# World Archaeological Congress 4

# University of Cape Town

# 10th - 14th January 1999

WAC4
CAPE TOWN 1999
World Archaeological Congress

## Symposium: THE MIND AND BODY IN SOCIETY

Symposium organisers: Jane Hubert and Michael Rowlands

### Part 1:

Archaeology, Anthropology and the Healing of Social Wounds

**Convenor**: Michael Rowlands, Department of Anthropology, University College London, London WC1E 6BT. Tel: + 44 171 380 7843. Fax: + 44 171 380 7728. Email: m.rowlands@ucl.ac.uk

Topics of relevance to this symposium include: Embodiment and sacred power; the body as metaphor; bodies as containers; healing and treatment of the social body; expression of knowledge through bodily practices; the human body as a symbol of the social order; representations as practice; healing cults and ritualising of the body; mind/body dichotomy.

### Part 2:

The Archaeology and Anthropology of Madness, Disability and Social Exclusion

Convenor: Jane Hubert, Department of Psychiatry of Disability, St. George's Hospital Medical School, Cranmer Terrace, London SW17 0RE.
Tel: + 44 181 725 5504. Fax: + 44 171 383 2572.
Email: jhubert@sghms.ac.uk

Topics of relevance to this symposium include: Archaeological evidence of social exclusion; historical evidence; spirit possession; dehumanising of mentally ill and learning disabled/ mentally handicapped/mentally retarded people (from mass killing to 'inhuman' treatment); 'personhood'; sex and gender; social/cultural constructions of madness/ disability; institutions as containers; stigma and social exclusion; perceptions of normality/ abnormality.

This paper is solely for distribution among registered delegates for WAC4 99and may not be reproduced or distributed in any form. The moral rights of the authors are hereby acknowledged. The views expressed are those of the author and not those of WAC, its organisers, sponsors or the University of Cape Town.

## *THE SOCIAL MODEL OF DISABILITY: IS IT REALLY ITS OWN WORST ENEMY*

Majid Turmusani and Jonathan Fish
Disability Research Unit,
Leeds University, LS2 9JT.UK.

This paper looks at how the social model can be said to contribute to the sociological understanding of disability and yet at the same time denigrate and defeat its own best efforts through the political tactics used when putting forward its key arguments. While recognising the importance of the medical model in the grounding and development of this paradigm, it will be contended that the social model can be taken forward in a positive sense, by drawing upon the Durkheimian tradition of thought. It will be argued that this is particularly important when seeking to understand stigma/socialexclusion and perceptions of normality/abnormality. By embracing the latter within its intellectual remit, it is asserted that the social model could gain a resource that not only takes it away from the instinctive need to create internal barriers and enemies for itself, but offer a useful means of challenging the apparent importance of physical appearance as a self-evident feature of disability. By drawing upon Durkheim's ascendant notion of the sacredness of the soul as oppose to the profanitory nature of the body, the social model will be seen as presenting itself with a new analytical device through which to challenge post modern orthodoxy. This in turn, will allow it to develop in more explicit form, the need for an organic morality to underpin and guide a necessarily relevativist set of ideals for supporting and upholding the inward value of disabled people in the future'.

Patrick J. Devlieger, Ph.D.
Assistant Professor

---

## *The logic of killing disabled children: Infanticide and social order in Songye cosmology*

Patrick J. Devlieger, Ph.D.
Assistant Professor
Department of Disability and Human Development (M/C 626)
University of Illinois at Chicago
1640 West Roosevelt Road
Chicago, IL 60608-6904

This paper addresses the definition and killing of "disabled children" in traditional African and more in particular in Songye cosmology. For the purpose of this article, disability will be defined as a reversal of the natural and social order in African thought. As a local concept in time and space, disability fitted in the order of a particular culture needs to be distinguished from national and global discourses of disability. I will argue that the killing and disposing of disabled children in African contexts is ritualized and will develop the example from among the Songye of Congo.

Then, I will situate the problematic nature of killing disabled children in the colonial, the post-colonial and in an era of globalization of disability. Here I argue that discourses that have dominated the definition of disability in recent African history, such as modernization, independence and civil rights redefined the social order and the definition of disability to make the practice of infanticide not a solution torestoring social order but the source of breaking social order.

