Preface / Postface: 'Medische Antropologie' 1989-2012

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This is the last issue of *Medische Antropologie* in its familiar form. From 2013 forward, it will appear as an open-access digital journal under a new name, *Health, Care & the Body: International Journal in Medical Anthropology*. This change occurs at a time when the contributions to the journal are almost entirely in English and most readers find us on the Internet. The editors foresaw that the number of subscribers to the printed version would gradually decline and decided to act before they would be forced to do so. They have taken this step at a moment when the journal has reached its highest quality and they are confident that this high standard will only continue to rise in the coming years. More will be said about the future towards the end of this preface / postface. Let us first look back at 24 years of *Medische Antropologie*.

The journal was a continuation of a simple Newsletter that aimed to stimulate communication and discussion among researchers, teachers and health care professionals in Belgium and the Netherlands who took an interest in the social and cultural aspects of ill health and medicine. The first issue of that Newsletter appeared in December 1983 and provided a list of 64 people who believed that they were medical anthropologists in the broadest sense of the description in the previous sentence.

As a matter of fact, the journal started in June 1989, just two years after the *Medical Anthropology Quarterly* was founded by the American Anthropological Association and 12 years after Kleinman's *Culture, Medicine & Psychiatry* was launched. In the first preface, the editors mention three objectives. First, was to stimulate communication not only among anthropologists, but also between anthropologists and colleagues in other disciplines such as medical doctors, psychologists, philosophers, and with health workers and health seekers. The second was to further the development of medical anthropology as a sub-discipline and a much needed complementary approach in multi-cultural settings of healthcare. 'Development' was defined in both a theoretical and applied sense. The third objective was to offer colleagues, and in particular recently graduated students, a forum for publication. The choice of the Dutch language was intended to facilitate this opportunity, although it was expressly

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mentioned that English and French contributions were also welcome. The general objective of the journal was formulated thusly:

Medische Antropologie biedt zich aan als een forum waar stemmen uit verschillende 'culturen' zich met elkaar kunnen vermengen. Wij hopen dat de uitwisseling en wederzijdse kritiek die op deze manier ontstaat tussen vreemd en vertrouwd, allochtoon en autochtoon, medisch en antropologisch, 'zij' en 'wij', zal leiden tot een decodering van medische en andere cultuurlijke vanzelfsprekendheden en bijdragen tot een verdere humanisering van gezondheidszorg (p. 3).

Medische Antropologie offers a forum where voices from different 'cultures' can interact and mix. We hope that the exchange and mutual criticism which will arise between strange and familiar, immigrant and native, medical and anthropological, 'them' and 'us', will lead to a decoding of what is taken for granted in medicine and culture in general and contribute to further humanization of health care (p. 3).

Striking in this objective is the emphasis on communication among various *cultures*. Although the term 'culture' also refers to academic disciplines, with their specific customs and beliefs about true and false, there is no doubt that there was an overwhelming focus on 'other cultures', in the conventional yet undefinable meaning of the term. Five of the seven contributions to the first issue were about African societies and the remaining two addressed cultural minorities in Belgium and the Netherlands. Interestingly, the emphasis on 'other cultures' has more or less remained throughout the 24 years of the journal's existence. In the current – final – issue, for example, all contributions except two are about 'foreign cultures', abroad or within our own society.

Another notable phrase in the mission statement is the explicit mention of a "further humanization of health care" as an objective of medical anthropology. The editors have always felt a strong accountability toward society and pleaded for what is now called 'valorisation' of their academic work.

The journal's major objective goes to the very heart of the post-colonial anthropological quest: How to move out of a situation of overbearing asymmetry and the researcher's modernity-borne bias into a symmetrical relationship in the intercultural dialogue between them and us, periphery and centre? How to launch a polylogue on the sheer diversity – and sometimes incompatibility – of cultural rationale? The latter may qualify the interlocutors' group's particular metaphysical aims and models for making the human, while reacting to the human predicament. The journal would welcome culture-specific concerns by interweaving humans, things, faunas, floras and inter-worldly force-fields, such as gods, ancestors and spirits. We considered forms of keen perception and 'feel-thinking', as we sought to disclose some unsuspected fate in the client's intercorporeal and intersubjective connectivity.

The journal has been an intermediary between medical anthropologists from Belgium, particularly Flanders, and the Netherlands. The Department of Cultural Anthropology at the University of Amsterdam, with a much longer tradition (1907) than the one at Leuven (1973), established an advanced graduate medical anthropology

teaching program, a professorship, and a medical anthropological unit. Amsterdam also provided most of the editorial and technical support. We believe that the journal has helped to establish medical anthropology in the academic and public world of both countries.

Between 1980 and 1986, Devisch introduced medical anthropology to the research programme in multicultural Flanders that had been created by the Academic Unit for Family Medicine at the University of Antwerp. At the University of Amsterdam, Van der Geest, thanks to the help of a growing number of colleagues, was able to set up successful teaching and research projects that expanded into the present significant programme under the leadership of Anita Hardon. *Medische Antropologie* – and four book series in the field of medical anthropology – contributed to that achievement. The themes of the contributions to the journal largely reflected the research that took place in the Netherlands and Flanders: medicines, migrants, reproductive health, medical technology, medical aetiologies including divination, the body, children, ageing, and violence.

