Introduction: Medical Anthropology in the Netherlands

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This special issue of the Viennese Ethnomedicine Newsletter focuses on the Medical Anthropology Unit of the University of Amsterdam and reflects some of its present research strands and activities. In this introduction, we will briefly describe the roots and current standings of medical anthropology in the Netherlands, and more specifically in Amsterdam. This overview serves as a framework for the five papers which will be shortly introduced at the end of this section.

Roots of Medical Anthropology in the Netherlands

In the Netherlands, the number of medical anthropologists is high and increasing. The roots of the relatively strong presence of medical anthropology in this country are clearly connected with its colonial past, as well as with its intensive involvement in the international field of health and development in the postcolonial era (Diasio 2003, Streefland 1986, Van der Geest 2007). In addition, the large number of foreigners – migrants and asylum seekers – who have come to the Netherlands in the past four decades and started to make use of the Dutch health care system, has also increased the interest in issues of culture and health. The confrontation in medical practices with people from various cultural backgrounds underlined the social and cultural character of health, illness and health care. It turned the understanding of cultural differences and their implications for health care into an urgent question (see, for instance, Braakman 1986, Van Dijk 1998, Van Dongen and Van Dijk 2000). Health practitioners themselves turned into "medical anthropologists" and – at a later stage – also came to seek the insights from anthropologists. Simultaneously, Dutch medical anthropologists have become increasingly interested in doing research in their own society and have sought collaboration with the medical field at home (Van der Geest 2007).

As medical anthropologists have come "home" for more than a decade now, their studies within the Dutch biomedical field do not only concern issues related to migrants, but have extended to much wider areas of concern and relevance. The broad range of current research interests reflects present day health concerns in Dutch society, such as those related to chronic diseases, health care arrangements, medical technologies, ethical dilemmas, patient participation and empowerment. Despite some major challenges which medical anthropologists continue to encounter in various health care settings, their perspectives and research methods seem to gain in recognition and relevance within the broad field of biomedicine in the Netherlands.

As much as some of these medical anthropologists have thus "come home", others have "gone – or remained – abroad". Dutch medical anthropologists have conducted research on all continents of the world, studying subjects and phenomena which are locally as relevant as the research topics described for Dutch society above. The increasing interconnectedness of places and people will probably only reinforce this trend in the future. The current teaching and research programs at the University of Amsterdam reflect this international character of medical anthropology in the Netherlands. Not only do these programs explicitly situate the subjects they study and teach within diffuse contexts of globalization, but they also aim to attract students who inhabit different corners of this globalizing world.

Current Situation: Teaching and Research Programs

The growing interest in doing medical anthropology both "at home" and "abroad" as described above is visible in a substantial institutionalization of medical anthropology in the Netherlands in the last three decades: fourteen chairs in medical anthropology (or closely related to it) currently exist; several courses in medical anthropology have been offered over time; and about 50 PhD dissertations in the field of medical anthropology have been produced in the Netherlands since the late 1970s[1].

Especially the Bachelors and Masters courses in medical anthropological subjects have played an important role in the growth and recognition of medical anthropology. Courses were offered from 1978 onwards at the University of Amsterdam, as well as at a number of other institutions in the Netherlands - both anthropology departments and medical faculties (Van der Geest 2007). They attracted and still attract not only many anthropology students, but also medical students and health professionals from various backgrounds – including, for instance, nurses, doctors, physiotherapists, occupational therapists, midwives, and psychologists. Currently, the University of Amsterdam offers two international Masters courses: the regular Masters in Medical Anthropology and Sociology (MAS)[2], and the international Amsterdam Masters in Medical Anthropology (AMMA)[3], in which students from both "western" and developing countries participate. Most students who enter these courses seek for an intensive preparation for research or clinical work in multi-cultural health care settings and environments – either in the third world or among migrants in the Netherlands. Others take these courses as a starting point for a professional career in the medical field. The inclusion of health professionals in these Bachelor and Master courses might have contributed to the success of medical anthropology in the Netherlands, since – even if many of them are currently not working as (academic) researchers – they have taken medical anthropological insights and approaches into their various fields and have enhanced research collaboration with and access to medical domains for medical anthropologists.

