We Have No Microbes Here
Carolina Academic Press
Ethnographic Studies in Medical Anthropology Series

Pamela J. Stewart and Andrew Strathern
Series Editors

Curing and Healing
Medical Anthropology in Global Perspective
Andrew Strathern and Pamela Stewart

Elusive Fragments
Making Power, Propriety and Health in Samoa
Douglass D. Drozdow-St. Christian

Endangered Species
Health, Illness, and Death Among Madagascar’s People of the Forest
Janice Harper

Physicians at Work, Patients in Pain
Biomedical Practice and Patient Response in Mexico
Kaja Finkler

Healing the Modern in a Central Javanese City
Steve Ferzacca

The Practice of Concern
Ritual, Well-Being, and Aging in Rural Japan
John W. Traphagan

The Gene and the Genie
Tradition, Medicalization and Genetic Counseling in a Bedouin Community in Israel
Aviad E. Raz

Social Discord and Bodily Disorders
Healing Among the Yupno of Papua New Guinea
Verena Keck

Indigenous Peoples and Diabetes
Community Empowerment and Wellness
Mariana Leal Ferreira and Gretchen Chesley Lang

We Have No Microbes Here
Healing Practices in a Turkish Black Sea Village
Sylvia Wing Önder
We Have No Microbes Here

Healing Practices in a Turkish Black Sea Village

Sylvia Wing Önder
Georgetown University

Carolina Academic Press
Durham, North Carolina
Dedicated to Our Mothers
CONTENTS

Acknowledgments xiii
Series Editors’ Preface xvii

Chapter 1 Approaches 3
   An Ethnography of Healing Practices 6
   Local History 7
   Local Economy 8
   Global Impacts on the Local 9
   Population Figures 12
   Health Facilities 13
   Local Identity on the Black Sea Coast 14
   Research 14
   Joining the Community 15
   Establishing Rapport 19
   The Identification of Informants 20
   Research Questions 21
   Folklore 24
   Tradition-Bearers 27
   The Term “Traditional” 28
   The Terms “Local” and “Lived” 29
   The Empirical Basis of Traditional Health Care 30
   The Terms “Orthodox/Unorthodox” 31
   The Term “Clinical Medicine” 32
   The “Health Care System” Approach 33
   Local Distinctions Made between Traditional and Clinical 35
   Belief, Religion, and Health Care 35
   The Terms “Western” and “Modern” 36
   The Patient-Centered Approach 36
   Focus on Women 37
## Contents

Anthropological Debates on Definitions of Terms “Illness” and “Disease” 38
Conclusion 39

Chapter 2 Body in Balance, Self in Society 43
The Body in Context 45
Local Ideas about the Causes of Illness 46
Pıskıl: Filth 49
Microbes 50
Examination of the Body: Diagnosis 51
The Gendered Body 52
Faith and Fate 53
The Inner Wound 54
Balance in the Social Web of Support 56
İlgi: Caring for the Ill 57
Törpıl: Social Networks 57
İzin: Patriarchal Permission 60
Liability and Blame in the Social Network 61
Gendered Rhetoric: Women and Men Talk about Illness 62
Interview with Granny 66
  Granny on the Old Ways 67
  Granny’s Mud Remedy 68
  Granny Visits the Doctor 71
  Granny on Plant Remedies 71
  Talk Turns to the Fussy Baby 72
  Granny Calls Aunty Emine to Confirm the Old Headache Remedy 73
  Granny Speaks of the Changing Times 73
The Dynamic Interaction between Traditional and Clinical Healing Practices 74

Chapter 3 Women and Separation: Leaving the Nest, Building the Nest 77
Women’s Labor in the Turkish Family 80
Women’s Agricultural Work 86
Women and Money 87
Milk as a Resource 89
The Family as Primary Care Unit 90
Mothers and Metaphors 94
  Milk 94
  Mother as Bearer of Burdens 95
Contents

Mother as Beloved 96
Migration and Exile: Gendered Gurbet 100

Chapter 4  Women’s Ritual and Social Lives 103
Rituals Celebrating the Birth of the Prophet: Cross-Cultural Comparisons 107
Women’s Caring Roles Extended into the Afterworld 111
Daily Prayer: Stepping Outside the Social 115
Women’s Daily Social Interactions in the Village 117
Changing Social Behavior 120

