating to PTSD were based on standardized diagnostic instruments. Information was collected in various ways: telephone interviews were obtained by random digital dialing; questionnaires were given to undergraduate students and grade school children in class; an electronic diary technology required informants to record what they are thinking or feeling when prompted; a web-based technology developed by Knowledge Networks Inc., a marketing survey research company with on-going access to 60,000 American households, relayed interactive questionnaires via the internet. No studies included a qualitative research element. Some studies are based on single interviews. Other studies obtained responses at intervals, beginning a few weeks or months following the attacks. In some studies, informants, including young children, were asked to recall their emotions and viewing habits months, sometimes years, in the past.

Researchers report that, six months after the WTC attacks, seven million Americans living in regions far from New York City had "probable PTSD" connected to the WTC attacks (SILVER R. C. *et al*. 2002). In New York City, 360,000 people had probable PTSD as a consequence of televised images of the WTC attacks (GALEA S. - RESNICK H. 2005). On the first anniversary of the WTC attacks, many New Yorkers watched retrospective accounts that replayed the original images on television. Hundreds of thousands of New Yorkers, previously without WTC -related PTSD , developed "new-onset probable PTSD". African-Americans, Hispanic-Americans, and low income families were especially vulnerable to this effect (BERNSTEIN K. *et al*. 2007).

PTSD 's inner logic

Every psychiatric classification in the DSM diagnostic system is represented by a unique set of features. There is no expert consensus about the mechanisms that might connect diagnostic features in most classifications. PTSD is different. While most disorders are diagnosed with a "laundry list" of features, PTSD is defined by a distinctive process motored by the victim's traumatic memory.

PTSD is defined by four core features. *A traumatic stressor*: An individual is exposed, as either a target or an observer, to an event that threatens death, serious injury or mutilation. He responds with intense fear, helplessness or horror. *A traumatic memory*: A memory of the event is created and it recurs persistently. To be more precise, the traumatic experience is "re-experienced" in disturbing mental images, dreams, mimetic behavior, etc. *An adaptation to the traumatic memory:* The victim consciously or unconsciously

avoids stimuli that might trigger remembering, and numbs himself as protection from the emotional impact of remembering. Numbing behavior can include "self-dosing" with alcohol and drugs. *Autonomic arousal*: The manifest states are various but symptomatic of the survival response (fight-flight) and are stimulated by active memories or the unconscious anticipation of memories. They include irritability, difficulty concentrating, sleep problems, and hypervigilance.

Regarded individually, PTSD symptoms are non-specific and easy to confuse with depression and other disorders. Some symptoms, such as "difficulty concentrating", may be clinically unexceptional states. A symptom becomes a traumatic symptom when it occurs together with symptoms belonging to other phases: distress, adaptation, arousal. All phases must be represented to justify a PTSD diagnosis and only then can individual symptoms be called "traumatic".

Structurally, the logic is impeccable: all features are connected through cause and effect and the combination makes PTSD different from other disorders. *Empirically*, there is there is the problem false positives, since it is difficult, often impossible, to detect people whose clinical presentations mimic authentic (iconic) cases of traumatic memory.

Traumatic memory is associated with four kinds of mimicry: factitious, fictitious (malingering), attributed, and belated. To understand how these memories work, first consider the nature of episodic memory. Remembering is a reconstructive process. Bits of information distributed throughout the brain are activated, intersected and represented in as declarative content. Every act of remembering an event represents a "draft". The process and content that go into a draft are affected by a person's current mental state, emotional state, priorities and intentions; his "effort after meaning" (reflective processing), his interaction with interlocutors while remembering; and information acquired since the previous draft. Thus episodic memory is intrinsically malleable, open to revision.

Factitious and fictitious memories are efforts to reconstruct the past through memory work. Factitious memories are based on imagined or borrowed autobiographical events that the individual assimilates as representations of his own experiences. It is their origins ("source amnesia") rather than their spurious content that makes factitious memories different from fictitious memories (the product of a conscious process labeled "malingering").

Attributed memory is the mirror image of the iconic traumatic memory. The logic of iconic memory proceeds from a precipitating event to a memory and from this memory to a syndrome. Attributed memory runs

in the opposite direction. The case begins with a symptom or condition and proceeds to the selection of a real memory that now qualifies, *post hoc*, as the traumatic origin of the condition. Belated memory follows the same sequence, except that the individual infuses the memory with intense emotion (fear, horror, etc.) that the original experience did not possess.

When post 9/11 researchers report an epidemic of PTSD in America, they mean the real thing, the iconic case. In the following section, I will argue to the contrary, that these researchers have succeeded in producing something novel, sharing the dynamics of attributed memory.

Manufacturing an epidemic

A symptom becomes a traumatic symptom when it occurs together with symptoms belonging to other phases of the traumatic process. On the other hand, many "trauma" symptoms numerated in 9/11 epidemiological research have been collected in isolation – «My only symptom on this list is difficulty falling asleep» – or in combination with just one additional symptom. Clinically, an isolated symptom is meaningless. Epidemiological research provides an additional way of interpreting such symptoms: responses are collected and re-presented on the printed page, in the form of tables. In these tables, the four sets of symptoms appear and the process that defines PTSD emerges – albeit as the property of a collective body. What is now visible in the collective body – the traumatic process – can be taken-for-granted in the bodies of individuals. This is a familiar style of reasoning, called synecdoche, in which a phenomenon (a case of PTSD) is represented by one of its parts (one or two symptoms).

In 9/11 research, the cases are called "subthreshold PTSD", a development of a phenomenon first called "partial PTSD". Initial interest in partial PTSD focused on Vietnam War veterans and victims of sexual abuse. In the 1990s, Murray Stein and colleagues conducted the first epidemiological study of partial PTSD in the general population. Their findings suggested that partial PTSD is as prevalent as full PTSD and carries a similar burden of disability. Thus «clinicians will be well advised to broaden their diagnostic scope and to consider intervening when traumatized patients fall short of meeting the full criteria set for PTSD . In addition, if partial PTSD is proven ... as prevalent and disabling as our data suggest, then public health policy makers will need to tackle a considerably larger problem than had previously been imagined» (STEIN M.B. *et al.* 1997: 1118).

A few experts have criticized these innovations – distant traumatic effects, subthreshold PTSD, etc. – and the researchers' conclusion that the 9/11 attacks triggered an epidemic of PTSD. They argue that the DSM-IV stressor criterion has sanctioned «conceptual bracket creep», undermining psychiatric science. Anyone who watched television coverage of the carnage of 9/11 can qualify as a "trauma survivor." Respondents' emotional responses are irrelevant if they do not also entail a functional impairment. If there was no impairment post 9/11, there was no increase in disease, and therefore there was no there was epidemic (BRESLAU N. - MCNALLY R. 2006: 522). The traumatologists' consummate hubris is to suggest that the absence of pathological reactions (PTSD) following 9/11 is not normality:

> «The failure of epidemiologists to detect a marked upsurge in trauma-induced mental disease following 9/11 was interpreted by trauma researchers and commentators as evidence of resilience. The non-epidemic of PTSD has not prompted a critique traumatology's basic assumption: the expectation of breakdown. Rather, the non-epidemic has been interpreted as confirming that assumption by invoking a complementary aspect of trauma and victimization, that of resilience, an unexpected capacity to go on with life with minimal psychological damage» (BRESLAU N. - MCNALLY R. 2006: 525).

The response of the trauma experts has been swift and terrible. In an editorial afterward to 9/11*: Mental Health in the Wake of Terrorist Attacks*, a lauded compendium of post 9/11 research, Randall Marshall writes: «Where does one begin to respond to Breslau and McNally's assertion that there "was no mental health epidemic after 9/11"?». Breslau and McNally ignore scientific findings and are like people who believe that the NASA moonwalk was a hoax filmed on earth. Their failure is likewise moral:

> «It is unfortunate, but this chapter abandons the basic principle that mental health scientists should concern themselves with recognizing and responding to public health needs. The ethical consequences of minimization or outright denial of human suffering after large scale traumatic events are profound. [It] was perhaps inevitable that an event with profound political consequences from the start would become politicized» (MARSHALL R. 2006: 626-627).

Most scientists might argue that "the basic principle" when assessing scientific research is epistemological. Marshall is implying that "trauma symptoms" and "large scale traumatic events" are special in this regard. I believe that this may be a common attitude, probably shared by a majority of ordinary Americans. If it is, then it must be considered when one interprets 9/11 data based on responses to questionnaires. Twenty years ago, posttraumatic stress was largely the preserve of psychiatry. Today the language of trauma permeates everyday discourse, television and radio talk shows, print journalism, popular fiction, etc. The language of posttrau-

matic stress is becoming the Esperanto of global suffering and the first non-denominational medium through which well-meaning people can *and should* express their compassion and publicly affirm their shared humanity with all classes and cultures.

The 9/11 researchers asked respondents for information that might explain their self-reported symptoms: their television viewing during and following 9/11, demographic characteristics, etc. But no informants were asked about their prior knowledge of PTSD. It seems likely that adult respondents with some basic understanding of PTSD would be inclined to situate the interviews in this context – especially when, in major studies, they were asked explicitly if their symptoms could be related to the WTC attacks (e.g. GALEA S. *et al*. 2002).

Today, PTSD is not only a psychiatric classification, It is also a cultural template that shapes Americans' expectations about how normal people do, and therefore *ought to*, respond to events like the 9/11 attacks. Did this ordinary knowledge affect respondents' answers and, in this way, contribute to establishing the association between TV viewing and trauma symptoms? Donald Rumsfeld, a former Secretary of Defense, has made a useful distinction between "things that we don't know" and "things that we don't know that we don't know". The cultural meaning of PTSD and trauma is something that the 9/11 researchers don't know that they don't know.

The air war against German cities

The inevitability of PTSD in these circumstances seems unarguable so long as one ignores the historical record of terror bombing. A million tons of bombs dropped on German cities during World War II. Perhaps 500,000 civilians died. Millions survived and remembered hours of intense fear and helplessness and the gruesome deaths of relatives and neighbors (FRIEDRICH J. 2006, NOSSACK H. E. 2005). In lectures given in 1995 in Zurich, the novelist, W. G. Sebald, spoke about these memories. Sebald was born in 1944 in a rural region and had no personal memories of the war. His talk was about the remarkable absence of social memories – recollections made public – of the air war. Social life had revived rapidly after the war. «People's ability to forget what they do not want to know, to overlook what is before their eyes, was seldom put to the test better than in Germany at that time. The population decided – out of sheer panic at first – to carry on as if nothing had happened» (SEBALD W. G. 2003).

The absence of psychiatric statistics and reports on the effects of the air war give the impression that nothing had happened. From 1941 to 1945, the Security Service (SD) monitored civilians' responses to bombing raids. The SD's "mood reports" indicate that morale remained unbroken. After 1943, reports mention grumbling about overcrowded shelters and instances of "shelter fever" resulting from confinement underground, but psychological and psychiatric problems are not mentioned. Civilians were expected to see themselves as members of "community of fate" (*Schicksalgemeinschaft*) that they shared with German soldiers, who, by 1943, were suffering enormous casualties and misery on the Eastern Front (GREGOR N. 2000).

Sebald believed that the mental suffering of the survivors continued to be ignored after the war. Heinrich Böll had explored the subject in his «melancholy novel of the ruins *Der Engel schwieg* [but it] was withheld from the reading public for over forty years....». According to Sebald, although other writers had taken up this theme, their books were either inept or mere experiments in which «the real horrors of the time disappear through the artifice of abstraction and metaphysical fraudulence» (SEBALD W. G. 2003: 50). The conspicuous exception was Gert Ledig's *Vergeltung* (*Payback*), published in 1956. But the reviews were negative: the book is "a deliberately macabre horror painting" and barely credible (TORRIE J. 2003). Sales were poor, and *Vergeltung* drifted into oblivion. By 1997, the situation seems to have changed. Sebald's Zurich lectures, published in Germany that year, attracted much public attention and also respect:

> «...I thought my claim ... would be refuted by instances which had escaped my notice. Not so; instead everything I was told in dozens of letters confirmed me in my belief that if those born after the war were to rely solely on the testimony of [post war] writers, they would scarcely be able to form any idea of the extent, nature, and consequences of the catastrophe inflicted on Germany by the air raids» (SEBALD W. G. 2003: 69-70).

There appears to have been a corresponding absence of psychiatric concern with civilian survivors during the war and in the immediate postwar period (MAERCKER A. 2002, MAERKER A. - HERRLE J. 2003). I have been able to locate only one report. In 1947, Kurt Beringer, a former colleague of Karl Jaspers at the University of Heidelberg, published an account of his clinical experiences treating survivors in Freiburg, a city subjected to repeated devastating air raids. Beringer's account also includes information he collected from psychiatrists treating survivors elsewhere in Germany (BERENGER K. 1947). «People waited in subterranean shelters, powerless and passive, [knowing] that in the next second their lives might end, swiftly or painfully». However "abnormal reactions" were rarely observed; Beringer mentions no long-term psychological consequences.

Post 9/11 researchers report that repeated exposure to the 9/11 images increased the probability of developing Maercker. Risk tripled in people who were exposed to two prior events; three events meant a six-fold increase (GALEA S. *et al*. 2006: 33). Most German survivors of the Allied bombings were exposed to multiple air raids. Each experience met the DSM criterion for a "traumatic stressor." The analogous population in post 9/11 America would be people said to be "directly affected" by the attacks: individuals who «reported that they were in the WTC complex during the attacks, were injured during the attacks, had a friend or relative killed, had possessions lost or damaged, lost a job as a result of the attacks, or were involved in the rescue effort». Researchers estimate that 3.7 million New Yorkers meet this description and the prevalence of PTSD in this group six months after the attacks was 12%. This means 420,000 psychiatric casualties (GALEA S. - RESNICK H. 2005).

The number of German civilians exposed to Allied bombing exceeds the number of people living in New York at the time of the 9/11 attacks. The "directly affected population" in Germany would, on the average, have experienced more intense stressors than the comparison group in the US and they would have been subjected to multiple exposures that would, in turn, exacerbate the traumatic effects. Thus we might reasonably expect to find hundreds of thousands of casualties with diagnosable posttraumatic syndromes during the war and into the postwar period.

According to Beringer's account, there was no epidemic of psychiatric casualties in Germany. How do we explain his report? There are these three possibilities. There were huge numbers of psychiatric casualties in Germany, but they were not detected by medical authorities. There were huge numbers of psychiatric casualties, medical authorities were aware of them, but they and other Germans were unwilling to acknowledge them. The third possibility is that Beringer's impressions are consistent with reality.

We can reject the first possibility. It is unlikely that massive numbers of cases would have slipped by entirely unnoticed. German doctors were familiar with posttraumatic disorders and many psychiatrists, including Beringer, had treated many cases of traumatic neurosis during WWI. It is true that German psychiatrists were in very short supply during this period, and resources and motives required for studying reactive disorders in the general population were lacking. But these deficiencies are insufficient to explain the epidemiological disparity between post-war Germany and post 9/11 America.

The second possibility is consistent with Sebald's thesis that Germans had suppressed collective memories of collective suffering caused by Allied bombing. The death and destruction caused to civilian populations in Dresden, Hamburg, Berlin, and other German cities were not collateral damage. This was the goal of the Allied bombing campaign from 1943 to 1945. The Nazi Propaganda Ministry called it a "terror campaign" and said it was the result of Jewish influence on British military planners (MOELLER R. G. 2006). It seems that many ordinary Germans shared this belief in their victimhood (e.g. INGRAM M. 2006). After the war, Germans had strong motives for keeping their victimhood secret. German silence was an adaptation to German "Holocaust shame". The Jews were victims, the Germans were perpetrators; how can perpetrators claim to be victims? This is the suppression thesis.

Gerhard Giesen has recently proposed a repression thesis, according to which postwar Germany responded to the disclosure of the Holocaust with an "inability to mourn":

> «There was no way of telling a story about how it could have happened. Nobody can bear to look at the victims. [The] collaborators in a mass murder could not repair their ruined moral identity even if they had been ready to confess their guilt ... life is spoilt. The trauma is insurmountable. As a moral subject the person is dead. He or she can only remain mute... A tacitly assumed coalition of silence provided the first national identity after the war» (GIESEN G. 2004: 116).

The victims of the air war unconsciously colluded in German silence about German victims. Their silence was the result of two traumatic events: the air raids and their discovery the Holocaust. According to Giesen, a traumatic memory recalls a moment when «consciousness was not able to perceive or to grasp [an event's] full importance...». After a period of latency, it is called into consciousness and can be put into words. At this point the memory expresses itself as an identifiable syndrome – «delayed onset PTSD» (GIESEN G. 2004: 113). If Giesen's account is correct, we can conclude that Beringer mistook the period of latency for an absence of psychopathology.

The situation of bombing victims changed in the 1980s, at the time of the "historians' dispute" (*Histrorikerstreit*). This was no mere academic skirmish. It was widely reported in German newspapers and attracted popular attention. Ernst Nolte had argued that the Final Solution was not uniquely evil and that it could be compared with the mass murders and deportations perpetrated by the Stalinist regime. The historical roots of the Nazi and Stalinist programs were European, not specifically German. The template had been the reign of terror during the French Revolution (MOELLER R. G.

2003: 166-8, 175). Jörg Friedrich has now advanced a similar idea – the commensurability of victims thesis – in his widely read history of the Allied bombing campaign, *Der Brand*. Its subtext is that German responsibility for the Holocaust is undeniable but must not prevent Germans from talking about the crimes committed against them (MOELLER R. G. 2006: 115).

But was there really a coalition of silence in the postwar period? Public demonstrations in East Germany in the 1950s condemned the ruthlessness of capitalist America. The message was that the United States had perpetrated a criminal air war against German civilians and it was repeating this performance against the people of North Korea. And the consequences of the air war were also publicly and routinely acknowledged in West Germany:

> «[The] legacy of falling bombs became part of local histories and school atlases which carefully documented the extent of destruction, monuments memorialized those whom the bombs had killed, and at annual days of mourning political leaders recalled the dead. The rubble left by Allied bombers defined an entire genre of movies – the so-called 'rubble films' made in the immediate post-war period» (MOELLER R. G. 2005: 114).

In reality, there had been no taboo on talking or writing about the suffering caused by Allied bombing in postwar Germany. And there had been no explosion of delayed onset PTSD. The taboo subjects had been German victimhood and Allied culpability: it was the moral and not the medical interpretation of events that mattered. Further, the lack of attention given to the bombing victims can be usefully compared with the successes of another group of victims: the German civilians who had fled or were expelled from Prussia (now Poland) and countries with large pre-war German populations, notably Czechoslovakia and Rumania. These people lost their homes and property, experienced severe privation, and suffered many violent deaths. So their experiences approximated the bombing victims' suffering. But the *heimatlos* people coalesced into a self-conscious and politically influential «community of memory» (MOELLER R. G. 2005) divided into regional associations, while the bombing victims remained an atomized and amorphous population, waiting for a novelist or historian to give them a social identity.

Understanding disparity

In brief, it seems that there is a huge disparity in psychiatric casualties following the 9/11 attacks and the Allied air war against German cities.

One possibility is that the German casualties were undetected. The second possibility is that information regarding the casualties was suppressed during the postwar period because of Germany's Holocaust shame and its desire to maintain good relations with its Cold War patrons, the United States and Great Britain. In either case, the conclusion is the same: there is no disparity. But the available evidence supports neither position. The remaining possibility is that Beringer was correct when he wrote that there was no epidemic of chronic posttraumatic disorders in postwar Germany among survivors of the Allied bombing.

There is a true but puzzling disparity between the two situations: collective trauma in postwar Germany and post 9/11 America. The puzzle cannot be resolved by counting traumatic outcomes (cases) and comparing the totals. There is a missing piece, an antecedent question, a matter concerning cultural epistemology rather than epidemiological methodology. This question is: *What counts as an "outcome"?* For example, what kind of behavior will count as a "symptom" or a "posttraumatic reaction"? The questions are relevant to both situations: Why were there few posttraumatic cases despite exposure to terrible events? Why were so many posttraumatic cases recorded following exposure to televised events?

Conclusion

Richard McNally believes that the post 9/11 epidemiologists have contributed to «conceptual bracket creep» (McNally R. 2003: 232). They «medicalize expectable human reactions by failing to discriminate between genuine symptoms of disorder and normal distress reaction». McNally wants a more rigorous stressor criterion, similar to the original definition in Dsm-III and Dsm-IIIR. It won't happen. The posttraumatic syndromes are intrinsically historical phenomena: they are historical in a way that is different from other psychiatric disorders. The syndromes have been continually redesigned to meet transient social and psychological needs since the late nineteenth century. The major transformations have come during or following certain times of great historical violence: World War I, the Holocaust, and the Vietnam War. The War on Terror provides the raw material for another chapter in this history. The mass production of Ptsd of the virtual kind is something new but it is not an aberration. It is a metamorphosis.

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Biopolitics the Sicilian way

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> In the dynamics of power, of absolute power, nothing exists other than what is concrete.
>
> Roberto Saviano (2007: 98).

Hazy borders

On the outskirts of Bagheria, just a few kilometres from Palermo, numerous town buses connect the main town of the island to Bagheria where the poet, story-teller and witness to a long gone civil ethos Ignazio Buttitta grew up. Some buses stop in front of a modern building, the people get off and quickly enter the hall of the building. In the 1990's this building used to house the Hotel Zagara, then, in just a few months, after the municipality of Bagheria conceded a change in zoning permits – it was transformed into a private clinic – "La clinica Villa Santa Teresa", one of the most luxurious clinics on the island. On the other side of Bagheria, not too far away, there is a building which used to house just a few years ago what was called ICRE – Industria Chiodi e Reti (Nails and Wire Netting Industry). Despite the name, it was supposed to be a warehouse for building materials belonging to Leonardo Greco, a member of the local mafia clan. In the world of *Cosa Nostra* that warehouse was known as the "Ferro" (Iron). This is how it was described by Nino Giuffré, one of the last "pentiti" ("penitent" mafiosi turned state witnesses), a top ranking Mafioso, during his interrogation:

> «We would go to the "Ferro" in Bagheria in the morning. Provenzano was there. I remember that this warehouse for iron goods was one of the most important places where Provenzano used to meet people. And let us say that it was also the place where the Corleonese adversaries used to be exterminated. That is to say that here appointments were given to people that were no longer considered trustworthy and once they got there they didn't get back home. They were killed. *It was like an extermination camp, one of Cosa Nostra's extermination camps*» (1).

Obviously, in Bagheria, at the beginning of the new millennium, it was important not to get the wrong bus. In similar ironic vein, those of us who

are more familiar with the Sicilian health system could, deep down, sustain that the island's hospitals are also places from which one never returns. We would be doing Villa Santa Teresa an injustice, and would be simplifying things somewhat, particularly, the network of relations and meanings that link *Cosa Nostra* to a significant portion of the Island's "civil society". Villa Santa Teresa is a clinic, in fact, renowned for medical excellence in Sicily, where radiodiagnostic equipment, for example, is the best of its kind in the South of Italy. The owner of Villa Santa Teresa was the engineer Michele Aiello. He, too, was from Bagheria and in 2000 he was the major tax contributor to the Sicilian Tax department. There seems to be nothing unusual up to this point. However, there is a rather curious point, and that is the fact that his name appears in one of the pieces of paper (called a *pizzino*) taken from Totò Riina – one of the *Cosa Nostra* bosses – when he was arrested in January 1993. When, in April 2003, the "stereotactic radio surgery" service was installed in Villa Santa Teresa, Michele Aiello had already served a few months in prison, accused by the magistrates court and by some "collaboratori di giustizia" (state witnesses) of being a *riservato* (known, that is, only to a few heads) member of *Cosa Nostra* and of acting as a prestanome ("name-lender") in the area of Health in the interests of Bernardo Provenzano, who was also at the head of *Cosa Nostra* for over twenty years [(2)].

I am not really interested in the penal and legal implications of such a scenario. I am rather more interested, on the other hand, in the businessman, himself – one of the richest Sicilian contributors – elegant, middle class, who according to the declarations of the "pentiti" and in the conversations intercepted by law enforcers, appears as a kind of legal alter ego of the invisible, and for 40 years, elusive Bernardo Provenzano [(3)]. What are his tastes, his passions, how does he discipline his body, he who had brought to Sicily the "total body stereotactic radio surgery" and who, at the same time, had represented on the public scene, the interests of the person who for decades had ordered the physical disintegration of many human bodies? And what can we say of his cousin, Aldo Carcione, associate professor of radiology at the University of Palermo, accused of having illegally broken into the computer Registry of the Procura della Repubblica (Public Prosecutor's Office) of Palermo, to extract information with regards to the enquiry into Aiello and other "Mafiosi" [(4)]? What embodied notion of the State does this university colleague of mine envisage?

It is not easy, in the absence of a specific ethnography, to give answers to these questions. For the moment we can only further expound on the web of relationships that, confounding the borders between the legal public domain and illegal networks, between health and torture, between bio-

powers and the powers upon «bare life» (AGAMBEN G. 2005), which seems to begin to outline a peculiar Sicilian declination of modernity. On first sight in fact it seems clear that Villa Santa Teresa, a flagship health clinic in Sicily ("private", but paid by the "public"), and the "extermination camp" of *Cosa Nostra* are connected by very profound and surprising links. In some cases such links are metonymic – during some of the inspections carried out after Aiello's arrest, the subterranean quarters of the clinic revealed further secrets. Tunnels that lead externally, a series of rooms equipped to receive fugitives – a tip-off had indicated the presence of Provenzano in those secret hide-outs. Other "pentiti" had referred that the boss would get around the city of Palermo by travelling in an ambulance. When they looked for him in the underground quarters of Villa Santa Teresa he had already escaped outside. In other cases the relationship is metaphoric. Many secret rooms in fact are hidden in the underground of the so-called "civil society" of Sicily. The engineer Aiello boasted a complex network of friends and acquaintances. For example, his personal secretary, Maria Masi had a brother (Francesco) and a sister (Paola) both condemned for aiding and abetting Matteo Messina Denaro's, a *Cosa Nostra* boss from Trapani, being on the run. Furthermore, while Paola Mesi is indicated as the boss's companion, both her brother and sister work in a company owned by Carlo Guttadauro, the brother of Giuseppe, whom we shall shortly encounter, an entrepreneur also from Bagheria, was condemned for mafia association.

However, the friends and acquaintances of the owner of Villa Santa Teresa are not only Mafiosi. Giorgio Riolo, the Marshal of the ROS ("Reparto Operativo Speciale") of the Carabinieri and the Marshal of the Guardia di Finanza, Giuseppe Ciuro, assigned to the DIA ("Direzione Investigativa Antimafia") are trusted friends and collaborators. According to the judges of the Procura (Public Prosecutor's Office) of Palermo, with whom the two marshals had been collaborating for a while and working together on delicate mafia investigations with some of those judges, both were passing on reserved information to the engineer, information that concerned investigations and wiretapping carried out by the judges in his regard. Furthermore, Riolo, who had been given the task by the judges of the Procura of installing the wire taps, was also employed by Aiello to set up and debug the computerised security system and video surveillance at Villa Santa Teresa. The judges and the colleagues (the uncorrupted ones) of the two marshals are able to record their conversations and in November 2003 they are both arrested together with Aiello with the accusation of external support in mafia association [(5)]. Another marshal of the Carabinieri, Antonio Borzacchelli, is among the circle of acquaintances of Michele Aiello. The

two know each other and have been in frequent contact, but after 2001 their relationship intensifies, after Borzacchelli is elected regional parliamentarian in the Biancofiore, a list associated with that of the UDC ("Unione Democratici Cristiani"- Democratic Christians Union) party. In the course of the regional legislature, Borzacchelli is an outspoken advocate during the legislative assembly of the interests of the private health sector, more than once, intervening in the debate concerning the elaboration of a fees list regarding the professional health services carried out by private health groups. In truth, the "honourable-marshal" entertains even more cordial relations with Salvatore (Totò) Cuffaro, the former Governor of the Sicilian Region who was forced to hand in his resignation after being condemned to 5 years imprisonment for having passed on reserved information to people linked to *Cosa Nostra* (January 2008), but was re-elected in April of the same year to the Senate of the Italian Republic. On admission of the Governor, relations between the two political men are close and frequent – they meet on a daily basis, even before the election of the former marshal to the regional parliament. These relations are interrupted at the beginning of 2004, when Borzacchelli, like his colleagues ends up in prison, with heavy accusations. According to the magistrates, Borzacchelli, who knew of the investigation into Aiello's case, was blackmailing Aiello by threatening him to reveal what he knew about him and his affairs to the judges. At the same time, he was informing Aiello and a group of other people, of the investigation, thus allowing Aiello to take precautionary measures, and was taking advantage of his institutional position to subordinate his political activity to the private interests of Aiello [(6)].

The network that we are outlining, begins at the Villa Santa Teresa clinic, connects up with the homicidal practices of the Corleonesi and, through certain public functionaries, extends the web of illegal connections between fragments of the State and "forms of criminal life", which in turn reverts back towards the medical-health system of the Island. Even Totò Cuffaro, in fact, knows the engineer Aiello well. He goes to visit him at the Clinic, where they freely talk of diagnostics and radiography, in the shielded radiology room. From what Cuffaro says, these seem to be passions they have in common, since the engineer invests so much money in health and the politician by profession is a medical radiologist. As stated before, I am not particularly interested in the "penal" truth of the entire situation, which is in any case attested by judgements not yet res judicata. I am rather curious, on one hand, about the density and clarity of the network and how this network outlines plots that connect spheres of society that, in an ideal Weberian model of the State, should be radically distant one from the other, and, on the

other hand, by the civil lack of discipline of the bodies and practices of these men, who act at the core of the political, military and health institutions of the State, and whose ethical sense they should have incorporated. In realty, the State that they have incorporated and the means of this incorporation do not seem, at first sight, to be easily collocated within classical theoretical scenarios, thus evoking, at the same time, forms of advanced biopolitical governmentality and forms of exercising a sovereignty founded on the capability of inflicting violent and (in appearance) illegal death. In order to be able to comprehend the "moral economy" (ASAD T. 2003) and the more general economies of self and the agency of which such incorporated attitudes seem to be part, we have to further examine the social web of relations which revolve around the public figures till now evoked.

As we have said, the former Governor, is a doctor, as are many of the exponents of his party. Antonino Dina is also a medical radiologist and regional parliamentarian and party leader of the UDC in the ARS ("Assemblea regionale Siciliana"- Sicilian Regional Assembly) as well as a faithful follower of the Cuffaro family. Aiello and his employees turn to Dina in order to fix the prices of the health-medical services that the Sicilian Region has to pay. Domenico Miceli is also a doctor, and intimate friend of the former Governor and former Health Councillor of the Town Council in Palermo. Miceli is a family friend of Cuffaro. He was best man at his wedding and knows his wife well, who is also a doctor. Together with her, he acquired a Radiodiagnostic company, which was then passed on to Michele Aiello, when he entered the world of Sicilian Health entrepreneurship. In June 2003, Domenico Miceli, who was at the time the health town councillor of Palermo, was arrested for external support in mafia association (7). His legal situation seems complicated from the outset. Someone informs him that the police and the magistrates are investigating his case and wiretapping his conversations on politics, business affairs, public examinations for posts within the health structures, together with another doctor, Giuseppe Guttadauro (8). The latter, who is the assistant head physician in the Public Hospital in Palermo, had been condemned for his affiliation with the Brancaccio family, together with hundreds of others, in the Maxiprocesso (Maxi-Trial) against *Cosa Nostra*, set up, in the 1980's by Giovanni Falcone and Paolo Borsellino. After being released at the beginning of 2001, he was back in prison a year later, for the accusation of having organised cocaine trafficking from South America to Sicily. On that occasion his wife and son Francesco were also arrested. Giuseppe Guttadauro became head of the Brancaccio "family", one of the most important mafia families in Palermo, after the arrest of the Graviano brothers, mafia bosses involved in the

murders of Falcone and Borsellino as well as that of Don Pino Puglisi, the parish priest in a neighbourhood that had dared resist the pressures of the mafia. According to Nino Giuffré, turned State witness, Giuseppe Guttadauro, together with other mafiosi, had invested capital in the acquisition of diagnostic equipment at Villa Santa Teresa. His brother Carlo, entrepreneur and employer of Maria and Francesco Mesi, who had been arrested for harbouring the fugitive Matteo Messina Denaro, had himself been arrested for mafia association. More recently, a similar fate occurred to one of the Guttadauro brothers, Filippo, accused of being an important link in the protective network which allowed Bernardo Provenzano to elude the law for forty years. Vincenzo Greco, the boss's brother-in-law, was also a doctor; he, too, was condemned in 1996 for mafia crimes - in 1993 he had medically assisted Salvatore Grigoli, one of the killers of Father Pino Puglisi.

Another doctor with peculiar connections and a close friend of the boss (Provenzano) and of the former councillor Miceli, was Salvatore Aragona. Not only Miceli's friend, but also a friend of Totò Cuffaro, he was condemned, in the first hearing, to nine years imprisonment (reduced to five years in the Court of Cassation) for external support in mafia association – he had provided a false alibi for Enzo Brusca, a powerful boss close to Riina and Provenzano, accused of homicide, made a false certificate for a hernia operation declaring it was (which was not) done on the very day in question at the Ospedale Civico in Palermo. Guttadauro and Aragona demonstrate a very high level of familiarity – the boss of Brancaccio talks to him about the history of the mafia and of highly delicate issues, such as the homicides of General Dalla Chiesa and of the judges Falcone and Borsellino. Salvatore Aragona, on his part, from the wire-tapped discussions, demonstrates a profound knowledge of the mafia world and the world of regional politics. Indeed, the doctor-boss of Brancaccio, the surgeon who provided the alibi for the *Cosa Nostra* boss and the medico- councillor from the Municipality of Palermo continually talk about the regional and national political representatives that could have and/or should have guaranteed the effectiveness of mediation channels between interests of which they felt to be the bearers and the actions of the Institutions.

Necropolitics

In this cross-section of Sicily at the beginning of the millennium, we see a private clinic in which the control of the health of Sicilian citizens is exercised by means of the most modern diagnostic and therapeutic equipment

available and, at the same time, we see an extermination camp, where the power of *Cosa Nostra* is concretised in the exercise of extreme forms of violence on the bodies of the very same citizens, in contiguous alignment, side by side occupying the same space. Both these scenarios, the apparently legal one in which, by means of advanced technologies, a "power of life" is exercised, and the other completely illegal scenario, in which, with similar technological precision, a terrible "right of death" is manifested (FOUCAULT M. 1978: 119-142), seem to participate in a unique system of dominion [(9)]. To put it in broader terms, beyond any official rhetoric and disciplined politological taxonomies - modern State and *Cosa Nostra*, "dressage", "the administration of bodies" or the "calculated management of life" (FOUCAULT M. 1978: 123), on one hand, and "the right to *make* one die or to *let* one live" (*ibid*.: 122), on the other, could seem to configure as pervasive expressions of a single system of governmentality. On the other hand, on a social level, around and in support of, a similar association, we find exponents of a "mafia middle-class" (SANTINO U. 1994, 1995) – men and women that give life to a dense network capable of incorporating diverse and ideally separate (if not in contrast with each other) spheres of Sicilian society. This aspect, therefore, takes on a connotation – which we suppose may be different from the biopolitical aspect, or from that founded on the exercise of sovereignty, with the possible use of violence, which, apart from the ethical foreboding and orderly disciplinary partitions, may well be worth investigating. In effect, in this paper we will try to put this peculiar declination of Sicilian modernity into focus, by following only a few of the numerous avenues that open up, once one begins to reflect upon the practices that, on the Island, link power over life and death, dominion and practices of manipulation of bodies.

Firstly, however, it is necessary to dwell on the conceptual scenarios within which to inscribe our reflections. In the light of the cases described above, the Sicilian case could be seen as an example of a "necropolitical project" (XAVIER INDA J. 2005b: 16-18), that is to say, as a kind of governmentality that makes it possible to exercise large-scale forms of violence, in the name of, however, a declared will to safeguard the vital interests of a community. A kind of "dark side" of "governmentality", the Necropolitics would uncover the coercive and violent nature of the project and of the practices of modernity. Achille Mbembe, who developed foucaultian theses on the relationship between biopowers and forms of mass destruction, declared that he was interested in investigating:

> «those figures of sovereignty whose central project is not the struggle for autonomy but *the generalised instrumentalisation of human existence and the material destruction of human bodies and populations*» (MBEMBE A. 2003: 14).

From his point of view, similar organised modes of practising terror, which he calls "necropowers" (*ibid.*: 17), are constituted from the functioning of systems of late capitalistic governmentality. In particular, the necropolitical dominion is characterised by the construction of "death-worlds", originally declined in the system of slave labour on plantations and in those of the colonies, that later extended to the borders and beyond the centres of Western power, on one hand, and by the ever more frequent break out of forms of mass destruction within their ordered ambits of life, on the other (MBEMBE A. 2003: 39-40). To this multiplication of political agencies, to this fragmentation of powers and of institutional worlds there is a corresponding production and reproduction of forms of violence, internal and external to classical political partitions (*ibid.*: 31-32). Mass violence and terror, thus become experiences that constitute the daily lives of multitudes of people. At the same time, for those who occupy positions of dominion, security and the construction of more and more rigid protective apparata against violence become illusory and obsessive needs.

Therefore, as the thoughts of Appadurai (2005) and the affirmations of Mbembe (2003: 39) show, concerning the wide-spread use of violence, no contemporary political sphere can today feel immune against forms of global violence. The scenarios that Mbembe himself often dwells on, the research contained in the volume on governmentality edited by Xavier Inda (2005a, part V) or the many ethnographic studies of recent times dedicated to such themes mostly regard worlds that exist on the margins of the centres of advanced capitalism (even though, on the other hand, a book like *Gomorra* shows, by means of its specific literary style, with a disturbing lucidity how, in Campania, biopolitics and necropowers, violence, terror and production of wealth, murders, toxic waste of Lumbard capitalism and accumulated riches of Northern Europe, have by now become part of a unique system of governmentality). Despite this, I do not believe that the line of post foucaultian thought and the connected concept of necropolitics can be mechanically applied to the Sicilian reality. Certainly, if that exemplified by the daily practices and ways of incorporating the State on the part of the doctors, Guttadauro, Aragona, Miceli, Greco and Cuffaro should become a dominant model; if the public-private health model founded on substantially illegal capital, as it emerged in Sicily, and became widespread also in Calabria, Campania, Puglia, should by now saturate the state health system; if, in other words, the economic and political interests and the violent practices of an emerging middle-class mafia should clearly merge together with the functioning of the state biopolitical machine and should become hegemonic, we could probably then talk, for the region of South-

ern Italy, of *necropolitical governmentality*. Currently, however, the situation is still in a state of flux, the trials are still proceeding and the results are not definitive. The interests of the power groups that control social relations, both legal and illegal resources, by means of extreme forms of violence, are not collectively and officially legitimated – although there hovers a widespread Nicodemic consent around these interests, nor do they present themselves as agents of a general health and well-being of the population – despite the fact that they adopt self-legitimating and paternalistic rhetoric. In public discourse, indeed, these interests and similar representations are set against those present in other sectors of "civil society", for which, they are, as expressed in the words of condemnation by Pope John Paul II, in a famous talk against the mafia in the aftermath of the massacres of 1992, expressions of a "culture of death" which go against those of a "culture of life". A part of civil Sicilian (and Italian) society still opposes the idea of mafia activity as being an inevitable corollary of the peculiar declination that the project of modernity has assumed in the history of the Italian national state. Men and women of the antimafia movements and of the institutions, especially in the late 1990's, have claimed an ethical, practical and political access to a full and ideal modernity.

Sensitive to such similar political dialectics, Jane and Peter Schneider have put forward an interpretation of the historical and social processes that have led to the emergence of a "civil society" in Sicily that has laid down the basis for the birth of a strong anti-mafia movement[(10)]. In a study carried out in 1996, the two scholars put forward the hypothesis that, in the decades immediately after the unification of Italy, together with the emergence of a dominant class of non- absentee land owners and professionals, one can see in Sicily, the propagation of a demographic model, of social practices and of new cultural attitudes, linked to the world of artisans. The artisan families, in fact, were the first to practice, even within the context of internal rural towns, new marital and sexual behaviour, centred on the control of births, modern types of sexual practice and a greater respect and autonomy for women (Schneider J. - Schneider P. 1996: 12). Together with the peasant movement immediately after the two world wars, these new behavioural models originating from the artisans, constituted the structural basis on which to build, in the following fifty years, a bio-political, urban "civil society", capable of bringing forth a strong antimafia movement. On the contrary, the originating social basis of the Mafia is to be sought in the relationship between the land owners, strata of the peasant world capable of carrying out a role of mediation and town business sectors. In a more recent study, Jane and Peter Schneider (2003) deal directly

with an analysis of Sicilian civil society, paying special attention to the impact the antimafia movement has had in the social and political affairs of the Island, especially in the years (1991-1994) immediately preceding and those successive to the spate of important mafia killings against politicians, magistrates, clergy, and against the artistic patrimony of Italy.

The interpretation of the two American scholars highlights important aspects of the social and political history of Sicily in the last decades. It shows, in fact, how the daily life of a significant part of Sicilian society, in keeping with what has happened in all the Western societies in over a century, has been affected by "foucaultian" processes of modernisation, in which, the forms of «a power which is exercised directly upon life» (FOUCAULT M. 1978: 121) have taken on a central role. Their analyses, furthermore, allow us to understand the processes that, beginning with these changes, have made the birth of a civil reaction to mafia violence possible, and at the same time, outline the complicated characteristics of Sicilian civil society. With respect to the possibility of interpreting the relationship between the Mafia and society in terms of "necropolitics", the hypotheses of the Schneiders can furnish, it seems to me, a more complex image of the dynamics and conflicts taking place in Sicilian society. Despite these merits, however, their version seems also to produce certain simplifications. "Mafia" and "civil society", in fact, in their analysis, seem to assume the characteristic of mutually impenetrable entities that have contrasting genealogical histories and that express irreconcilable social positionings[(11)]. From a similar perspective it is not easy to attribute importance to processes of co-penetration between legality and illegality, between biopolitics and violence, between the control of life and destruction of bodies, between legitimate capital and hidden forms of circulation of goods, people or their parts that, we have seen, are beginning to interest important sectors of Sicilian, Southern and Italian society and upon which the notion of necropolitics seems able to set its aim. Beyond that, a dichotomic approach to the socio-political dynamics (on one hand, the mafia world, with its sociological and cultural "roots", and on the other, "civil society", the expression of a different social history) may run the risk of not detecting the sedimentation of forms of co-penetration, nor the ways in which they take shape in social practices, nor, finally the web of connections to which these practices give life and from which they begin to weave new "forms of life" even around the violent and arbitrary expressions of power over human life (HUMPHREY C. 2007). It is in this sense, in my opinion, that it is possible to recuperate the notion of necropolitics. This notion, in fact, freed of its abstract nature especially by certain post- foucaultian positions and by the crypto-func-

tionalistic connection between biopolitical governance and its perverse effects, can prove to be useful for an anthropological interpretation of the processes taking place and of the concrete practices of the social actors such as the above-mentioned mafia or para-mafia doctors, corrupt politicians and state officials. In the following pages, I would like to further elaborate on the analysis of the relationships between bodies, between "powers of life" and "powers of death", by taking into consideration powers, fields and practices, that, neither the suggestions made by Mbembe, nor the interpretation proposed by the Schneiders concerning the relationships between "civil society" and "mafia society", seem to be able to interpret.

Of the many ways of destroying a body

To do this, let us leave for a moment the (apparently) biopolitical rooms of Villa Santa Teresa and (perhaps) the necropolitical dealings that connect the violent world of *Cosa Nostra* in order to try and examine more closely how, in the eighties and nineties, this power on "bare life" (AGAMBEN G. 2005) was practised in the extermination camps of *Cosa Nostra*. Giovanni Brusca, a mafioso from San Giuseppe Jato, the above-mentioned Enzo Brusca's brother, close friend of Riina and Provenzano and head of the commando that blew up the cars of Giovanni Falcone and those of his police escort, has given us a detailed account of what was going on in the "Ferro":

> «I've never denied the fact: I tortured people to make them talk. I strangled those that confessed, and those who didn't talk. I dissolved bodies in acid, roasted corpses on grills. I buried the remains in graves dug with excavators (...) To strangle them I would use a very thin nylon cord, two of us would hold down the poor wretch by the arms, two would hold down the legs and one, from behind would pull on the string... After about ten minutes death would come. How did we know? Because the body tissues would loosen and the person would pee and shit himself…That was the sign. (...). We had to make sure that the death had occurred. It would have been really risky to put a body in acid which could have had convulsions or spasms. Splashes of acid would have been fatal for all those present (...) You've got to keep in mind that it takes 50 litres of acid about three hours to disintegrate a body. Sometimes we would use a burner with a flame to increase the effect of the heat (...) The body slowly dissolves, the victim's teeth remain, the skeleton of the face is deformed. The pelvis can remain partially intact... In the end, you can hardly see anything. After that you collect the remains and dump them somewhere. At San Giuseppe Jato we would throw them in the river (...) Up to the beginning of the eighties, we would use a much more primitive and much slower system. We would roast the bodies on grills. We would

> begin in the early morning and finish by sunset – to make one corpse disappear would take from seven to eight hours and truck loads of wood to keep the flame alive» (LODATO S. 2006: 161-163).

Acid necro-technology carried out on behalf of *Cosa Nostra*, in this case, takes the place of stereotactic radio surgery practised by the health operators of a health clinic under the regional health plan of the Sicilian Region, set up by (economic and social) mafia capital, and producing effects that are not less "rational". The bodies are dismembered, broken up, annihilated and made to disappear by means of necrophilic "scientific" know-how that seems to be somewhat common in the world of mafia organisations.

> «As in Auschwitz, in the Nazi concentration camps, even the mafia picciotti, who were condemned to death, would be dragged to the gallows, tortured, killed and, finally, cremated in an incinerator, that was an old wooden stove, once used to bake bread. A slight breeze, and the remains of the victim would disappear into thin air. The concentration camp of the mafia bosses could be found in the Cardillo countryside, hidden by a row of trees, and from the sight of passers-by. It was the property of an ally of the Corleonesi family, Salvatore Liga, ready and willing to allow "friends" to use the 100 degree centigrade oven when the command was given» (MIGNOSI Enzo, Corriere della Sera, 13 July 1997: 15).

More recently (January 2008) in the countryside of Cinisi, a town near Palermo where, in 1978 the mafia had made the body of Peppino Impastato [(12)] explode, law enforcement officers had arrested a man, who was close to the Lo Piccolo mafia family and who was nicknamed "cagnoleddu" ("little doggy"), while he was digging on land that had been pointed out as a secret cemetery by a *pentito*, where the clan for years had buried the corpses of the persons that had been eliminated and made to disappear [(13)]. Besides the history of *Cosa Nostra* is full of bodies that disappear never to be found and of sudden and often useless exhumations. Rather emblematic in this regard is the case of Mauro De Mauro, a journalist for "L'Ora" abducted outside his home by three men belonging to *Cosa Nostra* in September 1970 and never seen again. The search for De Mauro's body was carried out to no avail till 2006 when, from the revelations of Francesco Marino Mannoia, an important mafioso held in the United States, it was discovered that the journalist had been kidnapped, tortured and then strangled on orders of the mafia top brass and his body buried in the bed of a river, under a overpass in the vicinity of Corleone. Mannoia declared that he had himself exhumed the body, together with other bodies that had been buried in that secret cemetery in 1977, so that they would not be discovered due to construction work that had to be carried out in the area at the time. He had dissolved the body in

acid [14]. The boss's declarations seemed to have put an end to the search until, a year later, following the revelations of a Calabrian pentito. The exhumations of the bodies in a cemetery of a small town not far from Catanzaro were carried out where the body of De Mauro was supposed to be buried in place of a "ndranghetista" who was to be believed dead – without success, however, since of the five skulls that were dug up, none was the skull of De Mauro [15].

The bodies of enemies killed are rapidly taken out of circulation, pulverised, and thrown into abandoned wells, buried in secret cemeteries. Subjected to extreme forms of manipulation/ disarticulation, they seem to have to be subtracted from sight – from the sight of the investigators, obviously, who must not be able to find any traces of the body (FALCONE G. 1997: 26-27), but also from the sight of other members of the organisation or of those who live in environments connected to victims, and who, however, will easily be able to associate the secret surrounding the disappearance of those bodies to the surplus of violence which has determined their definitive annihilation. Beyond the obvious instrumental value (the elimination of every element, every bodily trace that may lead to investigations) such practices seem to inscribe themselves in that which, along with Asad (2003), we can define as an economy of *agency* in which particular relationships are drawn between individual bodies, violence, power and social bodies. In the case of the Sicilian mafia (and of other mafia organisations) the "body of the enemy killed" seems, on one hand, to constitute itself as an extreme sphere of material resistance against the action of violence, while, on the other, it offers itself to certain manipulations, thus rendering them at the same time possible, by which both the relations of power and meaning, as well as the forms of inclusion and of exclusion, are modulated, constructed, represented and, thus, interpreted [16].

If from Sicily we shift over to the Campania described by Roberto Saviano, here, too, the body which is acted upon with dismembering violence emerges as an inherent element of the action of the territorial *governance* of the Camorra groups. In the hinterland of Caserta, in fact, together with all kinds of toxic and illegal waste, the land offers up the bones of the dead (SAVIANO R. 2006: 315), the remains of exhumations from the cemeteries, secretly (re)buried by the Camorra system. As in Cinisi with the Lo Piccolo family, in Mondragone as well, a small town in the Caserta area, dominated by the La Torre Camorra clan, the bodies of the enemies killed, are subjected to particularly aggressive violence – they are slaughtered and thrown into wells, where hand bombs are thrown down to tear them apart, and making the whole well collapse upon them (*ibid.*: 295). Just as in the

Bagheria of Aiello and Provenzano, Augusto La Torre, the boss of Mondragone, from the very beginning of the nineties, got into the health sector by acquiring an important private health clinic that had been controlled by a local politician who was killed in the course of a confidential meeting, thrown in a well that already contained other corpses, and blown up in the "Mondragone style"(SAVIANO R. 2006: 295-297). In this case, as well, in the end, the connections between the thanatopolitical practices of dominion and biopolitical forms of *governance* take on connotations, that are quite particular [17]. Saviano, in fact, narrates how the very boss who tore apart the bodies of his enemies by throwing hand grenades in the well-graves, would also exercise a capillary control over the health of his fellow citizens, by checking their HIV tests and physically eliminating (some of) those who were infected (*ibid.*: 304-305). The territorial dominion of a Camorra boss is exercised through the biopolitical practice of HIV tests and produces precise necropolitical effects.

It is no doubt difficult to attempt to attribute to each of these practices of the thanatological manipulation of the corpses of the mafia victims, a specific meaning, perhaps within an abstract and hypothetical symbolic system or cultural code [18]. One could, on the other hand, try and ascribe such practices to some general taxonomic system that is able to, perhaps, shed light on their meaning [19]. The theoretical option, adopted here, more in line with contemporary critical anthropology of violence (TAUSSIG M. 1987, 1997, MBEMBE A. 2003, ASAD T. 2003, APPADURAI A. 2005, DEI F. 2005) rather than with the formalising needs of an anthropology of a philosophical aspiration or the hypostatisation of a symbolic anthropology, would lead us, on the other hand, to a closer consideration of the necropolitical practices which take place in mafia contexts and to attempt to collocate them in appropriate historical and political scenarios and in specific moral economies [20].

If, therefore, we try and observe the thanatological practices carried out by the men of the mafia, it seems to me that it may be useful for our analysis to distinguish between two different types of bodies that are assaulted by the action of the mafia power – on one hand, those that are killed and left at the scene of the crime, on the other, those for whom the mafia violence reserves a further and more extreme form of manipulation. In the latter case, it is possible to make a further distinction between those bodies that are dismembered in secret closed quarters such as "camps of extermination" or hidden wells or cemeteries that are concealed from sight, and those bodies, on the other hand, whose fragmentation takes on a form of public pulverisation.

Firstly, as far as the thousands of bodies massacred by criminal organisations and left in the streets, in the piazzas and houses of Italy in the course of the last decades is concerned, as well as those made to disappear in secret, we may recall the considerations of judge Falcone who, with regards to the way of inflicting death, points out how the mafia would always chose:

> «the least risky and fastest way. This is its only rule. It does not have a kind of fetishistic preference for one technique or another. The best way remains the 'lupara bianca', the pure and simple disappearance of the victim, without any trace of the body or blood (...) That is why strangling has become the main killing technique for *Cosa Nostra*. No shootings, no noise. No wounds and therefore no blood. And once strangled, the victim is dissolved in a tank of acid which is emptied in a well, or drain, or any dump whatsoever (...)» (FALCONE G. 1997: 26).

Immediately after, however, he adds:

> «Having said this, there are cases in which the type of assassination and the modalities of execution are indicated by the reasons and motivations [for the assassination]. The singer Pino Marchese was found with his genitals in his mouth. According to some people, he had committed an unpardonable offence – he had had an affair with the wife of a "man of honour". Pietro Inzerillo, the brother of Salvatore, was discovered in the boot of a car in New York with a bundle of money in his mouth and in between his genitals: "You wanted to grab too much money and this is the way you end up"» (*ibid*.: 27).

The body of the victim is basically a target that has to be eliminated with the least amount of risk and as efficiently as possible. Therefore, the action has to be rapid and efficient, and the result certain. This does not mean, however, that the way the homicidal action is carried out may not resort to styles of execution that, besides the conscious will of signification, highlight implicit levels of meaning in the act itself[21]. Nor does it meant that in the concrete performance of the homicide there may not be a precise communicative intention that finds direct expression in the treatment reserved for the body that is killed. At Catalfàro, a town of the Iblean region where I carried out a long ethnographic study, the corpse of one of the 15 people killed during a ten-year war between local mafia bands was found with the penis cut off and inserted in the mouth, the stomach cut open and sown up again, with signs of sexual violence and sperm on the face. Here too – as in the case mentioned by Falcone – the violated body it is said could have signified the abuse of sexual passion on the part of the victim directed towards prohibited people. With different intentions of meaning, but similar in horror, is the violence perpetrated on the slaughtered bodies by the Camorra described by Saviano – heads cut off and torn apart by lighting petrol in the mouth (SAVIANO R. 2006: 130), arms, torso and face

battered with nails on hammers, tongues and ears cut off (*ibid*.: 143) to indicate, by popular interpretation, an exemplary punishment of persons who had betrayed their leaders. Even without wanting to detect a code that allows us to interpret the body of the victim as a text that can be deciphered, the surplus of violence that in some cases can be unleashed upon a body makes us think that at the base of this usage there is a kind of formalised communicative modality, endowed, though be it in an implicit manner, with a social and political function (of warning, intimidation, a demonstration of force, an assertion of dominion over a territory and its bodies) that is culturally significant. In similar cases, the victim's violated body seems to become a rhetorical tool by which to indicate, if not actually signify, the capacity of absolute dominion over life and death exercised by mafia violence. This violence does not only underline the "bare life" of those bodies (AGAMBEN G. 2005), and therefore to reaffirm one of the fundamental elements of being a power, but, by manifesting itself in extreme forms, it inscribes itself on the victims' bodies by dismembering them and dismembering the materiality of the body itself. As Saviano (2007: 98) reminds us: «In the dynamics of power, of absolute power, nothing exists other than what is concrete».

Besides the capacity of the martyrised body of signifying or of the will of the executioner of transmitting messages by means of the torment of a body, the slaughtered bodies of the mafia, by their mere permanence in the public space, offer themselves up to the public eye and, in so doing, produce meaning and commentary beyond the will of the killers of transmitting (particular) meaning. The photographs of Letizia Battaglia and Franco Zecchin, taken (mainly) in Palermo between the second half of the 1970's and the early 1990's, and recently collected in a volume, show with extreme clarity the dramatization of the exposition of the corpse in a public space – a circle of people (there are many children among them) some standing on a truck and others on the side observing the body of "Ninu u' Karate" killed in 1978 in the Vucciria market place; the body of Ignazio Pedone, "incaprettato" [trussed goat – a typical method of the mafia where the neck is bound to the arms and legs by slip knots joined behind the back. When the victims pull on the cord, they choke] taken out of his car and surrounded by a circle of men and feet (Casteldaccia 1986); or children again and elderly people scrutinising the body of a victim of mafia violence lying on the ground (Palermo 1979).

It is almost as if numerous passages of the text of Saviano (for example pages 114 and 115, SAVIANO R. 2006) seem to provide the soundtrack to those images, even if this time the voices speak a Neapolitan or Casertano

dialect. The bodies of the dead killed, exposed to the public eye and commentary, can therefore be inserted in a sphere of narrative representation, – people speak of it – but it is also visual – the photos of Zecchin and Battaglia have (nearly all) appeared in the regional and national daily papers, the images of those dead men have been transmitted on television where often the very authors of the crimes have seen them, commented, judged [22]. The presence of these bodies, in the end, continues to be palpable also after their removal from the public space. Roberto Alaimo (2005: 43-44), in an interesting literary guide to Palermo, affirms, in an ironic tone, how in the sightseeing tour that an ideal citizen may envisage for a foreign visitor there be provision also for:

> «street corners where the most famous mafia crimes have been committed. Here they killed General Della Chiesa, here they shot Pio La Torre, etc. (...) but this is none other than a ride in a car that the inhabitants of the town reserve for a first time visitor, a sample of that nonchalant approach that they maintain when dealing with matters of death. Examples of which one can see in that feigned true- suffering cynicism with which the mafia crime scenes are shown to the traveller – Here they shot Gaetano Costa, poor man».

A similar experience happened to me, sometime after I had been living in Catalfàro. In that farmhouse, three people had been killed, they had bothered someone they should not have – here, on this corner, a Calabrian man was shot, in that ditch, the body of so and so had been dumped.

If we look beyond the modalities of producing corpses, both methods – be it that based on the disappearance of the body from the public scene and the dissolution of the remains, or that connected with the public pulverisation of the body – evident connotations appear of an extreme violence and of the application of that which Remotti (2006b: 25) calls "dehumanising projectuality". In the thanato-metamorphic interpretation proposed by Remotti similar practices are held to be incapable of giving life to anthropo-poietic forms of cultural valorisation and, in this sense, they are imagined as anti-cultural, as indicators of forms of degradation and the loss of meaning of an entire culture (*ibid*.: 26-28). It just may be that these hypotheses seize upon the ontological substance, so to speak, on which similar forms of extreme violence rest, even though, with the prospect of such a world-wide diffusion (Malkki L. 1995b, Mbembe A. 2003, Appadurai A. 2005, Xavier Inda J. 2005b, Agamben G. 2005), one would have to come to the conclusion – alarming, though true – that whole masses of human beings live in situations of dissolution, of cultural apocalypses [23]. With respect to such hypotheses that, by way of having to observe social processes and practices from a certain distance, end up projecting many supposi-

tions concerning the social practices of (millions of) human beings, I prefer to adopt a different explorative strategy, perhaps because I am tied to a land which has age-old habits even of quite extreme forms of violence and management of death. And I ask myself questions on the ways in which, even in conditions of violence and the arbitrary exercise of that basis of power which Agamben (2005) considers to be the exercise of violence on "bare life", it is possible that that violence, and not only the fact of being accustomed to it or being able to overcome it, by means of other cultural methods, can produce new forms (necropolitics, for example) of the organisation of life (at a cultural level, even though it may be difficult to predict or agree with the ethical outcome)[(24)].

Therefore, despite the extreme nature of the violence directed upon the bodies of the victims, the two diverse ways of treating mafia corpses which are not simply left in the public space, however dehumanising they may be, seem to be able to give life to forms of meaning, though in ways and situations that are quite different from each other. We should note, however, with regards to the two ways of making bodies "disappear" – taking them away from public view, hiding them or destroying them, and tearing them to pieces in public and, thus scattered, exhibiting them – how this can reasonably simply come down to basic practical reasons (the former can be accosted and "convinced" to come to a secret meeting from which they will not come out alive, the latter sometimes cannot even be approached). It is true, however, that the two ways of radical destruction of the bodies seem to produce different effects on those who cause the death, as well as on those who witness the event. On first sight, in fact, the bodies that disappear seem to be mostly those of the "internal enemy", people that belong to or have something to do with, the criminal sphere – people affiliated to the clans, people that have been "approached" or confidants. The others, on the other hand, are the bodies of "external enemies" – judges, men of the police force or, in the period of the Corleonesi massacres, simple, and thus emblematic citizens of the "other" State – blown apart by bomb attacks. Obviously, we are dealing with an altogether provisional distinction and easily falsifiable (Peppino Impastato's uncle, a mafioso from Cinisi, was blown up in his car, the body of Mauro De Mauro, as we have mentioned, has never been found) that, however, it seems to me, can help us further along in our considerations on the relationship between the practice of death, bio or necropolitical forms of exercise of dominion and the creation of spheres of meaning.

In the public space, outside the mafia organisation, the body of the "internal enemy", whose transformation into corpse and whose remains are hid-

den from the view of the non-adepts, gain meaning by subtraction – it is the actual disappearance and the fact that no traces are left, which produces an implicit, ambiguous, but unequivocal sense of death. The absence of remains, furthermore, by impeding any further action on/with the body of the dead person (re-exhumation, re-composition, re-memorisation, mourning, but also enquiry), seems to block, on the outside, any production of discourse and meaning and thus, emphasises the absolute power of those that exercise an annihilating violence [(25)]. For those who, on the other hand, carry out the technologies of death in secret in the "extermination camps", the body of the victim seems to offer itself up to the violent action by providing an overabundance of performative pretexts by which to produce an explosion of "manipulatory" (disintegrating) operational capacity and, together with this, paradoxically, a *routine-isation* of terror [(26)]. At the same time, however, among those in the organisation, who did not end up at that time being the victims, the human remains, the by-product of this exercise of extreme violence and the discarded materials of the necropolitical action, from the moment that they are removed from any external manipulation – because they are buried in hidden cemeteries or dissolved in acid – produce a shared secret. A secret that, if on one hand, underscores the ephemeral nature of the power of death, that is now and then exercised – all executioners are potential victims, whoever roasts a corpse or blows it apart in a well, may one day end up being dissolved in acid – on the other, shows how the bodies of the mafia, friends and enemies alike, are always at the disposal of necropolitical power, thus ratifying its force through the availability to inflict/receive a violent death.

Unlike those mentioned above, the bodies of the "external enemies", disgregated in public by mafia violence mean, on the other hand, from an excess of meaning that their fragments, torn apart and strewn in the public scene, like the hyper-killed corpses used to signify and warn (De Luna G. 2006: 74, 118), clearly show to all the force of the criminal organisation and its will to dominate over life and death. At the same time, the pursuit of a surplus of violence on the body seems to mark clearly the distance between those who, though they can be eliminated at any time, belong to the "inside" world and those who are irrevocably on the other side of the border. Finally, as in the case of the bodies removed, destroyed and made to disappear, also in this case, the extreme violence, publicly exhibited, seems designed to annihilate, through these bodies, any further possibility of discoursive production. With a slight difference, though. Indeed, despite such a totalitarian claim, in this case the surplus of violence that disgregates the body leaves traces in the public space that cannot be erased. If

this can confer to the members of the organisation who implement actions of such violence, a momentary increase of prestige and personal power [27], the bodies of the victims, by the mere fact of being subjected to practices of violent disgregation in the public eye seem to be able to produce, in turn, forms of performative re-appropriation and protest by those who have been placed, by means of the terrorist action itself, on the other side of the border (that of the victims). The remains of these bodies, in fact, that the excesses of mafia violence have scattered in space, unlike the excesses perpetrated on the hidden corpses, offer themselves up to further and contrasting actions of manipulation. Collected, reassembled, commemorated, investigated, they act as performative pretexts – this time externally – making forms of discoursive rearticulation possible which, in turn, as we shall see shortly, can be used against the necropolitical power's claim for hegemony. With respect to the inside bodies, that can disarticulate/or be disarticulated and can be disgregated, thus remaining prey to the hidden discourse of mafia violence, those outside, that the mafia power can pulverise at any time, remain however available for the action of other powers, thus participating in the production of alternative discourses to that of death.

Mafia wars?

