

Department of Folkloristics, Estonian Literary Museum  
Estonian Institute of Folklore



## **Medica VII**

# **People vs the Natural and the Artificial. Power relations**

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**ABSTRACTS & SCHEDULE**

April 9–10, 2010  
Tartu

Compiler: Piret Paal  
Language editor: Liisa Vesik  
Layout: Liisa Vesik  
Front page photo: Andres Kuperjanov

Medica VII

“People vs the Natural and the Artificial. Power relations”  
International Conference of Ethnomedicine and Medical Anthro-  
pology, 9.-10. April 2010

The conference is organized by the Estonian Literary Museum  
and the Estonian Folklore Institute.

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Organized in the framework of state financed programme  
SF 0030181s08 “Narrative aspects of folklore. Power, personality  
and globalization” and grant project “Cultural processes in the  
Internet societies. Narratives, values and places” ETF8137.

We gratefully acknowledge the support of  
the Estonian Cultural Endowment.



ISBN 978-9949-446-55-1 (printed)  
ISBN 978-9949-446-56-8 (electronic, PDF)

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## **Medica VII: “People vs the Natural and the Artificial. Power relations”**

The general aim of our annual meetings called Medica has been to analyze public and self-referential representations of health and illness in various contexts and to bring together local and international scholars in order to build up a sustainable network for future discussions and co-work.

The 7th Medica conference concentrates on power relations. This time we are happy to present papers dealing with power issues within natural and artificial contexts. When people come down with an illness, they use various techniques and practices to cope with the situation. How is illness perceived and what kind of challenges people face are the central subjects of our conference. Furthermore, we wish to discuss also methods or techniques of becoming well again. Such techniques derive from our traditional knowledge, ethnomedicine, ethnobotany, but also from the biomedical contexts.

Particularly the radical development of biomedicine has affected the situation that our society is becoming more and more dependent on artificial constructs. There are constantly renewing techniques and technologies developed with the sole purpose of increasing human welfare. New technologies have taken on the manipulation of man's biological body, genome and consciousness. Technological means as both an idea and practical device have strong implications for political power, individual choice, allocation of resources, fairness, justice, dignity, and the quality of life, all of which will undoubtedly lead to professional and public discourse on human enhancement and policy creation.

Despite the new advances in medicine, victories in the biomedical field and promises to design bodies with better qualities, people still fall ill, which is apparently a destiny of our kind. Illness narratives recounted in (auto)biographical essays, memoirs, belief narratives, etc., express feelings, experiences, and opinions concerning people's health conditions in different contexts.

Representations of health and illness in illness narratives deal often with power issues, such as patient vs physician, individual vs society, etc. The popular and individual ideas represented in narratives are naturally affected by cultural and social norms. This leads us to contemplate the question how does one's illness function in terms of power: is it all about being weak and vulnerable, or may falling ill be interpreted also as a tool of empowerment?

The conference home page includes information about this and other conferences in the series Medica as well as information about a thematic mailing list:

<http://www.folklore.ee/rl/fo/konve/medicaVII/>

## **Illness Narratives “Bronchial Asthma – No Hope for children”?**

Aevermann, Sonja

The report concerns the case-study of the young boy Adrian and his family history. Since early childhood Adrian suffered heavily from bronchial asthma. The report will explain how bronchial asthma can be cured through intensive care of the child and his family milieu. The result is extraordinary and stable (Adrian is 11 years old now).

## **Constructing Illness in Pathography**

Annuk, Eve

Book-length published illness narratives – pathographies – are a new genre in the Estonian context although in other European countries and in America such published narratives emerged long ago. However, during recent years some books have been published in Estonian which have, as their main theme, the representation of illness from the patient’s viewpoint.

In my paper, I will analyze one such book – Irja Kass’s illness narrative *Kuidas ma lähen* “How I will leave” (2008). The female author, fatally ill with breast cancer, describes her trip to Thailand. The author is an Estonian living in Germany and is therefore dependent on the German medical system. However, her trip to Thailand becomes a nightmare due to the side effects of chemotherapy.

Although the author describes her illness through the prism of black humor the narrative raises the question about coping strategies with illness. I will also address the issues of what is the function of this illness narrative and how it functions in shaping different power relations such as the doctor-patient relationship or the relation between reality (illness) and textuality (narrative).

