

sollen. In einem Resümee werden Anregungen gegeben, die helfen könnten, dem Ausgrenzungsdiskurs der unter-

schiedlichen Heilsysteme entgegenzuwirken. Das Ziel ist die weitere Förderung einer Integrativen Medizin.

**Schlagwörter** Komplementär- und Alternativmedizin – Evidenzbasierte Medizin – Ganzheitsmedizin – Integrative Medizin – Embodiment – Spiritualität

## Article Abstracts of *Curare* 45 (2022) 2

Thematic focus “Beginnings and Ends of Life. Ethnographic Explorations and Methodological Reflections”

EDITED BY JULIA REHSMANN & VERONIKA SIEGL

**JULIA REHSMANN & VERONIKA SIEGL** **The Beginnings and Ends of Life as a Magnifying Glass for Ethnographic Research. Introduction to the Special Issue** p. 7–16, written in English

**MARCOS FREIRE DE ANDRADE NEVES** **Afterlife Reverberations: Practices of Un/naming in Ethnographic Research on Assisted Suicide** p. 17–27, written in English

Can ethical choices outlive the people who make them? In order to explore this question, this article draws on ethnographic research on transnational assisted suicide to question afterlife implications of practices of un/naming, particularly the use of anonymisation and pseudonyms. Assisted suicide is organised around a specific politics of naming that animates its fight for social and political recognition but which contradicts anthropology's once long-standing disposition towards anonymity as a form of protecting research participants. This disso-

nance creates a situation where one of anthropology's main tools of protection risks jeopardising the political struggles and fight for recognition of the same people it seeks to protect. Against this background, this reflection argues that empirically researching death and dying requires an additional sensitivity to un/naming practices. Thus, I propose the notion of afterlife reverberations, that is, the affects and expectations that ripple in the aftermath of a research participant's death from their research choices made in life.

**Keywords** anonymity – assisted suicide – research ethics – pseudonym – un/naming

**MIRA MENZFELD** **Liminal asymmetries. Making sense of transition dynamics in relations with dying persons** p. 28–38, written in English

The article presents one option for an anthropologically informed understanding of onto-hierarchical particularities that can characterize and shape relationships between non-dying persons (e.g. researchers) and dying interlocutors. The article draws on research with responsive and conscious persons who 1) suffer from a terminal illness, 2) have been informed about their terminal prognosis, and 3) regard their diagnosis as reliable information about their own dying. The classic Turnerian ideas of *threshold* and *transition dynamics* are applied to make sense of *liminal asymmetry* as an important factor that permeates research relations with consciously dy-

ing persons and can sometimes create challenging situations during fieldwork. Liminal asymmetries are characterized by at least three dimensions. First, as dying persons are in a ‘betwixt-and-between’ state, they often desire liminal companionship and guidance when dying. (Persons who are not terminally ill are inherently incapable of adequately fulfilling the role of liminal guide or companion because they are not in a state of betwixt-and-between.) Second, the experience of hierarchy is crucial, as the dying have privileged access to a mode of being that the non-dying have not yet entered. Third, as another existential hierarchy, dying persons –

having accepted a terminal diagnosis as a reliable statement about their presence and future – usually consider their state of being, agency, and vitality to be less privileged than that of non-dying persons. By acknowledging liminal asymmetries as formative for experiences of dying, we gain an additional tool for understanding re-

search situations in which liminal asymmetries are directly or indirectly thematized. The article describes two exemplary fieldwork scenarios to illustrate the types of situation identified as arenas for negotiating the (im)possibilities of liminal companionship and liminal guidance, as well as capability-related hierarchies.

**Keywords** Dying – participant observation – liminality – liminal asymmetry – terminal illness

**MOLLY FITZPATRICK Uncomfortable Care. Feeling through Ways of ‘Being With’ as a Doula-Ethnographer** p. 39–51, written in English

When doing research at the beginning and end of life, ethnographers often feel the urge to engage in the care of the people they are studying. In this paper, I reflect on my attempts to provide care as a volunteer doula, a non-medical birth support person, while conducting ethnographic fieldwork on childbirth in two midwifery clinics in Bali, Indonesia. Becoming a doula-ethnographer meant going beyond silent observation – what might be called ‘being there’ – to ‘be with’ women in la-

bour. In this article, I explore this mode of being with, and show how it centres on witnessing, letting things happen, and not going in with an agenda. As my experiences show, caring in the mode of being with was also often uncomfortable and riddled with complex ethical considerations. In this paper, I stay with and reflect on this discomfort to show how the affective negotiations of my attempts to care for women in labour led me to crucial ethnographic insights.

**Keywords** childbirth – ethnography – doula – care – affect

## Research Articles

**JÜRGEN W. DOLLMANN An Interdisciplinary Analysis of “Holism” in Complementary and Alternative Medicine** p. 55–68, written in German

Treatments in complementary and alternative medicine are regularly articulated and adopted via the concept of “holism”, involving body, mind, and soul. This concept, which is at the heart of this contribution, is not only brought up in distinction to conventional medicine, but often connected to spiritual ideas. One reason for this can be seen in the fact that many treatments in complementary and alternative medicine such as Ayurveda and Traditional Chinese Medicine descend from South Asian and East Asian contexts and are – in part – derived from religious or philosophical traditions. The author, who is both, a specialist in internal medicine as well as a scholar of culture, brings together historical and culture-theoretical aspects of “holism” with insights from cognitive science and neuroscience. The author’s research findings from the context of Ayurveda are discussed paradigmatically. To integrate this interdisciplinary analysis, this paper makes use of so-called theories of embodi-

ment, which allow to analyze the sensorial experience of social actors in the given field of research. From this perspective, the notion of “holism” can be regarded as compatible with spiritual aspects of treatments from complementary and alternative medicine. At the heart of this contribution lies the inquiry as to how and why patients can sensually experience “holism”. The question pertaining to the efficacy of such medical treatments is not touched upon. The positionality of the author is explicitly interdisciplinary and multi-perspectival which intends to reveal the blind spots of various medical treatments. The methodical triangulation presented here can lead to ambiguities which should be seen as a stimulation for further discussion between culture-theoretical and (natural)science-oriented perspectives. In sum, several suggestions are offered to counteract the exclusionary discourse of various healing systems. The goal is to further promote integrative medicine.

**Keywords** complementary and alternative medicine – evidence-based medicine – holistic medicine – integrative medicine – embodiment – spirituality