In journalistic jargon (Lodato S. 1994), in the literary one (Saviano R. 2006) and, in part, in the historical one (Dickie J. 2005) the practices of death that have just been described outline quite a real scenario of war. However, if we try to compare the methods of treating the bodies of the victims with, according to De Luna (2006) those of the wars of the 20th Century, the analogy does not seem to be true. Or rather, the scenarios that take shape in the case of the people killed by the various mafia organisations do not seem to properly fit into those outlined by the nonetheless important work of De Luna. According to the historian, in fact, the methods used in treating the corpses of the enemy killed in war can be classified according to a grid that counterposes on one hand spontaneous and organised forms of violence (De Luna G. 2006: 98-99) and, on the other, wars of an asymmetrical kind and symmetrical wars (*ibid*.: 81-88). In the case of wars between nations that recognise each other's statutes, the body of the enemy – though it does not undergo a process of glorification and commemoration which is reserved for the corpse of a friend – is respected and conserved. This is not the case, on the other hand, when the conflict is between political entities that do not recognise a mutual equality. In this case, the body can

be violated, manipulated, exhibited to demonstrate one's superiority and the other's inferiority. If the organised acts of violence connote the action of the national states, those that are spontaneous, less controlled and "rational", are part of the process of destructuration of formal powers. In this sense, while the dialectic between symmetry and asymmetry connotes wars between states, that between the organisation and the spontaneity of violence seems, on the other hand, to be part of situations of "civil war", as in the case of Italy after the World War or that of Spain. Here, in the temporary absence of a sovereign state capable of exercising the monopoly of violence and in the battle for reconstruction, the bodies are submitted to a violence and manipulation the can be quite radical, and that serve to underline the distinctions (between friend and foe, right and wrong) that are not easily perceivable in the social setting (De Luna G. 2006: 103) as well as to reconfirm the mutual non- belonging to the same sphere of intimacy and, at times, to the same humanity (Luzzatto S. 1998: 89-90).

In effect, it seems that none of these ways of treating a corpse can be applied with precision to mafia violence. Mafia violence is exercised almost exclusively within the confines of the nation state and is directed not only within the secret community, but also against other citizens and against institutional figures (judges, law enforcement officers, journalists, politicians). We are not dealing, therefore with a symmetrical war, even though, it is possible that in its more recent past, top bosses of *Cosa Nostra* have perhaps aspired to counter the Italian state on an equal footing. Thus, to be frank, in these cases the violence exercised on the bodies of its enemies (those of judges Falcone and Borsellino, for example) would lead to the thought that there was a will at the top level of the criminal organisation of expressing a position of superiority over a state that was seen or imagined as defeated, subordinated and attacked by means of/ through the bodies of its representatives. On the other hand, by going along the lines of De Luna's idea on the subject, we cannot really represent mafia wars as "civil wars". The forms of violence that is practised on bodies are planned and organised and have nothing or little to do with spontaneous action, attributes that are more likely to make one think of the capacity of *agency* of strong "state"-like institutions. At the same time, the terroristic disintegration of the bodies of judges, men and women of law- enforcement agencies and, in some cases, of politicians, rather than serve, in a situation of categorical uncertainty, to produce the distinction between "friend and foe" – as occurs, according to De Luna (2006: 103) in a civil war – has rather been a way of creating an extreme gap between

two political entities, at the time seen as distinct and set against each other, one of which, *Cosa Nostra*, challenges and admonishes and perhaps blackmails the other.

To all this we should add that the most extreme forms of the application of violence on the bodies of victims – that of the secret dissolution of bodies – are carried out against enemies to which equal dignity and equal humanity is not attributed, as in the case of asymmetrical wars. Strangulation and dissolving the body in acid, hidden burial and the secret disposal of body parts, are practices reserved to members of the organisation itself, people that up to the very moment of their disappearance presented themselves as members of a secret criminal elite. In these organised, planned and technically functional cases, the value of the terroristic treatment of the corpse of the enemy killed does not seem to lead back, neither, to the will to dominate of a state or, however, of a power formalised upon segments held to be inferior, nor to the necessity of the fragments of a pulverised State of constructing for itself, its own political authoriality by means of the exercise of an extreme violence. On the other hand, however, as may happen in a civil war, this violence does seem to be connected to a kind of categorial and social ambiguity, but it seems directed towards bodies that belong to an intimate sphere that is already predefined, even though torn apart by a continual process of self-fragmentation. If in the jargon of *Cosa Nostra*, an affiliated member presents a new member to one of his peers by using the expression "*è la stessa cosa*" (it's the same thing), the violence of the disappearance of the corpse and dissolution of the body, literally acts within the *Cosa* itself, involving with a rhythm, at times paroxystic, individuals connected by ties of (supposed) ritual brotherhood (PAOLI L. 2000). What is, then, this extreme violence, that on one hand creates the sharing of horrible secrets between members of a group – who remain alive for as long as they can share the secret – while, on the other hand, can be directed within the criminal community itself, slaughtering its own members and destroying their bodies? How does this violence act? What socio-political effects does it determine?

Neither the historiographical taxonomies of De Luna (2006), nor the ontological ones of Remotti (2006) can, I believe, be of great assistance. A more useful consideration in my opinion is that proposed by Appadurai (1999) in a study dedicated to the relationship between ethnic violence and processes of globalisation. According to Appadurai the extreme forms of ethnocidal violence refer to a surplus of rage that:

> «calls for an additional interpretative frame, in which uncertainty, purity, treachery, and bodily violence can be linked» (APPADURAI A. 1999: 321)[28].

The vivisection of the bodies, the thanatological rage, manifest themselves in situations of categorial uncertainty with regards to the "ethnic" belonging of people whose social existence is, however, characterised by a distinct social intimacy with the executioner. In these scenarios, the forms of violence on bodies, connected to the idea that the body represents the sphere of intimacy, according to Appadurai are (1999: 319):

> «mechanisms for producing persons out of what are otherwise diffuse, large-scale labels that have effects but no locations».

The practices of violence that, implying vivisection, damage the intimacy of the body of someone who is classified as other, but with whom there are previous forms of intimacy, would, therefore, have the effect of producing, in the bodies that, by exercising that violence, remain intact, the sensation of being real people (*ibid.*: 59). It is in similar situations,

> «where endemic doubts and pressures become intolerable that ordinary people begin to see masks instead of faces. In this perspective, extreme bodily violence my be seen as a degenerate technology for the reproduction of intimacy where it is seen to have been violated by secrecy and treachery» (*ibid.*: 319).

Appadurai's interpretation refers, as stated, to "ethnic" violence, in which the problems of classification are tied to those concerning the construction of an (individual and social) intimacy and to the search, often suspect, for traces of ethnic "substance" in the bodies of the victims (and of the executioners). Appadurai himself, in reality, demonstrates how the web of relationships between classification / body / belonging / ambiguity / violence operates on more general planes with respect to the specific discourse of ethnicity and can be applied also to other categories of subaltern figures (woman for example)[29]. Moreover, we have known for a while now that the question of "ethnicity" is only one of the numerous possible grids of classification, and therefore, of incorporation, of individual and collective belonging, tied, in its specific contents, to specific historical-political conditions of the exploitation of resources and of the production of hierarchies (COMAROFF J.- COMAROFF J. 1991: 51-61). The violence exercised by mafiosi against men and women of the state or practised within the criminal organisation itself is certainly not an "ethnic" violence and therefore, the bodies are not blown apart, dismembered, dissolved in acid or made to disappear in search of material-symbolic confirmation of the presence/absence of common ethnic "substances". And yet «uncertainty, purity, treachery, and bodily violence» (APPADURAI A. 1999: 321) seem to be decisive aspects in order to understand in part at least some of the forms of extreme violence exercised by men of the mafia. The violence on the bodies of

internal enemies, for example, that practised in the numerous places of extermination of *Cosa Nostra*, often incorporates/ed the practice of torture, especially when it is/was a question of obtaining information or confessions that substantiated betrayals or deception perpetrated by the victim against his own "family" or *Cosa Nostra* in general. Indeed, besides forms of hierarchical structuring, of different levels of institutional articulation and of bodies ideally meant for the mediation of internal conflicts, from a social point of view, the mafia organisation seems to be connotated by a marked competition between its members for the control of specific symbolic capital such as that of *honour* and *force*, of criminal capital, and obviously of important economic capital. The men of the mafia operate, therefore, in a state of mutual competition in which the possibility and the capacity to exercise violence play an important role. In a similar scenario, dominated by secrecy and daring, the accusation and the suspicion of betrayal – of the ideal regulations that should regulate the behaviour of its members (secrecy, honourable sexual conduct, prohibition of contact with law enforcers and magistrates, etc.), of the common interests or, more often, of those who occupy positions of dominion – are almost obsessive [(30)]. Hence, the importance of practices, such as interrogations before death, allowing concrete and substantial basis to suspicions to consolidate– at the end of these interrogations, the uncertainty vanished – as did, often, the bodies of the tortured and murdered victims; the betrayal had been proven – as had the precise mafia and criminal nature of the executioners, the purity of the "family" reaffirmed – through the elimination of the organic remains of the "traitors" who, by letting themselves decompose, had in some way confirmed the impure nature of their bodies [(31)].

Besides, many mafiosi, define their organisation as a kind of an *elite* of crime, made up of *men of honour* who, in order to be part of it, have to show themselves capable of killing other human beings [(32)]. Practising forms of extreme violence on the bodies of members of their own organisation – persons, like executioners, capable of killing – is an action, therefore, that does not limit itself to conferring power to killers, or to establishing a kind of shared secret that reaffirms, temporarily, the cohesiveness of the group of the living. This violence against the bodies of the members of one's own social body, such as that studied by Appadurai (1999), in demonstrating in a concrete manner the existence of impure traitors (*infami*), reconstructs an intimacy which is believed to be threatened and reaffirms, by reproducing it, the presence of "real" mafia men – we who remain alive by torturing the bodies of those who have betrayed demonstrate the existence of a society of real men of honour. In this case, the groups that define themselves,

the categories to which the practices of bodily violence confer a concrete nature, are not of the ethnic type, but rather, seem to express a hierarchy which is almost caste-like of individuals who compete amongst each other for the control of criminal, social and economic capital, founded on violence itself and on the capacity to transversely connect various strata of society; and who compete with the external world to continually define the borderline between being inside or outside the mafia organisation. As we have said, from a sociological point of view, criminal hierarchy and capital seem to be connotated by a marked instability and by highly elevated levels of (violent) competition which render their ability to settle and take root difficult. When, however, we begin to examine these dynamics from the "cultural" point of view, criminal qualities and hierarchies tend to be represented, by members of mafia associations, as well as by intellectuals within the Sicilian context, as substantial, primordial and based on "natural" qualities belonging to specific types of humanity [33]. In reality, beyond any apologetic representation and self attribution of an imaginary and inherent *honourability*, we are, as with any other institutional taxonomy (DOUGLAS M. 1990), in the presence of forms of naturalisation and incorporation of precise political cosmologies. Cosmologies and forms of subjectivity that structure themselves within moral economies and *agencies* (ASAD T. 2003) which in turn, cannot be thought of outside the scenarios of a global expansion of (in this case, illegal) capital and of the different processes of adaptation/change/resistance that are set in motion in single specific localities (APPADURAI A. 1996, 1999). Despite the fact that they represent themselves and that they can even be perceived as such, the mafiosi, therefore, are not men that are tied to ancient codes of honour, nor do their ideal rules of conduct express "traditional" moral values. These representations, that can certainly be incorporated (i.e. habitually lived) and therefore (can) also be disembodied (or rather consciously and strategically played out), should be considered performative effects/tools by which criminal groups, both local and transnational, compete for the control of symbolic, political and material resources within global scenarios. As Appadurai (2005: 61-62) points out, the possibility of anthropological comprehension of the diverse "imaginary ethnocides" is tied to the analytical capacity of differentiating contexts in relation to the ways relationships are structured between the «forces of global capital, the relative power of states, the alternating events of race and class and the diverse power of mass media». In the case of Italian and Sicilian mafia violence, while we have at our disposal political and historiographical analyses that allows us to understand its collocation in the political-institutional global scenarios (for example ARMAO F. 2000, LUPO S. 1996, 2008), besides the recent studies by

Jane and Peter Schneider (2003, 2006, 2007), we do not have studies that are able to furnish up to date versions of the "cultural" dimensions of such processes [34]. Greater awareness of these issues is rather evoked by certain literary works. I am obviously thinking of Saviano's book (2006) in which the nexus between bodies, violence and forms of re-organisation of production and the circulation of global capital occupies a key position, but I am also thinking of the evocations proposed by Giosuè Calaciura, a writer and journalist from Palermo, in *Malacarne* (1998), a novel on the Mafia. In this novel, the narrating voice of a hypothetical mafia pentito, narrates, in a tone that ranges between hallucination and a sort of hyper-reality, the bodies of mafiosi that are dismembered, through acts of self- cannibalism (CALACIURA G. 1998: 75), and that, through their decomposition, display the lack of incorporated patterns by which the relationship between an intimate "self" and the social world is constructed (CSORDAS T. 1990, 1997). *Malacarne* describes, furthermore, *selves* that become *eccentric*:

> «And thus we understood that we were not the masters of that immense shack, that they made us believe through electronic lies. They made us believe it by leaving us an endless part of even more far- fetched earnings (...) We understood that we were losing power even over ourselves, and that we were no longer able to talk to each other in that ancient run down shack in the quarters where everyone speaks their own language, has their own laws and even their own patron saint (...) What we perceived as an anthropological decadence was in part filled by nine zero figures that the compass of our computer indicated as our daily earnings» (CALACIURA G. 1998: 36-37),

thus evoking the rhetoric of eccentricity by which George Marcus (1995: 48-53) reconstructs the de-centralisation imposed by the extreme accumulation of capital to identities of the family members of *elite* United States financiers. In connection with similar processes of the re- organisation of criminal-economic capital, the *Malacarne* pentito finally brings us back to the question of the violence practised on the bodies within:

> «And in that explosion of truth, in that re-emergence of our bad memory, you forced us to live a lie, by telling the blood of our blood the falsehoods that were necessary for the survival of all (...) by exterminating dynasties that carried the names of the informers without reserve, by shooting once more with the usual cruelty of vengeance, but in an unusual pattern of killings mister judge, without the support of reasoning or strategy. We killed to cancel out half of the sick soul, in the total annulment of those cancerous cells which we eliminated by eradicating the entire damaged organ in the amputation of ourselves, mister judge» (CALACIURA G. 1998: 135).

Malacarne is a term in Sicilian dialect that indicates a person who has an inclination for crime. In the course of the hearings in which Michelle Aiello is condemned the following exchange takes place between the judge

who invites the business man to confess, and he, in turn, reaffirms to which power, in the last instance, goes his incorporated sentiment of loyalty:

JUDGE MONTALBANO (turning to Aiello): Saying certain things has a certain liberating effect, believe me. Then you will feel better. I am not at all convinced that you are a callous criminal.

ENG. AIELLO: I, a criminal *nun ci sugnu* - I am not, dear...

J. M.: Believe me, I am saying this in your interest. Whether you talk or not... Someone who deals with so many people is able to understand if the person before him is a so-called *malacarne*, or whether he is a person who has made mistakes. I am inviting you to assume your responsibilities.

E. A.: But I am assuming my responsibilities [35].

Paolo's smile

The interpretation that we have pursued till now is clearly of a provisional nature. In order to be able to understand the ways in which the components of the armed branch of *Cosa Nostra*, as well as those – white collar workers, doctors, politicians, university professors – who animate the various layers of connections between "civil society" and the mafia that can be seen in the world of the Sicilian health system, incorporating the presence of the Italian State (and/or the presence of forms of necropolitical power), we would need to have at our disposal ethnographic knowledge that at the moment, it seems to me, is not available. Only a meticulous ethnography that delves into the operative modes of various state apparata (judiciary, police force and forces of repression, as well as the health structures), with their procedures and forms of producing consent and violence could grant some plausible form of contextualisation and generalisation. This too, however, would not suffice. The analysis, in fact, should be extended to other systems of governance, connected, but not identifiable with that of the state. In the first place, I am thinking of the weight the Catholic Church has exercised and still exercises in the formation of conscience (TORRE A. 1995, PROSPERI A. 1996), in the production of bodies and in the moulding of that particular Italian (and Sicilian) declination for modernity. Not being able, on this occasion, to develop a similar analysis [36], I shall limit myself, in conclusion, to taking up the thread of a question left unresolved in the preceding pages, by which we can shed some light on the importance of the ritual and "religious" dimension for understanding processes of incorporating power in Sicily.

In fact, if we recall how, in dealing with the problem of mafia violence exercised on the bodies of outside enemies by means of "explosive" and disintegrating forms of violence, I had underlined that, in these cases, the remains of the victims, disseminated in the public space, offered themselves up to forms of manipulation exercised by other powers, that were different and counterposed to that of the mafia. Indeed, around the remains of the victims of some of the most horrible mafia massacres (those of judge Falcone, his wife and bodyguards, those of judge Borsellino and his bodyguards), in 1992 certain important political and symbolic games were played out. I will not dwell on the various funeral ceremonies, ritual moments of extreme drama, charged with tension and emotion and riddled with innumerable conflicts (the civil society against the mafiosi and against the representatives of an inept and defeated State, police officers, who wanted to be close to the corpses of their comrades in arms, against the carabinieri, charged with maintaining order and who held them back from the centre of the scene, in the cathedral, a woman, Rosaria Schifani, and her funeral cry against the assassins of her husband). Moments in which the control of the scene and ritual language were almost completely in the hands of the Church and its representatives. I prefer to concentrate my attention on another aspect, less evident and less glaring, connected to the death of judge Borsellino.

Less than two months after the massacre at Capaci, in which *Cosa Nostra* (with a commando led by Giovanni Brusca) had assassinated Giovanni Falcone, a car bomb also killed judge Paolo Borsellino and five bodyguards in via D'Amelio, right in the centre of Palermo. Borsellino knew that the mafia was out to kill him– he had clearly stated as much to family and friends, he had alluded to it in public, just before his death. A photograph by Franco Zecchin shows him while he is participating in a commemorative procession of his friend Falcone (BATTAGLIA L. - ZECCHIN F. 2006). He is walking beside an armed bodyguard, carrying a candle. He has the look of a man who knows, who has understood, only apparently looking into the void, but as though he could see in that ritual an anticipation of his own funeral. At the elections for the office of Governor of the Sicilian Region held in 2006, Rita Borsellino, Paolo's sister, who had been a candidate for the Centre Left for the office of Governor, did not obtain the consensus of the majority of Sicilians, who preferred, instead, to vote for Dr. Salvatore Cuffaro. Before the assassination of her brother, Mrs Borsellino would have never imagined of being able to carry out such a public commitment. In some of her writings, she describes what led her, at first, to her battle against the mafia, and then to take on a political battle. In this case too, the religious question is of decisive importance:

> «One day I was deeply troubled by doubts, by personal reflections and uncertainties (...) Just at the very moment that I was in such a crisis state, it was a winter afternoon in 1993, I got a telephone call from Assisi. For me Assisi has always had a particular meaning since it is the place, that for years now, I often go to visit to recharge my batteries not only from the spiritual point of view. The person calling me was the director of the Cittadella of Assisi (...) On the phone he asked me something extraordinary, and that is, to participate in the annual meeting of the youth of the Cittadella and to deliver the concluding speech. The topic that I was asked to prepare had to do with the Beatitudes. They wanted me to apply one of the Beatitudes to my brother. I remained almost in a *trance*» (BORSELLINO R. 1996, p. 21).

In these words we have a sense of an intimate religiousness that is profoundly lived outside of the public sphere that, however, lays down the basis for the possibility of a public declaration. In the words of Rita Borsellino we can see described a quasi conversion to a religiousness which is no longer private but also lived as an ethical and political choice. Other aspects, that are just as interesting, emerge from the words of this strong woman, capable of a psychological, existential and ethical effort, which is not easy to carry out. In remembering, with affection and a sort of discretion, the last tragic moments of her brother Paolo, Rita Borsellino brings to light an unexpected detail:

> «There were only a few people together with my brother Paolo – four men and a woman who protected him, huddled around him, almost embracing him. Almost nothing remained of the bodies of these young people, but they gave us the enormous gift of maintaining the body of Paolo almost intact, and preserving the expression of that smile of his that was his most beautiful trait. That smile that survived death itself was like a message, a path to be followed» (Rita Borsellino, in CASTAGNERI R. 2006: 110).

Cosa Nostra, as much as it is able to destroy the life of a woman and five men of the State and to dismember their bodies, is unable to cancel the smile from the face of the judge[37]. His body, protected by the bodies of the representatives of the Police Corps of the State, remains miraculously intact, almost as if to testify to an irreducible capacity of resisting the annihilating action of the power of the mafia. In this dramatic image of the bodies of the young police agents which disintegrate, pulverised by mafia violence, in being able to protect, with their sacrifice, the body and the smile of the judge, a subtle symbolic game seems to be played out. The bodies of the agents and that of the judge seem to us to be, in fact, placed in the heart of a field of overlapping and, at the same time, contrasting forces, in which the power of the State, that of Church and that of the mafia, find expression. *Cosa Nostra* exercises the power of extreme physical violence by disgregating in public the bodies of its enemies. The state which seems to come out defeated from this battle for power, nonetheless dem-

onstrates, through the sacrifice of its agents and the destruction of their bodies, at least the will of the single individuals – despite the defeat of the state's political capacities – to exercise control over the body of judge Borsellino. The Church, on the other hand, continues to provide ritual models for the public expression of death, pain, civil disdain. At the same time, the memory and the words of Rita Borsellino – inspired as we have seen, from an approach towards the world of faith – produces an iconic representation, close to that produced by sanctity, that makes it possible to disengage that body from history and the forces that disturb it, and to place it in a different sphere, which is ethical, political and religious. As Bruce Lincoln states:

> «The bodies of those who are purified of sins through the sacraments of the Church and the practice of a saintly life do not decay, but partake of eternity, freedom from decomposition being one of the foremost proofs of sanctity» (LINCOLN B. 1989: 125) [38].

A classically religious "sanctity" – in being able to free itself from the (violent) process of decomposition imposed by mafia violence – and at the same time modernly civil, capable of establishing – beyond and at times contrary to the State which in Sicily runs the risk of taking on the connotations of a real necropolitical power – the civil and political commitment of many and of reaffirming the centrality of a kind of religious discoursive order in the ways of imagining new forms of life and society.

Notes

[1] Cit. in BIANCHI S. M. - NERAZZINI A. 2005: 126-127. For information and data reported in this first part, besides BIANCHI S. M. - NERAZZINI A. 2005, also see BELLAVIA E.- PALAZZOLO S. 2005 and PACI G. 2006.

[2] Michele Aiello was condemned at the first hearing for 14 years of imprisonment for mafia association in the trial against "The moles (informants) in the District antimafia Office in Palermo" which involved the former Governor of the Sicilian Region Salvatore Cuffaro who was condemned to 5 years, for aiding and abetting.

[3] Bernardo Provenzano was arrested on 11 April 2006.

[4] On 19 January 2008 Aldo Carcione was condemned in the first instance to 4 years and 6 months for revealing and utilising official secrets and unlawful access to the computerised system of the Public Prosecutor's Office.

[5] On 19 January 2008, in the trial in which governor Cuffaro was condemned, Giorgio Riolo was condemned in the first instance to 7 years imprisonment. Giuseppe Ciuro was condemned to 4 years and 8 months for aiding and abetting.

[6] Antonio Borzacchelli, arrested in 2003, on 28 March 2008 was condemned in the first instance to 10 years imprisonment and banned for life from public office for graft, aiding and abetting and revelation of secret information.

[7] In the Appeals Trial (16 October 2008) Domenico Miceli was condemned to 6 years and 6 months – the penalty was reduced with respect to the 8 years received in the first instance) for external support in mafia association.

(8) The investigators suspect an institutional source, some collaborators name Borzacchelli and Cuffaro, for which they are later condemned in the first instance.

(9) Concerning the relationship between the power of the health institutions and the power of the mafia in Sicily, cf. Paci's study (2006) which deals with the question from a strictly judicial point of view. Also Dino A. (2006: 167-171) makes brief references to similar topics, but, despite occasional references to the work of Foucault M. (*ibid.*: 169), he does not develop his thought along post-foucaultian lines.

(10) For a critical use of the notion "civil society" as applied to Sicilian reality, cf. Schneider J. - Schneider P. 2001.

(11) One can perhaps detect in this theoretical position the consequence of the more than legitimate ethical and political positioning of the authors in the public scene in Sicily in the 1980's.

(12) Peppino Impastato, the son and nephew of mafiosi, after having adhered to the extraparliamentary left, had begun to attack the local boss, Gaetano Badalamenti, from the microphones of a private radio station in Cinisi. In May 1978 his body was found torn apart by a bomb in the vicinity of the railway tracks. The investigations, which lasted more than 20 years, come to the conclusion that this was a mafia homicide in which the killers tried to simulate an accident that occurred to the young man while he was attempting to prepare a hypothetical bomb attack.

(13) *La Repubblica* – Palermo 30.01.2008.

(14) Ziniti Alessandra, *La Repubblica*, 12 October 2006.

(15) *Il Corriere della Sera*, 24 September 2007.

(16) The expression "body of the enemy killed" obviously refers to the recent historiographical work by De Luna G. (2006), to which we shall return.

(17) For notions of necropower and necropolitics, to which I shall shortly return, see Mbembe A. 2003 and Xavier Inda J. 2005.

(18) As, at least up to the beginnings of the 1980's, a large part of the anthropological and sociological studies have tried to do when they have interpreted the expressive aspects of the practices of the mafiosi, in particular, those connected to violence and bloodshed; cf. Hess H. 1973, Blok A. 1974, 1981, Schneider J. - Schneider P. 1989, Fiume G. (ed.) 1989. In 2000 as well, Paoli in an important volume in which rightfully he claims the centrality of the cultural dimension in the analysis of Italian mafia phenomena against that of economic or judicial reductionism, he believes that this cultural dimension goes back to a "set of cultural codes, rituals and regulations" (Paoli L. 2000: 80).

(19) Along this line of thought, we can collocate the work of Favole concerning the fate of the human remains after death and their "symbolic signification" within the process that he denominates as "thanato-metamorphosis" (Favole A. 2003: 21), as well as the re-elaboration of this notion by Remotti F. (2006b), and the research carried out by a group of scholars within the model proposed by Remotti F. (2006a).

(20) Besides the general theoretical divergences and research styles, that which does not convince me in the proposal by Remotti is that of considering the practices of "thanato-metamorphosis" as being necessarily conscious (Remotti F. 2006b: 6) and of a consciousness (be it partial) that is attributed to entire societies. These are suppositions which, whoever works within a theory of the practice will find difficult to accept today.

(21) In a recent interview, a priest who had been the parish priest in one of the towns of the Aspromonte with the highest number of mafiosi and with very close family relations in the local clans, believed that, for an expert in the field, it was possible to recognise, with a certain precision, the hand of the killer, from the type of wounds inflicted on the body of the victim.

(22) Cf. with regards to affirmations by Giovanni Brusca (in Lodato S. 2006: 105) and the description of the same scene made by Bianconi G. - Savatteri G. 2001: 82-84. Saviano R. (e.g. 2006: 117) more than once underlines the centrality that television images (and cinematographic versions) have for the *camorristi*, be it on a purely instrumental plain, or within more complex strategies of self-representation.

(23) There seem to be clear, if not declared, assonances with De Martinian thought in these recent theses of Remotti.

(24) For works that to me seem to move in this direction, cf. Taussig M. 1987, Malkki L. 1995a, Hyden R. M. 1996, Comaroff J. - Comaroff J. 1999, Das V. 2005, Appadurai A. 2005, Humphrey C. 2007.

(25) Cf. De Luna G. 2006: 219-220, 239-244 and Giletti-Benso S. 2006: 249-250, regarding the case of the desaparecidos, on which, however, also compare Perelli C. 1994, for whom – differing from what is sustained by Giletti-Benso, the capacity of constructing memories and social action despite the disappearance of the corpse is carried out through the construction of a corporeal and incorporating memory (*memoria de sangre*, in fact). Obviously, within the criminal world, as is demonstrated by the case of De Mauro's corpse, when the remains are not completely pulverised, they can undergo further manipulations. For an analysis of the relationship between practices of manipulation of corpses and forms of discoursive production, in Sicily, cf. Palumbo B. 2003.

(26) This emerges with force in the declarations of many mafia pentiti cf. Calderone, in Arlacchi P. 1994 and Brusca, in Lodato S. 2006.

(27) Cf. Brusca in Lodato S. 2006: 104-105, Bellavia E. - Palazzolo S. 2005: 43, Bianconi G. - savatteri G. 2001: 63. The implementation of the attacks against judges Falcone and Borsellino has, at the same time, produced in some members of *Cosa Nostra* – who have since become collaborators of justice – the effects of critical, if not ethical, distancing, from the strategies of massacres perpetrated by those belonging to the Corleonese power group.

(28) The study by Appadurai, which appeared for the first time in 1998, has been recently translated into Italian (2005).

(29) Cf. Appadurai A. 1999: 318, n. 11.

(30) Cf. Buscetta, in Arlacchi P. 1996: 84-91, Calderone, in Arlacchi P. 1994, Paoli L. 2000, Armao F. 2000, Dino A. 2002, Aqueci F. 1989.

(31) Among the many possible examples, the use of electric charges applied to the testicles (*Corriere della Sera*, 25 February 1998: 15), the practice of making holes in the belly of the victim, to spill the guts, or in the skull to make pieces of brain ooze out (from depositions at trials of the Catanesi Mafia groups). Recently, newspapers reported the statements of a pentito from the Mafia family from Corso Calatafimi that a man of honour was brought to a secluded place (a *malasenu*, in Sicilian dialect, a secluded storage of agricultural tools, although in the journalistic transcription the term indicates places where they torture, question and kill people) where he was beaten and humiliated by a score of other mafiosi, without being killed (*Il Giornale di Sicilia*, 14 February 2009).

(32) Cf. Falcone G. 1997: 60, Calderone, in Arlacchi P. 1994: 53-57.

(33) For a substantially culturalistic critique of Pitrè, cf. Lupo S. 1996, 2008. Cf. also Triolo N. 1993.

(34) This of course does not mean that there is a lack of analysis of the cultural dimensions of the violent practices of the Mafia (Paoli L. 2000, Ingrascì O. 2007, Dino A. 2002, 2008, Siebert R. 1994, 1996, Puccio Den D. 2008), but only that they do not fit into the theoretical scenarios outlined here and do not seem interested in dialoguing with the current trend of an updated critical political anthropology.

(35) Cit. in Bianchi S. M. - Nerazzini A. 2005: 129-130.

(36) On this topic I have dedicated a monograph (Palumbo B. 2009). In this case too, it should be pointed out that there is no lack of literature that attempts to reconstruct the relationship between the Church, Mafia, and antimafia in Sicily (for example Dino A. 2008, 2002, 2000, 1997, Puccio D. 2008a, b, 2002, 2004, Stabile F. M. 1989, 1996, 1997, Fasulo N. 2008). These studies, however, besides the diversity of approach (sociological, anthropological, pastoral-historiographic) are not backed by solid ethnographic practice (from the anthropological point of view) and above all they seem to be quite removed from the theoretical scenarios evoked here. For a more attentive critical analysis see Palumbo B. 2009, chapters 1,4,8.

(37) Rita Borsellino (2006: 24), Paolo's sister, recalls how the hand of 24 year old Emanuela Loi, who was one of the bodyguards of the judge on the day of the massacre in via d'Amelio, was found on the fifth floor of a building, still gripping a gun.

(38) Other than specialistic historiographic and anthropological literature on the bodies of the saints, cf. for some interesting comparative cases, also those cases of the post-socialist countries examined by VERDERY K. 1999.

[translated from the Italian by Paul Dominici]

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AM
Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 73-89

Embodiment by the dead and the state: postcommunist reburials in Hungary

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On June 16, 1989, Imre Nagy, prime minister during the anti-Stalinist uprising of 1956, was reburied along with four members of his government and some three hundred freedom fighters – the latter symbolized by an empty coffin. The six coffins were exposed on Budapest's Square of Heroes before being taken to the largest cemetery of the city. I attended this moving ceremony, which, without any act of violence, delegitimized the Communist regime of Janos Kádár, the man responsible for all these deaths. But this reburial which led to the Kadar's regime downfall was only the most important in a series of similar ceremonies. Since 1988, Hungary has become a country of Antigones. In all of Eastern Europe, it is undoubtedly the country that has had the highest number of "political reburials", to use the Hungarian phrase for this practice.

After the noteworthy work produced by Katherine Verdery (1999), Susan Gal (1991), Istvan Rév (1995), Karl Benziger (2000) and many other authors on the subject, why should we examine these rituals yet again today? Because, to the best of my knowledge, no anthropologist to date has studied successive reburials over a sufficiently long period of time in a given East European country with the objective of drawing conclusions about the role such ceremonies have played in post-Communist nation-building or rebuilding. I would like to initiate such an endeavor by using data about twenty-five individual or collective reburials in Hungary I have studied since 1989. This data comes from both direct observation in the field and documentary sources.

First of all, let us summarize a few working hypotheses. Reburials are signs of a deep social process what we can describe as a gradual thaw in the traumatized memory of Eastern European societies. Indeed, political reburials have two opposite properties setting them apart from any other form of commemoration. One is to arouse conflict and the other is to tem-

per it. On the one hand, a reburial has a very high potential for stirring up traumatic experiences from the past and political conflicts that are latent in the present. By exhuming and exhibiting the corpses of persons who were killed or exiled and then forgotten, a reburial unearths material evidence of traumatic events and social dramas still in the memory of the living. Once reactivated, these events and social dramas create divisions among those who have lived through them or claim to be legatees of their protagonists. On the other hand, a reburial tempers political passions by subjecting them to a normative sense of reverence for the deceased whose exhumed corpses are present during the ceremony. No political reburial has ever ended in a bloodbath. Since reverence for the dead is a social norm much more effective than political censorship, these ceremonies facilitate the passage from the traumatic past toward the tumultuous present with its political confrontations. They thus help recover the nation's traumatized memory and create a sense of temporal continuity. Reburials have a third property, related to the veneration of relics. Since corpses are exhumed and either brought back to the country or moved to another place inside the country, these ceremonies can also be interpreted as a means for reconstructing the nation's spatial unity.

Before coming to these processes, let us emphasize some common traits of Hungarian reburials:

– First, they are national rites. Why? A quick glance at the tables presented below will show that all Hungarian political trends and all religious persuasions have conducted reburials or provided political impresarios for reburials. This ceremony is performed both for famous dead persons and for ordinary people, by the faithful as well as by the agnostic. It is this independence from both politics and religion that allows us to rightly describe reburials as a national rite.
– Second, this national rite has nevertheless a religious dimension as far as it supposedly modifies the post-mortem destiny of the dead. Indeed, Hungarians reserve public reburial for two categories of their nation's dead : the hidden martyr and the exiled patriot. I call hidden martyrs those who were executed, who died in battle or in prison, and whose remains had been secretly interred in Hungarian soil without a funeral ceremony. The exiled patriots are the politicians, intellectuals or artists banned or forced to emigrate, or soldiers who had been properly buried though not in Hungary. In other words, Hungary reserves reburials for the dead who do not have what is called an "ultimate resting place" in its soil. These dead are said to be "wandering", to be "uninterred," "troubled" or "exiled" or to "lack a homeland." They

cannot rest in peace as long as, to borrow a time-honored formula, their "Motherland does not welcome them into her womb."

– Third, the ceremonies performed for these martyrs and exiles are not always public. Hungarians often perform private reburials. Reburials become political rituals when these are officially or semi-officially attended by elected officials and representatives of the government and of political parties. Thus, the government in power faces a dilemma. If it treats the reburial as a private ceremony, it will be accused of wanting to bar the deceased from the nation's history; but if it legitimizes the ceremony by attending it, it risks losing its own legitimacy, as illustrated with the fall of the Kádár regime. In effect, a reburial amounts to a political rehabilitation of the dead. This dilemma has existed since the inception of the reburial practice.

Let us look more closely at the roots of this phenomenon. Reburials were frequent in 19th century Europe. The political model was probably the transfer of Napoleon's remains to the Invalides in Paris in 1840. Hungary "reinvented" the national reburial in 1870 following the Austro-Hungarian Compromise – an attempt to dispel the deep trauma left by the failure of the 1848 Hungarian Revolution. The first hidden martyr to be publicly reinterred was Count Batthyány, the head of the first revolutionary government executed by the Austrians. His remains had been secretly immured for 21 years in a cloister. The archetype of the exiled patriot brought back for reburial in the homeland was Prince Rákóczi II. This leader of the unsuccessful 18thcentury War of Independence against the Hapsburgs had been declared an enemy of the homeland and banished for life. He died in Turkey and was buried there. In 1906, his remains were repatriated in a lavish ceremony. Thus, reburial ceremonies originated during a period of relative autonomy for Hungary under the dual monarchy. They already bore their distinctive characteristics as a political ceremony decided by officials with the intention to dispel historical traumas and mobilize the people who had been affected by them. No ceremony prior to the 19th century has the four characteristics just described.

Why recall these older ceremonies? Because major reburials since 1989 have followed the "ritual scenario" worked out during the 19th century. Let us look briefly at the ritual process generating these ceremonies.

First of all, the deceased are made "present" prior to the ceremony. This starts with the lengthy and morbid quest for the hidden martyrs' bodily remains or with drawn-out negotiations with authorities who hold back from rehabilitating well-known exiles. This reactivates the memory of the traumatic experiences with which the deceased are associated.

A second phase is the announcement of the scheduled ceremony. The reburial is always announced as an "act of family devotion" even though it is negotiated by a committee made up of kin to the deceased and of their political impresarios. Announcing the reburial as an act of family devotion is essential. In contemporary Hungary, no one questions the right of anyone to be buried in his homeland. No reburial has been refused as a refusal would signal a return to dictatorship. Presenting the reburial as an act of family devotion draws attention to the ceremony's irreproachable legitimacy. It also taps a wellspring of emotions for the ceremony: sharing the family's apolitical grief regardless of the political conflicts rekindled by the event itself. The tearful wife or daughter of the deceased alongside the politicians is a key image – like Antigone – in these rites.

During the third phase, the remains are exhumed and, if necessary, identified. The disinterment of the martyrs of 1956 provided a distressful example of what can happen during this phase. It was thus discovered that the corpses had been mistreated, the bodies dragged through chains on their feet and buried in a heap with animals from the zoo. Broadcast on television, this aroused a unanimous outcry; but the shared sense of reverence forbade any outward sign of vengeance.

Announcing an exhumation has a major effect: it triggers an intense process bringing to mind the actions, ideas and accomplishments of the deceased. In politically explosive reburials, as for the executed or exiled officials of Horthy's pro-German Regency, political forces rekindle past conflicts. Debate takes place not only in the newspapers and on television, but in homes and on the streets. Ordinary people as well as professional guardians of memory take part in this debate. History is thus rewritten, and the nation recovers a part of its repressed memory. I would like to insist that this debate falls under a limitation, namely the restraint imposed by a sense of reverence for the deceased as the nation awaits the reburial. The effects of this social restraint imposed by what Hungarians call *kegyelet* can be observed in many ways. Any political talk, even critical, about the deceased starts out by expressing sympathy with the family and affirming the right for burial in Hungarian soil. Pamphleteering is out of the question. Anyone who makes sound critical judgments is blamed for lacking reverence for the deceased, who have a right to an "ultimate resting place" in Hungarian soil.

Finally, there is the ceremony itself. It takes place around an impressive catafalque erected on a square or in the cemetery. The closed coffins are on the platform, visible to all, including television cameras. Around them are assembled the grieving families and political impresarios. The plat-

form is arrayed with burning torches and national symbols, and surrounded by a crowd. All this dramatizes this exhibition, and magnifies the family's mourning into a nation's grief. In this baroque setting, speeches are made drawing lessons from the lives of the deceased for current politics. The political impresarios must skillfully act so as to take part in the family's mourning without appearing to be profiting from the ceremony. They make speeches not in their party's name but for "the whole nation sharing the suffering felt by those being close to the deceased". These speeches carry even more weight given the presence of the remains and of the mourning families. The procession then moves slowly towards the cemetery or the grave, where the deceased are reburied. Later on, a set of wooden memorials of a special kind will be erected on this "place of national reverence".

This brief outline fails to describe the atmosphere during reburials, family-like in some cases, extremely intense in others. It also fails to suggest the fear of police provocations during certain reburials, particularly the aforementioned reburial of the martyrs of the 1956 Uprising. In particular, it makes no mention of the deathly stillness that prevailed at that reburial as the names of all the martyrs were being read out in alphabetical order, some followed by the shout "Present!" Nor does it describe how Budapest then came to a standstill as the wailing of factory sirens was heard, or dwell on the crowd standing in attendance throughout the ceremony and the tears shed during the singing of the national anthem.

Let us summarize now how this ritual operates. It sets off and condenses a limited number of processes:

1. *Producing bodily evidence of past traumatic events*: the quest to find and unearth the remains for reburial – or the repatriation of the remains - brings up traumatic events from the past.
2. *Piaculary updating* : some dimension of these events is played out in the present because of the confrontation between the "political heirs" of the deceased and other political forces. This confrontation, regulated by a normative restraint out of reverence for the deceased, recovers repressed bits and pieces of the society's memory of the trauma.
3. *Creating the illusion of a genuine burial* by exposing the coffins and mourning families.
4. *Transferring the substantial legitimacy of this burial requested by the dead person's relatives to the political maneuverings of the reburial's hidden impresarios*: the latter try to appropriate this legitimacy through public speeches about "sharing the family's grief ", which is "the entire nation's grief " and so on...

5. *Equating reburial with a political rehabilitation*: clear-cut conflictual debates which would necessarily precede the political and judicial rehabilitation of the reburied dead are replaced with a funerary rite regulated by the common norm of reverence for the deceased.
6. *Converting the social norms attached to grief and reverence for the dead – especially the norm of sympathy and the prohibition on criticizing the deceased – into political leverage*.

Such are the processes underlying the "graveside politics" that all governments and political parties in post-communist Hungary have been playing, as they resuscitate the dead for their own strategic purposes. There are many examples of this practice. Parties have secretly kept reburials on hold in order to have them performed at a propitious date, close to elections. In 1992, a far right group robbed graves without the approval of the families of the deceased and laid the remains to rest in a new "national pantheon" intented to honour "all the victims of communism" In 1994, the new socialist government "normalized" and officialized this pantheon for the sake of a "national reconciliation of the dead with the living". A few years later, a Committee of National Reverence, formed by the Orban's conservative government, drew up a list of more than a thousand persons to be reburied.

Thus the dead are still haunting Hungarian politics. For conservatives, the martyrs of the 1956 Uprising symbolize the original sin of the Socialist Party, many of whose members come from the former Communist Party. Confrontations regularly take place in lot 301, where these martyrs are "ultimately" laid to rest. In 2002, the socialist prime minister paid tribute to them in secret; and his party paid its respects in the privacy of a house dedicated to Imre Nagy. In October 2003, the Socialist Party, which headed the government, went further. Under the pretext of showing respect for those close to the deceased, the government opted against sending an important representation to the cemetery. The prime minister Medgyessy apparently panicked : he sent a wreath to the cemetery at night and then flew to Paris to pay tribute at the memorial for the 1956 Uprising erected by refugees in the Père Lachaise Cemetery. The liberals, in a coalition government with the socialists, were craftier. They sent their leader to the cemetery, where he escorted the widow of a major Communist martyr. This symbolic calculation paid off. No one dared to heckle this political couple, since Antigone was going to her husband's graveside and her "mourning family" benefited from immunity.

As this sample of the casuistry of Hungarian reburials shows, "graveside

politics" does not belong to the past. In 1988 Susan Gal (1991) was already surprised by the intensity of indirect political confrontations between the government and the opposition with regard to Béla Bartók's reburial shortly before communism collapsed. This ritual process persists even though it has so little to do with any democratic rationality. Let us mention only the latest event which happened during the night following the celebrations of May 1 2007: one part of Kadar Janos' bones and his wife's remains were stolen by unknown persons in the cemetery of Kerepes. For lack of surviving relatives, the small orthodox communist party (MSZMP) has immediately proclaimed its exclusive right to rebury them.

Nevertheless, a point should be underlined. None of the major reburials since 1989 has led to a major change of government policy in line with the opinions of the deceased or of their political impresarios. The conservative government that came out of the 1990 elections did not shift towards the "socialism with a human face" that had been advocated by Imre Nagy, reburied a year earlier. Nor did the socialist-liberal government formed following the 1994 elections restore to any degree the spirit of the very conservative Regency of Horthy, who had been reburied in a half official ceremony a few months earlier. In other words, politics at the edge of the grave is hardly profitable for those who practice it.

Why, then, has Eastern Europe dug up so many of its dead? Why is the cemetery still such a lively political forum in Hungary? To answer this question, let us now examine the chronological list of hungarian reburials organized from 1989 to 2002 (Tables 1-2).

Looking at the two tables, we notice that the dead are not chosen by lot for reburial. Instead, they are, we might say, bundled in groups. Since 1989, there have been three groupings of reburials, indicated by various tints of shading in the fourth column in Table 1.

– Between 1989 and 1990, victims of the repression following the 1956 Uprising were reburied. During this period, no one who died before the communist takeover was reburied. The most recent martyrs were the first to be dug up for reburial.
– Between 1990 and 1991, former victims of the communist regime were reburied, particularly Cardinal Mindszenty, the emblem of opposition during the Nazi period and throughout the whole Soviet period. At the same time, political reburials were shifting from left to right.
– The decade from 1991 to 2001 marked a greater step back into history and into the memory of the living. Persons whose activities or deaths were associated with the Horthy Regency (1919-1944) were reburied.

Table 1:
Political reburials in Hungary from 16 June 1989 to 13 December 2002

The deceased	Major activities Circumstances and place of death	Date and place of reburial	Context evoked by the reburial	Political impresarios
270 persons including: IMRE NAGY, Pál Maléter, Géza Losonczy, Miklós Gimes, József Szilágyi	Freedom fighters and officials involved in the Nagy government formed during the 1956 Uprising. Executed by the Kádár government (1950s and 1960s).	16 June 1989 in lot 301 in Rákoskeresztúr Cemetery (Budapest)	The anti-Stalinist uprising of October 1956	The predominantly Socialist/Liberal Committee of Historical Justice (T.I.B.) and reformist Communists
Anna Kéthly	President of the Social Democratic Party and minister of Foreign Affairs in the Nagy government. Died in exile in Belgium (1976).	1990 in lot 301 in Rákoskeresztúr Cemetery (Budapest)	1945-1948, 1956	Social Democrats
Lázár Mészáros	Minister of Defense in the 1848 government. Died in exile in England (1858).	15 March 1990 in Baja (his birthplace)	The anti-Hapsburg Hungarian Revolution (1848)	Hungarian Democratic Forum (M.D.F.)
Árpád Tihanyi	Martyr of the 1956 Uprising. Executed.	30 October 1990 in Mosonmagyaróvár	The 1956 Uprising	Left-of-center Liberals and Socialists
Gábor Földes	Theater director, martyr of the 1956 Uprising. Executed.	17 May 1991 in lot 301 in Rákoskeresztúr Cemetery (Budapest)		
After the March 1990 elections, a conservative coalition government headed by the M.D.F. was formed with József Antall as Prime Minister.				
Oszkár Jászi	Political scientist, minister of National Minorities (1918-1919). Died in exile in the USA (1957).	17 July 1991 in Farkasrét Cemetery (Budapest)	Béla Kún's revolution (1919) and Horthy Regency (1919-1944)	Left-of-center Liberals (SZ.D.SZ.)
Imre Becsei	Opponent of the Rákosi government. Executed (1949).	7 December 1991, repatriated from Lot 298 to a cemetery in Ugod	Rákosi government (1948-1956)	Left-of-center Liberals and Socialists
MINDSZENTY JÓZSEF	Primate of the Catholic Church in Hungary. Died in exile in Austria (1975).	4 May 1991, Esztergom Cathedral	Rákosi and Kádár governments (1948-1956, 1956-1989)	Conservative right-wing, Catholic Church, M.D.F.
Lot 298 transformed into "national pantheon" : 2000 persons listed	Anti-Communist or Horthy officers, politicians and opponents as well as war criminals. Executed between 1946 and 1952.	September-October 1991, Rákoskeresztúr Cemetery (Budapest)	Horthy Regency (1919-1944), WW II and the period right afterwards	The nationalistic Committee of Justice for Martyrs (M.I.B.), right-wing
György Somogyvári	Writer, radio speaker, MP. Died in prison (1953).	13 February 1992 in lot 301 in Rákoskeresztúr Cemetery (Budapest)	Horthy Regency (1919-1944)	Right wing of the M.D.F.
Miklós Kállay	Prime minister under Horthy (from 9 March 1942 to 19 March 1944). Died in exile in New York (1967).	17 April 1992 in Kállósemjén (his birthplace)	Horthy Regency (1919-1944), WW II	Right-of-center MDF
9 soldiers from the Carpathian area in Ukraine	Killed by the Arrow Cross Party (1944). Ambiguity: Hungarian or Ukrainian?	1 November 1992 in Cinkota	Szálasi's Nazi regime (1944)	

the Carpathian area in Ukraine	Ambiguity: Hungarian or Ukrainian?			
536 Soviet soldiers	Fallen in combat during the Battle of Budapest (1945). Disinterred from under Communist monuments in Budapest, the monuments having been moved to the "Cemetery of Statues" (Nagytétény). Ambiguity: liberators or invaders?	1 November 1992 in lot 251, Rákoskeresztúr Cemetery (Budapest)	Szálasi's Nazi regime (1944) and the liberation of Budapest (1945)	M.D.F. government
Unknown soldiers (Battle of the Don)	Fallen in combat in the USSR (1943). Ambiguity: victims or heros?	1 November 1992 in Rákoskeresztúr Cemetery (Budapest)	Horthy-Kállay period (1942-1944) and the Nazi alliance	Military reburial. Right wing.
160 soldiers	Died defending Budapest against the Russian Army (1945).	1 November 1992 in Rákoskeresztúr Cemetery (Budapest)	Horthy (1919-1944) and Szálasi (Arrow Cross Party, 1944)	Right-of-center M.D.F.
MIKLÓS HORTHY, his wife and son	Admiral in the Austro-Hungarian navy, regent of Hungary (1919-1944). Died in exile in Portugal (1957).	4 September 1993 in Kenderes (his birthplace)	From Béla Kún's Communist government to WW II (1919-1944)	Committee of Hungarian Sailors, legitimists and the M.D.F.'s right wing
After the March 1994 elections, a Socialist-Liberal (M.SZ.P.-SZ.D.SZ.) government came to power with Gyula Horn as Prime Minister.				
Attila József	Poet. Suicide (Hungary, 1937).	17 May 1994 in Kerepes Cemetery (Budapest). Third reburial.	Horthy Regency (1919-1944)	Former Communists (including the president of the Writers' Union)
Unknown WW II soldiers	Fallen in combat.	1994 in Györgytalló	Horthy Regency (1919-1944)	Military reburial
Count István Bethlen	Prime Minister (1921-1931). Died in prison in the USSR (1946).	17 June 1994 in Kerepes Cemetery (Budapest)	Horthy Regency (1919-1944)	Conservatives, aristocrats and the M.D.F.
László Deseö	General and military attaché in Moscow (1935-1940). Died in prison in the USSR (1946).	18 June 1994 in Sárospatak	Horthy Regency (1919-1944) and the Battle of the Don (1943)	Legitimists and the M.D.F.
Gyula Kabos	Actor. Died in New York (1941).	30 November 1997	Horthy Regency (1919-1944)	Artistic circles
After the March 1998 elections, a right-wing government was formed by the FIDESZ, F.G.K.P. and M.D.F. with Viktor Orbán as Prime Minister.				
Ferenc Keresztes-Fischer	Home Secretary (1931-1938, 1938-1944). Deported, died in exile in Vienna (1948).	8 October 1998 in Pécs (a private ceremony)	Horthy Regency (1919-1944)	Conservatives (M.D.F.-FIDESZ)
Domokos Szent-Iványi	Ambassador, minister in the Horthy government (1936-1938, 1944). Died in exile in Heidelberg (1980).	22 October 1998 in Budapest	Horthy Regency (1919-1944)	Conservatives (M.D.F.-FIDESZ)
Bálint Hóman	Historian, minister in the Horthy government (1932-1938, 1939-1942). Condemned for war crimes in 1946, died in prison in Hungary (1951).	13 October 2001 in Tas (his birthplace)	Horthy Regency (1919-1944) and the alliance with HItler	Conservatives (M.D.F.-FIDESZ representatives present at the reburial)
István Barankovics	Head of Christian Democratic People's Party (Néppárt). Died in exile in New York (1974).	13 December 2001 in Kerepes Cemetery (Budapest)	Intermediate period (1945-1947)	Conservatives (M.D.F.-FIDESZ representatives present at the reburial)
After the March 2002 elections, a Socialist-Liberal (M.SZ.P.-SZ.D.SZ.) government was formed with Péter Medgyessy as Prime Minister.				
NB: Lot 298 in Rákoskeresztúr Cemetery (Budapest) is considered to be the place for right-wing political burials; and lot 301, for left-wing ones.				

Table 2:
Political reburials in Hungary in the 19th century and after 1956

The deceased	Major activities Circumstances and place of death	Date and place of reburial	Context evoked by the reburial	Political impresarios
		Dual monarchy (Austria-Hungary, 1867-1919)		
Count Lajos Batthyány	Head of the first government formed during the 1848 Hungarian Revolution. Executed in Budapest by the Austrians (6 October 1849), the corpse immured in a cloister for 21 years.	9 June 1870 in Kerepes Cemetery (Budapest). First reburial of a hidden martyr and first reburial following the Austro-Hungarian Compromise (1867).	The antifeudal, anti-Austrian Hungarian Revolution (1848).	Királyi Pál (MP), moderates among the opponents of Austria, and loyalist officers in the Revolution
Lajos Kossuth	Governor of Hungary and radical leader of the 1848 Hungarian Revolution. Died in exile in Turin (20 March 1894).	1 April 1894 in Kerepes Cemetery (Budapest). The first semiofficial reburial. The national ceremony was "tolerated" by the Emperor, its costs covered by the city of Budapest.	The antifeudal, anti-Austrian Hungarian Revolution (1848).	Radicals
Prince Ferenc Rákóczi II and 6 exiled companions	Leader in the fighting during the anti-Austrian War of Independence (1703-1711). Died in exile in Turkey (1735).	27-30 October 1906 in Budapest-Kassa (now in Slovakia). The first "group" reburial. Delayed for 171 years, Rákóczi's reburial (preceded by his political rehabilitation) was tolerated by Emperor Francis Joseph I and the Austro-Hungarian government.	War of Independence (1703-1711)	Kálmán Thaly (MP and writer) and supporters of independence.
		1946-1947, prior to the Communist takeover		
2500 persons (Kőszeg)	Forced into work brigades. Died or executed during WW II, victims of the Szálasi regime and Nazis.	1946 in Budapest	WW II and Szálasi regime (Arrow Cross Party)	Communist Party government
Imre Sallai, Sándor Fürst, Endre Ságvári and Ferenc Rózsa	Anti-Fascist militants in the labor movement. Executed or killed in prison (1940-1944).	1947 in Budapest	WW II and Szálasi regime (Arrow Cross Party)	Communist Party
After the anti-Stalinist uprising in October 1956 against the Communist government headed by Mátyás Rákosi (1949-1956) was quelled by the Warsaw Pact, the Communists formed a government with János Kádár as First Secretary of the C.P. (1956-1988).				
László Rajk	Home Secretary under Rákosi. Executed in 1949 and buried in a forest.	6 October 1956 in the Mausoleum of Communist Martyrs (Budapest)	Rakosi's stalinian dictatorship (1949-1956)	Communist Party's Central Committee
Mihály Károlyi	Twice-exiled president (1918-1919). Died in exile in France (19 March 1955).	18 March 1962 in Kerepes Cemetery (Budapest)	Béla Kún's Communist Republic	Communist Party's Central Committee
Mátyás Rákosi (secret reburial)	First Secretary of the P.C. (1949-1956), exiled in 1956, died in 1971 in Gorki (S.U.)	16 February 1971 in Fakasrét Cemetery (Budapest) - *secret reburial of ashes*	Rakosi's stalinian dictatorship (1949-1956)	Communist Party's Central Committee
Béla Bartók	Composer, emigrated in 1940. Died in exile in the USA (1945).	July 1988 in Fakasrét Cemetery (Budapest)	Horthy Regency (1919-1944)	Moderates in the Communist Party

This is as far back as the memory of the living was able to reach from direct experience: except one case (Mészaros), no personality at work before the Horthy regime was reburied.

– Since 2002, reburials became rarer. But, as we have just seen, "grave-side politics" continue in other ways.

To sum up, post-communist reburials have gradually reached further back into Hungary's traumatic history and memory. In a former paper (ZEMPLÉNI A. 1996), I proposed an interpretation of this phenomenon. According to it, the above mentioned groupings of successive reburials correspond to stages in the regressive reconstruction of Hungarians' memory of the traumatic past that their society has been undergoing during the XXth century. As their focus has moved backwards in time, these rites have lifted a series of piled up collective amnesias and the successive prohibitions which had wrought them. To borrow a phrase from historians studying the Austrian case (BOTZ G. 1992), they have uncovered the "lies of life" (*Lebenslüge*) accumulated in Hungarian society since the Second World War. Three ceremonies with a national scope provide convincing evidence of this : those attached to the names of Nagy, Mindszenty and Horthy, successively reburied at two-year intervals (1989, 1991,1993).

What were the traumas, prohibitions, amnesia and "lies of life" at stake in these cases ? I will give but a single example of this. The trauma of the quelling of the 1956 Uprising and the subsequent wave of executions, including Nagy, needs no comment. But how did Hungarians overcome it? The social history of the memory of 1956 has not yet been written. For seven years after 1956, the forces of law and order mercilessly censored any mention of the Uprising. Over time, this prohibition could dispense with sanctions since most of the population had internalized it. I recall a conversation with my sister from the late 1960s. Our memories of the Uprising deeply differed, even though we had lived through it together. Like so many Hungarians who did not leave the country, she had little to say and tended to share the official viewpoint. This conversation led me to understand what historians would later confirm: that the prohibition had caused a deep collective amnesia about the Uprising, its ideals, the fate of those who had been killed, and the crimes committed by the Kádár government. The first impact of the reburial of the martyrs of 1956 was to dispel this amnesia and arouse feelings of shame and repentance about having forgotten the dead and the revolutionary utopia.

But where did this collective guilt come from? It apparently stemmed from the "lies of life," in other words, the compromises that, during the Kádár

period, Hungarians accepted and came to believe and value. In the 1970s, Hungary was said to be the "most joyous stand in the Communist showcase." After launching his well-known slogan "Whoever is not against us is with us", Kádár launched reforms that separated private from public life and tolerated businesses and lobbies. Under this much praised "Hungarian model", people were free to build houses, travel (a little) and, in effect, tend their own gardens, all under condition that they not mention the "regrettable events" of 1956, the monopoly of Communist Party and the Soviet occupation. The overwhelming majority of the population, including the intelligentsia, accepted this compromise. Meanwhile, the executioner of the martyrs of 1956 became quite popular. Little attention has been given to this fact. During this period of "goulash socialism", Kádár was affectionately called the "Old Man", and people were afraid lest Moscow oust him. The guilt and shame aroused by viewing the remains of the Old Man's victims cannot be set down to a loss of memory alone. The coffins placed in view were mirrors that, held up to society, forced it to recall its own compromises.

Traumas, taboos, amnesia, compromises, all these elements can be observed in the historical background of the reburial of Cardinal Mindszenty and, even more, of persons associated with the Horthy Regency (1919-1944). We I cannot go into details here. Suffice it to say that, for these ceremonies, major corpses associated with the right were dug up from the memory of Hungary's tumultuous pre-Communist past. This broke the dead silence that had covered up the moral and military disasters resulting from collaboration with the Nazis. These reburials thus revived older, deeper, traumatized memories, all the way back to the country's dismemberment by the 1920 Trianon Treaty.

To conclude, political reburials proceed by regressively reconstructing bits and pieces of the Hungarian society's memory of its traumatic past. Obviously, no ceremony has benefited from a consensus in the whole society; but each ceremony has activated components that have led to rewriting a piece of the nation's history. Through these ceremonies, rival political forces successively appear on the podium of national bereavement. There is no more effective means to recover the nation's repressed memory than to disinter its dead. Reburials do not just evoke pieces of the past. They compel everybody to take position. As previously pointed out, today's Hungary is a funerary democracy, where there is no case of a reburial being refused. Showing the deceased on the catafalque broadcast over television forces people to take sides for or against their legacy, for or against the political impresarios who are staging the reburial. In this way, the bits and pieces of

history that these ceremonies successively bring back into memory are gradually put together in that kind of changing emotional landscape we call "national consciousness".

But we have to remind that not all reburials are *stricto sensu* political. Thence stems the question : How to explain the Hungarians' widespread tendency to repatriate and rebury their dead so as to provide them with an "ultimate resting place"? A national anthem sung at all reburials indicates another way of interpretation: «It (your Homeland) is your cradle and grave that nurses and recovers you. You have to live and die here!». Your cradle and your grave: this is a Hungarian formulation which expresses the widespread idea that one is deeply rooted in the soil of the nation. This image cannot be dissociated from the patriotic imago of the Hungarian's body belonging dead or alive to the Motherland. Let us note that, in Hungarian, "Motherland" or "Magyar land" and "Haza," Homeland, are synonyms, except for situations where the Haza is pictured with the help of anthropomorphic tropes such as "mother," "breast," "nurse," etc. The carnal homeland of the Hungarians, who "welcomes in her bosom" the reburied dead, is both a maternal figure and a space category, a nourishing and sepulchral land. This notion cannot be understood without a brief historical reminder.

Since the 15th century and the fall of the medieval kingdom founded by St. Stephen (975-1038), Hungary has been independent only for a few decades. The rest of the time it was, despite unsuccessful wars of independence, under Austrian, Turkish or Soviet control. Suffice it to mention the catastrophe at Mohacs in 1526, which led to the tripartition of the nation, or the 1920 Trianon Treaty, which deprived the country of two thirds of its territory and left one third of the Magyar population outside its borders.

It is no wonder that under these circumstances, the "cradle-grave" of the Hungarian Haza has seldom been a place of "ultimate rest." As Rév (1995) wrote, in Hungary the normal public ceremonies were not victory parades but burials and reburials. The patriotic leitmotivs which found the ideology of reburial are by far anterior to the advent of this ritual. Here are the most penetrating ones. The motive of the "corruption" of the occupied, devastated Hungarian Land, or even of the Motherland "infested" by the occupant. The motive of the "enslaved" land, where – as the poet Petöfi says – «our forefathers cannot rest». The motive of the foreign land, where the wandering patriot of the national anthem can no longer find his bearings: «He looked around and he didn't find his Home in the Homeland». And these motives are only offshoots of the century-old leitmotiv of the inner exile of the Hungarians in their own homeland. The hidden martyr

and the emigrate buried abroad are emblematic figures of this exile of the Magyar on his own "disancestorized" land.

At this point, we reach the sacrificial background of this ritual. Here is what a 15th-century preacher, O. Laskai, wrote about the funeral of Saint Ladislas, king of Hungary: «In his mercy, God chose the Hungarians for the offering of this so precious pearl, the body of St Ladislas, because He didn't want him to fall into dust in a foreign land». A few years later, the same preacher added: «Although the Lord has often liberated his legacy – Hungary – through victories, now His wrath was so great against this land because its people were losing its faith, that there is no valley or mount in the entrails of Serbia, Bulgaria, and Bosnia not filled with bones of Hungarians and profusely sprinkled with their blood». Thus, in the late Middle Ages, the burial of the national saint in the Hungarian soil is a sign of God sanctifying the land. The scattering of the bones and blood of its inhabitants outside the homeland is a punishment for their lack of faith which breaks up the kingdom's territorial unity. The link between the nation's spatial unity and the sacrifice of one's self for the terrestrial patria given by God is already clearly established.

