

Article Abstracts of *Curare* 41 (2018) 1+2

Healing Cooperations. Heterogenous Collaborations Beyond Dyadic Interactions

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Medical Anthropology as Joyful Wisdom. Editorial by EHLER VOSS p. 3–7, written in German

CORNELIUS SCHUBERT & EHLER VOSS: Beyond Dyadic Interactions. An Introduction to the Thematic Issue on Healing Cooperations p. 8–13, written in English

MÁRCIO VILAR: Moving between “Chronic Diseases” and “Secret Cures”. Bionetworking in the Context of Autoimmunity in Brazil p. 14–34, written in English

In this article, I explore from an anthropological Global South perspective the following question: how does the engagement of patients and physicians for unauthorized immunostimulant therapies for autoimmunity in Brazil impact the globally established biomedicine based on the use of palliative immunosuppressive drugs? My aim is to understand changing perceptions related to immunity, autoimmunity, immunological therapies, biotechnological innovation and regulation as constitutive of contemporary biomedical culture and of life sciences in Brazil. By addressing some forms of collaboration and deviance between patients with autoimmunity and physicians, I describe how they adopt and promote immunostimulant drugs as scientific innovations that meet difficulties to become legalized and that tend to be dis-

qualified by established biomedical authorities. For it, I present a case study of regulatory experience and make a comparative digression involving respectively two immunostimulant therapies: the “anti-brucellic vaccine” (VAB—*vacina anti-brucélica*), and; the “autohemotherapy” (AHT—*autohemoterapia*). Like other immunostimulant therapies, both VAB and AHT are strongly associable with regenerative medicine and may be accessed through the informal sector. My argument is that established biomedicine has become increasingly circumnavigated in contemporary Brazil, while regenerative medicine is simultaneously emerging as a transnational paradigm shift through assemblages of life and respective moralities.

Keywords autoimmunity – biotechnological innovation – regenerative medicine – life assemblages – Brazil

HELMAR KURZ: Transcultural and Transnational Transfer of Therapeutic Practice. Healing Cooperation of Spiritism, Biomedicine, and Psychiatry in Brazil and Germany p. 35–49, written in English

This article investigates transformation processes of local practices of healing cooperation when transferred from one context into another by means of migration and transnational networks. Healing practices within Brazilian Spiritism and practices of healing cooperation with psychiatric and biomedical health professionals will serve as an example. An introductory anthropological discussion of distinct theoretical approaches to healing cooperation will serve as a starting point, before exploring explanatory models of health, illness, and healing within Brazilian Spiritism. Case studies from

Marília/São Paulo and Itabuna/Bahia in Brazil will facilitate the understanding of healing cooperation of Spiritism, biomedicine, and psychiatry. In a further step, the implementation of Spiritist healing practices by Brazilian immigrants and local supporters in Germany will be of central interest. Case studies from Munich/Germany will show that transference of healing cooperation from one context to the other is possible, but that due to different contexts a diversification of discourses and practices will take place. However, the discussion of the presented data will show, that the outcome of transnational

transfers of healing practices and models of healing cooperation does not so much relate to social, cultural, or

religious frameworks, but to individual resources, personal expectations, and political processes.

Keywords cultural psychiatry – complementary and alternative medicine – CAM – spiritism – migration – Brazil – Germany

MAŁGORZATA STELMASZYK: Turbulent beings. Curses and systems of healing cooperation in post-Soviet Tuva, Siberia p. 50–61, written in English

In this article, I engage with the notions of illness and healing in Kyzyl, the capital of the Autonomous Republic of Tuva in Siberia. In so doing, I show how a variety of medical conditions, such as strokes, comas, and tuberculosis, are often conceptualized through a prism of curses. In these instances, illnesses are considered as a symptom and a consequence of wider sociocosmic politics which involve spirits and humans alike. Consequently, while suffering from curse inflictions, the victims often find themselves in a state of overall physical and emotional disturbance, described as being ‘in turbu-

lence’. Given this, in the presence of a medical condition, diagnosis, cure, and recovery are often concurrently sought from medical doctors, lamas, and shamans, and the clients undergo simultaneous treatments from all three practitioners. In this article, therefore, I show how illnesses triggered by curses bring together different actors, such as medical doctors, lamas, and shamans, and how in the context of post-Soviet Tuva, these actors, with their distinct epistemologies and engagements with the world, produce a platform of cooperation rather than that of antagonistic possibilities.

