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MEDICAL ETHICS AND THE BODY ACROSS CULTURES

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ABSTRACT

By comparing the Western biological, objectified and individualized conceptualization of the human body with the body as lived, experienced, conceptualized, and talked about by the members of different cultures, I would like to show how the European view of the body – based on reason, evolutionary theory, and biomedicine – is far from being universal. To impose, for example in medical ethics, concepts like the mechanical biological body on those people whose history, philosophy and religion did not take a European scientific course implies the imperialism of what is by some believed to be "universal".[1] I intend to present several different examples from different societies and cultures (Western and non-Western) to show how historical changes, cultural values and social relations shape the experience of the human body, health and sickness, and how they situate suffering in local moral worlds.

KEY WORDS: medical ethics, anthropology of the body, human values

In this paper I would like to reflect upon a particular issue which in the era of globalization pertains to human values, morality and ethics: the imperialism of what many believe to be universal, and especially "the universalism" of Western reason and of a common sense based on instrumental rationality. By comparing the Western biological and individual conceptualization of the human body with the body as perceived and understood by the members of different cultures, I will try to show that the European view of the body is far from being common for all societies and cultures, and that it represents rather one of those concepts which can in different situations be seen as being part of the ongoing Western ethnocentrism and political and economic domination.

I agree with those ethical contextualists who argue that there is no "rational" method of morality. In a culturally diverse world, the prime goal of an ethicist is to understand the practice of morality in different situations, times and places by locating it

1 The phrase "Imperialism of the universal" is taken from Pascalian Meditations, by Pierre Bourdieu (2000: 78), in which he develops a penetrating critique of scholastic reason which is responsible for our perspective on and understanding of the social and historical world. Earlier versions of the paper were presented first at the Gromki Club, Metelkova street, Ljubljana, and then as a dinner talk at the meeting "Advanced course on ethics in oncology", Bled, 25 – 28 June, 2000, and at the conference of the Australian Anthropological Society at the University of Western Australia in Perth, 21 – 23 September, 2000.

in its social, cultural and historical context. In other words, one has to take the notion of, as Kleinman says (1988, 1994, 172), "the local moral worlds". One has to be aware that the entire system of modern Western practices, general attitudes, moral positions and so on serves the interests of those in power, including those involved in colonial power relations, dominant economic arrangements, elites within society, academia, or, for instance, the medical profession (see Good, 1994: 57). If we look at the symptoms of hunger or disease that result from poverty in so many regions of the world we can observe that they "are often medicalized, treated as a condition of individual bodies – 'diarrhea,' 'TB,' 'nerves,' or 'stress' – rather than as a collective social and political concern" (Good, 1994: 57-8). "The transformation of political problems into medical concerns is often akin to 'neutralizing' critical consciousness, and is thus in keeping with the interests of the hegemonic class. . . Analysis of illness representations, from this perspective, requires a critical unmasking of the dominant interests, and exposing of the mechanisms by which they are supported by authorized discourse: making clear what is misrepresented in illness" (ibid.: 58). It is in the interest of the powerful that the whole sociocultural and political system becomes part both of common sense for the masses and of a scholastic programme. Once it becomes general theoretical and practical knowledge it generates itself without any critical reflection. Those who do not consent to this system are labelled nonsensical, unreasonable and irrational, and are ridiculed not only as being non-scientific but also as being stupid. They may be excluded from society and culture or even punished by law.

The medical anthropologist Byron Good rightfully argues that important elements of the positivist and empiricist paradigm – which underlies the epistemological framework of the biosciences including biomedicine – "are present in the common-sense view of medical anthropology as the study of beliefs and practices associated with illness by persons from diverse cultures, as well as in the models used to facilitate collaboration among anthropologists, clinicians, epidemiologists, and others in applied settings" (ibid.: 1994: 38). For people to understand a person's complaint and find it meaningful, a physiological condition has to be reflected in this same complaint. If there is no reference to empirical causes, the very meaningfulness of the complaint is called into question (ibid.: 9-10). If a person's symptom is not physiologically and empirically explained, it is attributed to beliefs. "'Belief' serves as an unexamined proxy for 'culture' [and] typically marks the boundaries between lay or popular medical culture and scientific knowledge" (ibid.: 39). We should recognize that people all over the world often unwittingly impose – in an ethnocentric way – different concepts and practices from their own lifeworld on concepts and practices elsewhere. When a person in New Guinea, for example, uses a bamboo knife or a pig's tooth to remove an arrow head from his fellow man's body we like to talk about primitive surgery or about ancient "protoscience", as if the practice represented some kind of an ancestral practice of modern medicine. The use of a bamboo knife or a pig tooth is not "surgery", less so some kind of remnant from the past, but the easiest way – considering what is available in a particular setting – to help a fellow countryman in trouble. When people recover because they have corrected their wrongdoings, we talk about placebo or about psychosomatic effects, not wanting to accept people's own explanations – dismissing them as being simply a part of unscientific and lay beliefs – that sick relationships may result in the illness of an individual. It is quite understandable that in this kind of society and culture such an illness is then treated in the same way, that is by restoring relationships to that condition which is in a particular setting historically and socially "normal" or at least

acceptable. Healing is therefore tied also to morality, "since the moral state of the person leads to vulnerability or strength in the face of the threatening agency of spirits and the state of bad feeling within the social network" (Strathern 1996: 109). Because of the link between illness and morality within the local sociocultural world biomedicine is regarded to be unsuitable for locating and removing the "real cause" of illness (ibid.: 122, 136).