## **The Dialogue and Asymmetric Relations in the Doctor's Encounter with the Patient**

Drakos, Georg

This paper is a result of the project "Dialogue", financed by the Swedish Research Council. Here, the focus is on the concrete forms dialogue takes in health care. My central question is: How is the dialogue between doctor and patient shaped in their encounter at a health centre? A health centre is usually the kind of clinic we turn to first in the event of disease or ill health. My empirical examples are based on video recordings of patient encounters at four health centres in the Stockholm area. The method involved recording the doctors' encounters with patients and then asking each doctor to view the recording and comment on it; this too was recorded. As a consequence of the method I myself have participated in dialogues in several instances.

The doctor's encounter with the patient can be said to consist of establishing an understanding of the patient's situation, based both on empathy for the patient's personal understanding and on a medical understanding of disease. I will devote particular attention to the central role given to the body in the dialogue between doctor and patient, for example, by the observations that the doctor makes in connection with a physical examination. My analytical strategy is to consider the issues of the multifaceted relations between the body, narration and narratives in the clinical encounter. The body that the patient displays and talks about is not necessarily identical with the body as the doctor reads it and then expresses in his own narratives. As the headline suggests, the dialogue in the doctor's encounter with the patient is not incompatible with their asymmetric relation, but none the less a power relation.

# The Social Life of a Biological Therapy

Frazao Mateus, Elsa

Based on the argument proposed by Whyte, Van der Geest and Hardon (2002) that medicines can be studied as material manifestations of therapy and, as such, holders of social lives, this paper intends to be an ethnographic essay about one biological therapy. According to this approach, the social life of medicines develops during its production and marketing, prescription, introduction through formal (or informal) distribution channels and although it is annihilated with consumption, it persists in the effects it has on the bodies. In the light of this concept, this essay presents a synopsis of the social life of the medicine with the brand name Enbrel, recommended for the treatment of rheumatoid arthritis, juvenile idiopathic arthritis, ankylosing spondylitis and psoriatic arthritis. Classified as a biotechnological therapy, the drug in question is in the category of so-called biological response modifiers, which are defined by Infarmed as drugs produced by a living organism through genetic engineering. Data for the year 2007 indicate that in Portugal, only 13% of rheumatoid arthritis patients with biologic therapy indications were receiving this type of medication (including three other drugs). This paper aims to outline an overview of the social life of this medicine, given the processes of commodification, globalization and localization, its specific role in the health care technologies in Portugal and its implications in social relations coupled with the metaphoric and metonymic associations drawn by consumers in managing their disease episodes. It can also illustrate the pharmaceutical nexus (Petryna and Kleinman, 2006) understood as an empirical object, problem or research method within the political, economic and ethical implications of drugs' globalization.

## **Illness Narratives – Voices in Dialogue**

Hydén, Lars-Chirster

Telling illness stories necessitates the presentation and negotiation of self and identity. Claiming the right to tell illness stories and the listener's recognition of the story turns storytelling into a micro-political situation. The presentation is going to discuss two different cases. (1) The attempts of patients to tell stories during their encounters with health care professionals, and their struggle with the definition of both self and illness. Institutional constraints often make it difficult for patients to tell stories, but also for health care professionals to listen to and recognize stories. (2) Persons with communicative disabilities (due to, for instance, age related dementias) often tell stories that don't conform to the conventional expectations of what constitutes a narrative, making it hard to get their voice heard. This makes it necessary to redefine what a narrative is and learning to "listen" to the performed story as well as to the told story.

## **Prospects of Using Traditional Medical Knowledge of the Komi People in Creating a Health Maintenance System for Europe's North-Eastern Population**

Iлина, Irina

In the last decade, by virtue of different socio-economic, medical, ethics reasons, the attitude toward traditional methods of treatment has fundamentally changed in Russia. It has changed both among the population, quite often examining folk medicine as an alternative to the scientific one, and among professional physicians, trying to plug folk knowledge into their practice. Integration of the state system of health protection and folk medicine is most possible and perspective in three areas:

- development of adaptional and immune-modeled preparations for the improvement of life quality and correction of adaptive reactions of organism in the conditions of the North on the basis of traditional recipes. Developmental works are successfully being carried out by the biotechnologists of the Komi Scientific Center, using data from ethnological research;

- the state health protection uses an empirically established system of preventing of diseases, which include the notions of healthy lifestyle, rational food consumption, norms of public and personal hygiene, regulations for child care;

- support of the continuity and maintenance of the ethics and professional norms of practicing folk healers. The main principle in Komi folk medicine is that of individual approach to the patient, and this should be stated in imperatives affecting the healer and his behavior during treatment, in the rules of preparation of medications, in recommendations on the patient care.

