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Memories and Health : Games and stakes.

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Face TO Face

Another look at Health

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<p>Objectives</p>	<p>Face to Face Another Look on Health www.ssd.u-bordeaux2.fr ISSN 1298-0404</p> <p><i>Face to Face</i>, an interdisciplinary social science review on health, is being launched on an exclusive medium: the World Wide Web. This choice demonstrates our will to delve into the potential for communication, encounters and exchanges the internet now offers in order to widen and intensify debate within the research community and thus renew conditions in which we produce knowledge. The study of health facts constitutes a prism through which social scientists can read social changes that have marked the existence of both individuals and communities in the contemporary world and throughout history. For us, diverging and converging disciplinary angles are indispensable, both within social sciences and between social and medical sciences.</p>
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Editorial

Memories and Health: Games and stakes

Carole Lemée¹
Madina Querre²

The national and international events of the latest years daily remind us in a violent way sometimes how the question of memory takes an essential place in everyday life situations. To have the ability to remember and to communicate to others one's remembrances, the question of the public uses of history³, the question of its scholarly writing never ceased to be the subject of major games and stakes as regard the people, as well as for the institutions of the groups and global societies. In front of this statement but also in front of the width taken by these memorial phenomena, the study of memory has taken during these two latest years a more important place in the panorama of social and human sciences research. For our

societies, Joel Candau speaks about "*mnemotropism*"⁴ regarding these phenomena, P. Nora speaks about "*memories moment*"⁵ and M.Cl. Lavabre speaks about "*sailing of memory*"⁶.

From a discipline to another, the way we often tackled the subject of memory, allows establishing the junctions between the individual and the collective as well as between the psychic and the sociocultural. These four spheres were separated in two by the lasting effects of disciplinary divisions and dogmatic positioning. As regards social sciences and unlike what already existed in the cognitive sciences⁷, memory is not nowadays pushed into the background as a comprehension auxiliary as it was the case for all the questions related to the handling of social times until the eighties and the nineties⁸. Henceforth, this field of memory therefore constitutes a full field of research, and any other human and social science discipline cannot claim for this field.

As it is the case for health, this field of memory is enriched with a multidisciplinary dynamic which fuels the

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³ N. Galerano defines the public uses of history as « everything which develops outside of the places devoted to scientific research in a strict meaning, of historians' history who, according to the rule, is on the contrary writing for the researchers and for a very restricted segment of the general public. The mass communication media (...) but also the arts and literature belong to the public uses of history; places such as school, history museum, urban monuments, and finally institutions (...), which are formal or not (cultural associations, parties, religious groups, ethnic or cultural groups, etc), which with more or less clearly partisan objectives try to promote a rather polemical reading of the past in comparing the common historical meaning or historiographical one, from the memory of their respective groups", "History and public use of history", *Diogenes*, n°168, 1994, pp.87-88.

⁴ Today, we can see inside the modern societies - and particularly in the French society - a compulsion of memory, a "mnemotropism" which justify the project of anthropology of the memory. This cult of memory is expressing under several forms: patrimonial infatuation, commemorations, genealogical passion, generalised retrospection, multiple quests of roots or origins, editorial success for biographies and life stories, reviviscence or invention of numerous traditions. This tendency (...) makes a thorough work in the contemporary societies", *Anthropologie de la mémoire*, Paris, Que sais-je? 1996, p.5.

⁵ P. Nora « Entre mémoire et histoire », *Les lieux de mémoire*, Paris, Gallimard, 1st ed.1984, 1993, pp.XVII-XLII.

⁶ M.Cl. Lavabre, « La vogue de la mémoire », *Histoire et mémoire*, Pages des libraires, september 1998, pp.24-25.

⁷ See the observations of M. Bloch on this subject. M. Bloch "La mémoire autobiographique et la mémoire du passé éloigné", *Enquêtes*, n°2, 1995, pp. 113-136.

⁸ See M. Leclerc-Olive who underlines this aspect in "The giving in account of the becoming", *Cahiers Lillois d'Economie et de Sociologie*, n°32, 1998, pp. 113-136.

debates and allows them to go further in the questioning newly arisen. Finally they allow improving the set of the comprehension tools. This is brought out by the numerous publications devoted these latest years to the improvement of the general topic of *the memory and the forgetting* and more recently of *the work of memory* under its double sides. The first side concerns the way remembrances are working on people's mind, on one or/and several generations. The second one concerns the way people (in the frame of their direct and mediate relationship) and the institutions keep working on remembrances and on knowledge which are constantly selected and recomposed. They are put into signification and socially communicated in a large or restricted way.

As regards health, everybody knows that this field is the subject of major concerns inside and outside of the research fields. Let's just remember that because health is related to the biological, physical and psychological well-being of people in their social becoming, it places us at the heart of the question of the societies becoming in the multiplicity and the complexity of human, of sanitary and of sociocultural balances on which the various way of living are based on through the world.

This question of the individual and collective becoming and the one of the well-being of people are two great links which make the junction between the various problematic regarding health and the not less various problematic which are related to the memorial. The memorial field sends us straight back to health questions whether we are standing on the side of the memory of wounds and pains or on the side of certain pathology which temporarily or permanently affect the patients. It also sends us back and more largely and fundamentally to the question of a social well-living of the people as a whole: in the way these people individually or/and collectively are able or not to project themselves in the past, to fully live in the

present according to the "historicity system"⁹ which is peculiar to their culture. Starting from that, they are able to project themselves in the future. The way a social living is well experienced or not sends us back in a given time or another, to what intrinsically participates to stability or is a part of the stability of their well-being without necessarily going into the pathological register. It is then also fundamental, notably on the anthropological and the sociological side, to keep oneself from giving a figure of a collective subject who would be ill or in good health. And this subject could be ill or in good health according to what is at stake in the handlings of time in the social situations but also as regards, let's not be quiet on that, in the dogmatic bias developed by the observer towards these handlings.

The thirteen articles which compose this fifth number of Face to Face, on the "Memory and Health: games and stakes" topic takes up the logic included in the title of the magazine. They put in a dialectic way, sometimes the problematic of memory in front of the question of health, sometimes those included in the health field in front of the work of memory issue in the above double dimension. In the set of these relations, the word "memory" is here harmonized with the plural as it is indicated in the title of the thematic which has been chosen. Because this polysemous word¹⁰ indicates on the one side the register of remembrances as well as on the other side

⁹ This notion relates to the way of culturally conceiving time and of representing the logic in its flow, in a context where the present and the future are thought according to different cultures, sometimes as an overtaking of what preceded or on the contrary as its re-actualisation constantly renewed. F. Hartog underlines, " a system of historicity is in effect no more a metaphysical entity coming down from the sky, but a frame of lasting thought, a respiration, a rhythmic, an order of time, which allows and forbids thinking some things", *Annales HSS*, n°6, 1995, p.1222.

