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WHAT DO PEOPLE REALLY DO WHEN THEY ARE ILL?

WILLIAM S. SAX

What is health? What is disease? What does a normal person do when he or she is ill? How does it feel to live in a human body? Many people – and even some scientists – believe that the answers to these questions are obvious, and universal. However the Medical Anthropologists at Heidelberg’s South Asia Institute scratch beneath the surface to reveal ideas about health and disease that can vary greatly between times and cultures.

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A generally accepted view is that diseases have natural causes and consequences, and are therefore not affected in any fundamental way by culture and history – and that because human bodies are essentially similar everywhere, there can only be one way to “inhabit” them. But our research shows that this is not so.

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By investigating topics ranging from medical traditions in the subcontinent to developments in global health, we shed light on health and wellbeing in diverse social and cultural contexts. Our work clarifies how perceptions of the self and body influence human experience, and highlights the importance of history and culture in how we experience health and illness. In order to adequately understand both, we need to pay attention to cultural and historical contexts and discover how, why and where people seek help when they become ill.

Anthropology is focused on human beings in their particular contexts: cultures, languages, living environments, histories and more. One central aspect of anthropology is its scientific method – participant observation – which requires us to spend long periods living with the people in the cultures we are studying, immersing ourselves in their worlds, often for years at a time. We speak their languages, share their food and daily routines, and engage with their local environments. We feel that through such methods, we gain a much deeper understanding than is possible through the formal and artificial methods – such as questionnaires, statistical data and laboratory experiments – typical of the other social sciences.

We aim to understand what people really do in respect of health and illness, and not what they say they do or what doctors and scientists – reflecting on a particular theory, development paradigm, therapeutic regime or experimental design – think they should do. Our research often results in the discovery of cultural logics, situated rationalities and forms of experience that differ strikingly from the normative models of Euro-American culture and from “common sense” ideas about health and illness. Through our work, we discover new and often unexpected ways of thinking about how culture and history influence conceptions of health and illness. The following case studies illustrate the diversity of our research.

Globalisation in action

One example is PhD student Christoph Cyranski’s research on the booming business of Ayurvedic health tourism in Kerala, South India, which is supported by Heidelberg University’s Cluster of Excellence “Asia and Europe in a Global Context”. Health resorts based on the ancient Indian medical system of Ayurveda have become a magnet for tourists from the West, and Cyranski was interested in investigating whether this influx of tourists affected the way Ayurveda was practiced.

Cyranski found that Ayurvedic practice in such resorts does indeed differ significantly from the Ayurveda practiced in hospitals visited by Indians. The majority of health tourists visiting these resorts are Germans, most of whom bring culturally specific notions of “the Kur” to India, along with complaints of stress. Medical scientists in Europe and

America often assume that stress is universal and that it merely goes by different names in different cultures. But medical anthropologists’ research suggests that the cultural and historical factors influencing how we understand and experience “stress” are so significant that it makes little sense to speak of a single kind of “stress” existing universally, although such an approach is typical of most studies of “stress”. Although “stress” does not appear in the Ayurvedic doctors’ own medical texts, Cyranski found that Indian doctors adapted Ayurvedic treatments to “Western” conceptualisations of stress; for example, the idea that it is exacerbated by fast-paced industrial lifestyles.

Exchange Processes between Asia and Europe

The Cluster of Excellence “Asia and Europe in a Global Context” is an interdisciplinary network of researchers at Heidelberg University. About 200 scholars examine the processes of exchange between cultures, societies and states ranging from migration and trade to the formation of concepts and institutions. A central question is in which dynamics the transcultural processes between and within Asia and Europe develop. These complex historical relationships are of great relevance for the global transformations of our time.

The Cluster’s more than 80 research projects are organised in four Research Areas: “Governance & Administration”, “Public Spheres”, “Knowledge Systems”, and “Historicities & Heritage”. Some projects span over more than one area. To foster the academic exchange and to deepen the expertise, five tenured Cluster professorships in Buddhist Studies, Cultural Economic History, Global Art History, Intellectual History, and Visual and Media Anthropology have been established. In addition, two Start-up Professorships and four Junior Research Groups have been set up. For the education and support of young scholars, the Cluster offers an English-language M.A. in Transcultural Studies as well as a Graduate Programme for Transcultural Studies. In total, about 100 PhD students are pursuing their doctorate at the Cluster.

The Cluster was founded in 2007 and extended in 2012 as part of the Excellence Initiative by the German state and its federal governments. In 2017, it will be merged into the permanent Heidelberg Centre for Transcultural Studies. The Cluster is located at the Karl Jaspers Centre for Advanced Transcultural Studies in Heidelberg, Germany, and has a branch office in New Delhi, India. Among its international partners are Chicago University, Oslo University, Zurich University, Jawaharlal Nehru University, and Kyoto University.