It is necessary to take into account that developing the practice of folk healers is possible only in the presence of the talented who have the special knowledge and wide practice, and who are trusted by their patients.

## **The Refusal of Blood by Jehovah's Witnesses. A Romanian Case Study**

Ionela Florina, Iacob

Our study is focused on the presentation and analysis of a controversial cultural phenomenon: the religious prohibition of blood transfusion and organ transplants in the case of Jehovah's Witnesses. Our research was carried out in a Romanian Jehovah's Witnesses community and its purpose is to analyze the conflict between religious beliefs and the chance of healing through the use of new medical technology.

The first part of our paper deals with a detailed review of the religious beliefs that ground refusing blood transfusion and organ transplants, trying to see the way in which these interdic-

tions are experienced at a personal or familial level by the disciples or their relatives.

The second part discusses the bioethical issues raised in the medical field by this interdiction, concentrating particularly on the social actors implicated in taking the decisions regarding applying medical procedures considered necessary for saving a life, although prohibited by the cult's beliefs, and on the ethical factors implied in the acquiring and exercitation of this decisional power.

Our research uses qualitative methodology, based on semi-structured and in depth interviews conducted with members of the Romanian Jehovah's Witnesses community and physicians from intensive-care departments who have been confronted with people refusing blood transfusion.

## **Death and Illness in Life-Stories**

Jaago, Tiit

In my presentation I shall observe the quantity and contexts of illness- and death-concerned topics in life-stories related at the end of 20th century. The texts under my study are written narratives collected via public calls in the context of thematic writing competitions, not oral interviews. The subjects of illness and death had not been explicitly called for.

The sources derive from the collection of Estonian Life-Stories (Estonian Literary Museum, EKLA f 350).

I concentrate on illness and death in the sections that discuss family traditions, the descriptions dealing with the illnesses and death of close ones and also individual illnesses. My particular interest lays in illness and death topic in the narrative context of life-stories, namely, how the topic is presented within the entire story. Analysis of illness and death in life-narratives demonstrates the dynamics of historical and cultural backgrounds, namely the ways one's experiences are put in words and culturally presented. I shall analyze the why, how and what aspects of these topics can be narrated.

## **Illnesses Described in Estonian and Swedish Legends of Changelings**

Joandi-Tomingas, Siiri

In Estonian and Swedish legends from the 18th and 19th century we hear about many different supernatural beings and how they affected people's everyday lives. This paper focuses on changelings – human children that supernatural beings exchanged with those of their own. In Sweden the changing was done by elves, in Estonia it was the Devil who took the baby and left a chunk of wood in the crib.

Though the antagonist is different in Swedish and Estonian legends, the plot is mostly the same: there is a newborn that has not yet been baptized, and one day the mother notices that the child has been changed for an ugly changeling. Changelings are described as abnormal, with physical disabilities, often with limbs that are too long and with a large head. Changelings would age, but not grow in size, except for the swelling head. A typical legend describes a method to make the elf or the Devil come and bring the child back; many of these methods were rather violent. In some cases the child was returned, though often it remained ill and died after a while (it was said that the elfwoman's breast milk had affected the child).

These legends are most likely based on different illnesses that children were suffering from, but which at that time were unknown to medicine, the most common being Down syndrome and simple malnutrition. Both manifest the symptoms described above. In addition, there are many more or less common illnesses that can easily lie behind the belief in changelings. In my paper I will shed more light on some of these illnesses and conditions which could have resulted in legends about changelings.

## **Healing with Stones – Archaeological Implications**

Johanson, Kristiina

Various stones have always been used in magic, mostly general protective magic, but healing magic as well. In the presentation I will give a brief overview of the history of the research of the healing magic of stones. The kinds of stones used for healing and the ways of how the stones were used will be introduced. The information is based on written historical (mostly medieval and modern age) sources as well as folklore records written down mostly during the 19th and the beginning of the 20th century in Estonia. These records will be compared to archaeological and ethnographic data, in order to relate the stones or stone artifacts gathered by archaeological means or collected as ethnographic items with traditional stories. In this way it might, for example, be revealed that many archaeological artifacts have actually been secondarily used as items of protective or healing magic.

