

# ‘The ethnography of everyday life’

Honouring the work of Sjaak van der Geest

Anita Hardon

On 2 July 2015, to celebrate the forty-year career of Sjaak van der Geest, the founder of medical anthropology at the University of Amsterdam and the founder of the journal *Medische Antropologie* (the journal out of which *Medicine Anthropology Theory* evolved) a day-long symposium was held on the ‘ethnography of everyday life’. The day culminated with Sjaak van der Geest giving a valedictory lecture in the great Aula of the University of Amsterdam, entitled ‘Hoe bestaat het!? Etnografie als magisch realisme en de ontdekking van het alledaagse’ (How can it be!? Ethnography as magical realism and the discovery of the ordinary). His speech will be translated into English and published by *MAT* in September 2015.

Sjaak van der Geest started doing medical anthropological research in the 1970s, initially under the pseudonym of Wolf Bleek, in Ghana, where he studied family relations, contraception, and abortion. Since then, he has played a key role in developing the field of medical anthropology in the Netherlands. In 1979, in the introduction to a volume he co-edited with K.W. van der Veen, entitled *In Search of Health*, he proposed that the field of medical anthropology be divided into two parts: the anthropology of disease, which is concerned with sociocultural behaviours that result in illness, and the anthropology of health, which approaches health as a sociocultural phenomenon. He made this distinction at a time when leading medical anthropologists had been trained as doctors, and were seeking

to use culture to overcome barriers to health care. Van der Geest was more interested in defining health as sociocultural phenomenon and in situating it in everyday life.

Van der Geest's approach to medical anthropology is characterized by a commitment to 'thick ethnography', an insistence on situating the field within the discipline of anthropology, an aversion to ethnocentrism, and a practice of collaboration and capacity building. Acknowledging the epistemological differences between biomedicine and anthropology, he called for mutual respect, noting that while medical scientists in their studies tend to exclude context, concentrating on the biological and chemical aspects of the problem at hand, eventually 'disease will be brought back to its natural place, the patient in his specific social and cultural context and psychological position'. He continued: 'the cultural view needs the medical one and gives meaning to it. Conversely, the biomedical expert cannot neglect the cultural complexities of disease' (van der Geest 1995, 871).

Van der Geest has been a mentor to generations of medical anthropologists at the University of Amsterdam, in both the intensive Applied Health Research international courses and the Amsterdam Master's in Medical Anthropology program. He has supervised thirty-five doctoral students to a successful PhD, a third of whom conducted fieldwork in their home countries in Asia and Africa. He stayed in touch with alumni, involving them in annual symposia of the journal *Medische Antropologie*. These symposia generally followed what became known as the 'Amsterdam approach' to seminars, in which papers were not presented, but read beforehand and then discussed with the author present. The papers were subsequently edited and published in special issues of the journal. To recognize the breadth and focus of van der Geest's scholarship, here is a brief overview of the special issues that he co-edited for the journal between 1990 and 2014, when *Medische Antropologie* was transformed into the online, open-access journal *Medicine Anthropology Theory*.

The first special issue (Volume 2, no. 1), published in the second year of the journal, established a new field of study, the anthropology of pharmaceuticals, for which the Amsterdam medical anthropology program has become well known. In the editorial introducing that issue, van der Geest defined pharmaceuticals as cultural products that derive their meanings from their context. He argued that pharmaceuticals can be compared to metaphors and metonyms in everyday language: they name the things that are difficult to grasp. In this way, they enable us to get a grasp on 'illness'. The special issue shows that pharmaceuticals are powerful cultural symbols that not only have an effect within the medical arena, but also outside of it. These analyses also informed an edited volume, *The Context of Medicines in Developing Countries* (van der Geest and Whyte 1988) and the book *The Social Lives of Medicines* (Whyte et al. 2002), which van der Geest, together with his colleagues Susan Reynolds Whyte and Anita Hardon, dedicated to the anthropological study of

pharmaceuticals. Both books present fascinating ethnographic research on pharmaceutical use and distribution that was conducted by van der Geest’s PhD students and other affiliated researchers.