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His research – which showed how quickly local doctors were able to adapt their treatments to Western ideas about and experiences of stress – highlights the kinds of synergy that we sometimes observe in the field when patients and physicians from different cultural backgrounds are brought together through processes of globalisation.

Vital spots

Our studies of South Indian medicine help us understand the links between knowledge transmission, martial practices and religious healing. Roman Sieler, an Assistant Professor at the South Asia Institute, conducted one of the first anthropological studies of the South Indian tradition of Siddha Medicine, which involves bone-setting and other forms of manual medicine. Sieler, who was supported by the German Academic Exchange Service (DAAD) and by the Graduate Academy of Heidelberg University, focused on a Siddha-based treatment called *Varmakkalai* – which uses techniques based on a theory of “vital spots” distributed throughout the body. These vital spots are particularly vulnerable loci of the body, injury to which can lead to serious life-threatening effects, but which are also utilised for therapeutic interventions. In this regard, vital spots are strikingly similar to the acupuncture and acupressure points of Chinese medical traditions. Before learning how to use these vital spots for healing, students of *Varmakkalai* must first understand how they can be used to do harm by learning the martial arts associated with the tradition.

Most vital spots figure prominently on the training ground for martial practices as well as inside the dispensary. Both therapeutic and martial aspects are closely related, since injuries incurred in the training ground are addressed in the dispensary. Anatomical insights gained by practitioners in one setting may be constructively applied in the other. Both the physical and the mental skills of students and practitioners combine to form a kind of psychosomatic intuition: the medical and martial efficacy of practitioners.

Thus, the tradition of Siddha medicine involves martial arts as well as massage, bone-setting and other techniques – all of which were mastered by Dr Sieler during his years of study under a South Indian exponent of the tradition. Based on his research and apprenticeship with a practitioner, Sieler’s work emphasises the importance of apprenticeship learning for such practices and throws new light on the study of secrecy. Practitioners protect their knowledge, but they also “perform” this secrecy, since secrecy only fulfills its function when it is publicly known that a secret is being kept. The transmission of the tradition from teacher to student contains tacit, non-verbal knowledge and can be seen as a “moral economy”. In the course of instruction, it is not only “facts” that are communicated, but also moral obligations, ethical conduct and tacit, bodily knowledge. Like the merging of martial and medical aspects, the moral

and the physical facets of vital spot practice both exemplify and explain its esoteric, secretive nature.

Even though Siddha physicians are regularly denounced as lay practitioners, or even quacks, by other medical professionals and by the press, patients often prefer their manual techniques to orthopaedic surgeons and hospitals. This is not only because their fees are lower, but also because of individual practitioners’ good reputations, which may be related to successful therapeutic practice, often spanning several generations, or to a renowned physician’s personal skills. Sieler is currently planning a new research project on the production and proliferation of the pharmaceutical products of Siddha Medicine, both in India and abroad. Many Siddha medicinal products contain mercury or similar poisonous or dangerous ingredients and are therefore subject to ever stricter national and international monitoring, even as they are increasingly advertised and distributed. Such a study will be important for understanding the growing impact and importance of traditional medicines in the global market as well as the ways in which they change and adapt to modern conditions.

Injustices in global health

Our research also sheds light on issues of global equality and fairness. Sheela Saravanan (formerly a postdoctoral fellow at Heidelberg University’s Cluster of Excellence “Asia and Europe in a Global Context”, currently a researcher in Göttingen) found that global injustice in the process of commercial surrogacy, where women are employed to bear the babies of infertile couples, is often found in India. Surrogacy is cheaper in India than in Europe and North America, surrogate mothers have fewer legal rights, they receive a smaller share of the surrogacy fees and they lack insurance as well as legal support. Dr Saravanan’s study revealed that surrogate mothers in India nearly always come from impoverished backgrounds and that, in order to avoid falling deeper into poverty, they engage in surrogacy contracts that are unjust.