## *Thinking about disability in past populations: problems and potential of using skeletal data*

Charlotte Roberts BA MA PhD SRN
Senior Lecturer in Biological Anthropology
Calvin Wells Laboratory
Department of Archaeological Sciences
University of Bradford
Bradford BD7 1DP
U.K.

Disability issues in our societies today are receiving much deserved attention in recent years and the subject of disability has become prominent in the media...but what of the evidence for disability in the past? How may disability be recognised and what evidence might be used? This paper focuses on the potential and limitations of identifying disability in past populations primarily using skeletal data.

As Oliver (1990:11) states, the disability that a person might (or might not) experience very much depends on the attitude of the society in which he or she lives, the availability of coping strategies, and the attitude of the person themselves. All these factors contribute to the 'experience' a person with a disability has. In addition, the medical and social models of disability define how a person may be treated or regarded. Whereas the medical model defines somebody as disabled if they have an impairment which prevents them realising their potential (and therefore they must be made 'normal'), the social model sees an individual as disabled because society does not meet their needs (Morris, 1991). Whilst these are the parameters within which disability is viewed in western countries today, it is obvious that accumulating this sort of data on past populations is difficult.

Why study disability in the past? Because of the inherent caring nature of human groups today, perhaps one of the reasons might be to identify who did and who did not care for people with disabling conditions, and whether that differed through time, in geographic regions, between huntergatherers and agriculturists, between urban and rural dwellers, and between males and females of different ages. Furthermore, did disability have an impact on the survival and function of societies in the past? However, although a subject of interest today and in the past, very little work has been undertaken to date using skeletal data (Dettwyler, 1991; Roberts, 1998). This paper aims to outline the potential and limitations of using skeletal data to assess disability in the past and also considers the use of documentary, iconographic and ethnographic data in an effort to understand how prevalent this important and current issue today was through time.

## References

Dettwyler, K. 1991 Can paleopathology provide evidence for compassion? American J. Physical Anthropology 84:436-458

Morris, J.1991 Pride against prejudice. London, Women's Press

Oliver, M. 1990 The politics of disablement. London, Macmillan

Roberts, C.A. 1998 (in press) Disability in the skeletal record: assumptions, problems and some examples. Archaeological Reviews from Cambridge 15(2)

## *Madness in the Body Politic: Kouretes, Korybantes, and the Politics of Shamanism*

Sandra Blakely
Albright Institute of Archaeological Research
PO Box 19096
91 190 Jerusalem, Israel
FAX: 972 2 626 4424
PHONE: 972 2 626 2131
EMAIL: appoint@vms.huji.ac.il

Greek myth is profitably read as a reflexive anthropology: a forum for the discussion of social issues, using traditional narratives that grant stability, clarification and legitimation to pressing concerns. A particular form of madness makes its appearance on this stage, embodied in the mythological type of the Kouretes and Korybantes. The former have been much discussed by Jeanmaire et al. as the type for the young man in his rituals of coming of age; this is a ritual of critical interest to the state, as it overlaps extensively with the maintenance of military power. Its attestations are accordingly clear, and offer a persuasive example of myth as the narrative for ritual action.

At the edges of the Kouretic image, however, is an equally vital but much less clearly focussed discussion of the social uses of madness. The Kouretes were extensively confused with the Korybantes, a troupe of daimones more emphatically marked as an embodiment of madness than as warriors. Invoked in rituals of madness and purification, the Korybantes were familiar vehicles for the introduction and exorcism of altered mental states; their rituals were those of a mystery initiation, in which packs of dancing mystagogues muddled the sensibilities of the lone initiate. Alienation was as much the hallmark of the Korybant as choreography was for the Kourete.

In light of these considerable distinctions, the confusion of the two daimonic corps may seem surprising. Close examination of the mythic record, however, demonstrates extensive similarities. Both groups of daimones are characterized by autochthony and fertility, protect the infant Zeus against Kronos' cannibalism, and perform noisy, ecstatic dances in bronze armour. Their confusion is not a late development, but accompanies them from their earliest attestations: a lyric fragment names them both as possible candidates for the first race of men; they are interchangeable in 5th century tragic choruses; Strabo wrote that they were essentially the same, while Pausanias cautioned his readers that they were not.

