

# LOST SELVES AND LONELY PERSONS

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*Lost Selves and Lonely Persons*  
*Experiences of Illness and Well-Being among Tamil Refugees in Norway*  
Anne Sigfrid Grønseth



# LOST SELVES AND LONELY PERSONS

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*Experiences of Illness and Well-Being  
among Tamil Refugees in Norway*

Anne Sigfrid Grønseth

LILLEHAMER UNIVERSITY COLLEGE

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## SERIES EDITORS' PREFACE

# LISTEN TO THE PATIENT

*Pamela J. Stewart and Andrew Strathern*<sup>1</sup>

Dr. Anne Sigfrid Grønseth's book on the interactions of Tamil refugees with the health care system in a rural part of Norway is a welcome contribution to the growing body of literature in medical anthropology and the refugee experience. The book uses a number of theoretical approaches, including embodiment theory, to examine the existential life circumstances of Tamil refugees in a rural area of Norway. The Tamil patients in this study who seek remedies within the Norwegian biomedical system for a mix of aches and pains, brought on by a number of causes, are reported to perceive that they are not treated in ways that fully recognize their personhood. Thus, the treatments are not as effective as they might otherwise be, and the experience of the health care system is not as positive as it could otherwise be. Dr. Grønseth pursues her topic in a nuanced and engaged manner, presenting discussion of entangled senses of self and emplacement with wellness.

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1. Dr. Pamela J. Stewart (Strathern) and Professor Andrew Strathern are a husband-and-wife research team in the Department of Anthropology, University of Pittsburgh, and are, respectively, Visiting Research Fellow and Visiting Professor, Department of Anthropology, University of Durham, England. They are also Research Associates in the Research Institute of Irish and Scottish Studies, University of Aberdeen, Scotland, and have been Visiting Research Fellows at the Institute of Ethnology, Academia Sinica, Taipei, Taiwan, during parts of 2002, 2003, 2004, 2005, 2006, 2007, 2008, and 2009. They have published more than 35 books and more than 175 articles on their research in the Pacific, Asia (mainly Taiwan), and Europe (primarily Scotland and Ireland). Their most recent coauthored books include *Witchcraft, Sorcery, Rumors, and Gossip* (Cambridge University Press, 2004); and *Kinship in Action: Self and Group* (in press with Prentice Hall). Their recent coedited books include *Exchange and Sacrifice* (Carolina Academic Press, 2008), *Religious and Ritual Change: Cosmologies and Histories* (Carolina Academic Press, 2009), and *Landscape, Heritage, and Conservation* (Carolina Academic Press, forthcoming). Their most recent research and writing is on the topics of cosmological landscapes, farming and conservation practices, minority languages and identities, religious conversion, ritual studies, and political peace-making.

The work fits neatly with literature on personhood and on the associations of migration with illness/wellness. (On the topic of personhood see, for example, Stewart and Strathern 2000.) The migration of peoples from one place to another has occurred throughout history with varied impacts on their lives, including their health and well-being. In our own writings, we have called the movements of individuals or collectives across, beyond, or through physical places and ideological spaces “trans-placements” (Stewart and Strathern 2005). The physical and mental impacts on those who have moved, including the emotional ties back to places they moved from, are significant factors in how people adjust to and cope with their new emplacements.

When people move to new places they bring a corpus of cognitive and bodily experience with them. New places are “inscribed” by incomers with the remembered experiences of previously lived places (both physical and imagined) and identities are formed through amalgamations of previous and currently lived emplacements within political, religious, geographic, and social environments that are very much individual and shared constructs of the mind and of bodily experiences (see e.g. Stewart and Strathern 2003). . . . The “spiritual”/cosmological aspects of places left behind and places newly arrived at are vital to the adjustments by people to trans-placements. Memory, history, and the emotions are all involved in the construction of cultural selves in new places. Through migration, as well as for other reasons, conflicts, contradiction, and opposition between globalizing forces and local senses of identity can emerge even when opportunities are being sought after by individuals. (Stewart and Strathern 2005:205–6)

A vital component of responses to trans-placements is the physical and mental adjustment that must be made in day-to-day living as well as with local systems of medical treatment and/or healing practices. A sense of social intimacy is generated when a feeling of comfort or ease is attained in relationships. The patient–health care provider relationship requires the health care provider to listen to the patient to try to effectively treat him or her. This act of listening necessitates a process in which hearing what the patient is saying is accompanied by an understanding of the meaning of their narrative. What is striking in Grønseth’s study is how the mechanism of defining selfhood is closely linked to the effectiveness of treatment.