¹⁰ M.Cl. Lavabre, *Le fil rouge. Sociologie de la mémoire communiste*, Paris, Presses de La Fondation Nationale des Sciences Politiques, pp. 15-20

the fact of remembering and of communicating to the others what was remembered, which therefore constitute in these two cases an act, whereas regarding the first register, it only concerns contents. This plural also want to remind us that wherever we are placed as regards memorials, there is neither a same and only remembrance or/and register of remembrances, nor a one and only way to remember and to communicate to others the memory of our social and emotional experiences (we speak of *autobiographical* memory) or to communicate the memory which was transmitted to us (we speak of *historic-semantic* memory)¹¹.

Starting from these fields of anthropology, sociology and psychology and psychoanalyze, the different authors here decline the issues of the "memories-health" relations starting from different themes, such as the "tradition-modernity" relations; the inter-ethnic relations and more largely relationship existing between several different groups; the belief field, the relation to the body field; the disease field and the one of death; the field of traumatism; the field of institutions and/or organizations linked to Health; and finally the field of personal and social uses of history. These articles take us from Europe (France, Switzerland, Germany, Poland, Lithuania), to North Africa (Morocco), to West Africa (Cameroon), to South Africa (Kwa Zulu-Natal), to North America (United States), to Latin America (Ecuador, Argentina) and to the Near-East (Israel). Through this geographical and sociocultural diversity, the way of looking of the one and the others are meeting therefore around several thematic configurations, and the comprehension keys they give are completing. From a situation to another and

from a disciplinary approach to other ones, they are extending or are answering to each other.

For we must choose an order of distribution, this number opens with a first series of articles which all have in common the handling of "tradition/modernity" relations. The first one tackles the subject of the project failure of a "health promoter" in Ecuador who is confronted with the existing tensions between the Chachi Indians and the black descendents of slaves (Armelle Lorcy); the second article deals with the memorial constructions which surround the funeral of a notable Bamileke who died in 1969 in Cameroon and of its collective as well as individual identity stakes in the present and in the history-sociological background (Sophie Djetcha); the third one deals with the restoration of "harmony" for a young depressive Navajo woman who lives outside of the Indian reservation and works in a protestant mission (Sophie Malinvaud and Sophie Gergaud); the fourth article tackles the pre-Islamic register in the put into signification of the disease made by Turkish migrants in a intercultural medical consulting in the region of Bordeaux (Benoît Sourou); the fifth paper deals with the question of feminization of sterility in Morocco in front of the tradition and of modern medicine (Houda El Aaddouni). So the three first articles also approach the inter-ethnic relations. In an adjacent way the two first articles raise the question of "instrumentalization" of events which are important for the groups and/or for some of their members. In another way related to the first one, the article on the Bamileke, the one on the Navajos and the one on the Turkish migrants deal with the question of belief, for their part. Some of the aspects put in evidence by them could be subsequently put in relation with what the article devoted to the Jews' trauma of identity after the Shoah (Sébastien Réjak) which also deals with the put into signification and/or the stances as regards

¹¹ M. Bloch, "The autobiographical memory relates to the remembrance of events experienced by the subject (...). The semantic memory relates to the facts that the subject has taken from other people (...). The semantic memory includes the remembrance of facts related to the past; thus a subset of memory could be called historic-semantic memory (...)", op. cit., p.61.

the religious field even if his article is included in another thematic rubric.

A second great thematic configuration concerns Health problems of people. This configuration crosses with the first one by including the sociocultural handling of the young Navajo women, the case of the Turkish migrants in front of the disease and the feminine sterility in Morocco. It is continuing with a series of articles respectively on the gendered and generational taking in charge of the dirtiness and the cleanness (Hélène Marche); on the bodily auto mutilation in prison for the drug-addicts with the apparition of the "memory-body" (Fabrice Fernandez); on the Alzheimer disease in a care center in the Ariège region in the comparison the stakes of the biographical loss as regards the social body (Véronique Dassié); and finally on the symptoms and behaviors related to the presence of a "ghost of the unconscious" (Pascal Hachet). The contributions which have prison and care center as frame also raise for their part the question of the relation to the health institutions; and those dealing with sterility, with the perception of the dirtiness and the cleanness, and with drug-addicts in prison, send us back to the question of the body.

The "ghost of the unconscious" which closes the precedent series for it deals with the question of traumatisms and of trans-generational transmission as regards the psychic life, is at the same time the one which opens the third large thematic rubric of this number. It indeed concerns the question of traumatisms and of transmission. In this frame, two articles deal with the After-Shoah. The first one deals with the question of re inscription after this genocide and ethnocide event, over five generations, through eastern Ashkenazi spaces located in different countries (Daniel Galay and Carole Lemée). The second article, starting from a comparative study made in New-York and in Warsaw, deals with the question of repercussions of the Shoah on the ethnical

belonging and also tackles the religious identity of the survivors and their children, from an identitary auto-affirmation criterion (Sébastien Réjak). A third article deals for its part with the program "Memory Box Project" set up by a research center for oral history at Kwa Zulu-Natal, which aims to develop the processes of resiliency for the children whose mothers have died of AIDS (Philippe Denis).

The thirteen and last article which belongs to any thematic field previously studied even if it concerns also the question of social times and memory, makes an full entity all to itself. It deals with the problems of the Swiss health insurance system, with the put into signification of "the socialization of care policies" and with the contemporary definition of their costs in the continual coming and going between the looks at the past, the present and the future (Benoît Renevey).

The contributions of this number therefore propose thought tools within movements going from the individuals (psychic or social one) towards spaces of life in collectivity (micro and macro-social ones), but also from institutions and/or groups towards people and groups. They raise the question of the people better-being whose stability could swing over or implode following the suffering, the pain or violence situations that these people or their closers have experienced now or before. Therefore, we are wondering about what could represent a social better-living for people in situations and in history which belong to them.

