

Health, Illness, Healing
– A medical anthropology research* –

István KIRÁLY V.
Babeş-Bolyai University, Cluj

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Email: kiraly_philobib@yahoo.com

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The book authored by Ionela Iacob is probably the first systematic analysis of medical anthropology and/or “medical humanities”¹ in the Romanian literature of the field, therefore it is a new start even in this aspect. However, its significance goes well beyond the field of intellectuality and science in Romania, because the researches of the author bring further contributions to the subject as such, both in terms of data and methodology.

The investigation analyzes a subject extremely timely on the one hand, and also **multidisciplinary** by its nature, on the other, involving analyses and insights equally anthropological, ethnological, sociological, of social services, psychological, medical,

* Ionela Florina Iacob, *Sănătate, boală, vindecare. O perspectivă socio-culturală* (Health, illness, healing. A socio-cultural perspective) (Cluj-Napoca, Presa Universitară Clujeană, 2013), 331 p.

¹ “We define the term “medical humanities” broadly to include an interdisciplinary field of humanities (literature, philosophy, ethics, history and religion), social science (anthropology, cultural studies, psychology, sociology), and the arts (literature, theater, film, and visual arts) and their application to medical education and practice. The humanities and arts provide insight into the human condition, suffering, personhood, our responsibility to each other, and offer a historical perspective on medical practice. Attention to literature and the arts helps to develop and nurture skills of observation, analysis, empathy, and self-reflection – skills that are essential for humane medical care. The social sciences help us to understand how bioscience and medicine take place within cultural and social contexts and how culture interacts with the individual experience of illness and the way medicine is practiced.” See: <http://medhum.med.nyu.edu/> data accesării 29 noi. 2013 B.) “Medical anthropology studies “human health and disease, health care systems, and biocultural adaptation”. It views humans from multidimensional and ecological perspectives. It is one of the most highly developed areas of anthropology and applied anthropology, and is a subfield of social and cultural anthropology that examines the ways in which culture and society are organized around or influenced by issues of health, health care and related issues. The term “medical anthropology” has been used since 1963 as a label for empirical research and theoretical production by anthropologists into the social processes and cultural representations of health, illness and the nursing/care practices associated with these. Furthermore, in Europe the terms “anthropology of medicine”, “anthropology of health” and “anthropology of illness” have also been used, and “medical anthropology”, was also a translation of the 19th century Dutch term “medische anthropologie”. This term was chosen by some authors during the 1940s to refer to philosophical studies on health and illness.” See: Wikipedia: http://en.wikipedia.org/wiki/Medical_anthropology. Accessed 29. 11. 2013

philosophical, etc. Even if all these are called today by the common “disciplinary” term of *medical anthropology*. In this sense, the research is focussed in this multidisciplinary context on what the book calls “the experience of illness”, exposed and analyzed primarily from the perspective and in the context of the human “experience” of illness, the “fact” and “state” of being ill, with special emphasis on chronic diseases and serious illnesses, such as cancer. This kind of approach is not very old even on a global level, let alone in a Romanian context. Even if “we could claim that the Romanian society contains elements of all three major perspectives on illness: the pre-modern, the modern and the post-modern.”¹

In this general horizon I wish to highlight from the very beginning a certain atmosphere of the approach, which “embraces” all later analyses. First of all, I mean the atmosphere that emanates from the very first chapter of the first part of the work (*Medical anthropology – theoretical foundations and directions of research*). For, in a comprehensive reading, this chapter is not only a historical-introductory one, usually articulated as a “technical” part of the rules of structuring a “synthetic work” in general, but an effort to understand the **organic nature** of those quite different disciplines which led to the current dynamic formation of **medical anthropology** in the diversity of its major orientations. For we find highlighted here all the evolutions, especially in the second half of the 20th century, of sociology, ethnology, anthropology, psychology, medicine and philosophy which have later met in a “new”, particularly organic way. Due to these analyses, “medical anthropology” is neither presented nor conceived here as simply the antechamber of a new “interdisciplinary discipline” but much rather as a space, a horizon challenged to accept its always open and unclosed multidisciplinaryity... For illustrating this perspective, I only quote one sentence on such evolutions in medicine: “The metaphor of the body-machine has lost ground in front of a bio-psycho-social model, a paradigm that includes patients’ personal and socio-cultural realities in the process of diagnosis and treatment.”²

I think that only in this theoretical context can one truly understand the extremely complex factors generally called “cultural” which position, always historically, the “phenomenon of illness” in society. It must be added that the volume focuses on the investigation of the representation and experience of illness in contemporary Romanian society on the basis of analyses called “**illness narratives**”, centred on the problem of the **identity-illness** relationship.

At this point, theoretical clarifications are needed and conducted too, mainly about the terms “identity” and “Self”, with emphasis on the constructed and reconstructed character of the individual, the dynamic and multiple character of the Self, and consequently of identity. Their unity is tried to be maintained – also as a **dynamic** construct – by what is called “narrative identity”, which comes always as a reply to the challenges of situations which can be described by the question: “Who am I?” This question asks for an interpretive – therefore fictional – bringing in motion of one’s “**life history**”. That is, the past through the lens of challenges – in this case of illness – of the present which also fanthoms the problematic possibilities of the future. In relation, of course, with “data” of the wider social context.

