

Introduction

Essays in medical anthropology and the AMMA experience

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In 1997, the University of Amsterdam initiated an international postgraduate master's course in Medical Anthropology, AMMA (Amsterdam Master's in Medical Anthropology). The programme soon became a hothouse of academic learning and discussion focused on both theoretical and applied concerns regarding health and care in a wide social and cultural context. In spite of its success and popularity, the course ended after fifteen years. Managerial concerns about the cost-effectiveness of the course outweighed students and staff's pleas for the continuation of AMMA.

This volume is a tribute to AMMA students and teachers and brings together twenty articles by students over the fifteen years of the programme.⁵ All contributions are based on the authors' master theses. The articles provide a glimpse of the wide variety of students' background and interests.

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⁴ Ria Reis chaired the team that developed the AMMA programme and taught in the programme from the early beginning. Her core research interest is children and young people's health and wellbeing at the crossroads of anthropology and psychology (see <http://aissr.uva.nl/staff/>). She is now Associate Professor at the University of Amsterdam and professor of Medical Anthropology at Leiden Medical University Centre, Dpt. Public Health and Primary Care (LUMC). E-mail: r.reis@uva.nl.

⁵ This is the second AMMA book. An earlier collection of essays was published on the occasion of the tenth anniversary of the AMMA programme (Park & Van der Geest 2010). That volume focused on how medical anthropology had made an impact on work and life of both AMMA students and teachers.

We made many friends, but we also lost some over those fifteen years. Three obituaries commemorate the lives and work of two AMMA teachers and one student who died. In the appendices, the reader finds information about the AMMA students and teachers, group pictures of all fifteen classes, and a complete list of theses produced by AMMA students.

The beginning

Medical Anthropology at the University of Amsterdam became a specialization for teaching and research in approximately 1980. The ‘founding fathers’ were Klaas van der Veen and Sjaak van der Geest. The latter was appointed as professor in Medical Anthropology in 1994. Other chairs in Medical Anthropology soon followed: Anita Hardon, Pieter Streefland and Corlien Varkevisser. The last two held part-time chairs funded by the Royal Tropical Institute. In 1984, Stuart Blume, a professor of Science Dynamics, joined the Medical Anthropology Unit together with two colleagues and added historical and sociological approaches to the existing research programme. Approximately ten years later, the Unit had expanded into a team of about ten senior staff members and a similar number of PhD students. Research foci included pharmaceuticals and immunization, primary health care, gender and reproductive health, children and youth, cultural psychology and psychiatry, and ageing and long-term care.

How and when did AMMA come into being? It all started in the early 1990s with short intensive courses in applied Medical Anthropology in Thailand, the Philippines and Bangladesh organised by the Amsterdam Medical Anthropology Unit for partners in our collaborative projects in Asia and Africa.⁶ Our partners continually requested more formal training in the field; thus, in 1995, when the Board of the University of Amsterdam created a fund for the development of so-called ‘contract-education’, we jumped at the opportunity. Ria Reis was a doctoral student in the liminal post-contract stage between finalizing and defending her thesis. Anita Hardon recognized Ria’s profound passion for education and encouraged her to write proposals for this funding, including a rather audacious proposal for a postgraduate international master in Medical Anthropology, which was submitted in March 1996. Three months later, in June, the Board awarded us a then huge sum, the equivalent of 55,000. September 1, 1996, Ria became the programme manager and was soon joined by Trudy Kanis as AMMA secretary.

In September 1997, we celebrated the birth of the Medical Anthropology program with eleven participants from nine countries. A management team was

⁶ Mahidol University in Thailand, De La Salle University in the Philippines and BRAC University in Bangladesh.

installed which guaranteed a high quality of teaching and smooth incorporation of students.⁷ The programme was baptised the ‘Amsterdam Master’s in Medical Anthropology’ chosen for the acronym, AMMA, which also stood for the principle that true learning involves personal growth and therefore true teaching must involve ‘motherly’ support (‘AMMA’ means ‘mother’ in many languages). Indeed, AMMA became a caring and vibrant environment that helped both teachers and students to develop and grow into true academics, health professionals and inspiring personalities.