Chapter 5  Faith, Religion, and the Supernatural 123
Faith 125
Muslims and Islamists 129
Types of Supernatural Phenomena in Medreseönü 134
Granny’s Supernatural Experience 135
The Reduction in Supernatural Occurrences 136
Nazar: the “Evil Eye” 139
Nazar and the Health Care System 141
Nazar Interpreted by a Disbeliever 143
Women’s Work 144
The Diagnosis of Nazar 144
The Prevention of Nazar 145
The Treatment of Nazar 146
Breastfeeding and Nazar 148
Life Transitions and Nazar 149
Clinical Practitioners and Belief 149

Chapter 6  A Traditional Healer 153
Meeting Aunty Zeynep 156
A Specialist’s Language 161
Returning to Aunty Zeynep 162
A Story about Bone-Setting 164
What Makes a Person an Expert? 165
The Education of a Traditional Healer 166
Aunty Emine on Bone-Setting 167
Describing the Difference between a Doctor and a Bone-Setter 168
Payment for Services 168
The Traditional Healer 168
The Status of a Traditional Healer 169
A Traditional Healer in a Novel by Yashar Kemal 169

Chapter 7 Reproduction and Reproductive Health 173
- The Fallen Stomach 178
- Comparison with Mayan Manual Medicine 179
- Reproduction and Reproductive Health 180
- Birth Control and Family Planning 183
- The Village Midwife 185
- Aunty Emine on Breech Births 185
- Granny on Childbirth 187
- Home Birth 188
- Nurse Rahime Talks about the Old Ways 188
- Confinement after Birth 190
- Symbolic Burying of the Placenta 190
- Home Birth with a Clinic Midwife 191
- Hospital Birth 192
- Belgin’s Hospital Birth 193
- Birth at the Fatsa Hospital 194
- Yıldız’s Cesareans 194
- Esra’s Private Room Birth 195
- Infant Feeding Trends in Medreseönü 196
- Esra on Breast-Feeding 197
- The Fallen Stomach Revisited 198
- Other Problems with Reproductive Health 199
- The Contemporary Mix of Options for Birth and Reproductive Health 199

Chapter 8 Institutions of Clinical Medicine 203
- The Clinic as Representative of the Turkish State 206
  - Reading the Clinic 208
  - The Staff 208
  - The Work of the Clinic 209
  - The Handbook of Clinic Regulations 210
  - Power Dynamics 211
  - “On-Stage” and “Back-Stage” Behavior 212
  - Patient Tactics 213
  - Vaccination 214
- Women’s Social Interactions at Institutions of Clinical Medicine 216
- The Range of Health Care Providers 217
The research and writing of this book would have been impossible without Muammer Önder, whose help with cultural translation and tape transcriptions was invaluable for me and trying for him. His nurturing care for family and friends keeps alive the spirit of Black Sea health care traditions. I thank him for his help with our son, Timur, whose birth was a blessing and whose sunny presence furthered my fieldwork in countless ways.

My mother-in-law, Hamide Önder, inspired me to study traditional healing practices, helped me establish contacts for research, and always exemplified the dynamic combination of inspired innovation and wisdom based on long experience. My father-in-law, Ismail Önder, indulged me with his patience and good-humor.

My parents, Robert and Ingrid Wing, supported my extended academic term and my international adventures. Losing my mother, my great aunt
Sylvia, and my paternal grandmother brought into sharp focus the valuable contributions of female elders. I miss them more than I can express. My grandmother, Gudrun McCowen continues to inspire me from afar with her love and healing circle efforts. I am grateful for all members of my growing family in England, the U.S., Turkey, and beyond—thank you all.

From the Black Sea region, I wish to thank Ayşe and Seyfi Doğan and their daughters Ümran, Nurcan, Gurcan, and Gülşen; Gülşen and Ayşu Şahin and their children Canan, Erkan, and Erkcan; Nurşen Önder and her children Banu and Baran; Hatice and Hüsamettin Kaya and their children Nihal, Yavuz, and Büşra; and Sezin and Sultan Önder and their newly arrived Afra. Also helpful from gürbet were Sezer and Gülşer Önder and their sons Ismail, Ünal, and Vedat, as well as their daughters-in-law. I thank Nurten Önder, her mother, her sons Erhan, Tevrat, Tefik, her daughters Rahime and Hayriye, and her daughters-in-law, particularly Emine.