It is precisely in connection with the issue of their altered mentalities that the two corps diverge. This encourages us to read the myths as a cultural discussion of madness as a social force, simultaneously threatening and serviceable. The Kouretes are famous as seers, possessors of mantic powers most typically employed to save the life of a royal heir. Korybantic frenzy, on the other hand, is both illness and cure, an ecstatic alienation that benefits the initiate alone. The Korybantically possessed do not share a community among themselves, in distinct contrast to the choreographed and martial usefulness of the Kouretic band. The two daimonic types are thus the mirror image of each other with respect to their relationships to the polis and the notion of communitas. Between them, moreover, they constitute a range of powers articulated, in other societies, by the shaman. The lack of fit between the shaman and the Greek polis has long been noted; the division, therefore, of shamanic powers between two closely parallel mythic groups may be not merely structural elegance, but a social mechanism to disenable spiritual forces that resist codification. Anthropologies of shamanisms as a social force in other cultures demonstrate similar antipathies between political and spiritual powers and analogous strategies for disabling the latter. An enduring mythic conundrum is thus an effective social vehicle for taming, socializing, and ultimately accessing spiritual powers too vital to forego, too dangerous to allow.

## *The Incoherent Scapegoat*

Dr.Adam Abdelnoor
Department of Psychiatry of Disability
St. Georges Hospital Medical School
Tooting LONDON SW17 0RE UK

This presentation will describe how individuals or groups throughout history and in diverse social settings become marked out by the powerful as dangerous and deserving of expulsion from society. First this process is traced and explained. Then its application to those whose main failing was perceived social incompetence (especially madness or disability) and socioeconomic hardship is discussed. The final part of the paperexplores the meaning of social incompetence and socioeconomic hardship, and argues that anyone who can be ascribed a minority status is at risk of expulsion. Where individuals have different social or cultural expressions,this will always be interpreted as deviant.

Social cohesion with any social group is maintained by demarcating the boundary between those who are in the group and those who are outside. Members of powerful majorities within any social group often seek to augment their power and security by strengthening and accentuating a singular and narrow common identity. Social behaviour which is more effective in the maintenance of health wealth and procreative opportunities is likely to be adopted by other individuals who observe and copy. As groups grow the evolutionary tendency to diversify will lead to schismatic development. In large groups those on the fringes may be politically marginalised.The maintenance of social conformity starts to require an increasingly autocratic and authoritarian approach. Sub-groups form, and these rapidly become marked out by the powerful as a threat because of the rapidity with which more effective (and hence powerfully attractive) behaviours can be adopted. It makes good sense to eliminate developing sub-groups earlier rather than later. To do this politically, the leadership will need to alarm the majority by evoking and attributing concepts of corruption, violation, wickedness or infection to the sub-group.

This process, which had an original evolutionary function,becomes part of the 1cultural/ social psychology. Social behaviour takes on a liturgical value, and the threat of noncomformity becomes attached to any behaviours or statements which are not immediately recognisable. For instance, at the time of the expulsion of the Puritans from England, they were seen as dangerous and fanatical semi-heretics. We know them now as The Pilgrim Fathers. Many other examples can be identified. Galileo's insistence that the earth moved around the sun led to his trial for heresy. It is important to remember that, at the time, these people were considered mad.

In phenomenological terms, just as objectivity is simply a consensus on the interpretation of experience, normality is just the set of parameters of social behaviour which finds a consensus amongst the majority. Any minority group may be excluded by the xenophobic fears of the majority. This exclusion is always rationally justified on grounds of the social health and well-being of both the majority and the minority, and perceptions are filtered to support this view. Reasonable statements and behaviours are not coherent with the current social norm, and the person or persons expressing them are dismissed as incoherent, and incoherence is a sign of madness or sickness. If a scapegoat is required, who better to choose?