We wish to thank all the authors who have allow us to deal with themes which directly concern the field of clinical, of epidemiology, of "victimology", of social work but also of the Law, in a multidimensional way and through multiple lightings. □

What is at stake in memory in the health promoter's figure

A sanitary project between the Black people and the Indians Chachi (Ecuador)

Armelle LORCY ¹

The health intervention of a German Non-Government-Organisation (Indio Hilfe) on the coastal river Cayapas in Ecuador produces a new social dynamism in the relationship between the black descendents of the African slaves and the Chachi Indians in the province of Esmeraldas. The partners are associated with the Public Health Ministry to ensure a better care cover along the Cayapas River and along two of its tributaries (Camarones and Zapallo rivers), but they especially develop their actions towards the Amerindians. The whole of the riverside residents whatever their ethnical origins may be, will have the access to the biomedical care but the renovation and the construction process of the health micro-posts will take place in communities predominantly Chachi.

To handle this project successfully, the NGO has the recourse to a black health promoter and his team. This health context sets therefore social relations organized in triad, where the blacks have a strategic position because they are at the articulation between the German NGO and the Chachi. According to the Indians, the promoter and his partners who are intermediaries in the health project, adopt an abusive behaviour. According to attitudes, to strategic choices and to everyone interests, the Chachi get to the point of questioning the facts and of demanding rights to the foreign partners and all this for at least two main reasons

They verbally revolt because these black people are usurping natural resources (wood) and domestic goods. They are aggressing women and are allowing themselves the Indians entire right to speak with Indo Hilfe. This situation sends back to some historical facts which are not particularly recent but relatively implicit in the memories of the black people and the Indian populations of the river. The black people are considered as invaders and as abusive people who tend to have influence over the Indians of the river and they tend to act as intermediary between the latest and the white and the person of mixed-race. This health context reproduces again the relational configuration to which the Chachi of the major communities do not want to be subjected to, given that they are the main addressee of the help brought by Indo Hilfe. They think that they have the duty to get this position of intermediary with a direct relation with the foreign partners in order to preserve their interests for the best.

This health context represents therefore the means for the Chachi of introducing a new breaking-off in the memorial history of the riverside populations, based on the remembrance of the influence of the blacks over the Indians. This operation is in line with a process of a claim of identity initiated in the seventies which is in constant negotiation. By manipulating the game of the triadic relations, Indians try to succeed in their claims. They implicitly impose the role of mediation to the German NGO by putting the pressure on them, and they should benefit from it through the replacement of the black promoter by a Chachi health agent. In this context, their purpose consists in balancing or even in inverting the balance of power with the black people which remains in the memories and which is essentially based on what is at stake in health policy. □

¹ In doctorate in Ethnology at the University of Paris X Nanterre connected with the CNRS - EREA UPR 324.

"Never build a new hut without using old bamboos"

Sophie Djetcha¹

Health as well as disease is narrowly linked to death. Identified as a reassessment of the social and biological order, disease is a potential threat of death which activates complex social processes. In order to fight against oblivion generated by the death of a loved one, the remembrances are exchanged and are transmitted. As an instrument devoted to memory, death is carrying identity. The death of a member of a family is built in order to perpetuate a memory, and to perpetuate cohesion between the descendents. But this transmitted memory, far from being uniform, takes divergent ways: a same event could give multiple remembrances. It is the case in a Bamiléké family (western Cameroon) where the expression of two different funeral rites, a Christian burial and a traditional one, has its origin in the death of one of the ancestors. To understand the restitution of these two remembrances, it is necessary to immerse oneself in the colonial history of Cameroon. Historically, Cameroon is a former colony which was the theater of European Great Powers rivalries: Germany, England and France. Administrators, merchants and missionaries of the colonies settled in the Cameroonian landscape: the one have a lust for power and gains and the other settle in the idea to develop a "civilizing" Christian policy. The missionaries carrying the message of the Evangel played a large part in the acculturation phenomenon where animism does not deserve anymore its place. To face rivalries which were internal to

villages and to the colonial power, some Bamileke used the missionaries influence to restore their authority which was threatened by the presence of the administrators. They did not therefore hesitate to adopt the new religious order and to defy traditional values. It is the case of N. a notable of a "chefferie"² who converts to protestant religion after the break up of his village at war with the colonial administration. What does remain of this man's choice in his family's remembrance? The restitution of the remembrance is not identical in everyone memory because some people talked about a Christian burial and the other about a traditional funeral. The new deal in the religious and the political field as a collective social frame has deeply modified the social relationship and the familial configuration. Memory transformed itself then from a generation to another, bowling over the identity of this family who took into account the contact with the Other. The custom is driven back by the ancients to whom was transmitted the traumatism of war between "chefferies". They see in the tradition all their pains caused by the break up of the family. But the young people still valorize the custom for they have a critical eye on the consequences of the French acculturation and they designate the colonial presence as the responsible of their lack of references.

The event of the ancestor's death therefore becomes the subject of individual claims within the memories: each descendent defend his own stakes and adopts strategies of narration according to who he is, to his background and his ideology. The family does not throw back its past but appropriates it itself and re-interprets it by sorting the remembrances out and by keeping only those necessary to the construction of the present. □

¹ In DEA in Social and Historical Anthropology at the University of Toulouse Le Mirail II (Grand-father, your skull is my word. Transmission of memory and construction of identity in a Bamiléké family (West-Cameroon)", at the "Anthropological and Human Ecology Laboratory" (LEHA) in Aix-en-Provence mail: sdjetcha@yahoo.fr

² A « chefferie » in Africa, is a territory placed under the authority of a traditional head. Here N. whom we speak of, is a member of this "chefferie".

Restoring harmony in the Navajo tradition: when singing for Darlene

Sophie Malinvaud¹
Sophie Gergaud²

The present article uses the ethnographical data of two different grounds which results were crossed in order to elucidate a specific relation to the Tradition, a word used by the persons we were speaking with³ to speak of the set of the elements which participate to the Navajo spiritual building. In the mythical narration here concerned, the topics of memory and health appear as inextricably linked. The light will be thrown on this particular relation through the restitution of Darlene's experience, a young protestant woman for whom was organized a ceremony of "Good way" in order to restore harmony for the patient and in her relation with her social and symbolic environment. The take in charge of such a performance aims to the accession of this estate of balance which is inscribed at the founding of the Navajo spirituality. The life course of Darlene far from being atypical shows in an exemplary way, the situations of distance and of conversion trough education, in front of which entire generations of Amerindians have been confronted to, since the generalization of the boarding schools⁴.