Patriotism in the 19th century only reworked this medieval idea of Hungarian Land as a sacrificial space. Taking up Ernst Kantorowicz's word (1951), the celestial patria of Christendom "descended" then, for good, from the sky down to earth, as all 19th century Hungarian poetry testifies. This poetry clearly associated the fertility and prosperity of the Hungarian Land with the germinal potential of the blood shed by its martyrs. As poets say «grass is greener and taller in Mohacs than anywhere else, and the flowers have a stronger scent, the wheat is thicker», «a sacred blood nurses stalks of wheat heavy with kernels; body and soul find nurture there»; «from the holy dust of your martyrs, a new livelier life had germinated» etc. What is this, if not a sacrificial language?

And why does the quest for the relics of famous dead persons to repatriate to Hungary continue to this day? A glaring example is the century-long quest for Sandor Petöfi's remains. As every schoolchild has learned, this great poet and soldier of the 1848 Revolution – a full fledged patriot – supposedly died on a battlefield in Transylvania. There, the poet has a whole set of memorials: three assumed graves – all of which are looked after –, two skulls and especially an old pear tree under which he wrote his last poem. As an eyewitness told us, this pear tree used to be "watered" every year with ox blood. In short, Petöfi is the subject of a strange patriotic cult there, a cult that started in the 19th century and is still alive.

This local cult is even more significant, as it is meant to empty graves. In fact, nobody knows where the poet's remains are. And as early as in 1860, another account of his death started going around. He would have been deported by the Russians to Siberia, where, supposedly, he survived. In short, he would not be a martyr hidden in Hungarian soil but an exiled patriot, whose remains should be found, certified, and brought home. This is the meaning of the national archeological serial story of which he has been the subject since then. Here are the very last episodes. In 1956, diggings in Transylvania turned up no remains. In 1988, a Hungarian *nouveau riche* funded the first of a series of archeological expeditions to Siberia. Others followed. The findings, all disappointing, were regularly covered on television. A skeleton was found, perhaps that of a Jewish woman, but certainly not the remains of the national poet that have been the object of a 150-year long search. Yet the search goes on. A few years ago, the Academy of Science authorized the disinterment of Petöfi's parents' remains for genetic testing in the United States so they could be compared with the skeleton from Siberia. To the best of my knowledge, the results are still out. In short, this endless affair has all the characteristics of a reburial project except that it has not succeeded to date, since no certifiable remains have been found.

Nothing seems further away from a sacrificial way of thinking than these postmodern episodes of the Petöfi affair. Nonetheless, they are manifestly the offshoots of an already ancient quest for the remains of the *pro patria mori* of Hungary to be reburied in Hungarian soil. Let's take this a step further. The reburials of the deceased "welcomed" by the Hungarian Motherland can also be understood as if they were as many sacrificial rites. As we have seen, in the sacrificial structure prevalent in the 19th century, the nation occupies the place of the sacrificer, the Homeland – "God's legacy" –, the place of the recipient of the sacrifice, and those who died for their homeland the place of the victim. Hungarian reburials seem to follow this age-old sacrificial pattern based on the idea of bodily sacrifice. From this probably stems the strong tendency of Hungarians to repatriate the remains of their dead in the soil of their Homeland.

This paper has focused on but a few aspects of reburials in Europe. Katherine Verdery (1999) has described the astounding diversity of these rites and of their political, religious, cultural and even economic implications. To mention a few examples, my comments do not apply to rites as varied as: the expulsion of Lenin's and Stalin's embalmed corpses from their mausoleums, the "eviction reburials" in Bulgaria and Romania, the highly political transfer of the remains of Frederick the Great in Germany or of Czar Nicholas II in Russia, the rites for drawing Serbia's borders by using

the bones of Czar Lazar, the reburials of priests intented to reestablish marginalized religious communities, the restitution of the remains of national artists and, not to forget, the reburials of symbolic conquest heroes, like that of Theodor Herzl. As Alex Weingrod (1995) pointed out, the triumphal transfer to Israel of the corpse of the founder of Zionism had a completely different import than Imre Nagy's tense, dramatic reburial in Hungary.

To conclude, I would like to emphasize the anthropological idea running through the previous comments. As I have tried to show, the Hungarian reburials reactivate not just past social dramas but also the age-old emotional means used for nation-building. Among these means, the cult of the dead plays a major role, and contemporary reburials are but recent instances thereof. Now, the model common to all national cults for the dead reaches back beyond the so-called birth of the nation. Their prototype is the *pro patria mori* cult that, like a shadow, has followed all ancient and medieval forms of patria, which have served as the spatial matrix for the nation. The Latin word *patria* refers to a spatial category that, during its very long history, has encompassed all sorts of religious and political formations, ranging from the democracy of the Greek city-states through the machinery of the Roman Empire up to the French Republic or the Third Reich, not to mention the blessed in St Augustine's *celestial patria*, the medieval martyrs' *patria aeterna*, the Crusaders' Holy Land, the 12th-century national monarchies or the democratic nationalism of 16th-century England.

All these forms of "patria" have a single constant: the *pro patria mori* cult. The amazing durability of this cult is that of an essential characteristic inherited by the nation from earlier forms of the patria: the cult that the nation dedicates to itself through the celebration of those who supposedly made the ultimate sacrifice for it. When reading Thucydides, we notice that this form of national self-worship dates back to the 4th century B.C. in Ancient Greece. Athenian funerals for warriors killed in battle already bore several traits typical of national cults for the deceased : the performance of the ceremony in the name of the people (the *demos*), the substitution of collective repatriation of the corpses in the city's soil for individual graves on the battlefield, the empty coffin dedicated to the vanished warrior, and, above all, the invention of the funeral oration, which extols the sacrifice of the deceased in order to exalt the civic values of the city (LORAUX N. 1981).

In short, the national cult for the dead consists of transforming the latter in a ritualistic instrument of the nation's self-worship. To recall the Hungarian formula, the tomb is, indeed, the cradle of this self-worship, which makes the nation so different from any other form of society studied by anthropologists.

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Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 91-111

Intervention as therapeutic order (1)

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In the wake of the Cold War, a whole new cast of characters has come to inhabit the stage of world politics. On the one hand, we see with new acuity migrants, immigrants legal and illegal, refugees, asylum-seekers, clandestine déclassés shading off into international criminal and terrorist networks, and a host of other shadowy figures suspended in camps, holding areas, safe havens, extraterritorial and extralegal detention and/or interrogation centers, and the like (PANDOLFI M. 2009). On the other, we are beginning to discern the presence of actors who escape the relatively clear categories of citizens and soldiers familiar from the short, but naturalized epoch of the sovereign nation-state: armed peace-makers, peace-keepers, and peace-builders under the international command of the United Nations or of shifting "coalitions of the willing"; experts-without-borders of all ilk moving from hotspot to hotspot under the aegis of private interests (NORDSTROM C. 2004), non-governmental organizations, governmental and international agencies, or a self-proclaimed mandate to help, to advise, to organize, to rescue or to develop. Any scholarly attempt to make sense of this new, strangely peopled scene of international politics must quickly confront the limits of conventional disciplinary categories. Anthropology, for example, cannot come to grips with these new kinds of human experience without understanding the juridical, political, and material bases of the emergent forms of authority and domination outside of, beyond, and next to the conceptual framework of the sovereign, territorial state. Similarly, political and social theory cannot fathom the meaning of these new forms of order, or rather of managed disorder, without drawing on ethnographic insights into the practices, conditions, and experiences of the new figures on the world stage. This need for interdisciplinary inquiry has thus seen the field of critical medical anthropology spawn the broader research programs of the anthropology of humanitarianism and of a cross-disciplinary critical investigation of the new forms of power and subjectivation to which, notably,

the practices of militarized humanitarian interventions and the discourse of human security contribute.

In this essay, we shall attempt to sketch the genealogy of these new forms of domination and subjectivation by drawing on the theoretical reflections of Max Weber, Carl Schmitt, Hannah Arendt, Michel Foucault and especially Giorgio Agamben as well as on our field experiences in the postcommunist Balkans (PANDOLFI M. 2008a, 2008b), which have served as a veritable laboratory for the elaboration of a new human configuration. We shall do so, first, by examining the practical effects of the emergence of a new military humanitarian apparatus for the management of crises and affected populations; second, by tracing the origins and implications of the parallel articulation of a discourse of "human security"; third, by theoretically qualifying the emergent mode of domination as "therapeutic" and its inherent violence as "iatrogenic"; and, finally, by briefly reflecting on the consequences for the anthropology of the present.

Logics of exception, apparatuses of securitization

In his recent book, *État de violence: essai sur la fin de la guerre*, Frédéric Gros (GROS F. 2006: 217) reminds us that contemporary states of violence have characteristically habituated us to the simultaneous presence and action of a series of figures: the soldier, the mercenary, the computer engineer, the security agent, the humanitarian actor. Victims and their torturers, the soldiers who both fight and destroy, build and rebuild infrastructures, the aid workers who care and heal and deploy the logistics of emergency, the experts who redesign the economy and the juridical and democratic order all belong to the same encompassing apparatus. This apparatus has its own peculiar means of deployment in space and time; it transmits lifestyles; it shapes new power relations; it establishes new networks of information and stimulates new strategies, all the while suffocating the voices of those who do not follow its lead in the name of urgency and neutrality (RIEFF D. 2002). Its agents move around the globe, erasing, mixing and confusing the differences between different sites of violence. At the same time, they neutralize public opinion by obscuring the process by which the logic of exception and emergency measures elides into permanent crisis and the perpetuation of violence, a process which ultimately leaves war and peace, torture and rescue, destruction and development and perhaps even life and death indistinguishable.

Our point here is not to uncover the historical sources of this contemporary violence but rather to focus attention on the new means of population management, heralded today on a global scale, which participate in the ambiguous production of, or rather in the reconfiguration of, violence. "Humanitarian safe havens," "holding zones" in international airports (KOBELINSKY C. - MAKAREMI C. 2009), zones of "asymmetric conflicts", extraterritorial detention camps, refugee camps, all of these new sites of violence carry a heavy affective charge and are difficult to read, but they also describe the dark side of the current narrative of global chaos. It is precisely from these extreme outposts of the contemporary order that we wish to reexamine the humanitarian and "securitarian" management of populations as a mode of governing life with its own peculiar effects. This management of life, we contend, is not a reactive response to a new kind of violence but, to the contrary, is a constitutive element of the new global dynamic of violence and of its heterogeneous practices, which must be radically reconsidered in all their ambiguity.

A concrete example should help clarify the conceptual confusion that we are trying to untangle here. One of us has gathered considerable field experience on one of these sites of violence, namely in Albania during the Kosovo war of 1999 and in Kosovo itself after the war (PANDOLFI M. 2000, 2008a). At the time, the most obvious and impressive feature in the field was the sheer multitude of volunteers, of journalists, of United Nations officials, and of soldiers engaged in an ambiguous peace-keeping mission, not to mention the proliferation of acronyms, be they of UN origin (UNDP, UNDPC, UNHCR, UNMIK), (inter)governmental (USAID, IOM, CIDA), non-governmental (MSF, CARE, OXFAM) or military (KFOR, AFOR).

Ten years later has anything really changed in Kosovo? Since the unilateral declaration of independence in 2008, the international presence has not ended. Au contraire! Alongside KFOR, UNMIK (whose limited mandate knows no end) and the countless NGOS, we find new actors such as the International Civilian Office (ICO) and the International Civilian Representative (ICR). To add to the opacity, the international presence is now redoubled by a parallel European layer so that, for example, the ICR is also the European Union Special Representative (EUSR) while the European Union Rule of Law Mission (EULEX) operates under the auspices of the same UN Security Council Resolution that authorized the not-yet-wound-down UNMIK. In response to this international Hydra, a number of local elites, from Yugoslav-era intellectuals to former UCK "freedom fighters," have transformed themselves into "international business facilitators" at the beck and call of outside agents and agencies. Nominally independent,

but recognized as such still only by a minority of the international community, Kosovo remains in fact under the tutelage of a nebulous of the international presence. For so long a legal no man's land, Kosovo has been unable to meet the conditions of possibility for becoming a sovereign state under the rule of law. Its bureaucracy is still a composite established and funded by and often responsible to various intervening institutions, and although it may enjoy a certain legitimacy, this bureaucracy certainly does not correspond to a legal-rational order in the classic Weberian sense. What is more, the maintenance of external authorities surely perverts the norms of what pretends to be an independent, democratic state and effectively leaves Kosovo in a «permanent state of exception» (PANDOLFI M. 2006, 2007)[2].

Kosovo may constitute a particularly emblematic case, but wherever "humanitarian" interventions occur – in the wake of natural catastrophe (FASSIN D. - VASQUEZ P. 2005), in securing vulnerable populations however defined (DUFFIELD M. 2001), in controlling the flow of refugees and migrants (AGIER M. - BOUCHET - SAULNIER F. 2003) to protect their lives or the ways of life that they may disturb – the principle of exception comes into play. It does so, of course, in the commonly accepted sense that the management of crises requires intervention which violates the principle of non-interference in the affairs sovereign states consecrated since 1648 with the Peace of Westphalia as well as the principle of the autonomy of the individual enshrined in 1948 with the Universal Declaration of Human Rights. On a more theoretical level, however, the rupture with the common state of affairs or the suspension of the norm, from which crisis and ensuing intervention arise, refers to the concept of the "state of exception" as foundational element of political order. It is precisely in the light of the Kafkaesque machinery of humanitarian intervention, concretely observable in places such as Kosovo, that we prefer to examine the political logic of the state of exception rather than its effects of embodiment, for this apparently neutral, phenomenological term veils the mechanisms of a new power configuration.

The philosopher Giorgio Agamben (AGAMBEN G. 1998, 2005) has reopened the debate surrounding the notion of exception within the sphere of political action. References to the state of exception have of course multiplied exponentially since the end of the bipolar international order and especially with the advent of such problematic notions and practices as "humanitarian war" and "the war on terror." Drawing on the political thought of Machiavelli, Carl Schmitt, Walter Benjamin and Hannah Arendt, Agamben, in his book *State of Exception*[3], undertakes a genealogy of the

politico-juridical concept of this term that has passed into common parlance. At the center of his reflection we find the problem of power as a mechanism that links violence and law as well as violence and life in a «relation that binds, and at the same time, abandons the living being to law» (AGAMBEN G. 2005: 1). We can understand this elliptical formulation and its concrete implications for our contemporary world by following Agamben's exposure of the impossibility for the law to step outside of its foundational violence. Agamben's project in fact takes up Michel Foucault's program of analyzing power in a manner that frees itself from the idea of «a power centered on the proclamation of law, an image of power-as-law [the unilateral capacity to forbid or to allow], of power/sovereignty that the theorists of law and of the institution of monarchy elaborated» (FOUCAULT M. 1976: 118, *authors' translation*). Whereas Foucault attempts, through the concept of *biopower*, to construct «an analysis of power through the concrete and historical play of its procedures» (*ibid*.: 119). Agamben is interested in studying less the multiple mechanisms of power than the logic of power, namely that of the exception, whose structure from the very outset must be seen as a paradoxical relationship between the norm and reality. Agamben places this idea of a fracture at the heart of politics and situates the law at the centre of his analysis of the state of exception.

At its etymological root, the state of exception refers to an ex-ception, i.e. a "taking from without", and has a topological structure in which we can recognize the *aporia* of intervention (recall the role of the international community in establishing the bureaucratic legitimacy of the Kosovar "state"): to be on the outside while belonging. In this grey zone between might and right, the exception is brought to bear through very concrete governmental mechanisms in a double process in which force acquires legitimacy: on the one hand, we see the post hoc legalization of non-legal procedures, i.e. the introduction into legality of that which is extra-legal; on the other hand, we observe the effort to preserve the integrity of the law despite its being confronted by a reality not in line with the conditions of applicability foreseen by the legal norm. In other words, the notion of the state of exception allows us to address two questions at the junction today of law and violence: How can the extra-legal participate in a legal process? How, in the face of the legally unforeseen realities of life can the law be suspended in order to guarantee its own preservation? This double process thus brings into being a link between life (the unforeseen, arbitrary force) and law in which life is written into the law or, as Agamben writes, «abandoned to law».

It is precisely through the prism of the law and its relations to reality, to force and to life itself that Agamben shows how the exception lies at the

center of a fundamental dichotomy upon which the western tradition of thought has defined the political, that is, on the dividing line between disorder and order. Thus, for Carl Schmitt (SCHMITT C. 2005), the exception is this liminal point, this ambiguous border between order and disorder where power and legitimate violence originate. The fragility or slipperiness of this dividing line that defines politics has become clear today when political thinkers as well as politicians speak no longer of instituting order but of managing disorder. Indeed, on the sites of contemporary violence, from zones of post-conflict reconstruction to humanitarian enclaves to exterritorial detention centers of western democracies, the exception no longer serves as the frontier between order and disorder but has come to instantiate the ambiguous process of managing disorder itself. By looking at these processes on sites of exception we can in fact begin to understand the novelty of contemporary violence and the subjectivities and types of bodies it produces (or reduces).

Politicians, the media, and mainstream academics have in recent years jointly engendered a discursive consensus on the global present as being characterized, on the one hand, by zones and situations of extreme violence that threaten order on a planetary scale, and, on the other, by the need for and development of integrated crisis management in order to succeed in what the influential Washington Institute for Peace in 1996 labeled «managing global chaos». This management of global chaos combines surgical intervention – as rapid, as targeted, and as effective as possible – and the humanitarian administration of populations through the provision of a minimum threshold for survival. Generally seen as limited to extraordinary crisis zones, this dialectic of new violent disorder and of its humanitarian and securitarian containment pervades contemporary politics (DUFFIELD M. 2001). Indeed, the slippage from the institution of order to the management of disorder is precisely what Foucault (FOUCAULT M. 2004a) identified as the securitizing rupture of liberalism that inaugurated our modernity. As he explained in his lectures at the Collège de France published as *Sécurité, territoire, population*, the concept of "security" allows for the controlling of disorder whereas "discipline" or sovereign authority imposed order. This slippage at the basis of the contemporary *biopolitical* order (or managed disorder) is what Agamben has in mind when he says of the state of exception, following Benjamin (2006), that it «has gradually been replaced by an unprecedented generalization of the security paradigm as the normal technique of government» (AGAMBEN G. 2005: 11).

The concept of the state of exception thus allows us to better grasp what is at stake, both theoretically and materially, in contemporary expressions of

violence. The notion of security that the management of global chaos entails, by defining it negatively as the neutralization of insecurity and the management of risks, the merging of two discourses. The first one describes a timeless or primitive violence constantly festering and occasionally erupting in senseless riots or *jacqueries* in a theatre of age-old victimization and of ancestral or ethnic hatred. The second evokes an equally timeless but modern moment of freedom, security and democracy. Between them there emerges a construct of an enemy, not one to be killed or enslaved, not an irreconcilable other, but rather a different configuration of the human, one who can be re-configured by the humanitarian *techné*: techniques of standardization through the physical and psychic care introduced by humanitarian aid, but also techniques of intervention applying targeted force.

In criticizing this new biopolitical discourse of technically managed violence, we leave aside any consideration of the political intentions, strategies, and interests whose interplay have reconfigured power relations at a global level over the past decade. Instead, we wish to identify the consequence of an apparatus of managerial violence that marries the new techniques of management to the problematic reconfiguration of the relations between violence and subjectivity in what we shall attempt to define as a political *techné*. Deployed on the sites of humanitarian and securitarian interventions, this *techné* raises questions about time – torn by the opposing paradigms of urgency and of the *longue durée*, about space – dismembered through the paradigm of the zone, and about the law – disfigured by the violence of its normalizing mechanisms. An ensemble of know-how and technologies that can be exported from one crisis zone to another across the planet, this *techné* evolves as a fiction always understood as exterior to the localized violence that it is supposed to manage. What precisely are these technologies and know-how? They include: the international jurisprudence that seeks to codify the right to intervene and the "responsibility to protect"[(4)]; post-conflict reconstruction packages; check-lists for nation-building wisely composed by political scientists; and new forms of the "police" from peace-keepers to "good governance" consultants. These practices constitute a step-by-step recipe for re-establishing political order legitimated from the outside. Yet precisely by establishing order from the outside, by being within from without (ex-ception), this *techné* insinuates itself within new cycles of violence, all the while obscuring its role.

The inseparability of technical violence from the real-life violence it allegedly manages lies in the effects of its temporality. Military and humanitarian urgency, impelled by shared and powerful emotions maintained by an eternal loop of media dramatization, generates a visceral emotional legiti-

macy. Who would not agree but to punish the wicked, to help the victims, and to prevent further dangers? Urgency, the need to act *im-mediately* engenders a state of exception that allows any and all strategic derogations, be they legal, moral, economic, political. Intervention thus derives its virtual legitimacy from the new barbaric or catastrophic temporality of genocide, rape, war, epidemic, earthquake etc. and therefore always requires an apparatus ready to prove its indispensability, its ability to act *now*. In a world constantly threatened with chaos, where any locality can suddenly erupt into a crisis zone susceptible to the temporal suspension of urgency and the application of the norms of exceptionality, this apparatus must always be on alert; the potentiality of an exception becomes a permanent state of (anticipated) exception, and consequentially the distinction between war and peace evaporates. This temporal, spatial, and legal generalization of the state of exception has until now gone largely unnoticed, perhaps because every event remains segmented in the reflexive imagination or because the end of the apparent stability of the bipolarity order has produced the expectation of unordered violence. Still, paradigmatic cases such as the Balkans (or Afghanistan) help to crystallize the awareness that urgency and permanency have become indistinguishable and that their conflation has invaded the organization of daily life. There we find "armies of peace" waging war to "consolidate peace" or to "keep the peace" in some sort of quasi-messianic expectation that local communities will someday recover control of their lives. An enduring state of exception produces this indefinite space between war and peace; it begins with a temporality of urgency as it saves victims but persists over the *longue durée* as the borders between perpetrators and victims blur to the point of inversion and maintaining the intervention becomes an end in itself. (We need think only of Kosovo, where the Serbian population, initially suspected co-perpetrators of genocide, then protected minority, attacked representative bodies of the international community in response to the previously persecuted albanophone majority's declaration of "pseudo-independence").

Under such circumstances, it no longer makes sense to ask who is right or wrong, to split hairs over responsibility, or to look for practical mistakes or better technical solutions. States of emergency, or urgency, or exception are today no longer temporary, well defined derogations from a legal order. The humanitarian and security crises of the present have become indefinite suspensions, exceptions where might and right, legality and violence remain on a threshold of indecision, or in an *aporia* that exposes the impossibility of a distinction between legality and the exercise, no matter how technically or managerially competent, of violence.

We have thus far exposed the practical (temporal, spatial, legal) effects of the contemporary military-humanitarian apparatus. The availability and application of techniques of crisis management and the humanitarian government of affected populations has led to a confusion of the immediate and the perpetual in permanent states of urgency, of the local and the global in zones of intervention, and of the exception and the norm in the suspension of the law in the name of order. The emergent generalization of a global order of arbitrary violence in which we all participate and which shapes a new human configuration has perhaps escaped notice, but it has been accompanied by a discourse, to which we now turn, that both justifies and enables the new *techné* and its effects.

Securing the human

The end of the Cold War has ushered in a normative re-evaluation of the notion of international "security." Security now takes as its object the physical and psychic well- being of individuals who are grasped through the notion of the "global population." This new political rationality imposes itself under the name of "human security." It is founded upon a strategy of risk management (Lakoff A. 2007) that focuses on the interrelationships between various threats: threats to health and the environment that stem from migratory flows, poverty, crime, terrorism and armed conflicts. These threats were until recently considered to be the objects of management and regulation internal to states. In the "human security" discourse, (Glasius M. - Kaldor M. 2005, Makaremi C. 2009), not only have these collective problems come into the purview of the international community, but with the definition of "human security" as the capacity of individuals to lead peaceful and fulfilling lives, even individual happiness has entered the domain of concern of the international community. In short, "human security" provides a blanket excuse for the intervention of private actors or state coalitions whether mandated by the Un or not.

The concept of human security, defined as "freedom from want" and "freedom from fear" first appeared in the annual report of the Undp in 1994. Its birthplace, the United Nations Development Program (MacFarlane N. S. - Foong - Khong Y. 2006), is also the place where statistical techniques and knowledge are housed and developed in order to produce figures such as birthrates, mortality rates, and development indexes which measure the qualities of the world's population on a global scale. The genealogy of these principles places human security squarely within the problematic of

democracy and just war, or rather, just intervention. "Freedom from want" and "Freedom from fear" are two of the four freedoms outlined by President Franklin Roosevelt in his speech to the US congress on January 6, 1941, in which he justified the nation's entry into World War II. These four liberties include freedom of expression, freedom of religion, and the emancipation from want and from fear. As he explained:

> «The third is freedom from want, which, translated into world terms, means economic understandings which will secure to every nation a healthy peacetime life for its inhabitants – everywhere in the world.
>
> The fourth is freedom from fear, which, translated into world terms, means a world-wide reduction of armaments to such a point and in such a thorough fashion that no nation will be in a position to commit an act of physical aggression against any neighbor – anywhere in the world» [(5)].

These four liberties, intended to convince an overwhelmingly isolationist US Congress to vote in favor of a just war and a democratic victory, have been registered in the international documents that govern contemporary discourse on human rights. They are part of the official legal arsenal of human rights, inscribed in both the Charter of the United Nations (1945) and the Universal Declaration of Human Rights (1948), as well as subsequent agreements including treaties on human rights. These liberties were later adopted in 1994 as the foundational principles of human security, and nearly a decade later were accepted as an integral part of the eschatological order promoted by the UN. In 2003, these principles would be taken up by the Barcelona Group in its interpretation of "human security" as a European doctrine.

Over time, human security has inserted itself in the universalistic discourse of human rights, which, divorced from local history, is capable of being applied to a multitude of enterprises from institution building to peace keeping, etc., invoking its relationship to both democracy and international law. Originally, human security was defined according to seven different dimensions of security: economic, food, health, environmental, personal, community and political security. This totalizing grid increasingly envelops the individual in its successive layers of insecurity, until it finally succeeds in reaching the physical body. Within the doctrine of human security, the physical body must be secured against hunger and illness, harkening back to the idea of biopolitics articulated by Michel Foucault (FOUCAULT M. 1997, 2004a, 2004b). Biopolitics represents the point at which politics appropriates human life in its biological form. At this moment, both life and politics are radically transformed, and invested – even circumscribed – by the normative and immanent dimension of biological life.

The political space of humanitarianism follows this trajectory, weaving itself into the fibers of the body that is to be transformed through the beneficence of aid. For example, humanitarian intervention claims as its objective the food and health security of refugees. This aid process inevitably recasts the refugee as victim, a remolding that is at the heart of security operations. Human security operations therefore follow exactly the lines of inequality that shape the international order. Security operations create a new space that fosters the implementation of liberal management on an international scale. In this managerial realm, absolutely every dimension of human life is recast as an issue of security, and the discourse of security gains increasing strength as it penetrates ever deeper into the body, eventually circumscribing human life into a technique of pure survival. This silent mechanism is carefully regulated by an ensemble of norms and universal standards, and it conjugates the relationships of power and axes of domination that shape the contemporary world order.

In strategic terms, "human security" secures the well-being of those who would otherwise be a threat to "our" security. Target populations are both subjects and objects of security, in an enterprise that is constantly reinventing the definition of what it means to be human. "Human security" is therefore also an act of production: producing "humans" that need to be secured through a web of techniques and political practices where actors may or not be linked through the state. Who are the humans that are destined for this program, these citizens who are the subjects of rights? In *The Origins of Totalitarianism* (1951), Hannah Arendt notes that the problem with human rights is that they are invoked at the precise moment at which the rights of a citizen, the political artifice that confers human dignity, are stripped away. This leaves us with «the abstract nakedness of being human and nothing but human». Arendt's distinction between the political subject participating in a community and the biological subject as a depoliticized vessel to be filled with universal human rights of course informs Giorgio Agamben's often (mis)cited concept of "bare life". Frequently misunderstood as biological or rather zoological life, bare life for Giorgio Agamben (1998) is not the same as natural life; it is not an ontological concept, but rather a politico-legal construct, the result of a political blurring of the distinction between the political and the natural. The juridico-political category of "bare life" exists precisely within the state of exception, that thin borderline between violence and the law, between order and disorder which, as we saw in the first part of this essay, has expanded to fill the political space of our present world.

Thus, a new humanitarian species has imposed itself upon the international scene. Growing in momentum since the end of the Cold War, a new figure has emerged that moves us beyond Cartesian and post-modern subjects, eclipsing even the post-colonial subject. This new species is no longer defined in terms of gender, social class, ethnicity or state-citizenship, but brings the face of a new human configuration: that of the "bio-citizen". This contemporary figure lays claim, not to a state charter, but to a complex set of international rules, rights and responsibilities that are designed to protect the subject as a living being. Through commission reports and declarations of intent, the global community has strategically patched together a semblance of UN consensus and defined a new map of human rights. This new geography demands "responsibility in the act of protection" but in reality transforms individuals into beings whose only right or responsibility is biological survival. Human security promotes and constructs not only the universal "rights of man of the citizen" but the universal rights of the body.

"Freedom from want" promotes an ideal form of life where all needs are satisfied. In practice, these needs are to be satisfied through a new integration of humanitarian programs and development projects. Whereas development and humanitarian projects previously occupied distinct fields of intervention, they are increasingly being conducted by the same NGOs. "Freedom from fear" therefore encompasses the multitude of actions undertaken to put an end to a situation of violence. This includes both military and humanitarian interventions, which seek respectively to address the sufferings of civilian populations and to restore international security and order. This complementary relation between humanitarian and military interventions is praised as reflecting the humanistic advances that the global community has made since the archaic restrictions of the Cold War. As Duffield reminds us, «This broadening of security is usually seen by politicians, policy makers and many academics as a 'new' departure» (DUFFIELD M. 2007: 3). However, the optimism of this "new departure" is unfounded.

As the military-civilian forces of human security are increasingly deployed throughout the world, the procedures of saving bodies are becoming increasingly divorced from local contexts and political struggles. In the process, these forces, and the transnational movements that created them, are re-framing individuals as biological citizens, creating a New Order which honors, above all, the security, integrity, and safety of the biological body. The reduction of persons to biological bodies inevitably strips them of their ability to defend themselves. Devoid of the localized rights and capacities that make them fully human, they are subject only to the rights that

they are granted by the international community and its mercurial set of commissions and regulations. Once an individual is reduced to a biological citizen (NGUYEN V. K. 2005a, 2005b), he may very well be protected from local threats, but he is also laid bare to the ravaging tendencies of an increasingly militarized world.

It does in fact seem as if the much trumpeted priority of global "good governance" today is set to deliver freedom from want and freedom from fear to all people on earth. Yet these concepts, which constitute the corner stones of United Nations' world programs, also reveal a world order whose strategies seek to extend a control network over human passions and life itself. This ambivalence yields a construction of what in the first part of this essay we called a new kind of enemy, a latent but ubiquitous enemy, this different configuration of the human, the bare life that the human security discourse has described and tried to have inscribed in a new international legal order, a form of life that is always subject to government through humanitarian *techné*. All old forms of domination are obliterated in this new configuration of the other. We see this other most clearly among the obvious targets of intervention (humanitarian victims, displaced and relocated populations, refugees), but bare life lurks within each of us just as the state of exception pervades our ostensibly well ordered lives.

Therapeutic domination

If the discourse of human security and the "exceptional" *technés* of humanitarian government really do constitute a new form of domination, then we must ask what formal logic defines this domination and what effects it has on the contemporary human subject. We have described the techniques of humanitarian government and the discourse of human security as converging around a state of permanent, pervasive violence exercised against bare life. While in fact a politico-legal construct, bare life has been naturalized by humanitarian discourse and practices, which in turn are morally justified by their benevolence. Of course, any claim to authority ultimately, and more or less sincerely, appeals to "good" intentions. Our point here is not to call into question the generally noble, often self-sacrificing intentions of the proponents and protagonists of humanitarian government, but rather to reveal the purely logical structure of their claim to authority (see also MCFALLS L. 2009).

Playing on emotional norms and new cultural sensibilities to individual vulnerability, the good intentions of humanitarian intervention take on a

salvationist form that vacillates between the medical and the religious. On the one hand we witness a process of medicalization and pharmaceutical treatment of social suffering. On the other, we see redemptionist myths of political liberation and the rise of a universal mission of the international aid community. Together they congeal into a thickening hegemony of compassion. This moral and political economy (humanitarianism has become big business, too, after all) of compassion operates not only at the margins of the present, in so-called crisis zone, for our modernity creates a zone of indeterminacy, and hence vulnerability, not so much between inside and outside (of the nation, the town or the home) but within every subject, as well as within the realm of the political itself, which is today plagued by a devastating misgiving in the face of an elusive horizon of danger and threats. Marc Abélès (ABÉLÈS M. 2006) has described this convergence of collective and individual sentiments and discourse of vulnerability as "a politics of survival," in which expectations of disaster and, at best, rescue have supplanted the promise of a better life as the unsurpassable horizon of contemporary politics. Humanitarianism, as discourse and action, is of course the typical expression of this new survivalist public sphere.

Survival and salvation do indeed describe the ultimate ends to which humanitarian government aspires, and quite literally as well as figuratively therapeutic means, from public health campaigns to "surgical strikes," define its action. Following Max Weber (1988), however, we can also understand a mode of "legitimate" domination (i.e. an exercise of command that appeals to its own normative justification) without reference to its substantive goals or means. Weber identifies three "pure," or ideal-typical, forms legitimation claims can take – the traditional, the charismatic, and the legal rational – on the basis of the formal structure of the relationship between rulers and subordinates. Thus, traditional authority refers to a relationship in which the norm for obedience is inherent to the ruler's person embodying (a) value(s) in a "timeless," ordinary regime of continuity, whereas charismatic authority emanates from the very person of the ruler in an extraordinary, revolutionary temporality of rupture. By contrast, legal-rational authority is literally disembodied in that the ruler appeals to an entirely impersonal norm or procedure necessarily in a regime of continuity, the validity of the norm depending precisely on its lack of personal and temporal context. This formal typology logically suggests a fourth mode of legitimation, namely one in which a dominant actor makes an impersonal claim to authority in a context of rupture with existing norms (SIMARD A. 2009).

It is possible to associate this fourth form with scientific authority, under which the impersonal procedure of scientific method challenges existing orders of knowledge in a revolutionary process of scientific advancement (McFalls L. 2007), but by metonymic analogy to medical knowledge we can also call this fourth pure form of authority *therapeutic domination*. Under this form, as in the doctor-patient relationship of command, the ruler claims obedience by virtue of the application of a scientifically valid, impersonal procedure – a treatment protocol – in the extraordinary context of crisis. As Pupavac (Pupavac V. 2001, 2005) has argued, humanitarian interventions have in empirical practice taken on the quite literally medicalized form of what she calls "therapeutic governance", i.e., the application of social and clinical psychological treatments to traumatized or otherwise stressed target populations. While it encompasses substantive practices of therapeutic governance in Pupavac's sense, the concept of therapeutic domination abstractly describes any relationship of command justified by an appeal to an impersonal rule or procedure in rupture with a previous enduring order. Nonetheless, the formal structure of figuratively therapeutic domination logically suggests that the substantive contents of its normative claims will be literally therapeutic. As with legal-rational claims to authority, therapeutic domination's appeal to impersonal procedure applies to no-body in particular and hence to every-body in general. Paradoxically, and in contrast to legal-rational authority, the apparently disembodied norms of therapeutic authority focus precisely on the human body itself because of this mode of domination's extra-ordinary temporal quality. Intervening in rupture with established practices, therapeutic domination not only depersonalizes but decontextualizes social relationships. Without any reference to culture or history, therapeutic domination reduces social agents to human bodies. Thus, unlike charismatic, traditional or even legal-rational authority, no particular conception of the good life, but only the minimal but absolute value of life itself, can inform therapeutic domination.

The contradictions inherent to an impersonal but extraordinary mode of legitimation become evident if we associate with each kind of relation of legitimate (i.e. rationalized) domination Weber's four ideal-typical modes of rationality, namely: habit, affectivity, value rationality (*Wertrationalität*), and instrumental rationality (*Zweckrationaltiät*). We can map these types of rational motives for social action along the two dimensions of their relative motivational strength and of their degree of conscious (intellectual) articulation, with habit (e.g., custom) being a relatively weak and unconscious "reason" for action; affect (e.g., *eros*) being a potentially powerful but not

necessarily self-conscious motive; the rationality of ultimate value ends (e.g., salvation) being also very powerful and usually subject to conscious articulation; and finally instrumental rationality (e.g., utility maximization) being absolutely self-conscious in its calculations but relatively weak in its motivational strength precisely because of the fungibility of its ends. In purely abstract terms, then, the quotidian and personalized claims of traditional authority appeal to habit and affect whereas charisma by virtue of its personal and extraordinary quality appeals to affect and value rationality and legalist proceduralism in its impersonal routine draws on instrumental rationality and habit. Logically, a simultaneously extraordinary and impersonal claim to authority would have to appeal to both value rationality and instrumental rationality at the same time, i.e. to the substantive rationality of ends and the formal rationality of means, two conscious but contradictory motives for action.

The centrality of a logically contradictory, impersonal but extraordinary mode of legitimation, i.e. of therapeutic domination, both to intervention and to contemporary Western politics as a whole restates, once again, Agamben's fundamental thesis – translated into Weberian terms. As Agamben argues, the "structure of exception" is the formal paradox at the core of, and has permeated, the Western political and metaphysical tradition at least ever since Aristotle excluded "mere (or bare) life" (*zoe*) from the ends of the polis in its self-legislating pursuit of the "good life" (*bios*). Whether it exist between the "good life" and "bare life," civil society and the state of nature, constitutional order and the state of emergency, law and force, language and being, or, as in the case at hand, the rationality of means and the rationality of ends, the structure of exception entails a relationship of "inclusive exclusion" where the existence of the first term both depends on and negates the second. The (state of) exception *proves* the rule (of law) in both senses of the verb: to confirm and to contest, just as therapeutic domination saves lives at the same time as it depersonalizes them, or empties them of the contents of a life worth living as the rationally efficient application of the humanitarian *techné* denies the substantive ends to which the individuals and communities that it "saves" aspire.

To be sure, all forms of domination repose on violence, but the peculiar violence of therapeutic domination, which destroys that which it purports to save, is particularly insidious because irrefragable. Extraordinary and embodied charismatic authority, for example, in appealing to affective and substantive-value rationalities practices its violence between leaders, administrative staff, and the administered masses with the explosive exuberance of purges, (self-)sacrifice, genocide, assassinations and terror. Its

destabilizing, unpredictable quality provokes a countervailing resistance as the political personnel and the masses undermine the transformative mission of charismatic violence through their attempt at securing their pro-visions in a process that Weber (1988) calls the routinization of charisma that gives way to a traditionalized or legal-rationalized order. Under a bureaucratic order, the "legitimate" violence of an ordinary, impersonal legal-rational domination appealing to habit and technical, instrumental reason depends on the internalization of violence in a process that Foucault (FOUCAULT M. 1975, 1976, 1997 as well as ELIAS N. 1939) describes as (self-) disciplining. Resistance takes the form of legitimation crises and periodic charismatic, chiliastic revolts. By contrast, the peculiar violence of therapeutic domination short-circuits resistance, converting it into a further source of legitimate violence. Because therapeutic authority applies an impersonal treatment protocol under extraordinary circumstances to the alleged the objective benefit of those subordinated to it, this form of domination amounts to an appropriation of the body, its "bare life." Attempted resistance therefore necessarily takes the form of the subordinate's re-appropriation of his or her body. In an analogy to the asymmetrical doctor-patient power relationship, we can define the patient's attempt to recover his or her body as a refusal of treatment. We label this attempted resistance "iatrogenic violence" not only because it is physician induced but because it constitutes a new pathology. Thus iatrogenic resistance is futile since it re-pathologizes its perpetrators and necessitates further therapy. Far from reasserting their humanity, those who resist the therapeutic domination simply turn themselves into harder "cases" to crack. Suicide bombers represent the paradigmatic case of iatrogenic violence, but countless examples of less extreme varieties – from HIV patients who engage in wilful promiscuity to the Serbian minority in Kosovo that attacks the international forces there to protect them – are evident wherever therapeutic interventions occur.

From metonymy to metastasis

The analogy of the doctor-patient relationship not only elucidates the logic of therapeutic domination but encapsulates the analysis presented here. In its modern, disenchanted pure form, medical authority is, of course, biopolitics, i.e. the technical and moral mastery of bodies as life in its barest biological (or zoological) sense. Effective in the extraordinary, exceptional context of crisis, it applies a norm (treatment) extraneous to normal life in the name of a return to normal life, i.e. it reproduces the structure of

exception at the heart of sovereign power. Once subordinated to therapeutic domination, patients cannot recover control over their lives but instead fall into a cycle of iatrogenic violence, developing new pathologies for more treatment (think, for example, of even the best case of the "recovered" alcoholic who is not "cured" but always remains "at risk"). The state of exception thus extends indefinitely as the patient's existence becomes framed in a discourse of recovery, remission, relapse in an individualized version of the totalizing discourse of human security, whose utopian goal of "freedom from want" and "freedom from fear" can only result in a permanent humanitarian-securitarian crisis.

In short, the doctor-patient relationship is not metaphoric but metonymic; it is not similar to, but part and parcel of our contemporary biopolitical order. What is more, it describes the exceptional relationship that has become the rule. It has metastasized. In so doing, it has also brought medical anthropology not only to the forefront of the new anthropology of humanitarian intervention (FASSIN D. 2004, 2007, PANDOLFI M. 2000, 2002, 2006, 2008a, 2008b, REDFIELD P. 2005, 2008), but to the center of social scientific, juridical, and philosophic reflection on the now permanent global state of emergency. Once perhaps "marginal" to the discipline, questions of the embodiment of illness and of medical treatment address the human condition at large as humanitarian *technés* experimented in the laboratories of intervention not only in such far-flung places as the western Balkans but in schools and hospitals nearby. In a premonitory passage of *Homo Sacer I* where he reflects precisely on the war-torn Balkans as a site of both biopolitical genocide and biopolitical humanitarian intervention, Giorgio Agamben warns:

> «...what is happening in ex-Yugoslavia and, more generally, what is happening in the process of dissolution of traditional State organisms in Eastern Europe should be viewed not as a reemergence of the natural state of struggle of all against all – which functions as a prelude to new social contracts and new national and State localizations – but rather as the coming to light of the state of exception as the permanent structure of juridico-political delocalization and dis-location. Political organization is not regressing toward outdated forms; rather, premonitory events are, like bloody masses, announcing the new *nomos* of the earth, which (if its grounding principle is not called into question) will soon extend itself over the entire planet» (AGAMBEN G. 1998: 38).

Agamben's warning is not one of catastrophic violence, upon which the current humanitarian-securitarian discourse thrives. Instead, he is alluding to a therapeutic order that politico-juridically as well as technically subjectivates bodies as bare life.

Notes

(1) This article provides an overview of the various trajectories that our work on humanitarian intervention has taken in recent years. This research has been funded by grants from the Fonds Québecois de Recherche sur la Société et la Culture and from the Social Sciences and the Humanities Research Council of Canada. Our research has benefited from fruitful interactions with friends and colleagues including those at Byron Good and Mary-Jo Del Vecchio Good's *Friday Morning Seminar* at Harvard University, at seminars at the École des Hautes Études en Sciences Sociales in Paris directed by Marc Abélès, Didier Fassin, and Michel Agier, and at workshops that we have organized on the topic over the last years at Université de Montréal in the framework of our Groupe de recherche sur les interventions militaires et humanitaires (GRIMH). We are grateful to Gil Anidjar, Vincent Crapanzano, Mark Duffield, Alessandro Dal Lago, Ugo Mattei, Michael Fischer, Vinh-Kim Nguyen, and Salvatore Palidda for many rich exchanges. We would also like to extend our thanks to the graduate student members of the GRIMH, in particular Marie-Claude Haince, Chowra Makaremi, Phillip Rousseau et Samar Seremi

(2) A perfect illustration of the confused, superposed hierarchies of authority in effect in Kosovo can be found in EULEX's self-description on its website (http://www.eulex-kosovo.eu/?id=2, viewed last March 28, 2009): "The European Union Rule of Law Mission in Kosovo (EULEX) is the largest civilian mission ever launched under the European Security and Defence Policy (ESDP). The central aim is to assist and support the Kosovo authorities in the rule of law area, specifically in the police, judiciary and customs areas. The mission is not in Kosovo to govern or rule. It is a technical mission which will monitor, mentor and advise whilst retaining a number of limited executive powers. EULEX works under the general framework of United Nations Security Resolution 1244 and has a unified chain of command to Brussels."

(3) The originality of Agamben's approach, in relation to the classic Schmittian view (elaborated most notably *Political Theology* 1922 and *The Dictatorship* 1921), which he also draws on, is his introduction of the question of life, following in this the analysis outlined by Walter Benjamin in his *Theses on the Philosophy of History* (1940, see thesis VIII).

(4) The Responsibility to Protect populations from genocide, ethnic cleansing, war crimes and crimes against humanity is an international commitment by governments to prevent and react to grave crises, wherever they may occur. In 2005, world leaders agreed, for the first time, that states have a primary responsibility to protect their own populations and that the international community has a responsibility to act when these governments fail to protect the most vulnerable among us. The central theme is the idea that sovereign states have a responsibility to protect their own citizens from avoidable catastrophe, but that when they are unwilling or unable to do so, that responsibility must be borne by the broader community of states.

(5) Source: http://www.fourfreedoms.nl/index.php?lang=en&id=11. Last viewed March 28 2009.

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Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 113-135

Embodying Temporary Stay Centres. An ethnography of immigrants and institutions in the south-eastern border of Italy (Apulia)

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Introduction

In the European Union countries, what is referred to as "illegal immigration" has increasingly become a politically demanding problem, enmeshed in a web of cultural, social, economic and public communication factors. Generally speaking, despite an international situation, dominated by wars and world wide socio-economic inequality, which produces continuous migratory waves, European countries adopt increasingly restrictive non-EU entry policies even towards refugees and asylum seekers. This contrast in migratory processes, inevitably produces a massive presence of foreign entries that greatly exceed the limits foreseen by EU Governments, and that is defined as "illegal immigration".

In Italy, in the wake of this trend, the migratory wave is often dealt with as a problem of public order. Thus, a status of exceptionality and continuous menace is constituted. This fuels huge social tensions which find expression in terms of insecurity and the need for control. Such management modalities have gradually developed in the last decades by means of overlapping action plans correlated into what could be termed a system. Actions such as military coast surveillance or the constitution of illegal immigration as a crime, are decisions that have been put forward by the continuous and effective momentum of public debate and political "communication" factors. The frequent wide-spread use of stereotypes and oversimplification has given weight to identifying immigration with criminality, or immigration with terrorism.

Radical and adverse representations of the "other" have been produced such as "the invasion of immigrants" that by reducing the subjectivity of each immigrant to that identifiable with the hordes of immigrants landing

on our shores, contributed in legitimating the position of Governments with regard to this issue (DAL LAGO A. 1998, MINELLI M. - PIZZA G. 2004, RIVERA A. 2003) and justifying the establishment of CPTS (Centri di Permanenza Temporanea – Administrative Detention Centres in Italy henceforth referred to as Temporary Stay Centres). Special institutions, which have the aim of forcefully detaining irregular immigrants, who are without regular visas or permits, of identifying, or, according to the various cases, expelling them.

Therefore, if on one hand, the images of men and women huddled together on unlikely boats, their faces worn by weariness and fear are now part of daily television scenes, on the other, these same images, on first sight, are suggestive of a core project of immigration essentially based on the individual's physical capacity to endure hardship. As pointed out by the sociologist Abdelmalek Sayad, in the inevitable lack of economic resources and the lack of social support networks, the body of the immigrant becomes his or her main resource: «More than any other dominated person (...) the immigrant possesses his body. He exists only to the extent that he is his body and, ultimately, only to the extent that he is a physical body, a labour-body» (SAYAD A. 1999). The immigrants experience of the voyage is experienced in a body-mind dimension and it is in this dimension that the negotiation and the crossing of cultural and institutional borders take place. As compensation for this way seeing, in an overall vision, it is important to stress the presence of a legislative system which has been considered by many scholars as a "special law" for immigrants that is somewhat in contrast with the Italian Constitution (CAPUTO A. 2007, MIRAGLIA F. 2007, PUGIOTTO A. 2001); to the extent that it intervenes directly on the human body by means of fingerprinting technology, detaining "illegal" immigrants without permits in Temporary Stay Centres, as well as forced expulsion. These Migratory Government abnormalities, that have been investigated at length by jurists and magistrates, need to be integrated by anthropological enquiry that looks into the day to day vicissitudes of the immigrant's experience.

In this article the topic of international immigration will be dealt with by focusing our attention on *embodiment* processes and *biopolitical* mechanisms in the relationships between migrants and institutions in Apulia, on the Italian south-eastern border. In the course of this analysis, by examining certain case studies as examples of an ethnographical study carried out within a Temporary Stay Centre, I intend to follow two strictly correlated analysis lines. I will refer to recent trends in certain Medical Anthropological studies that have dealt with international migration, according to which

national government policies tend to ascribe themselves upon the body [of the individual immigrant] by means of a dynamic relationship between the exercise of sovereign power and the agency of the immigrant (FASSIN D. 2001, 2005, TALIANI S. - VACCHIANO F. 2006). As the anthropologist Didier Fassin pointed out (FASSIN D. 2001, 2005), in disputes with the French State, illness for the "irregular immigrant" can become a resource for regularisation, so that the body turns out to be the real "place" where the negotiation of categories such as "citizenship" or "legality" actually takes place. Along these lines, I will examine cases of self-injury and suicide attempts regarding migrants that have been detained in Temporary Stay Centres, in relation to the frequent administration of psychotropic drugs by operators. In conclusion I will try to make some considerations upon the category of "illegal" or "irregular immigration" disentangling it from the process that the American anthropologist Nicholas De Genova (DE GENOVA N. 2002) has defined as "the legal production of illegality", as also stressed by the Italian magistrate Angelo Caputo (CAPUTO A. 2007), «Clandestinity (...) is not a natural attribute of migrants, but obviously, the effect of specific migratory policies».

Apulia - the ethnographical context

Apulia is a region which extends over the south-eastern border of the Italian State, where in 2003 I started (and still am) carrying out research which deals with the relationship between the immigrant and the institutions and which pays special attention to the treatment of migrants without residential permits and with expulsion orders. Because of its "cultural" and geographical Mediterranean propensity, this has often been an area of crucial importance for government policies for the management of migration flows, especially those immigrants from the Balkan area. I am referring to the stream of migration from Albania during 1990's, which was at the time defined in such portentous terms as "the biblical exodus of the Albanian people", "the clandestine landings" and "the sea carts", which, in the light of a constant and substantial arrival of immigrants, caused the activation of institutional and non-institutional mechanisms aimed at controlling and managing this phenomenon. As sustained by many observers and scholars such as the Italian sociologist Alessandro Dal Lago (DAL LAGO A. 1998) during this period, the region became a kind of laboratory whereby one could experiment techniques from "welcoming" "first identification" "collection and sorting" to the eventual "expulsion" of foreign migrants, by means of the creation of "welcome centres" and "refugee camps"

as well as coastal surveillance that was set up bilaterally with the country of emigration. This was thorough display of techniques and strategies, which was probably due to the limited experience of the Italian institutions in the management of migratory flows, made blatantly clear by the regulatory attempts produced for the greater part of 1990's and which only by 1998 were finally outlined in the "Legge 40" (Law 40) better known as the Turco-Napolitano (ANGEL-AJANI A. 2000, CAPUTO A. 2003). Mechanisms, therefore, that still today remain as residual images and features within current government policies on foreign entry and that are still evoked in local discourse on immigration, as if it were some sort of "welcome" expertise and one is tempted to add of "expulsion" beyond the specific institutional domain. The above concern would, because of its complexity, no doubt merit greater analysis than the one established for the setting out of this article. However, I would like to briefly outline, in chronological order, three episodes which took place in Apulia in the years mentioned above. These episodes, which have some startling peculiarities, the outcomes of which are quite contrasting and useful, in my opinion, in helping us to interpret the issues which will be dealt with in the following paragraphs. 1) During March 1991, on the wake of the economic and political crisis of the Enver Hoxa regime, 20,000 Albanian citizens arrived in the Apulian harbours. The local citizens were caught completely unawares and had to deal with the emergency despite the serious delays and inadequacy of the Italian Government.

The Albanian issue, given the various historically definable factors which characterised it, can probably be set within that re-organisation process of the geo-political scenario in Eastern Europe, which was set in motion after the Soviet block crisis and that of the so-called real Socialism countries. (HOBSBAWM E. J. 1994). By embodying these historical-political dynamics, the Albanian immigrants were de-codified, by the local citizens and media, as our "Adriatic neighbours" escaping from a "poor and underdeveloped" country, devoid of "democratic" and "liberal" models that needed to be sought in the West. However, the sudden and massive presence of these people, with unfashionable clothes and hairstyles, and who were exhausted and dirty after journeying in precarious conditions, aroused in the eyes of the Apulians impressions of an alienating aesthetic sense, in which they saw these people as symbols of underdevelopment and poverty. The most common feelings expressed in public, as a consequence, were based on a level of charitable considerations with elements of irony towards the quality of these bodies that seemed to arrive from an obscure and unknown past, far from Western affluence, though the social and economic situation

of Apulia was not a shining light of "development". Thus, one talked of "poor desperate people" in need of assistance and welcome (RAVENDA A. 2005). The first meeting, however, with the local citizens took place in a direct and spontaneous manner, without the mediation of national institutions or of the mass media. Schools, churches, private homes were set up as welcome centres. As the sociologist Marcella Delle Donne recalls, the demonstration of this openness became clear when the problem of the right of asylum arose – the protests of the trade unions and public opinion stopped the Government from sending the refugees back home. Hospitality facilities were negotiated in order to deal with the public security issues. The Ministry of Internal Affairs had the responsibility of dealing with the problem, and at the local level, one-year residential work permits were given by the local authorities, on the basis of the Consolidated Law (Testo Unico) on public security (DELLE DONNE M. 2004). However, how this was managed began to change rapidly. Because of the instability of the Albanian situation, in the summer of the same year the migratory flow remained intense, but this time the Italian reaction changed. 2) In August 1991 a ship overloaded with immigrants reached the harbour of Bari, the regional capital. The local and national authorities were initially reluctant to allow the ship to berth, conceded the mooring, and immediately transferred all the passengers to the old stadium of the city, with the promise of supplying them with jobs and residential permits. All the men, women, and children were held for about a week in facilities that were no doubt unsuitable without toilets and running water; constantly under police surveillance. On August 14, the stadium was cleared out and some Albanian migrants were transferred to other camps, and others expelled. It was without doubt a detention procedure. These events in the Bari Stadium conveyed the impression around the world, however, of the Albanians as a locked up "crowd of animals" in order to avoid their dangerous circulation (DAL LAGO A. 1998). From this moment on, the way the migratory waves were managed changed completely, and entrusted ad interim to the police and the Navy. They were no longer "poor desperate people" who needed help – for the local and national communication media, the Albanians gradually started to become thieves, drug dealers and rapists (ANDRISANI P. 2003, DAL LAGO A. 1998, DEVOLE R. - VEHIBIU A. 1996, VEHIBIU A. 1997). In order to safeguard national public security, coasts were constantly patrolled by the Navy corvettes. The Albanians who arrived were identified and brought to the "refugee camps", which had by then been set up throughout the whole region, and then, in most cases, they were sent back. Due to these procedures, the immigrants were confined to liminal spaces, set "outside", with the aim of nipping the migratory flow in the bud. A clear example of the

severity of the measures adopted in order to manage the Albanian immigration is given by the following case. 3) Once again during the month of March, this time in 1997, an Albanian ship, loaded with migrants, while trying to evade a blockade off the port of Brindisi, collided with (or probably was rammed by) an Italian Navy ship - about a hundred people died.

I went back to Apulia twelve years after the firsts landings of 1991, to begin some fieldwork and found quite an interesting situation. In 1998, in relation to the above-mentioned "legge 40" which, being the first organic law on immigration by the Italian Government, instituted the crime of illegal immigration and the subsequent administrative detention in Temporary Stay Centres, along regional borders, the arrival of immigrants gradually reduced in number until it became insignificant after the year 2000 (CARITAS 2006). Nonetheless, many of the immigrant centres that arose during the Albanian immigration have remained active, and have been transformed into distinct and functioning facilities according to the various typologies defined by the current regulations on immigration, among which various Temporary Stay Centres, that are used to receive "irregular migrants" from other Italian regions that have recently experienced the arrival of large numbers of immigrants. Apulia, thus, within the process that we have here tried to summarise, has gradually "specialised" in dealing with foreign immigrants without residential permits. This region was, therefore, a crucial territory for the observation of the management strategies dealing with this phenomenon. In a local context, which over a decade completely changed its institutional organisation with regards to the treatment of migrants, I focussed my attention on two facilities which were set up in the 1990's as Assistance centres, and later transformed into Temporary Stay Centres (CPT), located in the Southern part of Apulia in the Salento district. These institutions have became central to my study both from the ethnographical, as well as the historical point of view. I have, therefore, analysed the ways these centres have functioned and how they have become part of the territory. At the same time, I have also studied the detained immigrants' perception of their condition, with regular visits over a period of almost a year. I observed and analysed the "daily" and the "extraordinary" nature of life within such an institution, by building relationships by means of semi-structured interviews with the administrators of the facilities as well as with the immigrants themselves. People with different experiences and origins, who only share the fact of being without residential permits and thus, subject to administrative detention.

Administrative detention

With the approval of "legge 40" by the Parliament in 1998, Italy had the first organic law on immigration, in line with immigration policies, that is, with those management modalities of migratory phenomena that are already present in many European countries and in the United States, based on political-administrative regulations of foreign entries. The reasons for such regulations are essentially two. On one hand, this regulation is a means for border protection and the limitation of the immigration phenomenon as a prohibitionist measure. On the other, it has the task of contrasting clandestine immigration carried out by criminal organisations, and consequently the phenomena of *trafficking and smuggling* (CAPUTO A. 2007). Furthermore, the relationship between immigration flow policies and regular entries for immigrants also raises a number of issues. The possibility of obtaining a residential permit, except in particular cases, is determined by the possibility of having a regular job that paradoxically cannot exist without a residential permit. It would be necessary, in fact, to come to Italy with a work contract and a residential permit from the outset. These flow policies (VITALE E. 2004) therefore are inevitably linked to a binary logic – those with regular jobs and residential permits are in, all the others are out. A dichotomic approach that tends to distinguish between "good immigrants" that are accepted and introduced into the "integration process", and the "illegal" immigrants, who are "clandestine" and thus to be detained in Temporary Stay Centres as administrative detainees. In this way, there seems to be an identification between "crime" and "punishment" proposed as a detention for an administrative sanction, which contrasts with the fundamental principles of the Italian Constitution by revealing «the existence of a criminal-administrative subsystem capable of assuming paradigmatic values of a general orientation of control policies» (CAPUTO A. 2007). For this reason, I think it would be useful to briefly say something about the bureaucratic procedure that leads a specific body to manage a Temporary Stay Centre. Once the structure is ready, having been built (or restored if already existing) by private bodies who have won tenders, the Ministry entrusts the responsibility and management to the local prefecture, that supplies police control, and by means of a tender, entrusts the management to a private or associative external body. This delegation system transfers the responsibility in exchange for funding that is agreed upon during the tender, with regards to each detained individual immigrant. Whoever manages the centre receives a payment, and is responsible for whatever may happen within the centre itself. Furthermore, specific services, such as health assistance or the supply of meals, which in compliance with

the rules and regulations must be guaranteed to the detained migrants, can be sub-contracted to third parties. The Temporary Stay Centres, which have been set up throughout the whole peninsula, symbolically and actually represent a government control by the Italian State on the phenomenon of immigration, but the state does not exercise any direct action and thus it is exonerated of any responsibility. In summary, these facilities, should be thought of as an example of "non intervention", "governing less and with maximum effectiveness", typical of that liberal governmentality that has become the subject of the last lessons held by Michel Foucault at the Collège de France (FOUCAULT M. 2004). Systems of delegation and of privatisation and profit that, as highlighted by Loic Wacquant, find examples of concrete applications in the neo-liberal socio-economic structures with regard to the «new government of social insecurity» and to the punitive changes that this implies (WACQUANT L. 1999, 2004).Within these centres, the immigrant is detained in a coercive manner up to a maximum of sixty days (even if in some cases the detention can be prolonged for a longer period), until the immigrant's identity is ascertained and a decision is taken regarding his or her future permanence in Italian and therefore within the European Community – the release of residential permits, direct expulsion, or, as in the majority of cases, expulsion orders to be carried out within five days. In this "space of boundaries" and uncertainty, there are no distinctions with regard to the past or the individual situations of the detained immigrants - foreigners with criminal records, as well as immigrants who have just arrived in Italy, even those requesting asylum, and cases of people who, despite having lived in Italy for many years, are caught without residential permits. These facilities are usually set up in suburban areas far away from the city centre and surrounded by high walls and patrolled by the police and video surveillance. They look like and function like prisons, closed off to unauthorised access. In addition, although the management regulations contain references to the observance of the rights and dignity of human beings, the few surveys that have been carried out within the facilities, have produced data that have aroused heated debate in the public arena. Within the detention areas, there have been reports of constant fights and brawls between the immigrants and the police, who have on various occasions demonstrated excessive interference in the management of the centre. Furthermore, organised and systematic police brutality has been put on record as well as violence against detained immigrants guilty of having tried to escape or simply for having requested improvements in the way they were treated. It thus seems that violence is a frequently used technique in the management of the centres or, to use an expression I have often heard during my research "to calm the agitated detainees". Often no

attempt is made to hide this violence. It is justified as being the only possible way of controlling the detainees. In fact, during a meeting I had with a surveillance agent of an Apulian Temporary Stay Centre, to my questions regarding the way the immigrants were treated, he sharply replied that:

> «At first we tell them to keep quiet, then we shout at them to keep quiet, after we take some of them, we bring them in a room, we make a mess of them and then see how they keep quiet».

A violence that does not only take place in the ways mentioned above, but also through a whole series of practices and techniques. Dirty toilets, often without doors, small and crowded rooms, lack of respect of different religious beliefs, the obligation to keep in line during roll-call and counts, offensive language, to the point of writing recognition codes in ink on the arms of some of the detainees.. Administrative detention, therefore, considers the immigrant's body as an object of constant manipulation in a context that, to use the words of the anthropologist Paul Farmer, we could define as structural violence (FARMER P. 2003), that is an induced suffering «'structured' by historically given (and often economically driven) processes and forces that conspire – whether through routine, ritual, or, as is more commonly the case, the hard surfaces of life – to constrain agency». From this point of view a very important issue needs to be discussed, namely that in all the centres, without distinction, self-injury practices and suicide attempts on the part of the immigrants are quite frequent, and therefore, often these people are given psychotropic drugs.