Keywords illness – healing – occult practice – curse – personhood – Tuva

KATRE KOPPEL: “My Dream is to Bring Together Chinese and Western Medicine”. Why Chinese Medicine is Making its Way into Estonian Healthcare p. 62–77, written in English

In recent years, Chinese medicine has become a popular therapeutical practice in Estonia. This is not surprising from the perspective of users as different health-related, lifestyle and well-being teachings have found many adherents after the collapse of the Soviet Union. However, what is intriguing is the fact that Chinese medicine is gaining increasing attention by healthcare professionals too. In the Estonian context, Chinese medicine is regarded as an alternative medicine from the point of view of biomedicine and the state. Due to historical reasons and the post Soviet context, alternative medicines are usually stigmatised by biomedical practitioners. Regardless of the explicit tensions between biomedicine and alternative medicines, Chinese medicine seems to enjoy higher acceptance than some other alternative

medicines. Hence, the current situation, which can be described as a change of position regarding Chinese medicine in the Estonian health landscape, is relatively extraordinary. In this paper, I argue for three reasons why the position of Chinese medicine is currently changing. Firstly, the positive reception of Chinese medicine can be regarded as a favour from the state that has implemented regulations on acupuncture. Secondly, the reasons can be found in the current health policy and in the challenges that the Estonian healthcare system is facing. Thirdly, it is the mainstreaming process of New Age spirituality in Estonia and the way it changes the perception of the body that helps Chinese medicine to find its way into Estonian healthcare. The article is based on almost two years of ethnographic fieldwork in Estonia.

Keywords Chinese medicine – healthcare – medical diversity – former USSR – health policy – new age spirituality – Estonia

DANUTA PENKALA-GAWĘCKA: Enduring or Fragile Cooperations. Complementary Medicine and Biomedicine in Healthcare Systems of Post-Soviet Kazakhstan and Kyrgyzstan p. 78–94, written in English

This paper focuses on relations between biomedicine and various segments of complementary and alternative medicine (CAM) in socio-economic and political contexts of post-Soviet Kazakhstan and Kyrgyzstan. While

medical diversity was already present in Central Asia during Soviet times, the collapse of the Soviet Union has contributed to the further diversification of therapeutic options in this region. The author discusses changes

in the official attitudes towards various non-biomedical forms of treatment, which reflect changing economic and political conditions. Initially, in the 1990s, the official support for traditional/folk medicine resulted mainly from the efforts of the newly independent states to gain legitimacy on the grounds of the cultural heritage of their titular nations. Such legitimisation is not needed anymore and, in effect, those CAM branches which are practised by healers, not biomedical doctors, have lost government backing. In this light, it seems that first attempts at cooperation between biomedical and complementary practitioners which had started in the 1990s

turned out to be rather fragile. The boundary work, as the author's research revealed, is directed towards delimitation of what is perceived as scientific from methods and practices unconfirmed by "science." However, it should be stressed that despite such tensions various complementary therapies, including spiritual healing, enjoy great popularity among patients, which is partly due to the weakness of healthcare systems in Kazakhstan and Kyrgyzstan. The last part of the article addresses examples of cooperation between psychiatrists and healers in Kyrgyzstan, which proved to be fruitful in special circumstances.

Keywords medical diversity – complementary and alternative medicine – CAM – biomedicine – healing cooperation – boundary work – Central Asia – Kazakhstan – Kyrgyzstan

PIERRE PFÜTSCH: Paramedics in West Germany. Cooperations and Conflicts in a Contested Professional Field (1949–1990)

p. 95–108, written in English

Cooperations are almost inconceivable without conflicts. For this reason, this contribution will analyse the mutual interweaving of cooperations and conflicts from a contemporary perspective. A concrete example is the situation of the rescue services in the Federal Republic of Germany. Considering the involvement of a variety of different players such as doctors, non-medical healthcare professions, charitable organisations and professional associations, conflicts are bound to occur. In addition, doctors and paramedics are in professions that are subject to different hierarchical levels, which is why positions of power must be taken into consideration in relation to conflicts and cooperations, alongside the methods of treatment. This contribution will analyse two different perspectives of cooperations and conflicts. On the one hand, the aim is to clarify that conflicts can

occur within cooperative working methods. On the other hand, it will demonstrate that cooperations can result from conflicts and that they can be seen as a type of innovation motor. Both developments occur on the micro level, *i. e.* in the concrete conflict between doctors and paramedics. However, they can additionally influence the supply structures on the macro level as well. This will be exemplified by the conflicts regarding the professional law for paramedics. In concrete terms, the focus of previous discussions was usually centred on the question of which tasks should be taken over by the paramedics and which tasks should remain exclusive to the doctors. Due to the difficult situation of sources, the analysis shall be based primarily on normative sources. Readers' letters shall at least indirectly offer the perspectives of concrete participants.