The exploration of the several aspects of these mythical narrations allows us to

decode the multiple prescriptions which keep on organizing the modalities of the identification of the Navajo Nation and to define what is at stake in the conversion of the Amerindian minorities. Finally, some precisions relative the activities, the statutes and the roles of *medicine men* will bring the light a particular therapeutic practise, which is hastily mixed up with the practise of shamanism. We will see therefore how the reference to the tradition is constitutes a permanent recourse for the patients as well as for the traditional practitioners, this recourse is all the most operational for it is paradoxically based on the notion of transformation and of change. During the ceremonies, the reproduction principle indeed remains fundamental. Firstly, it gives the ritual efficiency. Then, it situates the members of the Navajo society in a historicity and in the articulation of existing relations between past social times, present and to come. Finally, it confirms not only the question of the individual legitimacy of the *hataali*, but also the one concerning the *group of the masters*: the obligation of integrity of the performance justifies the relation of master and pupil. Therefore, the recourse to the identical based on the memorial activity allows to consolidate an otherness in the disturbing socio-political context for those who perform the ritual and at the same time for their patients who benefit - as Darlene's experience shows it - from a renewal of the meaning of their public as well as private existence, by this expedient.

□

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² Doctoral school of Nanterre, Paris X, in anthropological documentary.

³ The word "religion" is generally kept to speak about the Christian experience.

⁴ According to different data gathered by R. Roessel, the idea of a permanent boarding-school devoted to Indians students should promote the civilization processes in keeping out the children from the retrograde influence of their familial environment. Education for American Indian: a book of readings, by Dumbleton and Rice (1973).

The pre Islamic memory in the representations of disease for the Turkish migrants

Benoît Sourou¹

This article examines through the study of two examples how the register of the pre Islamic manifests itself in the discourse on the disease of the Turkish migrants in the frame of an intercultural consultation. In this plan, a multidisciplinary team (psychologists, social workers, doctors, nurses) receives a patient alone or with members of his family. The members have different parts within this frame: one of them, the therapist is in charge of running the session. The other members of the team are co-therapists; they do not intervene much other than to bring cultural information. An interpreter speaking the maternal language of the consultant complete this plan initiated by T. Nathan (1986-1988) and based on the idea of the "complementarism" of Georges Devereux². Therefore, Nathan³ uses at the same time, the psychological and anthropological analysis with the migrated families in the suburbs of Paris in order to bring solutions to their difficulties.

Structures of pre Islamism appear in the discourse of these "unfortunate" Turkish migrants and have consequences on the representation of the disease even though these discourses firstly appear to be located in Islam, in Kemalism⁴ or even in

modern medicine. These structures put in forward the essential part of family ties and the familial hierarchical system as well as constant references to mythical heroes under the form of identifications. These people are able to solve all their difficulties and to get over ordeals. They are able to give a meaning to the disease enigma because they incarnate courage and strength in front of a dangerous nature and in front of persecutors, anthropomorphic and zoomorphic creatures.

The pre Islamism field represents the return to a former social order which come as a counterpoint to the modernization of the families and this modernization is seen as disintegration. Pre Islamism brings answers to existential questions under the form of the meaning in the enigma and the omnipotence register. So the past does not resign to disappear but stay present in order to give a meaning to the disease.

The adversity is defined as a loss for the person who loses her symbolic place. The loss of identity is therefore compensated on the imaginary point of view by calling strong symbolic figures which are points of reference and which constitute in a way the immutable and the invariable elements of identity. □

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² Cf. G. Devereux *ethnopsychanalyse complémentariste*, Paris, Champs Flammarion 1985. and *Essai d'ethnopsychiatrie générale*, Paris, Tel Gallimard.

³ Cf. *La folie des autres, Traité d'ethnopsychiatrie clinique*, Paris, Dunod, 1986. et *Le sperme du diable. Eléments d'ethnopsychiatrie* Paris, PUF 1988.

⁴ **Kemalism** : a political trend which claim s to follow Mustafa Kemal called "Ataturk" or "Father of the

Turkish" founder and first President of the Turkish Republic, whose principles were " (be) revolutionary, nationalist, statist, populist, secular, democratic."

Sterility in the feminine: Body at stake, memory at stake!

Houda el Aaddouni¹

This article deals with the question of female sterility in Morocco, from a socio-anthropological approach. We must take into account the way the sterile body is treated in the field of social memories in this country. In this framework, we suggest to tackle the double topic of the feminization of sterility (the fact that it is made a female problem) and of traditional therapy doomed to disappear according to some people. We take an interest in the maintaining of traditions related to the socio-cultural taking care of sterility from a work in the field. This work leads us to wonder about what is related to the social structuring and to the dimensions of ideas. Calling upon "*voices coming from the past*" to speak (P. Joutard²), the process is here one of the "*last chance ethnology*", to take the expression of Jean Poirier. This process helps us to observe forms of resistance in front of the society mutations.

In the field of the anthropology of sterility, the body is not viewed from the pathological angle, from the "deviant" one or from the "abnormal" one in comparison with what is supposed to be the norm. The body is on the other hand picked up in the context of social constructions existing at the different levels of the society. "*Swallowed up in its rites, translated in its most unconscious actions or in its absolute schema*" (C. Malek)³, the sterile body here sends back to a whole of representations

which surrounds the female world in its totality. This whole is narrowly linked to the construction of a collective memory which makes women bear the responsibility of sterility. The indictment process of these women shows at the same time the valorization of procreation and the exercise of a male domination. Sterility and its knowledge, its cure and its therapy, by its feminization has become a female business. Its transmission from generation to generation gives continuity between yesterday's and today's worlds, in the constant tension of a projection towards the future.

In the Moroccan context of sterility problems, we are in front of a situation where on the one hand the modern medicine is present and where on the other hand the active efficiency given to the traditional taking care still exist. □

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² Joutard Philippe, Hachette 1983. This book makes the point on oral history.

³ Chebel Malek, the body in the tradition of Maghreb , PUF, 1984, P.9.

Body dirtiness: social memory and figures of the intimate

Hélène Marche¹

In the range of care, the take in charge of the body cleanness and dirtiness constitutes a set of practical experiences which is culturally and socially situated. This take in charge becomes fixed in the story of one's relation to one's body and to the body of the others. The appreciation of the dirtiness and its handling is varying according to times, societies, social classes but also according to sexes.