Several additional circumstances contribute to this situation. The Tamil patients involved work in a local fish factory. The work is manual and hard, and this helps explain why they experience so many bodily pains. Physical pain,

as we know, is highly existential and can threaten the basis of feelings of personhood as a result. But these patients do not hold high positions in their workplace structure. They are marginalized. First, they are migrants/refugees from their homeland, where extreme ethnic tensions between Tamils and Sinhalese have been a pervasive part of recent history. Second, the place where they work is itself marginal to larger urban centers in Norway. Third, they form an ethnic enclave in their community of residence, as well as occupying relatively low-paid jobs. It is little wonder that with all these sources of stress they suffer aches and pains (Kaja Finkler would call these "life's lesions"; see Finkler 1994, 2001). It is also unsurprising that the health care context should bring with it particularly poignant experiences of inadequacy, because illness makes persons uncertain and places them crucially in the hands of authoritative "others." Illness also requires people to subject their bodies to examination. Grønseth's observation that these Tamils felt they were characterized in terms of their disease condition rather than as whole persons is also classic for biomedical interactions in metropolitan contexts that do not involve factors of marginalization. There can be many problems of communication and possibilities of misunderstanding between doctors and patients in such metropolitan contexts as well. What seems to have made the situation studied by Grønseth especially difficult is that both sides had particular stereotypes of each other and particular expectations about what biomedicine can and cannot offer. Grønseth notes that the Tamils in her field area (Arctic Harbor) are regarded as representatives of their groups by the physicians who deal with them, and these doctors also consider that "the Tamils" come for consultations too often. The doctors are also under pressure from employers not to give too much sick leave time to their patients. They also have to keep their consultations to 15 minutes. Doctors, therefore, are under constraints of their own. Their Tamil patients, on the other hand, come from a background of Ayurvedic medicine, with a different ethno-theory of the body, an expectation of holistic treatment of the person, and a need for longer consultations to explore their body-mind circumstances. They seek "healing" as well as "curing" (Strathern and Stewart 2010). Doctors regard the Tamils as "somatizers," that is, expressing emotional concerns in physical form, and hence coming to consultations as a result of having a "low pain threshold." Tamils are unsatisfied with short consultations and seek to develop a stronger relationship with practitioners, something that the biomedical and bureaucratic context does not allow. Grønseth concludes that these patients and their doctors have expectations that cannot be realized within existing frameworks. As a further point, she notes that most of the Tamils in Arctic Harbor want to be able to move away from it to larger urban contexts if they could afford to do so.

This is a meticulously described and analyzed study that can provide a model for such investigative contexts and suggest pointers for how biomedical dealings with minority groups can be improved.

PJS and AJS  
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November 2009

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This work originates from an effort to gain insight in Tamil refugees' experiences of illness. Many people in a variety of professions within the health care arena have shared this interest with me. My anthropological description and interpretation is offered as one that emphasizes the commonalities between peoples. As human beings we perceive and create our surroundings and it is by way of focusing upon these processes I understand Tamils' aches and pains, but also joys and success. To achieve this approach to Tamils' illnesses, I owe many thanks to several people and institutions.

I lived in Tromsø while the research project was initiated and undertaken, and I have been in constant dialog with the staff at Department of Social Anthropology, University of Tromsø. Among them I mention especially Sidsel Saugestad, Inger Altern, Per Mathiesen, Trond Thuen, and Asle Høgmo, who all took an eager interest and contributed with comments and inspiration. The department included me in their research seminars and gave me support and space to explore various perspectives to employ. Of greatest importance for this research was the continuous stimulation from Dona Lee Davis, who guided me into the field of medical anthropology. She has read and commented on every page, and throughout the process she has shared of her wide scholarly knowledge and ethnographic shaping.

Attaining a four-year university scholarship at Department of Social Anthropology, Norwegian University of Technology and Science, I was warmly included by the staff. In particular, Anne Kathrine Larsen open-mindedly followed the process with always critical and supportive comments to concepts and perspectives. Harald Aspen read an early draft and helped form the text into an ethnographic monograph. Hans Hadders read and commented on issues of Hinduism and Indian life-worlds. Malin Ravn Noem and Solrun Wiliksen engaged in stimulating conversations at seminars and around the coffee table. Nigel Rapport has attentively listened to pieces of the text and inspired me to highlight themes of human capacities and communalities.

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and Viggo Vestel. In particular, Øivind Fuglerud offered his support and knowledge from years of studies on Tamil issues in Norway.

The interest and undertaking of this research project was initiated while I was employed as a special consultant in a psychiatric clinic setting at the Psychosocial Team for Refugees in Northern Norway (PTRNN) then being part of the Adult Psychiatric Polyclinic at the University Hospital in Northern Norway. Being included in my colleagues Hans Sande and Eirik Mathiesen's broad experience as clinical practitioners and supervisors, my attention was drawn toward issues of Tamils' illness. The PTRNN encouraged this project and financed the initial short-term field visits. In addition, Northern Norwegian Psychiatric Research Center contributed with three months salary in 1997. Later, PTRNN supplied an estimated time to complete the manuscript for doctoral dissertation. Michelle Tisdell Flikke helped wonderfully to transform what was then written in typical Norwegian-English into smooth English.

Although this research project started in Tromsø, passing through Trondheim, I am currently affiliated at University College of Lillehammer. My colleagues at the Department of Health and Social Studies and the Research Committee have supported the final revisions of the manuscript by way of a two-month grant and encouraged my writing in generous ways. In this final stage Pamela J. Stewart and Andrew Strathern have offered insightful suggestions relating the volume to overall themes in medical anthropology. The anonymous reviewers supplied comments that helped link themes running through the chapters. The staff of Carolina Academic Press has been very forthcoming and accommodating in the publication process, and they offered excellent final edits.

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back home. Last, I owe much of the inspiration in perspectives and understandings to my beloved father, Erik, who did not live to see the outcome of this project. They have all encouraged and abided this endeavor.

Anne Sigfrid Grønseth  
Lillehammer, October 2009