## **Illness for Spiritual Leaders**

Kawanishi, Eriko

In this paper, I would like to discuss if illness confers special power to New Age spiritual leaders.

According to Victor Turner or Mary Douglas, people who are 'liminal', are considered to be dangerous beings who can affect the mainstream because they are outside the norm of the mainstream. However, at the same time, because they are outside the mainstream, they are considered to possess special powers which make them spiritual. Therefore they are sometimes honored as special spiritual people, for example the hermits who lived in the wilderness and later became saints.

Illness is a good example of what makes people leave the mainstream and places them symbolically on the fringes. People who are ill are regarded as vulnerable, but because of their weak-

ness, some of them gain spiritual power which allows them to be spiritual leaders.

I am conducting doctoral research in cultural anthropology in Glastonbury, Somerset, England. Glastonbury is a small country town, located in the southwest of England, but it is one of the centers of contemporary spirituality and one of the most famous New Age loci in Europe. Various kinds of contemporary spirituality or New Age activities are going on in the town daily, so many people who are interested in those matters visit Glastonbury. In this town, there are several people who are leading their own spiritual circles, and they often have experienced serious illness.

I would like to talk about illness and spiritual power, especially focusing on those spiritual leaders in Glastonbury, based on their books, their speeches, observation of their workshops and the gatherings of their followers, and interviews with the leaders and their followers.

## **Design Body – Technology and Medicine**

Kinnunen, Taina

Socio-cultural studies of health and illness have eagerly discussed the fact that medical knowledge permeates everyday lives in several ways. Michel Foucault's statement of the *panopticon* society with its obsessive surveillance and control of the body has established its status as a classic viewpoint. Current health reforms, such as "fat panic", radical restrictions of smoking and development of the "functional" food, for example, exemplify Foucault's vision of the objectified body through medical knowledge. Besides curing or preventing illnesses, control of the "docile" body aims at enhancing healthy bodies for personal purposes. *Performing* health in different social arenas, instead of being healthy, has been suggested to be critical cultural capital today.

The medicalized body is a technologized and commercialized body causing tensions between different economic actors. Technological innovations have aroused cautious ethical debates on the healthcare system: to what extent and at which cost should

human lives be extended? To what extent should the private medical sector serve autonomous clients instead of patients? Democratization of the medical knowledge and technology through internet has been a key factor in rearranging hierarchies of medical expertise.

The third wave of computing, the ubiquitous technology forming seamless sensory networks is an emerging area of medical technology posing future challenges and promises. Ubiquitous computing recreates embodied interaction in time and space in healthcare. For example, treatment of patients occurs more and more through the computer screen instead of face-to-face interaction which has caused ethical concern regarding the growing number of aging people in welfare countries. On the other hand, applications for proactive healthcare are seen as revolutionary tools for detecting negative and positive changes in health independently. How should the foucaultian panopticon be conceptualized today?

## **Folk Healers Talk about Their Patients**

Köiva, Mare

Our recorded folklore includes many interesting narratives about folk healers or miracle doctors. There are both fantastic and horrifying stories, with magical motives, with talk about mysterious powers, the evil eye and word, hereditary healing powers, an extraordinary meeting with a witch, magically induced diseases or accidents. There are stories about the unwritten laws of the village society where the witch-doctor has a certain role and stereotypical behavior patterns, as well as the right to punish for breaking norms. Naturally there are also miraculous getting-well stories, although these are by genre of the personal experience stories. The folk healer of folk stories is a stylized and generalized symbolic figure who coalesces different stories and beliefs. In these stories, the individual characteristics become muddled and the personality and self fades.

However, this communication has another side to it. Folk healers and “witches” also tell stories about their patients. It is simi-

lar to the reciprocal communication seen with many professions: the IT support providers' stories of dumbusers, the computer users' stories of sys admin strangeness. In the same way, teachers and professors pick out some of the things their students have said and tell tales of incidents, some of these becoming iconic, while student lore has a significant portion dedicated to tales about their teachers and their habits.