For van der Geest, medical anthropology involves studying health care systems and practices as cultural institutions. An early special issue (Volume 5, no. 1) edited by van der Geest set forth the ‘multi-level perspective’ as a model for analysing problems in the functioning of health care. The goal of this approach is to clarify how interests can clash in health care and how concepts such as ‘participation’ can change meaning from one level to another. A special issue (Volume 9, no. 1) co-edited with Els van Dongen focused on aging in diverse cultural settings and on how good health care could respond to the needs of the elderly. A later special issue (Volume 22, no. 1) entitled ‘Care and Health Care’, co-edited with Anja Hiddinga, Jeannette Pols, and Deanna Trakas, examined a range of social relations in care settings, from the care provided by civil nurses and informal organizations, to the emotional attachments patients can form to life-saving technologies. In his contribution to that issue, van der Geest reflects on hospitals as ‘places full of magic and emotion’, where both ‘high-tech machinery and impersonalized science also provide comfort and hope’.

The hospital was for some time an object of interest for van der Geest, as evidenced by a special issue of *Social Science & Medicine* on hospital ethnography that he co-edited six years earlier, in 2004. In the introduction to that special issue, he and Katja Finkler (2004, 1996) argue that ‘biomedicine, and the hospital as its foremost institution, is a domain where the core values and beliefs of a culture come into view’, and that ‘hospitals both reflect and reinforce dominant social and cultural processes of a given society’. Summarizing the contributions to that issue, van der Geest and Finkler (2004, 1998) write that ‘the authors contend that life in the hospital should not be regarded in contrast with life outside the hospital, the “real” world, but that it is shaped by everyday society. The hospital is not an island but an important part, if not the “capital”, of the “mainland”’.

His aversion to ethnocentrism is especially reflected in another special issue published in *Medische Antropologie* to which he contributed (Volume 5, no. 2), ‘Diagnosis and Divination’. In this special issue he argues that there has been too little attention to researching experiences of health and illness ‘at home’, or in the society of the researchers themselves. By comparing practices of African divination and Western diagnosis, the special issue sought to advance social and cultural reflection on the study of the health care of one’s own culture. Van der Geest argued that subjectivity, contingency, symbolism, negotiation, and performance play a role in divination as well as in diagnosis in hospitals.

Van der Geest’s interest in health and everyday life are particularly reflected in two other special issues, ‘Secret’ and ‘Poo, Culture and Well-Being’. In his introduction to the 1995

issue on secrets (Volume 7, no. 1), van der Geest summarises Roger Keesing's 1987 critique of the interpretative turn in cultural anthropology: Anthropologists translate meanings, but seem to forget that culture, understood as shared meanings, is hardly ever agreed upon. Some legitimize a certain societal organization, favourable for some, unfavourable for others. People dispute each other's interpretations, and in these disputes some interpretations get lost. In such a view of the production of knowledge, van der Geest argues, the secret has a key position: it is knowledge that is not shared. But not sharing does not mean that the knowledge is not known to the people who are being excluded. The contributions to this issue show the strategic value of secrets, the dynamics of in- and exclusion, and the association of the secret with depth – as van der Geest notes, there is a Dutch saying, 'Speaking is silver, silence is gold'. Van der Geest also points out that secrets are a condition for a conversation, as they drive people to speak to each other.

The special issue on poo, culture, and well-being (Volume 11, no. 1), co-edited by van der Geest and Els van Dongen, makes the case that poo matters. The work of Mary Douglas, Ian Miller, and Norbert Elias are especially important here, and the contributions in this special issue build upon their theories, and others. Douglas has shown that 'dirt is matter out of place' – that what is considered dirt is in the eye of the beholder. Dirt is disorder, but what counts as order or disorder differs by culture, social situation, and even person to person. The 'out of place'-ness of poo seems to be ordered by one's relation to the person from which it comes, or level of intimacy. People do not wish to be confronted with the intimacy of others; this revulsion can be understood in light of Elias's articulation of the civilisation process, the growing tendency of not bothering others with intimate feelings, activities, body parts, and bodily substances. But the collection makes clear that poo is not simply dirt nor is it always dirty: it can also be seen as part of the cycle of life, tied to notions of regeneration and cosmology. It is powerful, as well, when metaphorically invoked in political critiques and jokes. It is above all, the editors argue, ambiguous.