¹ See Ionela Florina Iacob, *Sănătate, boală, vindecare o perspectivă socio-culturală*, 12.

² Ibid., 65.

The **body** is a central element of constituting and constructing identity, especially in our current age. This is also the “object” of more-or-less permanent socio-cultural handling and remodelling, by which the identity and the Self becomes indeed the **object** as well as **subject** of a narrative – objectivized and reified – which is called “embodied subjectivity”, but which in the book is rather called the “body-self”. I think this terminological choice is a very fortunate one, as it derives from the responsible, historical and almost fatalistic awareness of the fact that we humans hardly have words to name or express, call or challenge ourselves in the open and multicoloured horizon of the fullness of our being in the world, as constitutors of our always historically possible, therefore situated worlds. Therefore the term “body-self” underlines precisely the indestructible and unsuspended interconnectedness of not only biological, psychological and social aspects, but also natural, physical ones (environmental) of the constitution of the Self which becomes and is in fact the World... together with others and together with the institutions – even if symbolical – already constructed and being in permanent construction... But which in fact is neither resolved nor expressed by the mechanical and ceaseless reiteration of the distinction between the German term *Leib* (the human body) and *Körper* (the physical body, or rather the body of physics) no matter how ingeniously exploited in Edmund Husserl’s phenomenology, since the German Husserlian term of *Leib* does not unequivocally contain in fact that it means in fact the *Dasein*... That is, the man as a “whole” who by its presence dwells in being in a poetical-mortal way, that is, as that what “brings” to life... Always by reason of the weight and gravity of **senses**.

Obviously, illness, and especially chronic or serious illness which, on the one hand, reshapes the life of the patient, and on the other hand, endangers it (at least as a possibility), essentially touches upon the **identity of the person**, especially as the degradation of the self and its possibilities and capacities of being, of existing. This, of course, attracts as well as requires and imposes narrative identity modifications and reconstructions which now become practically inevitable. For, let me quote again: “At the beginning of this discussion, I have stated that the relation between illness and identity is bi-directional, and can be approached both from the perspective of consequences that illness entails upon the individual’s social and personal identity, and from the perspective of the way in which the pre-illness identity can influence how the experience of the illness is perceived by the patient, as well as his reactions to the illness”.¹ And this requires the configuration of new identity(ies). Often in terms of a **stigma**.

In what follows, the work analysis the configuration of this new identity acquired first of all by means of **narration**. In this respect I would like to quote another crucial sentence of the book: “As generally accepted by researchers of social sciences, the very definition of health and illness is socially, culturally and historically variable, and the narrations of patients are always based on a frame of reference constructed on local norms accepted by the community. The individual narrates his/her own illness depending on certain formal narrative structures learnt in the family, from friends, from popular culture or the stories of other patients, using certain standardized metaphors or images connected to what he/she is allowed to say.”²

¹ Ibid., 98.

² Ibid., 127.

This of course also involves the identity of the experienced body – the body-self – which becomes the object as well as the reconstructed subject of the narrative. The work exposes different aspects and theories of this interdependence, with emphasis placed on “symbolic interaction” and phenomenology. I quote: “Although there are certain aspects of the self which are not connected to the body, and vice-versa, it is impossible to trace a clear demarcation line between the two parts of the self-body unity.”¹

All these make it possible then to move on the Part II of the research, an applied investigation of the experience of illness and cancer narratives, following the stages of: deconstruction of narrative identity affected by cancer, modifications during and under the influence of treatment, and narrative reconfiguration of the meaning of illness experience and restructuring of the meaning of identity. The method used is **qualitative**, the investigation focuses first of all on the experience of illness as well as the meanings that the patients attach to these experiences. This makes it possible both to respect and emphasize the uniqueness of every “case”, and also to unearth the cultural and social background engaged by the reception, interpretation and handling of the illness by each individual.

I would also like to emphasize the author’s methodological creativity, which does not content itself with “taking over” and “mechanically apply” a widely accepted procedure (the McGill Illness Narrative Interview), but proceeds to creative restructuring and enrichment, perfecting it in its internal logic, and also adapting it to the researcher’s concrete experiences. These are also completed by the explicit **hermeneutical** elements of “reflexivity”, that is, a comprehension which, ultimately, always attracts with itself the ontological and existential modification of the “interpreter”, in this case of the patient in the first place, but – and let me emphasize this essential aspect of the research – also of the researcher herself. This horizon also covers the diversity of the interview situations, whether in the hospital, or at the patients’ home, with close attention to specific “contextual” differences. It must be specified that the book presents the results of qualitative research on cancer patients, especially **women** suffering from forms of gynaecological cancer (mostly breast cancer). Also attracting attention to the fact that: “Such a research is not easily understood at this time within the medical system, especially since there are insufficient precedents (and certainly none in the clinics where I wanted to conduct the research). Since medical anthropology is a relatively unknown discipline for doctors and other personnel of the Romanian biomedical system, my first task was to explain what this discipline is about. On the other hand, my background in the humanities and my current affiliation with social sciences was not considered my strength within power hierarchies inevitably established between “strong” sciences, where medicine is included, and social sciences and humanities, that do not undergo the positivistic approach that exact sciences do.”²

It is clear for me therefore that this research is especially praiseworthy not only for its results not only in a Romanian context but also for the clarity and responsibility of its **methodological awareness** by which it assumes the inevitably multidisciplinary and open difficulties and challenges of the investigations.