Next to these teaching programs, the University of Amsterdam offers, in collaboration with the Amsterdam Institute for Social Science Research (AISSR), a Research Program entitled "Anthropology of Health, Care, and the Body"[4]. This Research Program has an interdisciplinary character, including researchers from within and beyond the university working in the fields of medical anthropology and sociology, gender and sexuality studies, and the social studies of (bio)medical science and technology. The current research projects within this Research Program can be divided into four strongly related sub-programs.

The first sub-program deals with globalization and the science and technologies of health policies and practices. The point of departure is that developments in techno-science bring about radical transformations in contemporary health care and society at large. This sub-program therefore focuses on the production, distribution, deployment impact and meaning of biomedical knowledge and technologies (like pharmaceuticals, vaccines, reproductive and genetic technologies) – both in clinical and in everyday settings. HIV/AIDS research is a major focus of this sub-program.

A second sub-program studies young people's health and wellbeing. Considering young persons as social actors, this sub-program focuses on the understandings and actions of youngsters concerning their own health and wellbeing. Theoretically, it critically analyses adult-centered discussions on agency and structure, competence, cognition, vulnerability, accountability, and power for its applicability on youngsters. Methodologically, it develops cross-culturally applicable methods for qualitative research with children and youth of different ages.

The anthropology of crime and violence forms the focus of the third sub-program. It departs from the idea that crime and violence are products of complex socio-cultural relations and scientific and medical interventions, rather than natural or innate qualities residing in individuals. While one strand of research centers on issues related to crime prevention and detection, another stream aims to enhance understanding of violence within historical, social and cultural contexts. Both strands of the sub-program are concerned with the production of sexual and racial subjectivities and the normativity and morality of the practices studied.

Finally, a fourth group of researchers focuses upon postcolonial bodies and subjectivities. It takes into account the historic trajectories in relations between "centers" and "peripheries" or "north" and "south", as well as concomitant changes in our understanding of "the subject". This subject is embodied and located in time and space, and an object of power and power relations – in different fields, such as illness, health care, medicines, sports, crime, beauty, dance and food, for instance. Special attention

is paid to specific discourses and practices with regard to the body and health, and how these contribute to the construction of racial, sexual and gendered identities.

These four subprograms show partial overlaps between research methods and topics, contributing to a synergy between the researchers and their current and future projects. Part of this synergy will be reflected in the current special issue; however, while some similarities between the approaches of the five papers might be discovered, they also represent the diversity of topics, settings, and issues which characterizes the current sub-discipline of medical anthropology at the University of Amsterdam.

Since 1989 the Medical Anthropological Unit has been publishing the journal "Medische Antropologie" which appears twice a year (about 350 pages per volume). Medische Antropologie discusses social and cultural aspects of health, illness and health care. It welcomes contributions, which connect familiar and foreign cultural issues and cross-disciplinary boundaries. At first the journal accommodated mainly articles in the Dutch language; at present nearly all contributions are in English. One issue each year is a special issue with a selection of papers that were presented at an annual symposium. Themes of the last years include: "The Bed", "Intersubjectivity as analytic tool", "Sickness & Love", "Resilience and Poor Health", "Beauty & Health" and "Care & Health Care." The journal is accessible on the internet, except for the last five issues[5].

Five Contributions

This special issue presents the work of five colleagues who are currently affiliated to the Medical Anthropology Unit of the University of Amsterdam. It starts with a methodological contribution in which an age-old anthropological dilemma is applied to the field of medical anthropology – and more specifically, hospital ethnography. Benson Mulemi critically assesses how "insider" and "outsider" positions of medical anthropologists in hospital settings affect their access to fieldwork sites, their research methods, as well as related ethical considerations. His exploration of the possible advantages and disadvantages related to both positions reflects current thinking within medical anthropology – both at home and abroad.

