

Chronic Illness in a Pakistani Labour Diaspora

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Chronic Illness in a Pakistani Labour Diaspora
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Chronic Illness in a Pakistani Labour Diaspora

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For Shareen Akhtar, with love and gratitude

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Series Editors' Preface

What Causes Illness?

Elaborations on the Mindful Body and Its Sufferings

*Andrew Strathern and Pamela J. Stewart**

In this closely observed and well-argued study, the author, Kaveri Qureshi, covers in a stimulating way several themes fundamental to medical anthropological theory. Choosing as her focus relatively economically poor people living in East London of Pakistani origins, she tries to understand how these people themselves struggle to make sense of chronic illness conditions that they experience in their lives, and she is able to show the inextricable links between bodily suffering, social tensions, and interpersonal conflict that make up a holistic picture of what causes illness. Qureshi rightly challenges the mind-body dualistic way of thinking that underlies the division into mental and physical illness, as we ourselves have recently done in a more general consideration of themes in anthropological theory (Stewart and Strathern 2017).

The insight into the essential co-dependency of what we call the mind and the body is arrived at by the author through a set of telling personal narratives

that link the onset of overt illness conditions not only to stress in general but also to interpersonal conflict in particular. Such conflict is shown in Qureshi's study to be endemic in marital relations where women are often isolated from their natal families and the wider community, and are ill-treated by their husbands and in-laws or may have been left by their husbands. The locus of illness conditions clearly lies within the social lives of the sufferers themselves. And a part of the problem lies in the feelings that these patients had that their doctors did not listen to them or care about them. Sometimes, a psychiatrist may find an expression that answers to a patient's concern, as in the narrative that a woman reported of being told 'sorrow' had built up in her bowel system. There is also an interesting intersection with the attempts by patients to access the teachings of Islamic medicine and to develop knowledge of herbal medicines they can use to alleviate conditions, in addition to recourse to biomedical prescriptions. Whenever there is a possibility, medical pluralism comes into play.

Since many of the chronic conditions discussed have to do with both stress and diet, it is interesting to compare Qureshi's findings with some materials from a very different part of the world, the Pacific, where chronic conditions seen as resulting from obesity and unhealthy diet are common. In the Cook Islands, for example, there is an obvious problem of people being heavier than their ideal body mass and so prone to various illness conditions, but there are other factors at work, for example a relative lack of biomedical practitioners or advisors and the withdrawal of qualified doctors from the more remote outer islands. The combination of unhealthy introduced foods with their indigenous carbohydrates found in taro and cassava, leads in itself to diet-related illness, but Qureshi's study in East London suggests that interpersonal and gender-related conflicts may also be at work, and this could be usefully studied. The Cook Islands have a special problem with out-migration of younger people, which depletes small islands of active workers and leads to a sense of isolation among those left behind. These tiny islands may be separated by hundreds of kilometers from their nearest neighbors, with infrequent visits from boats and prohibitively expensive airfares. Social isolation as well as a lack of access to medical services is likely to play its part in causing illness in these circumstances.

Qureshi's study points to another element that can cause widespread stress and distress. This is the growing necessity to struggle with bureaucratic red tape in order to gain access to health and welfare services. This is indeed a social problem that runs across many domains and is felt most severely by those who are in greatest need of services and are also the least likely to be able to negotiate their way through a bewildering variety of lengthy application forms. One might reasonably call this situation a bureaucratic 'disease' in itself.

Overall, however, the main message that comes over in Qureshi's study is that family conflict can be the most salient precipitant of illness conditions, including instances of abuse that has had to be concealed in order not to undermine the dignity of the family itself. Here then the disjunction between a cultural value and personal suffering is what causes illness. Kinship relations are at the heart of the problems here, for example, conflicts between sisters-in-law, and marital breakdown is one of the results of such conflicts. And it is also instructive to note that in severe circumstance of suffering a patient (in one case discussed, a man whose marriage had ended) may go 'home' to Pakistan and consult a *hakeem*, a local doctor, in order to gain relief. Predictably, in severe cases sorcery is suspected, and this would be worth looking into further.

Suffering is a human universal, and it comes in many cultural shapes and manifestations. Family can be a source of strength and support, or it can also be lethal. One category of narrative in Qureshi's study is the story of the wife abused by her husband. Another is that of a man whose ex-wife had reportedly denied him access to his children, in response to which he hanged himself.

'While the balance of the mind is disturbed' always means 'while the balance of relationships is disturbed'. The Roman poet Horace's injunction comes to mind here: "Aequam memento rebus in arduis servare mentem" (Remember in difficult times to keep an even mind). Horace's words emerged out of the poet's realization of turbulence in his own historical time and a need to cultivate peace of mind –this never to be separated from peace of the body.