The programme

The main objective of the AMMA was to enable students to formulate appropriate research objectives for medical anthropological research, develop feasible study designs applying relevant theories and concepts, and provide them with the means and tools for solid research and reporting, which hopefully contributed to solutions for health-related problems.

AMMA teaching incorporated current developments in medical anthropological theory and methodology, relevant to emerging concerns. Therefore, the programme was not based in a particular theoretical orientation. Students were encouraged to choose concepts relevant to their research. In hindsight, there was a gradual shift from an emphasis on interpretative approaches to praxis theory and science dynamics, with critical anthropology as a continuous underflow.

The first module was a general introduction into cultural anthropology. For those who had studied anthropology before, this was a refresher course; for those with a medical or related professional background, this module felt almost like brainwashing, or at least a radical adjustment to the new anthropological glasses they were supposed to wear from then on.

The second module consisted of five intensive weeks of medical anthropology, reflecting on illness and disease, the body, and patients and doctors, only to find that none of these terms could be taken for granted. The students were confronted with new theories and concepts. A special AMMA reader with key publications in medical anthropology (Van der Geest & Rienks 1998) helped to introduce the students to this new discipline.

The calendar year ended with the module ‘Studying Health and Diseases’ a module in which the students learned to compare epidemiological and

⁷ After three years of programme management, Ria Reis succeeded Sjaak van der Geest as the AMMA director in 2000 and continued until 2010, when Trudie Gerrits assumed the position. Trudy Kanis remained the secretary and admission officer throughout the fifteen years of AMMA. Peter Mesker (2000–2009) and Tony Holslag (2009–2012) served as managers of the course, organizing the modules, communicating with the teachers and serving as the students’ first contact. Several organizations provided scholarships for AMMA students; Nuffic, Ford Foundation, ICDRB and BRAC were the main funders.

anthropological perspectives and methods, making them aware of the various paradigms of these two disciplines.

The new year started with the Winter School modules, which included several options such as Gender and sexual and reproductive health, children, AIDS, cultural psychology and psychiatry, chronic illness and care, and human rights and medicine.

After the intensive modules of the Winter School, two modules followed. One was a regional module on Africa, Asia and Latin America, which included reading ethnographies and served as preparation and inspiration for the ethnographic work that the students were going to conduct and write about in their theses. The other was the 'Research Methods' module, based on the 'Applied Health Research Manual' (Hardon et al. 1994/2001). The module resulted in extensive research proposals.

Fieldwork was conducted within six weeks followed by six nervous weeks of thesis writing. In August, the thesis was defended in front of the student's supervisor and a co-reader.

Students' appreciation

The students' high level of appreciation for AMMA was well known within the programme, but was prominently expressed when they heard about AMMA's possible closure. Many alumnae wrote personal letters to the university authorities asking them to change their plan and keep AMMA alive. They explained how AMMA had changed their lives, helped them in their professional careers and spread the anthropological perspective on health and health care to places and countries where 'medicine' was largely restricted to a biological fixture. While praising the course, they emphasised most that the *intercultural and interdisciplinary dialogue* among the students was a crucial element in their learning experience. A few quotes:⁸

The AMMA course was an opportunity for me to learn and unlearn a lot of things – not just from the modules (content and the process) and the teachers, but more importantly from the other participants. The AMMA was an opportunity for dialogue and learning. We learned to appreciate each other's experiences, views, knowledge and skills... valuing and respecting the self and the others.

