Medical Anthropology in Slovenia

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Historical influences

Slovenian anthropology was influenced by scholarship of ethnologie und ethnographie of German origin. The first university seminar in ethnography in Slovenia took place in 1919,¹ and through this paradigm the first interest in what today forms the subject of medical anthropology was pursued.

The academic subject of medical anthropology in Slovenia² is relatively new when compared to academic endeavors in the English-speaking world. According to Lipovec Čebron (2008: 64), the first academic writings that could be interpreted from the current perspective as fitting in the subject field of medical anthropology were ethnological accounts of traditional folk healing in Slovenia, especially after the Second World War. The main motive of these ethnographic accounts was to capture the ‘disappearing traditions’ that were giving way to biomedical practices. Traditional healing was thus described as ‘delusional’, ‘magical’ and in other pejorative terms. By understanding traditional folk healing practices through the use of the biomedical paradigm, the latter became established as the only valid tool for describing health and healing (Lipovec Čebron 2008: 68-69).³ In Slovenia even today, a negative view on medical pluralism lingers as several critical medical anthropology texts maintain (Lipovec Čebron 2008; Šimenc 2012; Vidner Ferkov 2012).

² Short historical facts about Slovenia: before becoming a part of socialist Yugoslavia (1945-1991), Slovenia belonged to the Kingdom of Yugoslavia (1918 – 1943) and was strongly influenced by its former ruler, the Hapsburg Monarchy (1526 – 1804). Slovenia gained independence in 1991.

Current developments

The crucial step for the development of medical anthropology in Slovenia occurred simultaneously with the independence of the state, in the academic year 1990/91, when cultural anthropology explicitly appears in the name of the Department for Ethnology and Cultural Anthropology at the Faculty of Arts of the University of Ljubljana. Medical anthropology became an academic subject in 2003 at the Faculty of Arts, taught by Lipovec Čebron. Šimenc observes that the year 2010 proved to be an impediment in the institutional development of medical anthropology, as two academic subjects in Slovenia were cancelled due to lack of state funding - medical anthropology for graduate students at the Faculty of Arts and the postgraduate module at the University of Nova Gorica (Šimenc 2012). In 2012, medical anthropology became a part of the postgraduate program at the Faculty of Arts. Medical anthropology is also a non-compulsory subject at The Faculty of Humanities in Koper.⁴

In the academic sphere of medical anthropology in Slovenia, female researches represent the majority. For them, medical anthropology is also a tool enabling a critical approach to certain standardized procedures regarding women’s health in the biomedical context. The subject of women’s health, specifically the biomedical institutionalization and hegemonic approach to birth and birth practices was the focus of extensive anthropological research carried out by Zalka Drglin (2003) and Irena Rožman (2004), who wrote relevant studies intrinsically related to this gender issue. Drglin and Rožman are also publicly involved as advocates for a holistic approach to birth and birth related practices, aiming to empower women to voice their rights in the biomedical context. Mojca Ramšak (2007) conducted her research on the topic of the social and cultural imagery of breast cancer in Slovenia. These female authors opened important topics not only in academia but also in the media, which resulted in an active response from women in Slovenia⁵.

Slovene (medical) anthropologist, associate professor Borut Telban, was the initiator and coordinator of the ‘Anthropology of health, illness and treatment’ module in the postgraduate study program in Intercultural Studies: Comparative Studies of Ideas and Cultures. Telban enabled Slovene postgraduate students to participate at lectures of acclaimed authors from the field of medical anthropology, including Allan Young, Margaret Lock and William Sax, during a study course at the University of Nova Gorica in collaboration with the Research Center of the Slovenian Academy of Arts and Sciences (ZRC SAZU).⁶

In 2009 at the Faculty of Arts, University of Ljubljana, Lipovec Čebron and Simenc together with their colleagues organized the first international scientific symposium on the subject of medical anthropology in Slovenia: Medical anthropology and biomedicine in collaboration. In March 2012, Simenc and Lipovec Čebron organized another symposium entitled Medical anthropology in Slovenia: researches, reflections and dilemmas. The papers presented at the symposiums revealed that social changes, as well as the absence of medical pluralism in Slovenia, are subjects that draw the attention of many researchers and students. As critical medical anthropologists noted, as elsewhere, many health related questions are also linked to power structures and social stratification in Slovenia, and they cannot just be reduced to often-simplistic biomedical explanations. In times when public health in Slovenia is in decline (Vidner Ferkov 2012) and the quality of medical care is increasingly a matter of financial status, critical medical anthropology has not only an academic potential, but is also acting as a supporter of civil movements (supporters of birth at home, citizens without health insurance, asylum seekers, drug users, parents who do not want to vaccinate their children, vegans, holistic health supporters) that promote accessible health services and medical pluralism.