Positioning in the "Field"

A certain current of thought and polarisation of opinions which are deeply rooted in the national debate regarding Temporary Stay Centres, tend to associate the qualities and functions of these institutions to those of the Nazi concentration camps or more generally, to the various "camps" that, in the course of contemporary history have been sadly known as «the space of the outside» (RAHOLA F. 2005) that are used to collect or detain minority groups, victims of war or, more generally, of discrimination or persecution. The camp is a spatial-temporal dimension where rights do not exist, and which is simply meant for sheer, temporary physical restraint – within which, immigrants are detained, obliged to what Giorgio Agamben defines as «bare life» (AGAMBEN G. 1995). An existence produced by a state of exception and reduced to a minimum physicality, depleted of its actual juridical peculiarities. Studies and opinions, which are confirmed by the stance expressed by the Italian philosopher according to which the "camp" is a bio-political

paradigm of modernity - it being the space produced by a permanent state of exception, within which one's "own" biological body is inseparable from the political one (*ibid.* 1995). As the Temporary Stay Centre is my "field", in the ethnographic sense of the term, here, though agreeing with most of the above-mentioned studies dealing with the issue, I would like to further examine, at this point, the notion of "camp" with the notion of "field", as stated above, which is specifically concerned with ethnography and further elaborated by Pierre Bourdieu. In the work of the French sociologist marked by concepts of "practical theorising" and "scientific practice" in the ethnographic research, the notion of "field" takes on the meaning of a relational space, regulated by relations of strength through which the subjects that are present place themselves in a continuous negotiation, which is at the same time dialogic and conflictual (BOURDIEU P. 1972, 2002). We are dealing with a set of processes and practices that tend to draw the researcher "within" the dialectics of a performative "observed observation", that is made up of speech, silence, fiction, body postures, and glances that are encountered, taken in and reproduced by the ethnographer as a body (PIZZA G. 2005) by means of the simultaneously structured and structuring exposition of one's own *habitus*. If we assume such a theoretical, methodological and epistemological position, the Temporary Stay Centre, despite the high walls that surround it and within the above-mentioned historical, political and juridical complex network of determinates, constitutes itself as a "field" with changeable spatial-temporal co-ordinates, that is fragmented by actions that are aimed at controlling as well as at re-inventing many of the aspects of the phenomenon of immigration. Besides the ethnographer, the managers of the Centre, the immigrants and the police, there are also journalists, lawyers, humanitarian associations, religious organisations, politicians and scholars in this "field"; all active subjects, with various motivations and objectives. From this perspective, the Temporary Stay Centre, Regina Pacis, in Southern Apulia, will be used as an exemplary case. The Regina Pacis began its activity in 1997. At first it was a detention centre that dealt with the vast migratory waves arriving from the Balkan area. It was later transformed into a temporary stay centre, according to the "legge 40", the Italian law of 1998, and funded for an amount that in 2004 was equal to 3 million Euro a year. The management of the centre was immediately entrusted to the homonymous Foundation Regina Pacis, an institution that owned the building, formerly a summer camp for children, restored for this purpose. This Foundation was seen as a direct emanation of the Episcopate of Lecce and of the Apulian Episcopal conference, and the director was a trusted man of the Episcopate. At the beginning of my research, in the initial months of 2004, a particular situation

occurred in this institution - the Director, a priest, some of his collaborators and 11 surveillance *carabinieri*, were under investigation in various trials for allegedly bashing some of the detainees who had attempted to escape from the centre. Some of the indictments were of excessive corrective practices, mendacity, and cruel behaviour. Contrary to other national Temporary Stay Centres, about which, it was very difficult to obtain information, and in response to the attention of the mass media which had focussed on the centre, the Regina Pacis carried out an intense public communication activity in order to apologise for the accusations that had been made against it in the trials. There were frequent public declarations by the directors and a thick network of public relations with the mass media, with scholars and schools, for which guided visits to the structure were organised and even a documentary on the subject was produced. These communication strategies were not focused on what had happened within the Centre, but they referred to the enormous experience of Catholic charity work carried out by the organisation staff and by the Foundation during the Albanian immigration of the 1990's as "knowledge for assistance". Enormous importance was given to the activities that had taken place at the same time and parallel to those of the Temporary Stay Centre, such as distributing food to the poor, or saving young women from prostitution. My role was seen in the following way - after negotiations with the director of the centre, which took place without informing the local authorities, I was granted access on the proviso that my research would be "scientific" and not journalistic, and that it would communicate to the public the "real truth" concerning the centre. In this communication and public relations activity, the director was undoubtedly the most charismatic figure. He headed a close-knit staff that was indebted to him because it was mainly made up of his own relatives and by immigrants who had passed through the structure and been regularised thanks to him. He made every management decision autonomously, in an office full of photos depicting himself together with the Pope, with the President of the Republic and with various other dignitaries. He said he wanted to follow my work with care and was always available to discuss matters but, at the same time, he restricted my movements and the modalities of my research. Don Cesare, during our meetings, had always tried to highlight his skill and experience in managing the immigrant centre, a range of qualities that he held up to justify his role and defend himself against the accusations directed towards him. On one occasion, while answering a question I asked regarding the criticisms posed by a national TV programme, he said «why doesn't somebody else come and do my job» in this way sustaining that those who criticised him, would never have been able to manage such a structure. His words were

often loaded with paternalistic rhetoric as well as with the recollection of the emergencies in Apulia, in which, in his opinion, he had always had a leading role. He sustained that the average detainee in his Centre was an unlucky person who needed help, tainted, however, by an initial mistake, and that is of having arrived in Italy illegally. As he, himself, sustained:

> «The immigrant at Regina Pacis is a person who has made an initial mistake, that of having entered Italy, duped by information that has not led him or her on the right path, because whoever comes from prison, what has that person got to start with? Illegal immigration».

From this perspective, the immigrant detainee was, therefore, seen as an individual who was unaware of his condition and needing guided assistance. At the same time, he was held to be responsible for his or her "illegal immigration" and depicted as being desperate and thus ready to commit any act whatsoever to the point of self-injury or suicide.

"Inside" and "outside"

The logistic and architectural features of a Temporary Stay Centre tend to define spaces according to difference. As shown in the previous paragraph, the area that was meant for the detainees, could be defined as the contrast between the external and internal space of the institution itself (inside and outside). This relationship is posited as a difference by a whole series of real, as well as symbolic barriers – the peripheral location of the facilities, armed surveillance, high walls of enclosure, barbed wire, but also by a call to a proper adherence to regulations that have to do with the respect for the privacy of the detainees (for example, a call that justifies limiting access for research purposes). Though for a long period I entered the premises on a daily basis, the surveillance staff, who knew me well, would always ask me who I was, my personal details and the reasons for my visit, and always withheld my identity card for the duration of the visit. Therefore, if practices and conflicts concerning the relationships between the detainees, the managing staff and the surveillance police are characteristic of the "inside", what pertains to the "outside" has to do with the institution becoming part of the territory, that is, of a specific, historical and geo-political context, but also of a whole range of discourse, which often takes place in an argumentative and partial manner, and actions that have to do with the issue of emigration-immigration at a local, as well as at a national level. In this context, the simple fact of having entered the Regina Pacis, placed me in a specific position – if the managing body had not allowed me to enter, I would not have been able to enter. I had tried to gain access to other

centres by following the bureaucratic procedures but without success. As this entry was negotiated with the institution, I was therefore, considered by the detainees as inevitably connected to the managing body. I was confused with the many figures present in the centre and the protagonists of detention practices – policemen, lawyers, psychologists – in this way instigating either mistrust or requests for assistance on the part of those who wanted to be regularised and leave the centre. From the situation described, the obstacles to the survey appear quite clear, though, in all sincerity, they were never imposed. They were implicitly injected – time spent waiting to be received by the directors of the facility or to meet the immigrants, re-scheduling of meetings, kindly requesting me not to take pictures, the consideration that some detainees were not suitable for interviewing, the police provocation – I never tried to go against these obstacles, I knew it would have been very difficult to overcome them. The construction of these obstacles was a concrete manifestation of management techniques and of the "life" of such a structure that had a direct bearing on the ethnographer. In particular, there was a gradual delineation of the "spaces" conceded to me for my research that were restricted to the area that was reserved for the managing body, namely, a long corridor that from the entrance led through to a door kept under constant watch and which led to the "internal" part of the centre, where there was the dormitory and the infirmary, to which I did not have any access. Along the corridor, which metaphorically presented itself as a kind of filter, that hid the impenetrable realities of the institution, there were the canteen and all the offices. This simple set of rooms was the central point where all the meetings took place and where the management decisions were made; where police examinations and psychoanalytic sessions were also carried out; where expulsions and transfers to other centres were organised; and where the paperwork for the new detainee arrivals was filled out (personal details, identification photographs, life history). This is where the archives were held and where the centre carried out its functions. With the help of an operator, I was able to examine a folder which contained the files with the photos and personal details of all the detainees, from which I was able to "choose" who to meet. At this point, I would like to add that I had thought a lot about whether the word "choose" was the correct word to use, and whether it was apt from an ethical point of view for the issue that I am dealing with here. In my opinion, this word perfectly represents the series of processes that in Temporary Stay Centres tends to objectify every element of the body of the detainees; processes from which, given the situation, my research has not been exempt. The detained immigrant is a number, a photo, a provenance, in some cases

just a brief report or a "life history" kept in a folder. Thus, once I had made my choice, the operator would clearly enunciate the name of the detainee over the microphone so that it could echo throughout the structure and the owner of the name would be taken by surprise without understanding the reason for the call. Often they would arrive in their pyjamas and slippers, with a look on their faces marked by disrupted sleep. From another point of view, the relationship I had on a daily basis with the supervisors was intense. They continually asked me information regarding the progress of my survey, and in underlining their complete availability to communicate, they kept saying that since I was working "freely" I would surely be able to write and bring out the "truth" about the centre. At this stage, it is therefore fundamental to clarify that the meeting between the ethnographer and the detainee was embodied in a complex network of power relationships among subjects who were placed between the "inside" and the "outside" of the institution. Being able to decode "true" information within a Temporary Stay Centre is quite a problematic exercise, which involves a continuous negotiation within the relationships described above. During the first interviews carried out with the detainees, I had started my task with the aim and the expectation of obtaining information with regards to life within the centre (testimony), but over the course of the encounters, it was more and more difficult to establish this kind of interaction. The questions I asked were turned around and became requests for help and outbursts against detention which was considered unjust by everybody without exception. The present, during the narration, was enclosed between the recollection of the past and the projection (fears, desires, expectations) for the future. This was above all evident especially when explicit enquiries were made regarding the treatment reserved for the detainees, the self-injury practices and the administration of psychotropic drugs. At times, the answers were reduced to a mere silence, sometimes the meetings were interrupted by tears induced by my questions. The action itself of the ethnographer, which was simplified by means of the interview, sometimes ran the risk of implicitly becoming part of those mechanisms typical of the institution, as a form of violence against the detainee. In this situation, it is necessary to be aware of what Veena Das (Das V. 2000) affirms, namely, that in specific contexts of endured violence, where the presence of pain and anguish is very harsh, it does not make much sense to ask questions like "what happened?", "What did you see?", "What did you feel?". In referring to the medical anthropology studies on illness narratives carried out by Good (Good B. 1994), Das stresses the importance of working on the narratives as fragments of stories which are still taking place, as discursive strategies that are produced in specific contexts and that tend to repro-

duce themselves by means of the integration of gestures, in an array of implicit gestures. Many of the tales of the "life stories" of immigrants in the Temporary Stay Centres, are given the benefit of the doubt (false names and origins), if they cannot be assessed as "truthful", they are lies to the extent to which within daily and extraordinary practices (the meeting with the ethnographer), they contribute to the negotiation as well as to the production of the subjectivity of the detainee, where the context is a place of loss of personal freedom, of suffering and violence. Being aware of this, and in relation to the territorial and ethnographic context described above, it is my intention to deal with the issue of self-injury practices and suicide attempts within the Temporary Stay Centres.

"Cutting oneself" - blackmail - "medicine"

The various forms of self-injury which frequently take place are interpreted by the centre's professionals in a very contradictory manner. During my research I had the possibility of listening to essentially four types of explanations for inflicting self-injury: 1) as an act which is a characteristic feature of Muslims, because they are "culturally equipped to deal with pain"; 2) as an impulsive act of desperation; 3) as a "childlike" form of blackmail against the operators; 4) in order to be transferred to a hospital with the intention of escaping. The Director of Regina Pacis summarised the last three points in particular, thus endorsing his own precise characterisation of the immigrant under detention. In his opinion, self-injury was a childlike act carried out by unwitting and desperate people, with the intent to blackmail. He said he responded to this behaviour with indifference, and recorded every instance of self-injury in personal file cards that he kept in a folder. He did this, he told me, in order not to have any problems, and to discourage any further acts of this nature. I think that the question of self-injury is central to an understanding of how Temporary Stay Centres carry out their functions. To illustrate my point I will discuss four different cases of self-injury that occurred in three different Temporary Stay Centres in Apulia and one in another national centre.

Case N. 1: Taken from a case that had been investigated by Medecins Sans Frontiers (MSF 2004) and reported to me by an operator at Regina Pacis who told me of a Romanian couple who arrived at Regina Pacis. Upon their arrival, the couple were immediately separated – the husband was put in the male section, and the wife in the female section. They could only see each other for an hour every day in the office area. The husband would then spend the rest of the time seated next to the door that divided the two

sections talking to his wife through a small hole in the door. Only after a few days of being detained in this way, the husband no longer able to bear the situation, cut his veins on his forearm with a razorblade, after which the couple were expelled.

Case N. 2: A story that I have been told many times during my investigations, and that I have read about in other works, concerns a young North African man, who was held in a Temporary Stay Centre in Apulia, though he had not committed any crimes; he continually requested to be set free without success. After spending a few days without anyone paying any attention to him, he decided to "cut" himself. Unable to obtain any sharp object, after weeks of searching, he decided to remove a spring from his bed that a few days later he used to cause a deep wound in his abdomen.

Case N. 3: Alberto was a 33 year old Romanian citizen with whom I had the opportunity to meet several times during his frequent conversations with the psychologist of the centre. He had an untidy appearance and always kept his hand on his belly, and he would frequently cry. In his own country, as an orphan he had often been the victim of beatings and violence. When he reached the age of 20, he decided to come to Italy. In Florence he was kept as a hostage by one of his countrymen (probably the same person who brought him to Italy). He was forced to beg and to commit petty larceny, and he was often beaten up. One day he was caught by the police while robbing in a supermarket and then arrested. After a few months of imprisonment, he was transported to the Temporary Stay Centre. He said that he was suffering inside the centre and that some of the detainees, during the night, after having "snorted the medicine" (probably psychotropic drugs taken from the infirmary) became quite violent. In all of the meetings, he would cry and repeat continuously that if he remained in the centre, someone would kill him, or he would kill himself.

Case N. 4: Salam's story has been told by an Italian writer (ROVELLI M. 2006) and deals with a detention in a Temporary Stay Centre in Northern Italy. The Tunisian youth was taken to the consulate of his country in order to be recognised, and then, a few days later, he would have had to be put on a flight and expelled. In order to avoid the planned expulsion, Salam, as a last resort, decided to cut himself, in the hope that he would be taken to a hospital, so that he could then escape and avoid, or at least delay, his repatriation. He knew that if he missed the flight, it would have taken many days to organise another, and therefore, once the sixty day term of detention expired, he would, probably have to be set free and given a notice of expulsion that would have to be executed within five days. He cut himself on the arm, but the cut was very deep and the medical assistance

was slow to arrive - it took more than forty minutes for the ambulance to arrive and to finally take him to the hospital. Salam risked his life to obtain a transfer to the hospital. The idea that self injury practices are common among Muslims is no doubt false. In cases 1 and 3, the acts of self-injury were committed by people of various provenance. This type of explanation is based on a series of stereotypes of Islamic people, created within a well known international situation marked by the continuous reconstruction and re-invention of religious, political and national identities. As all the four cases show, self-injury or suicide attempts are behaviours that take place in situations of suffering and pain. It is, however, a relevant fact that it is very difficult to obtain sharp objects inside the Centres without the permission of the police and sometimes it may take days or even weeks. Often, as in cases 2 and 4, the act is not exclusively induced by suffering in an "impulsive" way but it is often rationalised and organised. The blackmail theory, also, seems to be fallacious, from another point of view. If it is true that many observers have witnessed self injury cases that had the aim of acquiring a transfer from the centre to a hospital, or to delay the expulsion process as in case 4, it is also important to consider that blackmail implies that the blackmailer is in a position of power and that certainly is not the case of the immigrants. Furthermore, the immigrant would tend to use his position as a potential threat, without actually accomplishing the act itself. At the very most, we could speak of a kind of technique. The case studies of self-injury inside the centres is however extremely varied, as I have tried to show in the 4 cases and relative explanations, and it may be misleading to try to objectify this kind of behaviour. Within an articulated variability of biographies, provenance, ways of accomplishing the act – what is common among these subjects is that they are all forced into situations of violence and the limitation of personal freedom. As sustained by Paul Farmer, in referring to the connections between suffering and structural violence – «What these victims, from the past to the present, share, aren't personal or psychological attributes – they don't share culture, language or race. What they share is, rather the experience of occupying the bottom rung of the social ladder in an unequal society» (FARMER P. 2003: 31). Therefore, acts of self-injury in the Temporary Stay Centres can be seen as a form of embodiment of the malaise and suffering characteristic of detention, but also in relation to the complex array of contexts in which they occur and to the set of dynamic factors that influence their various forms of manifestations. They can be the subject of new complementary considerations. From this point of view it may be worth making some further considerations on the above-mentioned use of psychotropic drugs administered by the operators of the Centre to the detainees. This relationship

between corporal practices entrenched in suffering, and the process of medicalisation that has the aim of controlling, is of vital importance in understanding what Temporary Stay Centres actually do and how they manage migratory phenomena.

Embodying Temporary Stay Centres

Although every structure should be able to supply health assistance to the detainees, a very frequent procedure is that of bringing those who are considered "agitated" to the Mental Health centres of the nearby towns, in order to subject them to psychiatric visits and in many cases, they are given pharmacological treatment. As referred to me by a doctor of a Mental Health centre in an Apulian city, it is very difficult to visit this type of patient, because the "agitated" immigrant is escorted under custody, handcuffed and guarded for the whole duration of the visit, after which he is taken back to the centre. I would like to reconstruct this relationship among institutions by using the editing technique in order to compare two distinct but correlated experiences, undergone by two psychiatrists, one as a doctor in a Mental Health centre, the other as an inspector in a Stay Centre. Doctor Rossi, who works in the Mental health centre of the hospital unit of Brindisi in Apulia, told me he had dealt with many different cases of immigrants taken from the Temporary Stay Centre of the same city:

> «They phone us when they have a particular case they cannot manage independently. In the majority of cases these are people from prison experiences (...) therefore after a period of time in prison they are sent to the Temporary Stay Centre. During these months they have to be managed by the Stay centre and, in some cases, since many of them, who come from prison are already undergoing pharmacological treatment, and take specific medicines, they need to be seen by us in order to improve the treatment or change it completely».

The doctor continues by underlining the particular connection that exists between the prison system of administering psychotropic drugs and the one used in the Stay Centre:

> «We discovered that Rivotril is commonly used in jail as a sedative. Rivotril is a benzodiazepine that we rarely use because it is a drug used by neurologists to keep epileptic symptoms under control. Let's say that it's a strong sedative. Therefore a lot of people were brought to us who had already strong withdrawal symptoms because they couldn't manage this habit, this addiction to the medicine. When the patients were brought in, I tried to convince them to replace this type of therapy with a milder and less proble-

matic treatment, because most of them showed symptoms of depression and aggressiveness which was self-directed or directed towards others».

Some years before recording this interview, Doctor Canosa was carrying out an inspection visit at the same Temporary Stay Centre that Doctor Rossi had talked about, and he wrote a report which can be found on the internet:

«90% of the detainees take pyschotropic drugs. (...) the operators admit that foreigners frequently commit self-injury acts, but they are unable to specify the quantity. The majority of operators, affirm that the "guests" have feelings of anger that doctors try to treat with psychotropic drugs, others sustain that self-injury is a way of being hospitalised in order to attempt to escape (...) [In the ambulatory] there are large quantities of anxyolitic drugs (benzodiazepines such as Valium, Rivotril, Minias, EN), but also neuroleptic medicines (Nozinan) that are used to treat psychosis and Farganesse, an obsolete antipsychotic drug which has a highly sedative effect (...)».

The administration of pyschotropic drugs and practices of self-injury reported by both doctors under detention conditions and meant for the detainees. Doctor Rossi:

«Therefore, there are many people that have unwillingly accepted the centre's coercive approach, where detainees are kept in a sort of prison, with very few facilities and very little recreational or occupational possibilities. They are kept in quarantine, awaiting an uncertain future. Actually some of them had already been quite well settled in jobs and family situations. I dealt with people who were desperate because they had left their partner or their child in a more or less acceptable situation and they had been uprooted and brought to the centre. Generally they hurt themselves, they cut themselves, this is the characteristic that distinguishes them and at the same time makes them different from the patients we usually have to deal with».

Doctor Canosa: «The detainees eat on the floor or on beds (...) there are six toilets for are about 60 beds. Some of these toilets are without doors (...) the walls of the rooms, but especially those of the corridors, are dirty, flaking, often covered with illegible writing (...) the Temporary Stay Centre reproduces all the characteristics of the "total" institution – isolation from the external world, lack of privacy, that puts a strain on the sense of personal identity, a kind of concentration camp life that annuls a person's individuality, a violation of the body (physiological needs carried out in public), eating meals on the floor like animals, being constantly observed and watched over in enclosures out in the open like monkeys in a zoo, basically living in conditions similar to those of prison or mental asylums, which not only damage human dignity, but also induce reactions of frustration and anger, and which are at the basis of mental disorders, acts of self-injury and episodes of violence».

The administration of particularly sedative pyschotropic drugs as a type of medicalisation and control? Self-injury practices as a process of embodi-

ment of detention? What are the possible reactions to this? Detention conditions as the basis of mental disorders and acts of self-injury? Dynamics that are mutually connected and directly played out on the detainee's body being the result of power relations beyond the walls of the centre, produced by political, historical and socio-cultural decisions. Relationships that lead one to reconsider the notion of embodiment not exclusively as a function pertaining to an anthropological object of study, but from a theoretical-ethnographic perspective along the lines of what Thomas Csordas suggests (CSORDAS T. 1990). From this point of view, the relationship between self-injury practices and the administration of highly sedative psychotropic drugs, is presented as a real and substantial praxis of detention: a constant interchange between the lived body and the provisions of an organisational action produced by the institution. An interaction that is expressed in terms of a «"perception" but also in terms of "evaluation" and 'action' marking agentivity, namely the acting capacity of people» (PIZZA G. 2005) at a conscious as well as at an unconscious level. A path that, I believe, contributes to the building or to the re-negotiation of the *habitus* of the "irregular immigrant" who is thus detained, which, according to the notion used by Pierre Bourdieu is decoded as a practice that is at the same time structured and structuring.

Conclusions

The immigrants arriving today in Europe or in "developed" countries, as external bodies in somebody else's territory, are defined and considered through the thought categories typical of the country they immigrate into (GREEN S. 1998, SAYAD A. 1999). It is commonly held in socio-anthropological analysis (ANDERSON B. 1983, APPADURAI A. 1996, BENDER B. - WINER M. 2001) that the State-Nation founds its territorial sovereignty on the relationship between nativity and nationality, by means of the constant production of narration, landscape, social imagination, through a never-ending construction of the *us* community, that is strongly rooted in the intimacy of the social subjects, by means of what Michael Herzfeld has defined «structural nostalgia» (HERZFELD M. 1997), in contrast to an external alterity or internal anomalies, which one absorbs or from which one differentiates oneself or from which one needs to protect oneself. The immigrant finds himself in this state of affairs – it is in this space that his social definition and the treatment he is going to receive are generated. As shown by recent ethnographic studies, which emphasise the critical-political aspect rather than ethnical-cultural approach (DE GENOVA N. 2002, 2005, FASSIN D. 2001,

2005, ONG A. 2003), the State establishes the entry and insertion modalities of foreign immigrants, not only through government choices and administrative procedures, but also by elaborating classification categories relative to morals, "race", gender, religion, work, health. In this a way the possibility of citizenship for new arrivals is negotiated. A recent and extensive review of ethnographic studies on contemporary transnational migrations clearly shows the innovative elements that have emerged in the research field in relation to the question of the what is called "clandestine" or "illegal" immigration. Various ethnographies tend to shift the research focus of national policies in relation to immigration, towards citizenship rights and their negotiation. At the same time, they do not consider the size of the "illegality" or "clandestinity" in itself, but rather the series of problematic issues it raises. From an ethnographic point of view, according to the positions expressed by the anthropologist Nicholas De Genova, "illegality" therefore appears as a theoretical, epistemological and political issue (DE GENOVA N. 2002). The question of the "illegality" of immigration is no longer considered as the point from which to start and not only in relation to its consequences. It becomes the object of accounts that reconstruct, by means of a strict ethnographic and historical methodology, those political, cultural, bureaucratic processes of rendering "legal" the "illegality" of the immigrant. Such an ethnographic approach makes it possible to understand how rights and in particular citizenship are negotiated, especially in the current historical phase, which is characterised by government choices, that are strongly conditioned by security policies and the "war against terrorism" (DE GENOVA N. 2002, MINELLI M. - PIZZA G. 2004, ONG A. 2003). Within this framework, the Temporary Stay Centres are characteristic features that are used as tools by the Italian government to control immigration to the point of becoming a fundamental step in the personal history of many immigrants, as an experience or threat in the twofold function, instrumental and symbolic, that is performed by each of these facilities. If on the one hand, they are vectors of government power, on the other they tend to materially symbolise the division between "legal" and "illegal" immigrants, thus making this division visible and evident. Such considerations should be read in relation to a presumed uselessness of these facilities (MIRAGLIA F. 2007). According to estimates of the Ministry of Internal Affairs, in 2004, 70% of immigrants were not expelled, but after having undergone sixty days of this type of detention, they remained in Italy "illegally" with an expulsion order to be respected within five days. According to the data published in 2006 by the De Mistura Ministerial commission this fact changes only by a few percentage points. In actuality, the Temporary Stay Centres are management techniques that as a set of

institutionalised (or non) practices, directly manipulate the body of the immigrant, thus contributing by means of this manipulation, to the production and negotiation of categories of the "legality" and "illegality" of the immigrant, categories by which they justify their function.

[translated from the Italian by Paul Dominici]

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Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 137-160

Exclusive inclusions: cancer practices in Toscana and Southern Denmark

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In a paper from 1994 Laura Nader calls for a reentry of a comparative perspective in anthropology in order to increase the awareness of the interlocking of structure and praxis (NADER L. 1994). A central point in Nader's proposal is that in order to explicate divergences and particularities, as well as, convergences and commonalities, we have to situate any praxis in its particular social and cultural structure in order first to interpret rationalities and implications of the doings and sayings of local persons, and second to compare this to other local and situated praxis forms. I have previously argued along similar lines in a critique of a prevailing tendency among anthropologists that do fieldwork "at home" to equate empirical data from other places, even other continents, to local phenomena without considering what consequences the different settings may have (JOHANNESSEN H. 2001). A similar lack of comparative consciousness with regard to structures and praxis is prevalent in present days' research on complementary and alternative medicine (CAM). A large number of investigations on CAM and effects of CAM have been published within the last years, compiling evidence of effects or lack of effects without considering the significance of the local social and cultural context in which the effects were produced. It is somehow anticipated that it is possible to use the category of complementary and alternative medicines (CAM) for a great variety of therapeutic modalities employed in various local settings with highly diverging political structures, health care facilities, etc., and yet mentally conceive of CAM as a somewhat stable category with specific treatment provisions and effects that are similar no matter where and when it is applied. The present study is an attempt to overcome this problem by generating and comparing empirical data on structures, praxis and experiences of effects regarding CAM and cancer in two distinct localities: Tuscany and Denmark. The aim is to reach an understanding of relations between structures in medicine on the one hand, and on the other hand, patients' ex-

pectations and experiences of effects of various treatment modalities. The comparative perspective helps to locate central issues in the embodiment of medical structures, the intimate relations of institutional structures and personal strategies as particular instances of a generic phenomenon. It is an exploration of situated naturalization of effects of treatments through the key concepts of discourse, institutions, praxis and embodiment.

Public structures of medicine

It may seem odd to compare Tuscany and Denmark, as one is a region of a much larger country and the other is a nation[1]. The two localities are, however, well suited for a comparative investigation of medical structures, as formal structures of public health care are constituted at exactly these levels. Tuscany has, as all regions of Italy, the right and obligation to establish regional regulations of health care within the overall Health Care Plan of Italy. Regulations of what kinds of therapy and treatments that are to be included in the public health care system are formulated on a regional level, but must include that which at the national level has been formulated as basic services (*Livelli Essenziali di Assistenza*). In Denmark the public health care system is governed by a national set of rules and regulations, and although the actual health care is organized at the regional level, all regions must follow the same rules as to who can practice, what forms of treatment that can be covered by the public health insurance, etc.

In both localities one can observe medical pluralism, i.e. several forms of medicine with particular explanatory models and forms of practice coexist. As demonstrated in previous studies, such medical systems are, however, not systems with fixed boundaries, but more like open systems of a flexible kind and with different and somewhat fluid configurations (JOHANNESSEN H. - LÁZÁR I. 2006). Plurality in treatment modalities seems to be a universal phenomenon, but the particular kinds and internal distribution is local and contingent upon legal regulations, discursive formations and the praxis of local administrators, health care practitioners and sick persons.

Complementary and alternative medicine and the acronym of CAM is a relatively new discursive construction promoted by researchers and practitioners of a variety of treatment modalities categorized as CAM. That is, the category has discursively been promoted by those that affiliate with it in clinical practice or in research. The category of CAM is difficult to characterize in a precise way, but seems to cover treatment modalities that tend

not be part of the public health care systems of Europe and United States, and tend to not be compatible with the productive modes of the pharmaceutical and medico-technical industries. CAM as a discursive category has primarily been promoted in the UK and USA, and a generally accepted and widely quoted definition states that CAM is «any diagnosis, treatment or prevention that complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual framework of medicine» (ERNST E. *et al.* 1995). This definition does not make us much wiser, but points to CAM as a structural feature in medical pluralism, a category dividing some forms of treatment from others. It is, however, important to note, that there are great differences between the distribution and discursive constructions of the medical pluralism in specific localities, and as we shall see there may be other dominant concepts than CAM in local discursive structures of medical pluralism.

Medical pluralism in Tuscany

According to national jurisdiction in Italy, only those that hold a degree from a medical faculty can be in charge of the treatment of diseases; in effects medical doctors have a disease-treatment monopoly but are, of course, assisted by a range of paramedics, nurses and other officially acknowledged health care providers. This situation implies, that legal pluralism in medicine can only take place within the circle of practitioners that hold a nationally sanctioned authorisation. There are of course alternatives to the medical treatments. In some regions the church plays a significant role in healing, as one medical doctor that had practiced in the region of Trentino regretfully mentioned, there would be instances when even the nurses would call the priest before they called the doctor. In Tuscany, the role of the church does, however, not seem to be very important in health and healing, which by some were explained by the long history of Tuscany as a socialist region with a consequential diminution of the influence and importance of the church. Other alternatives to medical treatments would be treatments provided by laypersons or persons with an education that is not included in the list of nationally sanctioned health care educations. This could be for example yoga teachers, Qi Gong instructors, lay homeopaths, unlicensed psychotherapists, body therapists, etc. In Tuscany we find such therapists and their practice is legal as long as it is in the realm of health didactics and does not concern treatment of diseases. According to the hear-say some of these non-medical practitioners do offer treatment of diseases, but as this practice is illegal nobody knows the kinds

and numbers of practitioners and practises performed. It seems that in this domain, we find the same double existence as we find in so many other domains of Italy, the economic not the least, with one layer consisting of open and legal actions, and another layer that comprises secret and illegal actions that are nonetheless well known and utilized by a large number of people.

Today, Tuscany is recognized by the EU and the WHO as a front region regarding inclusion of complementary and alternative forms of medicine, and health administrators of Tuscany are called upon as experts in this area. This is interesting, as the region is neither the first to include such therapies in the public health care, nor the region with the most expansive inclusion. In Tuscany, the process of official recognition of CAM started in 1987, while United Kingdom and Germany acknowledged and officially supported for example homeopathy and "heilpraktik" several decades before that. There is, however, reasons to suspect that the Tuscan way of inclusion is recognized as unique because it – contrary to the British and the German regulations – restricts the use of complementary treatment of diseases to medical doctors, and perhaps also because it makes distinctions between forms of therapies that are considered "complementary" and others that are considered plainly "non-conventional".

Acupuncture and Traditional Chinese Medicine (TCM) were the first forms of what was locally called *"medicina non convenzionale"* (MNC), non-conventional medicine, to be acknowledged officially in Tuscany. The regional health care plan of 1987-1992 established financial means for acupuncturists and Chinese massage experts working within the public health care system to attend upgrading courses at the School of Acupuncture in Florence. While many European and American doctors became acquainted with acupuncture and TCM after US-president Richard Nixon and his travel companions had witnessed a fully acupuncture based anaesthesia during surgery at a trip to China in 1979, few countries, if any, were as early as Tuscany in official recognition of acupuncture as part of the public health care system. The fast Tuscan recognition of TCM is probably related to the fact that the largest group of immigrants in Tuscany for decades have been Chinese, and the necessity of what is called "culture sensitive health care provision" was, and is, generally recognized and of concern to the Tuscan health authorities.

Since this first opening towards TCM, the regional health plans of Tuscany have referred to MNC in an ever more inclusive mode. The Regional Health Plan 1996-1998 expanded the formal acknowledgement to also include herbal medicine, and further recognized the need for development of the

field of non-conventional medicine in order to facilitate proper use among medical doctors. The Regional Health Plan of 1999-2001 is, however, often considered as the definitive break-through for official recognition of MNC as this plan includes the establishment of a committee on non-conventional medicine with the aim of initiating investigations of the field. The committee comprised representatives of the public health care administration and medical authorities as well as representatives of the kinds of medicine revealed to be mostly used by the population: homeopathy, phytotherapy and acupuncture. The yearly budget for research and projects initiated by the committee was € 500.000-850.000, and among the first investigations to be initiated were survey based estimates of the general use of MNC among the population, registration of clinics in the public health care system that provided some kind of MNC, as well as, a survey of the attitudes towards MNC among medical doctors. In this phase it was revealed that 19,3% of the adult population of Tuscany had used MNC within the past three years (13,1% within the last year), with homeopathy, manual medicine, phytotherapy and acupuncture being the most popular forms (LA TOSCANA PER LA SALUTE A). In a study with response from 83% of 230 invited medical doctors, it was revealed that 12% of the medical doctors had a diploma in some form of MNC, an additional 24% were interested in acquiring one, and 65% found that medical education in general should include teachings on MNC. Further, 6% declared to practice homeopathy and 4% to practice acupuncture and phytotherapy; whereas 19% would advice patients to use acupuncture, 15% manipulative medicine, 12% homeopathy, and 2% would advice phytotherapy (LA TOSCANA PER LA SALUTE B).

These initial explorations were accompanied by regional projects on development and exploration of a wide variety of non-conventional medicines within the public health care system during 2002-2004. The period from 1999 to 2004 were characterized by an open attitude to non-conventional modes of treatment in the sense, that projects on such diverse modes as yoga, homeopathy and Qi Gong were supported. The main restriction on the projects was that they should relate to activities within the regional public health care system.

In the health plan of 2005-2008 the scope of the regional interest in non-conventional medicines were narrowed down to four kinds of medicine: acupuncture/TCM, homeopathy, phytotherapy and manual medicine. These four treatment modalities were included economically in the public health care system and three reference centres (on TCM, homeopathy and phytotherapy) were established with the tasks of collection and dissemination of research based knowledge to the public as well as to health care profes-

sionals. This political move restricts the regional support to four kinds of MNC, but at the same time intensifies the economical support of the therapies and the cooperation with regional leaders within these forms of medicine. In 2007 the process of selection and inclusion of these treatment modalities seems to have been concluded for now as the regional council passed a regional legal act that establishes acupuncture/TCM, homeopathy and phytotherapy as medical specialities and as basic health services to be provided by the public health care system of the region. On the homepage of the regional health authorities these three kinds of medicine are now designated as "complementary medicines" and one finds introductions to the treatment modalities and their potential areas of competence as well as information on and links to the three reference centres. From the homepage one can also download a list of more than 50 institutions within the public health care institutions of Tuscany that provide complementary medicine.

The above sketches out some main lines of a political process in which the regional health authorities of Tuscany enters, explores, discriminates, and distributes the treatment modalities that until 1987 were left without official attention and positioned as non-conventional and non-acknowledged forms of medicines. In a Foucaultian perspective, we witness a politically orchestrated discursive reconstruction of the medical pluralism of Tuscany. A network of medical doctors, bureaucrats and politicians has, so to speak, domesticated parts of what was formerly constructed as non-conventional and not legally acknowledged forms of medicine. The process started as an open exploration of a wide field of non-conventional medicines, but gradually established more and more narrow boundaries as to what kinds of medicine to pay attention to. The process reached a peak (or an end?) by the most recent move with full inclusion of three medically provided forms of medicines in the public health care system, and a renaming, repositioning, of these forms of medicine as "complementary". At the same time, at this peak of the process, other forms of medicine are even more firmly excluded and categorized as non-conventional, and without much surprise, we can ascertain that the latter forms of medicines are most often provided by non-medical practitioners. By the political inclusion of homeopathy, acupuncture (TCM) and phytotherapy as medical specialties, the bureaucrats of the public health care system have cleverly demonstrated a will to acknowledge preferences of treatment modalities in the public and change institutional positions thereafter. By restricting the inclusion to three medically provided forms of medicine with some (although disputed) scientific basis, biomedicine and medical doctors of Tuscany have ascertained their continued monopoly in medical treatment. The bio-

medical and bureaucratic health structure has in one move demonstrated openness towards "new" doings in medicine and secured its own position of power, and as such demonstrates biopower in work.

Medical pluralism in Denmark

The official policy towards medical pluralism in Tuscany is certainly different from what we have witnessed in Denmark. Although the Danish Board of Health has paid attention to plurality in medicine since 1973, when the first committee for the investigation of "natural remedies and non-authorized treatment methods" was established, there has been limited official recognition of the field. The first committee on alternative treatment comprised one lawyer, who was also a member of the parliament, one medical doctor, one pharmacist and a bureaucrat from the ministry of health. The committee investigated the legal position of herbal medicine and homeopathy and non-authorized treatment forms in the Nordic countries, Germany and UK, and initiated a few clinical trials before it stopped its activities in 1983 (DANISH MINISTRY OF DOMESTIC AFFAIRS 1983). In 1985 a new council on "alternative medicine" was established, this time with representatives from several organizations of practitioners of those therapies that in Denmark were labelled *"alternativ behandling"* (AB) (alternative treatment), and representatives of the ministry of domestic affairs and health, Danish Medicines Agency, and the Danish Consumer Council. Only a minority of the members were medical doctors. The council has since its establishment been a forum of dialogue between the national health authorities and practitioners of treatment modalities excluded from the public health care system, but more importantly, perhaps, it has been a forum that has supported and initiated cooperation between some of these organisations, in example by the construction of a research manual regarding studies of alternative treatment, and a nationwide organisation-based registration of practitioners [(2)]. The latter has been recognized by a legal act stating that the National Board of Health can grant organisations of alternative practitioners the right to administrate the registration of its members (DANISH MINISTRY OF DOMESTIC AFFAIRS AND HEALTH 2004), but is not comparable to an authorization to practice; it is rather intended as consumer information regarding level of education and ethical rules of alternative practitioners.

Chiropractic and acupuncture has received recognition in the form of inclusion in the public health care system. Chiropractic has since 1992 – and

after decades of political struggle – been fully recognized as an independent health care practice with university based education, official authorization of practitioners and public reimbursement of treatment (Danish Ministry of Domestic Affairs and Health 1991). Since 2001 acupuncture been partly reimbursable if provided by a medical specialist as treatment of pain or rheumatism (Amtsrådsforeningen 2001), and some hospital departments have included acupuncture and visualisation primarily for pain treatment. Apart from the case of the chiropractic, these initiatives have passed without much political upheaval and there is no change in official status of any forms of medicine in the legal acts on health and health authorisations that became effective in 2007. Since the inclusion of chiropractic in 1992 the only major political acknowledgements has been the establishment of a centre for dissemination of knowledge and research on alternative treatments with a yearly research budget of Dkk 1 mio (€ 132.200), and a one-time devotion of Dkk 10 mio (€ 1.322.000).

We do not know how many medical doctors that practice "alternative" treatment modalities today, as the surveys estimating this are rather old. A survey among members of the medical association in 1988 revealed that less than 1% of the Mds employed homeopathy or herbal medicine in their practice, while 21% employed acupuncture (Lægeforeningen 1988). In another survey from 1994 among general practitioners (GPs) in the municipality of Næstved (a town of 50.000 inhabitants) it is estimated that around half of the GPs administrated one or more of the treatments classified as alternative by the researchers. The GPs use was predominantly concentrated on acupuncture (25%), hypnotherapy (21%) and dietary advice (17%), non of the GPs administrated herbal medicine or homeopathy (Mortensen H. S. 1994).

The Danish state has, however, if not recognized then at the least demonstrated tolerance of non-medical practitioners. A medical act passed in 1934 stated that anybody, with or without official authorization, was permitted to provide treatment of diseases as long as the practitioner refrains from using techniques reserved for specific professions, and although the medical legislation has been renewed many times since then, this issue has remained unchanged. Danes without any formal health education may thus treat sick persons as long as they do not employ surgery, anaesthesia, prescription drugs, midwifery, x-rays, radiation or electrical devices restricted for authorised personnel (Danish Ministry of Domestic Affairs and Health 2005: § 73-74). The kinds of treatment categorized as alternative in the Danish context is also by far most often provided by non-medical practi-

tioners. A recent survey among members of the largest associations of complementary and alternative practitioners estimated that close to 2700 persons are active and organised practitioners of complementary and alternative treatment [3] (JEPPESEN S. *et al.* 2007: 23), and revealed that three out of four of these practitioners had no officially sanctioned health education (*ibid.*: 26) [4]. Notwithstanding the large number of persons without formal health education, it was in the same survey estimated that, though many Danes seek AB for wellness or health promotion a large number use it for treatment of disease. This is confirmed in a nationwide, population based and representative study, in which 59% of those that had used alternative treatment declared to do so in order to combat a disease (LØNROTH H. L. - EKHOLM E. 2006).

The above sketch of public official structures regarding medical pluralism clearly demonstrates that the Danish configuration of plurality in medicine is quite different from the Tuscan one. As in Tuscany also in Denmark we find discursive moves that are part of a continuous exertion of power to keep biomedicine and medical doctors in control of discourses on diseased bodies, but the strategy has been different. Apart from the authorization of chiropractic and a meagre public reimbursement of acupuncture as a medical speciality in pain treatment, no political decisions of inclusion have occurred in Denmark. Instead, the Danish health authorities have followed a path of exclusion of these forms of medicine from the public health care system while at the same time tolerating the practice of non-medical practitioners. In correspondence with the policy of exclusion, a discursive construction and maintaining of the category of "alternative treatment" has taken place. Since 1985 all official and state institutional articulation on the subject has used the term "alternative treatment". This is the case with the committee under the National Board of Health, with legislation on the field, and in the case of the publicly funded centre, founded in 2000 and named "Centre for Knowledge and Research on Alternative Treatment". The discursive exclusion is double: The practices are categorised as "alternative", not "complementary" nor "non-conventional", and thus discursively positioned as something competitive and unrelated to conventional and established practice (although of course, the very term of alternative presupposes something to be alternative to) (conf. JOHANNESSEN H. 1994). At the same time the practices are categorised as "treatment", not "medicine", and thus in a double sense positioned as something different from the medical establishment, the medical doctors, science and educational institutions, and thereby as something that can be ignored and dismissed as irrelevant in health policy.

Convergence and divergence in medical pluralism

In a comparison of how the public health authorities of Denmark and Tuscany handle the medical pluralism, it stands out that both localities discursively and institutionally have created configurations that support a superior position for medical doctors vis-a-vis other kinds of practitioners. In Tuscany the strategy has been to incorporate selected treatment modalities practiced by medical doctors in the public health care system. This move has secured the position of medical doctors and at the same time signalled willingness to attend to a public demand of treatment modalities that were not traditionally included in public health care. The region of Tuscany has further gained from this move, as it is now internationally recognized as a pioneer in what in the international literature is called "integrative medicine", i.e. integration of some forms of complementary medicines in public health care. In Denmark the strategy supporting a continued dominant position of medical doctors has on the contrary implied to upkeep borders between medicine proper and other treatment modalities through a discursive construction of these other practices as "alternative", a very restricted use of these among medical doctors, and a legal right of non-medical practitioners to practice them outside the public system. The comparative perspective thus reveals two very different strategies that both support medical doctors and let the public have access to a variety of treatment modalities, and yet construct very different structures of medicine that patients and practitioners must navigate through in case of disease.

The medical structures constructed through public discourses and state institutions may be decisive but they should not be considered as determinant for local health care praxis. Michel Foucault, whose writings on power and discourse has inspired the present analysis, warns us against an understanding of power as unidirectional and as abiding in law and sovereignty. Instead, he argues for an understanding of power as the «multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organisation» (FOUCAULT M. 1998: 92). This means, that power is not based in specific institutions, but practiced in social relations and exercised in the many tactical moves and discourses that make up society. An explorations of power thereby implies an investigation of who says and does what, as well as of the mutual implications between tactics and power distribution. Above I have sketched processes of political tactics regarding medical pluralism in Tuscany and Denmark, and pointed to the implied relations of force and the resulting power distribution and configurations. The specific configurations have been formed

through tactics deployed by medical doctors, bureaucrats and politicians of the Tuscan region, but although the tactics appear to be based on a strategy that seems coherent, rational and logic, according to Foucault the overall strategies are never invented as totals but constructed by myriads of tactical moves by individuals dispersed in the web of power-relations that make up society (*ibid.*: 95). Foucault writes that sexuality appears as an especially dense transfer point for relations of power, and the same could be said about treatment and diseases, health and healing, as also this domain of human suffering and experiences of relief seems «endowed with the greatest instrumentality: useful for the greatest number of maneuvers and capable of serving as a point of support, as a linchpin for the most varied strategies» (*ibid.*: 103).

Configurations in healing praxis

Let us move to another perspective: that of the persons involved in actual treatment praxis. In the previously mentioned collection of studies in medical pluralism, it was argued that patients move between different "provinces of meaning", different medical realities, when they navigate among the plural discursive constructions of medicine, and that these medical realities are embodied in the praxis and experience of the sick persons as well as the practitioners providing it. This led to the conclusion that in moving between different networks, sick persons, families and health care providers juggle with issues such as personal identity and social, political and religious power, as they seek solutions that may provide healing for the suffering body and at the same time provide for meaningful relations of the self (JOHANNESSEN H. 2006: 15). In this perspective, the body is not just an object to be treated, but also an agent, a performing self that seeks to manage displays and impressions of itself. Thomas Csordas has suggested that we consider the body as a way of being-in-the-world, as a nexus for encounters between biology, consciousness and culture. In this paper, embodiment is explored on the premise that bodies can be approached as situated agents that reflects, articulates and acts on behalf of sensations within the body itself, as well as on stimuli from the surroundings, be they social, natural or cultural. The analysis will therefore pay attention to how patients and practitioners talk and act in regard to disease, medicine, health and healing. As such the analysis can be seen as just another discourse analysis, only this time bottom-up with departure in daily life discursive constructions of disease and body. Yet, it is at the same time a phenomenological approach as the point of departure is subjective and experiential

being and acting in the world. Central questions to explore are how patients and practitioners articulate and act on different forms of medicine in relation to the body in general, and to cancer and cancer treatment in particular; whether other forms of treatment than the establishment's practice of surgery, chemotherapy and radiation therapy are considered appropriate, deployed and employed in cases of cancer; and what kinds of effects the individual expects and experiences from the various treatments.

Cancer praxis in Tuscany

Cancer is a high priority area in public health in Tuscany, as in most of the Western world, and almost all persons with this disease receive biomedical treatments. The cancer patients that participated in the present project were identified at two public oncology ambulatories, and all received biomedical treatment in the public health care system. The attitude towards the public system and the biomedical doctors among the patients was generally very positive and trustful, which seemed remarkable in comparison with two independent surveys on attitudes among European citizens that reveal the Italian population to have quite negative attitudes and expectations to the public health care system [(5)]. The results of the EU-survey contrast with responses we received from cancer patients in a questionnaire survey conducted at the oncology outpatient clinics. Among the 83% of the patients that declared to never have used any non-conventional or complementary medicine the most common explanations were, that they were satisfied with the medical treatment, and that their doctor never suggested other therapies. This does of course not imply, that the patients did not complain about the harshness of the cancer treatment. Everybody told about experiences of suffering caused by the treatment, and it was obvious to see the change that they underwent from the first of day of a new chemo series to the third or fourth day. On Mondays they walked into the hospital looking normal and fresh, and on Thursdays – after three or four days of chemo – they looked like persons that had been without sleep for several days. In general, however, the patients voiced a pronounced confidence in the medical doctors and announced with certainty that they would consult medical doctors in questions of disease and medicine, also if they wished to consult somebody about complementary forms of medicine. An example is a young man, who I met at the oncology department. He had consulted a homeopaths in Milan, and when I asked him if this homeopath was a medical doctor, he answered with great vigour: «Yes, of course», and looked at me as if I was crazy to question that. Among those that had used

some form of complementary medicine for their cancer, the ones that consulted practitioners of homeopathy, phytotherapy and acupuncture had all consulted medical doctors.

Among the 17% of cancer patients that used other forms of treatment, the most common form of treatment was herbal medicine, which was used by more than half of those that complemented the biomedical treatment with something else [6]. The widespread use of herbal medicine predominantly consisted in the use of Aloe that patients bought at local herb shops (*erboristerie*) without ever consulting a medical specialist. Many patients reported that they had been advised by family or friends to try Aloe, often in the form of a liquid mixed with liquor (*grappa*) and honey, as a means to help the body fight the disease and to enhance physical wellbeing in general. Only one patient reported to have been in contact with the regional reference centre for phytotherapy, and the medicine she acquired there with the aim of stimulating her immune system, she never took because her oncologist advised her against it due to fear that it would countereffect the chemo therapy.

An example of a person who used herbal medicine is Carlo [7] a man in his early sixties that suffered from cancer of the colon with metastases in the liver. Immediately after Carlo received the cancer diagnosis, he contacted a friend of his that had had the same disease some years before. She advised him to buy some Aloe and to go to the herb shop to ask for other relevant herbs. At the herb shop he acquired Aloe in liquid form as well as several other kinds of herbs to use for tea. He was very content with this purchase, and was confident that these herbal products were the reasons why he did not feel as uncomfortable during the chemotherapy as his co-patients seemed to be. When we visited him at his home he showed us a plastic bag full of medicines against nausea, dizziness, constipation and other symptoms, that the hospital had given him, and proudly announced that he had not used any of those. The only medications he used at home were the herbal medicines and water, he declared, and then he got up to get himself a glass of Aloe. At this point in the course of his disease, it was very important to him to come through the chemotherapy with a minimum of side-effects and to stimulate the intestine and the liver to cope well in spite of the cancer residing in these organs. He never talked about the herbal medicines as curative treatment, as he clearly considered that to be the business of the oncologists at the hospital. But he emphasised the need to stimulate the organs that were hampered by the disease, especially since they were important organs for the uptake of nutrients. He was sure that it was very important to feed the body well when undergoing such a severe

disease as cancer and the harsh conventional treatments. The story of Carlo is typical in the sense that he makes a sharp division between curative treatment of the cancer, that he expects to receive at the hospital, and complementary medicines to help him stand the hospital treatment and help his body function in spite of disease of vital organs. The other Tuscans that used herbal medicine and homeopathy expressed the same division in expectations to different forms of medicine. Many experienced that they were less badly influenced by the chemotherapy than those patients that did not use complementary medicines, but not all.

A few of the patients that I met had plural use of medicines. An example is Claudia, a woman in her mid sixties who suffered from an aggressive form of breast cancer that at the time when we met her had spread to most parts of her body. She had a long history of simultaneous use of different treatment modalities. She told us that she had consulted medical doctors in Switzerland to get anthroposophical cancer treatment, she had grown Aloe herself on the balcony of her apartment and produced a liquid of this, and she had tried Qi Gong, reflexology, massage, homeopathy, phytotherapy and various diets. Her son was very active in helping her find potential practitioners and he had brought her to several medical doctors that were engaged in experimental chemotherapy, and at the time of our last conversation, she was excited by the prospect of meeting an American doctor who came to Italy to participate in a conference. Claudia used several complementary treatments, but it is worth noting that her search for complementarities included experimental chemotherapy as well as modes of treatment that are usually categorized as CAM. Further, I found it interesting that her use of complementary treatments was not based in body representations or experiences of her body that differed markedly from the biomedical ones. She was very knowledgeable about the body as a biological entity, and she was quite articulate about her expectations to the various forms of therapy. As Claudia suffered from an aggressive form of breast cancer for which there is no conventional cure at the moment, she had set herself the goal of surviving until the right chemotherapy has been developed. With this aim she receives chemotherapy in the hope that it can slow down the development of her cancer. She used herbal medicine and homeopathy with the aims of strengthening her physical wellbeing and her ability to keep up a normal life in spite of the disease and the chemotherapy, and she used reflexology to counteract pain and stiffness after a mastectomy. Claudia talked at length about the hormonal aspects of her cancer, about blood tests and scans, about what various doctors had told her about her disease and prospects for conventional and experimental cures,

about how she prepares the Aloe, about how many different kinds of herbal medicine and homeopathic remedies that she takes, etc.. She also talked at length about how well she feels in spite of a serious and well advanced cancer, about how she compares herself with other patients she meets at the oncology ward and finds that she herself is doing quite well, how she can take the bus (and do not need to take a taxi), about how she can do the shopping and cooking as usual, etc. She firmly believed that the different kinds of medicine she used all contributed to her wellbeing and high activity level in spite of the serious disease, but it was all within a very physical and mainstream realm. She never mentioned the body's ability to cure itself if it is provided with the right substances (a frequent claim within herbal medicine); or the fundamental principles of similar cures similar, that lies behind homeopathic remedies, and she never talked about the body as an interconnected whole with important flow in the tubes of the body, as often promoted within reflexology. This woman did not seem to move between different sets of experiences of body and self. She rested well in her experience of herself as a vigorous lady and actively sought means to upkeep that, and she experienced her body as a biological feature that needed biological treatments to keep going.

Only a few of the Tuscan cancer patients that I talked with had ever heard about the regional policy regarding medical pluralism, and in spite of the relatively common use of homeopathy and herbal medicine, nobody seemed to be aware that these forms of medicine were included in the public health care system and reimbursable. Like Claudia, the Tuscan patients that used homeopathy and acupuncture found the doctors that provided these forms of therapy through recommendations from persons in their social network or through the Internet. Conversations with doctors and nurses at oncology departments correspondingly revealed that only a few of the professionals had ever heard about the official recognition of complementary medicines. The oncologists reported that they never referred or introduced patients in curative chemotherapy to any of the officially recognized forms of complementary medicine, and they were in general quite sceptical about the relevance of these forms of medicine for cancer. Especially herbal medicine was questioned due to potential counter-effects of the chemotherapy, while the belief in the potency of homeopathy and acupuncture was low in comparison with ordinary drugs.

Three issues are significant in regard to the Italian cancer patients. The first is their confidence in the medical doctors as described above and demonstrated in the praxis of consulting medical doctors also when they wanted something to complement the hospital treatment. This seems like

embodiment of the medical profession's monopoly of treatment, but not in a coercive way, not by force. On the contrary, the patients expressed a sincere trust in medical doctors and a firm belief that the MDs were the right authorities in matters regarding disease and treatment. The second issue of significance is the lack of references to alternative representations of the body. None of the Tuscan patients in this study made reference to the body's ability to heal itself or to the interconnectedness of body and mind in the causation as well as curing of the cancer. Also this issue seems to be an issue of embodiment, a naturalisation of medical discourses on disease, treatment and healing as matters referring to the physical and biological body, and the rationality of interventions aimed at direct elimination of diseases. These two issues are well illustrated in the examples above. The third issue of significance was the patients' lack of reference to the Catholic Church and religion as important for their healing, and this is only indirectly shown in the examples above, as it only appears through its absence. It was not that religion was absent in the lives of these people, as several of them stated that they believed in God, and some even told how they attend church more after the cancer diagnosis. One of the patients that we visited in her home had a large picture of Padre Pio (a sanctified priest famous for his healing abilities and other miracles) in her dining room and she talked at length about her admiration and faith in him. And yet, she as well as all other patients (except one) denied that prayer and religion played a role as part of their strategy for cancer. Religious activities seemed to belong to another part of their lives as if the old pact of division between the church and medicine, with one caring for the soul and the other for the flesh, was part of their embodied existence.

Cancer praxis in Denmark

Most Danes suffering from cancer receive conventional treatments, but a substantial number complement the conventional treatment with other treatment modalities. Surveys on the prevalence of complementary medicine use among cancer patients in Denmark estimate the prevalence to be between 36% and 76% and the most used forms are natural medicine, acupuncture, reflexology and spiritual healing (DAMKIER A. 2000, MOLASSIOTIS A. 2005, ANKER N. 2006)[8]. In Denmark we also find persons that have chosen not to receive conventional oncology treatment, and although there is no accurate numbers, we know that there are some because some of them have publicly told their stories (BIRKELUND M. 2002, DIGE U. 2000)[9]. Those that choose not to receive conventional treatment for cancer are

however a minority, and though the Danes seem to be very content with the public health care system [10], the members of a focus group of cancer patients agreed that they accepted the dreadful conventional treatments out of fear. «I don't dare to refuse it», as one person expressed it, eagerly supported by the others.

The most widely used kind of complementary medicine is what in Denmark is called "natural medicine", a category that includes as diverse products as herbal remedies and teas, homeopathic remedies, shark cartilage, Coenzyme Q10, and much more. Around half of all cancer patients in Denmark supplement the conventional treatment with natural medicines, mostly recommended by family and friends and bought in chemists' shops or in supermarkets (ANKER N. 2006: 25-28). The reasons Danish cancer patients give for their use of natural medicines are mostly that they want to counteract side-effects of chemo and radiation therapy or to stimulate the immune system after the conventional treatment. The same reasons were expressed by cancer patients that consulted reflexologists. In this the Danes resemble the Tuscans, but while the Tuscans that seek professional help regarding herbal or homeopathy consult a medical doctor, the Danes consult practitioners that are not medical doctors but educated in some complementary medical system, and in general they do not discuss these matters with medical doctors. An example is Peter, a young man with Hodgin's disease that I met at a biopathic [11] clinic. He started to consult the biopath while he was in chemotherapeutic treatment in order to strengthen his body in general and to counteract side-effects of the chemo in particular. When his mother suggested this to him he immediately agreed, and after the end of the chemotherapy he continued in order to regain full strength as soon as possible. The biopath prescribed various vitamins and minerals, herbal medicines and isopathic remedies to him, and advised him to eat vegetables in large amounts. He did not tell the oncologists about his use of complementary medicine at any point in the course of treatment and control visits, «... they don't talk about these things there [at the hospital]», as he and his mother agreed, «such things one should not at all mention there».

Around one out of four cancer patients in Denmark have practiced some kind of mental technique after they received the cancer diagnosis, the most commonly used techniques being relaxation (17%), visualisation (12%) and meditation (10%). A minority of 5-10% of Danish cancer patients have consulted what in Danish is called a "healer". This category is mixed and comprises the practices of spiritual healing, some forms of massage, prayer, laying on of hands, etc. One woman of 61 years that was in treatment for

breast cancer said, that she consulted a "healer" in order "to get peace of mind", and that she had done this continuously since she had breast surgery four years ago. She consulted a massage healer every second week and deliberately chose this kind of healing that did not imply speaking as she wanted a therapy that would make her body and self relax. She expressed confidence and security in knowing that this healer examined her body while she was healing her, a practice that the patient called a "control" and considered a way of knowing at an early stage if new cancer would be on its way. This woman, as many other Danish cancer patients, experienced alternative modalities as useful for provision of mental and emotional support, and found this imperative to stand the physical and emotional hardships of the cancer and the conventional treatment and to prevent reemergence of cancer.

Danish cancer patients repeatedly distinguish between the biomedical and curative competences of the medical doctors and the public health care system, and the general supportive competences in the alternative health care sector, and approximately half of the patients complement the biomedical treatment with alternatives that they buy as any other commodity on a private health care market. Patients also generally expressed a consumer awareness regarding the alternative therapies, and emphasised that they were critical and only used a particular product or consulted a particular practitioner if they were satisfied with the results. This is in sharp contrast to their binding to biomedical treatment, which they expressed to be based on fear of the consequences to stop the treatment even though it was experienced as extremely hard and damaging for the body, and the good results were often absent.

The distinction is also revealed in the way the body and healing are articulated, in the medical realms implicated when cancer patients talked about treatment. At one of the focus group discussions, the participants moved seamlessly back and forth between physical and emotional issues when sharing experiences. They identified common experiences of clinical encounters at the hospital characterized by doctors that were unaware of the patient's physical condition, did not care for the emotional condition, and had poor communication skills with subsequent experiences of worries for the patients. In contrast to this, the focus group agreed that to use alternative medicines and consult alternative practitioners were emotionally supportive, and all agreed that emotional support and a general emotional wellbeing are issues that are very important for one's ability to cope with disease and conventional treatment, as well as with everyday life in a time burdened with cancer.

As very few medical doctors practice alternative medicines and they are not included in public health care, the clinical practice of medical doctors reflects the division as well. So does of course the practice of alternative practitioners as they do not prescribe chemotherapy or any other conventional pharmaceuticals, nor perform surgery or use radiation therapy. Clinical institutions and clinical practice of medical doctors and practitioners of alternative medicine are separated spatially, practically, economically and conceptually through the daily praxis of practitioners.

This distinction between the medical and the alternative health care and the different ways in which they are approached as well as the differences in expectations and experiences correspond to the political distinction and exclusion of alternative medicine from the public health care sector. The distinction is thus embodied in the practice and experience of the patients, in the clinical practice of practitioners, and in the political and bureaucratic practice of regional and national health care institutions.

Exclusive inclusions and the intimacy of state and body praxis

The above comparisons of structures and praxis in medical pluralities of Tuscany and Denmark demonstrate interesting affinities between institutional structures and healing praxis in the two localities. In Tuscany the medical doctors are granted monopoly of treatment of diseases and medical doctors are those who practise the forms of non-conventional medicines that have recently been included in the public health care system. The Tuscan cancer patients predominantly use the very same kinds of medicine (herbal medicine, homeopathy and acupuncture/TCM), although this use does not seem to be directed by the official policy, as most of the patients were not aware of this very policy and they did not receive treatments within the public health care structure. The patients expressed general confidence in the professional competences of medical doctors also in terms of non-conventional forms of treatment, and they predominantly expected and experienced effects of the complementary treatments that referred to biological body and physical features such as prevention of side-effects of cancer treatments and stimulation of the immune system and other physiological processes of the body, which points to a hegemonic position of biomedical ideologies. The Tuscan patients did, however, engage in different medical realms in the sense that they expected biomedical treatment to combat the cancer and the complementary treatment modalities to strengthen the physical being-in-the-world of their body. They recognized the need for emotional support but did not seem to con-

sider this a matter of treatment and medicine and this aspect therefore cannot be considered as part of a medical realm.

In contrast to this we have witnessed a Danish configuration of medical plurality characterised by division between conventional and alternative treatment modalities in policy and discourse as well as in the praxis of patients and practitioners. Alternative treatment modalities are not included in the public health care system, and only a minority of medical doctors practice the mostly used forms of alternative treatment modalities, but these can legally be practiced and are predominantly practiced by persons without an officially sanctioned health education. Herbal medicines, reflexology and spiritual healing are the most commonly used forms of complementary medicine among Danish cancer patients, and the patients consult non-medical practitioners regarding these treatments and rarely discuss these matters with the medical doctors. The division is also present in expectations and experiences of effects, as the patients expects medical doctors to provide treatments that are aimed at curing the cancer as a biological phenomenon, while they expect alternative practitioners to provide treatments that support their bodies biologically as well as emotionally and mentally. The Danes thereby engage in medical realities that differ more profoundly than the ones Tuscans engage in, as the medical realms span from a purely conventional biomedical realm focussed on combating the disease, to a complementary realm focussed on supporting the body in biological as well as emotional terms. The Danish configuration also demonstrate hegemony by biomedical ideology and praxis, not by a monopolistic position as the one held by medical doctors in Tuscany, but through a distribution of medical realms as conventional on the one hand and on the other hand alternative realms, that are discursively positioned as different and with other ideologies than the biomedical ones.

