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Lisbeth SACHS, *Evil Eye or Bacteria: Turkish Migrant Women and Swedish Health Care*, Stockholm, University of Stockholm Studies in Social Anthropology, 1983

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organization of the Native Brotherhood in 1934 includes interesting inside views of Nisgas political strategy, such as a description of the historic meeting at which a young Frank Calder was designated to be trained as the Nisgas emissary to the government, the establishment of the Nisgas Tribal Council, and the famous Calder case itself. A major victory that resulted was the 1973 reversal of the Federal government stand on aboriginal claims. Raunet interprets this change in the context of the White Paper, James Bay, and provincial politics. His argument is that even though the policy seemed politically liberal, it was used only to negotiate the price of aboriginal surrender. This was not what the Nisgas wanted.

The Nisgas want the right to survive as a people. They declared this to be their demand in 1976, and repeated it at the First Ministers Conferences on the Constitution. As before, it was ignored.

Raunet's history of the segregation of the Nisgas supports his argument of a Canadian apartheid. But is it appropriate to apply an apartheid model to Canada? Unfortunately, Raunet's argument for doing so is weakened by factual errors and a misunderstanding of apartheid.

Factually he is wrong to say that the Indian Act and reserve system has a "purely genetic basis", or that the Indian Registry is only a racial record. More generally, he demonstrates a difficulty in maintaining the distinction between status and non-status Indians. In part, this stems from his uncritical use of the racist dichotomy of "whiteman/Indian". Consequently, in several key areas, his analysis of the penetration of capitalism slips into an unfortunate discussion of what "the whiteman" did, rather than a more consistent and precise discussion of class relationships. In other areas, the dichotomy emerges as a romantic presentation of Indians and of their environment.

The other weakness is that apartheid is not just a system of segregation, as Raunet suggests. He defines apartheid as "a system of oppression by which society is compartmentalized on racial lines... (with each race) set apart geographically, legally, economically" (p. 167), and where the original inhabitants are put aside as barriers to the free development of the resources of the country. There is more to apartheid than a misunderstanding or an inability for the government to tolerate any social system that is not based on private property in resources and land.

Apartheid is a total social system dependent on special policies for the exploitation of labour. These structure every aspect of national and personal life along racist lines. In Canada, Indian labour is not

important to capitalism, with the result that it can be marginalized. Thus, Indians can be segregated easily, and the Canadian social fabric is not defined by the policies of segregation. This feature makes Canada significantly unlike South Africa.

Fortunately, Raunet's methodology works better than his terminology. His global perspective on the multinationals and his examination of the experiences of the aboriginal inhabitants of other countries must be applauded. The international comparisons Raunet makes are important and informative; however they would be stronger if he more clearly contextualized the marginality of Indians not in terms of apartheid but as an aspect of the general phenomenon of capitalist development.

Lisbeth SACHS, *Evil Eye or Bacteria: Turkish Migrant Women and Swedish Health Care*, Stockholm, University of Stockholm Studies in Social Anthropology, 1983.

By Sam Migliore
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With *Evil Eye or Bacteria*, Lisbeth Sachs makes a notable contribution to the ever-growing body of literature dealing with topics of interest to medical anthropologists. Sachs provides a sensitive discussion of health-related problems Turkish women encounter, and attempt to cope with, as they migrate from their native rural communities to suburban Stockholm. She bases this discussion on material collected primarily in Sweden, but also in Turkey, during the 1976 to 1981 period.

Throughout the text, Sachs makes effective use of the distinction between *illness* and *disease*. She defines these concepts in the following way: (1) *illness* refers to "the subjective perceptions (symptoms) which are not necessarily visible (pain) but are communicated... in a culturally prescribed manner"; and, (2) *disease* refers to "ill-health arising from an 'objectively' observable phenomenon that can be classified, explained and treated in biomedical terms" (pp. 18-19). Based on this distinction, Sachs proceeds to examine how the Turkish women perceive the ailments they and their children experience. She also examines how the women's perception and explanation of these experiences determine the type(s) of action they take. Extensive use of case histories helps to illustrate this process. In my view, one of the major strengths of Sachs' presentation is her sensitive and sincere use of case material.