Our research interests and experiences were vastly different, as well as our professional backgrounds and future goals. Yet, in all of our differences, our year of study felt more like a celebration of our commonalities, with

⁸ Several of the quotes that will be cited here also appeared in the richly illustrated 'AMMA 1997-2012 Remembrance Book', composed by Trudy Kanis and Julia Challinor (AMMA 2012).

each student providing an important perspective and worldview. Throughout the year, we collaborated in small groups as an interwoven community, discussed social science theory, and directly inspired and challenged each other's research questions, fieldwork experiences, and final writings.

I believe this is one of the few master's programmes where both medical professionals and social scientists are put together for a year, forced to understand the limitations and benefits of either discipline as well as ways to better work together and address contemporary global health problems.

Voices and stories from all corners of the globe could be heard: a traditional healer from South Korea, a physician from Nigeria, AIDS workers from the Philippines and Indonesia, a physician from Vietnam, social workers from the Netherlands and Bangladesh and so forth.

The bonds of friendship that students established during their AMMA course remained after they left for their various destinations and continue to be a source of inspiration:

Not only did I study and learn from all of my colleagues in the AMMA programme; I lived with them as well and made lifelong friends and professional contacts.

As an AMMA graduate (2004), I left Amsterdam having made friends and professional contacts across Southeast Asia, Africa, Europe and South America. AMMA enriched my professional network, not to mention my personal one, far more than my four undergraduate years at Yale. My classmates and I continue to learn from each other and support each other's efforts to make a difference.

AMMA students learn so much from each other and maintain those connections after graduation, establishing the basis for a lifetime of global collaboration and understanding.

The high quality of the programme and *the intensity of teaching* in combination with the close relationship between teachers and students proved to be another part of the 'success story':

The gold secret of why AMMA is so special and successful is the combination of excellent academic contents and topics with the diversity of personal experiences regarding those topics shared in the classroom, making readings

and stories to feel near and real, not mere research reports.

At first it was quite strange for some of us who were not used to calling teachers by their first names – Pieter, Els – because from where we come from, it would have been Doctor, Professor, Sir or Ma’am. Teachers were helpful, very facilitative. It helped, too, when teachers would say, “Hmmm, that’s something new I learned today.” Teachers learning from us – that was great.

The programme was a breath of fresh air. Colleagues and fellow students who had taken time away from their working lives to learn together, professors who prepared us to think critically, work collaboratively and bring our perspective into the work that we do in the world, and a classroom experience that combined book learning with the real lived experiences of our peers.

AMMA’s focus on *applied research* in combination with its emphasis on *theoretical grounding* proved another attraction, especially for students who had taken a year off from their professional work in health care and expected new inspiration to continue their work. However, many anthropology students too were explicitly looking for an anthropological career in a practical or policy-relevant position:

I used to work with the leading health research institute of Bangladesh, ICDDR,B. The institute traditionally conducted mainly epidemiological researches, but with a growing demand, in the mid-nineties it started to employ Anthropologists from abroad to conduct medical anthropological research. However, after my return from AMMA in 1999, I took over a number of medical anthropological research projects at ICDDR,B. Many of those researches [*sic*] have been applied for policy changes.

AMMA broadened my horizons beyond typical biomedical or public health approaches to health issues in India; it taught me to reflect on my own stand, values and judgments before attempting to bring out any change in the behaviour of individuals or communities. The programme instilled critical thinking and made me aware of larger politics of knowledge production and complexities of health issues.

Students with a biomedical or other more practical background pointed out how the anthropological perspective had *enriched their approach in health care*:

Reflecting on our role as professionals, on situating our practice and finding our own way to engage with the subjects of our studies or the

beneficiaries of our professional activities was also fundamental part of our intensive coursework..I came to the course with a background in biology and some working experience in international development. Several months after I had finished and returned home I realized I had learned to think as a social scientist, one that tried hard to be critical and engaged.

As an academic surgeon in my last year of training, I can say beyond a shadow of a doubt, that my academic career and professional growth was in large part due to the year I spent in AMMA.