## ***An integrative cross-cultural study of involuntary civil confinement based upon "mental illness".***

Robert A. Brooks

The proposed paper will be an integrative cross-cultural study of the laws of various countries with respect to involuntary civil confinement based upon "mental illness" ("ICC"). At this time, the subject countries include China, Denmark, France, Germany, Great Britain, Hungary, India, Iran, Israel, Italy, Japan, Nigeria, Norway, Russia, Saudi Arabia, and South Africa. In addition, a total of 11 selected political subdivisions of three countries having federal systems -- Australia, Canada, and the United States -- will be included. The project is broadly envisioned, and is expected to continue for some time. Research thus far has failed to reveal any previous integrative comparative research regarding ICC among a large sample of countries around the world.

The two preliminary portions of the paper will be descriptive, focusing first on the processes of commitment, and will include such issues as: (1) how "mental illness" (or other controlling term) is defined by the state for purposes of ICC (for instance, in most states in the United States, the standard is "harm to self or others"); (2) any other grounds for ICC (for instance, narcotic or alcohol abuse); (3) the extent of consideration of patients' rights; (4) the institutional setting of the ICC process; (5) the parties involved (including who initiates the process and who makes the decisions); (6) the typical length and conditions of confinement; (7) the type of hearing involved; and (8) the conditions of release. The second part of the paper will describe various data (where available) regarding ICC in the subject countries, including current and historical data regarding rates of ICC; public attitudes toward the mentally ill; the extent and nature of treatment facilities; and public attitudes toward the mentally ill generally.

Ultimately, the final section of the paper will integrate the information contained in the descriptive sections with various socio-political, economic, and cultural factors, in an attempt to explain variations among the countries studied. Such factors may include: the political ideology of the countries; attitudes with respect to human rights generally; the countries' relative economic status; and the degree of social conformity in the society. Of particular interest will be cases where the use of ICC has been, or continues to be, for other than genuine therapeutic or public safety reasons.

[This research project was begun fairly recently. The paper would constitute a preliminary report that would include at least the descriptive data, some preliminary analysis regarding broader cultural contexts and trends, and further directions for research.

## ***The Meaning of Deafness and the Use of Cochlear Implantation***

Dr Kathryn Hollins
Department of Psychiatry
St Ann's Hospital
London N15
UK

By exploring three key models of deafness, I will consider how societal ideas of normality, and minority group life experiences, can influence whether cochlear implantation is the necessary response to a child born deaf. The medical model of deafness, the social model of disability and the cultural-linguistic model of being Deaf offer strikingly different understandings of the meaning of deafness as part of, or apart from, mainstream society. Through the use of interviews of Deaf and hearing informants I will look at this variety of responses.

Up until the seventeenth century, deaf people did not exist as identified groups, but tended to be isolated from each other within hearing families and were seen as less than human, without effective forms of communication. Since then, Deaf communities have developed across the world, with their own shared, complex sign languages and cultures. For these communities, Deafness is simply "an alternative way of being", with its own rich form of communication and customs.

Cochlear implantation, the surgical insertion of an electronic device within the ear, aims to restore the possibility of hearing as a medical response to deafness. I will examine whether cochlear implants are in fact dehumanising.

Whilst attempting to increase the capacity for hearing and hence verbal communication, does cochlear implantation create a person who is neither Deaf nor hearing, who enters an in-between space, excluded from both so-called normal society and from the culturally Deaf community?

I will discuss the potential cost to deaf children's identity and linguistic development, if the majority culture decides that cochlear implantation automatically leads to full and healthy inclusion within society.

## ***Physical, social and moral exclusion: people with severe learning disabilities (mental handicap) in long-stay institutions***

Jane Hubert
Department of Psychiatry of Disability
St George's Hospital Medical School
University of London
Cranmer Terrace
London SW17 0RE
UK

Archaeologists and anthropologists have, over the last decade, focused their attention on forms of social exclusion, not least as a result of the works of Foucault and others. This paper focuses on a group of human beings who still escape the gaze of almost everyone: those with severe learning disabilities (mental handicap) and serious 'behaviour problems', many of whom still live in institutions.