Earlier folklore collectors did not record stories that folk healers told about their patients. I am going to analyze stories that contemporary healers have told of patients. I have picked those stories out from interviews, social conversations and media appearances. They vary in their narrative function, content, topic and form. I am going to view stories of success and failure, comments and self-evaluations on cases, also in the discourse of patients' miraculous healing stories. I am going to show how the construction of self, and process of creation of personal identity is supported by both oral and media narratives.

## **Illness as a Symbol of Status: Tradition, Recent Past and Present**

Kõivupuu, Marju

According to the biomedical model, a disease has two characters: 1) the biological and/or psychological process and 2) the psychosocial experience or meaning that arises from it. The last one is related to the general setting of the sociological culture: cultural background, traditions, level of education, cultural and social attitudes to illness, division into bad and good illnesses. An illness known in one culture may not be the same in another, a method of healing could also be unsuitable in another culture. Illness is a relative concept – we live in a fragmented world where we create different schemas around different illnesses.

Diseases and being ill will not induce only privileges for or supporting behavior towards the affected, it can also cause isolation from the community because of the threat of contagion. A congenital malformation or an illness that the community considers to be a “bad” one, might ostracize a member of the commu-

nity: for example, venereal or skin diseases will refer to dissoluteness, bad hygiene, or that the person has suspicious friends or acquaintances, from whom they got the disease. In the worst case, such diseases can cause the person to be thrown out of the community, or being announced an outlaw. Diseases don't tackle only individuals. During the Middle Ages, illness was treated as a curse from the god, which haunted not only the diseased, but the whole community. From medical and cultural history we know theories about (endemic) diseases being common to a certain race or nation.

The paper will observe diseases that are connected with status, where to be ill means to have a special status – in traditional cultures, religious contexts and totalitarian systems. I will also discuss the attitude towards diseases and/or death and illnesses as transition rites on the diseased-therapist axis.

## **Cancer Patients' Sensations towards the Deficiencies in the Biomedical Healing Drama and the Power of Healing Narratives**

Paal, Piret

Illness has never been exclusively an individual problem. Individuals, and the society in which they live, understand illness as a social crisis that must be solved quickly make use of all the available knowledge. Therefore, in every society there is a fixed social setting for behavior when a person falls ill. Within this social setting the moment of diagnosis becomes the marker for the beginning of pathological drama. In an ideal case the pathological drama or illness process lasts until the illness is cured and the person is declared healthy again. Unfortunately, having cancer does not fit in the category of normal pathological drama.

New diagnostic techniques, such as X-ray screening, CAT (Computerised Axial Tomography) scans, ultrasound and MRI (Magnetic Resonance Imaging) scans have made headway in the

early detection of cancer. In some cases diagnosis saves lives, however, the problem here is that these diagnostic advances have outstripped the cures. Despite numerous victories in the biomedical field, no 'magic bullet' cancer cure has ever been found: surgery, radiotherapy and chemotherapy offer relief far more often than a cure. Although cancer survival rates have increased over the past decades rapidly, there is still little information about how cancer patients themselves feel during the biomedical therapy process and how they actually "survive" their illness. I emphasize that under the conditions where the final outcome is rather uncertain it is very important to offer cancer patients all kinds of support to improve their condition. This suggestion is based on cancer patients' narratives indicating that the situation is somewhat problematic in modern healthcare centers. The main critique concerns the status quo, where patients are handled as medical cases or diseased bodies and are left without personal support from the doctors. Based on my material I suggest that a more humane approach is an important goal that doctors should be working towards for a more satisfactory outcome.

## **The Cochlear Implant in Deaf Humor**

Paales, Liina

Deaf communities around the world are facing their next challenge. An innovative high-tech medical device, the cochlear implant (CI) or so-called bionic ear, has an impact on the sign language communities' future.

There are controversial attitudes to CI in the deaf world and hearing society. Hearing families consider the bionic ear (similar to glasses, prostheses, etc.) the best choice for their deaf child. Deaf parents with a deaf child, acting in everyday life in both the hearing and deaf cultures, don't see any need for surgical intervention.

These contestant points of view are shaping perceptions of deafness as a phenomenon in the society. There is a large number of arguments for and against CI highlighted by experts such as doctors, cultural researchers and linguists.