In AMMA I found an entire new world of knowledge and experiences regarding health, culture and sickness, and mainly, a new and valuable perspective from which to think of and understand such entities. During the last 15 years, I have developed my career as psychologist for children with cancer in the national childhood cancer programme of my country. Some important psychosocial aspects impact negatively on the efforts of the team in saving children's lives, and it was my permanent idea to understand those aspects and improve the possibilities for saving these children...I realized that I was looking for some key answers using the wrong perspective.

It is true I am not practicing medical anthropology in my daily work (even if I regret this), but it is thanks to these studies that I could and I still can bring a different approach to my work as a doctor and as a coordinator and supervisor of many expatriate and national workers.

For some, the AMMA experience was a submersion into a new way of thinking that had a lasting effect on their later life and enabled them to take a *critical stand* against the dictates of 'culture':

On a personal front, AMMA made me realize that I am not a passive agent in a larger web of what we call 'culture', the thing that makes us conform to a certain way of leading life. Rather the programme provoked me to finally take a stand for what I believe even if it goes against the cultural norms and traditions. I realized, each one of us is actively shaping and moulding culture in our own ways and that definitely was an empowering feeling.

I consider AMMA as a rite of passage toward my 'third birth', combining a Muslim family background and a Western tertiary academic training on medical anthropology. With the two domains in myself, I feel like being

born the third time with more critical views on religious issues particularly pertaining to gender and women.

Several students wrote that they took *the tools and methods* of the AMMA course home with them and employed them in their own medical anthropology teaching or in other activities:

Throughout the first years of my career in public health...I realized that medical anthropology was the missing piece of the public health puzzle. We need an approach that allows public health interventions to develop in response to and with respect for the multiple cultures that come together in our country...Having returned to my work in community health, I've used the skills that I learned through AMMA innumerable times.

Nowadays, our colleagues in the foundation are reviewing the literature to determine what is appropriate for a prospective Medical Sociology and Anthropology course that we are trying to start in Teheran medical universities. The AMMA collection is considered a 'gold mine' in this way. Moreover, three books, which were introduced in AMMA, are being translated to eventually enrich the resources in Persian.

I learned to include the anthropological context as a cross cutting issue in my work, as therapist, trainer, researcher and lecturer. The positive impact on my work is reflected in the response of people I am working with: "You talk about real people with real problems, about us."

In their attempts to make the university authorities change their minds and salvage the AMMA course, several students pointed at the *global reputation* that the University of Amsterdam enjoyed thanks to AMMA and which would be lost if they terminated the programme:

We believe the international reputation of the University of Amsterdam will be compromised if the decision is made to close down the AMMA programme...The AMMA programme is the reason we first learned about the University of Amsterdam. AMMA offers a unique opportunity for professionals around the globe, in particular from countries with limited resources, to collaborate and learn from a diverse group of experts in health care and anthropology here in the Netherlands...AMMA links Amsterdam and the Netherlands to the rest of the world ...and creates qualitative researchers who are in short supply internationally.

AMMA students have great memories of the University of Amsterdam, its openness, pragmatism, creativity, and effectiveness, combined with a great humanity. They strongly contribute to spreading the excellent reputation of University of Amsterdam around the world.

Through AMMA teachers in Bangladesh, our students were exposed to the University of Amsterdam and the rich heritage of AMMA's wonderful teaching in applied medical anthropology. Every year or alternate year, at least one student comes to AMMA from Bangladesh and AMMA has been instrumental in shaping the career of young anthropologists and social scientists in Bangladesh.

On another note, '*Amsterdam*' became a special place to be for the majority of students. Known as a very liberal – for some 'sinful' – city, the town became a place of freedom and cosmopolitan respect, full of 'distractions' and yet intense concentration. The bicycle ('fiets') replaced tulips, windmills and wooden shoes as national symbols. The canals fascinated those coming from dry countries as well as students from places that are literally flooded by water. For all, the beauty of the city and the whims of the weather remained an indelible part of their AMMA experience. Here are a few lines from one of the speeches that AMMA students delivered at their graduation:

We learned:

How to adjust to Amsterdam's weather: four seasons in one day.