Based on recent fieldwork among men living in a locked ward of an old 'mental handicap hospital' in England, this paper describes the ways in which their physical and social exclusion has led to more than their invisibility in the outside world. Their almost total exclusion (in most cases since early childhood) has also led, through the actions and non-actions of those responsible for them over time, to more subtle exclusions from normal social and gender categories. Do such attitudes dehumanise as well as de-socialise this dispossessed group of fellow human beings?

The fact that in Western society, at the end of the 20th century, there is still a group of people who are living in such extreme, deprived and excluded conditions, strongly suggests that the reaction of modern society to those who are perceived as socially unacceptable is still to hide them away.

This paper presents ethnographic material about the present, but we should also seek an answer to the question: what kind of material evidence, whether artefact or text, must be sought in order to establish the existence and nature of social exclusion in the past? In most cases, it is unlikely that the evidence will be as clear as it is from the hospital described in this paper: within the hospital grounds there is an area of mass graves, containing some 2000 bodies, where residents were buried, one upon another, until only forty years ago.

## *The implications of the exclusion of people with learning disabilities/mental handicap from funerary rituals.*

Professor Sheila Hollins
Department of Psychiatry of Disability
St George's Hospital Medical School
University of London
Cranmer Terrace
London SW17 0RE
UK

Almost every society has some sort of death rituals; they may be very different and have a range of different functions: to help the spirit on the way to another life; to separate the body and soul; to prepare for resurrection, and so on. Whatever they are, or do, they in some way change the status of the person who has died, and at a different level also change the status of the people left behind. They reflect cultural beliefs; construct boundaries between life and death, or between this life and the next life, not only for the dead themselves, but also for the living, so that each one, as they participate in, or observe, the funerary rites and the disposal of the body, can internalise the separation, and the finality of death - at least for the living.

In Western society it is normal practice for close adult relatives and friends to attend funerary rituals, i.e. the ceremonies connected with burial (and usually the burial itself) or cremation (including the movement of the coffin towards the furnace), and to take part in the surrounding mourning process, i.e. to be a 'mourner'. People with learning disabilities/mental handicap tend to be excluded from these rituals. They are denied the right to take part in the funerary rituals of someone close to them, and to take their place among the mourners. In this context, they are thus excluded from the category of social beings.

## *SOCIAL SUFFERING AND THE CARE OF THE MENTALLY ILL IN SOUTH AFRICA*

Hayley MacGregor
Dept of Social Anthropology, Cambridge

There are numerous social factors contributing to routine life stress amongst black townships dwellers in South Africa, and the anthropological notion of 'social suffering' is applicable both to the political past and to the on going poverty and inequality to be endured in the present. I am concerned with the social aetiology of mental illness in this context, and with cultural and socio-economic factors contributing to perceptions of madness and impacting on the care of the mentally ill. At a micro level this paper explores the questions arising from attempts to grapple with aspects of difference, particularly of a 'cultural' nature in the clinical psychiatric encounter. South African psychiatric practice provides an interesting case study of the discourses involved. At a macro level the paper is situated in the context of a heated and interesting debate current in South Africa. It centres around government plans to rationalise mental health services by deinstitutionalising psychiatric patients and shifting the burden of care into the community.

Colonial psychiatrists encountering mental illness amongst blacks developed the idea that westernisation and 'deculturation' were responsible for an increase in African psychopathology. This formed part of a broader colonial discourse on social dislocation and disorder, and drew on contemporary anthropological descriptions to define 'the other' items of unchanging African cultures. A universalist tradition of 'transcultural' psychiatry developed, but critique and alternative approaches emerged strongly in the seventies.

The enterprise of Apartheid psychiatry was in many ways grounded in the colonial tradition. Gross inequalities of care were reported along racial lines. Notions of bounded distinct African cultures and evolutionary ideas about the influence of 'modernisation' on mental illness both reinforced apartheid ideology. An number of approaches to the cross-cultural clinical encounter can be identified in the literature, ranging from universalist to relativist. Yet it has been argued that they all ultimately employed a concept of static black cultures, which obscured issues of economic inequality. Several questions remain regarding the consideration of ethnicity in clinical psychiatric practice. In South Africa a number of alternative conceptions of mental illness exist, such as those involving a variety of spirit possession complexes, and a strong indigenous healing system operates in addition to 'western' medicine. Mental health researchers need to embrace a more dynamic view of culture, and to explore elements of difference other than ethnicity that influence experience and interpersonal encounters. Language and socio-economic class are two important such factors in South Africa.