Qureshi's insightful study can fruitfully be compared with other books in our Medical Anthropology Series with Carolina Academic Press. To mention just two here, one is Santi Rozario's book *Genetic Disorder and Islamic Identity among British Bangladeshis*, with a focus on marriage and gendered identities. A second is Ariela Popper-Giveon's book *A Tale of an Amulet*, on Arab women healers in Israel, discussing how healers occupy a niche of alternative medicine in a broader spectrum of biomedical dominance (Rozario 2013, Popper-Giveon 2015). Both of these studies contribute to our understanding of the extent to which immigrant or enclaved populations can cope with or cannot cope with the pressure in their lives. In other words, they help us to measure degrees of resilience in the face of hardship. A point Qureshi makes in her book is that we cannot always invoke resilience as a universal response of people. Contrasting her East London findings with those of Pnina Werbner in her work on Manchester Muslim immigrants from the Punjab region, Qureshi highlights the class and income-based inequalities that impair the health status of the migrants she studied. Every case is historically different. At the same time, following the work of Jason Throop and others, Qureshi seeks to show the performative functions of illness narratives, not as 'explanatory models' in

Arthur Kleinman's terms, but as ways of seeking to link the present and the past together. Thus, in Qureshi's presentation, the illness of muscular-skeletal pain is 'performed' by people as a marker of how they have sacrificed themselves by their manual labor on behalf of their kin. In fact, this is not just a narrative, it is a whole performed life.

Running through all of Qureshi's own analytical narrative theme is a performance of social critique about work and life conditions in commodity-based capitalist regimes and what she calls, following Richard Sennett, a specter of 'uselessness' that haunts the process of economic restructuring. This ghost in the machine is by no means restricted to East London. It is global, and it is found stalking the hallways of businesses and campuses of universities. Restructuring always means getting rid of people in the name of a shibboleth of efficiency or by introducing robots. When this happens, the human performance of meaning is made obsolete. Against the essential inhumanity of this process, the attempt to understand the human struggle of people faced with illness, misfortune, and death, in all their everyday ethnographic minutia, is what motivates Qureshi's study and its portrayal of people's lives.

Preface written in
Hagen, Papua New Guinea
and Rarotonga, Cook Islands,
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References

- Popper-Giveon, Ariel 2015. *A Tale of an Amulet*. Durham, NC: Carolina Academic Press.
- Rozario, Santi, 2013. *Genetic Disorders and Islamic Identity among British Bangladeshis*. Durham, NC: Carolina Academic Press.
- Stewart, Pamela J. and Andrew Strathern 2017. *Breaking the Frames: Anthropological Conundrums*. New York: Palgrave Macmillan.

*Pamela J. Stewart (Strathern) and Andrew J. Strathern are a wife-and-husband research team who are based in the Department of Anthropology, University of Pittsburgh and co-direct the Cromie Burn Research Unit. They are frequently invited international lecturers and have worked with numbers of museums to assist them with their collections. Stewart and Strathern have published over 50 books and over 250 articles, book chapters, and essays on their research in the Pacific (mainly Papua New Guinea and the South-West Pacific region, e.g., Samoa and Fiji); Asia (mainly Taiwan, and also including Mainland China and

Japan); and Europe (primarily Scotland, Ireland and the European Union countries in general); and also New Zealand and Australia. Their most recent co-authored books include *Witchcraft, Sorcery, Rumors, and Gossip* (Cambridge University Press, 2004); *Kinship in Action: Self and Group* (Prentice Hall, 2011); *Peace-Making and the Imagination: Papua New Guinea Perspectives* (University of Queensland Press with Penguin Australia, 2011); *Ritual: Key Concepts in Religion* (Bloomsbury Academic Publications, 2014); *Working in the Field: Anthropological Experiences Across the World* (Palgrave Macmillan, 2014) *Breaking the Frames: Anthropological Conundrums* (Palgrave Macmillan, 2017) and *Diaspora, Disasters, and the Cosmos: Rituals and Images* (Carolina Academic Press, 2018). Their recent co-edited books include *Research Companion to Anthropology* (Ashgate Publishing, 2015); *Exchange and Sacrifice* (Carolina Academic Press, 2008); and *Religious and Ritual Change: Cosmologies and Histories* (Carolina Academic Press, 2009) and the Updated and Revised Chinese version: Taipei, Taiwan: Linking Publishing, 2010. Stewart and Strathern's current research includes the topics of Cosmological Landscapes; Ritual Studies; Political Peace-making; Comparative Anthropological Studies of Disasters and Climatic Change; Language, Culture and Cognitive Science; and Scottish and Irish Studies. For many years they served as Associate Editor and General Editor (respectively) for the Association for Social Anthropology in Oceania book series and they are co-series editors for the Anthropology and Cultural History in Asia and the Indo-Pacific book series. They also currently co-edit four other book series: Ritual Studies; Medical Anthropology; European Anthropology and Disaster Anthropology, and they are the long-standing co-editors of the Journal of Ritual Studies [Facebook: <https://www.facebook.com/ritualstudies>].

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