Being confined to surrogate homes means women are denied participation in public life so that they cannot achieve their educational, occupational and social aspirations, and that they are treated as means to an end. In return for money, they put their social, psychological and physical health at risk. Saravanan also found that mothers were forcibly confined to these surrogate homes (dormitories where the women are expected to live away from their families during the surrogacy process), were not given copies of their contracts, were subjected to unnecessary medical interventions, not provided with medical insurance and expected to tend to the children without any psychological counselling. After reviewing the international surrogacy human rights situation, she concluded that at the global level, such injustices in transnational commercial surrogacy practices

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in developing countries require an international declaration of women and child rights in third-party reproduction. The 10th World Conference of Bioethics, Medical Ethics and Health Law, which took place in January 2015 in Jerusalem and was organised by the UNESCO Chair of Bioethics, included a panel session on "Ethics and Regulation of Inter-Country Medically Assisted Reproduction", in which Saravanan participated, and where drafts of such a declaration were proposed. A follow-up of this initial meeting has been planned for Innsbruck in May 2015, with the aim of developing a human rights convention for "International Medical Assisted Reproduction" to reduce global injustices in practices involving medically assisted reproduction.

Of Science and Culture

In her research on in vitro fertilisation (IVF) hospitals in Delhi, PhD student Sandra Bärnreuther focused not only on how patients use and experience new reproductive technologies, but also on how medical practices are culturally and socially shaped and how these technologies themselves have important impacts on ideas about family, kinship, nature and life itself in India. With support by Heidelberg University's

Cluster of Excellence "Asia and Europe in a Global Context", she found that the growing number of IVF clinics in urban India, along with the normalisation of reproductive technologies – for example, through their use by Bollywood stars – have contributed to the de-stigmatisation of "artificial" reproduction, and that this in turn has important effects on the decision-making processes of infertile couples.

Influenced by Science and Technology Studies – an academic approach associated with such figures as the French philosopher Bruno Latour, the Dutch ethnographer Annemarie Mol and the North American biologist Donna Haraway – Bärnreuther's research illustrates that "Science" and "Culture" should not be thought of as exclusive realms, but should rather be seen as mutually giving rise to each other. Thus IVF is not simply a technical process that can be employed in different places. Rather, it is practiced, used and experienced differently in different parts of the world. What IVF "is" varies according to its context. The statement of an embryologist in Delhi, whom Sandra Bärnreuther met during her research, provides a good example: "Embryology means providing bodies for souls," he explained, thereby illustrating how controversial issues that are raised in Europe or the US regarding the use of reproductive technologies, such as the status of human embryos, are understood and discussed quite differently in India.

Of culture and religion

Since I took up the Chair of Anthropology at the South Asia Institute in 2000, my work – supported by the German Research Foundation (DFG), the interdisciplinary Collaborative Research Centre "Ritual Dynamics" and Heidelberg University's Cluster of Excellence "Asia and Europe in a Global Context" – has focused on religious and ritual healing. My interest was awakened when I began studying the religious practices of the lowest castes – the so-called "untouchables" – in the 1990s. I discovered that many of their religious practices had to do with healing and wrote a book – *God of Justice: social justice and ritual healing in the Central Himalayas* – which explored the relationship between religious healing and social justice amongst low-caste people living in the Himalayas of North India. Drawing on the words, experiences and practices of this marginalised group, I argued that many of the problems that lead people to seek religious healing can be traced back to stressful personal relationships, and that their healing rituals "work" by bringing the quarrelling parties together and encouraging them to cooperate in tasks involving larger groups such as families and villages.

Such "ritual healing" is not just limited to Asia, but is also widely practiced in Europe – even though Europeans tend to keep such practices a secret. Once again it is a matter of what people really do, and not necessarily of what they say they do. But even though religious healing is widely

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UNTER DER OBERFLÄCHE

WAS MACHEN MENSCHEN, WENN SIE KRANK SIND?

WILLIAM S. SAX

Medizinethnologen vom Heidelberger Südasien-Institut untersuchen, wie Kultur und Geschichte unser Verständnis von Gesundheit und Krankheit beeinflussen. Indem sie mit den Menschen in den Kontexten und Kulturen zusammenleben, die sie beforschen, wollen die Wissenschaftler ein tieferes Verständnis dafür entwickeln, wie wir uns verhalten, wenn wir krank sind. Ihr breites Spektrum an Forschungsthemen reicht von der Siddha-Medizin über kommerzielle Leihmutterschaft und In-vitro-Fertilisation bis hin zum religiösen und rituellen Heilen. Damit werfen ihre Arbeiten wichtige Fragen zu Gleichberechtigung, Gerechtigkeit, Stigmatisierung, Politik und Globalisierungsprozessen sowohl in der modernen Medizin wie auch in traditionellen Arten des Heilens auf.