I would like to thank Zekiya Çelebi, Hava and Ahmet Önder, Yeter and Tuncay Doğan, Seyhan and Berhan Önder, Leyla Doğan, Emine Doğan, the Hacıgüller, Doctor Halil İbrahim Akbulut, Nurse Rabiye Şahin, Nurse Günnaz Can, Clinic Manager Yusuf Genç, Midwife Nurten Şahin, Midwife Serpil Yavuz, Midwife Necla Yardım, her grandmother Zeynep Yıldız, Midwife Neşhat Akkaya, and Secretary Ersin Yılmaz. Medreseönü Mayor Şahin and his successors have graciously allowed me to conduct research in the local villages. Mine and Işın Önder gave me insights into the lives of career nurses.

This study would have been impossible without the assistance and sparkling insights of my graduate school advisers at The Ohio State University, Drs. Pat Mullen, Amy Shuman, and Sabra Webber. As for Dr. Victoria Holbrook, “her ocean encircles both East and West in waves of immersion and discernment.” Dr. Richard Davis deserves special thanks for his willingness to substitute on my examination committee.

I wish to acknowledge Dr. Alam Payind, Director of The Ohio State University Middle East Center, not only for his assistance in acquiring funding which helped support this research, through U. S. Title VI Grants, but also for running down a purse-snatcher in Istanbul and thereby saving my passport.

The development of the ideas expressed in this study was encouraged and shaped over the years by Drs. Ahmet Evin, Talat Halman, Walter Feldman, Henry Glassie, Margaret Mills, David Hufford, Marina Roseman, Alma Kuanabaeva, Nan Johnson, Margarita Mazo, Erika Bourguignon, Walter Andrews, Asım Karaömerlioğlu, Erika Gilson, Ulı Schamiloglu, and from Georgetown University, Karin Ryding, Scott Redford, Walter Armbrust, Susan
Ossman, and many students and colleagues from the Arabic Department and the Division of Eastern Mediterranean Languages, the College, and the School of Foreign Service. I have been assisted at Georgetown by Middle East Librarian Brenda Bickett, by the staff in the Language Laboratory, especially Peter Janssens, and by Mary Ruof of the Kennedy Institute of Ethics.

While undertaking the writing of this study, I received teaching support from the Institute of Turkish Studies, under the direction of Dr. Sabri Sayarı. Federal support was made available to me through Title VI funding through two Georgetown centers: The National Resource Center on the Middle East and the Center for Eurasian, Russian, and East European Studies, as well as from the National Middle East Language Resource Center.

I wish to thank the Georgetown University Anthropology Reading Group for advice on earlier versions of this work, the American Association of Teachers of Turkic Languages for moral support, and Roger Wing and Laura Cutler for editing help—the remaining faults are mine alone.

There are many more friends and colleagues who helped me along the way, in Turkey (particularly in Istanbul, Ankara, Alanya, and Medreseönü), and in the U.S. (particularly in Philadelphia, Columbus, Annapolis, and Washington). I beg indulgence for not listing names—your contributions enrich my work and my life.
Important in the final stages of writing this book was the guidance and careful text editing of series editors Dr. Pamela J. Stewart and Dr. Andrew Strathern from the Anthropology Department at the University of Pittsburgh. Greatly appreciated is the help of Carolina Academic Press Acquisitions Editor Bob Conrow, Senior Editor Linda Lacy, Publisher Keith Sipe, Marketing Manager Jennifer Whaley, and Production Managers Erin Ehman and Reuben Ayres (who have had to become experts in the Turkish alphabet), and Tim Colton, who created the cover design.

For the map used in this book, thanks go to Fatih and Türkan Taşpinar of Günizi in Alanya, Turkey.
Series Editors’ Preface

Pamela J. Stewart and Andrew Strathern

We Have No Microbes Here: Healing Practices in a Turkish Black Sea Village is a rich ethnographic work that is a delight to read. The work fits neatly into the Ethnographic Studies in Medical Anthropology Series, highlighting a range of topics that are important in many contexts inside of and outside of Turkey.

From our own areas of expertise and regions where we have conducted research, including the Pacific, Asia, and Europe, we will explore a few of these topical themes here.

“Evil Eye”

Önder discusses the beliefs in nazar (“Evil Eye”) in her study area and the wider belief in this phenomenon amongst Muslims. As a comparative point we note here that historically throughout Europe links between witchcraft and the use of the Evil Eye have been noted.