The affinities between the political and institutional structures on the one hand and the healing praxis of patients and practitioners on the other hand cannot be explained by institutional or juridical coercion. In the Tuscan case this is revealed in the fact that hardly any of the cancer patients or the oncologists were aware of the official policy regarding complementary medicine, and in the Danish context by the fact that there is no juridical conditions preventing medical doctors from providing alternative forms of treatment. The affinities more likely reflect what the Italian philosopher Antonio Gramsci has called an organic relation between state and civil society (GRAMSCI A. 2003 [1971]: 52) and as such points to a very intimate relation between policy and praxis. The Tuscan inclusion of some forms of non-conventional medicines in the public health care system and renam-

ing of these as complementary forms of medicine are closely linked to the fact that these forms of medicine were nested in the praxis of medical doctors before the inclusion. They were carried forth to the political level by medical doctors and could be politically recognized because such recognition would not threaten the established configuration of medical pluralism, but rather enforce established relations of force in the medical world by demonstrating public concern by bureaucratic health authorities and complementary competences by the medical profession. At the same time the patients demonstrated consent with this order of things, as the long standing monopoly of medical doctors in treatment of disease was acknowledged and widely accepted among the patients. Medical doctors were generally recognized as competent in regard to complementary forms of medicine, and the patients seemed to be content with medical paradigms restricted to the biological and physiological aspects of the body.

In the Danish case, an exclusive but tolerant policy regarding alternative medicines is closely tied to the fact that very few Danish doctors employ such treatment modalities in their praxis. Instead, these modalities are nested in the praxis of non-medical practitioners outside the public health care system, and the patients readily accept and acknowledge the competences of these alternative practitioners to be different than the competences of medical doctors. The Danes seek treatment of the cancer in the public health care system and support of the body as a physical, emotional and a mental being-in-the-world through alternative forms of medicine on a private market.

The affinities between the political, the representational and the phenomenological levels of body, disease and healing thus seems to reflect an organic relation, where praxis on all levels support the same configuration; a feature that comes forward clearly in the comparison of two different configurations of policies and praxis. The praxis of policy makers, medical doctors, alternative practitioners and patients all seem to contribute to the same institutional and political order of medicine, not because there is some overall juridical or sovereign power stating that it should be that way. Rather the many tactical moves made by patient, practitioners, bureaucrats and politicians in Tuscany as well as in Denmark reveal an intimate relation between policy and praxis based on consent on the distribution of competences in medical matters in each of the two localities. An interesting lesson to learn from this is that the expected and experienced effects of complementary medicines are closely and intimately tied to political structures in the health care system in which it takes place. The political inclusion of complementary medicines in the Tuscan health care system ex-

cludes patients' experiences of emotional and mental issues as part of medical reality but do open for experiences of effects of complementary medicines in terms of improvement of physical wellbeing and support of the body. The Danish exclusion of complementary medicine from public health care provides for experiences of multiple medical realities and of alternative medicine as providing a medical reality that not only encompass physical wellbeing but also emotional and mental issues as important effects of treatment.

Acknowledgements. The project was supported by the University of Southern Denmark, Centro per lo Studio e la prevenzione oncologica (Florence), and the Danish Research and Knowledge Center of Alternative Medicine. I thank Elisa Pasquarelli, University of Perugia, for assistance during fieldwork in Italy, and Anita Ulrich, University of Southern Denmark, for collaboration on focus groups with Danish cancer patients.

Notes

(1) Tuscany is with its 22.992 km2 about half the size of Denmark and has a population of 3,5 mill compared to the 5,3 mill inhabitants of Denmark. As many health care provisions of Tuscany are open for the population of Umbria as well, we reach two structural regions Toscana-Umbria and Denmark of similar size and with similar numbers of inhabitants.

(2) Information on the The National Board's Council on Alternative Treatment can be retrieved from the homepage of the National Board of Health: http://www.sst.dk/Tilsyn/Alternativ_behandling/Sundhedsstyrelsens_raad_vedr_alt_beh.aspx?lang=da

(3) The number of active and organised CAM-practitioners equals a ratio of 50 practitioners per 100.000 inhabitants compared to 65 general practitioners and 54 dentists per 100.000 inhabitants (JEPPESEN S. *et al.* 2007: 24).

(4) Of the 2700 practitioners only 2% were educated as medical doctors, dentists or veterinarians, 13% were educated nurses, 3% were educated physiotherapists or occupational therapists, and 7% were educated health auxiliaries (*ibid*: 26).

(5) One survey shows that only 16,3% of the Italians are fairly or very satisfied with the health care system, 23,1% is neither satisfied nor dissatisfied, and 59,4% are fairly or very dissatisfied; this is the lowest level of satisfaction among the 15 EU-member states involved in the survey (EUROPEAN COMMISSION 1998: 8-9). The other survey concerns the public expectation of medical errors, and in this study it is revealed that the Italian public believed that the there is 70% chance that a patient in an Italian hospital will suffer a serious medical error (EUROPEAN COMMISSION 2006: 21).

(6) 17% of the 132 persons that filled in the questionnaire reported to have used some kind of complementary medicine after they received the cancer diagnosis. Among these herbal medicine was mostly used (52%), followed by homeopathy (30%). Also acupuncture was used by several persons, while aromatherapy, Ayurvedic medicine, massage, reflexology, relaxation techniques, spiritual therapies, and vitamins and/or minerals in high doses each were reported to be used by 1-2 persons. (JOHANNESSEN *et al*. 2008). No other therapies were reported to be used by responders to the questionnaire survey.

(7) All personal names are pseudonyms

(8) According to ANKER Niels (2006) 54% of the cancer patients that have consulted the support phoneline of the Danish Cancer Society have used some kind of natural medicine since the onset

of cancer. 37% have consulted a practitioner of alternative treatment modalities, and the most commonly consulted practitioners were acupuncturist (consulted by 20% – and of those half had a professional background as medical doctors or nurses), reflexologists (consulted by 14%) and spiritual healers (consulted by 10%).

(9) It has not been possible to find similar publications by Italian authors.

(10) According to the previously mentioned EU-surveys the Danish people are the Europeans that are most satisfied with public health care and have the firmest trust in the safety of medical treatment. 90% declare to very or fairly satisfied with the way health care is run in Denmark, 3,8% are neither satisfied nor dissatisfied and 5,7% are either fairly or very dissatisfied (EUROPEAN COMMISSION 1998: 8-9); and the Danes believe the likelihood of suffering a medical error is 41% (EUROPEAN COMMISSION 2006: 21).

(11) Biopathy is a Danish medical system based on American traditions of high-dose vitamins and minerals and German traditions of isopathic remedies coupled with herbal medicines.

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Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 161-182

Self-control and administrative-grotesque in psychiatric practice

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In reasoning about the "bodily life" of State power, we could turn our attention to the practical relationship between the State, the bodily transformations of its bureaucrats and those of its "citizens". In this regard, it maybe useful to consider that bureaucracy and citizenship are two sides of the same social process and that clients and bureaucrats are «participants in a common symbolic struggle» (HERZFELD M. 1997a: 5). Both are involved in an interaction of dominion and consensus, of which we could perhaps retrace the social configurations and the historic changes in specific local contexts. In the case of psychiatry, it is possible to see such interaction as a result of a contingent combination of proximity and intimacy between patients, operators and health institutions. Along this research line, and following the thought of Antonio Gramsci (GRAMSCI A. 1971 [1929-1935]), we can study those cultural processes which make of a plurality of daily actions an hegemonic practice. The ethnographic observations of psychiatric practices in a Community mental health centre in Umbria (Central Italy) [(1)], that I propose in this paper, go in this direction. My considerations regard a very complex phase, in the daily activity of the psychiatric service, which began in the second half of the Nineties and has not yet ended. That phase coincided with the transfer of hard copy documentation concerning work loads and patients undergoing treatment into a regional electronic archive. Through a local and situated interpretation of such a process, I examine the interaction between administrative procedures, patients and psychiatric workers. As we shall see, in the functioning of the "bureaucratic machine", the bodily life of the State can emerge in some circumstances whereas in others it may remain covered. In order to speak about the negation of the bodily presence in the administrative *routine*, an ethnographic approach to the embodied signifying practice and the plurality of daily life is necessary. To this end, I will follow the traces of an often used class of drugs, the benzodiazepines, and a widespread diag-

nosis: *Panic attack disorder*. We shall see how this choice has its ethnographic motivation, as far as it will allow us to consider in a common field of embodied and embedded practices (MOL A. 2002) aspects that, if considered only from the perspective of the diagnostic classifications, would be placed in different spheres. By comparing bureaucratic language with reflections (of patients and psychiatric workers) on anxiety, in relation to controlling the new processes, we can deal – "in practice" – with questions that go to the heart of what Foucault has called the "administrative grotesque".

Administrative grotesque

On the 8th of January 1975, in his lecture at the College de France, Michel Foucault (2003 [1975]), reflected once again on the role of psychiatric expertise in the relationship between truth and justice. On that occasion, he decided to read a selection of psychiatric reports produced in the French law courts of the 1950s, in this way provoking the laughter of the listeners.

In the opinion of the psychiatric experts, as explained by Foucault, everything occurs as if the actions and the people involved undergo repeated doublings: a psychological and ethical doubling of the crime, a doubling of the *author of the crime* with the *delinquent subject*, a doubling of the *doctor* with the *doctor-judge*. By means of these splits, the bureaucratic technique develops into pronouncements where power interweaves with the parody of scientific discourse. In the complicated calculation of the mitigating circumstances of a court of law, documents are produced that have the status of "true discourse". Furthermore they have legal consequences without, however, respecting the rules of "scientific knowledge" from which they would draw legitimacy. In this way, according to Foucault, in the psychiatric-legal report we find discourses with the following three characteristics:

(*a*) they have the possibility of determining legal decisions, sometimes to allow life or to give death;

(*b*) they draw their power from being considered as scientific discourses that state the truth in legal settings;

(*c*) they make one laugh.

The result of this reading is very serious indeed. According to Foucault «these everyday discourses of truth that kill and provoke laughter are at the very heart of our judicial system» (FOUCAULT M. 2003 [1975]: 6). The effect on the listeners is a confirmation of his thesis, according to which at

the point in which the judiciary device for the ascertainment of truth (the law court) and the institutions authorised to "pronounce the truth" (the medical and scientific discourse) meet, "grotesque" texts are produced.

It is worth remembering that Foucault associated the attribute of "grotesque" to «the fact that, by virtue of their status, a discourse or an individual can have effects of power that their intrinsic qualities should disqualifies them from having» (FOUCAULT M. 2003 [1975]: 11). The prototype figures are some Roman Emperors (Nero, Heliogabalus), who are described by historians as despicable and mediocre beings endowed with limitless power [(2)]:

> «the person who possessed *maiestas*, that is to say, more power than any other power was, at the same time, in his person, his character, and his physical reality, in his costume, his gestures, his body, his sexuality and his way of life, a despicable, grotesque, and ridiculous individual» (FOUCAULT M. 2003 [1975]: 12).

In Foucault's view – which is particularly interesting for our purpose – the "grotesque", instead of being a *deviation* of power, seems rather to be like the cogs of the functioning mechanisms of power itself. It is by demonstrating the infamous and abject nature of whoever incorporates the *sovereign power* that the inevitability of that power is publicly affirmed [(3)]. The *intrinsic quality* of the grotesque discourse, transferred to an individual with an abnormal appearance with nuances of clownery, will end up taking on the mechanical forms of power in Nazism and Fascism [(4)].

> «The grotesque character of someone like Mussolini was absolutely inherent to the mechanism of power. Power provided itself with an image in which power derived from someone who was theatrically got up and depicted as a clown or a buffoon» (FOUCAULT M. 2003 [1975]: 13).

The example of the dictator places a generative element of power in the histrionic traits of the discourse and in the theatrical gestures [(5)]. The bodily movements however seem to prevail upon the articulated language. In this way, in the grotesque imagery of power we find what Roland Barthes called *obtuse meaning*: indirect meaning that has no structural location and appears to operate in perpetual oscillation [(6)].

In fact, one should take into consideration that what interests Foucault, besides the unrefrained laughter of sovereign power, is also the *administrative grotesque* of procedures and language of "applied bureaucracy": a machine characterised by *insurmountable effects of power* and embodied in "impotent" and "imbecilic" functionaries.

> «Since the nineteenth century, an essential feature of big Western bureaucracies has been that the administrative machine, with its unavoidable ef-

> fects of power, works by using the mediocre, useless, imbecilic, superficial, ridiculous, worn-out, poor, and powerless functionary. The administrative grotesque has not been merely that kind of visionary perception of administration that we find in Balzac, Dostoyevsky, Courteline or Kafka. The administrative grotesque is a real possibility for the bureaucracy» (FOUCAULT M. 2003 [1975]: 12).

In other terms, the caricatured nature of the ridiculous sovereign can be socially distributed in a "molecular" way (PIZZA G. 2004 [2003]) in the daily actions of anonymous bureaucrats. This outlook could be applied to the effects of bureaucratic practice, by considering the connections between the forms of expression of power and the ordinary manners of the administrative apparatus. A mixture of language and body techniques (MAUSS M. 1936) which is the basis of the intellectual activity of functionaries and therefore plays a role in the organization of a system of consent (GUAITINI G. - SEPPILLI T. 1975) [7]. For this reason, according to Antonio Gramsci, the problem of functionaries is strictly related to that of intellectuals, and it must be approached with a study of the links between manual and intellectual work [8].

> «The problem of functionaries partly coincides with that of intellectuals. However, though it is true that every new form of society and State has required a new type of functionary, it is also true that new ruling groups have never been able, at least initially, to ignore tradition or established interests – i.e. the categories of functionary (especially in the ecclesiastical and military spheres) who already existed and had been constituted before they came to power. Unity of manual and intellectual work, and closer links between legislative and executive power (so that elected functionaries concern themselves not merely with the control of state affairs but also with their execution), may be motives of inspiration for a new approach in solving the problem of the intellectuals as well as the problem of functionaries» (GRAMSCI A. [1929-1935]: 186, III, Quaderno 13, 1932-1934).

Daily bureaucracy

The outline that we have drawn, beginning with the psychiatrists' reports in the French law courts of the 1950s, has brought us to reflect upon the mixture between the bodily dimensions of power and the molecularisation of its effects on daily actions of bureaucrats. By oscillating between the grotesque of the sovereign and that of administrative life, we have gone from the general abstract dimension of power to that embedded in ordinary practices. These changes of perspective and scale of analysis are useful in ethnographic observation. For example, the ambivalent images of the exchange between acting bodies and the surrounding world could show

us areas of proximity and overlapping where we may be lead to see uncrossable confines or borders [9].

The impotent functionary who goes round the archives and the administrative offices is the principal vehicle of a power that he says he does not have but which he exercises without acting. The discarded files and the accumulated dossiers in the archives constitute the insurmountable wall that whoever is "before the law" has to deal with. What prevails is oblivion and annihilation, the slow passing of time of documents accumulated in worn out, dark and dusty places. Time that takes on a corporeal dimension through repeated gestures of sleepy eyed anonymous functionaries. Many scholars and visitors to Italy have spoken of this kind of bureaucracy [10]. Many patients and psychiatric workers with whom I have worked in the mental health field have spoken of this bureaucratic inertia.

In this regard, I have often had the opportunity of participating in dialogues on bureaucracy when carrying out an ethnographic study on the policy and practice of mental health in Umbria. In the conversations, which had a certain familiar intimacy [11] the opaque nature of an intangible and anonymous power was the object of ironic considerations on the part of the people I interviewed. Many utterances recalled the vacuity and the complexity of a public administration that had reached such levels as to arouse at times a reaction of laughter and derision. Or rather resigned desperation.

The verbal exchange with patients concerning bureaucracy was often accompanied by joking remarks. In the conversations about their experiences what prevailed was references to family relationship and personal interaction with parts of the state. They would talk of the necessity of doing new training programmes and of sending their *curriculum vitae* to offices and local authorities (in order to bank, like so many others, on the vain hope of getting a permanent state job in some local office). They then ended up having to come to terms with the necessity of having to put themselves in the hands of personal acquaintances and asking for recommendations [12] in order to be put on some job data bank of some firm or other. More often they would speak of "people they knew", employees and managers within the public administration, who were necessary in getting an invalid's pension or a nice cosy job. These strategies were congenial to Pietro N., a 30 years old patient, as I have annotated in my fieldnotes.

> Pietro lives in a small village near Gubbio. In his village, he says, "people like to gossip". So he prefers keeping to himself, to go for long walks in the mountains behind his house and when he can to go to Gubbio. The next time he goes to the rehabilitation Centre, he says, he will bring the social

> worker a bunch of asparagus. Pietro is in Gubbio, practically the whole week. He arrives on his own, when he can he hitches (a ride with a friend) otherwise he has to catch three different buses. He has to get up early in the morning, at six, in order to get to the Centre on time for the psychiatric rehabilitation session. He is given a job placement. In this period, it is difficult to find work. Pietro says that today you can only get a job if you know someone who "recommends" you. When the social worker argues against this position, Pietro replies that if he is now working three days a week (in a small mechanics company) it is only because Giovanna, the psychiatrist, has spoken of him to the owner and she "put in a good word" on his behalf. In the end it is only because of this "good word" that he is now learning a trade [fieldnotes].

At the moment of the reported conversations I had with Pietro, the psychiatrists of the Mental health centre were alarmed principally because of the fragmentation of the therapy programmes. The cut in funds for health and social welfare was accompanied by new definitions of psychiatric practice according to more managerial and efficient models of service. The health budget tables, together with the sluggishness of administrative decision making, provoke (the psychiatric workers said) a "loss of meaning" of the psychiatric service. A service which was previously considered as above all a well-integrated system of competence and professional approach. Furthermore, the psychiatric workers complained of an excessive division of competence, an increase in therapeutic technology at the expense of human relations and the imposition of a hierarchy based on a series of career upgrades encouraged by "permanent training" (the new magic word). A situation which by some counts seemed paradoxical arose from the fact that in this new organisation the doctors, while lamenting the diminishing importance of the therapeutic relationship, began to assume a clearer collocation in the health care hierarchy, thus becoming "managers" of administrative sections.

The problem of human resources was the main subject of the worried comments of the psychiatrists over the re-organisation of services according to the management logic. The training of nurses, for example, could be seen as a point of contention between community psychiatry and the new management of health services. In such new situation, the actions needed for change were evaluated with reference to the possible political alliances. Alliances that could be formed from time to time across the spectrum of the various agents of the psychiatric field – doctors, nurses, social workers, patients grouped together according to a specific diagnosis –. The following comment of Paolo G., psychiatrist, suggests that new political alliances are linked to a network of power relationships and a different administrative reasoning in community psychiatry.

> PAOLO G. (psychiatrist): One of the things to do, in my opinion, as an institutional priority in psychiatry, is to qualify the nurses, specialise them, give them a salary in accordance with this specialisation and not allow them to take up service at all before six or seven months of pre-specialisation. So the question is: in a situation of marketing orientation can this be done? This depends on how strong psychiatry is.
>
> MM: And how strong is psychiatry?
>
> PAOLO G. (psychiatrist): Almost nothing is done by itself. Indeed, it has possibilities of applying pressure that no other [branch of medicine] has, because there are families behind it. Also because psychiatry directly touches on the human dimension. And also now it is absolutely transversal – if what we had before was the MENTAL ASYLUM, now we have the PANIC ATTACK.

Paolo counters the "old" image of the *mental hospital* with the "new" image of a *panic attack*. Using these representations, he recalls two different periods of Italian public psychiatry which are important in actual political debate. On one hand he speaks about the *Asylum*, a structure including insanity that, alienating mental illness, "represents madness" publicly in society; on the other hand, with the *panic attack* he remembers a disorder, invisible and widespread, which potentially can strike anyone in daily life. In fact, the peculiarity of panic attacks is that they strike without warning the active members of society: people who are often the backbone of family organisation and economy. They all of a sudden feel like they are about to die.

> PAOLO G. (psychiatrist): While some time ago we [community psychiatry] were a marginal part [of biomedicine], now with panic attack disorder we have entered a crucial point. Because panic attacks can attack people who produce, who are efficient, who are...

In Paolo's narrative, *Panic attack disorder* seems to be one of the bridges which connect the psychiatric service to the external environment. Sometimes he uses a warlike metaphor to describe the symptoms of this psychiatric disorder: if psychosis is a nuclear weapon which explodes in all its power, the panic attack can be compared to background radiation to which everyone is exposed.

Paolo's approach is interesting. He gives the example of the *panic attack disorder* as a new diagnosis with respect to "psychoses", which represented the structural basis of the practice of the service when it began [13]. Furthermore, the past struggle against the Asylum is associated to present social networks concerning stressful events and social suffering. Within these networks, fear and loss of control circulate. The comparative example and the metaphor he used, which are usually communicated in the weekly meetings of the psychiatric staff, seems good to think the actual changes of the field of mental health for three reasons:

(1) it outlines a conscious political perspective in the recent transformation of the psychiatric field;

(2) it circumscribes a terrain of dialogue, focusing on experiences of affliction that are embodied and socially diffused;

(3) it recalls the contradictions in psychiatric praxis, which emerges particularly in therapy programmes when individual actions and collective transactions have to find points in common.

In managing panic attacks, psychiatric workers and patients seem involved, through their sensitive bodies, in a out-of-control environment. In any case, possible political alliances, to which the psychiatrist alluded using the panic attack example, include a paradox: the social field and psychiatric political negotiation can be identified only by using an idea of *individual vulnerability*. In other words, the political alliances which the psychiatrist speaks about seem to outline a zone of anxiety and a peculiar "stress discourse". But ironically political action based on stress discourse implies, as Allan Young has shown, a tacit knowledge of the abstract individual based on «a wholly decomposable society» (YOUNG A. 1980: 142).

> «By displacing the human subject from his place in society to a desocialized and amorphous environment, the discourse banishes the arena of conflicting class and group interests from the real condition of existence. In its place, the discourse substitutes a *zone of anxiety* within which the power to affect people's well-being is diffuse and subjective (hence the emphasis on "psychosocial supports", "coping mechanisms", "stressful life events"), and "change" is constituted as a pathogenic environment-out-of-control» (YOUNG A. 1980: 133).

Self-control

From some points of view, the experience of a panic attack is similar to that of delirious experience – the person does not say that he or she is afraid of dying, but literally "I am dying". On one hand, the panic attack is by definition incomprehensible. It is manifested as a limit of communication with the family members, to whom one is saying "I feel that I am dying". On the other hand, once diagnosed, it is perfectly communicable by means of biopharmacology indicators (levels of CO2, alteration of various physiological parameters and response to a given pharmacological therapy with good possibilities of recovery).

According to DSM-IV criteria (APA 1994), the patient with panic attack disorder has had, in his life, at least two or more attack without any apparent reason. During these attacks, suddenly anxiety and fear arise. After initial

mounting moments of panic one reaches a peak which may last for hours. The attack must be characterized by at least four of the following symptoms: tachycardia and palpitation, sweating, disturbed breathing, suffocation, trembling, chest pain, stomach-ache, dizziness and vertigo, fear of losing control, fear of becoming mad, fear of dyeing, tingling, torpor, hot flushes, shivers. Attacks modify habits and attitudes toward anguish situations. In particular the patient tries to avoid places that could generate panic. In the majority of the cases panic attack disorder is related to the fear of incurable diseases.

After the panic attack emerges in such an extraordinary and catastrophic way, breaking up the daily routine (driving, shopping, going out to dinner with friends, …), and not being recognised throughout the many diagnostic tests undergone, in the end it is objectified and resolved with a combination of cognitive and pharmacological therapies (benzodiazepines and anti-depressives).

Laura M., psychiatrist of the Community mental health centre, sustains that when the patients who are diagnosed with panic attacks arrive at the service they already have a technical definition. They speak in psychological terms, even though at the beginning they could have had symptoms that made them believe that they had an organic illness: the fear of dying from cancer or tachycardia announcing an imminent heart attack (as in Margherita's narrative).

> LAURA M. (psychiatrist): However, they already have an explanation… and therefore at that point it is a technical explanation so they know it does not have to do with the heart, but it is a sensation that is located there and therefore they are not interested in a thorough analysis. Also because finally people who experience panic attacks are quite operative.

Since the panic attack includes a series of symptoms, practices and technologies that are relatively organised in a ecological niche (HACKING I. 2000 [1998]), one runs the risk of including in this category types of personalities that are very different one from the other. The ease of diagnosis could, therefore, conceal a number of traps.

> PAOLO G. (psychiatrist): Panic attacks in reality are a false category. Why? Because in a panic attack you have normal people who find themselves burdened by a thousand things, which they have always dealt with and with which they can no longer deal. But you can also have distorted personalities who find themselves on the verge of suicide and instead of suicide they get a panic attack. Therefore when it is there [a panic attack], you have to be very careful because it may be hiding the spectre of suicide.

Let us see how this affliction is explored in a patient's narrative. Margherita V. is 36 years old, she works part-time in a bar, and at the moment of our

interview, she is undergoing pharmacological therapy, mixing anxiolytics and antidepressants, combined with a cognitive-behaviour therapy in the Mental health centre of Gubbio. She is in a difficult period of her life. She tells me that she is tired and feeling hopeless, although she considers it useful and important to communicate her experience. She speaks about loneliness, her love for her little daughter, having made the wrong decisions because of her parents imposition. During the interview she plays with the box of pills and the little bottle of drops to help her sleep. Her story began a year and half before our interview with an unexpected and sudden fear.

> MARGHERITA: It happened a year and half ago. I felt a very strange illness, that didn't' belong to me. This illness was… dizziness, loss of equilibrium, and my ears were plugged. It was something that didn't allow me to live a peaceful life. At work I was sometimes uneasy. It was the first time in many years. I went to the doctor. I went to my doctor because a year and half ago, in July, I was sick to death. I felt dizzy. I did not have the usual dizziness, but terrible fits of giddiness, with tachycardia at 146 heartbeats per minute. I had gone to the Emergency Unit to measure blood pressure and it was all right… But I had a terrible nausea. A dreadful nausea. And anyway I was completely aware, and asked myself "what the hell is going on?". [...] The next Sunday I wasn't able to breath, I couldn't breath at all. My daughter was with me and I wasn't able to... I was afraid that I was not able to tend to her. I was afraid that something terrible was happening. I thought I was going to die. I was terrified of dying, a feeling I had never felt before.

Margherita describes situations that are as elusive and fluctuating as are the multiple symptoms and the heartbeats of feeling out of control. These experiences are frightful because they are without an origin and invade daily life. In fact, multiple sensations and catastrophic cognition regard the small and diffused ordinary practices. They require a personal inquiry within the intimacy of family relationships in order to find «specific cues and zones of bodily surveillance» (HINTON D. *et al.* 2002: 146). These symptoms only at the end of a help-seeking path will receive a name and will be exchanged in clinical settings as «cultural syndromes that generate catastrophic cognition about bodily sensations» (HINTON D. *et al.* 2002: 147).

The terror of dyeing and the apperception of an imminent catastrophe will be articulable after becoming a subject of psychiatric language and technology. Patients with Panic attack disorder are indeed involved in technical and narrative plots, where institutions, practices and forms of treatment interact. Furthermore they play a role in the psychiatric field by organising Self-help groups

In Gubbio, Salvatore B. is one of the patients who has become active in constituting one of the first mutual and self-help groups. Salvatore, 30

years old, married, with a child, works as a chemical analyst with a municipal company. He is a well groomed person, who cares about his appearance. He speaks rapidly and tends to digress somewhat. He feels he has a more than satisfactory level of life-style and he likes to travel, for example. At the same time, he is not satisfied and he does not know why. He has been having panic attacks for ten years. He had his last attack ten days before the interview, on his way home from work. He repeats constantly that he has learnt to live with it and that you have to be on the look out, without being overcome by paralysing anxiety.

> He did not think or rather he did not want to think about death. Then when the panic attacks came, he began to think about it and to adopt strategies in order to exorcise the presence of death. He had many tests and visits to specialists – at first, because of heart problems, and then, anxiety and depression. Only after having undergone a constant monitoring of vital parameters, did he go to the psychiatric service.
>
> Salvatore is informed about the initiatives of the mutual and self-help groups that operate in the region. He wants to try and set up a self-group in his own town. He has already talked to his psychiatrist and psychologist that he is contacting other patients with the same diagnosis as he has. The self-help group that he intends to set up would be involved in the phase were patients are leaving the clinic and would open up a moment of confrontation with other patients concerning the "disease". After using the word "disease" Salvatore corrects himself. In the psychotherapy group he has been attending over two years he is reprimanded for not using the correct word: "disorder".
>
> Then he takes out the tablet of *Tavor* that he takes with him everywhere. It calls the drug tablet "*Santino*": evoking a "presence" similar to small holy cards with devotional pictures and stories of saints. If the police were to stop him he does not know how he would explain the correct use of a drug which is often found on drug-addicts. But he says that that tablet in his pocket calms him down. It is something that can have an effect on the "fear of fear". [fieldnotes]

The panic attack disorder is a category that takes shape within complex interactions linking symptoms to the person. It is a bio-social loop that progressively articulate suffering, language, technologies of diagnoses and therapy. It is in such looping interactions that we must consider the anxiety to control of psychiatric workers engaged in managing administrative change.

Problems of budget

When I was in the field, I was struck by the mixing up of discourse on the administrative procedures of the National Health System and the pressing activity of the Community mental health centre. The centre, in the last few

years, has had an increase in the number of patients, a decrease in staff and a cut in financial funding with regards to the socio-rehabilitative area. In such altered division of labour, at the psychiatric service, situations have been created around the distribution of Benzodiazepines – the drug used to manage anxiety – that seem grotesque. Nicoletta F., a 31 years old nurse, smiles when she talks about the *job rationalisation process* and the new directives on spending. She tells me that in the past the patients would always show up to the service with the same doctor's receipt to ask for the medication. The older patients had become quite adept at not paying the cost (ticket) of medication by using the same receipt they were able to stock up on "sleeping tablets" and "drops for not feeling anxious". The Service, thus overloaded, was able (not able) to properly evaluate the specific therapeutic situations.

> NICOLETTA (nurse): Because then it would happen, that for example, on Tuesday, because there was a local market, about fifty people would arrive to get medication. Which medication? A box of Tavor. At that moment, we had everyone who was (hooked) on Tavor, on our doorstep, because there was the little old man who had been taking Tavor for ten years and he needed his Tavor. So we directed those people to their family doctor. And now we luckily we no longer have a long cue. We use to give them a number.
>
> MM: They would arrive with a prescription?
>
> NICOLETTA (nurse): They would arrive with a blank prescription, six years old, that granted it [the medication] for free. There was a doctor [from our service] who would register it. It would be registered in a file that the drug was being given. Though, it could well be that the medication was no longer needed. That the patient could well do without it. So for all these patients a visit was set up to assess if the medication was really needed. If it was needed, the family doctor would then prescribe it. So now there are no longer these enormous requests. Anyhow, whoever takes Tavor only, can easily buy it. It costs very little, so they can easily go to the chemist and buy it. The other benzodiazepines we give only to those patients that are undergoing a complex therapy. So if a little old man comes requesting Tavor, we no longer give it, and that drug is only given in combination with antidepressives, with antipsychotics, or with neuroleptics.

In Nicoletta's account, the crowded scene of the market in the piazza opposite the General Hospital of Gubbio and the scene of the cueing up for the medication on the doorstep of the Centre for mental health, seem to overlap and fade into each other. Only the transcription in the new "big book" of the administered medication and the meticulous count of every pill has put a stop to "assault on the anxiolytics".

> NICOLETTA (nurse): If you go over there, there are two large books in our pharmacy, which have the therapies that are given to these people... that are updated, because it would happen that the old man who came on Tue-

> sday, would also come on Thursday, and we were not able to control this thing, because there were two different doctors that would give out the prescriptions. Now, however, we record everything: we count the tablets, a very simple technique, a box lasts five days, and you come after five days to get a new medication. And this, however, has happened because from the moment that there has been this new management, we have had everything tightened up, the budget has been tightened up, and we saw that the pharmaceutical costs were astronomical. Where do we spend this money? How do we spend it?

The different images are constructed by combining the economic-bureaucratic jargon with the technical-scientific one. The service strategies described by Nicoletta – the counting and the transcription into the book of medications – concretely demonstrate how, in recent years, the activity of the service have been invested with new assessment parameters, that have come about with the cut in funding and the "company-type management" of public health. And all of these takes on a bodily life which goes beyond the confines of the market stalls in the piazza (with the fruit and the vegetables, the cheeses and the meat) and penetrates into the psychiatric wards.

Demanding the insignificant

The reordering of the division of labour at the psychiatric service is connected to the computerised system of collecting and organisation of data concerning patients and the health services offered. These services need to be inserted into computer modules according to predefined grids in which there is also an evaluation of costs. The tables, set down by the Health Ministry, have been inspired – Paolo G. sustains – by internal medicine which is strongly linked to the management of hospital wards. The very thing which "by definition" a Mental health centre wants to counteract. Psychiatrists and psychologists have difficulty in including many activities of the Service in the module entitled "PROCEDURES CONCERNING THE PSYCHE". In the "terminological confusion" of specialised services, some important therapeutic rehabilitation techniques carried out by nurses externally are missing, for example.

> PAOLO (psychiatrist): And therefore they put us in with all the others [services], obviously. The number of services, equal services and services for externals. The CLINICAL PSYCHOLOGICAL INTERVIEW, is carried out by the psychologists; the PSYCHIATRIC CONTROL VISIT, by the psychiatrists and neuro-psychiatrists, [then there is] the PSYCHIATRIC INTERVIEW, the INDIVIDUAL PSYCHOTHERAPY, HYPNOTHERAPY, FAMILY PSYCHOTHERAPY, GROUP PSYCHOTHERAPY. The result: all of that information, all the work that is carried out on a daily basis, the sup-

> port on the part of the nurses, is not in the least considered. Because the only heading under which it could be included is SERVICES FOR EXTERNALS, so therefore you treat the psychiatrist as if he or she is just any specialist. The result of this? This gives you a model – here are the prices, according to how much you produce… Well, then I will have to give you the data by the end of the week. I have to make terrible choices, because I will have to decide whether the nurse's interview with the patient who lives in a group apartment is an external service. And it cannot be.
>
> MM: Why not?
>
> PAOLO (psychiatrist): Because it is not a professional service and it is not part of list of services offered. What does this all mean? If I don't put it in, it doesn't make sense, if I do, it changes all my data. What do I put here? How much monetary value do I give this? As usual they're always the wrong questions, never the answers.

The economic value scales that have to be attributed to the forms of therapy/rehabilitation, with which Paolo G. and his colleagues need to deal with, highlights the problems that community psychiatry policy is faced with. The operators speak of these problems, especially when they complain about the lack of visibility of the work they do in the community, and they claim the specific nature of their social action with respect to that of medical practice within the hospital structures. It is the latter that, with its discursive manner, defines the logic of the new administrative practice, which fixes the fluid actions necessary for community psychiatry in a rigid grid in the new computerised system.

In the new division of labour, the psychiatric practice seems in rationalising the pharmacological treatment, the clinical interview and consultation, while it becomes more complicated to describe with numbers the social dimension of psychiatric work. In particular, become invisible those processes where the patients, operators, health administrators, medical and social institutions, make projects and try to realise diverse forms-of-life through job placements, experimental forms of family living or cultural activities like writing or painting [(14)]. It is very difficult, for example, to include the activity of psychiatric rehabilitation – which has many facets and oscillates between the social and health spheres – into modules for the management of "SERVICES OF SPECIALISED AMBULATORY ASSISTENCE". The attention for all those aspects of life that should concern the patient's person in the end become a kind of quantification of therapeutic acts. Ironically, the logic of the treatment and cure, according to the new rules, produces a multiplication of groups of professionals. And they are distributed in a complicated hierarchy of tasks, that have no other temporary synthesis than the "therapeutic project", which refers to a single specific patient.

Therefore the social sphere of relationships is diluted into a process of continual control of individual behaviours. This process, projected onto images and rhetoric that insist on the *territorio* ("territory as social and political milieu") and on *reti sociali* ("social networks"), has an alienating effect. The *territorio* is evoked with nostalgia by those who remember the centrality it had had in the past. It is recalled with insistence to the health programme, as if to confirm its definite disappearance. From the administrative side we thus see a kind of disappearance of living and acting bodies. If the modern clinic was born with the "view of the corpse" (a grotesque image), as Foucault shows in *The Birth of the Clinic* (FOUCAULT M. 1975 [1963]), now in the psychiatric field it feels like finding oneself on the scene of a crime in which everyone is searching for the body which has disappeared.

Indeed, the psychiatric workers move within a system which is characterised by a continual control of the health services that are offered. A form of control which is based on the procedures of data banking [(15)] and that, in part, is delegated to external specialists [(16)] who are called upon to certify the quality of the work methods and services offered. The certification is part and parcel of the logic of the *audit culture* (STRATHERN M. ed. 2000, FRANKENBERG R. 2004) and is expressed in a language which reiterates terms like "quality" and "standards". All of this impacts upon the definition of professional qualifications, the hierarchy of the administrative jobs and upon "permanent training" [(17)]. In the sphere of public administration permanent training is what makes one progress in one's career. Therefore many operators attend courses in order to move along in their careers and become functionaries. Some doctors see themselves working within the public health system hierarchy with administrative responsibilities and with the crisis in taking on new staff they find themselves being managers without having anyone to manage.

The *zone of anxiety*, where patients and operators interact in daily practice, highlights the grotesque in bureaucracy and in the new administration. What is difficult to recognise in the actual situation of the community psychiatry is the pervasive nature of the corporate *audit culture*: a political technology «that marks a new form of coercive neo-liberal governmentality» (SHORE C. - WRIGHT S. 1999: 557). In particular, the psychiatric workers, while they witness the disappearance of many of their areas of therapy due to the computerised classification system, also take part in the process of computerisation of the health system. When they spend hours of their day in front of computer screens compiling health system files, they are participating in a complex process of transformation which oversees:

(1) the disappearance of hard copy documents substituted by computer databases – a progressive de-materialisation of information support for each single patient – ;

(2) the multiplication of therapy projects whereby a patient has a series of interventions which are managed separately by different services;

(3) the impossibility of translating the specific action of community psychiatry into a classification based on the hospital model;

(4) the widespread use of a specific language of managing medical services which copies the rhetoric of business organisations and which the operators use to denounce their extraneity.

The collection and organisation of the information in the data banks requires two procedures – "objectivation" and "totalization" – that by definition belong to the molecular production of the State (BOURDIEU P. 1994)[18]. To fill in an application form, or to send a file to the administrative database, implies attention to invisible gestures and small procedures: abilities that require expertise and a taste for the particular. «The whole trick of pedagogic reason lies precisely in the way it extorts the essential while seeming to demand the insignificant» (BOURDIEU P. 1997 [1972]: 94-95).

Concluding remarks

As we have seen, Michel Foucault coined the expression "administrative grotesque" to recall those "everyday discourses of truth", placed in the heart of our judicial and medical institutions, "that kill and provoke laughter". Through the expression "administrative grotesque", it is possible to outline a blurred zone where the discursive practices of bureaucracy, and the daily actions of the public administration, saturate the bodily life of State-power. The grotesque effects of the psychiatric reports indicated by Foucault are determined in an area where legal and medical discourses overlap. They are therefore the result of the seizing of *sovereign power* on the body of the accused in legal proceedings (the hearing of the court) and of a *disciplinary seizure* on the part of medicine on the body of the patient (the visit and interview in a medical ward). I would like to point out that for Foucault *sovereign power* and *disciplinary power* are modalities of action of the State on the bodies of citizens that cannot be seen as separate. The relevance of Foucault's consideration in relation to psychiatric power seems to me to be evident in his attention towards these areas of overlap and transformation between *sovereign powers, disciplinary powers,* and *powers of control.* We should, therefore, seek out these areas of overlap. Psychiatry as

a place of conjunction, exchange and articulation of powers which develops by means of intimate ties is one of those areas of overlap [19].

We have tried to see some of the aspects of these different forms of management of power by means of local and peripheral experience: a Community mental health centre in Umbria (Central Italy). The interpretation of the concrete daily actions in a "family setting" (characterised by intimacy and hierarchy) has constituted a key in order to grasp the transformation between sovereignty, discipline and control. These transformations are produced in practice, when patients and psychiatric workers interact in a fluid situation, and seek information about an uncertain future; when they are directly involved, through their sentient bodies, in a hegemonic struggle. Panic attack language and stress discourse are local ways to indicate such a hegemonic struggle in the mental health field. In particular, panic experience is used to refer to personal distress or to the fear of losing control over new management processes. In this intimate language, where the public side of the psychiatric work meets the private side of the bodily experience, anxiety and incertitude prevail.

The ways in which the different subjects play with the rules, embody and "act out" power relations, vary. In this regard, different knots of the psychiatric network, where power relationships are once more called into question, even if only for a moment, become clear. These are encounters in which, in daily life, there is an interaction between: the "background radiation" of the disorders of panic attacks evoked by the psychiatrist, the "*santino*"-"drug" used by the patient who is setting up a self-help group, the "market of drugs" that was put in turmoil by the elderly patients, the computer screens in front of which the operators spend more and more hours trying to insert data into the computer system that it refuses to accept.

It can be understood, therefore, that the link between administrative management, embodied anxiety and incertitude, and the medical-scientific discourse, always has a local dimension and it is the result of a specific intimate language and practice. In this regard, we need to refer not only to the discourse, but also to the concrete gestures. Foucault's bureaucrat mentioned at the beginning of this text, recalls, for example, what Walter Benjamin said about the gestures of the characters of Franz Kafka [20].

> «Among the gestures in Kafka's stories, none is more frequent than that of the man who bends his head deeply into his breast. It is the fatigue of the lords of the court of law, the noise in the hotel porters, the lowness of the ceiling in the visitors of the gallery» (BENJAMIN W. 1962 [1955]: 298).

Gestures that have the distance and anonymity of bureaucracy and at the same time they recall family and domestic attitudes. Indeed, in Benjamin's

considerations, there is a disturbing intimacy among characters who we would have placed in different areas of daily life. The functionaries "could be almost considered as giant parasites", in the same way as also the father, in Kafka's families, lives through the son, and «weighs on him like an enormous parasite» (BENJAMIN W. 1962 [1955]: 278). The metamorphosis of Gregor Samsa, and the parasites of the offices, live a daily sphere of "indistinction" between the domestic activities and the practices of the State. By following the gestures of the administrative grotesque, we find ourselves, so to say, in the family.

Notes

(1) In the Mental Health Centre in Gubbio (Province of Perugia, Azienda Usl [Local Health Unit] n.1 of the Region of Umbria) I carried out an ethnography of the therapeutic/rehabilitation practices and community policies promoted by community psychiatry. In the initial phase (November 1998 - June 2000) the field study was carried out by focusing on the psychiatric care and on community action; it then continued (in 2002-2004) by reconstructing specific psycho-social rehabilitation initiatives in other areas of the region of Umbria. The research was conceived and conducted with the supervision of Tullio Seppilli (within the framework of the Phd activity in "Metodologie della ricerca etnoantropologica", Universities of Siena, Perugia, Cagliari) and it was concluded thanks to a "research grant" within the framework of the project "Rhetoric of madness and Practice of Healing" (headed by Giancarlo Baronti), Dipartimento Uomo & Territorio, University of Perugia. In accordance with those who have participated in the research, I will hereby use pseudonyms and avoid providing information that could lead to the identification of the persons involved.

(2) In order to better clarify this aspect, Foucault uses the adjective *ubuesco*, which entered the French language after the theatrical works of Alfred Jarry *Ubu roi* (Paris, 1896). King Ubu is a cowardly, cynical and cruel character (FOUCAULT M. 2003 [1975]: 28n).

(3) In this sense, for Foucault, the body of the abject and inept sovereign provokes a laughter which has an inverse function with respect to the rites described by Pierre Clastres in *La société contre l'État* (CLASTRES P. 1974), who ridiculed authority by showing the terrifying side of power.

(4) According to Agamben, in the case of the dictators of the 20th century, we should look for the line of continuity with the principle of *auctoritas prinicipis*: «The qualities of the Duce or the *Führer* are immediately linked to the physical person and belong to the biopolitical tradition of *auctoritas* and not to the juridical one of *Potestas*» (AGAMBEN G. 2003: 107). Agamben develops this aspect in *Homo sacer,* when, on the traces of the double body of the King studied by Kantorowicz (1957), he reflects on the *consecratio romana*: the funeral rite in which the body of the sovereign was represented by a double effigy, which established an ambiguous relationship between the *absolute nature of power* and the *perpetual nature of power.* A macabre and grotesque rite in which «the political body of the king seemed to get closer, to the point of being confused with it, to the killable and unsacrificeable body of the *homo sacer*» (AGAMBEN G. 1995: 105).

(5) As Sergio Luzzatto demonstrates in *Il corpo del duce* (1998), the grotesque body of the "duce", in his ambivalence, is the mask of power and the object of desire of the masses. This aspect is efficaciously outlined in the writing of Carlo Emilio Gadda, Italian author who has experimented in his works the polyphony of genres and plurilinguism.

(6) *Obtuse meaning*, «indifferent to moral or aesthetic categories (the trivial, the futile, the false, the pastiche)» (BARTHES R. 1977 [1970]: 55), is on the side of carnival. It «belongs to the family of pun, buffoonery, useless expenditure» (BARTHES R. 1977 [1970]: *ibidem*, cf. TAUSSIG M. 1987). There is an

organic relationship between embodied knowledge and the exercise of power. Obtuse meaning is related to what Michael Taussig called *implicit social knowledge*, a bodily and inarticulable knowing of social rationality. According to Taussig, obtuse meaning has strong political implications and can be conceived as a shared tacit knowledge of history and social memory. We could see implicit social knowledge as a daily process of production of «what makes the real real and the normal normal […] what makes ethical distinctions politically powerful» (TAUSSIG M. 1987: 366). A politics of surface and depth that is acted in specific relations of force albeit remaining a *public secret*: what «is generally known, but cannot be articulated» (TAUSSIG M. 1999: 5).

(7) The continuity of bureaucratic action, as is commonly known, has its own temporal specificity and connection with the past and the construction of the memory of the State (GRAMSCI A. 1971 [1929-1935]). Furthermore, it has close ties with the definition of the standards of style and regulations of the "national language". In this regard, according to Craig Brandist (1996), there are interesting analogies between the work of Bakhtin and that of Gramsci, who both have questioned themselves on the relationship between dialogic plurality of social discourse and modalities of establishing dominant language: «What Bakhtin calls the 'posited unitary language' Gramsci calls a 'normative grammar' presented as the only one worthy to become, in an 'organic' and 'totalitarian' way, the 'common' language of a nation in competition with other 'phases' and types or schemes that already exist'. [...] Like Bakhtin Gramsci sees the ruling discourse to have a tendency to become 'fossilized and pompous' and breaking up 'into so many refractions and dialects' when it tries to 'become informal'. This is the fate of the ruling discourse on Bakhtin's carnival square» (BRANDIST C. 1996).

(8) On the labour of government workers in North America, and how the production of immaterial labour remakes the state, see Harney 2002. «Perhaps a phenomenology of government work might show that there is something about laboring in the state that becomes laboring on the state and in turn becomes activity for others without bounds, a place of fantasy. Moreover, it may be an activity not only for others but with others, where administered publics are sparked to recognize something of the labor in themselves, a labor that is not a displacement of society but a practice of it, a practice of society on society. In each concrete instance, this labor is experienced not just as the line at the Department of Motor Vehicles and not just as a symbol of a universe of citizenship but also in its contradiction, as this practice of society on society, of which the universe of citizenship is only one public, and not very satisfying, result» (HARNEY S. 2002: 5).

(9) As Bakhtin has shown, at the base of grotesque images there is *a particular concept of a body set and its limits*. «The confines between the body and the world and between the different bodies in the grotesque are traced in a completely different way with respect to classical and naturalistic images». (BAKHTIN M. 1979 [1965]: 345). In a sense, the existence of grotesque bodies, characterised by openness and flexible boundaries, can be really «dangerous for the modern project as it makes a mockery of any strict hierarchies, controls, or disembodied reason which seek universal recognition» (MELLOR P. - SHILLING C. 1997: 10).

(10) See, e.g., GINSBORG P. 1998: 405-426, JONES T. 2003: 14-17, 135-140.

(11) The contexts in which the discussions occurred where characterised by what Herzfeld called *disemia*: a set of experience that have a double face and act contemporaneously inside, at a level of cultural intimacy, and outside, showing the public dimension of the nation-state (HERZFELD M. 1997b).

(12) In order to understand these mechanisms it may be useful to see the ethnography of the "recommendation" in a town of Southern Italy carried out by Dorothy Louise Zinn (2001). About the state and the role of corruption in transactions across blurred boundaries, see GUPTA A. 1995.

(13) This distinction reproduces a criterion for the division of the mental labour of the Centre and so it is a key in order to understand the ideology of the institution. Ideology considered as «a medium that ensures the Institute's knowledge producers are integrated into the detailed division of labor» (YOUNG A. 1993: 116).

(14) In the case of psychotic patients, for whom the projects are more complex and intertwined with the "social", we are dealing with a management of the body which recalls a kind of self-imposed self-control. The most interesting ethnographic comparison for this type of practice can be seen in

Wacquant's description of the experience of boxing in a gym in a Chicago neighbourhood (1995, 2000 [2002]). «Much like the activity of an electrician, a welder, or a potter, pugilism requires an indexical, context-sensitive, embodied competence that is not amenable to being extracted from its natural setting and grasped outside of the concrete conditions of its actualization. It is a *kinetic technique* consisting of trained physical, cognitive, emotional, and conative dispositions that cannot be handed down or learned via the medium of theory but must instead be practically *implanted,* so to speak, into the fighter through direct embodiment. This means that it takes years of arduous and intensive training, as well as extensive ring experience, to acquire proper command of the game» (WACQUANT L. 1995: 504).

(15) In the logic of control, the leads one must follow are constituted by the numerical data of each patient, lost in the multiple databases: «the new medicine, "without doctor or patient" which opens up to potential patients, who are at risk, does not at all demonstrate a step towards individuation, as it is said, but it substitutes the individual body or number, the figure of a "dividual" matter that has to be controlled» (DELEUZE G. 2000 [1990]: 240).

(16) Control can be contracted out and distributed to various bodies that are controlled and that produce a "state-like effect". The certification agencies produce a public administrative language in a circuit of private bodies. «In the era of globalization, practices of legibility and control are carried by a variety of organizations and take a variety of forms that nevertheless produce state-like effects so that the state continues to be a powerful object of encounter even when it cannot be located» (ARETXAGA B. 2003: 399).

(17) "Permanent training" seems like a *technology of the self* (FOUCAULT M. 1988) in a moral dimension made up of continual monitoring and accountability. On policy of work and self in a landscape of iperactivity, accountability and new management, see MARTIN E. 1997.

(18) Since the word *Stato* in Italian is the past participle of the verb "to be" (it seems to indicate that which is and which has always been) we find ourselves in a critical point in the process of reification. This renders evident an element that has often been pointed out, and that is that *Stato* is what ratifies existence as naturally given (HERZFELD M. 1997b). In this regard it may be useful to recall what Bourdieu writes about the collection and organisation of the information in the data banks: «Taking the vantage point of the Whole, of society in its totality, the state claims responsibility for all operations of *totalization* (especially thanks to census taking and statistics or national accounting) and of *objectivation,* through cartography (the unitary representation of space from above) or more simply through writing as an instrument of accumulation of knowledge (e.g., archives), as well as for all operations of *codification* as cognitive unification implying centralization and monopolization in the hands of clerks and men of letters» (BOURDIEU P. 1994: 7). Probably the space of this *theoretical unification*, which Bourdieu refers to, could be critically studied through a bodily ethnography of the "bureaucratic grotesque". In an analogous fashion to what Michael Herzfeld has done in his study of artisans of a Cretean town, we could then allow a *practical epistemology* to emerge, given by the «the relationship between craft apprenticeship and the social production of knowledge» (HERZFELD M. 2004: 49). Where the apprenticeship is a dynamic and corporal interface with the State: «a training in the mastery of cultural intimacy at multiple levels from the most local to the international» (HERZFELD M. 2004: 51-52).

(19) It is not a coincidence that Foucault defines psychiatry as an «institutional undertaking of a disciplinary nature destined to allowing the re-familiarisation of the individual» (FOUCAULT M. 2004 [2003]: 93). The specificity that he recognises to psychiatry is that it was the first to take on a specular function with respect to the family, which in turn carries with it a power of sovereignty that is «a point of juncture which is absolutely indispensable to the functioning of all disciplinary systems» (FOUCAULT M. 2004 [2003]: 86).

(20) In Kafka different descriptions of administrative practice combine in a unique way: on one hand, the story of the bureaucratic machine which inflicts itself onto the body of the condemned in the written narration; on the other, the office for the insurance Institute against accidents on the job for the Kingdom of Boemia were he carried out his daily life as an employee. Bureaucratic interactions in the office and the intimate relationships in the family, in Kafka writings, have points in common (BENJAMIN W. 1962 [1955]: 279).

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The shaman or the doctor? Disease categories, medical discourses and social positions

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The focus in this chapter is on the relationship between illness experience, disease categories, social class and ethnic relations. More specifically the chapter argues that through the use of disease categories and illness stories patients – here especially from the lower social strata – situate themselves within their social environment in connection with categories as ethnicity and class. From 2004-2005 I carried out fieldwork in the south of Chile among patients, doctors and shamans – the so-called *machis* – of the Mapuche Indians. The Mapuche Indians are an ethnic minority with a population of 1.3 million people. They live in the south of Chile in reservations *(comunidades*) as well as in the capital Santiago. The medical practice of their shamans has been revitalized over the last decades and has become a very popular medical choice both among Mapuche Indians and other Chileans – especially near urban centres (BACIGALUPO A. M. 2001). In their medical work the *machis* normally diagnose on the basis of observing urine (*willintun*) and through entering trance state; the medical practice consists of a combination of rituals and herbal remedies.

During my fieldwork I observed that in everyday conversation in Southern Chile knowledge and experience of illness and use of medicines – especially biomedicine and Mapuche medicine – were often-discussed topics among members of the family, neighbours and colleagues. Conversations about illness and medical practices frequently touched upon illnesses that involved symptoms with no apparent organic pathology. In particular, people shared stories of "strange" afflictions with quite similar symptoms: typically these were psychological symptoms like anxiety, lack of energy, loss of memory, constant desire to cry, combined with diffuse physical symptoms such as dizziness, nausea, swellings or intense pain, which most often were manifested in the head or stomach, but did also have a tendency to move location within the body. Some cases discussed, however, also

involved serious, and often terminal, diseases, which did have a biomedical diagnosis; the most common was cancer. These illness stories were, furthermore, accompanied by the complaint that the recent social changes and modernity hadn't brought much that was good, and many expressed a general feeling of being stuck in a rut without many opportunities to change the current social and economic situation. Others said they felt "crushed" and that they did not feel "alive". In addition, people complained of the cost of medical treatment, the long waiting for medical examinations as well as the failure of the medical doctors to detect a disease. A fundamental part of these stories was an evaluation of the medical diagnosis and treatment that the patients had received, from their medical doctor, as well as alternative practitioners.

In Southern Chile indigenous disease categories are part of a general repertoire of folk knowledge. Here the distinction between, on the one hand, natural illness, such as colds, wounds, infections and flues, and on the other, spiritual (or supernatural) illness, reflects popular talk on health matters. To the latter category – spiritual illness – belong those types of afflictions, where an external agent, a spirit, ancestor or witch, is believed to have affected both the body of the patient, as well as his surroundings, causing physical, psychological and social unbalances. In the anthropological and biomedical literature the bodily afflictions described, which are diagnosed by patients and practitioners within an alternative or indigenous medical traditions, have been referred, to as "folk-illnesses", "idioms of distress" (NICHTER M. 1981) or "culture-bound syndromes" (SIMONS R. - HUGHES C. 1985). Locally they are referred to as "Mapuche-illnesses" or "spiritual illnesses", as alternative and Mapuche practitioners often explain illnesses through the Mapuche worldview, taking as a point of departure the belief in spiritual forces.

The underlying assumption, which stems from the observations expressed in these conversations about "folk-illnesses" and medical practices, was that these medical discourses might encapsulate issues not only related to health problems. Also, the notion of power and identity in relation to social and political processes seemed to be implied. Inspired by Paul Anzte (ANTZE P. 1996), I assumed that these illness stories reflected general existential concerns and issues related to identity and power. According to Paul Antze, trivial stories, when told in groups, serve to translate shared ideas into experiential realities. He further proposes that stories "might be the chief means by which grand cultural discourses like Christianity or psychoanalysis find their way into something resembling self-knowledge" (ANTZE P. 1996: 6). Or, in other words, these stories reflect how people articulate and negotiate their sense of self in relation to the languages

available in a given context. In a similar vein Libbet Crandon (CRANDON-MALAMOUD L. 1986, 1991) argues that in a context of social change, medical discourses is a mechanism through which people can form alliances, manifest economic concerns and negotiate social status.

With this theoretical background this chapter will explore the question why many urban modern citizens in Southern Chile – who identify as mestizo and Mapuche – diagnose and treat themselves with Mapuche medicine for afflictions, the so-called Mapuche-illnesses or spiritual illnesses. Do they have a biomedical condition, which the doctors had not discovered? Or is something else going on? And what happens in those cases where patients actually do have a biomedically diagnosed disease, but still believed they had a spiritual or a Mapuche-illness. In most cases, both the diagnosis as well as the treatment of these afflictions take place within a pluralistic medical system, which means that the patient seeks a variety of practitioners such as, for instance, doctors, psychiatrists and Mapuche healers. Furthermore the patient's experience, diagnosis and management of illness embodies and reflects a larger socio-economic context. The aim of following is, consequently, to explore stories of folk-illness or Mapuche-illness by following the patients' articulation and management of illness in a context of medical pluralism.

Indigenous disease categories and cultural identity

During my fieldwork I found that the indigenous diagnosis of *susto* and *mal* [(1)] was very widespread among Mapuche Indians, but also among Chileans defining themselves as mestizo, that is, those with mixed Hispanic and Indian ancestry. Both types of diagnosis rely on the concept of *wekufe*, that is, the forces of evil (MONTECINO S. 1985: 18, CITARELLA L. 1995). A person is diagnosed with *mal* when the cause of symptoms is witchcraft, which has been performed through the introduction of objects in the body of the victims, such as insects/ vermin (*bichos),* reptiles or what is called a "living hair" (*pelo vivo*)[(2)]*. Susto* means, literally, "fright", and is also produced by an encounter with *wekufe*, the evil force, which is generally believed to have been sent by a sorcerer. In some cases *susto* can also be produced by a traumatic and frightening event. The symptoms of both include insomnia, bodily swellings, lack of energy and appetite, paleness, vomiting and often also visions of the evil forces, or *wekufes.*

I will here focus on the case of Albina, a middle aged mestizo rural woman, who suffered from *susto.* Albina's illness story during the military regime of

Augusto Pinochet (1973-1989) was a theme that she liked to bring up in conversation. She related how she had suffered from an affliction related to the work of evil forces (*wekufes)* or witches (*brujos)*. It began when she suddenly one day collapsed and fell unconscious. Afterwards she did not remember anything about the incident, but woke up at three in the morning vomiting dramatically without being able to move; later she could only raise herself from the bed with the help of her mother. After the collapse she began having illness attacks, which she described as *susto*. It normally started with a sudden loss of the ability to speak, at which point she would try desperately to find someone nearby who could support her, because she knew that she could collapse at any instant. Her family described the expression of her face and eyes as "total terror". The attack came in weekly intervals and lasted around five minutes. She went to a doctor who diagnosed her as suffering from *nerves*, and was treated for a while by the "kind doctor" Cordero in the public hospital in individual therapy sessions. Dr. Cordero, however, was killed during Augusto Pinochet's military coup in 1973, and Albina didn't have the means to continue to attend private therapy sessions. Instead, she was assigned Dr. Silva, the head of the psychiatric ward in the public hospital. Here the resources for treating the patients were scarce and, according to Albina, mostly consisted in the prescribing of medicine and hospitalization or, as she put it, the offer to take her to the psychiatric ward to be "locked up with the mad ones". Although she felt that Dr. Silva's treatment did decrease the number of attacks she was terrified of being accused of being psychologically "bad" or "insane", or being told that she was imagining things which were not there. At this point, she explained to me, she started treating herself with indigenous medicine, with a completely successful outcome: her attacks stopped.

Albina as a mestizo with symptoms of *susto* and *mal* - represented a group of patients who were very dominant among all those who consulted the Mapuche shamans. By doing this she, just like many other I'd met who identified themselves as Chilean and mestizo, challenged my original assumption that having a Mapuche-illness had something to do with the intention of strengthening their cultural identity as indigenous. Abina did not acknowledge herself as Mapuche, nor did she pretend to share the Mapuche lifestyle; however, she shared the idiom of indigenous disease categories with knowledge and intensity, and actively showed and expressed her alliance with Mapuche medicine in opposition to Western medicine.

The case of Albina is interesting because, although a mestizo, she suffered from symptoms derived from indigenous disease categories, which apparently could not be linked to either a biomedical condition nor to her self-

ascribed ethnicity. The question to be explored is this: if having a Mapuche-illness is not connected to a set of organic symptoms nor reflects an ethnic identity, why does Albina then suffer from an indigenous illness? In what follows, by analyzing Albina's case and comparing it to cases of two Mapuche Indians [3] – Rosario and Alvaro – I will suggest that the value of indigenous diagnosis is that it serves as a means for expressing and negotiating a vulnerable position: that of belonging to a downwardly mobile group in a context characterized by modernization and privatization of the health system (SONTAG S. 1991, CRANDON-MALAMUD L. 1986). To do this I will explore experiences of categories such as class and culture, which highlight aspects of *olvidos*, the Spanish word for forgetting – in this case related to inequalities in relation to class and ethnicity. I will also explore how medical discourses and medical practices are a means to negotiate and establish alliances between persons who share social positions. This serves as a counter strategy to the asymmetrical and hierarchal relationship perceived by the patient to exist between the poor and the medical doctor; thus the mestizos' choice of an indigenous diagnosis and medicine reflects a social and political struggle. Here the use of Mapuche medicine serves to establish social bonds among what are considered social equals, in this case Mapuche Indians, the landless and unemployed mestizo. In this way illness experience and Mapuche medicine become a resource through which patients navigate and make allies across interethnic boundaries with individuals in a similar social position, despite a perceived difference in ethnicity.

Medicine, modernity and power relations

A general position within development theory is that modernization destroys, or at least changes, indigenous culture. As pointed out by several authors, exactly the opposite has been taking place in a number of cultural contexts, where the use of indigenous medicine has increased (KOSS-CHIONINO *et al.* 2003; NICHTER M. - LOCK M. 2002). In a similar vein, by focusing on Albina as well as other cases of patients with susto this chapter describes the widespread use of indigenous disease categories and medical practice among a section of the society in southern Chile, that is the lower social strata. Some authors have suggested that *susto* is an idiom of distress for expressing psycho-social distress (RUBEL A. *et al.* 1984). In contrast it is here proposed that the diagnosis of *susto* connects the patient with an indigenous medical practice, which serves as a means for negotiating ethnic relations and social positions within the framework of the state.

According to Libbet Crandon the articulation of illness experience and medical choices are connected to social and political processes and embedded in political power relations (CRANDON-MALAMOUD L. 1991). The notion of power in relation to medical practice has been addressed by Michel Foucault. In his work, the *History of Sexuality* (FOUCAULT M. 1979), Foucault argued that through patients' confession with medical experts biomedical practices become a way to discipline and position subjects within certain structures of power. In a similar vein inspired by Michel Foucault Bryan Turner argues that practices and politics of the body serve to regulate and control the individual body and the population, but might also be regarded a site for resistance to the process of standardization, regulation and control of the State (TURNER T. 1992: 10). I here take Libbet Crandon's point that medicine can be considered a resource through which people negotiate social positions, power and cultural identity (CRANDON-MALAMOUD L. 1991: 139). This is founded on the classic anthropological problem of the relationship between body and society (DOUGLAS M. 1973). That means that a -vision of the body – and in this case, of bodily practices and medical practices – can be regarded as a reflection of social relations and the social world. In this way a medical diagnosis such as *susto* might represent a symbolic statement and negotiation of a social position and power relations.