In my presentation I will take a look at how deaf people reflected and interpreted CI in their sketches in a comical way. The examples I chose are taken from the internet. One joke is in American Sign Language and the other four in German Sign Language.

These jokes, telling about the CI's 'real' nature, contain several motives: 1. CI is something that is not only in the service of hearing. It possesses additional properties like functioning as a listening or spy device and system for locating a person. 2. CI can be even physically dangerous. It can get stuck in the wall or jam another CI bearer. 3. The bionic ear is hostile. It will separate a deaf person from the signing community. 4. Actually there isn't any urgent need to install a CI. The hearing can learn sign language. 5. CI is a form of conspiracy. It will become a mass production and human control device in the future.

CI is perceived as strange and foreign, not belonging to natural existence of the deaf. The bionic ear is turned into an object of power relations.

## **Medical Orations at Academia Gustaviana Dorpatensis**

Rein, Kaarina

In the seventeenth century the University of Tartu was one of the smallest universities in Europe. As the model of the University of Paris demanded that all "real" universities would have a medical faculty, one of the three higher faculties in the seventeenth century University of Tartu was the faculty of medicine as well. However, medical education at the University of Tartu was insufficient at that time as compared to theology, law or rhetoric. There were also very few students studying at the faculty of medicine in Tartu in the seventeenth century. The main reason for the lack of interest was the problem of finding a job as a physician.

The beginning of the medical faculty at the University of Tartu was luckless as well. A renowned scientist of his time, former

professor of medicine of Uppsala University, Johannes Raicus, who was invited to take the post of the professor of medicine in Tartu, died before the inauguration of the new university.

The first professor of medicine at Academia Gustaviana became Johann Below (1601-1668), who held that post from 1632 to 1642. The latter was born in Rostock and from 1621 had studied at the universities of Wittenberg, Greifswald, Erfurt, Leipzig and Rostock, becoming doctor of medicine at the University of Rostock in 1628.

Below was very familiar with the works of the ancient doctors, not only Greek and Arabic, but also Italian, German and French. It has been presumed that he was interested in Paracelsus' doctrine.

No medical disputations were written or defended in Tartu during Below's professorship, but there are two orations from that period dealing with medical themes – "Oratio de medicina" by Fridericus Heinius from 1637 and Sigvardius Olai Wallander's "Oratio de homine" from 1640. Both students were in fact studying theology at the University of Tartu and their orations could probably be considered to be a symbiosis of medical and theological approach to the subject matter, i.e. medicine.

## **The Narrative of Recognition: Finding the Right Plant**

Sõukand, Renata & Kalle, Raivo

Let us take the notion of herbal landscape as a starting point. This is a mental field associated with plants used to cure or prevent diseases and established within a specific cultural and climatic zone. We argue that knowing the features by which a person recognizes a plant in its natural growing environment is of crucial importance for the classification and the use of plants within the folk tradition. We demonstrate possibilities of different perception of the signs within the herbal landscape and compare the herbal knowledge acquired from herbals with the method of plant recognition learned in the traditional way. The first can be described with the terms of Tim Ingold as transportation, us-

ing plant features to “go across”, disregarding all other signs present in the landscape, whereas the “wayfarer” guided by signs learned within the context of surroundings, walks along and perceives the plant as a part of the herbal landscape. Although the examples analyzed come from Estonian ethnobotany, the method of analysis can be applied in ethnobotanical research worldwide.

## **Living with Rheumatoid Arthritis (RA) in Estonia: Helga’s Life Story**

Tammaru, Marika & Strömpl, Judit

In our paper we are presenting a story from Estonia’s recent past seen through the eyes of Helga, a woman born in the mid-1930s in independent Estonia, and who lived through the Soviet regime and the first decade of the restored Estonian Republic. For 50 years she suffered from RA, which made her engage with the society as a person of special needs.

Analysing Helga’s biographic narrative procured during a long in-depth interview, we are going to look at how the changing life conditions in concert with the demands of the disease formed Helga’s identity. Our analysis focuses on the conflicts between what a person needs and the society offers and what is the attitude of the health care system under different political regimes.