From the beginning, the journal had the tradition of holding annual symposia and each provided contributions for a special issue six months later. The symposia were nearly always small-scale and consisted of discussions instead of paper presentations. Participants were encouraged to submit work-in-progress to encourage others to provide comments. All participants were expected to have read the papers beforehand so that no time was lost on presentation. This format provided paper writers with their first empathic 'peer reviewers'. The intimate and constructive character of the meetings made them unforgettable experiences of collegiality. The following topics figured in the special issues over the years; most were derived from the symposia:

Geneesmiddelen [Medicines] (1990),

Vrouwen en Gezondheid [Women and Health] (1991),

Migranten en Gezondheidszorg [Migrants and Health Care] (1992),

Diagnose en Divinatie [Diagnosis and Divination] (1993),

Zintuigen [Senses] (1994),

Het Geheim [The Secret] (1995),

Trauma en Cultuur [Trauma and Culture] (1996),

Ouderen en Welzijn [Older People and Well-being] (1997),

Reproductieve Gezondheid en Cultuur [Reproductive Health and Culture] (1998),

Poep, Cultuur en Welbevinden [Defecation, Culture and Well-being] (1999),

Naar een Medische Antropologie van Kinderen [Towards a Medical Anthropology of Children] (2000),

Medische Antropologie en Literaire Verbeelding [Medical Anthropology and Literary Imagination] (2001),

Medische Technologie en het Lichaam [Medical Technology and the Body] (2002),

Kwetsbaarheid en Lichamelijkheid [Vulnerability and Bodiliness] (2003),

De Patiënt als Medeonderzoeker [The Patient as Co-researcher] (2004),

Violence, Health & Human Rights (2005),

Het Bed / The Bed (2006),

Intersubjectivity (2007),
Sickness and Love (2008),
Resilience and Health-related Adversity (2008),
Beauty and Health (2009),
Bringing Health Research to Practical Use (2009),
Care and Health Care (2010),
The Body in Disability Studies (2010),
Ethics, Health Care and Anthropology (2011),
Life Stages in Medicines (2011),
Ethnography and Self-exploration (2012).

For each theme, a background article or 'teaser' was written that appeared six months before the symposium. The purpose was to stimulate authors and bring their writing closer to the theme.

For many years, the journal had an impressive section of book reviews, in which both Dutch and international publications were discussed. Rob van Dijk was the book review editor responsible for this achievement. The main objective of the reviews was to inform a wider public about relevant publications related to health, culture and society. This was successful, since many professionals and students consulted the journal to keep abreast of new publications in their field of interest.

In 1998, *Medische Antropologie* began a process of peer review, and since 2005 the journal has been accessible via the Internet with a 'moving wall' of 2.5 years (http://tma.socsci.uva.nl/), thanks to the technical assistance of two retired 'whiz kids', Chris Aldenhuijsen and Janus Oomen, Sr.

For the historians of medical anthropology in Belgium and the Netherlands: The following people served as members of the editorial team during the past 24 years, in alphabetic order:

Stefan Bekaert + (1997-1998),
Mario Braakman (1992-2002),
Filip De Boeck (1989-2006),
Walter Devillé (2002-2012),
René Devisch (1989-2006),
Rob van Dijk (1989-2010),
Els van Dongen + (1994-2009),
Sjaak van der Geest (1989-2012),
René Gerrets (2011-2012),
Simon Groen (2011-2012),
Anja Krumeich (1989),
Danielle de Lame (1992-1994),
Patrick Meurs (1995-2012),
Eileen Moyer (2012)
Anke Niehof (1992-1994),

Ferko Öry (1989-1991), Annemiek Richters (1989-1991), Daniël Schurmans (1989), Erica van der Sijpt (2011-2012), Steven Van Wolputte (1998-2006), Hans Verrept (1989-2006).

Two of the editors passed away during their time in office. Stefan Bekaert was a young and brilliant colleague who took over the function of editor from René Devisch. He was a full-time researcher-to-be in Kinshasa and died in a tragic accident (See his 'In Memoriam' in *Medische Antropologie* 1998, pp. 167-170). Els van Dongen died after a prolonged illness. She had contributed enormously to the high standard of the journal over 15 years (Two 'In Memoriams' can be found *in Medische Antropologie* 2009, pp. 169-176).

Two people who have remained with the journal from the beginning to the present day are Hanneke Kossen, the layout editor, and Ben van den Camp, presently at AMB Publishers, who mediated between the editorial secretariat and the press. Over the years, several people functioned as editorial secretaries: Ada Tieman, Teresa Klerkx, Nadra Abdalla, Annelies Dijkstra and Trudy Kanis. Maria Devisch took care of the administration of the Belgian subscribers.