The church in Medieval Europe played a strong role in associating witchcraft with the Devil. Thus, the acts of those said to be witches were labeled as both dangerous and sinful. This, among many complex factors, then, influenced the infamous witch-hunts in Europe (see Stewart and Strathern 2004 for discussions of witchcraft and the role of rumor and gossip in the persecution of individuals). An escalation in witchcraft fears occurred in post-Reformation times during the sixteenth and seventeenth centuries as waves of hysteria led to witch trials in England, Scotland, Switzerland, Germany and France. During this time as many as 100,000 people may have been prosecuted as witches. Those afraid of being accused were eager to point a finger at others so as to divert accusing eyes from themselves. At least 75% of those accused of being witches were women who were either single or widowed and were propertyless. Those accused were vigorously interrogated and physically pressurized so as to obtain confessions of witchcraft deeds (Duiker and Spielvogel 1998: 547–549). And anti-witchcraft legislation was enacted in Eu-
ropean countries that was used to accuse, arrest, torture, legally find guilty, and burn to death those said to be witches (Sidky 1997: 23).

As various political and religious upheavals subsided by the mid-seventeenth century in Europe so did the hysteria over witchcraft. But the fundamental belief in powers to induce misfortune in the affairs of others persisted. An intriguing example of this is evidenced by R.C. Maclagan’s study on the Evil Eye that was conducted among the Gaelic-speaking people of the Western Highlands and the Islands off the coast of Scotland during the nineteenth century (1902). As for European witchcraft in general, much has been written about the topic of the Evil Eye in Europe. A subject search on the Internet produces a wealth of information on the topic and references to the literature. The effects of Evil Eye are said to center on the “natural covetousness of the greedy person” using this “diabolical” power which can cause sickness and death in people and livestock. The main outcome of the use of Evil Eye is to diminish what another person possesses, whether that be good health, wealth, or luck. Maclagan quotes an Argyllshire islander as saying: “Witchcraft is all gone now, and it is well it is, for it was a bad thing. But if that is gone, there is another thing that has not gone yet, and that is Cronachadh [the misfortunes produced by the use of Evil Eye]. I saw a breeding sow in my own house, and one day a neighbour came in, and she said that that was a splendid sow. Well, the woman went out, and she was no time away when the sow gave such a scream, and going round about she fell on the floor” (p. 12). This is a typical example of the sorts of stories that Maclagan was told. They involve a person who possesses something that is negatively impacted by the jealous gaze of another. In this particular story the sow did not die but recovered.

Unlike the narrative of the Argyllshire man, other people did not believe that witchcraft had disappeared and maintained that it and the Evil Eye worked in concert to produce misfortunes. An Islay man defined the functioning of the Evil Eye: “Those who have this eye will do injury to beast or person, though they do nothing but look on them” (p. 18). Many of the farmers and those working in fishing in the area that Maclagan studied narrated stories of Evil Eye, and often particular persons were identified as known possessors of these powers. A minister told Maclagan that “The possession was more frequently ascribed to females than to males, and for the most part to elderly women” (p. 24). Another minister said, “They were chiefly women that were suspected, and were generally much disliked in the communities” (ibid.).

Various sorts of devices were described as working to keep the Evil Eye from functioning to cause damage. One of the preventive measures used to protect cows from the Evil Eye, as well as protecting butter and milk from being stolen by witches, was to tie a sprig of a rowan tree to the tail of the cow or in the
case of the product of the animal to the butter churn or milk container (Maclagan, pp. 119–120). Another measure was to spit onto the object that the Evil Eye fell upon. An example of this was given by a Ross-shire minister: "A woman there had a child of about nine months old. Another woman came in, and looking at the child on its mother's arm, remarked,... 'You have a pretty, dear boy there.' Without more ado the mother turned the child's face to her and began to spit in it as hard as she could to prevent any bad effect from the other woman's Evil Eye" (p. 126). Maclagan suggests that this practice may be considered to quench the heat (fire) of the Evil Eye, extinguishing its potentially damaging effects.