Keywords paramedics – rescue system – emergency service – professionalization – cooperation – Germany

STEFAN REINSCH, JÖRG NIEWÖHNER & DORIS STAAB: The Ecology of Care in Cystic Fibrosis. Identification, Decision-Making and Learning in a Community Living and Working with a Rare Chronic Illness

p. 109–127, written in English

This paper sets out to describe how developing an identity as a member of a community organized around a rare chronic illness and becoming knowledgeably skilful in mastering the challenges of decision-making are part of the same process. We examine a community living with cystic fibrosis (CF) and their care-givers. CF is a rare inheritable disease with a chronic life-shortening course. Today, the growing complexity of care, with the resulting longevity for people with CF, governs the practicalities of day-to-day decision-making, highlighting an increas-

ing need for interdisciplinary collaboration. Building on long-term ethnography as anthropologists and physicians, we use a practice theoretical approach to explore in a highly specialized university medical centre how patients and care-givers make decisions and negotiate meaning, and their position, within such a community of practice (CoP). Drawing on ideas from distributed cognition and knowledge-practices, we show that the CF CoP is characterized by three interrelated elements: First, by the development of a shared identity around the ques-

tion how to manage and live with a rare chronic illness. Irony is used in establishing a position both outside the dominant mainstream of medicine and outside the dichotomies healthy/ill. Second, managing the condition requires collective learning in the domains of everyday life and clinical decision making, cutting across established status groups of patients and caregivers. Third, by taking experience and learning out of the individu-

al's head and making it a procedure to be enacted in similar moments, we argue that the embodied-knowledge of prior generations is not passed on but regenerated within the contexts of novices' interactions within the social and material environment. Together, the three elements create a collectively embodied-memory culture allowing the CoP to regenerate itself and adapt within times of rapid change.

Keywords cystic fibrosis – chronic illness – communities of practice (CoP) – distributed – decision making – knowledge-practices – Germany

CHRISTIAN ERBACHER: Philosophy—Therapy—Mythology. On a Triangulated Analogy in the Philosophy of Ludwig Wittgenstein p. 128–134, written in English

The article's main aim is to invite healing practitioners to read and interpret the philosophical writings of Ludwig Wittgenstein as relevant for their practices. It outlines Wittgenstein's philosophical orientation using his own triangulated analogy between the fields of philosophy, therapy and mythology. It is argued that Wittgenstein, throughout his philosophical life, considered philosophy as an activity for clarifying philosophical confusion. Philosophizing is thus, like medicine, a treatment for making a troubling state disappear or dissolve. Witt-

genstein pointed out that his methods of philosophical clarification might be compared to psychoanalysis. Based on this analogy, philosophical clarification renders a troubling mythology harmless by using a less troubling mythology. This view can in turn shed light on the philosophical confusion that may accompany a scientific worldview. Such confusion emerges when belief in the absoluteness of scientific truth hinders acknowledgement of the truths and insights from other cultures.

Keywords philosophy – psychotherapy – Wittgenstein – Freud – Frazer

Résumés des articles de *Curare* 41 (2018) 1+2

Coopérations de soins. Collaborations hétérogènes au-delà des interactions dyadiques

SOUS LA DIRECTION DE CORNELIUS SCHUBERT & EHLER VOSS

L'Anthropologie médicale, le gai savoir. Éditorial par EHLER VOSS p. 3–7, rédigé en allemand

CORNELIUS SCHUBERT & EHLER VOSS: Coopérations de soins au-delà des interactions dyadiques. Introduction dans le numéro thématique p. 8–13, rédigé en anglais

MÁRCIO VILAR: Se mouvoir entre «maladies chroniques» et «cures secrètes». «Bionetworking» dans le contexte de l'auto-immunité au Brésil p. 14–34, rédigé en anglais

À partir d'une perspective du Sud global, j'explore en tant qu'anthropologue dans cet article la question suivante: quel est l'impact au Brésil de l'implication des

patients et des médecins quant aux thérapies immunostimulantes, qui ne sont pas autorisées pour l'auto-immunité par la biomédecine mondialisée? Cette