I also use Libbet Crandon's (1986) concept of medical dialogue to explore how people negotiate power relations through the use of medicine. Libbet Crandon argued that medical dialogues (or what people say about their social world through the idiom of medicine), are statements about political and economic realities (CRANDON-MALAMOUD L. 1986: 463). The diagnostic process that takes place in medical dialogue can therefore be considered a social arena, where the construction of identity and the negotiation of social and power relations take place. In this way, these dialogues can be regarded as a window to the social processes taking place as well as a means by which they take place (CRANDON-MALAMOUD L. 1986: 463, 473). The medical dialogues described in this chapter, however, stand as a kind of anti-discipline – as a dialogue between equals – which serves as an alternative type of confession or biopower to the official biomedical version. In other words, when patients suspect that they have a "folk-illness" or a "Mapuche-illness" they are implying that they find biomedical categories inadequate to explain their bodily symptoms. Already here the link between local notions of illness and universal categories of illness – in this case biomedical categories – appears to be relevant. A person who has *susto* or *mal* is consequently making a statement about his place in

society, marking distance to the official biomedical solution and alliances with indigenous explanations involving witchcraft and the work of magical forces.

Medicine, culture and social class

In this section I will briefly focus on neoliberal politics in connection with issues relating to indigenous territory and health services, as these affect both interethnic relations and medical practices. Since the foundation of the Chilean republic the mestizo has been considered the ethnic base of Chile, while the indigenous population was regarded merely as remnants of the old Chile, who should be subjected to a process of civilization and integration into the modern nation-state. However, as a consequence of state politics, the indigenous and poor mestizo populations share and compete for the same scarce resources, with regard to both land and medicine.

Since their "pacification" between 1881 and 1884 the Mapuche Indians have increasingly been integrated into national society; this process has been accelerated through a continuous loss of territory. From 1970-1973, during the agrarian reform programme of the Unidad Popular government of Salvador Allende, the Mapuche recovered some of their lost territories. With the military coup in 1973, the process of agrarian reform was reversed; the indigenous land became private property, which was transferred to mestizos in order to create economic development (AYLWIN J. 1995, 2000). With the democratic governments of Eduardo Freí (1994-2000) and Ricardo Lagos (2000-2006) some of the indigenous territories were returned to indigenous owners, but this did not even come close to satisfying the needs of the rural Mapuche population. In this way mestizo farmers and Mapuche Indians have increasingly been forced to co-exist and to share the same resources in rural areas (KRISTENSEN D. 1999, 2000).

With regard to medicine, poor mestizo and Mapuche Indians have also increasingly come to share the same resources. The official health system today consists of a combination of private and public services. The proclaimed goal of the creation of this mixed system was to provide the user the possibility to freely choose between public and private health services. Having a good income became a means of providing oneself a good health insurance, and, in other words, maintaining one's health. In this way "good health" was regulated by the politics of the state through the relation between income and health insurance**.** As suggested by Nicolas Rose (ROSE N. 2006), a state politics based on the idea of individual freedom also

paves the way for state control over the medical practices of the population. The health system created in Chile became a system that was based on the user's possibilities of obtaining health insurance. Private insurance became part of this (obligatory) model of the state for the worker to keep in good health. In reality, the public health system was assigned the lower social strata in Chile. The public health system is, furthermore, characterized by insufficient resources, limited services in rural areas, poor and decaying infrastructure, low salaries, lack of medical devices and medicine and a long waiting period (BORZUTSKY S. 2006: 150-151). This system has, in some aspects, failed to fulfil the expectations and needs of the user, which Albina's case is an example of. Choosing a doctor or a shaman is therefore interwoven into a complex web of meanings of what it means to be poor and/or Indian in modern Chile. This also explains that Albina by choosing the shaman might get improved health care, while in the same breath she refuses the identity as indigenous.

Albina and Alvaro

The first time I met Albina was in a medical centre in connection with a so-called Mapuche pharmacy in an urban setting. The Mapuche pharmacy sold Mapuche herbs and medicine made on ancestral recites, furthermore Mapuche practitioner offered here the service of diagnosis and treatment. On the day of the consultation Albina had brought her Mapuche neighbour whose son, Alvaro, was seriously ill; she also wanted a medical check-up for her father and herself. In her case it seemed that the reason for visiting the Mapuche pharmacy was more to socialize with her Mapuche neighbours than for actually solving a serious health problem. Where a typical rural Mapuche would wear a long skirt and silver jewellery to keep away evil spirits, Albina, with her nice knee-length skirt, pageboy haircut, gold teeth and gold jewellery, signalled the lifestyle of a typically well-off mestizo woman. She talked in a lively way with everyone in the waiting room, commenting on her visits to different shamans, most recently to seek treatment for her father's illness.

At the consultation she greeted the shaman Sebastian cordially, just like an old friend or relative, and commented on his performance and participation at the military parade at the Independence Day celebrations (on September 18th), which had been broadcast on national television. She had brought the urine of her father, and entered the consultation room with her small plastic bottle containing the urine sample. When Sebastian made

the diagnosis (nervous stomach ulcer, pains in spine, waist and bladder) she seemed more interested in knowing what medicine to take for her migraines. Sebastian advised her to take *pila pila,* a medicinal plant, and told her that she could buy it in the countryside. "No problem", she replied, "I can easily obtain it, I am a very dear friend to my Mapuche acquaintances".

After the consultation, she told about another *machi,* Jose Caripan, whom she also knew very well, and commented on his difficulties with the tax authorities as something "which should not happen, the *machi* ought not to pay tax. Yes, they have even entered his house and caused problems there". Her manner was self-assured as a real knower of Mapuche culture, in a position of having intimate, inside information. The neighbour also knew Jose Caripan, and joined the conversation, revealing that her son was affected by witchcraft (a *mal)* when he was 15 year old. Now he was 22 year old and, according to his mother, had a relapse once a year, when he would have a serious panic attack and stop eating and sleeping. At such times they had to perform a ceremony to treat him for this affliction. Albina, due to her concern for the neighbours, had offered to accompany the neighbour to her "favourite" *machi*, Sebastian. The boy himself just sat, speechless and apathetic, while Albina and his mother told people in the waiting room about his afflictions and experience of being bewitched. What I found interesting was that Albina, as a self-identified mestizo, acted as the knower of Mapuche culture, and especially as one who knew where to find treatment for a so-called *mal.*

Though from different ethnic backgrounds, Alvaro and Albina shared biographical backgrounds, namely, having been placed in the specific community due to political processes. Albina's father, who used to be a poor landless worker, received his small plot of land during the time of Pinochet, where the *contra* agrarian reform from 1973-1976 resulted in the transfer of indigenous land to landless mestizo with the aim of producing economic growth. Now the process had been reversed, and Alvaro's parents had received a plot of land from CONADI (National Institution of Indigenous Peoples), that had been bought by governmental funds from a mestizo owner. In this way Albina and Alvaro's shared rural lifestyle was a result of shifting governmental policies, which had placed them in similar a social position. While they identified themselves as belonging to two different ethnic groups, however, they acted with apparent solidarity in the sharing of the scarce resources in an indigenous community. Alvaro was obliged to migrate to Santiago, and Albina's son now lived and worked in town nearby. It was the son who gave Albina the gold jewellery, which created a some-

how false impression of her lifestyle, as her estate was, in fact, quite modest. The jewellery, however, helped her to signal a successful *mestizo* lifestyle. Albina and Alvaro both commented on the impact that changing governments had had on their lives. Politics as a theme in itself was, however, apparently not of much interest as a topic of conversation; in contrast, the medical dialogue was the idiom through which they articulated their everyday existence.

Since the treatment of her own sickness the *machi* Sebastian had treated her father, mother and son. Her son had been suffering from *mal.* Albina related how he had been really well-off, the owner of a house and four cars, when suddenly he started losing his cars one by one; at the same time, he started to feel unwell when in his house, and suffered from insomnia, apathy and constant weeping. He also often saw a black man appearing beside him during the nights and heard the sound of strange birds. She explains all this as products of human evil and envy – of *wekufe*s. However, with Sebastian's medicine her son had recovered his health (and his cars).

Why susto? Or, why is Albina a mestizo?

When Libbet Crandon enters the discussion of culture-bound syndromes with her study on *susto* she does so by switching the question from what is *susto* to why *susto*. Libbet Crandon describes *susto* as a common illness throughout Latin America, with the following symptoms: "restlessness in sleep, listlessness, loss of appetite, weight loss, disinterest in dress and personal hygiene, loss of energy and strength, depression, introversion, paleness, and lethargy"; *susto* can also lead to "high fever, diarrhoea, and vomiting, occasionally it can lead to paralysis and convulsion" (CRANDON MALAMUD L. 1983: 156).

Libbet Crandon revises earlier research on *susto* and outlines two approaches to the study of "culture-bound syndromes". One approach considers such syndromes as psychological/ psychosocial, as a culturally appropriate way to express hysterical anxiety (GILLIN J. 1948) or as social role stress within a cultural context (RUBEL A. *et al* 1964). The second approach is based on the assumption that culture-bound syndromes have organic causes, in this case hypoglycemia (BOLTON R. 1981), which are hidden "in the mists and mires of exotic cultural expression" (CRANDON MALAMUD L. 1983: 153). As a starting point Crandon points to the problematic in deciding whether culture-bound syndromes are psychosocial or physiological, as both fail to acknowledge the significance of the indigenous system of logic. She

dismisses the first explanation (social role stress) due to the fact that so many infants apparently suffer from *susto*: in the area where she worked *susto* was reported as the second highest cause of death of infants under age one. In other words, she finds it unlikely that an infant can die of role stress (CRANDON MALAMUD L. 1983: 156). A purely psychological approach, she warns, obviates the assumption that culture, mediated through symbolic systems, plays an active role in the illness process.

Crandon also argues against the theory of *susto* as the exotic manifestation of an authentic medical disease, namely hypoglycaemia. This is not to deny the possibility that *susto* might have physiological causes; on the contrary, she holds that physiological causes in relation to the symptoms of *susto* might be relevant, not only in connection with hypoglycemia, but with a range of other biomedical diagnoses such as gastroenteritis and malnutrition. However, she observes, studies of *susto* had showed that no single pathology could be identified. This argument is identical with that of an interdisciplinary study published the year after Libbet Crandon's article, which concluded that patients who were diagnosed with *susto* could be considered as being ill from a biomedical point of view, mainly suffering from infective and parasitic diseases or anemia; however, no single organic syndrome or disturbance was found. The study concluded that *susto* could not be regarded as a syndrome or be classified as a disease in a medical sense, but rather as a local way of articulating and dealing with social stress. It was therefore concluded that much of what is known as culture-bound syndromes are, in fact, not syndromes in the strict medical sense but were, rather, local ways of explaining and dealing with illness (RUBEL *et al.* 1984: 87).

Consequently Libbet Crandon notes that Bolton's (BOLTON R. 981) search for organic causes does not explain why people with such a wide range of symptoms and pathologies are diagnosed with the same disease category. If, however, "culture-bound syndromes" (in this case *susto*) cannot be linked to a biomedical condition then, she concludes, something else is going on. She proposes that the reason that people choose the diagnosis of *susto* has to do with a negotiation of social inequalities and power relations, due to the fact that "any diagnosis of an illness, perhaps especially *susto*, is a social process that depends on and affects social, economic, political and ethnic relations" As a consequence, she suggests that rather than focusing on "why certain classes of people are diagnosed with *susto* rather than other classes of people" the focus can be switched to "why certain classes of people are diagnosed as suffering from *susto* rather than from some other illness category" (CRANDON-MALAMOUD L. 1983: 154). She proposes three levels of analysis in the diagnosis of any illness and here more specially

susto: What causes the symptoms diagnosed as *susto* within a given environment? What is its underlying meaning? and, finally, What is the relationship between its meaning and the socio-cultural context, which leads people to diagnose symptoms as *susto*?

In the following I will follow Crandon's suggestion and compare the case of Albina with that of a Mapuche woman – Rosario – in order to explore the relationship between illness experience, social class and ethnic identity. I will consequently focus on the symptoms of *susto* and *mal,* the underlying meaning of the cause of the affliction, as well as the relationship between the social and cultural context of people suffering from *susto* and *mal* and the meaning they attach to it.

Different lives, shared experiences

Albina and Rosario are in many ways in a similar life stage and share, to a large extent, a certain socio-economic reality. They are both in their late fifties, have grown-up children who have moved to a larger city and they have both lived in rural as well as urban areas. Both live a very modest life, surviving as itinerant vendors of home-produced products, in this case cheese and flowers. The financial support of their children helps them to make ends meet. Although without any formal education, they both appear to be very strong, independent and articulate women, who managed to break out of violent marriages to alcoholic men.

Another common feature is their perception and use of the Chilean health system. Both make use of biomedicine in case of illness, and make sure that they and those close to them do not miss any medical check-ups. Rosario suffers from high blood pressure and rheumatism, Albina from varicose veins. The consequences of distancing themselves from the biomedical system would be too fatal, they claim: they would thereby risk being denied the opportunity to be treated in case of an emergency, as well as the opportunity to get a medical certificate in case of illness or death. Dying in the house of one of the "clandestine" practitioners, the *machis* – means risking putting both the practitioner and the family in a difficult situation, such as a law suit. This is the reason – they both explain to me – that they continue to attend their regular medical check-ups. They do, however, take at face value the diagnosis they get from the medical doctor, and do also take the medicine they have been given, even though this is often not considered "good medicine" (*buen medicina)*, often due to what they consider is an insufficient diagnosis. The doctor's medicine might alleviate the physical

symptoms, but it does not provide any acceptance of nor explanation for the complex combination of symptoms, physical, psychological, social and often also spiritual, which the patient experiences.

In other words, the loyalty of the women is not with the Chilean doctors and their medicine; far from it. The following phrase was often repeated: "I really do not trust doctors". This distrust stands in contrast to the almost blind confidence in Mapuche medicine; of course, not in all of the practitioners of Mapuche medicine, but in the medicine in itself, when it is well practiced. Who is a good practitioner, who has treated whom for what and on which occasion, and what was the cause of the illness – these are themes that are constantly commented upon. As with most other patients I met, they had their "favourite" practitioner of Mapuche medicine, who was sought on those occasions when the biomedical doctors could not provide a sufficient diagnosis. The relationship with this practitioner was one of generations, and also included the illness stories of several family members and neighbours; in this way one could almost say that the practitioners of Mapuche medicine were granted a status as the family doctor. Everyday conversations often concerned illness stories; in these medial dialogues trust and mistrust in social relations was expressed through the identification of good and constructive or evil and deconstructive forces. In other words, magical forces and witchcraft were a crucial part of the reality of the women in their social relations. Here they expressed, especially, the fear of witches (*brujo*s) who used evil forces – the *wekufe* – as their intermediaries. The experience of having been influenced by *wekufe*s was one that both women revealed in medical dialogues.

"Por eso tengo fe" – *the reason why I have faith*

Both Albina and Rosario can be considered what could be called "medical resource persons". Their way of making a social entrée is characterized by illness stories, which contains success stories of healing by a Mapuche practitioner. In other words, they make use of their experiences and knowledge of medicine and especially Mapuche medicine, as a social resource; they happily convey their medical knowledge and their own illness experiences and are often consulted in situations of illness; they also most happily volunteer to accompany relatives and neighbours to their "favourite" medical practitioner. Due to the many years of consulting *machis,* they have also actually gained a solid knowledge of Mapuche medicine and medicinal plants, so they are often asked for medical advice. In their gardens they

grow those medicinal plants that are considered an important source for maintaining good health.

Hardly surprisingly, I met them when they were accompanying a patient: in the case of Albina, a young Mapuche neighbour, in the case of Rosario, her sister-in-law Nancy, a 50-year-old mestizo woman. Through medical dialogue between mestizo and Mapuche they both reflected on the nature of illness, mostly on whether the patient was affected by a natural or spiritual illness and its social implications. In this way medicine served as a symbol of a social position that also provided an idiom through which they expressed values, evaluated social relationships and explored different options of actions (CRANDON MALAMUD L. 1991: 151).

In the case of both women a "spiritual" suffering, what some would call a "Mapuche-illness", was the reason for consulting their favourite practitioner; that is, they suffered from an illness with both physical and psychological symptoms, which did not fit a biomedical diagnosis, especially in relation to the pains, which had no organic explanation; further, the illness was characterized by extreme lack of energy, nervous attacks and sudden speechlessness. The affliction did not only manifest itself in the body of the sufferer, both the sufferer and those close to her or him had unusual dreams and visions. In addition, strange occurrences took place in the house.

In the case of Rosario, she suffered for 14 years from an affliction which did not have a biomedical explanation. The stomach became enormously swollen, even though her only nourishment was soup; at the same time, she suffered from what she called an intense "pain in the bones", in knees, legs, waist and brain and especially in the intestines, which felt as though they were falling out, or as if something was moving around inside them. She felt totally drained and exhausted and also suffered from insomnia. Furthermore, she describes an extreme paleness produced by "the lack of blood". At home strange occurrences started to happen – the house started creaking, although it was totally new, and she constantly had the feeling of being haunted by something, but when she turned around, nothing could be seen. She went to a doctor who diagnosed her as suffering from swellings, which might be the beginning of rheumatism. On a later occasion he diagnosed her as suffering from cold, with high blood pressure, and gave her aspirin and vitamins. However, the symptoms of exhaustion and swellings continued, and her search for another diagnosis and treatment started.

During my fieldwork I often heard stories similar to these, of all types of illnesses, which doctors often discard as problems with the nervous system,

anxiety or as depressions, or simply treat with aspirins. Among patients in southern Chile, when illness occurs which cannot be treated with biomedicine or herbs, there is always a lurking fear that it is produced by a spirit or human being, a witch, who has used spiritual powers to produce misfortune and sickness. To the practitioners of indigenous medicine sickness is considered as a sign of imbalance, and is often diagnosed as afflictions produced by external forces, spiritual as well as human, that have made a pact with evil forces, the so-called *wekufe*. While patients do consult Mapuche practitioners for many different types of illness, among them a number of so-called natural illnesses[4], the so-called supernatural/ spiritual illnesses (*males*) or Mapuche illnesses (*mapuche kutran*) like *kalku kutran*, *infitun, trafentun, perrimonton* or *susto* are the most common cause for consulting a Mapuche practitioner. These illnesses are thought to be caused by an unbalance or conflict between the patient and his/ her social environment and/ or transgression of a social norm. Health practices – including practices for bewitching or preventing and counteracting – are often used to explain the patient's trust and preference for Mapuche practitioners. The signs that are used to identify a witch are often articulated and shared.

Medical practices, social position and cultural identity

The belief in and concern for practices of health and illness, among them practices for preventing witchcraft (so-called *contras*), are facets of everyday life that Rosario and Albina share, and they make up a fundamental part of their reality. Rosario told me how she had been diagnosed as having an insect (*a bicho)* or a living hair inside her, feeding on her. This was a product of witchcraft. Or, in other words, she suffered from a so-called *mal,* which is the popular or mestizo term for *kalkutun*, an illness caused by witches (*kalkus, brujos)*. This diagnosis was first made by a herbalist, Rosario did not, however, follow her treatment. Later she heard rumours about a famous shaman and went to José Caripan, who made the same diagnosis and succeeded in treating and curing her. As already described, Albina had also been diagnosed as having *mal*, in this case *kalkutun* caused by *infintun*, or poison given in drink or food. Albina is sure that she was poisoned through a glass of red wine. Consequently, in their articulation of illness the women move in a similar universe with similar diagnoses, where external forces are considered the actors when other more natural factors fail to provide any explanation.

In many ways, however, Albina and Rosario also differ in their life situations. While Rosario has remarried and now lives an urban life with her new husband, Albina continues her rural life, sharing a house with her parents. What is even more interesting is that Rosario identifies herself as pure "Mapuche", and Albina as "mestizo" or "Chilean". This did not, however, seem to make any difference to their medical choices, though some differences could be traced in the role that medicine plays in their self-identification. In this chapter I seek to argue that this is due to the fact that disease categories – here especially indigenous types of diagnosis – represent a possibility for the articulation and management of certain social experiences, which the women share. By discussing their symptoms in medical dialogue within their social relations they draw on disease categories that shape their self-perception and identification.

Applying Libbet Crandon's approach the question of why Albina is *mestizo* becomes especially interesting. In her own research she too had wondered why so many mestizo adults in Bolivia suffer from an indigenous disease, which is mainly thought to affect indigenous people. In the case of this present research, one could pose a similar question: Why do mestizo women suffer from diseases which are framed with an indigenous logic, the so-called "Mapuche-illness", which explain sickness as soul loss: that is, as a product of fright, spirit attack (*susto, trafentun*) or as witchcraft (*mal*, *kalku kutrun, infintun*)? Why does the medical dialogue of Rosario, Albina and Alvaro's mother contain such similar statements about the nature of certain afflictions as inherently magical? During my fieldwork it became clear that it is quite common that people who identify themselves as m*estizo* accuse Mapuche culture for being "backward" but, in the same breath, ally with Mapuche culture and the indigenous cosmology when it comes to medical choice. This was especially salient – as will be explored later in the chapter – in the case of mestizo Chileans who refer to themselves as "marginal ", "poor" and/or "exploited".

This points to an assumption, which Libbet Crandon has already proposed, namely that biomedicine cannot accommodate the psychological needs of, particularly, the downwardly mobile, the "victims" of "modernization" (CRANDON MALAMUD L. 2002: 28). To these people, who perceive themselves as marginal and even "betrayed" by the Chilean health care system, Western biomedical care seems to offer no solution. Consequently, when Alvaro, Rosario and Albina share a medical choice they are making a statement about their social reality on several levels. Similarly, the question as to why people choose a certain disease category could, as Libbet Crandon proposed, be answered on different levels.

Firstly, by sharing their experiences of *susto* and *mal* the women are making a statement about their social relationship and their use of indigenous medicine as a means of the establishing and strengthening social bonds. In other words, choosing an indigenous disease, a magical versus a Western aetiology, has different social and ethnic implications. While Albina tried to project herself as a well-off mestizo city dweller, her lifestyle is in fact much more modest and characterized by a daily struggle to make the most of scarce resources. In this way establishing egalitarian social bonds with her Mapuche neighbours is a logical strategy to try to constitute herself within her present reality in an indigenous community. Through the use of indigenous medicine she adopts aspects of indigenous identity. The diagnosis of *susto* and *mal* linked the women together in a shared idiom of being possible victims of external forces, an idiom of social vulnerability and "loss" of control. The women preferred Mapuche medicine due to the horizontal relationship between practitioner and patient that made it possible to establish bonds of solidarity both with the practitioner as with his group of patients. The result is that though ethnically identifying with two different cultural categories (*mestizo* versus Mapuche) the women share, to some extent, a similar social position. Secondly, the use of a Mapuche disease category points to the inefficiency of biomedicine and thereby marks a distancing to official ways of explaining and treating illness. By rather sharing their symptoms in medical dialogue than in "confessions" to their medical doctors, the women manage, to a certain degree, to negotiate the asymmetrical power relations between doctor and patient.

An interesting question is whether Albina's apparent downward mobility (in the direction of her poor indigenous neighbours) does in fact lead to improved health care (CRANDON-MALAMUD L. 1986: 472). In her own viewpoint that was definitely the case. In this way she shared Rosario's perception that Mapuche medicine was the only available medical alternative for availing of health care. Rosario phrased it the following way:

> So many people have died. The people do not know how to get medicine, they have no places to go, then the sickness gets worse and then that is just the end. But at least – thanks to God – thanks to don Jose (her *machi)* I have recovered to last a couple of years more.

While I have emphasized the connection between *susto* and *mal* and a vulnerable social position, it is important to stress that ethnicity does play a role in the diagnosis of *susto* and *mal*. That is, vulnerability was associated with being indigenous, being Indian. In contrast, being Chilean white was associated with a more secure and untouchable position. Thus, Rosario commented:

> Do you know what, miss? The Chilean people are much stronger than the Mapuche, if a Mapuche knows about this [witchcraft practices] and uses it against a Chilean it will not be that effective, than if a Chilean person performs witchcraft against a Mapuche. The Mapuche are much more vulnerable.

In other words, vulnerability is connected to being poor but also to being indigenous. However, in the case of the indigenous, this vulnerability is also connected to practices to counteract destructive, evil forces. That is, indigenous practitioners are considered experts on witchcraft, as "knowers of the secrets of nature". This is why Albina stressed the importance of maintaining good relations with her Mapuche neighbours:

> I tell you, we have never been racist, we have never discriminated against the Mapuche, we are completely surrounded by Mapuche, and I hope they one day will look upon us as kind people. We feel equal with the Mapuche, we have never looked down upon these people. And they are so good to us, when they perform their rituals, we don't even have time to go to all the places where they invite us.

This means that sharing medical practices was not associated with shared ethnicity; rather, Albina constantly opposed herself ethnically to her Mapuche neighbours. However, through shared experiences of social position, Mapuche medicine became a resource, both as a symbol for a social vulnerable situation, as well as a resource to create social bonds and to gain access to health service.

Medical practices and social class: unfulfilled dreams of modernity

In the following section I will compare Albina's *susto* to other cases of *susto* and *mal* in order to analyze why mestizo women so often appear among the patients of the Mapuche shamans. I will also discuss several themes, among which is the social experiences that seem to unite Mapuche and mestizo patients in their use of medicine and in the medical dialogue. In her work Libbet Crandon proposed that medical dialogues are statements of social and political reality; however, her focus is primarily on interethnic relations and she is not very concerned with an analysis of class relations (Crandon Malamud L. 1983, 1986). In contrast, in my material, the diagnosis of *susto* and *mal* appears to be connected with articulation and negotiation of a social position and of class relations.

In the article "Susto: An Illness of the Poor" Avis Mysik (Mysik A. 1998), suggests that *susto* is closely connected to class relations, and observes that *susto* victims are primarily poor peasants and landless labourers, the working poor and the downwardly mobile. Mysik furthermore stresses that this conclusion in no way challenges the hypothesis that *susto* involves some

combination of psychological, physiological and social factors. However, he points out that most research has not addressed the relationship between *susto* and class position. Mysik regards *susto* as a symbolic statement of an individual's position in the community, whether self- or other-perceived. In addition, he argues that the symbolic statement made by mestizo is their downward mobility. In the following I will explore this argument by comparing Albina's case in connection with other cases of *susto* and *mal* in my material in order to identify the themes that might unite them as a group. Albina, as a mestizo woman with *susto* and *mal*, was quite typical of many patients I met. The hypothesis that I want to explore further in the following is whether having an indigenous diagnosis might be linked to a negotiation of social positions, values and class relations.

Generally, Mapuche medicine is characterized by the users as the medicine of the "modest people" *(gente humilde*). A 40-year-old landless mestizo woman said that "the majority of the rich people go to the doctor, that might be the reason that they tell us that they cannot give us medicine, because we cannot afford to buy it". A woman who worked together with her husband as a shoemaker also suffered from *susto* and depression; she explained to me that as urban modern citizen she had felt "obliged to" go to a doctor. This was part of the package offered by the government of access to education and health for the workers. The shoemaker analyzed the situation in the following way:

> After the introduction of the public health system the population grew so much that the medicine they offered became insufficient, and now they offer medicine in a way where they just greet you and then tell you to leave. No, for the poor they do not offer good medicine.

Another mestizo woman working at a market selling fruits and vegetable said:

> It ought to be more complete, but the fact is that medicine today is too expensive, an operation costs you so much, just to have a medical examination costs you so much, I believe that many people just die because they cannot afford a biomedical examination, in the end what is left to us is the natural medicine [Mapuche medicine]. So many people are just left to die because they cannot afford to have an operation. I believe that the government is responsible for this, because they do not provide for and take care of the poor people, so many people are left without work, and then they cannot afford health insurance and so they cannot provide health to the family. In the end the family suffers, because there is no greater pain to a mother than to have a sick child and not be able to solve the problem. I know this from my own experience.

This woman's statement is similar to that of many others, and indicates that the prospects of gaining guarantees for health and education became limited to one section of society, while others were completely left out,

after the introduction of neoliberal politics. The shoemaker complained of having her dreams of getting an education and a good life destroyed due to her very limited income. Furthermore, she felt obliged to continue living with her alcoholic and violent husband due to her lack of economic freedom. Now she sees her life as quite hopeless:

> How awful is this life of mine. But that is how it is. Perhaps I did choose this life myself, there is a saying that each person chooses his life, perhaps I did choose it myself, but I did not choose this situation, I wanted to progress in life, I wanted my family to progress, I wanted many people to progress together with me, but that did not become a reality.

In these statements the effect of the privatization of social security becomes clear. Firstly, a division was created between social strata in their access to medicine, and secondly, one's entire life situation became a private matter, to be solved, if at all, by the core family. If an expectation is not fulfilled it is the individual who is regarded as responsible. This corresponds to the neoliberal model of Pinochet, with its emphasis on personal freedom. On the other side of this vision are the experiences of social isolation and lack of confidence in social authorities, namely, biomedical doctors and priests. This particular woman told me very private details of her life, as did many other patients I interviewed. Furthermore, she claimed to hardly ever confess her inner thoughts. Many other women had similar comments. Although identifying herself as catholic one woman said about catholic absolution: "I simply don't like to go there to confess". Another woman said that "you cannot tell the doctor what you think might cause your sickness, nor report all your symptoms, as they do not believe the same things as us". Another woman advised me never to tell personal things to a medical doctor because "they might use it against you afterwards". As mentioned in an earlier chapter, one woman even said this about the medical doctors: "If you don't leave a cheque of guarantee to pay for the medical treatment, they just let you die at the entrance [to the building, without letting you in]". To this a man commented, "The doctors have made a huge business of our bodies". Furthermore, due to the lack of social security, the consequences of being ill were, in many cases, almost disastrous. A woman told of how medical neglect in the operation of her husband's appendicitis had left him unable to work for a year, leaving the family to survive on savings and charities. Today she treats her own *susto*, a condition which she thinks is caused by her desperate social situation, through the *machi*, Sebastian.

Hardly surprisingly my work as a medical anthropologist collecting illness stories was easy. The interviews were shaped as a medical dialogue, which stood as these women's statement of their social situation. Furthermore, the medical dialogues represented strategy and a social resource. When

choosing to tell their illness stories in medical dialogues rather than in confession to medical doctors, the women negotiated their social position, avoiding entering into the hierarchical relationship with the authorities. In this way the medical dialogue becomes a way to creatively negotiate power relations by establishing social bonds.

Furthermore, rather than adopting a political strategy, medicine became a strategy for action. In other words, in their individual version of the reasons for their unfulfilled dreams of a good life, no political action was imagined. A landless mestizo woman and her husband had dreamt of becoming owners of a small plot of land, now they only had a shelter provided by their patron, in return for services such as looking after livestock. I asked if the situation would change if a socialist president was elected. They responded: "If only it would change, but that would be like trying to get a star down from heaven". Furthermore, they even claimed that it might get worse with a socialist president, as the effects might include fewer industries and, as a consequence, less work. In a similar vein another woman said, "We just stick to our work, to what we can do; I do not understand much of politics, not much, I only vote because I am supposed to vote, but I am not really into politics". A taxi driver said, "No matter who is elected, we just have to work like hell".

All these people shared experiences of social and economic marginalization in such a way that they could be said to be "downwardly mobile", where the good life of Chilean citizens, including access to work, health and education were not fulfilled. In that way both self-identified Mapuche or mestizo shared social experiences of being marginalized in relation to the state and the health system. This observation apparently confirms the hypothesis of *susto* and *mal* as an expression of role-stress and as a product of psychological and social stress. However, I have here shown that Mapuche diagnosis and medical practice is a valid alternative to biomedicine, because it also provides a sense of agency, that is, social values that help them to cope with their situation, a strategy for dealing with a social situation that is less than ideal.

Indigenous medical practice: a means to cope with a social situation

"The forces of evil always go after the most fragile, the most weak", many people told me. Therefore, lack of work and good health were regarded as circumstances that increased the possibility that a person might be affected by *wekufes*. In the same breath, it was also an explanation of misfortune, with its emphasis on how human greed and envy often result in actions of witchcraft. The indigenous cosmology, however, also provided a

means of experiencing and acting in relation to a social situation, firstly through the establishment of social bonds, secondly by creating a space for action in the negotiation of power relations.

Albina's is an example of how indigenous medical practice facilitates the establishing of social bonds. As a medical resource person, Albina is constantly in contact with her favourite health practitioners, which makes her feel well: many of the women whom I met reported that the search for medicine makes them feel better, or that they feel better even just being on their way to meet the Mapuche practitioner, or on arrival, before having being given any medicine at all. A mestizo woman described the effect of indigenous medicine "as having been in foggy mist, and then you just see everything clearly again". Another said that on her way to her *machi* (don Jose) she already felt better:

> His medicine makes me feel good, it helped counter the *susto* I had, though of course it [the *susto*] still hits me but not as [much as] in that time when I felt really so bad, that I did not feel like me, when I lost the affection for my home, for everything; it feels as though when I am leaving to go there (to don Jose) I already begin feeling better, I arrive and it is as though things just went calm.

The indigenous medical knowledge is, however, often misused. Many told me that the Mapuche often curse a Chilean, causing them misfortune; in other cases Chileans pays the indigenous to send *witranalwe*, a *wekufe* which is described as a black man on a horse with a large hat and shining spurs. The *witranalwe* is impossible to catch as it often changes shape and manifestation: it might appear as an animal, a cat, a dog or a bird. It might also appear as the skin of a sheep which turns out to be alive. Or as thecrying of a baby or the sound of a bird singing (*twu twu).* Often this destructive force inserts itself into the victim's body, where it starts growing. In other words, birds, insects, cats and dogs are regarded as possible messengers of evil forces, sent by a sorcerer or witch.

The idiom of *wekufes* represents a statement of the loss of life force and energy, associated with destruction and death. The victims often talk about the smell of soil or putrid flowers from the cemetery, which are also associated with witchcraft, as the soil is used as a means of bewitching. *Mal* due to witchcraft is often associated with the person described becoming completely pale and skinny. A man explained to me that this is because the *wekufes*, the evil spirits, live on human blood, which they suck out of their victims. However, the belief in *wekufes* also has its counteraction, as shown in the cases of Albina and Rosario. In both cases the women use the Christian cross to ward off evil. Other commonly used antidotes are salt and silver jewellery. Most patients also attend healing rituals of their favourite *machi*.

Conclusion: negotiating social positions and power relations

In this chapter I have explored the relationship between illness experience, disease categories and social positions. The case of Albina, a mestizo woman who has an indigenous diagnosis raised the question of why mestizo women often believe that they have a Mapuche-illness. I have compared the case of Albina to that of two Mapuche – Alvaro and Rosario – in order to explore the role of ethnicity and class in illness experiences. It has been shown that Rosario and Albina, though from different ethnic backgrounds, do in fact share many common experiences and a common social arena. They also share and negotiate the same resources, in this case land, work and medicine. These resources were considered scarce especially, their access to biomedical care. In other words, in a context of privatization and modernization the relationship to official medicine and medical doctors was characterized by a feeling of marginalization and lack of influence.

In this way the women shared a vulnerable social position, which they negotiated in medical dialogue. The use of indigenous medicine became a symbol for a social position, and a resource for negotiating social and power relations. Through medical dialogue they established egalitarian bonds and expressed social values; being "indigenous" was associated with vulnerability and loss of control and became a means to express a socially difficult situation. Furthermore, indigenous medical practice involved a negotiation of power relations and an explanation for sickness and misfortune through the vision of a duality of good and destructive forces. What is more, it provided social bonds and medical knowledge, which were both means to counteract the influence that evil forces have on human lives.

Notes

(1) Out of 30 patients interviewed during my fieldwork, 10 reported symptoms which they identified as *susto*. 3 of these were male or female. 5 were mestizo women, 2 were children. All had other diagnoses, mostly depression / nerves and in two cases they also suspected witchcraft to have been involved. The diagnosis of *mal* is even more widespread: out of 30 patients, 26 believed or had suspected that witchcraft was involved in their affliction. In this group 9 were mestizo women.

(2) These objects enter the body through eating food or beverages bewitched by a sorcerer. The evil force then installs itself inside the victim's body, most commonly in the stomach, and from it sucks the blood and life force.

(3) *Susto* and *mal* among patients in Southern Chile are quite widespread. According to the findings in my survey, 22% percent of the respondents reported having suffered from *susto*, and 17% said they had suffered from *mal*. I was intrigued to see how many mestizo women attended the medical consultations of the *machis*. The survey supported a negligible gender bias in the spread of *susto*, as women were only slightly overrepresented. Of the 26 persons who reported that they were suffering

from *susto*, 12 were men and 14 women. That mestizo women apparently dominated in the medical consultation might not be an indication of a higher prevalence of these illnesses and diagnosis among women, but due to the simple fact that women often consult the medical consultations on behalf of their family members. Furthermore – as I argue in this chapter – it serves as a strategy to position themselves within their social environment.

(4) For instance *pasmo*, a suffering caused by sudden change of temperature, or *empacho*, diarherra caused by improper balance between hot and cold food.

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Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 209-225

The duty to feed and eat right

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> Modern economies are built on good health. Their competitiveness increasingly depends on enabling their citizens to lead healthier, more productive lives. Good health is a key driver of growth.
>
> EU Health and Consumer Protection Commissioner David Bryne, July 2004
>
> In this way does the maintenances of health becomes a civic duty.
>
> *(Paa denne Maade bliver altsaa Sundhedens Vedligeholdelse en borgerlig Plikt.)*
>
> Johan August Unzer 1771 (cited in DAHL R. 1989, Medicinsk Haandbok 1-2) [1]

Introduction [2]

In 2004, EU's Health Commissioner launched a «reflection process on the future of EU health policy» in which the crucial role of health for economic growth was at the core; «boosting the economy through better health». In contemporary discourses on health, food plays a pivotal role and is also thoroughly medicalized in the sense that it is instrumentalized as a means to achieve better health and/or to prevent or heal illness. A process which is here called *pharmacologization* of food. The context of this paper is contemporary Norway. It is argued that in the Norwegian society food is medicalized to such a degree that we no longer find "free food" understood as food that is perceived as being neutral with regard to health and illness. Food is inevitably classified dichotomously as *either* "healthy" *or* "unhealthy". Such a rigid categorization makes health screening of food an omnipresent possibility. Feeding and eating become practices imbued with a moral obligation first to screen the food and then subsequently to feed or eat in a morally good manner [3].

In anthropological studies, the body is typically conceptualized as a site of inscription and only rarely also as an inscriber; a body which acts on itself or on the body of others. This paper argues that eating or feeding should be approached as practices through which the body incorporates, and inscribes on itself or the bodies of others, not only physical substances but also the meanings and ideologies such substances might carry. Inquiries into feeding and eating should, it is suggested, include: theorizing feeding

and eating as triadic processes and practices; theorizing such triadic practices as acts of incorporation and inscription, and bringing into focus the temporal character of incorporation.

In the Western context, Roland Barthes (1979 [1961]) classical consideration of the capacity of food to function as signs which mark and produce social and cultural distinctions, and hence identities and differences opened up a range of new fields for ethnographic inquiry. In its aftermath, a rich volume of general and local studies and analyses of food as a cultural and social phenomenon has been generated (see for example: MESSER E. 1984, CURTIN D. W. - HELDKE L. M. 1992, COUNINHAN C. - ESTERIK P. 1997, COUNIHAN C. 1999, ESTERIK P. 2002, MINTZ S. - BOIS C. M. 2002 – in a Norwegian context e.g. LIEN M. 1989, FURST E. 1995, DØVING R. 2003, BUGGE A. B. 2005). "Food as medicine" has also been explored in a Western context albeit to a far lesser extent. When this phenomenon has been subjected to ethnographic exploration, focus has been on the explicit application of *singular* food items (or groups of such items) in therapeutic or healing processes (e.g. in a Norwegian context, LYNGØ I. J. 2003). The phenomenon under exploration here; the contemporary medicalizing *all* food, that is, medicalization of food as a *general* category or type, has remained strikingly unexplored.

Before I proceed, let me note a few word on the historic dimension. Food has always been of medical significance and a way of intervening in the body (FISCHLER C. 1988). Diet was central in humoralism, which formed the basis for the Western tradition of medicine up until the nineteenth century (NUTTON V. 1993). Moreover, the humoral framework is still (implicitly or explicitly) at work in substantial parts of lay medicine (RIPPERE V. 1981). While conceiving food and feeding as substances and practices of medical significance is not a new phenomenon, what comes forth as both novel and unique, is the medicalization of *all food* which leaves no food neutral with regard to health and illness. Hence, this paper departs from an understanding which sees contemporary pharmacologization as a phenomenon which in some, though far from all, respects can be perceived as one that operates in continuation of a former medical paradigm. The aim here is to conduct an initial exploration of the particular configuration of the contemporary medicalization of food emerging in the Norwegian society, an industrialized and increasingly marked-liberal Western country.

Lastly, I would be amiss, if I did not stress at the outset that the issue under discussion here is one born of a surplus of food and that this reality differs

dramatically from the harsh realities of larger parts of the world where millions of humans' everyday lives involve a lack of adequate nutrition or even the prospect of starvation.

The methods and context of the inquiry

The discussion of this paper emerged from two ethnographic studies undertaken in Norway the last 3-4 years. The first one aimed at a more general exploration of cultural perceptions of risk and (ill)health. In that study, coverage of health and risk in general public discourses including mass media and public health efforts severed as the main ethnographic case. A variety of printed media (varied with regard to geography, politics and tabloidness) were followed daily over an initial period of three months and then less regularly over the next year. During that last year, the main approach were to follow cases of relevance as they emerged. The second study, which is still ongoing, grew out of the first one and focuses specifically on the current medicalization and instrumentalization of food. In this study, empirical data is gathered, through a combination of ethnographic methods: repeated exploratory interviews, group interviews and participant observations. Repeated exploratory interviews have been conducted with a cross section of persons who had previously participated in a comprehensive population based study in Oslo. Group-interviews are being conducted with persons in south-east Norway who are in some way already connected and share an everyday reality that involves food (for example, groups of women who have recently given birth, people who eat lunch together at work, elderly people who eat at centres for elderly, people meet as neighbours, schoolmates).

Participant observation is of course conducted on public meetings and place where health and/or food is debated. However, since I am doing research "at home" and the phenomena under scrutiny is encountered in countless everyday conversations, places, relations and contexts, the topics of inquiry inescapably become both external and internal to the explorer. This circumstance is recognized as one that supplies depth and texture to the research material generated through formal means. Hence, an alternation between productive closeness and required distance to the field is taken as a continuous challenge to be carefully considered as well as thoughtfully exploited.

In this paper, it is semiotics in the Peircean tradition in conjunction with Foucault's concept of governmentality (understood as a power technique

through which the individual is governed by making him or her govern him or herself in a particular way) informs the inquiry.

There is no food external to health

In public discourses in Norway (including mass media and public health efforts), we are caught up in an onrushing current of piecemeal information on risk and health. A substantial part of this information concerns food: it is about tomatoes, carrots, cauliflower, etc. and their potential to prevent prostate cancer; the capacity of potato chips to cause cancer; the detrimental influence of fats on the heart; or simply the necessity of eating right. When risk and (ill)health is thematized in mass media, public health efforts or everyday conversations and small-talk, the capacity of food to prevent, heal and endanger is prominent. Not only is food conceptualized in terms of its relation to (ill)health, food is also instrumentalized so as to find its main function as a means to achieve health related goals. The relation between food and health or illness tends to be presented as a particular kind of relation. It is presented to us as a causal one-to-one relation. One particular food is linked to the prevention of one particular illness, and likewise, one particular food is linked to the onset of one particular illness. Through statistical correlations your health or illness is directly linked to the food you do – or do not – incorporate [(4)].

There seems in Norwegian today to be no such thing as 'free' or *neutral* food, in the sense that no food can entirely escape classification as either beneficial or detrimental to health (no substance is *free from* the grid of this categorization). For virtually everyone in some contexts, all food items/ substances inevitably carry a capacity for being classified (dichotomously) as *either* "healthy" *or* "unhealthy".

It should be noted that the observation that all food holds a potential for being categorized as healthy or unhealthy does not entail any claim for such classifications to be fixed or indisputable (cf. for example the debate concerning the usefulness of Glycaemic Index as a measurer of healthy food). Disputes on how to assess singular items or substances are certainly rampant. Moreover, classifications of food substances and food items have indeed proven to be temporal. But temporalities, inconsistencies and disagreements are all found at the level of *actual* assessment or evaluation of concrete food substances or items (or diets). In itself, the practice of assessing food in relation to the healthy/unhealthy dichotomy, gives rise to no disagreements and is never questioned. Disputes regarding the benefits

and dangers of particular substances take place against an implicit, undisputed background. What is taken for granted (what goes without saying) is that substances "naturally" fall into one of two categories. Alfred Schütz (1970) concept of "unconsidered certainty" captures well this habitual non-explicit mode of relating to food's capacity for being evaluated as either healthy or unhealthy.

The contention that there is no food outside health is not put forward only on basis on that which is *present* in health related discourses, or on basis of that which has been explicitly articulated in individual or group conversations/interviews. An inquiry into that which is *absent* from these discourses and interactions has been just as important for reaching that conclusion (cf. FOUCAULT M. 1999 [1971]). A consistent absence of food that cannot be classified in terms of its contribution to the (ill)health of the one who eats it, came forth as a striking feature during the last years observation of health discourses and conducting of individual and group conversations. Just as food conceived of as neutral with regard to health and illness can hardly be found in this discourse, designations signifying such food have vanished from the active Norwegian vocabulary. One example is 'magefyll' (stomach filling), a former everyday designation for the category of food which you ate in order to fill your stomach. It is of significance to the discussion that the form of absence we are dealing with here is not the kind of absence that is recognized as an absence. On the contrary, this seems to be an absent absence: neither do we find any foodstuff which is neutral to health nor do we encounter any articulation or discussion of this lack. Importantly, an absence that is not recognized, articulated or thematized cannot be subjected to reflection or debate.

The absence of food that cannot be classified as either healthy or unhealthy seems indeed to be among that which constitutes food as a general cultural phenomenon or cultural type [(5)] in today's Norway. Importantly, as food is intrinsic to feeding and eating, this characteristic of food, will, of course, also be among that which defines feeding and eating as cultural practices.

If food's capacity to lend itself to health screening is omnipresent (healthy or unhealthy?), refraining from taking advantage of this potential will not be without moral implications. In such a situation, "feeding" and "eating" will easily become practices imbued with a moral obligation to eat and feed right. This will include an obligation to perform a ceaseless health screening of food items/substances. Put somewhat differently, food's right way to the table will include clearance in the "home pharmacy".

It is not only the opposition between signs of "healthy" and "unhealthy" that are in operation when food is categorized. "Safe" versus "risk/danger" and "morally good" versus "morally bad" are other prominent pairs. To a large extent, the process of pharmacolocization rests on a correlation of these signs. In this process, healthy food is correlated with safe and morally good food in the same manner as unhealthy food is correlated with dangerous/risky and morally bad food. Implicitly and explicitly the sign "healthy food" will also carry the meanings "safe and morally good/superior" in the same way as "unhealthy food" will carry the meanings "danger, risk and morally bad/inferior". Importantly, even if the two sides of the healthy – unhealthy dichotomy are mutually dependent (as well as mutually exclusive), their mutually dependency does not prevent one of them (the healthy one) from functioning as a *moral baseline*.

The absence of food external to (ill)health also comes to show when there is a breach of everyday eating or feeding order as for example when something is celebrated or there is a special occasion. While extraordinary food may (still) involve extra costs or labour, indulgence in foods normally perceived as unhealthy seems to be a major ingredient in special treats. "Time out", in the context of eating and feeding, is largely marked by incorporation of "bad food" accompanied by justifications like «You can't always think about health» or «One has to allow one self to something extra». Hence, the "time out" we are dealing with here is not a time spent in a space where health is irrelevant to feeding and eating but a time spent on the bad or deviant side of the dichotomy of health and risk.

One of the contradictions in our culture pertaining to the topic dealt with here is the fascination – indeed, the celebration – of food in aggressively gustatory and aesthetic terms. To overlook (for example) the growing abundance of cookbooks, the countless restaurant and wine guides or the numerous celebrations of famous chefs (not unlike the celebration of sport heroes) would hardly be possible. On the one hand, we are confronted with the increasing hegemony of instrumental rationality according to which the category of food is being more and more reduced to a means, in particular as mentioned above, a means pertaining to health and illness. On the other hand, we can observe a countermovement wherein cultural practices concerned with the purely aesthetic qualities of gustatory experience are places of refuge, even sites of transgression. When Nigella Lawson or some other famous chef on TV uses, without verbal comment though typically with a devilish expression, more oil or eggs or sugar than has been deemed healthy by current research, it is difficult not to see a subtle – or perhaps not so subtle – act of rebellion. But such an act is in its own way a

recognition of, and even homage to, the authority of the movement it intends to subvert or challenge. Hence, alongside discourses focused principally on risks to health, there are discourses operating in apparent abstraction from anything but the palate and its pleasures though ones through which individuals distinguish themselves as refined or sophisticated (cf. FOUCAULT M. 1985). But the various discourses concerned with "gastronomy" or "identity" will not likely remain unaffected by the process of pharmacologization with which I am concerned here. The havens of refuge and sites of resistance will almost certainly come to be colonized, to some extent, by the very ethos they are trying to counterbalance.

Two insights of Foucault are especially important to recall here. First, there is no exercise of power without instances of resistance or opposition to this exercise. Second, the sustained forms of resistance tend to incorporate within themselves defining features of the objects of their resistance. Consequently, it is a reasonable expectation to imagine the advice of medical experts will come increasingly to shape the practices of gourmet chefs and premier vintners. The "food police" will become inscribed in the very subjectivities and consciences of chefs and gourmets (FOUCAULT M. 1990 [1976]).

Functionalized food

Public discourse on risk and (ill)health share salient features with the specific ones on "functional foods" or other kinds of commercially modified food. Thus an inclusion in the discussion of some traits of foods such as "functional food" may assist in illustrating the current instrumentalization of food in the name of health. Let me briefly recall some central features of "functional foods". The phenomenon emerged within societies of abundance (ROBERFROID M. 2002) and is a fairly recent one (HEASMAN M. - MELLENTIN J. 2001). It gained momentum when USA lifted restrictions on the use of health claims in the marketing of foods (BECH L. - GRUNERT K. 2003) [6]. The consensus paper of EU Concerted Action on Functional Food Science, coordinated by the International Life Science Institute (ILSE), states that:

> «We are progressing from a concept of "adequate nutrition" to one of "optimal nutrition". We have moved from a former emphasis on survival, through one of hunger satisfaction and of food safety, to our present emphasis on the potential for foods to promote health, in terms of providing well-being (mental and physical conditioning) and reducing the risk of diseases» (DIPLOCK A.T. *et al.* 1999: S5).

As defined within this technical discourse, "functional foods" is *daily food* to which components are added, removed or modified by technological or

biotechnological means. It is foods that have effects in amounts that can normally be expected to be consumed in the diet (not pills, vitamins etc) (ASHWELL M. 2002)[7].

While, as discussed above, food in general is dichotomized into healthy and unhealthy (risky), the specific discourse on "functional foods" divides food into "functional" and "non-functional" food. All food is of course functional (e.g. it supplies energy to the consuming organism). But this fact is occluded by the appropriation of the sign "functional" as a designation for this particular form of food. Moreover, by the way this sign is crafted, it implicitly signifies the food which is not "functional" as being "non-functional". At first glance, "non-functional" might come forth as something like neutral food (with regard to health). But in our everyday lives "functional foods" cannot operate entirely, and not even mainly, outside the general discourse on food. Hence, the classification code of "functional" and "non-functional" will gain its meaning in relation to the corresponding code of general discourse. In the same manner as "functional foods" is more than likely to be categorized as healthy and good, "non-functional" is overly prone to be classified as risky, unhealthy and bad. As (in this logic) "non-functional foods" do not contain that which might bring health and salvation, feeding based on such foods will easily appear as hazardous and even immoral. There is all reason to believe that the food industry trades on a habitual signification process which makes that which is not good (functional) into its opposite: bad (non-functional).

Food drifts towards danger

As discussed above, the stability of the dichotomous classification of food is, in principle, compatible with variability of, and controversy about, what belongs in one or the other category. But, in practice, this variability or alterability and the controversies surrounding it (some "authorities" contending that, say, whole milk is not healthy whereas those swayed by more current research arguing that this substance actually fosters health) tend to operate in such a way as to undermine the dichotomous classification itself. Even if "food" is dichotomized as healthy or risky at any stage, it simultaneously appears to drift towards danger (in some undefined future). That is, there is a drift toward one inclusive category of food, the potentially dangerous one. So even the safest foods tend to come under suspicion: statements like «You have to eat carrots before they too are declared dangerous» have become almost a saying in Norway. The prospect of having that which is classified as healthy today reclassified as dangerous tomor-

row, is ceaselessly voiced (jokingly – or not at all jokingly). There seems to be no corresponding anticipation for "food" to drift towards safety. If even the most healthy foods are open to reclassification, then the instrumental category of healthy foods is inherently unstable to such a degree that its instability becomes a feature of the category itself; put otherwise, the category of "healthy" is understood as what today happens to be considered healthy. Whatever appears to be confidently established at present might be radically revised at some point in the indefinite future, thus in the proximate future. Several factors may contribute to this. Among them, first, the fact that "food" operates in a cultural context where risk identification and control is central. Second, danger is always present under a regime of pharmacologization; not only is unhealthy food inherently risky, danger becomes intrinsic also to healthy eating and feeding as such practises are undertaken against the backdrop of the evil that may materialize if one refrains from doing so.

A similar argument can be made for modified foodstuff. "Functional foods" for example become "functional" exactly because of the amendments or manipulations it undergoes. It is hardly imaginable that the sign "functional foods" will not also convey that "food" (in general) is substances and items in need of improvements or corrections, and that it is only in an altered state "food" meets our health requirements. Hence, "non-functionalized food" (or non-modified food) can easily be inferred as inherently dangerous. The dichotomy of "functionalised" and "non-functionalized" has a lot in common with one of structuralism's more celebrated ones: «the raw and the cooked». In Lévi-Strauss' (LÉVI-STRAUSS C. 1986 [1964]) seminal analysis of mythology, food becomes safe and edible for humans only after it has been transformed or amended trough cooking. Just as the cooker, (feeder) becomes a crucial mediator in Lévi-Strauss' account, the food industry is in the process of establishing themselves as the saving mediator through "functional foods" and other kinds of commercially modified foodstuff.

Feeding and eating as temporal triadic practices of incorporation

Among other things, pharmacologization of food and feeding/eating needs to be considered in the historic and political context where it takes place. In particular, this development must be considered in reference to the climate of neo-liberalism and the vision of the individual at the centre of this ideology. As shown by many, a salient feature of contemporary discourse on risk and (ill)health is the way it makes individual persons the

loci of risk-control (see for example CRAWFORD R. 1977, CASTEL R. 1991, OGDEN J. 1995, PETERSEN A. - LUPTON D. 1996, GASTALDO D. 1997, NETTLETON S. 1997, OGDEN J. 2002, HILDEN P. K. 2003, PETERSEN A. 2007, ROSE N. 2007). As insulated managers of their own health, individuals are expected to focus critically on the particular cluster of risks posed by their genes, environment, lifestyle, and other factors. These individuals in effect (also likely in their own self-consciousness) become their own saviour – or terminator. Significantly, they are in the context of eating and feeding fostering the salvation or damnation (i.e., destruction) of not only themselves but also those whom they feed.

Inquiries into the current medicalization and instrumentalizarion (pharmacologication of food) constitute a novel field of inquiry and hence demand a critical reconsideration of how we conceptualize or theorize food, eating and feeding. A framework for such inquiries should – I suggest – encompass: *first*, theorizing feeding and eating as triadic processes; *second,* theorizing such triadic practices as acts of incorporation and inscription, and *finally* bringing into focus the temporal character of incorporation.

The first implication concerns the need to conceive feeding and eating as triadic practices. As a first step in this direction I have, in light of the Peircean conception of sign-activity (or semiosis), conceived eating as an irreducibly triadic process. Just as giving is an irreducibly triadic structure involving giver, gift, and recipient, semiosis is one involving sign, object, and interpretants of various kinds (PEIRCE C. S. 1931, 1958, COLAPIETRO V. 1989, 1993). Conventionally feeding and eating is conceived of as nothing more complex than a dyadic relationship or set of such relationships. Most prominently these dyads are those involved in the relationship between eater and food, the feeder and food, the feeder and the one being fed, the healthy and the unhealthy. But eating and feeding would better be interpreted and investigated as a triad, that is, as an affair involving a minimum of three parties. Analogous to an act of giving – which necessarily involves at least three "parties" (the giver, the gift, and the recipient) – feeding is also irreducibly triadic. That is, it cannot be reduced to nothing less than three: the *feeder*, the *food* and *the one being fed*. Regarding the latter, the one being fed includes both feeding oneself (eating) and feeding someone else. To eat indeed is a triadically structured process: an "I" incorporates in the exact sense of this word some substance into a "me". In the same mode as eating includes "I and me" feeding includes (at least) "I and a you" (cf. also MEAD G. H. 1962 [1934]). The food (one is or isn't being fed) is a shared third of the "I and me" (of the intra-subjective practice of eating) and the "I and you" (of the inter-subjective practice of feeding). But to be shared *by*

the partners does not mean that the food that is shared is similar, much less identical, *to* them. Equally important, the food – conceptualized as the third of the triad – is not a passive party to the meaning-making processes of eating and feeding but a dynamic partner in this complex exchange. As an active part to the practices, food is more than its physical substances: it is also a conveyor and producer of meaning [8].

The second implication concerns the implication of the incorporation of such a third. Feeding oneself and/or others is nothing but a practice of *incorporation* [9] Incorporation entails the transgression of borders; something other than the embodied self (physical or biological substance as well as the meanings they carry) crosses the physical boundaries of the body and becomes part of one's self and subjectivity. The body is hardly ever just a container (a site from where to read), the body is always also a doer (as long as we are talking about a living body as opposed to a corpse). Put somewhat differently, a body is not only a site of inscription but also an inscriber (a body which acts on itself or on the body of others).While eating, an *intra-corporeal* act, does not necessarily involve anyone else than the one who is eating, feeding others will by definition be an act of what Sheets-Johnstone calls *inter-corporeality* (SHEETS-JOHNSTONE M. 1994). The healthy/unhealthy categorization provides any meal of any day not only with a possibility for health-screening of food, but as a consequence of this fact, also with opportunities for evaluating ones relations to oneself and/or to others on basis of that which one incorporates, or offer or is offered for incorporation.

Incorporation of food is not an optional human practice, we do not choose *whether* or not to eat, albeit we may choose *what* we eat. We are all bound (at some level and to some degree) to partake in meaning-making processes with regard to food and feeding; and to consume also the inseparable meanings of the food we ingest. As our relationship to what we consume as food is becoming increasingly or even overwhelmingly mediated by public discourse concerning health risks we may be swallowing in the ingestion of this or that substance more than the substance itself. Our incorporation may be understood as an incorporation (a mode of inscribing on the body) of nothing less than the neo-liberal ideology of risk management of subjectivity.

The third implication concerns the temporal character of incorporation. I am especially interested here in the way temporality in a culture preoccupied with health risks specifically structures our discourses and understanding of food, eating, and related topics. Pharmacologization as it currently can be observed in the Norwegian society, links the feeding of today to the

(remotest) future: «What you eat today may kill or save you in 30 years», and likewise, «What you do or do not feed you child today may kill or save her in 30 years». It can also link the feeding of the present to an almost forgotten past: «That which is killing you now is that which you ate, or did not eat, 30 years ago» or «That which make you child suffer now, is that which you ate while being pregnant». The future colonizes the present and, in turn, the present colonizes the future (GIDDENS A. 1991). A possible future disease ought to guide what you eat today. Anxiety about the future tends to define the present, as what you actually do in the here and now is imagined to determine in a strict sense the quality of the future – what you incorporate and hence your body inscribes on itself or on the body of an other – is an inscription of your future – or that of your child.

The punitive threats of the ideology is incorporated. What befalls us is, to an unprecedented degree, coming to be seen as a direct consequence of what we put into (or do with) our bodies. The length, quality, and meaning of our lives are increasingly seen as the meritorious achievement of the informed, disciplined self. An early death or disabled life is something the individual allegedly *merits* as a consequence of a pattern of choices in the face of risks, risks about which that individual is progressively being informed by a wide array of public discourses. Hence, «They knew better or, at least, *should* have known better, so their condition is a more or less direct consequence of their choices». This logic is taken up by people. It is not uncommon in contemporary Norway to hear (or read) that individuals only have themselves to blame for their illnesses and deaths, for individuals have been sufficiently warned by the acknowledged authorities through multiple channels of public media.

Govern your self!

Foucault's concept of 'governmentality', the power technique through which the individual is governed by making him or her govern him or herself in a particular way (FOUCAULT M. 2002), might assist in shedding further light on the process of pharmacologization. Under the regime of 'governmentality'; food may also be understood as a kind of designer drug in the sense that, guided by the information made available by the authorities, we are supposed to produce a particular body – the healthy one. Your own body or those of your children will eventually give evidence against – or in favour - of you when your morality (or compliance) is up for testing. Surveillance incorporated. As already noted, the judgement of bad eating and

feeding behaviour may be harsh (almost biblical) – "you heard the word but heeded not" – as a consequence you may suffer or die a premature death. At ever juncture that involves eating and feeding including shopping and/or cooking food, the manner in which one "governs" oneself is, in principal, up for measure. And people seem to know they are up for scrutiny and also that incorporation of (bad) food are human practices in need of justification. People may feel an urge to explain why they buy unhealthy food. For example, people interacted with in the project tell that while shopping sweets, cakes and soft drinks for a child's birthday party, they have found themselves explaining those whom they met (including the cashier) why the shopping cart is stuffed with the 'wrong' stuff. And, in a similar vein, they experience that what others eat or put in their shopping basket can be read as a sign of who these people are – or at least of their moral standard and the level of their capacity for self-control. Whatever underlies such a judgment is a system of acknowledgment, authority, and power, one in and through which a distinctive form of human subjectivity is engendered. The self is ultimately thrown back upon itself, though it is done so by external forces and authorities from which it cannot completely dissociate or distance itself (forces and authorities with which the self cannot help but identify to some degree). It goes without saying that individuals should strive to realize the ideals of a healthy body in their everyday lives, for these ideals are constitutive of the very culture in which such which individuals live (more exactly, the culture in and through such individuals have been constituted as subjects).

Conclusion

This paper has argued that in the Western marked liberal world we are currently experiencing a medicalization and instrumentalization of "food" in the name of health (pharmacologization). Further it has been argued that "food" either falls into the category of healthy (safe and morally good) food or into that of unhealthy (dangerous and morally bad) food. This all encompassing dichotomy structures the food of our every day lives and is among the elements which make up "food" as a general cultural phenomenon. Changes in the constitution of "food" as a general cultural phenomenon will by necessity engender changes pertaining to practice of eating and feeding (food can never be anything but internal to feeding and eating). When mediation of potential illness or health becomes an inherent property of food, such mediation also becomes intrinsic to practices of feeding and eating.

Regulation of incorporation of substances (food and drugs) is one main strategy of public health efforts. It is expected of the individual that she or he optimize his or her own body and health status through intake of food and drugs (and increasingly also physical activity). It has been argued the rigid categorization of food (healthy or unhealthy) does not prevent a tendency for food to be understood as potentially dangerous (even if beneficial today); that food drifts towards danger. Such a development may give rise not only to increased demands for control of food but also of the feeder and eater. Control of food and food substances may increasingly come to run along avenues such as those of the 'functional foods' of the food industries. Control of the feeder and eater may increasingly not only take the form of moral condemnation but also that of sanctions related to one's rights in the welfare system [(10)]. Debates are rampant in Norway on whether or not a person who is perceived as being her/himself to blame for a particular health condition, should loose her or his rights to relevant support from our welfare system for the condition or to have such rights modified.