Another item used in curing the Evil Eye was an *a'chlach nathrach* (the serpent's stone). These were said to be usually round with one hole through them or in some instances two holes through them. The popular account of these given to Maclagan was that "A number of serpents congregating at certain times form themselves into a knot and move around and round on the stone until a hole is worn. They then pass and repass after each other through the hole, leaving a coating of slime round the hole, which by-and-by becomes hard" (p. 170). This congealed slime is said to give the stone healing properties when used to counter Evil Eye effects. The stone would be used along with water which was poured onto the stone and over the person or animal affected. Maclagan states that he tried to obtain one of these eyed healing stones but was told that they were too valuable in curing to relinquish (p. 171).

Of course, the idea of the Evil Eye is spread much more widely throughout the world. It passed with Hispanic traditions from the Mediterranean into the New World; and it is a basic notion underpinning fears of witchcraft in parts of the Pacific region, for example among the Duna people of Papua New Guinea, where it is thought to fall especially from jealous bystanders on fine cuts of pork received in feasts.

From Turkey itself, the medical anthropologist Byron Good has noted that the Evil Eye may be given as an explanation for the onset of illnesses in people (Good 1994: 148–58). Either the Evil Eye or attacks by *jinn* spirits may be cited. In one case a child had tonic-clonic seizures (epilepsy), and the researchers were told: "In essence it happened to him because of an evil eye. There is a woman in the village, if she looks at you she destroys you. That woman looked at him when he was eight months old, the next morning he couldn't speak. His mouth foamed" (p. 150). In this instance the explanation was clear. Evil Eye used against infants is a very common cross-cultural theme. Mothers in the Mount Hagen area of Papua New Guinea in the 1960s would hide their infants' faces from passers-by, particularly from strangers or from other women suspected of being witches, in case their hostile gaze might cause
the child to fall sick and die. In circumstances where infant morbidity and mortality rates are high, or are remembered to have been high in the recent past, such fears are strongly reinforced by experiencing the actual deaths of children. Since reproduction of children is so important for local agriculturally based communities, it is obvious that the fear of others’ envy also expresses the high value accorded to having healthy children. By a kind of social pact, people do not praise or refer to the healthy appearance of infants. To do so might bring on the envious attentions not only of those said to be witches but also of spirits of the dead who had died in unfavorable circumstances or without descendants, and therefore felt malevolent towards mothers with healthy, handsome children.

Reproductive Health and Practices

Önder provides us with a detailed and interesting set of observations on reproduction and fertility issues within her study area. Some of these are particularly intriguing and poignant observations about the impact of change on the practices of the community and the retention of older ways of dealing with gendered health care. Önder mentions briefly (chapter 7) the practice of burying the placenta and its meanings. We provide a few comparative points here from the Pacific (see Stewart and Strathern 2001: 84–97 for further details).

In the Highlands of Papua New Guinea many practices were followed to help to seek proper growth and fertility (see Strathern and Stewart 2000a: 72–3 for examples from the Hagen, Pangia, and Duna areas). Burial of the placenta formed a part of this cultural complex.

Among the Anganen of the Southern Highlands of Papua New Guinea (Merrett-Balkos 1998): “The umbilical cord is...known as the ‘road’...between mother and child. Vital substance, ip [grease], flows from the mother to the unborn child along this path and the cord is the source of life for an infant. The ip which flows from mother to child comprises the food a woman eats, but it also conveys aspects of identity to the unborn”. The connection of the fetus to the mother is referred to as ronga, to bind/fasten. Ronga and nurturance are sustained after birth through the breast feeding of milk, and through the use of the netbag (a symbolic extension of the womb that is used as a crib and carrier to transport infants, see MacKenzie 1991, and Stewart and Strathern 1997), which has special kinds of leaves placed in it to cushion the child, prevent its spirit from wandering during sleep, and to promote its growth (this practice was also found in Hagen and Pangia in the past). The Anganen mothers “consider themselves the archetypical nourishers and growers of children”, (Merrett-Balkos, p. 222) partly because small children consume breast milk...
which the mother creates from the food that she grows and consumes on the father’s land.

The placenta, \textit{nu}, and its attached umbilical cord are either buried or placed high up in the crook of a tree. The \textit{nu} has to be planted in the clan soil of the child’s father, thereby fixing the child to the group of his father while at the same time, through the planting of the umbilical cord, strengthening the tie of the mother’s connection to her husband’s land. The umbilical cord is known as the ‘road’ and represents relatedness, thus the planting of the cord also affirms the mother’s connection to her natal group through the connection that she establishes between affinally related men.