We have made fourteen semi-directive interviews with men and women of 20 to 60 years old. The analysis of these interviews consisted in highlighting on the one hand the social and individual logics which are behind the hygiene behaviours described by people and on the other hand the social contexts where the intimacy of the body is claimed as a protection of oneself as well as a sharing with other people. The experience of the cleanness and the dirtiness precisely sends back to the transmission of a familial bodily memory which is generational and gendered. The hygiene behaviours as well as their norms and values driven by the social memory have changed through time.

At present, the hygiene logics partly aim to protect oneself from diseases and to stay in good health. The matter is to struggle against scruffiness and to obtain a certain degree of comfort by handling everyday one's body dirtiness.

The gendered identity implies a rather strong incarnation of social injunctions. The sensation of dirtiness on the body could reach a rather high degree according to the kind of the person. For women, the individual memory is particularly mobilized as regards bodily sensations which daily take them into practical experiences of senses.

For men, the take in charge of the bodily dirtiness is characterized by a preventive

handling. The individual memory is then mainly mobilized as regards the maintaining habits in the behaviours or as regards the adaptation to the social situations.

In the public sphere, the situations of "individual smells overflowing" will bring feelings of displeasure to people. One must move at distance from the other in order to handle these emotions. The private sphere is considered as an area protected by the resemblance to one's own people and by the confidence for one's own people because the danger is far and the people are "clean". Women claim for a desire to preserve their bodily intimacy and a desire to take in charge the body dirtiness of their nearest. The intimacy shared by people, especially the couple's intimacy is the territory of experiences where the collective designations of cleanness and of dirtiness are transformed: the passing to a sensorial mode to a sensual mode comes and modifies the signification given to otherness.

The hygiene behaviours which have been observed reveal the presence of subcultures of what is dirty and of what is clean, which are underlain by the identity claimed by people and by their life story. The analysis of these interviews shows us the presence of a traditional injunction for women to take in charge their own body and the body of the others in handling of cleanness. This injunction more largely shows the female part in the profane activities field of the health and the disease take in charge.

The discontinuities between the logics of the present hygiene behaviours and those of the past are characterized by the readjustment of the norms and values in the relation to oneself and to the other. The excerpts of our interviews show the social construction of the personal intimacy, structured by social and cultural frames of the individual bodily memory. But it also shows that it is dynamic because of the network of links and of senses engaged by this social construction and which is made by a partial and continual readjustment of this memory. □

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From Hostage-body to memory-body: auto mutilation acts in drug-addicts in prison. And their narrations

Fabrice Fernandez¹

One could see in the auto mutilation practices in prison (gulp down a fork, cutting veins, etc.) a "secondary disintegrating adaptation" other wise said a behavior such as suicide which aim to reverse the proper order of the institution. If it is a common practice in detention, especially for the drug-addict who are dependent and with low economic resources, it could not be reduced to a suicide attempt. Indeed, it seems that drug-addicts in prison often use auto mutilation as blackmail to suicide because they hope to have some arrangements for their condition of prisoner (moving to another cell, getting products of substitution, etc.). It is in this case a secondary integrating adaptation without a real contestation against the prison environment otherwise said

From several materials (70 interviews with prisoners, 20 with drug-addicts living in precariousness conditions, 10 with AIDS patients but also interviews with doctors, psychiatrists, nurses, warders, sessions of participating observation in squats, etc.), we have analyzed how auto mutilation is the product of sufferings feelings, of deadlock, of dominations where violence can no more be ejected from oneself. In order to keep death at a reasonable distance and to preserve life, only remains as a resource to adapt oneself, the destruction of a little part of oneself.

Moreover, giving an account of this experience outside of the prison carries out a shifting of the meaning. This proceeding appears as an outlet as well as a re-

appropriation of oneself, of one's history and of one's body. Auto mutilation makes lasting damage to the body but it constitutes moreover a support for the construction of identity. Whereas auto mutilation is an act turned towards an arrangement of the prisoner conditions the body is then a "hostage", it participates, in the narration, to the valorization of an image of oneself built on physical resistance to aggression. In softening the double stigmata (of "auto mutilated" person and of "drug-addict") of which he is the subject in prison, the drug-addict could inscribe outdoors these corporal marks in a real survival logic.

In shaping the contents of memory of his prison experience, the auto mutilated drug-addict will re-interprets his life course through this ultimate resource: the body (the "memory"-body) and he will give a meaning to these sufferings.

The sociological interview participates therefore to this process because the stories of auto mutilation reshaped the bodily memory from the present identity. The memory therefore reconstructed participates to the emergence of a memory-body which is at the same time a support of the speech and a resource against oppression. It becomes the sign of a strong physical resistance to aggression and the symbol of the refusal of one's prisoner condition. □

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Loosing memory, the failing of soul

Véronique Dassié¹

Memory is never so evident that when you loose it. Forgetting a word, a name, a date leads to comical situations which could sometimes become embarrassing. It is a common place to forget, it is normal to forget in everybody's daily life.

But it happens that a bound is overcome and then the person falls in the pathologic field, for memory has its disease, the "Alzheimer". Frightening and unbearable, the risk of neuronal degeneration is a threat for our ageing society. It is rare that a family has not to face to the ghost of this possible and disquieting becoming. Everybody has some example in mind, a case, a friend or a relation and has less or more followed their inescapable fate.

The ethnographic inquiry which has been made for several years in the Ariège region in France with the patients, with their families and with professional of health, takes its source in this social context. The representations of individual memory are drawn through the light of a specialized center where "people affected by Alzheimer disease and similar troubles" are received.

The social frames of memory shown by Maurice Halbwachs here take their full force. The "individual" and the "collective" far from belonging to two separated worlds, have an effect one on each other.

Deprived of its memories the person generates disorder within the group. The forgotten memory therefore draws the shapes of complex social links and point to the hinge between the individual and the collective which has been not much studied until now by social sciences. This articulation is shown by the inscription in the private

space of the "contemporary mnemotropism²", evocated by Joël Candau concerning collective memory. The person who forgets his own history, who does not find his words anymore, who does not know anymore how to act as he used to, and who forgets familiar faces, causes a deep familial injury which has repercussions on beyond. Intolerable and unspeakable, oblivion creates chaos. The individual memory thus appears as the guarantee of a balance and organizes the links in a frame which largely exceeds the domestic sphere.