Lastly, I would like to draw attention to a feature of public discourses on health which has been left astonishingly unnoticed. It concerns the mode through which the sign "economy" is operating in these discourses. At the onset of this paper I briefly drew attention to way health is instumentalized as a means to achieve economic growth. The instrumentalization of food (pharmacologization of practices of eating and feeding) in the name of health cannot but be seen as part of this endeavour. Not only EU officials but also but also Norwegian health authorities treats "economy" as a self-evident justification for calls to invest in the health of the people and also for the implementations of efforts to make people govern themselves in compliance with their advice. Few will dispute that economy is of crucial significance for the lives of people. But what is truly remarkable with the way "economy" is operating, is that this sign seems to operate in a mode which is nothing less than radically abstract. There seems in such discourses neither to be any calls for nor any perceived necessity to ask or answer (simple) questions like: "*Whose economy?*". Means to articulate such questions (or answers) may not even be available in these discourse (FOUCAULT M. 1999 [1971] on the exclusion of certain phenomena from a particular discourse). In such particular yet almost omnipresent discourses, the sign "economy" operates in fundamental isolation from phenomena we normally would conceive of as inseparable when a phenomenon such as economy is up for discussion, namely: ownership, control, power and profit.

Notes

(1) Let us also not forget the regime under which the duty to be healthy and the relation between the individual and State was taken to the perverse extreme:

> "Your body belongs to the nation!
> Your body belongs to the Fuhrer!
> You have the duty to be healthy!
> Food is not a private matter!"

Nazi slogans sited in Robert N. Proctor *The Nazi War on Cancer 1999* p. 120.

(2) Acknowledgement: I am indebted to Vincent Colapietro and Per Kristian Hilden for comments, suggestions and discussions. The Norwegian Research Council has funded the two projects from which this discussion emerges.

(3) Some of the themes addressed in this paper is also taken up in MIDDELTHON A. L. (2006).

(4) Such correlations are presented in a piecemeal – one by one fashion. Not only does this reflect media's ceaseless demand for health-news, it also largely mirrors the tools of epidemiology by which correlations are established, and risk factors identified, one by one.

(5) Charles Sanders Peirce developed the type – token distinction. The distinction will not be used explicitly here but has been useful in working with the questions of this paper as it facilitates an investigation of "food" as both an abstract/generalized sign (type) and a sign (token) which mediates meaning in concrete and individual instances of food and feeding. It also facilitates an exploration of the relation between these two forms of signs.

(6) For "functional foods", health claims are nothing less than its economical foundation (KATAN M. 2004, LAWRENCE M. - GERMOV J. 2000).

(7) "Functional foods" is nothing but piecemeal in character. Its health claims are about the effect of specific amendments to specific substances or items, and the capacity of one particular amended/ functionalized food to prevent one particular disease. Holm (HOLM L. 2003) discusses how functional foods may influence everyday practice of common life and asks what will happen to the shared meal if different food target different people around the table, for example, people with disposition for heart disease, menopause women, young people, old people etc. (see also CROUCH M. - O'NEILL G. 2000 for a discussion of functional foods and individualism)

(8) Elsewhere I have made a similar argument concerning the triadic character of the dialogue (MIDDELTHON A. L. 2001, 2006, 2007).

(9) Incorporation can also be understood here in its etymological sense: go beyond or pass over.

(10) I have only implicitly related to the issue of gender in this regard, but it is far from insignificant that the feeder to an overwhelmingly degree is still a woman (see e.g. CAPLAN P. 1997, COUNIHAN C. 1999). Further investigations of pharmacologization of food need also to explore the gender related issues involved.

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Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 227-244

Body and health in women's everyday lives: an ethnographic fieldwork in Southern Denmark

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In western societies today we see a widespread health culture, and I am going to start my article by outlining the background, as I see it, for this health culture, in which women not least are participating. After that I will provide an insight into an ethnographic fieldwork that I have carried out among female health users in Denmark as an element of a PhD project (ROSTGÅRD L. 2005), and finally I will present two theses, the first one concerning scientification of everyday life & mainstreaming of complementary and alternative medicine, the second one concerning the aches and pains experienced by women in their everyday lives & relevant means meeting these.

A health culture

Several phenomena can be seen as interacting and contributing to the current health culture. First the established and professional health sector has expanded its field of interest. Prevention of so-called 'life style' diseases is in focus now, which means that people's everyday lives are in focus. National public health projects are displayed urging individuals to take responsibility for their own health (KJOLLER M. - RASMUSSEN N. 2002: 338-39, LARSEN K. 2003: 23). The Danish National Board of Health has launched various health campaigns in which two major areas are seen. One is the encouragement to physical activity, displayed in campaign slogans such as "30 minutes a day." Another is seen in food recommendations with slogans such as "6 pieces a day" meaning 600 grams of vegetables and fruit.

The second phenomenon affecting the current health culture is the increase in business activities of the complementary/alternative and commercial health sector. There is a growing market for everything that is regarded as healthy – or conversely, for everything that is considered to

reduce the risks of modern life – from fruit and ecological milk products, to various vitamin complexes with herbal extracts, and other complementary medical products. There is a market for alternative therapists offering treatment and prevention, a market of fitness centres and fitness machines intended for exercise at home, a market of Pilates and Yoga classes, providing instruction in various movement regimes intended to help relax, strengthen and firm up the body, and so on (LANGER J. 2002: 8, 2003: 15, LARSEN K. 2003: 21-22, 49, 55).

When I presented the picture of the health culture given here to some colleagues from the Institute of Sports Science at my university, they were offended that I, as they saw it, "confused" exercise with complementary medicine. And in a study such as mine, where to draw the line analytically is, of course, open to debate. Nevertheless I find it reasonable to define complementary/alternative medicine broadly as everything that is in addition to conventional medicine, and my point is that, if we look at things from the perspective of the user, these categories really are "confused". In fact, many strange mixtures can be seen in the market and in the health prescriptions from official health authorities: Fitness and wellbeing, called wellness, gardening and therapy, called gardening therapy or exercise and medicine, called exercise on prescription, where exercise and even gardening are seen as a form of complementary/alternative medicine.

This brings us to a third element contributing to the health culture, and that is the health users, or health consumers. Their health strategies are influenced by new public health campaigns as well as by the offerings of the market. People in their everyday lives demand services and products from the professional as well as from the complementary/alternative sector. They pick and mix information and ideas from both sectors, constructing their own individual health strategies and body images. And the media play an important role in circulating and popularizing the raw materials that are used by individuals. For instance a woman that I have interviewed says:

> «I read it in a magazine; I read about "the Five Tibetans" that it was a clever thing to do them every day; they're said to be the source of eternal youth, so that when you're seventy you look like forty years old. I don't actually believe that, but I do believe that yoga does something for the body, something good». (Yoga exerciser, 46 years old)

Three arenas for body and health

For my research project I have been interviewing 25 women, aged 30 to 76 years, and practising together with them in different types of health are-

nas: gymnastics classes at fitness centres, yoga classes, and a society of allotment gardens. The idea behind a research design such as this is that these leisure time activities open up to a broader area of everyday practices and thoughts concerning body and health. Starting an interview in the context of one of the three activities I have asked questions about other activities and products that the women make use of in their daily lives and which they themselves regard as healthy or beneficial for the body. The purpose of building the design not around one, but around three types of health arenas is to obtain variation in the material as to the women's age, their socioeconomic background, and their health strategies.

The empirical material of the study is analysed within a framework where the key word is 'conceptualizations.' Within this analytical framework conceptualizations of body and health are understood as processes as well as products. As I see it, meanings and ideas are circulated and produced by health consumers who construct their own situational and syncretistic understandings and images on the basis of available raw materials that already circulate in the health culture. Consequently the health strategies and the body images are articulated and practiced by human actors, but they are also circulated and reproduced through artefacts and cultural products that can be found in the media and on the market; such artefacts could, drawing on Latour, also be named non-human actors (LATOUR B. 1993: 63, LUPTON D. 2003: 18).

The empirical material therefore comprises interviews, observations, textual material and other things, generated and collected as part of the ethnographic fieldwork, and the purpose of the analysis is to look for recurrent patterns and scripts across the empirical material. Consequently the theoretical approach of the study is two-sided. A social constructionist perspective is balanced with a phenomenological perspective. The former is concerned with 'the outside in,' whereas the latter is concerned with 'the inside out' (GROSZ E. 1994: xii). The two sides are combined in the theoretical term 'embodiment', which signifies that individuals are embodied social agents, and that the lived body therefore both constructs its lifeworld and is being constructed by and in the social and cultural context (NETTLETON S. - WATSON J. 1998: 11).

The unfinished body & the health-beauty-wellbeing triplex

A common topic in the interviews is the continued changes of the body throughout life and the women's ways of meeting the changes. An appro-

priate heading for the topic is 'the unfinished body' (SHILLING C. 2002: 12). The body is unfinished because it changes over the years. But it is also unfinished because biological changes can always be turned into projects of bodily reconfiguration (WINGERDEN I. 1996: 200, FOUCAULT M. 2004: 102-106). As a matter of fact incentives can be found in the media and on the market for an infinite number of reconfigurational body projects. In one of Jane Fonda's books from the 1980'ies, with workout instructions and other recipes for self-care for women of mature years, she writes that a healthy diet and frequent exercise are the best remedies for skin care in the long run. So the tradition of juxtaposing beauty and health is not a new one, but it could be said that when the health authorities currently urge individuals to take responsibility for their own health, the same authorities are indirectly sanctioning individuals taking action to improve their looks.

When I have interviewed the women about their activities and about what they find good about an activity it is characteristic that health matters, beauty matters, and the pursuit of wellbeing are not separated out in the answers. Other distinctive features in the answers are that the aging process of the body and the weight of the body in particular are made subjects for surveillance and control. Some examples:

> «I believe it is important to maintain the suppleness of the body the older you get. If you just let matters take their course and you don't do anything, maybe just for a few months or so ...» (Yoga exerciser, 53 years old).
>
> «My wellbeing could very quickly turn into a bad condition, I think, if I didn't ride my bicycle the way I do now. I'm trying to maintain what I've got ...» (Gardener, 64 years old).
>
> «My weight is important for me too; I keep an eye on it so that it doesn't run away with me ...» (Exerciser in fitness centre, 62 years old).
>
> «I know that it is good for my body and for my bones, and at the same time it helps me keep my weight so that I am where I'm supposed to be ...» (Gymnastics exerciser, 57 years old).

The youngest and the oldest among the interviewees have the least to say about age and good looks, but even so the interest in maintaining wellbeing, health, and good looks is widely distributed crisscross the interviews. In other words the women are very much alike as regards these matters.

The aches and pains of everyday life

The aches and pains of everyday life is another topic that is just as widespread in the interviews. I have been told stories about illness and bodily

decay although my questions were about health strategies. The women's health strategies are therefore not solely aimed at body care and health promotion in general. They are also means meeting specific illnesses and health problems of a more indeterminable kind. About one third of the interviewees tell about muscular-skeleton illnesses such as low back pain or myalgia for which they have taken medical advice from their general practitioner and/or have consulted a physiotherapist or a chiropractor. And a common advice from these health professionals, from the professional health sector, is precisely to engage in some kind of exercise.

In addition almost all of the interviewees tell about worries about their health, for instance occasionally aching knees, hot flushes, or fatigue, and more than half of them have seen therapists from the complementary/alternative sector, for example reflexologists which are the most commonly seen alternative therapists in Denmark, or they have on their own hand tried to ease or prevent the experienced ailments through herbal medicine, special diets, and the like. Among the yoga exercisers relatively more have seen complementary/alternative therapists than among the gardeners. On the other hand it could be said about the allotment holders that they in the garden and in nature have found their own effective ingredients against the aches and pains of everyday life. I shall return to that subject later on.

Three arenas – two socioeconomic groups

In my empirical material I have been looking for similarities as well as differences because one of the purposes of the study is to draw attention to different health strategies connected with different conditions of life.

The 25 women in the study can roughly be divided into two groups as regards their socioeconomic background. The first group consists of the gymnastics and yoga exercisers who all have affiliation to the same fitness centre where I have made contacts with them. They come to the centre from an extensive geographical area, and consequently some of them arrive there by car. Most of them live in houses of their own and they are all in all better off than the women in the gardener group.

The second group consists of the gardeners. Each of them has a garden in an allotment society that abuts on several public council housing complexes. The allotment holders with whom I have made contacts in the gardens come from a more limited geographical area and consequently they can easily use a bike for transportation between their flat and their garden.

Besides, most of them do not have other means of private transportation; four of the eight women live alone, and all in all the women in this group are not as well off as those in the first group.

Health as selfcontrol – health as release

In an ethnographic study carried out in Chicago in 1981 Robert Crawford brings out two different health strategies that relates to different conditions of life. "Health as selfcontrol" is a strategy typically articulated by people coming from the middle classes; they confirm their class affiliation and identity through health projects such as daily jogging, and they refrain from actions and products defined as unhealthy. Another strategy that is more characteristic of people coming from the lower classes is "health as release." As a contrary to the working life where the body and the person are being strained, stressed, and controlled by others the off duty hours must be spend relaxing, unwinding, and living the good life (CRAWFORD R. 1985: 80-83).

Previously I have mentioned a number of body projects of surveillance that are distributed across the three arenas as well as across the two socioeconomic groups. With reference to Crawford the body projects can be characterized as a middle class strategy. However, they may as well be a typical female strategy since two thirds of the interviewees in Crawfords material are white women from the middle class (*ibid*: 63), and I can see in his article that the interviews from which he extracts the release strategy mostly are interviews with men (*ibid*: 82-87). In other words Crawford's analysis is based on a class perspective and not so much on a gender perspective. Nevertheless I find his work interesting in relation to my own study.

The following statement is representative of the gardeners:

> «It is good for me to relax in my garden, but it is also good for me to mess about with earth, to make something grow, to get earth under my nails, to use my body, to get some fresh air. I'm sure that it is healthy; it is good for my body and my mind. It has never been my intention to get a garden in order to be healthy, but in fact it makes me healthy». (Gardener, 40 years old).

The statement is an answer to my question as to whether it has something to do with health to be in the garden. And the answer is representative for the gardeners in that they point out that I am the one talking about health. Nevertheless they promptly accept the discourse and state that gardening must be healthy because it feels good. Crawford extracts from his interviews that «enjoyment, wellbeing, contentment, and "not worrying"» are

important ingredients in the health as release strategy (CRAWFORD R. 1985: 80-81). In my interviews with the gardeners I can see something similar:

> «Now, I live on the first floor, and simply to get out and lie on the grass and mess about with earth, and the silence ...» (Gardener, 45 years old).
>
> «I believe that there is something about growing your own things and mess about with earth; I can feel that; it gives me relaxation and a chance to unwind ...» (Gardener, 35 years old).

The healing powers of nature and the garden as a refuge

The qualities that the gardeners find in the allotment gardens can be summed up in two topics. The first one is about the garden being a refuge, not only from working life but also from family obligations and everyday life. That the garden is a kind of refuge is stated in various ways:

> «It is meant to be my refuge, most of all my refuge ...» (Gardener, 40 years old).
>
> «Besides, it is a kind of island, away from everything ...» (Gardener, 30 years old).
>
> «It is important to me to have the time to recharge; it is important to have such a breathing hole...» (Gardener, 44 years old).

The first topic is connected with the second one in that the mental release comes out by means of "messing about with earth." On the one hand it is very down-to-earth to cultivate the ground, to grub the soil, and to get earth under one's nails; it has to do with the senses of the body and the materiality of nature. On the other hand there are in the statements ideas of nature being a magical non-human agent; the statements also hold conceptions of being connected to nature and in that way to be given back the peace and vitality that toil and trouble has drained out of body and mind. The conceptions seem to be based on an analogy between human beings and plants, and the idea is that if plants get nourishment from earth and nature, humans do too. To several of the gardeners it is not solely the cultivated nature in the garden but also the larger surrounding nature that gives nourishment, peace and new energy:

> «To go for a walk in the open gives me peace too; it gives me exercise and it gives me a beautiful scenery at the same time. And I have a way of gathering herbs, stinging nettles among other things; I eat a lot of herbs, but also just to go walking in the woods, it gives me something» (Gardener, 35 years old).

Differences and similarities

The health strategies of the female allotment holders are different from those of the women with affiliation to the fitness centre. The women in

each of the two socioeconomic groups do not find attractiveness in the places that the women from the other group attend. Indeed some of the women in the allotment gardens are yoga exercisers, but they seldom attend a fitness centre to exercise yoga. And indeed some of the women from the fitness centre grow a garden, but not in an allotment society. Therefore it is not so much the activities as such that the women feel differently about as it is the locations where the activities take place. Most of the women in all of the three arenas appreciate activities such as going for a ride or a walk in the open.

Therefore, when the interviewees in their statements emphasise the "health as selfcontrol" and "health as release" strategies a bit differently it may be a result of the different locations where the interviews are produced. The fitness centre and the allotment site each have different meanings that are embedded in the buildings, the artefacts, and the settings on the whole. And since the majority of the interviews are produced in each of the two settings it is a small wonder that the embedded values of these are articulated in the interviews. So my point is that the articulated differences result from the differences of the locations more than of the women. An allotment garden is traditionally a place of relaxation and of having a time off whereas a fitness centre traditionally is a place where you are supposed to "do something" in order to get healthier and prettier. And the two locations can be seen as another example of non-human actors producing social signification.

Wellbeing, energy, peace, and balance

Wellbeing, energy, peace, and balance are formulas that first caught my eye in the interviews with the gardeners, but the formulas can be seen everywhere in my material. Women in all of the three arenas express the idea that due to the wear and tear of everyday life the body and the mind must be given nourishment, must build up new energy, and must establish peace and a renewed balance in order to reach a state of wellbeing. To the allotment holders it is the gardening, the earth, and nature that restore them to balance; to the yoga exercisers it is the yoga exercises, to the gymnastics exercisers it is the gymnastics, to the users of reflexology it is the therapy, and to all of the interviewees wellbeing is promoted by a walk in the open. Some examples:

> «At the beginning of the week when leaving the fitness centre I just walk ordinarily, but later in the week, after two or three lessons, it is as if I'm floating and flying because I feel so much lighter...» (Gymnastics exerciser, 61 years old).

> *«Now, I gain energy, I really do. I'm not even tired. That's what I find so fantastic...» (Gymnastics exerciser, 76 years old).*
>
> «For several years I had a horse of my own and I was almost addicted to riding; to use my body and to be out in the open it was truly meditation and healing to me...» (Gardener, 44 years old).
>
> «I have always walked a lot. And especially when I was working and I came home tired and stressed, then I knew that the best medicine was to go for a walk in the woods...» (Exerciser in fitness centre, 64 years old)
>
> «You find a kind of peace and balance...» (Gardener, 35 years old)

It is not easy to say where for instance the concept "balance" or "wellbeing" first was articulated. On the one hand the scripts found in the health culture are matrixes available for the women, when they describe their bodily experiences. On the other hand I imagine that the commercial actors know just how to play on something that can actually be experienced and not just empty phrases. In this way the bodily experiences are socially constructed, but also actually experienced. And in this way the formulas and scripts of the women are mirrored by – or are mirrors of – material found in magazines and advertisements for various products on the market. Examples of such scripts are displayed below.

A spa resort advertises itself under the heading «Peace and deep sighs in the name of health», and at the foot the ad has a textbox saying «Relaxation, enjoyment, and new energy». Between head and foot various products such as mud wrapping, «pure natural products from the Dead Sea» and the «extensive rainforest treatment» are displayed.

One fitness centre advertises itself under the heading «Exercise is medicine too», and another fitness centre advertises itself as a «Health, wellbeing, and fitness centre!». In an advertisement for a third fitness centre the following sentence can be read: «Exercise is the ultimate place to workout, unwind, and achieve wellbeing, bodily as well as mental».

In a catalogue from The Body Shop and under the heading "Wellbeing" various bath oils and creams for aromatic therapy are described; you can buy relaxing Lavender, stimulating Peppermint, sensual Ylang-Ylang or energising Bergamot; or you can get a moisturizing and nourishing oil made from Brazil nuts from the Amazon region.

According to the scripts 'wellbeing, energy, peace, and balance' are qualities that are established either in a health and fitness centre or by supplying the body with nourishing substances that come from, not only nature, but moreover a distant, exotic, and therefore magical nature.

Scientification of everyday life & Reenchantment of the world

"Scientification of everyday life" and "reenchantment of the world" are my designations comprising two parallel leads that run through the scripts from the women as well as from the commercial actors. The term "reenchantment" is tied to the term "deenchantment", attributed the Scientific Revolution of the sixteenth and seventeenth centuries. According to the sociologist Max Weber modern science has expelled the magic of nature from the modern view of the world, and in that way the world has become a deenchanted world. Concurrently with the marginalisation of religion and superstition science has been able to explain, in a more and more detailed way, how the world is constructed.

But to the unlearned it becomes more and more difficult to understand and relate to the scientific approach that divides the world in smaller and smaller pieces. Therefore the experiences of everyday life concerning the body, health, and illness may be difficult to relate to the scientific explanations that it takes highly specialised knowledge to understand. Complementary/alternative therapies and philosophies, on the contrary, usually offer a complete, reenchanted view of the world, and they work with explanations and models of the body and the world that are relatively simple, and which can directly be related to the experiences of everyday life (WACKERHAUSEN S. 1994: 267-69).

Michel Foucault, among others, has made use of the term 'scientification' (FOUCAULT M. 2002, OTTO L. 1998: 70). Scientification of everyday life takes place when a field is described by dividing it up into smaller pieces by means of scientific concepts and in that way is explained as being 'healthy,' for instance. Such fields are, among others, the food, the body, and the everyday life by and large (LUPTON D. 1996).

An example of scientification from my material are leaflets from The National Board of Health drawing up tables indicating the number of kilojoules you burn if you walk the dog instead of just letting it out, or the joules you burn if you play with your children instead of watching television. An interesting new term has come up too. 'Health Enhancing Physical Activities' covers everyday activities such as mowing the lawn, cleaning the house, digging the garden, shopping by bike etc. (LARSEN K. 2003: 23). You might say that the new term helps people to comply with the prescription to take 30 minutes exercise a day, but it also colonizes people's everyday lives and turns them into health projects.

Another example of scientification is the television programme or the article in a magazines telling you that sex is not just pleasurable but also in many

ways beneficial for your health and your looks, because immune and hormone systems as well as other complex mechanisms are involved in sex.

Effectual agents working from without and from within

Scientification as well as exotization can impart significance to actions in everyday life, and the two paradigms, the scientific and the reenchanted, may not be as disparate as it seems at first. Bits of popularized scientific knowledge can fit into a predominantly exotic-magical view of the world and vice versa, and when the interviewees talk about effectual, nourishing agents – not only those that work from without, but also those that they impart to the body so that they can work from within – there are trails of both paradigms, often in one and the same interview. In the following I present some examples of yet another common topic in all of three arenas, namely that the body must be supplied with nutrients, according to the official recommendations, and also other beneficial foodstuffs, from spices and herb teas, through specific complementing and preventive diets, to food defined as medicine.

> «And since I had my daughter I've had eczema on my skin. But it helps a lot when I eat brewers' yeast. I have been eating it for a long time, almost a year now, and I think that my skin has become more soft and supple and not so dry in the winter. They say that it has a lot of vitamin B. These are good vitamins, also because I've lost a lot of hair, because I have been stressed» (Yoga exerciser, 39 years old).
>
> «I've found out that I need to get cod-liver oil and B and E, so I'll continue with that until I get convinced that something else is better» (Exerciser in fitness centre, 64 years old).
>
> «Now, it was at the time when I was still bleeding, and I ate iron; our garden was full of parsley, and I ate and I just ate. At that stage I ate iron, but now I have a way of eating vitamin C, and calcium, and garlic pills» (Exerciser in fitness centre, 59 years old).
>
> «In my opinion most spices are health food; for example chilli and curry, they increase metabolism» (Gardener, 42 years old).
>
> «Well, someone I know has been eating it, and then I decided also to do so; Rosehip Vital, I haven't had a cold since I started eating it, I must say. And it has been advertised too, and I like natural products». (Gymnastics exerciser, 76 years old).
>
> «I eat natural vitamins and some calcium, for my bones. I choose something based on nature over some chemical stuff» (Yoga exerciser, 50 years old).
>
> «My husband is very helpful when it comes to shopping, and now that he has joined me listening to a dietician he looks at the labels too and we are aware of fibres, fat, carbohydrates, and proteins, we surely are» (Gymnastics exerciser, 65 years old).

In the interviews a popularised knowledge that originate from nutritional science is displayed. Especially knowledge about nutrients and vitamins and how they act on specific parts of and processes in the body is expressed. But although the food and also the body is conceptualized and described in a modern scientific way, that is, in separate parts, a reenchanted and benevolent nature is also seen in the interviews. Both paradigms impart significance to the actions of everyday life, and in this way the vitamins become exotic non-human actors that guarantee the health of the human actors. Vitamins are usually contained in small miraculous pills that can be put into the inside of the body; on the outside of the body their effect may be observable on the skin, the hair, and the nails, but their actual work, from within, through metabolism, is invisible and may therefore, to the unlearned, seem magical. In this way vitamins are magical and yet guaranteed by science.

Vitamins and water

Vitamins play an important role in the women's health strategies, and so do water. For several of the interviewees water is included in their health strategies, and for example they drink water every morning, on an empty stomach, to assist digestion as well as detoxification. In scripts from the health authorities in recent years the health promoting qualities of water has been underlined too (SORENSEN M. D. 2000: 383), and the commercial actors apparently have lost no time bringing water of a new and exotic kind onto the market.

If you look at the scripts together it seems as if water is no longer just for drinking when you're thirsty. Water has become a complementary/alternative medicine of which you must consume at least two litres per day, because water is a panacea that helps the internal functions of the body as well as it helps the surface of the body, the skin, to stay youthful. As is the case with vitamins, water has been loaded with "health" and the guarantee for health is sanctioned by science, but also linked with nature's magic.

Water is vital, but in most western societies you need not *buy* water in order to get clean drinking water. Nevertheless, 80 million litres of bottled water is sold per year, alone in Denmark. The reason may be that water in a bottle with screw cap is a convenient and hygienic accessory in a modern everyday life, when you are on the move, riding in a train or on a bicycle, or you are attending a meeting. But the explanation may as well be that the water in the bottles is exotic and magic, sometimes even coming directly

from the inside of a benevolent Mother Earth (MERCHANT C. 1980: 3-4), where it has been cleansed and refined in a particularly natural way.

The water sold in Denmark often comes from underground wells in Belgium, France, or Italy, among others the brand SPA, an acronym for Sana Per Aqua. SPA is bottled from the Reine Spring in Belgium, and it is advertised on the label of the bottle as water coming "from the heart of Europe." On another label of these bottles of still water are printed the words: «Abbey Well Natural Mineral Water fell as rain or snow before the age of pollution. Every drop of Abbey Well Natural Mineral Water has been naturally filtered through water bearing white sandstone for at least 3000 years». And a third bottle of water, the Danish brand Carlsberg Kildevand, is advertised on television with the voice-over: "The more you have sinned the more you need cleansing".

Drinking water from one of these bottles, the body is cleansed by means of pure water that earth itself has cleansed by means of its ingenious circulatory eco system. Nature and the body is conceptualised as analogous to each other – as self-regulating and self-healing organisms – even though they may sometimes be in need of assistance to their ingenious mechanisms. With regard to the body the yoga exercises can be such an assistant.

About water it could be said that with the new status it has been given as a complementary/alternative medicine, it contributes to the mainstreaming – and maybe diluting – of 'the alternative,' and something similar could be said about yoga.

Detoxification and the body as circulatory system

Anthropologist Helle Johannessen has described the use of reflexology in Denmark and the body image inherent in the therapy, called the plumbing model as the body is conceptualised as a circulatory system, analogous to that of a house. In reflexology the body is described as consisting of piping systems in which there must be a good circulation and passage. However, some of these systems, whether it is the digestive apparatus or other circulatory systems, may from time to time become blocked, for which reason the therapy works on the blocks and assist the free flow and the detoxification and elimination of waste matters (JOHANNESSEN H. 1994: 52-57, 147).

Among some of the interviewees a similar body image is seen; along with the idea of a body in need of nurture goes an idea of a body in need of

detoxification. The body must be nourished but also cleansed, and the cleansing that can be assisted either by water that washes away the waste matters – just like waste can be washed out of a kitchen sink – or by exercises that get matters move faster through the system. The women talking about detoxification and waste matters are either yoga exercisers or in another way users of complementary/alternative therapies or products. That is, the concept of cleansing is not as widespread as the concept of nurture. Some examples:

> «And I drink water; I don't drink two litres per day, but I try. Sometimes you forget to do so».
>
> Question: Do you do it for health, for good looks, or?
>
> «Well, I guess it is both, because if you have got a healthy skin, you also look better, and you don't look so aged. And it also helps remove the waste matters from the body if you drink some water, so it's a good thing» (Yoga exerciser, 39 years old).
>
> «At the beginning of the week when leaving the fitness centre I just walk ordinarily, but later in the week, after two or three lessons, it is as if I'm floating and flying because I feel so much lighter. And it's evident that maybe you have some waste matters or something that has come out of your body» (Gymnastics exerciser, 61 years old).
>
> «I have become aware of such things as accumulation of waste matters and such things as keeping the body clean. It's too much bother to fast, but I believe in doing yoga» (Yoga exerciser, 46 years old)

Yoga as another example of mainstreaming the alternative

The eight yoga exercisers interviewed expressed varying notions of what yoga is. Some see it as a form of cautious gymnastics suited for people with disabilities; some see it as a parallel to physiotherapy in that it is a system for stretching out your muscles and relaxing your body after the working day; some see it as kind of medicine for reducing stress, and others as a means of general prevention of disease in that it also works on the internal organs and assists the circulatory systems of the body. Yoga instructors used anatomical concepts in explaining elaborately about nerves and muscles, but they also told us about the strange smell emanating from the body as it sweated especially during the first lessons, ascribing it to the detoxification process.

Is yoga then a complementary/alternative therapy? Is it exercise? Or is it both? Yoga is sometimes seen included in studies about the use of complementary and alternative medicine (Tindle H. *et al*. 2005), but on the other hand yoga classes often take place at fitness centres.

I have also been engaged in two classes of gymnastics which I thought would to be just gymnastics. But they appeared to have some elements in common with the yoga classes. The instructors combined the expected fitness and muscle training with yoga positions. They instructed us in drinking water and in breathing the right way in order to assist oxidation in the body and excretion from the body. In addition they taught us various tricks to get rid of tensions and blocks in the body, and it wasn't always clear whether they were referring to a strictly physiological or to a complementary paradigm.

As mentioned earlier, my thesis is, that what characterizes at least part of the exercise culture and therefore also part of the health culture is that treatment regimes and instructions seem to be based on science and knowledge about anatomy and physiology. But these cultures also hold some kind of exotic spice, whether it be that their techniques originate from faraway Himalayan Mountains, or that Madonna practises the same regime – as is the case with the Five Tibetans. Such a two-sided concept seems to appeal to many female users and to be selling on the market. The phenomenon can be characterized as scientification going hand in hand with an exotization, or a mainstreaming of the alternative.

The lines between conventional medicine, non-conventional medicine, and health promoting actions in everyday life seem to be blurred. It is not easy to categorise horticultural therapy, or gymnastics and yoga when they are conceptualised as "exercise therapies", or the everyday food when it is conceptualised as health food or medicine. One view is that the non-conventional is incorporated into the mainstream, that is, the alternative is mainstreamed; another view is that the terms of what counts as medicine are expanded.

Relevant means meeting the aches and pains of everyday life

Thesis number two concerns the female health users and the gender perspective of my study, and it takes its point of departure in the literature on sex/gender differentials in health. It is well known that women use the General Practitioner more often than men; they also use alternative/complementary therapies and products more often than men (KJOLLER M. - RASMUSSEN N. 2002: 191, 207, 239, 247, 251, 361, 395). They are more interested in matters concerning health and the body; they read about them and talk about them, and to a significant extent popular knowledge circulating about health matters also seems to have a female target group.

One explanation is the health-beauty-wellbeing triplex that the commercial actors of the market know how to play on. Consequently it can be hard to tell whether it is health mattes or beauty matters that women are interested in.

It is, however, not the case that all women go to a yoga class or a physiotherapist or buy herbal products just for the sense of wellbeing or the improved looks. Almost all of the women that I interviewed spoke of bodily disorders, even though they were not questioned about them. «Just the aches and pains that everybody knows about», they said. Nevertheless these aches and pains take up a good part of the interviews.

Much discussion takes place in the literature on women's health as to whether women actually do suffer from illnesses to a greater extent than men, whether they experience more illnesses because they are more aware of their bodies, or whether it simply is more socially acceptable for women to be ill and to do something about it. Another debate concerns whether women's bodily functions are being medicalized and women are being treated too much, or whether on the contrary women's bodily experiences and worries are not taken seriously and women are being treated too little (VERBRUGGE L. 1982: 434, ANDERSEN A. N. 2000: 31-33, MALTERUD K. 2001: 16, ZACHARIAE B. 2002: 101-102, 107, KNUDSEN L. 2003: 267-68)

Like in the statements of the women interviewed here, women's complaints are described in the literature as being aches and pains to a great extent, i.e. pains in muscles and joints, headaches, pains in the back of the neck, the shoulders, chest, back and lower back, in the stomach and abdomen; constipation and other digestive troubles also figure, along with exhaustion, fatigue, sadness, worries about health as well as various menopausal symptoms. These are conditions that are mostly harmless although inhibiting (ANDERSEN A. N. 2000: 31, PEDERSEN A. T. 2000: 224-25, SORENSEN M. D. 2000: 384, KNUDSEN L. 2003: 267).

Many women, including those in my study, are critical of conventional medicine. They are afraid of side effects from, for example, hormone replacement therapy or from conventional analgesics (LEWITH J. T. - CHAN J. 2002, GOLLSCHEWSKI S. *et al*. 2004). Complementary/alternative medicine – broadly defined and including health enhancing physical activities – is often described as being less potent and therefore also having fewer side effects compared to conventional medicine, and is also described as suited for the promotion of health and prevention of diseases in general (VERTINSKY P. 1998, IM E. - MELEIS A. I. - LEE K. A. 1999). My thesis is therefore as follows: Could it be that exercise, yoga, gardening and other sorts of com-

plementary/alternative medicine are especially relevant means of countering the aches and pains of everyday life in that they are neither 'too much' nor 'too little'? And could it be seen as an empowerment of women that they have a whole range of opportunities for practising or acquiring alternative/complementary therapies that work slowly and that come in small doses that they themselves can control? That their empowerment is nourished by the inspiration they get from the media and from the many products on the market to do something on their own, something that works for them individually – for instance drinking two glasses of water every morning or doing 'the Five Tibetans' every evening.

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AM
Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 245-260

Dancing on the margins of the state.

Fragments for an ethnography of sovereign bodies in Southeastern Italy

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> That is why [...] the entirety of the state is a margin. Or rather, the sovereign force of the law is expressed in the state's continual attempts to overcome the margin.
>
> Talal ASAD (2004: 287).

Molecular

Contemporary anthropological research has allowed us to overcome the abstract nature of politological and philosophical definitions of the state. The state is no longer conceived as an abstract, rational and monolithic entity, but as a complex and contradictory form of life that is embodied in our everyday practice (1). This has become possible due to a change in scale – from geographical and politically abstract dimensions to those of the body and its potentialities (2).

This attention to the micro-physical dimension of the state and to the bodily production of common sense that legitimates it within civil society, lies at the heart of the critical work of Antonio Gramsci. In Gramsci we find what can be termed as a *molecular anthropology*, in the sense of the micro-physical examination of the processes that impact upon the relationship between the body and the state (3). His frequent use of the term "molecular" shows how intent he is in capturing embodiment processes by positioning himself as closely as possible to bodily experience. The notion of molecular, in fact, allows him to observe in political terms the relationship between embodiment and the state. The state acts, as Gramsci writes, with a «sentimental and ideological contact with the multitudes» (GRAMSCI A. 1975: 1122, 2197 [*Notebook* 9: §. 42, 1932; *Notebook* 23: §. 8, 1934]). It functions as a "body factory", taking on the task of elaborating «a new human type» (*ibidem*: 2156 [*Notebook* 22: §. 2, 1934]) thus transforming the body in order to produce an embodied common sense.

Ernesto de Martino, in his important study on tarantism [4] in Puglia (Apulia, Southeastern Italy), *La terra del rimorso* [*The Land of Remorse*], seems to follow the Gramscian line when he writes about the necessity of "molecular" anthropological studies of "minor" cultural phenomena, as observed in their specific detail. In a way, *The Land of Remorse* is a reflection of a national citizenship, which is observed at the extreme margins of the state – in the Salento, the southern part of Puglia, the extreme southeastern strip of Italy (the heel of the boot), for centuries called the *finibus terrae* (ERRICO A. 2007, GALLINI C. 2008).

The book, which first appeared in 1961 in the first centennial celebration of the Unification of Italy, took on an important political meaning among Italian civil society – that of the reformulation of the socio-political and economic debate on the "Southern Question" in relation to what we could nowadays define as a bodily "scale", identified in the dancing figures possessed by the bite of the tarantula. Tarantism is a cultural phenomenon existing in the Salento since Middle Ages. After the unification of Italy in 1861, however, it had become one of the symbols of the "backwardness of the South" and of the "Southern Question", the oxymoronic place of an *endotic exotism*, the memory site of what de Martino himself had called *elective fatherland* (GALLINI C. ed. 2003), the terrain of what American scholars have recently called *orientalism in one country* (SCHNEIDER J. ed. 1998). If we connect this relationship between dance, social hardship and institutions to the "molecular anthropological analysis", and at the same time project the question of the marginality of the South on a vaster scale, we can see that *The Land of Remorse* is a pioneering work in this field. According to de Martino:

> «*The Land of Remorse* aspires to be a molecular contribution to a religious and cultural history of our South, in the prospect of a new dimension of the Southern Question. This means that the molecular phenomenon from which the historical discourse takes its cue – tarantism – is not considered in its local isolation. [...] For in a [...] broader sense, *The Land of Remorse* is our whole planet, or at least that part of it which has entered the shadow-cone of its wretched past» (DE MARTINO E. 2005[1961]: XXII).

In the last decades of the 20th Century, tarantism in the forms studied by de Martino has gradually disappeared. In its place, with the advent of the new millenium, a potent industry of cultural heritage safeguarding/commodification has seemingly made its way to the forefront, which has also impacted upon the memory of the founding father of Italian anthropology. What had actually happened in "the land of remorse" during the last ten of the fifty years after de Martino's monograph?

Wandering as an ethnographer around the location of the most important Demartinian fieldwork, I have been observing the contemporary politics

of tarantism, exploring the fast commodification of de Martino's ghost tracks[5]. Observed from such a new ethnographic viewpoint, *The Land of Remorse* seemed to have become the land of intellectual and political-economic conflict over intangible cultural heritage, and, by means of that, the laboratory of an emerging, fragmented, and contradictory form of democratic sovereignty. Everything happened in the wake of an ongoing commodification process: a cultural marketing which involved knowledge, dances, bodies, and persons (anthropology and anthropologists included).

The political-economic development of these processes of heritage preservation has given rise to enormous conflictuality within the local and national democratic sphere. These processes and the consequent forms of commodification have mainly focussed on the various aspects of music and dance. Since these aspects are mainly corporeal, the commodification process has reached the point of commercialising the very notion of the person itself[6]. Increasing numbers of persons involved in the dances seem to have offered, through the rhetoric of heritage preservation, a new mode of legitimation to the local and national authorities. Almost as it used to happen once upon a time, according to the classical political philosophy of the state, when crowds of acclaiming bodies seemed to constitute the popular legacy of a sovereign power (AGAMBEN G. 2007).

In Gramsci's times, Italy used to be the laboratory of an insurgent democracy struggling against Fascism. Nowadays it seems to be the bizarre laboratory of the crisis of democracy itself, the Italian form of a kind of Neoliberalism, which is not only an economic doctrine or neoconservative policy, but which can also be conceptualised, as recently suggested by Aihwa Ong, «as a new relationship between government and knowledge» (ONG A. 2006: 3). Indeed in Italy today we have before us a unique form of populism, which is paradoxically mingled with a traditional "backward" common sense with strongly modern hyper-mediatic forms of public culture, whose goal seems to be the retreat from, if not a vigorous refusal of, critical approaches in any field[7]. Ethnographic research as well as any field of situated knowledge operating in Italy today can hardly ignore such an actual transformation of intangible democratic sovereignty.

Intangible

«From the ancient traditions of the Salento wide flouncing dresses and wrapping scarfs...», thus one could read from a popular fashion magazine that attracted my attention in the early days while I was carrying out eth-

nographic research on the politics of culture and tradition, and the processes of heritage safeguarding/commodification of tarantism in the Salento. I had been there once before in 1994 to do some fieldwork on the metaphor of the bite of the tarantula, that Ernesto de Martino had explored in 1959 but leaving a question unanswered – why had the tarantula specifically taken on the symbol of the conflict that was incorporated in social, physical and existential suffering and hardship? But when I got there, the re-elaboration of the symbol had already been so fully entrenched in the local bureaucratic and administrative policy-making network that my research goals were completely swamped. It was no longer a matter of exploring the symbolic dimension of the belief, but rather of reconstructing the modes of intellectual production of the expressive culture, the strategies of naturalisation of a corporeal metaphor, that had been distributed in the territory by the cultural policies of the local councillors. It was necessary, therefore, to begin with investigating the agency of the intellectuals in the daily reproduction of the public sphere (PIZZA G. 2004). The ethnographic *terrain* was coinciding with the intellectual *field* (BOURDIEU P. 2001, PALUMBO B. 2001). A field at times artistic, at times literary, at times academic-scientific, always political, current and historically profound; sometimes at the avante-garde world level – public meetings on tarantism were held between Calimera and Los Angeles.

Located on the southeastern fringe of the Italian heel and land of an historical orientalism played out on the body of the *tarantata* [8], the Salento, at the end of the late 20th Century, was repositioning itself in the context of the global market of cultural differences. Through its institutions and by means of a strategic network of local bodies, as well as the Italian state, the European union, US markets and other supranational institutions (from the big multinationals like World Music to Unesco), a choice was made along the lines of the capitalisation of immaterial goods, even some years before the 2003 Unesco *Convention for the safeguarding of intangible cultural heritage* [9]. Goods that in the course of the ethnography, observed beyond the cultural dimension, would seem to become more and more identified with the local merchandise, derived from the processes of de-materialisation of the territory – from the trafficking of age-old olive trees uprooted and re-planted in the villas of Northern Italy; the black market of 18th century pavements of "restored" towns of the Salento; the rapid dismantlement of the last dry-stoned walls sometimes replaced with reinforced concrete ones; the creation of golf courses with lush green lawns to be watered, in an area where over the centuries water has been such a precious common good not easily available. Everything happened as if the

cultural *immaterialities* of the anthropologists and the financial *intangibles* of neo-liberal economy were going alongside each other [10]. This spurred the ethnographer to follow along the shadow lines of a political anthropology of the Salento landscape, at the very moment in which it materially emerged and re-emerged, under the cover of essentialist rhetoric on traditions and culture, thus nourishing, by means of a double bond between resistance and degradation, multiple forms of structural nostalgia (HERZFELD M. 2005 [1997]).

The relaunching of neo-tarantism had begun in 1994, when many local intellectuals who had written books that imitated the recently re-published *Land of Remorse*, began to place themselves in line or in contrast to an academic tradition which had been for quite some time exploring the tracks of Ernesto de Martino in the land of Southern Italy. The classical split between real ethnographic experience and the writing of the scientific account had by then definitely fallen by the wayside, under the blows of a progressive media saturation of the public sphere and ever growing popularisation of anthropology. *They* had already read what *we* were writing (BRETTEL C. B. ed. 1993).

Moreover, the drafting of books and the competition in the production of multimedial works, which was already the object of emotions, feelings and power games, was so evident that it could be compared to the tensions of academic life. Thus the first real ethnographic moment was that of attending the presentation ceremony of a local text on tarantism. And then, afterwards, participating in the presentation, often coming out without fear from the forms of a sociological *covert ethnography* which tends to conceal intentions and positions (CALVEY D. 2008). There were many initiatives of cultural production that would eventually lead to the success, in the new century, of the festival entitled *La Notte della Taranta* [*The Night of the Taranta*] – a kind of territorial marketing by the "cultural district" which was conceived and directed for the early years by a group of anthropologists and ethnomusicologists.

In the research on the rhetorics and politics of heritage preservation of tarantism, the contrast between a critical and an essentialistic vision of culture and traditions turned out to be a key problem. In fact it did not outline a dichotomic counterpositioning between the academic and local intellectuals. But it began to structure itself along more or less surprising transverse alliances between the two camps. At the same time the capacity of the local cultural-political machine of encompassing and defusing the ethnographic action by rapidly *patrimonializing* even the most radical critical reflections, had driven me to play the card of, let us say, an ethnogra-

phy that beat everyone to the punch by trying to dodge the blows and, at times, accepting the challenge even though with rather blunt weapons. I am referring, for example, to the considerable availability of local economic resources, which were far superior to anything upon which I could rely to carry out my study as a university researcher (basically my wage as a researcher). For those reasons an ethnography of local conflicts had to necessarily propel itself towards an examination of the forms of scientific dispute, the branches of scientific knowledge and the power relations operating in the academic field [(11)].

Untouchable

«The Tradition Sir! Yes Sir!» used to be my young nephew's ironic catchphrase, accompanying me during ethnographic fieldwork in the summer of 2004. A summer during which a very heated and contested debate arose over the destiny of the "untouchable traditions" – local ones as well as academic ones. The local debate was extremely conflictual. Inserting itself on the trunk of previous long-term disputes on the "authenticity" of tarantism music and dances, it began a year after the Unesco declaration for the valorisation of intangible goods, and spearheaded an internal conflict within the area of the Salento cultural policies which intended to contest the power which from 1998 the cultural event *La Notte della Taranta* had gained.

This festival, which was initiated after the creation of a consortium of Municipalities, had a centre-left political affiliation. It was started through the collaboration of anthropologists from the local university and the municipal, provincial and regional institutions and gradually gained ground as a potent tool of constructing "spontaneous" consent on the local and national public scene. The mayor of Melpignano, the town in which the festival is held, is also the regional leader of the most important party of the center-left coalition. He has become the principal animator of the festival, building up over the years quite a symbolic heritage at the media communication level.

The creation in 2004 of a web community coming from the lower Salento, soon becomes the hub of activity for the (trans)local youth audience (as well as the older set) to debate the legitimacy of cultural policy decisions and funding by the local institutions. The "monster" – the *Notte della Taranta* – is countered and challenged by the *pizzica-scherma*, the duelling/fencing dance of Torrepaduli, a hamlet of the town of Ruffano (48 Km from Lecce), in the heart of south Salento. Here during the night of *Santu Roccu*,

the feast of Saint Rocco, between 15th and 16th August, the *pizzica-scherma* takes its course. Organized in circles, rounds of performers, musicians and audience, called *ronde*, the dancing performance belongs to the ethnochoreutic category of "danced duels": two men face each other in a fencing dance in which the fixed gesture of two fingers held tightly together (sometimes a hand held with the palm straight), mime the knife [12].

Groups of supporters start to form for the *Notte di san Rocco* [*Night of Saint Rocco*] and rival supporters for the *Night of the Taranta.* But the conflictuality was also played out at the local level within each group. The mayor of Ruffano, the municipality to which Torrepaduli belongs, become the object of public accusations for not issuing public ordinances not allowing youth *pankabbestia* [*gutter punk*] groups to play their *djembe* drums while the *tamburello* drums were played during the night. The young people running the web community, together with other local intellectuals, initiated public debates centered round the exhortation to salvage and safeguard the duelling dance which seemed to be threatened by, on one hand, the *Night of the Taranta* and, on the other, by growing numbers of young invading "foreigners" that were spoiling the sound and setting of the *ronde*. The conflict took on the tones of cultural identity and heritage and on this front it was soon supported by Italian academics, anthropologists sensitive to the institutional valorisation of immaterial cultural goods (TUCCI R. 2004). At the local level, however, the conflict evoked a third less explicit but more disturbing element of contrast – the "gangsterish" nature of the dance [13], deriving from prison everyday life, not only of the past, but also in its present connotations which rendered this dance ambiguous and contested in the even strong discursive conflicts about *patrimonialisation*, the granting for heritage status. This element seemed to somewhat embarrass the representatives of the local institutions, who were, however, conscious of the consensus and commercial value that these practices seem to activate, and who were ready to discuss the possible ways in which it could be conserved. Therefore in 2004, some dancers-fencers, guided by local intellectuals (sometimes graduated in the study of folk traditions), constituted the *Compagnia di scherma salentina* [*Salentino fencing company*], which claimed the intellectual property of the dance, and took the company on the cultural market and theatre circuit tour, producing books, DVD film/video, and music CD (MONACO D. 2006).

However, in the actual dynamics of the night of the danced duels, the conflict mounted to such an extent that there was the real risk of it exploding into physical clashes aided by the ambiguous code of the dance itself. One could say that the circle of the dance, the *ronda*, could represent a

metonymy of the public space in which political-patrimonial conflicts have developed in the recent historical stratification as well as in the diverse social camps – academic, local-political, and cultural-economic[14].

Once, from one of the microphones of a scientific meeting, a young guy involved in local groups of *pizzica-scherma* supporters, had addressed the mayor by saying in a menacing tone that if he did not expel the djembe drum players, *they* [meaning the group of supporters to which he belonged] would have taken care of it themselves. But the problem in the rounds is that of stopping those who are not considered to be able to dance or play the music from entering the *ronda*. Some of the musicians, who to some extent also carry out the job of maintaining order, every now and then shout out so that the rhythm of the music be kept constant and also to stop naive tourists from venturing into the circle of the dance. But this is more often than not a way of producing tension rather than control it. And when scholars, students or tourists gather round with videocameras the tension is even more palpable.

In recent years this conflict has reached the point of projecting itself, on one hand, into the institutional organisation, and on the other, into a frontal but also transverse political conflictuality between the two political coalitions, that correspond to those that operate at the national level – the centre-left and the centre-right. If the centre-left had, not without its own internal conflictuality, managed to promote the development of the *Night of the Taranta*, in this way evoking and capitalising the ethnographic memory of Ernesto de Martino, the centre-right, on the other hand, rose to the occasion to manage and promote the development of the *Night of Saint Rocco*, in opposition to that memorial legacy. The dance-duel with its ambiguous bent for being the dance of prisoners, of the mafia or of an ethnic alterity like "the Gypsies" (according to diverse scholarly theories about its origins), became the object of a heritage preservation discourse on the part of an ample group of former extreme right-wing politicians, which now collocate themselves within the centre-right coalition. Two parallel cultural Foundations were soon created – the *Night of the Taranta Foundation*, and the *Night of Saint Rocco Foundation*. In 2008, the *Night of Saint Rocco Foundation* inaugurated its activities by means of a local conference held in Torrepaduli, which challenged the political and scientific authoritative memory of the anthropologist Ernesto de Martino, who had become the object of strong criticism on their part[15].

Such a complex articulation of the political conflict reverberates in the gestures of the dance-duel and in the conflicts that it elaborates, involving an *intangibility* which becomes, in the concrete performance, a controlled

untouchability. The physical actions of the dance, that over the years had been kept secret and were exhibited only within the intimacy of the local cultural setting, were now exhibited in a kind of metadance – the dance is danced as if it were being continuously cited, by means of a disconnectedness between the action of the eyes and the action of the body. The eyes of the dancers are often looking at the crowd or the videocameras, while the body is engaged in the representation of the fight. A duality which is also the constitutive code of the dance. As the ethno-choreologist Giuseppe M. Gala notes, the dance-duel mimics a hostile duel, but – «it presents itself in the end as a double-faced medallion – the dispute on the front, the sodality on the back» (GALA G. M. 2005: 95). Something which recalls Michael Herzfeld's theory of "cultural intimacy", pointing at a double faced image of the state (HERZFELD M. 2005 [1997]).

The state's two bodies

Let's dance. The two bodies enter the *ronda* and move one towards the other performing in concentric circles. On the outside there is the circle of spectators, then the circle, the wheel of musicians, men and women, *tamburello* drums and guitars, and in the centre the two contenders, who in turn move in a circular fashion along the perimeter of the *ronda*. Here the performance is made up of bodily signs full of actions, that are projected and exchanged with those of the public and the musical rhythm in a three-dimensional performance, offering the spectator all the possible projections of the situation that is taking place.

The dancers are males. The dancer that challenges is always in the limelight as if he were winking or nodding to the audience or the videocameras. Then he meets the eye of his "rival". He proceeds along the perimeter but he is facing the centre, thus offering the public a three-dimensional view of the action. In the dynamics of such a scene, the spectator is in a continual exchange with the dancers, both spurred on by the musicians-singers. The challenger emits sounds of incitement towards his antagonist, or at times, vocal emissions or he stamps his feet at the beat of the music, which continuously plays on behind their backs. Introduced by the guitars and *tamburello* drums beating the rhythm of the *pizzica-scherma*, the two contenders stride into the circle in time with the music, they greet each other and shake hands with outstretched arms, which at the same time is a way of tugging each other into position in the centre and taking up their positions. The audience and the music incite the dancers to begin the chal-

lenge. After the salute, always accompanied by the music, they distance themselves from each other and raise their arms. The dance starts when they rotate their arms in a downward fashion and take up a challenging position simulating two knives with their fingers by holding their index finger and middle finger tightly together. Their arms rotate waving left and right, in a way that is complementary to the movement of the other contender, till the moment of striking, one aiming to touch/strike the other.

The dancers go around the perimeter of the circle, looking each other in the eye, with gestures, that in truth, seem to be more of acknowledgement and connivance rather than challenge. There is quite an evident amount of acting going on, to put on a spectacle. At times, they thrust forward an arm or two as if feigning an attack or a defence, at times bringing forward the right leg, as a form of protection against the other.

The duelling dancers never turn their backs on each other. With their eyes fixed on each other, they circle each other with their bodies facing towards the centre of the circle in time with the driving beat of the music, which gallops along while the dancers alternate slow and sinuous movements with intermittent rapid and direct movements, and pauses guided by the constant exchange of looks between them.

In the fragmentation of the gestures, with the mobilisation and immobilisation of parts of the body, the dancer carries out a kind of three-dimensional projection with respect to the audience. It is as if he is putting together a montage made up of close ups and long shots of his actions, while he dances along the perimeter of the circle – slowing down, accelerating or focussing on the moment. The touch, a small but decisive gesture, is what the audience is waiting for, aided by the music and song and the exploration and construction of the dancer. As soon as one of the dancers is even just slightly "touched" by the hand/knife of the other, he retreats and exits the circle while another challenger chosen among the audience is invited into the circle and the dance recommences.

The audience is quite varied but it accepts the invitation, or at least, those who know the duelling *pizzica* come forward to dance. The rules are complex, at least two – never turn your back and always look into the eyes.

Caught in the audience, the ethnographer is standing behind a documentarist who is impeded from filming the scene by some of the people there. The ethnographer knows those ones who are shoving the cameraman out. This contrast is part of the performance, enacted in the concentric circle immediately out of the *ronda*, and put on by the members of the danced duel supporting group. In this way they lay claim to the unassailable own-

ership of that *untouchable* scene. A form of violence is reflecting the simulacrum of the dance. A violent gesture which seems the first real execution of the eye commands that come from the *ronda* dancing fencers – it is performed and repeated within the circles that exist around the *ronda* in order to construct the untouchability of the touchers, in this way assuring their power in a public culture and on a political scene at the margins of the state. They are performing a violent act which is rhetorically represented as a heritage safeguarding action. Actually they are just claiming for the violent act itself, defending the insignia of their sovereign power, the empty simulacrum of a depleted ritual memory of the original prison dance setting.

Prison dance

On the 11th April, 1927, a year after his arrest, which was illegally carried out by the Fascist special police, Antonio Gramsci writes a letter to his sister-in-law Tatiana Schucht and recounts one of his experiences when he was transferred from one prison to another (16).

In this account the danced-duel is observed with the acute gaze of a special "ethnographer" of the prison, and the relationship between the gestures and the state seems to be so insightful as it points at the bodily dimension of sovereignty:

> «In Naples, among other things, I witness a scene of initiation into the Camorra. [...] One night at Castellammare A., in the carabinieri barracks. Then two days with aproximately sixty detainees. A number of entertainments are organized for the occasion in my honor; the Romans improvise a wonderful group recital, Pascarella and popular sketches of the Roman underworld. Men from Apulia, Calabria, and Sicily present a knife fencing clinic in accordance with the rules of the four states of the southern underworld (the Sicilian state, the Calabrian state, the Apulian state, and the Neapolitan state): Sicilians against Apulians, Apulians against Calabrians, because the hatred between these two states is powerful and the clinic even becomes serious and bloody. The Apulian are the masters of all of them: unsurpassed knife wielders with a technique full of secrets and very lethal, developed in line with all the others and in order to outdo them. An old Apulian, aged sixty-five, much revered, but without "state" recognition, defeats all the champions of the other states; then, as the grand finale, he fences with another Apulian, a young man, with the most beautiful body and surprisingly agile, a high dignitary whom they all obey and for half an hour they demonstrate all the normal techniques of all the fencing schools. A truly grandiose and unforgettable spectacle in every way, because of the performers and the spectators: a whole subterranean world was revealed to me, extremely complicated, with its own life of emotions, of points of view, of points of honor, and formidable iron

hierarchies. The weapons were simple: spoons rubbed against the wall, so that the chalk marked off the blows on the clothes. [...] This will also explain how I pass the time when I am not reading; I think back over all these things, analyze them in the finest detail, become intoxicated with this Byzantine labor. Besides, everything that happens around me and that I'm able to perceive becomes extraordinarily interesting» (GRAMSCI A. 1994: 95-96).

Notes

(1) The anthropology of the state is one of the most important domain of contemporary anthropological research. With regards to the Italian nation-state see the two ethnographic monographs on Sicily by Berardino Palumbo (PALUMBO B. 2003, 2009). For a comparative glance at different anthropological approaches and fieldwork locations, see: ARETXAGA B. 2003, HERZFELD M. 2005 [1997], DAS V. - POOLE D. (eds.) 2004, CORBRIDGE S. *et al.* (eds.) 2005, (insightfully discussed by Joanne Sharp about «the entangled nature of power relations through the state», see SHARP J. 2007: 602). For a collection of classic studies see SHARMA A. - GUPTA A. (eds.) 2006 (including an interesting large introduction written by the two editors: SHARMA A. - GUPTA A. 2006).

(2) As the feminist geographer Alison Mountz has suggested: «[A] shift in the scale of analysis of the nation-state, from national and global scales to the finer scale of the body reveals processes, relations, and experiences otherwise obscured» (MOUNTZ A. 2004).

(3) Antonio Gramsci (1891-1937) rarely used the term "anthropology", which in his writings has to do with his idea of man as an "historical product," and with his rigorous critique of the naturalistic reductionism of the biological sciences. The term "molecular" is created by him because of the possibility it offers in referring to the minimum unit of life experience, to a specific detail drawn from daily life. For an insightful philosophical interpretation of "molecular" between Gramsci and de Martino, in the context of an analysis of tarantism, see TARÌ M. 2002. See also for an anthropological approach to Gramscian use of "molecular" PIZZA G. 2003.

(4) *Tarantismo* is the spider bite possession ritual linked to the cult of Saint Paul, and the location of the 1959 ethnographic study conducted by Ernesto de Martino (1908-1965), and documented in his classic monograph (DE MARTINO E. 2005 [1961]). The ethnographic portion of the book is entitled *Salento 1959*. In the Salentino villages, women called *tarantate* claimed to be bitten by tarantula during their work in the fields. On Saint Paul's day, the 29th of June, they went to the city of Galatina. Inside and outside the church of St Paul they performed convulsions, which medical scientists classified as hysterics. The women were possessed by the spider spirit, and asked Saint Paul to help them recover. Previously, de Martino had observed possession and healing dance performances of some "tarantate" in their own homes. They were cured through music, dance and colour symbolism. This ritual has long historical roots, and has been the subject of argument between medical and catholic discourses since the Middle Ages. The medical profession classified the female bodily performances in three ways: as a disease caused by the venom of the tarantula; as an hysterical mental disorder; and as female fiction. Catholicism on the other hand introduced the figure of Saint Paul and progressively transformed a possession cult into a catholic cult of the saint. De Martino showed that the medical approach reduced the "symbolic autonomy" of tarantism, that is, it ignored its ritual function. He also argued that local bodily performances of spider-spirit possession should not be considered "subversive" to either medicine or official Catholicism. They were ritual performances in which ceremony and suffering were interwoven. Tarantism then was no longer understood as a mental disorder but rather as a ritual aiming to give a cultural meaning to female existential and social suffering.

(5) On these aspects see PIZZA G. 1999, 2002abc, 2004, 2005, 2009. See also, for a different perspective, LÜDTKE K. 2009 and SANTORO V. 2009. Very interesting the recent contribution by Sergio Torsello about the history of the festival *La Notte della Taranta* (TORSELLO S. 2008). Torsello is also Author,

together with Gabriele Mina, of an impressive reasoned bibliography on tarantism (MINA G.-TORSELLO S. 2004).

(6) On the "commodified persona" in the context of heritage industry see BUNTEN A. C. 2008; for case studies of the process of commodification in general, see ERTMAN M. M. - WILLIAMS J. C. (eds.) 2005.

(7) The American anthropologist Douglas Holmes, in his Italian/European ethnography, had focused on such a process since its beginning, explaining current forms of Italian populistic neo-integralism as a «commitment to traditional cultural forms [...] neither nostalgic nor residual; rather it formed the basis of a vigorous engagement with the modern world» (HOLMES D. 2000: 3). For the interesting suggestions from recent ethnographic investigations of democracy see PALEY J. 2002.

(8) According to the times, intellectuals from various backgrounds have kept the discussion on tarantism alive – travellers, folk people, doctors, bishops, parliamentarians, anthropologists, archeologists, journalists, students carrying out university dissertations, tourism operators etc. (PIZZA G. 2004).

(9) For a critical approach to Unesco Convention see GIGUÈRE H. 2006 on the Andalusian case. For an insightful critique of Unesco heritage culture and its role in producing global hierarchical taxonomies of values, see PALUMBO B. 2006, starting from the Sicilian case, see also PALUMBO B. 2003.

(10) See on this aspect the study by Hélène Giguère on the case of Western Andalusia (GIGUÈRE H. 2006). According to Giguère «many critical thought confirm the relevance of an anthropological observatory about the current enthusiasm for patrimonializing living culture which, in many cases, is associated to a politic appropriation» (GIGUÈRE H. 2006: 126).

(11) Built in the last ten years the Apulian sub-region called "Grande Salento" (an administartive alliance among the southern cities of Apulia: Brindisi, Taranto and Lecce), also the glorious "Università degli Studi di Lecce" [The University of Lecce] changed its name – with the new university reform of the *three-plus-two*, it became "Università del Salento" [University of Salento]. Although its logo is not (yet?) that of the *taranta* "which bites and poisons...". For some ethnographic approaches to academic cultures see MENELEY A. - YOUNG D. J. (eds.) 2005.

(12) Several comparative works by Giuseppe M. Gala are devoted to the ethnocoreutic patrimony of this area, see among them GALA G. M. 2005. For a recent study about the ethnomusicological research in this part of Apulia see the important contribution by Maurizio Agamennone (AGAMENNONE M. ed. 2005). Some elements on the historical origins of the *pizzica-scherma* in the Salento are in MELCHIONI E. 1999. See also TARANTINO L. 2001 and in a more local perspective INGUSCIO E. 2007, TOLLEDI F. 1998. On different forms of danced duel observed in another southern Italian region, Calabria, and on its connection to *Ndrangheta* (the Calabrian "mafia") initiation rituals, some short examples are provided by VISCONE F. 2005. On the rhetoric of secrecy in the public representations of Apulian mafia, the *Sacra Corona Unita*, see MASSARI M. 1998.

(13) Some elements on the "politics of culture" enacted by *Sacra Corona Unita* are in. MASSARI M. 1998.

(14) Since the American anthropologist Susan Reed wrote her review on the poetics and politics of dance (REED S. A. 1998), dance studies, from many different disciplines, have been increasing up to now. Among other scholars, anthropologists are still playing a «critical role in this new dance scholarship, contributing comparative analyses, critiquing colonial and ethnocentric categories, and situating studies of dance and movement within broader frameworks of embodiment and the politics of culture» (*ibidem*: 503). See among more recent collections of studies BUCKLAND T. G. (ed.) 2006.

(15) The President of the *Fondazione Notte di San Rocco* is also the councillor for cultural heritage safeguarding at the Province of Lecce.

(16) This letter is the most quoted source and the least known among the Salentino fencing dance supporters.