The Swedish health care system has a good international reputation. Swedish medical professionals, however, are not always attuned to the health problems of Turkish migrants. This often leads to major misunderstandings. In some cases the doctor's views concerning the *disease* conflict with the patient's perception and explanation of *illness*. In other cases, the doctor cannot establish that a *disease* is present, yet the Turkish woman perceives *illness*. Finally, in certain cases, the doctor may recognize *disease* where no *illness* exists. According to Sachs, these factors not only produce a great deal of misunderstanding, but also generate tension between patient and medical practitioner. This process is often complicated further by the doctor's attempt to explain what is happening in a way that directly or indirectly casts "blame" for the medical problem on either the victim or a significant other (usually the victim's mother).

The Turkish women are not prepared to accept an explanation that suggests that they are responsible for their, or their children's, sickness. By interpreting the illness episode as being caused by an evil eye (or some other phenomenon), Sachs suggests that the Turkish women are able to effectively avoid responsibility for the health problem. They cannot be held responsible for the deleterious effects produced by the envious feelings of others. Once the symptoms are explained in a culturally appropriate way, the women can seek help from folk healers. Sachs discusses how these folk healers legitimize the sickness, and confirm suspicions concerning the nature and cause of the ailment. In this way, they too direct "blame" away from the victim or significant other.

Although certain misunderstandings and tensions exist between patient and medical practitioner, the Turkish women are adapting to the new environment and, more specifically, to the Swedish health care system. Sachs examines this adaptation process, and points out some of the ways the Turkish women actually take advantage of the health care system. Her discussion of what the Turkish women refer to as "sick-funding"—obtaining confirmation of *disease* when they do not perceive *illness*, in order to take advantage of the welfare system—is most interesting and informative.

With respect to style of presentation, Sachs makes effective use of the following devices. First, as I have already mentioned, she provides extensive case histories to illustrate certain points. Second, she includes *herself* in the discussion. Sachs, for example, introduces this personal element in the conclusion by discussing her own experiences with illness/disease while in Turkey. I believe that this discussion helps the reader become more attuned to

the emotional dimensions of sickness episodes. This personal element also appears in Appendix I where Sachs provides a discussion of the fieldwork experience. Her discussion of the various experiences and problems she encountered should be made mandatory reading for students preparing to conduct fieldwork.

There are two problems inherent in Sachs' work. With a title like *Evil Eye or Bacteria*, I expected a more thorough review of evil eye literature. Its absence, however, is understandable since the *evil eye* itself is not as central an issue as the title suggests. The second problem is much more serious. By defining *disease* as "ill-health arising from an 'objectively' observable phenomenon that can be classified, explained and treated in biomedical terms", Sachs inadvertently implies that: (1) disease falls solely within the domain of western biomedical science; and, (2) biomedical science does not have a 'subjective' dimension. These implications are not consistent with recent findings, and therefore tend to weaken an otherwise first-rate piece of work.

In summary, then, *Evil Eye or Bacteria* is the type of book that will appeal to scholars interested in medical anthropology, migration, and the problems encountered by migrants in their new sociocultural environment. I recommend the book highly.

Pierre CRÉPEAU, *Parole et sagesse. Valeurs sociales dans les proverbes du Rwanda*, Tervuren (Belgique), Musée royal de l'Afrique centrale, Annales — Sciences Humaines No. 118, 1985. 261 pages, 20 tableaux et 6 figures.

Par Paul Charest
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J'ai fait la connaissance de Pierre Crépeau en 1964 à l'occasion d'un terrain de trois mois au Rwanda pour la préparation de ma thèse de maîtrise. Je n'y suis pas retourné depuis, mais Pierre y a séjourné de nombreuses années et s'est aussi converti à l'anthropologie. Sa longue fréquentation de la société rwandaise et sa formation doctorale en anthropologie lui ont permis d'étudier en profondeur un genre de littérature orale peu familier : celui des proverbes, qu'il aborde ici sous le biais de leur valeur sociale. Son volume est une version modifiée et « fortement allégée » de sa thèse doctorale soutenue à l'Université de Montréal.

Le corpus ayant servi de base à son analyse a