The everyday life and the routine are shaken up, for lack of memory and a cultural system is reassessed. For the family is not the only one to be helpless in front of the disease. The medical institution, for lack of chemical therapeutics, suggests that these singular patients should be "taken into care in a suitable way". That means adapted places, adapted people and adapted techniques. As frightening as it may seem, the symptom indeed hides other lost values: autonomy and dignity...Humanity. Common representations of memory appear behind the distress of the families and behind the project of the professionals. Avoiding the lost of memory could be possible only in "cultivating" it. The metaphor makes it consistent. Oblivion develops itself on an uncultivated ground. This idea of work of memory was already suggested by Freud; biology and neurology take up the analogy: The cerebral plasticity should allow the "reshaping" of a failing memory. The brain, strange "place of memory", as defined by Pierre Nora, is the topic of the human psyche.

The individual memory therefore goes with the intimacy of the being; it punctuates the whole of the social relations and gives the rhythm to the history of life. Loosing it leaves a deep abyss and the etiological discourse highlights a biographic lost. The affective blank erases the remembrance. On the contrary, oblivion which is sometimes

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² Cf. editorial

seen as wanted and useful could be a way to escape from a painful life history.

The issues of the biographical loss take shape at the social body level, through the patients and their family course and when they meet with the medical world. Oblivion, an irreversible and ineluctable process makes you sink into nothingness and makes you leave the world of the living. The memory, secularized soul, is the clue of humanity. The cerebral ground, where memory and oblivion evolve, should be well kept because they permanently go with the "being" and form part of it. Without memory, Humanity fails. □

The ghost in the unconscious, failure of the psychic life between generations

Pascal Hachet¹

When parents have really failed in the mental elaboration of experiences of crucial lives, their children are submitted to trans-generational and contradictory influences which bring them to develop what the psychoanalyst Nicolas Abraham (1978) called, a "work of ghost within the unconscious". This quirky activity of the psyche over stimulates and distorts at the same time the normal childish aspiration for supporting one's parents in order to be loved and understood. Beyond the childhood, this mental form of life gives different symptoms dominated by the sense of not living for oneself but of being prisoner of fate. The observation of Frédéric, a heroin-addict who has used the sedative effects of this drug trying to stop a puzzling psychopathic impulsivity, shows that a complete familial silence around catastrophic facts often condemns the descendents to unconsciously and irrepressibly act what was denied, in a "revenge" purpose and according to "twisted solutions". □

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The post-Shoah: From traumas to processes of re-inscription

Carole Lemée¹
Daniel Galay²

Starting from the traumas of the contemporary Ashkenazi of the Shoah period (victims and members of the kinship of victims) and for their descendants, the authors take into account the sociocultural factors which come to reinforce these wounds or which bring out their salient character. The attention is exclusively focused on situations experienced by the Ashkenazi whose identity is attached to Central and Eastern Europe territories either because they were born too in these territories which belong to their ancestors' or because they are the descendants of native migrants. The article in combining the social and cultural anthropology and the Yiddish culture, is based on the one hand on ethnographical observations made in Western Europe (France, Germany and Switzerland) and in Central Europe (Poland and Lithuania) and on the other hand on observations of everyday life experiences in Ashkenazi spaces located in Israel, in Argentina and in the U.S.A.

The aspects of the issue concern processes which participate inside these groups in the maintaining of singular identities and in the constant production of their cultural expressions. These processes are thrown into relief in post-genocide and post-ethnocide social situations. The two authors have taken an interest in the difficulties met by the descendants in the establishment of the alterity relations with the ante-genocide personal experience of

their ascendants and great-ascendants (the direct and the avuncular one) and they consider what therefore constitutes these traumas which seem as important as regard some social logics. They observe that on the one hand the difficulties of the descendants have been the result of the interlacing of several factors which send back to different periods. And that on the other hand, these difficulties are reinforced by the fact that the verbalized transmissions of the personal experiences before and after the Shoah have not been made in the vernacular language of the victims and finally that the put at distance of the Klezmer music has also lead to the destabilization if not to the weakening of the settlement of some links of identification with the ante-Shoah world. Beyond these singularities related to the Shoah contexts (before, during and after the Shoah period) taking into account those different aspects should lead us to wonder about what is happening now for others populations which have recently endured genocide or ethnic cleansings, as regard the social logics and the processes. □

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A trauma of the Jew identity: transmission and "interiorization" of the Shoah experience in American and Polish Jewish families.

Sebastian Rejak

The author's main purpose in presenting this paper is to try to find answers to a vital question concerning the assumed impact of the Holocaust on contemporary Jews' ethnic and religious identities: Is the influence always traumatic in character, and is the trauma always transmitted from one generation to another? And also, can one observe any differences between Polish and American Jews in how they respond to Holocaust experiences. The paper is based on a series of a hundred interviews conducted in the years 2000 and 2002 with Polish Jews of Warsaw and with New York Jews. On gathering all interviews, textual data was submitted to a comparative content analysis.

In the course of research, it turned out that the fundamental difference between Polish and American Jews, regarding their identification strategies, constitutes that fact that the former, at least to some extent, had suppressed their ethnic consciousness during the Communist régime era. This kind of behavior was even more frequent in the generation of the Holocaust survivors' children. It happened at times that the parents would not reveal their ethnic end/or religious identity to their offspring. Which could have been caused by two factors: firstly, latent antisemitism in post-war Poland (sometimes, however, violent and frightening like in the 1946 Kielce pogrom); and secondly, state-controlled anti-Jewish propaganda, e.g., during the 1968 purges. Thus, generally, many Polish Jews either did not want to acknowledge their factual identity or (specifically, in the case of the second

generation) even were unaware of it. It implies that the Shoah debate was virtually non-existent in Poland, which is what made this country totally different from the United States, where, beginning in the late 1960s, American Jews and the American society at large, started to be more and more interested in the Holocaust event. With time, in the United States, a new kind of Jewish identity emerged, one centered in the Holocaust. To be sure, the children of survivors have been very much involved in the process.

Another visible difference is that while there are Jews in America who were raised in secular homes and who do not interpret the Shoah in religious terms (particularly older people), the number of Polish Jews claiming to be nonreligious or paying little attention to theological opinions on the Shoah is undoubtedly larger. That, however, does not mean that most of them have accepted the nonreligious outlook as a result of Holocaust horrors. Whereas many New York Jews do confess they raise the question of "How is God possible if the Holocaust was possible?", those living in Warsaw seem less likely do pose the problem in the same way. Some of them do, but others simply say, the question has no relevance for them as they are secular persons who do not have problems with confronting God and the Shoah, since they do not deem the question of God even worth discussing.