Am Beispiel verschiedener Fallstudien verdeutlichen die Heidelberger Forscher, wie die Wahrnehmung des Körpers und des Selbst die menschliche Erfahrung beeinflussen und wie wichtig Kultur und Geschichte für das Verständnis der Frage sind, wo, warum und wie Menschen Hilfe suchen, wenn sie krank werden. Die Arbeit der Wissenschaftler stellt dabei ein Paradoxon heraus: So stehen die Studien der modernen Medizin mit der verbreiteten Annahme eines universalen menschlichen Subjekts den Untersuchungen der sogenannten „Medical Humanities“ gegenüber, nach denen sich die Konzepte von Gesundheit und Heilmethoden zwischen den Kulturen und im Lauf der Zeit signifikant unterscheiden. ●

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**„Wir müssen untersuchen,
was Menschen machen,
wenn sie krank sind –
und nicht, was sie behaupten
zu machen oder was Ärzte
und Wissenschaftler meinen,
dass sie machen sollten.“**

practiced throughout the world, there is little understanding of it amongst health authorities and scientists, who manifest what I have called “structural blindness” to its existence. “Structural blindness” refers to an inability to see certain things, in this case, an inability to even acknowledge the existence of ritual healing, although its use is very widespread. This inability is caused by the structures of funding and governance under which research is conducted, and sometimes also by the epistemological structures that inform research paradigms.

There is a great deal of evidence suggesting that ritual healing has positive effects on people’s health, but it doesn’t get much attention. This is partly because some of it is associated with research into the “placebo effect” which, although fascinating, offers little chance of profit for pharmaceutical companies. Large-scale trials of religious and ritual healing have almost never been pursued, although I am trying to develop such a study together with colleagues in the field of psychiatric epidemiology. Further evidence for the efficacy of ritual healing is anecdotal, collected by fieldworkers like myself in natural situations rather than artificial (experimental) ones. But because it is situational and not replicable, most evidence of this kind fails to pass current tests for “evidence-based medicine”.

The trail of the footpath pharmacists

Some of my other research involves the study of so-called “footpath pharmacists” – street-side vendors of herbal medicine. Throughout Bangladesh, North India and Pakistan, one sees their tents at well-travelled roadside crossings. They sell a wide variety of medications, especially for sexual problems. My work showed that many of these herbalists belong to a community of nomads that extends over the entire Indian subcontinent, and beyond. Yet despite the size and reach of this network and the great popularity of the medical services it offers, the authorities in South Asia are “structurally blind” to its existence. I suspect that these nomads are related to the Sinti-Roma and hope one day to conduct research into their history, customs and medical knowledge.

My current research focuses on healing practices amongst Muslims in Europe, especially in the United Kingdom. A new and dynamic movement amongst young, educated Muslims, called “Prophetic Medicine”, is particularly intriguing because it shows how Islam continues to change and adapt to modern conditions. “Prophetic Medicine” combines herbal medicine and Koranic recitation with “wet cupping” or bloodletting, and advocates claim that it can be directly traced to the Holy Koran and the words of the Prophet. My research has involved studies of communities in places as far-flung as Birmingham and Manchester, Tunis, the slums of Pune and the holy shrine of Ajmer Sharif in Rajasthan, where I stayed for some time with a Sufi



PROF. DR WILLIAM S. SAX studied at Banaras Hindu University, the University of Wisconsin, the University of Washington (Seattle) and the University of Chicago, where he earned his PhD in Anthropology in 1987. From 1987 to 1989 he was lecturer in Anthropology at Harvard University and post-doctoral fellow in the Harvard Academy. After that he taught Hinduism in the Department of Philosophy and Religious Studies at the University of Canterbury in Christchurch, New Zealand, for eleven years. In 2000 he took up the Chair of Anthropology at the South Asia Institute in Heidelberg. He has published extensively on pilgrimage, gender, theatre, aesthetics, ritual healing and medical anthropology.

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healer. Here, too, the power of globalisation – and especially of the Internet – is evident, since both of these contribute greatly to the rapid spread of this movement.

Context-based research

In all of these traditions and cultures we see a kind of paradox. On the one hand, modern theories of medicine tend to assume a universal human subject and a set of diseases and remedies that is overwhelmingly based on biology and has little to do with culture and history. On the other hand, historians of medicine, medical anthropologists and others involved in what the Americans call the “Medical Humanities” have shown time and again that ideas of health, practices of healing, and the experience of living in a human body, vary tremendously from culture to culture and over time. The way medicine is practiced differs significantly between countries as closely connected as Germany and France – to say nothing of India or China. And this is as true of modern medicine as it is for the more traditional forms of healing on which I focus.

In other words, universal theories of health and illness are very strongly modified by the cultural and historical contexts in which they are applied. In order to adequately understand health and illness, we need to pay attention to these contexts. We need to investigate what people actually do when they are ill. ●