After the journal's launch (with the help of five supporting institutions), it became financially independent and managed to survive on the revenues of subscriptions and occasional advertisements. Twice it received support of the University of Amsterdam during periods of scarcity. The journal was never entrusted to a publisher, since it was believed that it could never be 'commercially' viable. Administration was kept in-house and students and colleagues at the University of Amsterdam helped twice a year by sending the journal to the subscribers. This informal and perhaps 'amateurish' system had its charms and created an atmosphere of commitment.

We want to thank all who contributed to the success of the journal in various ways: the approximately 350 authors and almost 1,000 book reviewers, the countless peer reviewers, the 21 editors and all those mentioned above in this postface.

In *Medische Antropologie*'s next incarnation as *Health, Care & the Body*, we will continue to publish original peer-reviewed articles, book reviews, and conference summaries. Whereas the new journal will be largely an English language publication, our electronic format and international editorial board will allow us to occasionally accept special issues published in other languages. In this way, we hope to maintain the tradition of promoting European medical anthropology, while challenging (if only slightly), the hegemony of English-language academic publishing. However, the scope of the journal will shift slightly in an attempt to address what we see as an area not being currently addressed in today's medical anthropology journals. We are interested in scholarly work that builds on classical medical anthropological approaches to incorporate historical analyses of the global flow of ideas, people, technologies and objects. We have a particular interest in:

- ethnographic studies of biomedicine, including hospital, clinic, and laboratory ethnographies;
- ethnographic studies of health inequalities in political and economic contexts;
- analysis of the impact on local worlds of the assemblages of science and technology that circulate globally including ethics, governance and emergent forms of biological citizenship;
- critical and historical analysis of international and global health initiatives, programs and policies in practice;
- analysis of the mechanisms and implications of health issues that transcend national boundaries.

The first issue will feature a selection of papers presented at the symposium, 'Beyond Biosocialities in Medical Anthropology', which took place in Amsterdam on 17-19 January 2013. The special issue will be edited by our new co-editors, Eileen Moyer and Vinh-Kim Nguyen, with the support of an expanded international editorial board.

As of 2013, *Health, Care & the Body* will be managed from its historical home at the University of Amsterdam in joint partnership with the Fondation Maison Des Sciences de l'Homme in Paris. Amsterdam will continue to coordinate the content side of the journal, while Paris will take on the technical aspects of developing and hosting an online journal. We are grateful to both institutions for their generous support of our endeavour. We have secured sufficient financial support to re-launch and publish the journal for at least three years. With your continued support, we hope that by that time we will be able to stand on our own feet again.

A benefit of the new online format will be that in addition to archiving all past issues of *Medische Antropologie*, we will also publish new articles as soon as they are accepted and circulate news regarding relevant conferences and other events to our readers in a timely manner. The site will be interactive with a link to a blog site on which readers may post comments, announcements and other news. Another benefit of the new format is that it will be open access, which means that readers worldwide will be able to access our content free of charge. We find this particularly relevant given that so much of our content is based on research carried out in parts of the world where scholars have limited access to academic publications. We expect the online open-access format will increase the circulation of our journal and in time our index factor, which has become increasingly more important to many contributing authors.

This last issue includes a mixture of contributions, three by recently graduated students, which has always been the intention of the journal. The nine authors are from the Netherlands, Belgium and 'abroad'. All articles except one are in English. The article in Dutch serves as a symbolic and nostalgic farewell to our own language that seems doomed to disappear in the merciless globalisation of medical anthropology. Special attention is given to the work of Jan Hendrik van den Berg, a psychiatrist and phenomenologist and almost unknown precursor of medical anthropology who recently died at the age of 98.

Noemi Steuer writes about her research in Bamako, Mali and describes how people with HIV/AIDS manage to preserve honour and respect while disclosing their intensely stigmatised illness. Grace Akello provides an impressive and open account of her own youth in Uganda and points out how her experiences of extreme poverty affected her research among sick wartime children in present-day Uganda. Her contribution was originally meant for the special issue on 'Ethnography and Self-exploration' (*Medische Antropologie* 24/1). Fiona Budge, who is a specialist in communication and advocacy and recently completed her course in medical anthropology, reflects on paradoxes around the symbolic role of defecation in a community-led total sanitation project in Nepal.

Amber Bartels and Ghariba Loukili examine the views of Muslim theologians, spiritual counsellors, Imams and physicians on preconception testing of consanguine couples who risk having a child with a genetic disease. Lisanne Beerenfenger reports on her study of an 'intercultural' health centre in rural Chile and argues that the success of the centre is not only a matter of quality of care, but also due to feelings of ownership, identity and cultural pride. Hans Popma writes about the pain experiences of seven Dutch people of Turkish descent and relates his interpretations to the theoretical work of Cameron Hay.

Next, Jacques De Visscher discusses the work of psychiatrist, phenomenologist and historical psychologist Jan Hendrik van den Berg and assesses his significance for medical anthropology. Finally, we present an early (1952) essay by Van den Berg about the phenomenology of sickness. The issue ends as usual with news, book reviews and a list of recently defended doctoral theses at European universities.