We will analyze the approach to the care of a chronic disease behind the Iron Curtain as seen through the eyes of a patient; one can follow both Helga’s and her doctors’ efforts to learn about the up-to-date advances of western medicine, and the barriers to achieving any success. A person’s – patient’s and a doctor’s – management by the health care system during the Soviet times and its changes brought along with the recently obtained independence will be discussed.

We are going to describe how the restrictions caused by the Iron Curtain and the Soviet authorities challenged Helga and pushed her to struggle for her well-being. As a consequence, we have the life story of a brave person who would cross borders and fulfill her roles as woman, mother of a family and qualified professional.

## **Illnesses Described in Estonian and Swedish Legends of Changelings**

Tomingas-Joandi, Siiri

In Estonian and Swedish legends from the 18th and 19th century we hear about many different supernatural beings and how they affected people's everyday lives. This paper focuses on changelings – human children that supernatural beings exchanged with those of their own. In Sweden the changing was done by elves, in Estonia it was the Devil who took the baby and left a chunk of wood in the crib.

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## MD V. Sumberg as an Initiator of Folk Medicine Recording in the Early 1920s

Tupits, Ave

Before the Estonian Health Care Museum was established in 1922 (opened for public in 1924), a medical student, later director of the Museum, Voldemar Sumberg (1893–1965), published an article “Folk medicine and medical science” in the popular magazine “Health”, in which he explained the principles of understanding and collecting folk medicine and justified the necessity of bringing folk medicine and modern medicine closer together (Sumberg 1922: 41–47). In 1924, the Estonian Health Care Museum published the questionnaire *Asuge rahva-arstiteaduse korjamisele* “Start to collect folk medicine”.

One of the keystones of the newly-founded Museum, noted in the archived documents and published articles, was the collecting and thorough analyses of the medical knowledge of “the old”, saving this knowledge through collecting and also drawing public attention to harmful practices. Several co-workers sent their records to the museum and some medical students were sent out to record folk medicine data. In 1935, V. Sumberg mentioned in the Museum’s 10-year jubilee overview that 16,563 lines of folk medical data had been received, along with various folk medical tools (Sumberg 1935: 60–61). The results of this collecting campaign, however, have remained unpublished and forgotten. Based on the documents preserved in several archives in Tartu and in Tallinn, I shall give an overview of Voldemar Sumberg’s views on the relationship between folk medicine and modern medicine, of data about the collecting campaign, and of what has happened to the folk medicine records and items collected during the 1920s.

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# Aspects of Studying Multicultural Health Concepts

Vakimo, Sinikka

In my presentation I will first outline a short introduction to a new study program Multicultural Perspectives on Health, launched at the University of Eastern Finland in autumn 2009. It was established to meet the challenges of cultural and social diversifying processes distinctive to modern society by combining university level studies and research in the fields of health sciences and cultural research. It offers an extensive, research-based understanding of multiculturalism, health and well-being, and the wide-ranging interdependent meanings they have in our everyday life. This multidisciplinary study program, its challenges and prospects will be discussed in my paper.

Secondly, I will chart briefly a research project “Transforming health concepts and everyday actions. Intersectional perspectives on individual experiences and cultural representations” (working title). The planned project is multidisciplinary and it addresses popular health concepts in a context of postmodern, transnational society by emphasizing the significance of technological developments and the formation of everyday life. Furthermore, the context of the Finnish society, the vivid debate about questions of immigration and the overlapping breaking down of the welfare society comprise an important context of interpretation as well. The central concept of the project is intersectionality. It opens up new ways of questioning the meanings of social and cultural categories and their intertwined meanings for everyday practices, for doing “healthy deeds” or not. Thus the project discusses cultural and family traditions, modern cultural representations and technology as recourses which help people construct their health agenda and its various transformations in a changing world.

## **It Happened to the Great Goddess, Too**

Vandendorpe, Florence

Since the nineteen eighties, a recent version of the Sumerian myth “The Descent of Inanna” has been used in therapy in Europe and in the USA. At the core of the story is a goddess, who after being deprived one by one of all her clothes, is turned into a corpse hanging from a nail as a piece of rotting meat. At the end of the story, she is brought back to life with all her powers restored. This circular pattern – a living god turned dead before being brought back to life – is in the story paralleled by descent/ascent between the “world above” – the heaven – and the “underworld” – hell. Although the story gives no indication about this, many authors (notably Brinton Perera, 1990) interpret it as a metaphor for women’s empowerment through life crisis.