Merrett-Balkos explains further that women nowadays give birth to children in mission health care centers, where they are also fed from mission supplies and gardens. Each mother receives a section of her child’s umbilical cord after the delivery, and she tends to keep this with her until she returns home and hides it near to her residence. The mothers themselves negotiate this arrangement in order to preserve the essentials of their previous cultural practices (Merrett-Balkos, p. 221).

The placenta and its associated umbilical cord are considered to be the child’s ‘base-place’. Merrett-Balkos writes that “the significance of the bond… between a child and its physiological, uterine source is infused with the meaning of the bond between clan members… Tree or ground burial of the placenta is the action which effects this fusion of meaning” (p. 225). In other words there is a metathesis or analogy made between the child’s initial ‘rootedness’ in the mother and its subsequent ‘rootedness’ in its paternal clan territory. The analogy is given force by the metonymical action of taking and re-planting the navel string in the clan ground of the father. But although this reveals a need to transform one kind of connection into another, in fact the tie with the mother and her group is permanent.

In the Hagen (Western Highlands Province, Papua New Guinea) area a comparable set of practices held in the past. The place where the placenta and part of the umbilical cord was buried or planted would be prepared by the child’s father, who would make a fence of stakes around it and plant a cordyline sprig in it to mark the spot. Both the cordyline and the child were, from this time on, rooted in the child’s paternal ground; yet they also represented the increment of substance brought to that ground by the mother.

\textbf{“Tradition” and “Modernity”}

Önder’s study reveals the dynamic interactions between what we label as tradition and modernity in the networks of health care she studied. Particu-
larly revealing are her discussions in chapters 5 and 6 of traditional curing practices held by women of the grandparental generation compared to the practices of clinicians. People expect to use the clinics; but they are also tied by kinship to local communal sources of knowledge, and they try pragmatically to use both resources. They try also to localize introduced practices, bringing them more into line with their own understandings and experience. Interesting here are Önder’s accounts of front-stage and back-stage behavior in the clinics (chapter 8); and technical discussions between a doctor and a bone-setter (chapter 6).

While in practical terms people try to use both modern and traditional means of handling illness, Önder also portrays the conflicts between the urban and the rural, the young and the old, and the doctrinal “Islamists” from the cities, usually young males, who criticize the ways of older rural females. Given the emerging significance in the Islamic world of contrasts between Islamist movements of this kind and the diversities of folk cultural practices which have their roots far back in the Islamic past, Önder’s discussion is diagnostic of a situation that goes much more widely than her immediate field area (see the essays in Stewart and Strathern 2005a on the multiplicity of Islamic practices in historical and contemporary instances).

In her chapter 1 Önder carefully points out how she is using the term “traditional”. It is not a static, but a processual term, marking an ongoing dialectic between past and present: “a negotiation between what people know and what they learn as circumstances change,” she writes. We have ourselves explored this dialectic extensively in our studies of the Hagen and Duna people in Papua New Guinea (Strathern and Stewart 2000b, 2004).

“Expressive Genres”

The presentation of poems and songs by Önder enriches the ethnographic presentation of her materials and provides an insight into the aesthetic component in the lives of the people discussed. It is important to present expressive genre materials since they are such an integral aspect of life and they hold much interpretative and philosophical meaning.

Time and again we find that the people themselves are the most adept at summing up their attitudes, problems, experiences, and feelings about their lives or their ideals. We have worked to give space for such voices of people in a number of our publications on Papua New Guinea, concentrating on songs, epics, and ballads (see Stewart and Strathern 2002, 2005b). Önder’s inclusion of such materials in her study indicates both her commitment to a contem-
porary domain of folklore scholarship and her close appreciation of and understanding of people’s lives.

As issues surrounding the potential or prospective entry of Turkey into the European Union grow in significance, this book can stand as a sympathetic but objective account of many of the social themes that are important in rural Turkish society, and so can help in the vital process of rendering the lives of people within an expanded vision of Europe intelligible to one another.

Önder’s study will be of interest to those in Medical Anthropology, Gender Studies, Islamic Studies, General Anthropology of the wider Mediterranean region, European Studies, and Ritual Studies. Both students and established scholars will no doubt enjoy the narrative style that the author employs to present her research findings.

24 April 2005
University of Pittsburgh
Pittsburgh, PA, USA
REFERENCES