[translated from the Italian by Paul Dominici]

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Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 261-295

Globalization and the state: is an era of neo-eugenics in the offing?

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The history of technology is usually transmitted as a narrative of progress, one designed above all to bring about the amelioration of the human condition. The radical version of this tale is one of heroism; the conquest of an enemy, whether of the human kind or that of untamed nature. Bioscientific knowledge and its associated technologies are recognized as crucial in the attainment of this ideal today, with the ultimate objectives of achieving freedom, a state that includes release from bodily affliction, and better yet, bodily enhancement and happiness. Of course this dominant ideology has been countered repeatedly, particularly since the early part of the 19th century, with dire warnings about the havoc that technology can and will wreak, causing the anthropologist Bryan Pfaffenberger (1992) to comment: «like Shiva in Hindu iconography, technology is at once both creator and destroyer; an agent of future promise *and* of culture's destruction».

In his book *Frankenstein's Footsteps*, Jon Turney writes that the recent history of biology, notably the rediscovery of Mendel's laws at the beginning of the 20th century, the elucidation of DNA structure in the middle of the century, and the recent mapping of the human genome making its manipulation possible, are among the most significant products of the Enlightenment promise that pursuit of scientific knowledge will lead, in the words of Francis Bacon, to "the effecting of all things possible". «Biology's dizzy onward rush from potential to real technology» argues Turney, brings to a new pitch the perennial tension of enormous promise, associated with ambivalence and a fear about the future of humankind (TURNEY J. 1998: 2).

Although genomic hype appears quite frequently in the media, critical comments are less visible, but Jurgen Habermas's book *The Future of Human Nature* is perhaps indicative of the extent to which genetic technologies are causing deep concern among some commentators:

> «Genetic manipulation could change the self-understanding of the species in so fundamental a way that the attack on modern conceptions of law and morality might at the same time affect the inalienable normative foundations of societal integration» (HABERMAS J. 2003: 26).

This view of genetic manipulation as "*a force unto itself*" (FRANKLIN S. - ROBERTS C. 2006: 28, italics in the original), hostile to social order and integration, echoes earlier warnings by Jacques Ellul and others about omnivorous, autonomous technology – technology out of control (1964). Habermas's concerns, shared by other German thinkers, are strongly influenced by the history of National Socialism, notably the research and science associated with the Third Reich.

Given the magnitude of what critics such as Habermas fear is happening, we might expect the state to broaden its customary role of citizen surveillance, and take a lead in exerting control over the implementation of these new technologies of the body – in short, to impose a "politics of vitality" in its own interest (ROSE N. 2007). In this chapter, I will focus on activities involving several of the technologies of «medically assisted procreation» (TESTART J. 1995), to argue for a recognition of complexity and internal dispute that renders hyperbolic arguments inappropriate. At the outset it is important to note that the biopolitics of emerging biomedical technologies exhibit great variation among nation states, with significantly different effects in practice, effects that today have global repercussions.

Among the proliferating technologies of assisted reproduction, I have selected for particular discussion prenatal genetic testing, pre-implantation genetic diagnosis, and sex-selection. My purpose is in part to question the assertions made for several years now by numerous outspoken geneticists, social scientists, and philosophers, who insist that we are entering an era of neo-eugenics as a result of escalating technological interventions into human reproduction. Many of these concerned commentators base their assertions on evidence that individuals and families are apparently increasingly willing, and on occasion guided by authority figures, towards the disposal and destruction of those embryos and fetuses designated as abnormal, sub-normal, or simply not wanted. For these commentators these activities represent a sophisticated version of the "negative eugenics" practiced in the early part of the 20th century. Other commentators, although not opposed in principle to all the practices that fall under the rubric of neo-eugenics, are opposed to what was in the early 20th century termed "positive eugenics," manifested today in discussion about enhancement of the human genome – a technical striving for perfection.

Improving the stock of nations

Eugenics is an inflammatory term, and its use must be carefully demarcated. Francis Galton, who created the modern version of this appellation in the late 19th century, proposed that the "human race" might be improved along the lines of animal and plant breeding that had long prevailed in husbandry. "Undesirables" would be eliminated, and efforts would be made to permit the multiplication of "desirables" – activities that he labeled negative and positive eugenics. The only means available to achieve these objectives in Galton's day was to enact policies in which the state was assigned control over the reproductive lives of those individuals designated as a burden to society. Sterilization, almost all of it involuntary, was the method by which this was usually accomplished. Much less was done to encourage positive eugenics, although several government initiatives in the United States and Europe encouraged people to emulate those families deemed by officials to be particularly healthy in mind and body.

Eugenics was firmly consolidated initially in the United States. As Daniel Kevles puts it: «Eugenics was British by invention and American by legislative enactment» (KEVLES D. 1984: 92). Charles Davenport, an American biologist well versed in the science of his day, devoted his time to the creation and collection of family pedigrees. Among other things, he observed that "pauperism," "criminality," and especially "feeble-mindedness" were, in his estimation, heritable. On the basis of these observations Davenport argued that individuals with such traits should be prohibited from reproducing so that defective protoplasm might be eliminated from the gene pool. In 1912 Davenport proclaimed: "Prevent the feeble minded, drunkards, paupers, sex offenders, and criminalistic from marrying their like or cousins or any person belonging to a neuropathic strain. Then the crop of defectives will be reduced to practically nothing" (DAVENPORT C. B. 1910: 12).

The Harvard geneticist E.M. East went further than most of his colleagues, and argued that the biggest challenge lay hidden in the population of heterozygotes – the unaffected carriers of just one of the supposedly defective genes. His recommendation was to put whole families under surveillance; a matter of urgency he claimed, because "civilized" societies permit the numbers of "defective" people to increase by means of medicine and charities that interfere with natural selection and keep them alive (EAST E. M. 1917). Comments such as these were well publicized, and thousands of Americans gave financial support to the activities of the Eugenics Record Office in Cold Spring Harbor, of which Davenport was the director. Eugenics was transformed rapidly in the early part of the 20th century from a rather

obscure science created by Francis Galton and his colleagues into a major political movement.

Nikolas Rose (2007) reminds us that the biopolitics of the first part of the 20th century was driven in large part by the concept of "degeneracy," initially set out in the mid 19th century by Herbert Spencer when formulating his ideas about social evolution. A pervasive fear of the time was that the quality of populations as a whole, and hence the vitality of nations, was under threat because people who had inherited weak constitutions and were lacking energy and of low intelligence were likely to "breed" faster than others, thus diluting the "germ plasm." Applied eugenics could purge the population of this unwanted degeneracy.

It is sometimes forgotten that many staunch supporters of eugenics in the early part of the 20th century were progressive-minded socialists, including such prominent figures as Emma Goldman, George Bernard Shaw, H. G. Wells, and Margaret Sanger. Among these writers and activists, the eugenics movement was recognized not only as a means to improve the biological stock of nations, but also as a foundation for social reform. Margaret Sanger wrote that «Those least fit to carry on the race are increasing most rapidly... Funds that should be used to raise the standard of our civilization are diverted to maintenance of those who should never have been born» (SANGER M. 1922: 98).

It was only when contraceptive technologies became available that reproduction could potentially be manipulated successfully on a population-wide basis. The early birth control movement strongly supported Sanger's position, and a 1940 joint meeting of the Birth Control Federation of America and the Citizens Committee for Planned Parenthood was entitled "Race Building in a Democracy." It was not by chance that family planning in the United States initially targeted African Americans living in East coast inner cities (WASHINGTON H. A. 2006: 198).

The eugenics movement, supported by many geneticists, grew stronger during the depression of the 1930s (PAUL D. B. - SPENCER H. G. 1995) and research into diabetes, epilepsy, syphilis, feeble mindedness, and other diseases was motivated not merely by an interest in the mechanism of the diseases, but by a concern about their financial burden to society. In the United States it is estimated that something like 50,000 individuals were forcibly sterilized during the first half of the 20th century. This practice was replicated in Canada, South Africa, and across northern Europe, including the socialist countries of Scandinavia, with Germany being by far the most extreme example. Lawsuits in connection with these practices that persisted in all these countries until the 1970s continue to the present day.

Similar programs were developed in Japan and China where, as in Europe, implementation of compulsory sterilization was spearheaded by intellectuals (OTSUBO S. - BARTHOLOMEW J. R. 1998).

The historian Diane Paul raises an important question in connection with the entire eugenics movement: «Did eugenics rest on an elementary mistake?» she asks (1998: 117). Eugenicists in the early part of the 20th century argued explicitly that mental defects are linked to a recessive Mendelian factor (in today's language, an allele), leading some commentators to suggest that eugenicists were in error if they believed that by sterilizing only those individuals thought to be "defective," the "factor" for defectiveness would thereby be eliminated from the population. Paul notes that the eugenics movement expanded after the time when the mistaken beliefs of some early eugenicists had been thoroughly exposed. After reviewing the literature of the day, she came to the conclusion that the majority of eugenicists were satisfied that eugenic sterilization, even though they knew it would not eliminate the "factor" from the population as a whole, would nevertheless slow down deterioration, making sterilization practices highly worthwhile (PAUL D. 1998: 128). In other words, rather than rigorous scientific argument, the prevalent ideology of degeneracy, shared by very many influential people of the day prevailed, and justified the widespread implementation of government-supported programs.

Genomics and neo-eugenics

Perhaps the first scientist to proclaim the rise of a *new* eugenics in the latter part of the 20th century was Robert Sinscheimer. He is a molecular biologist who, in the 1980s, was Chancellor of the University of California at Santa Cruz, at which time he was the first to propose that the entire human genome should be mapped. Earlier, in the late 1960s, he had declared: «a new eugenics has arisen based on our understanding of the biochemistry of heredity and our comprehension of the craft and means of evolution». Sinsheimer went on: «For the first time in all time a living creature understands its origin and can undertake to design its future... Today we can envision that chance – and its dark companion of awesome choice and responsibility». Sinsheimer explicitly contrasted the old eugenics with what he envisioned as a much improved new eugenics associated with molecular genetics:

> «To implement the older eugenics of Galton and his successors would have required a massive social program carried out over many generations» he argued, «… Continuous selection for breeding of the fit, and a culling of the

> unfit», would be required but: «The new eugenics would permit in principle the conversion of all of the unfit to the highest genetic level... The horizons of the new eugenics are in principle boundless». (SINSHEIMER R. 1969: 13).

When commenting over 20 years later on Sinsheimer's widely-read diatribe, Evelyn Fox Keller asks: «From what might such extraordinary confidence have derived?» (FOX KELLER E. 1992: 290). She notes that in the late 1960s no human gene had been precisely located and molecular genetics was in its infancy. Fox Keller suggests that Sinsheimer and other like-minded scientists of the day were no doubt determined to have an effect on the course and funding of scientific research. In their minds, emerging molecular genetics had the potential to dethrone physics as the favoured basic science, and they were not above resorting to hyperbole to bring this about. Clothed in the language of individual choice genetics was poised to receive a massive infusion of research funding and government support, as long as the matter could be handled in such a way as to convince those in power that this new eugenics would result in societal improvement.

Hyperbole such as that of Sinscheimer was never confined to a few interested scientists and, moreover, has been on the increase in the intervening 35 years. In 1988, for example, the United States Office of Technology Assessment (1988: 86) made the claim that the new genetic information ensures that each one of us in the near future will have «a paramount *right* to be born with a normal, adequate, hereditary endowment». Using remarkable wording, this report asserted that: «new technologies for identifying traits and altering genes make it possible for eugenic goals to be achieved through technological as opposed to social control». The report discusses without reservation what is described as a «eugenics of normalcy», namely «the use of genetic information...to ensure that...each individual has at least a modicum of *normal* genes» (*ibidem*: 84, emphasis added).

Continuities between the rhetoric employed in early 20th century eugenics and that associated with the human genome project are not difficult to discern. In the same year, the European Commission, the executive arm of the European Union, published a report entitled Predictive Medicine: Human Genome Analysis. This report states that Predictive Medicine «seeks to protect individuals from the kinds of illnesses to which they are genetically most vulnerable and, where appropriate, to prevent the transmission of genetic susceptibilities to the next generation» (KEVLES D. 1992: 72). This document notes that the major diseases of our time - diabetes, cancer, stroke, coronary heart disease, and psychiatric disorder – are the products of interactions between genes and the environment. The rationale for Predictive Medicine rests on the assumption that we cannot hope to control

the environment, and hence we should «seek to protect individuals from the kinds of illnesses to which they are the most vulnerable and, where appropriate, to prevent the transmission of genetic susceptibilities to the next generation» (*ibidem*: 71). This "neoeugenics," designed to eliminate unsuitable embryos and fetuses through the implementation of genetic screening programs followed by abortion, was fostered in the conservative 1980s and early 1990s with the blessing of Margaret Thatcher and like-minded politicians specifically in order to allay future health care expenditure (*ibidem*: 72).

In contrast to the 1930s, this proposal for Predictive Medicine met with considerable opposition in which German Greens, activist Catholics, and some British conservatives formed an unlikely alliance. The report was countered through an initiative headed up by a West German Green, Benedikt Härlin, who warned that «a modern test tube eugenics» might be on the horizon, one that could disguise more readily than its cruder antecedents «an even more radical and totalitarian form of "biopolitics"» (*ibidem*: 74). Daniel Kevles, commenting on these debates, makes it clear that Härlin is neither a luddite nor completely opposed to genetic testing, rather he was searching for a way to make a genetic program palatable to the German public, and safe to put into action. Härlin's activism was so successful that a revised, heavily modified proposal was the result, with some clear restrictions outlined, including the prohibition of human germ cell research, dropping the term predictive medicine (which implied that genetically vulnerable people should not transmit their susceptibilities to the next generation), and a demand for public accountability.

The tenacity of hyperbole

Despite publicized concerns about the envisioned negative effects of genetic testing, the hype about the enriched future that it will bring about persists, including among some well-known scientists. An early and oft-cited example was expressed by Daniel Koshland, a molecular biologist and past editor of *Science*, who argued in that journal: «no one will profit more from the current research into genetics than the poor». He made it clear that what he had in mind was that "weak" and "anti-social" genes would slowly be "sifted out" of the population entirely (KOSHLAND D. 1988). Koshland's language is particularly crude and little different from that of the early 20th century eugenicists, but today it is exceptional. Fox Keller and others have noted that the language most often used no longer supports the implementation of eugenics via government instituted social

policies in the name of the good of society, the species, or even the collective gene pool, as was the case early in the 20th century (1992: 295). Instead, we are now in an era dominated by the twinned ideas of being "at risk" for named diseases and having the right to individual choice in connection with decisions about health and illness. Genetic information will furnish, it is claimed, the personalized knowledge that people need in order to realize their inalienable right to individual health and the health of their families. The assumption is that, with such knowledge at hand, publics will practice self-governance – "genetic prudence" – as part of the new politics of vitality (NOVAS C. - ROSE N. 2000).

The historian Daniel Kevles comments that «the eugenic past is prologue to the human genetic future in only a strictly temporal sense» for the reason that, quite simply, «it came before». Nevertheless he is concerned, not about genetically engineered imagined futures, nor about a state mandated program of eugenics that he assumes could only be implemented by authoritarian regimes, and is therefore entirely out of the question in most parts of the world, but rather about the short-term effects of molecular genetics. His worry is about the abundance of genetic information being produced and the diffusion and marketing of such information. Kevles insists that we are creating the capacity for a "home-made eugenics," and he assumes that people will want to use these technologies to try to produce, at the very least, healthy children (KEVLES D. 1992). In a similar vein, the philosopher Philip Kitcher (1996) insisted several years ago that we are already in an era of *laisser-faire* eugenics, one that depends upon decisions that individuals and families make on the basis of the results of genetic testing and screening programs. Kitcher's concern is that although these new practices are designed to promote reproductive freedom, it is clear that the resources for such a freedom are not accessible to everyone. Furthermore, there is a real danger that social support for individuals born with disabilities and disorders that can now be detected by means of genetic testing may be cut back, thus indirectly imposing eugenic-like values on reproductive choice. Kitcher comments: «*Laissez-faire* eugenics is in danger of retaining the most disturbing aspect of its historical predecessors – the tendency...to reflect a set of [dominant] social values» (KITCHEN P. 1996: 199).

The sociologist Dorothy Nelkin and historian of science Susan Lindee in their book *The DNA Mystique* (1995) expressed a worry that the United States is undergoing a revival of eugenics. In a later paper they point out that many publications in the 1990s, notable among them *The Bell Curve* by Richard Hernstein and Charles Murray, promote the idea that "the genius pool" is shrinking due to excess reproduction among the immigrant poor

(NELCHIN D. - LINDEE S. 1997). Nelkin and Lindee demonstrate how this belief and others like it were very evident in American popular culture of the 1990s. Their conclusion is that eugenics in contemporary culture is less an ideology of the state than a set of ideals about a perfected and "healthy" human future (1997: 46) – a widely shared constellation of beliefs among the American public about «the importance of genetics in shaping human health and behavior» upon which, it is assumed, the economic, social, and political future of the nation depends (1997: 46). Highly critical of the genetic reductionism embedded in this discourse, Nelkin and Lindee's view is fully supported by disability rights activists (ASCH A. 2001, PARENS E. - ASCH A. 1999) who note that the social cost of treating and caring for "defective" children is frequently used to justify the implementation of screening programs. Guidelines of the International Huntington Association make it clear, for example, that it is acceptable to refuse to test women who do not give a complete assurance that they will terminate a pregnancy if the Huntington gene is found. As Paul and Spencer (1995) point out, «Those who made this recommendation certainly did not think they were promoting eugenics. Assuming that eugenics is dead is one way to dispose of deep social, political and ethical questions. But it may not be the best one».

The comments by Habermas with which I started this essay are anchored in arguments that have been circulating in the world of Anglo-bioethics for several years now under the heading of "liberal eugenics." Notions of individual autonomy are central in these debates primarily concerned with the ethics of genetic manipulation of embryos and fetuses (see PRUSAK B. G. 2005, for a summary). Supporters of liberal eugenics argue that provided fetal manipulations are limited to the reduction of suffering and do not interfere with the autonomy of the future person who must be free to create their own life in any way they please, then such manipulations are acceptable. Habermas, while he accepts these arguments up to a point, insists that liberal eugenics as it is currently outlined by Nikolas Agar and others «would not only affect the capacity of "being oneself"», but it would «create an interpersonal relationship for which there is no precedent as a result of an irreversible choice one person makes for the desired make-up of the genome of another person» (AGAR N. 2003: 83). In other words, the idea of an autonomous actor is put in jeopardy by what is proposed for liberal enhancement, or positive genetics.

In contrast to all of the above authors, Nikolas Rose argues strongly against use of word eugenics – neo-, flexible-, liberal-, or otherwise, to describe the present situation. His position is that nothing analogous to Nazi practices is taking place, and that «styles of biological and biomedical thinking that

inform ways of ways of governing others and ourselves in the advanced liberal polities of the West are no longer those concerning the quality of the race and the survival of the fittest» (ROSE N. 2007: 69). For Rose «letting die is not making die»; this new form of biopolitics, although death is very present, is a government of *life* (emphasis in the original, *ibidem*: 70). We are confronted today with calculations about probable futures based on estimations of risk, as the report on Predictive Medicine discussed above makes clear, and such calculations are entirely different from the coercive selection of certain people picked out as inferior and of poor quality for inhumane and genocidal treatment.

I agree with Rose that the neo-liberal environment in which genetic testing and screening has been carried out thus far in order to detect severely disabling and lethal single gene disorders is of a very different order than 20th century state-sponsored eugenics. For this reason I would not resort to an inflammatory term such as eugenics, even when prefixed, although it continues to be relatively easy to detect the kind of primitive eugenic thinking that Nelkin and Lindee note, thinly disguised in the comments of certain people, a few of them with political clout. However, the concerns of Kevles and Kitcher about inequities are clearly justified. Furthermore, not everywhere has government-supported eugenics died out (DIKOTTER F. 1998, KORHMAN M. 2005).

Lene Koch, in agreement with Rose, argues that although reductionistic thinking is present in both state orchestrated eugenics and contemporary molecular genetics, the idea of using genetic knowledge under the auspices of an "enabling state" to reduce suffering and disease represents a fundamental break with the past (KOCH L. 2004: 316). She also argues that the state should not be understood as inherently hegemonic, and that, in Scandinavia at least, in the past there was disagreement among politicians and scientists about the social benefits of sterilization. By the 1940s, sterilization practices were carried out only on "humanitarian grounds" for women considered to be "worn out" by child-bearing. And it is quite possible that many of these women cooperated willingly, especially when it is recalled how fashionable it was until just a few decades ago for middle aged women to beg their doctors for hystectomies in order to avoid unwanted pregnancies (COULTER A. *et al.* 1988).

Screening for single gene disorders

It is clear that among those families habitually afflicted by one or more rare disease that causes great suffering, genetic screening has almost without

exception been welcomed. The success of screening programs is measured in terms of the reduction in the incidence of the disease in question, and not in terms of the removal of the mutant gene from the susceptible population. In Montreal, for example, a program has been in place for nearly 30 years that screens volunteer teenagers from families believed to be "at risk" for the deadly Tays Sach's or thalassemia genes, to determine if they are carriers. This program is monitored at arms length by the Québec government. Many people who have been screened, now adults, state that without these programs they would not have had children. Screening is voluntary, confidential, and makes use of individual informed consent. Not even the parents of the teenagers are informed of the genetic status of their children (although no doubt this does not stop some parents demanding that their children pass along the information). Only those relatively few couples where both individuals have tested positive for the mutation must make decisions about abortion and, since the time that the program has been in place, only one affected infant has been born (MITCHELL J. J. *et al.* 1997). A proposal to set up a program for screening sickle cell anemia in Montreal has been rejected by the involved community, largely of Caribbean origin. Without whole-hearted support of the community in question screening is entirely out of the question.

The doctor who organized these programs has been accused of practicing neo-eugenics but, in my opinion, this is an entirely inappropriate way to characterize these practices unless one believes that all voluntary selective abortions are eugenic. Furthermore, given that the genes themselves are not eliminated from the population this Montreal program falls far short in its implementation of the original "science" of eugenics. Dr. East, the Harvard doctor who called for monitoring of heterozygotes in the early 20th century, would have insisted that all detected carriers of unwanted genes be sterilized, thus slowly ridding the population of the gene.

Another program, Dor Yeshorim, based in New York, has tested more than 50,000 orthodox Jews in North America, Europe, and Israel. This program, unlike the one in Montreal, does not inform individuals about their status as a carrier for Tay Sachs's disease or the other single gene disorders for which testing is available. This practice is justified, it is argued, because of the considerable stigma associated with genetic disease among the Orthodox community. When a marriage is being arranged between two families the young people are at liberty to contact a Rabbi about genetic testing, but only as individuals. Once the results are available the individual, or a designated proxy, is informed whether the potential union is or is not

"genetically compatible." Test results are not made available to the potential partner or to extended family members. Almost without exception, when both individuals of the potential couple have tested positive for one or more specific genes, planned unions designated as incompatible are abandoned. The program, recognized by affected families as enormously successful, is designed expressly to facilitate religious observance in which procreation is obligatory and abortions can only be obtained when a mother's life is at risk. Prainsack and Siegal point out that Dor Yeshorim is based on «a notion of genetic couplehood» and risk is not conceptualized individually (PRAINSACK B. - SIEGAL G. 2006). The program has been criticized as paternalistic (EKSTEIN J. - KATZENSTEIN H. 2001) but Prainsack and Siegal insist that to criticize this program because it compromises individual choice is inappropriate.

A third program in place for over 30 years is based in Cyprus, and screens individuals for beta-thalassemia. This program, initially sponsored by the WHO, is based on the idea of "collective risk management" and is compulsory. One in seven Cypriots is at risk for thalassemia, a rate that is said to be the highest in the world for inheritable single gene disorders. With the introduction of screening everyone in the reproductive age group must participate. Widespread education is carried out in schools and through the media. The Cypriot Orthodox Church routinely requires people to obtain a premarital certificate to testify that they have been screened and counseled (there is no civil marriage in Cyprus). However, the Church does not prohibit carriers from marrying one other, and only 3% of potential couples in which both are carriers of the gene abandon plans for marriage, although many resort quietly to abortion if fetal testing is positive. Turkish Cypriots are also legally required to present a screening certificate before marriage. In other words, screening is an "obligatory passage point" (BECK S. - NIEWÖHNER J. 2009). The number of babies born in Cyprus affected with thalassemia has decreased to virtually zero. This program has been criticized as unethical by people who live outside the country, although by far the majority of Cypriots are at ease with it (ANGASTINIOTIS M. 1990) and Cypriot health care practitioners are proud of what they have accomplished. Critics describe the program as authoritarian and paternalistic and are particularly critical because the Church is involved. Thalassemia is treated as a public health problem in Cyprus, one requiring systematic intervention, but no one is required to terminate a pregnancy, nor is anyone sterilized. The program is collectivist rather than individualistic (BECK S. - NIEWÖHNER J. 2009). Clearly some outsiders would rather that people of marriageable age be given the option of not being screened, a point in need of further debate.

Screening programs designed to bring about collective risk management inevitably target specific populations deemed at risk and involve governance implemented via the medical profession. The State is not always involved, as the Dor Yeshorim example makes clear. Concerted efforts are made to avoid abusive coercion, and many people no doubt participate willingly, but indirect pressure may well come from the extended family and the medical profession, and in the case of the Cyprus program, screening is mandatory.

Aside from religious fundamentalists, virtually no one voices opposition to voluntary screening programs set up to detect single gene disorders that cause terrible suffering. Even disability rights activists who are very sensitive about possible misuses of genetic testing are rarely in opposition to a technologically induced reduction in the incidence of these conditions (PARENS E. - ASCH A. 1999). An informal politics of "letting die," in Rabinow and Rose's idiom, is at work; alternatively the avoidance of conception of fetuses whose destiny is clearly one of pain and early death. The causative genes are not eliminated from the gene pool, so that even those who argue that clinicians are in danger of tinkering inappropriately with the human genome cannot be critical with any justification. But, as emerging technologies bring down the cost of individual genetic profiling and of screening programs, it may well be that proactive governance mandating genetic testing and screening may become increasingly common – with enormous social repercussions.

At least one publication in a technical journal encourages its readers to believe that the public is pushing scientists down a path of increased testing and screening (*Trends in Biotechnology* 1989). It is indeed the case that the Jewish community in Montreal first broached the idea of screening with local geneticists, but when such initiative is taken by members of the public it is most frequently in connection with single gene disorders that have devastating effects *in utero* and immediately after birth. Many involved families work together with clinicians and scientists to raise funding for research, and to elevate public awareness about the disease in question – activities that have been described as "genetic citizenship" (HEATH D. 1998, HEATH D. *et al.* 2004). These practices often have direct links to biocapital; the state is involved only in so far as political lobbying for recognition of the disease and funding for it are indispensable (RAPP R. *et al*. 2001, RAPP R. 2003).

But it is equally clear, particularly in connection with diseases expressed later in life, or that are less than devastating, that many individuals are

reluctant to undergo genetic testing. Research has shown that only between 15 and 20 percent of adults designated at risk for a named genetic disease, or for carrying a fetus believed to be at risk for a genetic disease, have made use of testing, a finding that has held now for over ten years (these numbers vary from country to country and differ according to the disease in question – QUAID K. A. - MORRIS M. 1993, BEESON D. - DOKSUM T. 2001). Cox and McKellin have shown how people who come from families with Huntington's disease vacillate, sometimes for many years, about testing (1999). Further, it has been shown that a good number of people when they are tested ignore or challenge the results (HILL S. A. 1994, RAPP R. 1999).

Adding to the doubts that people hold about genetic testing are other problems associated with the unfolding of molecular knowledge. Current knowledge about Huntington Disease illustrates some of the unforeseen difficulties associated with estimating future risk, making "educated choice" much more difficult than previously was the case. Research has shown that there is no straightforward, unequivocal link between the presence of a Huntington gene and the expression of the actual disease, as was formerly believed to be the case. Today, when people from Huntington families are tested they are given one among three possible results: "No, you won't get the disease," or, "yes you will get the disease, but we don't know at what age it will start to affect you" or, alternatively, to a smaller number of tested people: "we simply don't know. You may or you may not get Huntington Disease" (LANGBEHN D. R. *et al.* 2004). As knowledge in molecular genetics increases it is ever more apparent that the absolute predictions made thus far about single gene disorders are fallible, with the result that some people have had to given new risk estimates at times entirely different from the previous estimate, with enormous social repercussions (ALMQVIST E. *et al*. 1997). Furthermore, for many diseases severity cannot, and perhaps never will be, predictable. The biopolitics of risk is itself riddled with risky estimations (LOCK M. 2005) and technological advances are raising the stakes.

Preimplantation genetic diagnosis

I am going to turn now to pre-implantation genetic diagnosis (PGD) – a technology raising considerable concern among those activists who believe we are entering an era of neo-eugenics. Recently, the Human Fertilization and Embryology Authority of Great Britain passed a landmark ruling that permits thousands of women who carry the BRCA1 and BRCA2 genes asso-

ciated with breast cancer to make use of PGD to avoid giving birth to an infant who carries one of these genes (HENDERSON M. 2006). The ruling also applies to a third gene associated with bowel cancer. This announcement has revived extensive discussion about the "cherry-picking" of embryos, and the production of designer babies.

To elaborate, a woman carrying a BRCA gene who wishes to become pregnant, even if she can do so in the usual way, deliberately chooses to make use of IVF technology. She first undergoes hyper-stimulation of her reproductive system in a specialty clinic, and shortly thereafter up to 15 eggs are recovered and fertilized by her partner's or donor sperm. If successful, several embryos will result, and a single cell is then removed from each embryo at a very early stage in development for testing for the BRCA genes. Only those embryos that do not have the BRCA genes are implanted into the woman's body for further development.

Of course, genetic screening of pregnant women whose fetuses are assumed to be at high risk for disease is not new; such screening was first institutionalized in the 1960s when the technique of amniocentesis became widely available, and began to be used for detection of Down syndrome and diseases inherited in Mendelian fashion. But this new recommendation drastically changes the picture. Mutations of BRCA genes are *not* involved in by far the majority of cases of breast cancer and are implicated in only 5-10% of cases. And even when these mutations are found, this by no means *determines* that an individual will get breast cancer. It is estimated that on average BRCA mutations put people at an increased lifetime risk, as compared to a so-called normal population, of somewhere between 60 and 80%. Patient groups involved with the breast cancer movement support the new recommendation; their argument is that affected families will now be able to avoid this disease altogether and, further, that the mutation may well disappear entirely from the population as a result of the routinization of PGD. Both these claims are erroneous.

These advocates gloss over yet other difficulties: undergoing IVF treatment is not without risk, and it has still to be convincingly demonstrated that IVF children are not at increased risk for certain conditions in adult life. Recent research strongly indicates that the effects on an embryo of lying in a medium in a Petri dish may have life long epigenetic repercussions in connection with gene expression (DEBAUN M. *et al*. 2003, MAHER E. R. 2005). Moreover, both failure to conceive, and multiple births (inevitably involving cesarean sections) are common with IVF. What is more, IVF and PGD are expensive, somewhere between $13,000 and $17,000, so that many people would be hard pressed to make use of this technology, raising fundamental

questions about equal access for potential clients. Turning to the larger picture, preventive measures can be taken against breast cancer; early detection and treatment have improved dramatically over the past two decades, bringing down substantially both incidence and mortality rates. And, of course, breast cancer is an adult onset condition, and does not cause suffering or mortality in children or adolescents.

The British sociologist Nina Hallowell noted several years ago: «the new genetics not only positions individuals as responsible for their own health, but also for the health of others» and it is women in particular who are thought of as harboring genetic risks. She argues that it is likely that many women will increasingly develop a sense of "genetic responsibility," that is, experience an obligation to undergo testing and reveal the results to kin. When Hallowell interviewed women in the UK who come from families where cancer is very common, and who were being tested for the BRCA genes at a specialty clinic, without exception she found that they believed it was their duty to themselves and to their children to be tested (HALLOWELL N. 1999). Moreover, many women who had already borne children believed that they were unknowingly responsible for having put their children at risk. As one woman put it:

> «A large proportion of my concern is a responsibility to my daughter. And I think also it's sort of a helplessness... I've passed on the gene to my daughter. I must make sure now that I alert her to what might be in store for her, because I have that responsibility» (HALLOWELL N. 1999: 107).

Most women interviewed were frightened about subjecting themselves to the test, particularly so because it might affect their employment or health insurance, but nevertheless went through with it. Sometimes women were pushed to do so by their spouses or sisters:

> «I said to my husband that I didn't want to know. I said, if I'm going to get cancer then I'm just going to get it. I don't want to go for this test. And my husband, he kept saying... you know, you should, because it's not just for you, but for the kids» (HALLOWELL N. 1999: 108).

Now that PGD is available, women and their doctors can select "good" embryos for implantation and leave the "bad" ones in storage or donate them for research. Should this practice be understood as a form of neo-eugenics? With respect to bringing about an imbalance in human genetic variation, the answer is a definitive "no." Nor can use of PGD as it is practiced in Europe and North America be described as state-enforced disposal of unwanted life. However, regulations vary enormously from country to country. There is no regulation of any kind in the United States and Italy, and virtually no monitoring of what happens in private clinics. Regulations are

pending in Canada and Denmark, whereas clear guidelines exist in Sweden, the United Kingdom and France. In the United Kingdom and France only a very limited number of trained clinicians are allowed to carry out PGD. Among those countries with guidelines, there is considerable variation as to what conditions may be tested for, with the United Kingdom being the most flexible. Links among politics, local values, and private enterprise (notably in the United States) and the form that control (or lack of it) takes in connection with PGD are evident, resulting at times in "reproductive tourism" (SPAR D. 1995).

In light of these varied government responses, it is clearly not appropriate to posit that unfettered neo-liberal values are equally at work everywhere enabling a laissez-faire eugenics; but can this cherry picking of unwanted fetuses perhaps be described as a negative eugenics because coercion is involved? For example, Rayna Rapp has shown that, despite training in non-directive counseling, genetic counselors on occasion indirectly or inadvertently encourage women whom they perceive to be poor, uneducated, or as having sufficient children already, to terminate pregnancies when a fetus tests positive for a specific medical condition (RAPP R. 2000). Hallowell's findings strongly suggest that there is some evidence that medical practitioners and family members on occasion coerce or pressure women into undergoing genetic testing in attempts to determine what the future has in store for them, and with the advent of PGD people are able act on genetic knowledge and select the embryos they are led to believe are not at risk for a named disease. These practices are exceedingly troubling. Clearly governments are not directly involved, but unequal power relationships are very often at work and unexamined prejudices are implicated. Overt coercion is no doubt rare, but pressures, subtle and not so subtle, are exerted in households and clinics, and indirectly via medical and government supported guidelines.

Legitimate concerns about IVF and PGD do not stop here. Rapidly growing knowledge about molecular genomics makes it clear that there are reasons to consider carefully if it is *ever* a reasonable decision to abort a *wanted* pregnancy because a fetus is shown to carry a susceptibility gene for a complex disorder such as breast cancer, heart disease, or Alzheimer's disease. Probability estimates in connection complex disorders are unreliable, and one can never predict who among those who carry susceptibility genes will or will not get the disease in question (LOCK M. *et al*. 2006). Estimates of increased lifetime risk as compared to a baseline population are usually around 50% at the most, and often much lower. Furthermore, and most important in calculating risk estimates, epigenetics is ignored entirely. In

other words, the significance of the relationships among macro environments, social and physical, the micro-environment of the body, and gene expression is bracketed out. In making individualized risk estimates for susceptibility genes biostatisticians in effect continue to assume that genes cause disease directly, unless an assortment of serendipitous, under-researched factors get in the way (LOCK M. *et al*. 2007). And yet it is now well known that knowledge of what brings about or inhibits gene expression is crucial, rather than the mere presence or absence of a gene – making the usual types of probabilistic risk modeling highly questionable (JABLONKA E. - LAMB M. J. 1995, MATTICK J. 2004).

Obviously if one's mother and several sisters have died of breast and/or ovarian cancer, PGD may well appear to be the best choice. Both practitioners and involved patients firmly believe that what they are combating is miserable suffering. But the ethnographic research by Zeiler (2004) and by Franklin and Roberts (2006) make it very clear that although most people are positive about the advantages of PGD, as opposed to fetal testing accompanied by abortion, they nevertheless do not approach this technology lightly, or without hesitation, and many consult clinicians but then decide to go no further. Even involved doctors evidence considerable caution (ROBERTS C. - FRANKLIN S. 2004, FRANKLIN S. - ROBERTS C. 2006). Creating "perfect," disease-free babies is simply not on the agenda in the clinics that carry out these technologies, in contrast to the rhetorical hype that appears all too often in the media and in comments such as those made by Daniel Koshland, James Watson, and others. However, even though the majority of clinicians are cautious, I believe they can nevertheless be faulted for not making very clear to government, advocacy groups, GPs, the media, and the public the obvious dangers and limitations of these technologies and, further, fully acknowledge the rudimentary state of molecular genomic knowledge. Perhaps "willful ignorance" is the best descriptor of some clinician attitudes when they assist with embryo selection.

The reality of genomic complexity and the low success rates associated with IVF technologies is likely to hamstring all efforts at creating babies to order, perhaps indefinitely. This will be the case even if the mapping of personal genomes comes down to $ 1000 per individual, as promised by James Watson and Affymetrix (WADE N. 2006). When this happens, the uses to which PDF will be put will no doubt continue to be limited primarily to testing embryos for genes associated with specific diseases. In the United States, perhaps more so than in other countries, where aggressive direct to consumer advertising combined with virtually no federal or state control over the application of reproductive technologies is the situation, con-

sumers are particularly vulnerable to exploitation. But these laissez-faire practices, with all the usual attendant problems of economic gain, duplicities, and inequities, are not designed to intentionally "breed" a superior population of people.

Sandel, a philospher, has other, troubling concerns: «A *Gattica*-like world, in which parents become accustomed to specifying the sex and genetic traits of their children, would be a world inhospitable to the unbidden, a gated community writ large» (SANDEL M. 2007: 86). In common with Habermas, Sandel believes that we are transforming our "moral landscape" by making "enhancement" technologies available. Of particular concern to Sandel is, as less is left to "chance" and more rests on "choice," parents «become responsible for choosing, or failing to choose, the right traits for their children» (*ibidem*: 87). Like Kitcher, Asch, and many others, Sandel believes that with increased use of genetic testing parents may be held directly responsible for producing "imperfect" children. What is more, he believes that human solidarity and humility are likely to be reduced as a result of these practices. These are valid concerns, and Sandel recognizes that widely shared values are at work in how we choose to apply these technologies. He is particularly critical of the tendency towards "hyperparenting" in contemporary society – a clear expression, in his opinion, of the "anxious excess of mastery and dominion" that we now live with (2007: 62).

But just how many of us are indeed captivated by this particular value of mastery? Setting aside devastating single gene disorders that affect infants, the numbers of people who choose not to undergo genetic testing when it is freely offered to them suggest that "mastery and dominion" might not be a widely shared ideology. Activities of certain middle class Americans and Europeans, widely reported in the media, are presumed to be evidence of values shared by us all. Moreover, to confound the entire spectrum of genetic engineering and the wide range of individualized choices it makes possible (some practices of which are indeed very troubling – non-medical sex selection and inappropriate use of growth hormone – to give just two examples) with state orchestrated 20th century eugenics, as do Sandel and others, is to conflate authoritarian brutality and unfettered coercion of ideologically created populations of outcasts with present day governmentality. We are indeed in possession of technologies that have the potential to enable massive transformations in moral landscapes; this does not mean that they should be ruled entirely out of order. Apart from anything else, limits to manipulation imposed by the material world itself, vast lacunae in scientific knowledge, the ability of people living in democratic societies to monitor and prohibit certain technological practices, and the

apparent lack of desire on the part of many people to try to master their futures by means of genetic manipulation, will proscribe these transformations for a long time to come. I am going to turn in closing to a very troubling topic, one that on superficial investigation apparently justifies the moniker of neo-eugenics (see, for example KITCHER P. 1996), but when examined in context, as with the other examples cited thus far, forces second thoughts.

Situating sex selection

The routinization of ultra-sound screening (sonography) for pregnant women that commenced in Europe and the United States in the 1960s made it possible to inform women about the sex of the fetus they are carrying. This relatively simple piece of technology is now made use of in many parts of the world, allowing people to practice what is euphemistically described by some experts as "family balancing" by terminating a pregnancy on the basis of the sex of the fetus alone (VAN BALEN F. - INHORN M. C. 2003). It is common knowledge that such activities are frequent in India and China, but survey research of clinics in the United States, where no legal prohibitions against sex selection are in place, has shown that "non-medical sex selection" is practiced in that country as well. Among the reproductive medicine clinics surveyed in the US, 42% offer sex selection when a client requests it (BARUCH *et al*. 2006). Researchers believe that they have uncovered the tip of an iceberg. They note that there is little government support for adopting regulations; in contrast they found that among IVF clinic practitioners there is strong support for the introduction of professional guidelines. In other countries where sex selection is clearly prohibited it may well be that "family balancing" is at work as well. In Canada, for example, where abortion on demand is a woman's right with no questions asked, it is likely that some women are in fact undergoing sex-linked abortions to bring about their desired "balanced" family. It is virtually impossible to investigate these practices due to the way in which statistics are collected.

One specialist at a US clinic reports that his clients come from all over the world and the largest numbers are from Canada followed by China. He also states that his Chinese customers want boys but the Canadians want girls, thereby suggesting that the majority of the Canadian clients are not of Indian or Chinese origin (Toronto.ctv.ca 2006). Marcia Inhorn reports that non-medical sex selection for males is increasingly being made use of

in the Middle East, where not only are local clients served, but efforts are being made to encourage a reproductive tourism industry designed to suit South Asian customers. The demographer Caroline Bledsoe has recently found a startling discrepancy in Spain in the sex ratio at birth among Chinese immigrants living there (personal communication), strongly supporting the idea that such practices are carried out in Europe as well.

For less wealthy clients, including a very large number of women in India and China, ultrasound followed by abortion of fetuses of the unwanted sex continues to be the most common practice. Although there is widespread condemnation by both internal and external commentators about the extent to which sex-selection is apparently taking place in these two countries, the shortcomings of the technology is rarely noted. On the basis of ethnographic work with physicians living in California whose specialty is reproductive medicine, Sunita Puri, herself a doctor, notes that there is agreement among her informants that the sex of a fetus cannot be determined by ultrasound with unfailing accuracy in the early states of gestation (PURI S. ms) and ultrasound specialists with whom I have spoken in Montreal state that only from about 17 weeks can the sex be determined with reasonable confidence, although in some cases this can never be done due to the position of the fetus. These specialists know of cases referred from other clinics where the sex had been wrongly determined. Is probable, then, that some women in India and China are opting for abortions based on inaccurate ultrasound information and are at times aborting male fetuses. On occasion too, they must give birth to female babies when they expected a male. Given the very imbalanced sex ratio in these countries, it seems likely that many must be having late abortions once the sex can be determined with reasonable accuracy; such abortions are more likely to interfere with future reproductive success. The question arises as to why these technological uncertainties are so little discussed.

Assertive efforts to plan family size and composition has not sprung up as a result of the existence of reproductive technologies, as perhaps some commentators who decry such practices as a form of neo-eugenics mistakenly believe. Infanticide and selective neglect of young children have very long histories and evidence of it persists until the present day. Such practices had little if anything to do with individual desire, nor with state orchestrated degrees, but were most often carried out to benefit the welfare, continuity, and economy of the extended family. In Japan, for example, infanticide was practices from medieval times or earlier, and the idea of something akin to family planning, including selective reduction in family size, commenced well before the 19th century (HANLEY S. 1985, LA FLEUR W.

1992). The Japanese word for infanticide – *mabiki* – is a euphemism, the prime referent of which is to rice cultivation and the thinning of spindly, weak seedlings; the midwife was the one usually enjoined to carry out *mabiki* shortly after birth, but such practices were contrary to state edicts and had to be carried out in the utmost secrecy. The National Eugenic Law implemented in the early part of the 20th century in Japan had direct links to these earlier practices (Lock M. 1998).

Research over the past two decades has made it clear that in many countries it is female fetuses and infants who are most likely to be disposed of (Hill K. - Upchurch D. M. 1995); this practice of "son preference" is particularly evident today in India, China, and Taiwan and, until very recently, in South Korea (Croll E. 2000, Greenhalgh S. - Winckler E. 2005, Gupta M. *et al*. 2004, Sen A.1990). However, none of these states condones sex selection. In India, for example, in an effort to stop this practice, in 1994 it was made illegal to carry out sex selection in fertility clinics, either before or after conception. Even so, despite the establishment of supervisory boards; monitoring of the situation at local and national levels; demands that medical records be available for inspection; potential and on occasion actual punishment of practitioners who break the law, and media campaigns against sex selection, the practice continues unabated, appears to be on the increase, and is actively encouraged openly by widespread advertising. Three hundred Indian doctors have been prosecuted for aborting fetuses on the basis of sex, but only a few have been convicted, and even fewer jailed. It is estimated that one out of every 25 female fetuses are aborted each year in India, resulting in a total loss of 500,000 (Jha P. *et al*. 2006). The sex ratio in India is currently 1000 boys to 927 girls up to the age of 6, and the ratio drops to 614 for second daughters. Many authors stress that second daughters are particularly vulnerable to abuse (Croll E. 2000, Gupta M. 1987).

Numerous reports suggest that fertility clinics in India discretely generate a multi-million dollar black market through sex selection practices, and it is thought that doctors, together with many women activists who believe, no doubt rightly, that women will be subject to abuse if they produce several daughters and no sons, work together in ensuring that such clinics continue their practices. Despite a cost of about $ 18,000, the demand for ultrasound is apparently enormous. Two physicians who run an infertility clinic in Mumbai state that their use of the technology is limited to "family balancing," thus enabling women to have children of both sexes in a timely manner; they argue that in the West use of reproductive technologies, including the selection of fetuses making use of PGD is ethically acceptable,

and insist that it is patronizing to point a finger at Indian practices (MALPANI A. - MALPANI A. 2001). In contrast, some feminist groups in India argue that the government is complicit in the increase of sex-selection practices by placing no tariffs on the importation of ultra sound and IVF technologies – however, these technologies have a well validated medical use and to ban them would be inappropriate.

Social science research makes it clear that sex-selection in India is much more complex than the simple availability of reproductive technologies, profitability, and poorly enforced government policies. Ultra sound technology apparently makes it possible for people to achieve less crudely what has long been established practice in many parts of India, notably the northern and western provinces (PATEL V. 1989, MILLER B. 1981). Prior to the 1990s, over and above infanticide, selective neglect and abuse of female children of all ages resulting in malnutrition, and high mortality rates accounted for the "100,000 missing women" Amartya Sen documented in India and China (SEN A. 1990). Today the number is estimated to be 100 million. On the basis of recent interviews with Indian families residing in the Bay Area, California, Sunita Puri found that negative sentiment and even outright discrimination towards female children persists among a good number of families, a situation of enormous concern to local pediatricians (PURI S. ms).

In India itself, it is particularly in regions where there is entrenched patriarchy; family obligations and rituals that can only be performed by the eldest son; a large gender gap in literacy rates; low participation by women in the labor force; customary neglect of female children, and a dramatic separation of women from their natal families after marriage that sex-selection, practiced with or without the assistance of technology, is highly evident (RUSTAGI P. 2006: 16). Recent studies claim that son preference is on the increase as a result of an overall reduction in family size. This trend can be traced back to the introduction of state orchestrated family planning initiatives in the 1930s (CHATTERJEE N. – RILEY N. E. 2001) culminating in the sterilization of millions, mostly very poor citizens, in the campaigns of the 1970s set in motion by Indira Ghandi under emergency rule. The Green Revolution, followed more recently by further economic and land reforms have also contributed substantially to smaller families (SUDHA S. - RAJAN S. I. 1999) resulting in added pressure to ensure family continuity and security in old age by the survival of at least one boy and preferably two to adulthood.

Despite serious efforts from before the time of partition 40 years ago to integrate Indian women fully into mainstream public life, including the

establishment of female suffrage, results have been, at best, mixed (GUPTA M. *et al*. 2004: 250). With respect to education and health, elite segments of society have been successful in diverting money away from the poor, exacerbating already existing disparities. Laws passed to improve the status of women, including the banning of infanticide and child marriage, have not brought about significant changes in practice. Drèze and Sen conclude, in contrast to many other countries where lowered mortality rates resulted in an improved status for women, anti-female discrimination has if anything actually increased in India with declining mortality (2002, see also AGNIHOTRI S.B. 2000). Bandyopadhyay, working in villages in West Bengal, encountered flat denial among women and midwives, whether Hindu, Moslem, or tribal peoples, living in these villages, that sex-selective abortions were being performed. However, she concluded on the basis of statistics on sex ratios at birth that in these villages the practice was undeniably taking place in the easily accessible private clinics. She also noted that in these villages, in nearly half of the families, senior women or men decide and enforce what should be the ideal family size and composition (2003). Prenatal sex selection using ultrasound is thought of as scientific and neutral – a practice performed by professionals – thus relieving all but the very poor of direct responsibility for their actions.

In Bijnor, a town in northern India of just over 100,000 people, the sociologist Patricia Jeffrey finds that son preference is still very evident among Hindu families, and that with consumerism there has been an escalation in dowry expectations, making young women an ever greater financial liability. Furthermore, over 20 kiosks and clinics offer ultrasound in Bijnor. Most of the owners of these clinics proclaim that they do not practice sex selection, but they often state that their neighbors do so (JEFFREY P. personal communication). In contrast to the enforced sterilization campaigns of the 1970s that usually targeted poor areas, the government remains at arms length from private medical clinics, making only desultory efforts to rectify matters by passing laws that are infrequently enforced, although one or two Indian doctors who have aborted fetuses on the basis of gender alone have recently been prosecuted (RAMESH R. 2006).

It is abundantly clear that the forces of modernization *per se* do not necessarily bring about changes in gender discrimination and that in India, for structural, cultural, and economic reasons, women and female children are considered secondary to males in very many Indian families, one result of which is female feticide. There is a perceived urgency by many people, including members of the Indian government, to bring about an end to these practices that ultrasound enables so efficiently. Accumulated research

of years strongly suggests that changes will only be brought about by actions of both men and women at local and national levels in which recognition of the importance of social security in old age, changes in inheritance patterns, and an end to illegal dowry practices are key features. But the findings from California suggest that structural changes and economic wellbeing alone may not be sufficient. Unexamined stereotyped assumptions about female inferiority are proving to be extraordinarily resistant among certain populations, despite legislation to the contrary, and loopholes in governmentality, notably in the United States, India, and now the Middle East, foster this gendered discrimination in which doctors are complicit and from which they profit enormously. This is not state orchestrated eugenics but neo-liberal profiteering at its worst.

State involvement in population control has a very long history in China consolidated from the late 19th century by European thinking. Sterilization eugenics were systematically practiced on disabled and other individuals labeled as burdens on society because they contributed to the "degeneracy" of the race, a practice that continued until the end of the 20th century (DIKÖTTER F. 1998) and that sporadically persists to the present day when people blatantly do not comply with the one-child policy. The one-child policy, established in the late 1970s, represents a break from earlier eugenic practices. The best-known example of government-orchestrated population control today, this policy was initially applied across virtually all the population (only people designated as ethnic minorities were exempt). The explicit goal was not improvement of the "race," but a slowing of the birth rate to bring about China's plan for accelerated modernization and economic growth – a plan that would be thwarted, it was believed, if the population continued to balloon out of control. The anthropologist/demographer Susan Greenhalgh argues that this situation came about in large part as the result of a fetischization of numbers that accompanied Chinese-style population demographics in which an ideology of population reduction was adopted in order to catapult the entire country into a modernized economy (GREENHALGH S. 2005).

Many doctors in the employ of the state are made extremely uncomfortable enforcing this policy (GREENHALGH S. - WINCKLER E. A. 2005) and Greenhalgh has documented the ways in which baby girls are often quietly hidden after birth, never registered, placed in orphanages, or passed along to childless couples (GREENHALGH S. 2003). Thus, political cadres, doctors, and families collude in various ways to circumvent the sex selection that the one child policy indirectly encourages. Even so, Greenhalgh and Winkler argue that "birth planning, in conjunction with China's male-centered

culture and market economy, has masculinized the social order, making a large gender gap ... a constitutive feature of Chinese modernity" (GREENHALGH S. - WINCKLER E. A. 2005: 266, see also ANAGNOST A. 1995).

The Chinese communist party explicitly made women the equal of men in law, and female infanticide, abandonment, and mistreatment of female children were all made illegal in the early 1990s. Measures were taken to rectify an emerging sex imbalance by institutionalizing a national program to subsidize school fees for girls; provide housing and employment privileges to one-daughter families; by waiving the one-child policy in several locations and making use of pro-daughter media campaigns. With evidence of continued son preference, the Deng government reformed the one child policy in the mid 1990s to allow those families whose child proved to be a girl to have a second child. At the time the one-child policy had been implemented it was wrongly assumed, due decades of socialist egalitarian education, that "outmoded" cultural beliefs would quickly die out. The persistence of a strong desire for boy children, particularly in rural areas, came as a surprise to many population policy makers whose initial reaction was to ridicule it as a remnant of "feudal culture." However, Greenhalgh is of the opinion that these reforms inadvertently re-enforced son preference by acknowledging officially that if the progeny of the first pregnancy is a girl, the result is less than satisfactory (GREENHALGH S. 2001).

Recently laws have been enacted in China against sex-selection based on the results of sonography, but it has also been reiterated by the government that a woman has a right to know the sex of her unborn child, and ultra sound machines are present in even the smallest rural clinics; as in other countries, a Chinese woman can go to one clinic for an ultrasound and, when informed that the fetus is female, present herself at another clinic for an abortion, freely given with no questions asked.

Despite efforts on the part of the government to remedy the situation, it is clear that the sex ratio continues to worsen, although the degree to which this happens varies greatly depending upon geographical location. A 2007 report in *China Daily* notes that in the city Lianyungang in Jiangsu province the ratio currently stands at 163.5 boys to 100 girls, and a total of 99 cities have sex ratios higher than 125 (www.chinadaily.com.cn/china/2007-08/content). A professor cited in the report states that the sex imbalance will affect "stability and harmony," and the National Population and Family Planning Commission is very concerned given that it is estimated that there are now 18 million more men than women of marriageable age in China (WATTS J. 2007a). Evidence is beginning to accumulate in both India and China that the sex imbalance has contributed to an increased

demand for the services of sex workers, and a further spread of HIV/AIDS. Rising violence against women is also documented (AGNIHOTRI S. B. 2000).

Das Gupta *et al*. (2004) have noted strong commonalities among China, northern India, and the Republic of Korea with respect to powerful, patriarchal, lineage-based systems of kinship and inheritance patterns. The Korean case is of great interest because census data suggests that throughout the early 1990s an imbalanced sex ratio in favor of males was even more pronounced in South Korea than in either China or India. This situation apparently came about as a result of a state-sponsored program for population control implemented in the 1960s designed to reduce overall family size. In contrast to China and India, this program was set up during a time of rapid urbanization and relative rise in wealth, accompanied by easy access to ultrasound and a widespread desire for at least one son.

Between 1995 and 2005 a rather dramatic change then took place, bringing about a declining trend in the sex ratio at birth, returning it to what is assumed to be the "natural" range. The figures make it clear that in the latter part of the 1990s sex selection was practiced almost exclusively in connection with second daughters and that by 2005 this practice had essentially ceased altogether (http://www.nso.go.kr/). During this time, new laws and policies were implemented so that women could become household heads (a change in part spurred on by a rising divorce rate and a tendency for the courts to award custody of children to women). Educational policies became less discriminatory toward women than they were formerly; gender equality in the work place increased, and use of ultrasound to determine the sex of fetuses was banned. Clearly structural changes, including recognition of the substantial economic contribution of women to households, were central to restoration of the sex ratio imbalance. Policies making indiscriminate use of ultrasound illegal would not alone have had the same effect (OUM Y. R. 2003, WILLIAMS H.: personal communication). Instead of withdrawing investment in a population, as would be the case if eugenic intention were at work, the Korean government selected to invest in a population it perceived to be at risk [(1)].

The governments of India and China have both actively attempted to bring about similar changes, but thus far are thwarted by their respective checkered histories in connection with population management, national and local, and by a "persistence of the local," as Veena Das puts it. In certain localities in India deeply embedded discriminatory practices against women of very long standing appear to be particularly entrenched among some families. Most troubling is the increased incidence of sex selection for sons among urbanized middle class families in India, and the documentation

of the persistence of these practices among both Chinese and Indian families after immigration. Today, wealthy Chinese and Indians have the freedom today to travel to clinics in the United States to achieve their desire for boy babies in privacy making use of PGD and thus avoiding abortion. The most famous of these clinics in Las Vegas receives over 140,000 hits a month from China on its inter-net site (CHINA DAILY 2006) and over 12,000 hits per month from India inquiring about PGD (GOKHALE K. 2006). The sperm sorting technique knows as Microsort is also gaining popularity. For a cost of $ 23,000 interested couples can send a semen sample to the United States from anywhere in the world to select for male producing sperm.

Conclusions

In efforts to improve the quality of their populations, coercive intrusion into reproduction on the part of the governments of Britain and the United States in the early part of the 20th century was justified by means of an ideology grounded in the late 19th century concept of degeneracy. Emulated by other countries, the science of eugenics and its associated practices were thoroughly discredited by the mid 20th century, although authoritarian states continue to exist, and there is evidence of the persistence of eugenics in these countries.

Genetic testing and screening technologies have come about in an era in which it is commonly believed that eugenics is dead and gone. However, the majority of the screening programs discussed above rely on state funding, and the sociologist Troy Duster described the early sickle cell screening programs in the United States as a "backdoor to eugenics" (DUSTER T. 1990). As a result of increasing racialization of molecular genetics and the exponential increase in DNA forensics, Duster's current fears are that genetic discrimination and racial profiling may worsen quite dramatically (2007). This is a worrying development not limited to the United States. As Henry Porter observed when writing in *The Guardian Weekly,* Britain is now in a "crisis of liberty" and well on the way to becoming a police state as a result of remarkable national surveillance practices involving the storage of a massive DNA database for all offenses including minor misdemeanors (PORTER H. 2007). These are early signs of how rapidly expanding, increasingly affordable DNA technologies, including individual genetic profiling, are being inserted into society for daily use. Disability rights activists and others are rightfully concerned that for certain medical conditions the *laissez-faire* conditions under which much genetic testing currently takes place

may gradually shift, similar to emerging DNA forensics, to a more coercive practice with tacit government support, so that once again those lives deemed as burdensome to society may be subject to elimination before birth, or else given little or no financial support after birth, thereby forcing families into impossible positions. To characterize what takes place in the clinic as neo-eugenics is to distract from the social and political import of what may happen in the not too distant future.

Similarly to describe the practice of non-medical sex-selection as neo-eugenics is a disservice, even though it clearly presents a major, very visible problem in India and China. No country, whatever form its governance takes, wishes for or benefits by widespread extermination of female fetuses. Son preference is of long-standing in parts of Asia and elsewhere but, as the discussion above makes clear, this custom has been exacerbated in recent years by government-supported initiatives and policies designed to reduce family size, bring about economic reforms, accompanied by access to ultrasound screening. However, it appears that the outcome of a sex-imbalanced population was not foreseen by the respective governments of India, China, and Korea, bent as they were on modernization and economic development, and Korea alone has been able to redress this situation.

The Indian and Chinese cases make it clear that legislation in favor of women and at the same time against the use of ultrasound for sex selection is not sufficient to depose deeply embedded values of long standing. In the end, such change may be driven by the severe shortage of women in some areas, leaving young men with no one to marry. The problem is magnified by increasing disparities between rich and poor in both India and China, coupled with less social security than was formerly the case – a major side effect of "millennial capitalism" (COMAROFF J. - COMAROFF J. L. 2001) accompanied by a "retreat of the state" in the face of neoliberalism (HARVEY D. 1989) resulting in an increased preference for sons. Practices of sex selection do not for the moment affect national economies or trade imbalances, but they most certainly will do in the not too distant future. It is a matter of speculation as to whether the governments of India and China will be willing to intrude directly into the reproductive lives of families in order to restore a "natural" sex ratio. Recent reports from China make it clear that such interventions are likely to incite rioting and enormous unrest (WATTS J. 2007b). And in India the government must also discipline the medical profession if it is to achieve its goal. But by no means does everyone resorts to sex selection, even in those parts of India and China where it is most prevalent, and it may be that gradually the voices and arguments of these people will be more widely disseminated.

In the West, the practice of "family balancing" remains essentially hidden, but choosing a desirable fetus on the basis of its sex alone, whether male or female, is nevertheless a moral problem, one that is possibly more troubling than the situation in India and China. Decisions made in the West are based, we assume, on personal desire alone (a culturally infused sentiment pervasive in contemporary society); such decisions that have few if any significant economic and social ramifications. More than any other kind of medical technology, those that affect reproduction bring to the fore an inherent tension among individual desire, family interests, and what is deemed appropriate for the nation, and indeed the world as a whole. As genetic engineering, including germ-line manipulation, advanced stem-cell technologies, and other innovations become available, these tensions will be exacerbated, particularly when discussion turns to future generations and to what extent we are willing to create our descendents using technological assistance. Debate about these matters should not be reduced to assertions about neo-eugenics and self-indulgent people; it must be contextualized, paying due attention to the long, dreary history of repression of women, and the manipulation of reproduction everywhere for a variety of pragmatic ends.

The looming question is one of governance, and if and how this will be accomplished in an era when matters relating to health are increasingly managed as part of the globalized market. Should genetic manipulations of all kinds, including sex selection, be made a public health matter? A related concern is about the limitations and uncertainties inherent to the technologies and the knowledge associated with them, and if and when practitioners will be obliged to discuss such shortcomings frankly with clients, and how clients will then respond. Increasing public awareness of these matters is one small step in the right direction.

Notes

(1) I am indebted to Nicholas Harkness for the formulation of this idea.

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- I *Riferimenti bibliografici* di fine contributo vanno organizzati per ordine alfabetico in relazione al cognome dell'autore o curatore.

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  □ Nel caso di un lavoro prodotto da più autori o curatori, i riferimenti vanno collocati *dopo* quelli in cui il primo autore compare da solo. Nel caso in cui il primo autore compaia in differenti lavori con differenti co-autori, la collocazione alfabetica terrà in conto ciascun insieme di co-autori (esempio: *prima* BIANCHI M. - ROSSI C., *poi* BIANCHI M. - ROSSI C. - NERI F. *e poi* BIANCHI M. - VERDI G.).

  □ Nel caso in cui un autore risulti *anche* curatore di altro o altri lavori, questi ultimi vanno ordinati *dopo* quelli in cui egli è autore.

Altre norme bibliografiche

- Laddove i lavori indicati in una vera e propria *Bibliografia* – laddove cioè non costituiscano oggetto di rinvio dal testo o da una nota e non siano dunque *riferimenti bibliografici* – la indicazione relativa alla data di pubblicazione può essere data anche in questo caso entro parentesi, dopo la indicazione dell'autore, o essere invece data dopo il luogo di edizione. Lo stesso vale nel caso di singole indicazioni bibliografiche isolate.

- Per i contributi destinati a rubriche come *Repertori* o *Osservatorio* – curati redazionalmente o direttamente commissionati a singoli collaboratori – possono volta a volta valere nella costituzione delle schede bibliografiche criteri integrativi finalizzati a fornire un maggior numero di informazioni relative alle pubblicazioni (ad esempio le pagine complessive del volume o la sua eventuale collocazione in una collana editoriale) ovvero altri criteri concernenti invece materiali diversi quali tesi di laurea o di dottorato oppure documenti filmici o videomagnetici. Tali criteri saranno comunicati per tempo ai singoli collaboratori cui il contributo viene richiesto.

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ARGO Editrice s.c.r.l.
corte dell'Idume, 6
73100 Lecce (Italia)
tel.: (+39) 0832/241595
fax: (+39) 0832/303630
e-mail: info@argoeditrice.it
sito web: www.argoeditrice.it
partita IVA: 02600260752

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Autorizzazione del Tribunale di Lecce n. 630 del 3 aprile 1996