These issues are placed in the context of concern regarding the care of the mentally ill. It remains to be seen whether the resources, formal and informal, exist to develop community care, or whether well intentioned policies will intensify social suffering.

## *The impossible body: transgression and dissembling in Sofia Kovalevskaya’s accounts of 19th Century Paris sanitariums*

Scott Russell

If human reason (the human limit) is exceeded by the very object to which the limit is given... I can only harmonize with the excess that will destroy me in my turn. But the excess that burns me is the harmony of love within me and I don’t tremble before God, but with love.1

In Sofia Kovalevskaya’s writing, chronicling the theatrical practice of hypnosis in sanitariums during the later half of the Nineteenth Century, the institutional practice of Dr. Charcot and others is rendered naked. In the hospital wards for nervous illnesses, the carnivalesque scenes disrupt the comic and cruel deployment of institutional power. The doctors themselves become disfigured and grotesque while the patients, in their dissembling, may be seen as the anonymous authors of many medical conclusions. Kovalevskaya creates a subversive literary space that demands the humanization of the hypnotized voices and doctored bodies. Her narratives also allow for the representation of the patients' own acts of resistance. Kovalevskaya's writing, itself, becomes a mournful body that exceeds what seems to be a purely descriptive narrative.

However, the inversion of the doctor/patient dynamic is not so determined a reversal. In the midst of this somewhat emancipatory patient performativity is the suffering and anguish of those patients who desire the transgression of the body inscribed by medical discourse. The body becomes both a limit and a potential site for/of resistance. This paper examines the possibility of a localized transgression that takes the body as that which is containment, that which must be exceeded, and the site of loss, suffering and melancholia. The reclaiming of the body, through a discussion of physiognomy/pathognomy, posits suffering as the reassertion of soul becoming body and body becoming soul-- exceeding the body through body. The methodological interest of this paper is to address loci such as suffering, the impossible body, 'nervous illness' , and institutional practice from somewhere outside psychoanalytic discourse.

Key names: Antonin Artaud, Aristotle, Mikhail M. Bakhtin, Georges Bataille, Walter Benjamin, Robert Burton, Gilles Deleuze, Michel Foucault, Sofia Kovalevskaya, Lavater, Jean-Luc Nancy

1 Bataille, Georges. THE IMPOSSIBLE. San Francisco, CA: City Lights Books, 1991, p.100

## *Looking and Being Seen: Images and Experiences of Disability*

Deborah Marks
Centre Psychotherapeutic Studies
Sheffield University
16 Claremont Cresent
Sheffield, S10 2TA
UK

This paper examines the processes involved in observing disability and the experiences, for the disabled person, of being observed. It identifies practices within medicine and popular culture which constitute disabled people and explores the psychic consequences of coming under the medical gaze or becoming a performing 'freak'.

The paper begins by exploring visual representations of disability, both historically and in contemporary society. Disability is a pervasive (yet particularly in contemporary society unacknowledged) cultural symbol which functions as a powerful metaphor for loss and lack. Focusing on the Freak Show, in Nineteenth and Twentieth Century USA and Hollywood movies, I examine ways in which contemporary culture makes disabled people the recipients of disavow fears and fantasies regarding 'monstrosity', 'stupidity' and 'dependency'. A number of historical controversies surrounding the creation of 'freaks' and the psychic experiences of being a performer are explored, particularly around whether displaying human anomalies for entertainment is liberatory or oppressive.

The second part of the paper examines practices and experiences of looking at disabled people within modern medicine. I identify some of the ways in which isolated, exposed and docile disabled bodies are constituted through medical research, interventions and diagnostic examinations. I argue that medicine objectifies and shames the disabled patient and examine some of the defences patients use in the face of traumatic medical practices.

The paper concludes by underlining the importance of visualisation as a way of constituting differences. Using object relations theory, I argue that images of disability and display of disabled people can function as a cultural container for disavowed anxieties.