In summary, it has been observed that the group of American Jews and Polish Jews have each their own identity problems. The former, much traumatized by the Shoah either experienced in person or by their parents, tend to focus on the extermination of European Jews as a decisive factor shaping their ethnic self-consciousness. The latter, having been raised in a society therein the Holocaust was absent, seem to be less prone to relate to the Holocaust in their adult life. Also, which is probably a result of political differences in the two respective countries, Polish Jews are more likely to be indifferent toward religion

and/or faith in God, though not necessarily because of the impact of the Holocaust. Moreover, children of Jewish survivors in Poland more often than their American counterparts maintain they need neither the Shoah, nor God to be Jewish. □

Memory in Times of Aids: the work of the Memory Box Project in KwaZulu-Natal

Philippe Denis¹

In KwaZulu Natal as elsewhere in South Africa and the rest of the continent, the number of children affected by AIDS is increasing at a rapid pace. Some children are contaminated at birth. They often die at an early age. Many others experience the trauma of having parents who live with HIV/AIDS. Sooner or later, they become orphans.

These children need material assistance. But they also need emotional support. They are directly affected by the death of their mother or their father, but they do not know how to talk about it. They do not understand what has happened. The memories of the dead parent tend to fade. This creates a state of confusion which prevents them from developing to their full potential.

The basic assumption of the methodology of the memory boxes is that children who remember their parents in a positive way when they become ill or when they die, are in a better position to cope with the hardships of their condition. They know more about their roots and can figure out what happened to their parents. In this way they develop what psychologists call resilience.

The memories of the families are kept in a "memory box". Memory box is a metaphor. But the term also designates a physical object: a box which can be decorated with photos or drawings and contains the story of the deceased person as well as various objects pertaining to the history of the family. The members of the family, both children and adults, take an active part in the creation of the box. The

¹ University of Natal

more they contribute to the process of the retrieval of memory, the more they benefit from it.

The paper presents the results of pilot study conducted in 2001 with twenty families in the Durban area (www.hs.unp.ac/theology/sinomlando/index.htm). The Memory Box Project currently trains various local NGOs and CBOs in memory box methodology.

The author assesses the work of the Memory Box Project in reference to the work of several authors who have worked on memory, life story work and resilience: Boris Cyrulnik, Martine Lani-Bayle and Christine Abels-Eber (France), Sharon Lewis (South Africa), T. Ryan and R. Walker (United Kingdom), Edith Grotberg and Charles Whitman (United States). □

Memory and health policy work: Set up of "comtemporized" images of the Swiss social health insurance past.

Benoît Renevey¹

Everywhere in Europe health and socialization of care policies appear to be a real issue in our society. A lot of ink has been spilled over the problems of the health insurance spending, over the deficit of the French national health and pension system or also over the National Health System. It rallied all the political class who was horrified by the idea that the progress which has been achieved until now towards the security of everyone against the consequences of the disease could be reassessed by the uncontrolled development of the health spending.

Switzerland is not spared by this political debate because this country has experienced as failures of the driving force, the increase of its health insurance system which was supposed to guarantee the progress towards security in front of the disease.

As it is probably the case elsewhere, the debate on this subject in Switzerland, according to the diagnostic made by the political actors regarding the suggested solutions, leaves a central place to the idea of the durable nature of the issues: one of the elements which constantly recurs in the debate is that health insurance costs constituted a real problem since 1960 and was not solved in an adequate manner until now. Starting from this idea, the different actors who participate to this debate take a special care in recounting this history of the problem from its origins, describing the

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different steps and basing on the story in order to propose their solutions.

However in Switzerland in the sixties, things were not at all set out in the same way concerning the increase of the health insurance costs, if we look at what was effectively said at that time. If there was an increase, it was not then considered as a problem but it was rather seen as the logical consequence of a progression towards the security of everyone in front of the harmful consequences of the disease.

Nevertheless, we - the politicians and other several actors taking part to the debate (scientists, experts, journalists, etc.) - today think that the increase of the health spending was at that time already considered as a problem, as a threat for the progression towards security.

As a matter of fact, the idea the political class of the sixties considered the increase of the health insurance costs as a problem of society; this very idea has progressively been admitted as obvious since the end of the seventies. We are witnessing from those years the progressive construction of the set up of "contemporarized" images of the past political debate on health insurance. Through a prism made of categories of contemporary perception, representation and action, the political class persuades itself that the increase of the health insurance costs has been considered as a problem since a long time as we consider it today.

Therefore, since 1980, the participants to this debate start to believe in a persistence of a problem which has remained unchanged for a too long time and which must be solved without delay.

This set up of "contemporarized" images of the past debate on health insurance belongs to a new frame of perception, of representation and of political actions. We start from an old frame of "subject to handle" type which is little by little replaced by a frame of a "crisis to be solved" type. This process is a key element of a culture of emergency developed after World War II; it takes its roots in it and contributes to

reproduce it. This set up of "contemporarized" images belongs to the new frame of perception, of representation and of political actions. It plays an essential part in the configuration and in the transformation of the plans set up in order to achieve the socialization of care in Switzerland and from that to realize the whole health policies in this country.

It is therefore a real and collective work of memory regarding the increase of health insurance spending which is at the founding of the contemporary political intervention on the welfare plans as regards Health. □

WITNESS

Contribution to the study of the post-traumatic stress: the case of Colombia¹

Victoria Arias Ph. D.²

This contribution from Victoria Arias is a first witness of a violent situation, few described. *"It is a S.O.S. to the world to know what happens in South America"*.

It is in this will of interaction that we decided to publish it, in order to allow a possible common thought concerning therapeutic studies and strategies in these circumstances.

"Offering an attention to the patient improves its health, but we do not know any study which precisely follows the results of the treatments applied to the victims of the traumatic stress (in Colombia)".

Since 50 years, Colombia has been suffering from a situation of political violence which has caused mental diseases in the populations victims of this undeclared war. Indeed, no study has been made on this subject. The only data are those of the organizations who give help to the displaced people, the newspapers and the United Nations reports. The civil population is indeed victim of abductions, assaults, assassinations, and are taken hostages.