Another special issue (Volume 18, no. 1) focused on a topic even more 'ordinary': the bed. In this issue, this household object was examined in several ways: as the focus of both security and insecurity, in relation to health, and in terms of its multifunctionality. Beds were also studied in different settings, in both public and private spaces. Finally, in this issue van der Geest proposed an anthropology of sleeping, further extending his fascination with the everyday.

More recently, in 2008 and 2009, van der Geest co-edited two special issues that related health to love and beauty. The first, co-edited with Sofie Vandamme, was entitled 'Sickness and Love' (Volume 20, no. 1). The contributions in this special issue took on this often-ignored topic in anthropology and attempted to capture a wide range of meanings and

experiences of love. Two core themes emerged in their writing: love as sickness (romantic love) and love in response to sickness (caring, doing, testing love). This approach – looking at love within the context of sickness – provided insights into what love is and does in the everyday.

The second issue, entitled 'Beauty and Health' (Volume 21, no. 1) was co-edited with Alexander Edmonds. This issue focused on the tense and ambiguous relations between 'beauty' and 'health'. The editors suggest that the cultural and medical perspectives on one often influence our understanding of the other. Obtaining beauty, they suggest, is about both enhancing and risking one's health. The issue explored many diverse health practices, notably related to the female form – female genital cutting, cosmetic and reproductive plastic surgery, and spa treatments – some of which are seen as legitimate while others are seen as human rights violations. In his contribution to this issue, van der Geest focuses on the concept of 'aesthetic medicine', in which the line between cosmetic and healing rationales is blurred, and shows how both media and medicine promote not only new sexual subjectivities that reflect women's autonomy but also a view of (female) reproduction as an object for aesthetic management.

These many special issues, and individual contributions, shows how the medical anthropology of van der Geest situates health in everyday life and in relation to several other aspects of our lives, such as secrets, love, sleeping, and going to the toilet. The case studies presented in the special issues report on practices and concepts from diverse sociocultural settings, both Western and non-Western, and they involve authors from all over the world, reflecting van der Geest's global network of colleagues and alumni.

Looking back on the evolution of medical anthropology, in a recent contribution to the *Encyclopedia of Health, Illness, Behavior, and Society* (2014), van der Geest points to two remarkable shifts. The first is the 'home-coming' or de-exoticization of medical anthropology. He argues that for a long time, medical anthropologists were preoccupied with 'others' and their health-related beliefs and practices, overlooking medicine in their own society. It is in this shift that he himself has played a key role. The second major shift is that nowadays there is more interest in how medicine and developments in the life sciences impact our quality of life. Here van der Geest offers a pragmatic approach: whether or not the impact is good can only be investigated through fine-grained ethnography, through which we come to understand the role of science and technology in people's everyday lives.

Committed to long-term fieldwork, van der Geest has throughout his career returned to Ghana to conduct research on a wide-ranging array of topics, included those reported in the special issues described above. He has trained his PhD students to be first and foremost anthropologists who are committed to sound ethnography. Their often-counterintuitive

insights, generated through ethnographic research conducted in Asia, Africa, and Europe, have informed van der Geest's scholarship in the field of medical anthropology, which is truly impressive. For readers who want to be inspired by his work, I refer them to his well-organized website (<http://www.sjaakvandergeest.socsci.uva.nl/>) where his publications are categorized by topic and freely downloadable, evidence of van der Geest's long commitment to open access. We are all the better for his intellectual contributions, his collegial collaboration, and his dedication to expanding our understanding of what medical anthropology is and can be.

## About the author

Anita Hardon is Professor of Health and Care at the University of Amsterdam, and served from 2010–2014 as director of the Amsterdam Institute for Social Science Research (AISSR). She has conducted a wide range of multi-sited ethnographies of health care arrangements. Her focus is on contraceptive technologies, modern pharmaceuticals, transmission of HIV/AIDS, and global efforts to immunize the world's children. She also contributes to the development of research methodologies and fieldwork guidance for researchers. Her current research project 'ChemicalYouth: What chemicals do for youths in their everyday lives' is supported by a European Research Council Advanced Grant.

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