Where to buy the cheapest phone cards.

How to fall off our bikes.

How to survive with the used winter clothes from previous students that we found in the storage room.

How to taste somebody else's food off their plate.

How to botch the Dutch language when we pronounce "Spui, Oudezijds Achterburgwal, dank U wel, alstublieft, lekker, gezellig, leuk, dag, doe, TOT ZIENS!"

What made AMMA special was the intertwining of respect, friendship and academic study that took many forms. The personalisation of culture and the self-reflective approach to Medical Anthropology started with the first assignment on the fourth day of the programme, inspired by the famous Nacirema article.⁹ The students were asked to look as strangers at their own culture and describe one particular phenomenon "with amazement and amusement." The responses

⁹ Using the semi-palindrome 'Nacirema' Horace Miner (1956) wrote this tongue-in-cheek essay about the 'exotic' body rituals in his own, American, culture.

took us by surprise; they showed a playful combination of closeness and distance to the students' own cultural identity.

Another example was the way the students told personal stories to one another in class, stories that revealed more about the riddles of culture than anthropological handbooks. There were heated, but respectful, discussions about growing up, physical punishment, wearing a veil, male / female interaction, love and marriage, belief in God, and so forth.

Contributions

This collection of twenty articles reveals only a tiny sample of the benefits of the variety of students and their interests as expressed in the quotes above. The articles address (in an absolutely random order) experiences of health and illness, sexuality, violence, drug use, local healing, body and embodiment, children's perspective on health and body, self-harm, gender, obesity, autism, older people, nurses and homecare, reproductive decision-making, HIV/AIDS, treatment choices, hospital ethnography, meditation, body techniques, intersubjectivity, illness vocabularies, and hygiene and dirt. We have tried to 'organize' this wide selection of topics into seven themes (although many other options were possible): Wellness and Illness, Treatment and Efficacy, Gender and Parenthood, Care and Autonomy, Children's Worlds, Body and Subjectivity, and Research and Theory.

The twenty authors of the articles originate from 16 nationalities and conducted their research in thirteen countries on four continents: Bosnia, Benin, India, Ireland, Italy, Mexico, Mozambique, Nepal, Netherlands, Philippines, Tanzania, Thailand, and Vietnam.

It was our intention to have at least one contribution from each AMMA year, but unfortunately, due to withdrawals and lost email addresses, four years are not represented: 1999, 2000, 2003, and 2009. Other years have one or two articles in this volume. As mentioned earlier, all articles are based on research for the students' theses that concluded the AMMA programme. Some students summarized their thesis, while others focused on a specific theme or used their thesis as a point of departure to reflect on their present position or ideas. Four articles were previously published in the journal *Medische Antropologie*.

This volume is more than a nostalgic remembrance for AMMA alumni. We believe that the contributions address highly relevant and urgent concerns regarding public health and developments that affect the well-being of people globally. Some of the authors are now involved in teaching or policy and the practical work of ameliorating complex life conditions in various parts of the world.

Finally, we want to emphasize that medical anthropology in Amsterdam is flourishing and growing. It is true that the intensive AMMA course with its special

charm of a lively intercultural ‘mature’ student community of health and anthropological professionals from countries with limited resources as well as high-income countries and intensive nature no longer exists. However, both Dutch and foreign students now attend the MAS programme (Medical Anthropology and Sociology master’s degree), which currently includes about forty students; almost one third are from abroad. Students in the MAS are enthusiastic about the international character and welcome the contributions of students from various cultural and professional backgrounds. Medical Anthropology in Amsterdam lives on ...

The editors of this book thank the authors, all alumni and former AMMA teachers who have made the work on this book a delightful experience, and a chance to relive fifteen years of AMMA learning and friendship.

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