¹ Ibid., 171.

² Ibid., 196.

The work goes on to analyze the various stages of illness narratives, naturally interconnected. It starts with the investigation of the “Beginning of narrative deconstruction” happening at diagnosis, and starting from the interpretation of the first symptoms until the biomedical certification of the diagnosis of cancer. And its communication. Which in Romania is also a special anthropological problem, not only because it is not precisely regulated, but also because doctors are usually not trained in the spirit of the competence to communicate such a “news”.

The second stage is “The fall. Treatment”. Since the treatment is in fact the continuation of identity crisis, installed with finding out the diagnosis. This crisis is now associated with the loss of control over one’s own body, taken over by a hospital institution and a bio-medical bureaucracy with its autonomous healing intents. By this, the deconstruction of the self continues together with the impact of bodily changes occurring after surgical interventions, as well as the aggressive and invasive treatments during which the contact and communication with the medical staff receives special importance.

All these culminate in the deconstruction of the senses and values by which the **now** ill used to guide their lives **until then**.

The book goes on then to analyze in detail the evolution of these phenomena by the “narrative reconfiguration of the meaning of the experience of illness” and the “renegotiation of identity” which presupposes the construction of a new **personal and social identity narrative**. This also has of course its specific personal as well as cultural, mental and social difficulties which – as “dominant discourses” – also leave their marks on this process and effort. Including the religious or contemporary secular discourse which emphasises, explanatorily as well as dimensionally, the “individual lifestyle” which appears both as a cause of illness and the main target of change. Naturally, in accordance with certain public standards, promoted as “healthy”, which however collapse when the illness relapses.

The work flows then into a final, similarly extended, synthetic and profound chapter, which opens up new directions for continuing as well as extending research. Included are also areas that can be considered philosophical and not “merely” of “medical anthropology”.

There is another utterly contemporary insight that must be revealed here. This is the **approach** to problems of medical anthropology seen today in the field of biomedical sciences. First of all – yet not exclusively – this refers to highly specialized researches (all the way to levels of cell biology and genetics) which are, however, open enough for the current global modifications of contemporary civilization. An example would be the many laboratory researches aimed at emphasizing the effects of using computers and cell phones as new sources of damage to the health of humans as a species, etc.

The researches conducted are based on extended bibliography, but what I wish to underline here is the superior level of understanding and creative application of this highly diverse literature of various disciplines, handled with a remarkable terminological consistency.

The **Appendices** containing the interviews are also useful sources not only for the author but for anyone else who will study them for their own interest. The same is the case with **Appendix 2** containing the **Interview grid** (for patients) created, applied and interpreted by the author, and **Appendix 3** containing the **McGill Illness Narrative**

Interview (MINI) - Generic Version for Disease, Illness or Symptom reference interview. The differences are also easily visible...

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Clear enough, what we face here is an exceptional research, innovative both in methodology and as an investigation on a national level. As far as I know, at least, there is no other research of such scope published in Romania, therefore I consider its publication absolutely necessary and timely, not only because of its subject matter, but also on account of its high standard and the profoundness of the analyses. Which will definitely encourage and inspire new researches.

Translated by Emese Czintos

Deconstructing the Mechanism of Interpretation – Review –

Amália SOÓS
Babeş-Bolyai University, Cluj

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In Hungarian academic life, especially among the researchers of the humanities, the activity of the Hermeneutic Research Group is already a well-known issue. Even if constituted as a workgroup only in 2012, the collaborators have the experience of many years of cooperation and scientific interaction with each other. The book I want to write about (*Szót érteni egymással. Hermeneutika, tudományok, dialógus – Understanding each other. Hermeneutics, science, dialogue*, edited by István M. Fehér, Zsuzsanna Mariann Lengyel, Miklós Nyíró and Csaba Olay, Budapest L'Harmattan, 2013) is one of the latest results of the group's continuity and work, containing studies based on papers presented at a conference, organized by the Research Group in May 2012 in Budapest. As the editors themselves wrote in the book's introduction, these researchers try to approach philosophical hermeneutics, attempting to relate to one of the greatest philosophical turns of the 20th century, developed following the traces of Hans Georg Gadamer: the hermeneutic turn of philosophy.

According to this turn, interpretation and understanding become the main problem of philosophical hermeneutics, and not just in the historical sense. Far away from limiting itself to the analysis of texts approaching the problem of interpretation, philosophical hermeneutics define interpretation as a required attitude, not only when we are reading classical texts for instance, but in every type of human activity. The greatest innovation of this hermeneutic turn is to put in the middle of the research the way man