From the hospital we move to the outside world and explore how biomedical notions and artifacts are incorporated or contested in local settings and health situations. The contribution by Sjaak van der Geest addresses social and cultural meanings of pharmaceuticals. Pharmaceutical anthropology has been a constant field of interest in the Amsterdam research group, studying the production, sale, distribution, prescription, consumption, interpretations and meanings of medicines. In this article, Van der Geest contrasts and discusses two views on medical drugs. On the one hand there is a wide popularity of pharmaceuticals in both high income and poor societies. At the same time, however, a more skeptical and reluctant attitude towards pharmaceuticals occurs, formulated in both individual and cultural categorical terms. The author reviews the reasons for the worldwide popularity of drugs, and then suggests that some of the same factors may help to understand the reluctance to use them in other circumstances.

Erica van der Sijpt looks into local interpretations of both pregnancy and pregnancy loss in Eastern Cameroon. She argues that local conceptions of variable blood strength of parents and gradual force development of fetuses are at odds with strictly linear and time-based biomedical models of pregnancy evolvement and disruption. Local flexible understandings are shown to allow for strategic interpretations of pregnancy loss – which, paradoxically, might be combined with biomedical modes of explanation.

Similar dynamics between local and biomedical notions are also found to exist around HIV/AIDS in Western Kenya. Ellen Blommaert situates the way youngsters explore sexuality and deal with HIV-related risks in historical and current contexts. While tracing certain aspects of youngsters' sexual behavior and notions of risk back to former times, she also analyses how new inventive sexual strategies have come to be at play in current uncertain paths to female and male adulthood. These strategies are shown to be intrinsically social and seem more pertinent than contraceptive

campaigns or biomedical testing and treatment of HIV/AIDS – which all take the *individual* as a starting point.

Josien de Klerk steers the discussion on HIV/AIDS and its consequences for people's daily lives into a different direction. She focuses on the growing responsibility and care for sick family members and orphaned children by older men and women in Tanzania. These elderly people face a paradoxical situation in which their care-giving tasks increase, while their physical strength is declining and family care for themselves is disintegrating as result of migration, declining economic capacity and HIV/AIDS. The author argues that family relationships have become severely strained and that more attention for the ageing process of older caregivers is indispensable to understand these dynamics – now and in the future.

Notes

[1] The remaining part of this section focuses on the Medical Anthropology Unit of the University of Amsterdam.
[2] See http://www2.fmg.uva.nl/sma/ or http://www.studeren.uva.nl/msc-medical-anthropology-and-sociology/ or http://www.graduateschoolofsocialsciences.uva.nl/gsss_education/mas_amma.cfm.
[3] See http://www2.fmg.uva.nl/amma/ or http://www.graduateschoolofsocialsciences.uva.nl/gsss_education/mas_amma.cfm.
[4] See http://www.assr.nl/research/clusters/health.html or http://www.fmg.uva.nl/aissr/research/programme-groups.cfm/98B15AC4-1321-B0BE-682E1F8A243DBA95
[5] See www.medical-anthropology.nl, click top right on "journal".

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On Being "Native" and "Outsider" in Hospital Ethnography

Benson A. Mulemi

Participant observation is a hallmark of classical ethnography. Many anthropologists value "going or being native", as an outstanding quality of ethnography. The basic premise for this perception is that being an insider, or acting as one, facilitates adequate grasp and representation of emic perspectives of events and people's experiences. Research and discourse on hospital ethnography at the University of Amsterdam, however, highlight both limitations to and advantages of true or fake insiders in medical settings. The opposite position of an "outsider" is taken by ethnographers who are foreign to either a local ethnic culture or medical sub-culture. Most hospital ethnographers fall in either category and only a few are trained in both anthropology and medical sciences. The statuses of "native" or "stranger" in medical settings affect access to fieldwork sites and different actors' life worlds. These in turn affect the quality of data and ethical considerations in hospital ethnography. This article examines the implications of outsider and insider positions for hospital ethnography. It argues that either status does not necessarily mean advantage or disadvantage.