Women who in therapy identified themselves with the story use slightly different wording. The myth enabled them to overcome feelings of grief and despair psychically unbearable because these did not fit into their representational system. They expressed a feeling of “being whole”, of being delivered of a pain that had been hindering them in their life until then. The narrative, obviously, helped them give meaning to grief, depression, illness, and other situations of despair. It allowed them to symbolize experiences which, today, are condemned, feared, or denied. It seems as if our society, having lost the ability to represent suffering in positive ways, obliged people in search for meaning to turn to other traditions.

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## List of Participants

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## Conference Timetable

### Friday, the 9th of April 2010

09.00 **Registration**

09.45-10.00 **Opening, welcome words**

10.00-11.00 **Lars-Chirster Hydén** (Sweden, Linköping)  
Illness Narratives – Voices in dialogue

11.00-12.00 **Mare Kõiva** (Estonia, Tartu)  
Folk Healers Talk about Their Patients

**12.00-13.00 Lunch break**

13.00-13.30 **Georg Drakos** (Sweden, Stockholm)  
The Dialogue and Asymmetric Relations in the  
Doctor's Encounter with the Patient

13.30-14.00 **Iacob Ionela Florina** (Romania, Babes-Bolyai)  
The Refusal of Blood by Jehovah's Witnesses. A  
Romanian Case Study

14.00-14.30 **Eve Annuk** (Estonia, Tartu)  
Constructing Illness in Pathography

**{Coffee break}**

14.45-15.15 **Florence Vandendorpe** (Belgium, Louvain-La-  
Neuve) It Happened to the Great Goddess, Too

15.15-15.45 **Siiri Tomingas-Joandi** (Estonia, Tartu)  
Illnesses Described in Estonian and Swedish  
Legends of Changelings

15.45-16.15 **Kristiina Johanson** (Estonia, Tartu)  
Healing with Stones – Archaeological  
Implications

**{Coffee break}**

16.30-17.00 **Eriko Kawanishi** (Kyoto, Japan/UK)  
Illness for Spiritual Leaders

17.00-17.30 **Marju Kõivupuu** (Estonia, Tallinn)  
Illness as a Symbol of Status: Tradition, Recent  
Past and Present

## Saturday, the 10th of April 2010

09.00-10.00 **Taina Kinnunen** (Finland, Oulu)

Design body and medical technology

**{Coffee break}**

10.15-10.45 **Liina Paales** (Estonia, Tartu)

The Cochlear Implant in Deaf Humor

10.45-11.15 **Piret Paal** (Finland, Helsinki)

Cancer Patients' Sensations towards the  
Deficiencies in the Biomedical Healing Drama  
and the Power of Healing Narrative

11.15-11.45 **Sonja Aevermann** (Germany, Frankfurt/Main)

Illness Narratives "Bronchial Asthma – No Hope  
for Children"?

**11.45-12.45 Lunch break**

12.45-13.15 **Kaarina Rein** (Estonia, Tartu)

Medical Orations at Academia Gustaviana  
Dorpatensis

13.15-13.45 **Ave Tupits** (Estonia, Tartu)

MD V. Sumberg as an Initiator of Folk Medicine  
Recordings in the Early 1920s

13.45-14.15 **Renata Sõukand, Raivo Kalle** (Estonia, Tartu)

The Narrative of Recognition: Finding the Right  
Plant

**{Coffee break}**

14.30-15.00 **Marika Tammaru, Judit Strömpl** (Estonia,

Tartu) Living with Rheumatoid Arthritis (RA) in  
Estonia: Helga's Life Story

15.00-15.30 **Elsa Frazao Mateus** (Portugal, Lisbon)

The Social Life of a Biological Therapy

15.30-16.00 **Tiiu Jaago** (Estonia, Tartu)

Death and Illness in Life-Stories

**{Coffee break}**

16.15-16.45 **Irina Ilina** (Russia, Syktyvkar)

Prospects of Using Traditional Medical  
Knowledge of the Komi People in Creating a  
Health Maintenance System for Europe's North-  
Eastern Population

16.45-17.15 **Sinikka Vakimo** (Finland, Joensuu)

Aspects of Studying Multicultural Health  
Concepts

17.15 **Open discussion**