This armed conflict in Columbia has taken a bigger dimension during the latest years (1990-2002) with important economical and psychosocial consequences.

The fear generated by these events has deeply influenced the individual, social and economical development of the country.

¹ This text was reshaped by us from an article sent by the author.

² Dean of the psychology faculty of Bucaramanga in Colombia.

People, who were victims of violence situations in villages or in great cities, show a mental weakening which manifests itself by troubles of behaviour: depression, anxiety, alcohol abuses, and social phobias, dissociations of the personality, anguish, neurophysiologic activities changes, and high post-traumatic stress.

The results of the study made by our university show that 46% of people are displaced by paramilitary groups and 24% of them by guerrillas (PARC-ELN). Among the displaced population, 41.49% show symptoms of post-traumatic stress. The most frequent events which released this stress are death threats, anti-personal mines, massacres and attacks of villages.

The few accessible data underline that the first cause of mortality for the 15-40 years old is assassinations with violence, then cancer and cardiac problems come in the fourth and fifth position. 2.7 millions People are suffering from mental disease in a context where 20% of the population is unemployed causing suicide of entire families.

Regarding adolescents, the National Enquiry on Health in Columbia (in 2002) shows that women who are displaced because of war, are particularly the subjects of this violence consequences. Indeed, 1 adolescent for 3 (those who were displaced) aged from 13 to 19 years is a single-mother. Most of the time, the child is the result of a rape. This rate surpasses the national average which is of 1 for 5 adolescents. On 100 displaced women, 23 of them have had a child at least and 7 of them are pregnant.

Sexual abuses are very frequent in Columbia and its exploitation often helps the families to survive. At Bucaramanga, adolescents prostitute themselves for half a dollar with the permission of their parents.

The analysis of the consequences of this violence therefore becomes a priority for professionals of mental health in order to find strategies of treatments and of therapeutic supervision for the victims of violence in Columbia. The year 2002 was marked by the mental health workers

awareness in Columbia and by the necessity of making a scientific description of the psychological effects of the situation of "war" on the concerned population.

This study targets the population of displaced people who were designated by the non governmental organization CODHES in 2002.

The phenomenon of displacement in Columbia is a large-scale national problem: everyday 500 to 1 000 persons are violently displaced. The figures could change according to the sources but lastly, during the Meeting concerning the Displacement problem which had taken place in Bogotá in October 2002, the report published by the Office of the High Commission of the United Nations for the Refugees talked about 2.7 millions of displaced people. The 4th of January 2003, a massive displacement of farmers from the Antioquia province has been caused by war between the paramilitaries and the guerrillas who both want to appropriate themselves the lands of this population. Among them, the native represented 8% whereas they only represent 2% of the national population. The Afro Columbian population represent 11% of the displaced populations.

These displaced populations are therefore forced to abandon their lands and must reorganize their life in great cities. But this is very complex, they are generally exposed to misery and disease and finally to delinquency in order to survive in an environment which do not accept them. The emotional common answer for all of them (71.43%) is anguish, panic and terror before and after the traumatic event. Their remembrances concern human and material loss to which bad socio-economical conditions come and add because they are in great cities without a home, a work or even without a family. The intensity of remembrances depends on the event but also on the way that the person integrates it as regards receptive cerebral areas.

All the Colombian provinces welcome people who flee from the countryside violence. Half

of them are constituted of women and children.

The humanitarian efforts of the government must be noticed but the prevention and protection services are far from being efficient. Moreover, the appropriate steps to be recognized as a "displaced person" are difficult because these people do not know their rights. Until now this problem has not been declared as a public health issue by the state.

It is a complex process to analyse the consequences of the forced and violent displacement on people since the appropriate conditions to the improvement of the mental health of these victims could not be offered.

Presently the treatment of victims of this violence is interdisciplinary: the psychologists, the social workers, the doctors and the lawyers are working altogether in order to assure a global taking in charge. The House of Justice of Bucaramanga receives the displaced people and they are listened to and temporarily lodged. Psychologists, social workers, lawyers and educators set up programs of supervisions of groups or of individuals, depending on the case.

It is in the purpose of optimizing these researches and these therapeutic processes that we wish to receive some information on other researches made on these issues. □

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FACE TO FACE HAS SEEN FOR YOU

Thesis :

Power, Youths and AIDS. PUBLIC policy, social dynamics and Subject construction.

Fred Eboko, 2002

Of international inspiration, public policy against AIDS in Africa has been, since the 1980s, variously applied according to the different countries. Despite a standardisation imposed by international organisations (WHO, the United Nations Program UNAIDS), different epidemiological, social and political dynamics give to these international programs unexpected paths for achievement. They illustrate some converging approaches but also quite different local situations. Compared to "other types" of political mobilisation against AIDS, Cameroon represents a "passive adhesion model" to the internationally prescribed norms, and this within a context of rapid social change and drastic economic crisis. Through the urban youth in four cities (Yaoundé, Douala, Limbe and Bamenda) we underline the logics which do and undo social and political links between the official receivers of this public policy on the one hand, and the weakened State which establishes it on the other. The youths also express the unstable character of the status assigned to them. At the same time they show their will to exist as subjects, that is the desire of becoming actors of their own life. Whether it is collective action, individual survival strategies, or a process of personal enhancement, they voice difficulties and aims linked to situations to which they adapt, or are opposed to, or with which they make do, as the case goes. They manage spaces which are at the same time theirs

and imposed by the social structures. Within them, their social integration is established or altered. In this context their sexuality and affective relationships are a prism through which this present research has attempted to study their vulnerability and their life projects, in the face of a social construction related to HIV risk infection. The structure of associations against AIDS follows this ambivalence between intimate survival and collective combat, through a perspective showing the lines of social, political, geographical, sexual and generational inequality. These disparities in themselves suggest very different rates of sero-positivity from one region to another and inspire one of our hypotheses. It is based on "length of time" and suggests that the AIDS pandemic represents a factor of reproduction of ancient inequalities while it is also an agent of social change. Starting with a look at the socio-historical evolution of Cameroon in the past hundred years, this research analyses a "dissonant public policy model" in the view of individual and collective construction of subjects. It ends with considering AIDS as an instrument for analysis of democracy, of the "thwarted social model", and of a dislocated "civil society". In this mutating society urban youths "are looking for themselves" as they express it.

Key words: AIDS-Africa-Cameroon-Public Policy- Urban Youth-Subjects-Vulnerability.