Slovene Researchers

Maja Petrović-Šteger is a Research Fellow at Peterhouse, and member of the Department of Social Anthropology at the University of Cambridge. Her work and lectures are related to the subject of medical anthropology. Ursula Lipovec Čebron is researching the field of uninsured persons in Slovenia (ex Yugoslavia), immigrants (in Italy), citizenship and complementary and alternative medicine (CAM); Jana Simenc was researching the subject of allergies in Slovenia and Croatia and is currently writing about organ transplantation and donation in Europe. Katerina Vidner Ferkov conducted her Ph. D. fieldwork with women using CAM; she is interested in health issues related to gender, the transition from state socialism to a market approach to health in Slovenia and in activism of online communities regarding health. At the conference of the European Association of Social Anthropologists (EASA) in Paris in July 2012, Vidner Ferkov was elected, together with Dominik Mattes (Freie Universität Berlin) as the coordinator of Medical Anthropology Young Scholars (MAYS).

Doctoral students at the Universi-ty of Nova Gorica are exploring different subjects of medical anthropology: Barbara Hrovatin, M.D., is researching the understanding of healing in biomedicine through reflections of physician-teachers in Slovenia. Tomi Bartole is involved in studying the influence of psychoanalysis in medical questions, epilepsy and organ donation in Slovenia. Tanja Ahlin conducted her Master’s research on eating disorders in India and graduated from the University of Heidelberg. She has published articles about doctor-patient relationships, e-health in biomedicine and Ayurveda (Ahlin 2011, 2012), and is writing on health insurance in Slovenia and India. Ahlin is also actively involved as an IT Officer of the Medanthro network mailing list and is continuing her Ph.D. studies on the topic of transnational families, new media and care.

REFERENCES


6 Organising committee: Jana Simenc, Ursula Lipovec Čebron, Rajko Mursič. Scientific committee: Ursula Lipovec Čebron, Rajko Mursič, Jana Simenc, Katerina Vidner Ferkov, Barbara Hrovatin, Mojca Ramšak.


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Ethnological Research in Slovakia in Relation to Medical Anthropology

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The discipline of cultural or social anthropology was not institutionalized in Slovakia until 2002, when the Department of Social Anthropology was established at the Comenius University in Bratislava. The counterpart of anthropology has been ethnology, initially oriented to traditional/folk culture. Later, since the end of the 1960s, the research area has been broadened: ethnologists started to explore urban communities, ethnic groups, politics, religious movements and various contemporary social phenomena. Thus far, therefore, medical anthropology has not existed in Slovakia as a specific anthropological sub-discipline aimed at exploring bio-cultural adaptation and health issues in relation to cultural context. Ethnographic research in general was not related to anthropological theories, but corresponded to the particular development of ethnology in socialist countries. Yet, in some areas, it has been related to the topics of health care and sickness, and therefore could be regarded useful for medical anthropologists. This paper will briefly present the relevant topics of ethnological research and make an allusion to some themes of recent research in other disciplines of the social sciences that might motivate anthropologists and ethnologists exploring medical issues.

The list of the main research topics of ethnology in Slovakia (Horváthová 1995: 23 - 43) includes general research questions, such as employment, food, hygienic practices, cosmetics, and social institutions, that might be important for medical anthropology. But these should be interpreted in relation to corresponding theories, and this has not been done so far. Nevertheless some topics in the list are related to medicine. First of all, this concerns the folk knowledge and oral traditions explored by ethnologists as well as folklorists. Ethnographical monographs dedicated to particular villages or regions usually contained chapters on folk beliefs and practices including folk medicine (see, for instance, Horváthová 1974; Jakubíková 1972); the same could be said about encyclopaedic publications comprising many entries related to folk medicine (Veľký, Vladár 1977–1982). Ethnologists have explored, for example, folk beliefs related to various kinds of sickness or different parts of the human body, healing herbs, childbirth practices, magical healing, and the interpretation of illness in supernatural terms, such as witchcraft or