Since modern biomedicine is founded on Western notions of reason it is for its practitioners a common-sense view that different ethnomedical systems and illness representations are also derived from rational, pragmatic purposeful activities of individuals. "Illness representations are thus largely understood in mentalistic terms, abstracted from 'embodied knowledge', affect, and social and historical forces that shape illness meanings" (Good 1994: 51). Lyon and Barbalet recently argued that bio-medical epistemology "regards the body as an object external to the enquiries which yield knowledge of it" (ibid.: 52); the practitioners are in control of the bodies of their patients, and through their bodies of the patients themselves; the practitioners of biomedicine deal with malfunctioning organs and not with the body (e.g. emotional social body) as such. The medical body is passive; it is the body patients have, but not the body patients are. It is a partial body, subordinated to the authority of medical practice and the social institution of medicine (ibid.: 52-53).

In this paper I do not intend to speak about human values in general, but will rather contextualize them within local cultural worlds and daily practices. Since this paper was primarily written for an audience composed mainly of practitioners who were born and trained within the terms of a Western scientific paradigm, I would like to concentrate on the conceptualization, articulation and experience of the human body. I would like to compare the body as perceived and understood by the Western scientific tradition with the body as perceived and understood by people elsewhere in the world. Such an approach should allow us to see beyond the simple dichotomies of us and them, of those values which are characteristic of our culture and those which are characteristic of their culture, of tradition and modernity. By following this single but important locus of the human body, we may be able better to comprehend views which go beyond simple beliefs.

Having its source in Western scientific biology, physiology, chemistry, physics, psychology, etc., the human body in the West is objectified, materialized, naturalized, and individualized. Western medicine sees the human body and disease in a culturally distinctive fashion; the medical body, moreover, is distinct from the bodies with which we interact in everyday life (Good, 1994: 65, 72). For Western medicine, disease belongs to "the individual body, and the goal of treatment is to understand surface phenomena with reference to a deeper ontological order, to link symptoms and signs to the physiological structure of functioning and to intervene at that level. Disease has a natural course; the story of the disease is one without a personalized agent" (Good, 1994: 83). For the sufferer, on the other hand, the body is far from being simply a physical object or physiological state, but is rather an essential part of a person (ibid.: 116). Moreover, disease, as life itself, "occurs not only in the body... but in time, in place, in history, and in the context of lived experience and the social world. Its effect is on the body in the world!" (ibid.: 133). Particular cultural values, social relationships, and micro-level politics, shape the experience of the body and sickness, and situate suffering in local moral worlds (Kleinman 1988, 1994, Good, 1994: 142).

The following two examples demonstrate how a particular view of the female body becomes in some countries an important question of politics, and of social and gender

relationships. In these cases the imposition of rules by a dominating class (often composed of mainly male members) is equivalent to violation of human rights.

As a member of several discussion groups on the internet, I received an e-mail asking me to sign the petition for women's rights in Afghanistan. It was said in the petition that since the Taliban assumed power in Afghanistan in 1996, women have had to wear the "burqua" and have been beaten and stoned in public for not having the proper attire, sometimes just the mesh covering in front of their eyes. One woman was beaten to death by an angry mob of fundamentalists for accidentally exposing her arm while she was driving, while another was stoned to death for trying to leave the country with a man who was not her relative. Women – professors, translators, doctors, lawyers, artists and writers – were forced to leave their jobs and were confined to their homes. The windows were painted dark so that they were unable to be seen by outsiders. They had to wear silent shoes so that they would never be heard. The petition continued: "Women who were once educators or doctors or simply used to basic human freedoms are now severely restricted and treated as sub-human in the name of right-wing fundamentalist Islam. It is not their tradition or 'culture', but is alien to them, and it is extreme even for those cultures where fundamentalism is the rule". This example shows how the external appearance of a person and a female body in particular may be heavily imposed on a specific section of a population, regardless of what the suppressed think and feel about it. Such a view has a great impact on women's professional and family life, other social relationships, their health and illness, and so on.

Of all the forms of cultural expression embodied in bodily modifications, the practice of female circumcision which is practiced in Africa, as well as among African communities in US and Europe, has fuelled intense intellectual debates amongst colonial administrators, medical personnel and human rights activists. "While practitioners see female circumcision as an essential aspect of their identity, opponents in the Western countries of the US, Canada and Europe call for its eradication on the grounds that the ritual represents a political act of violence: an ideological mechanism designed to perpetuate women's oppression and undermine their corporeal integrity" (Abusharaf 2000: 17). However, the question arises whether all those who are external to a particular culture can engage in a non-imperialist critique of unfamiliar practices. By listening to the women within the culture where such practices are common the Europeans can support those minorities which challenge these practices within their own cultures. Because of the many migrants from Africa who perpetuate circumcision, the American Congress has forbidden such practices in the US, and all those who deliberately circumcise any part of the labia majora or labia minora or clitoris of a person who has not yet reached the age of 18 can be imprisoned for up to five years. African refugees in the US have been put under certain pressure and often unjust treatment by the media, which not only questions their morality and love for their children, but has also accused them of being mutilators and child abusers (ibid.: 18). Female circumcision has been placed on the list of human rights violation inflected on women. Anthropologists, however, are concerned with the development of "a transcultural system of human rights that is sensitive to cultural ambiguities, respectful of empirical differences among cultures and responsive to enforcement" (ibid.). Moreover, anthropologists have emphasized the need for African women to become part of important local political and economic institutions where their voices and opinions may be heard.

If the body of an individual is extended to the wider social environment we should expect that the abuse and mutilation of bodies, decoration and celebration of bodies, can

be – and often is – related to power relationships between groups and individuals. The perception of the body is often misused. Moreover, as we have seen to some extent in the case of African women, the medicalized body "is not only the product of changing medical knowledge and practice but is at the same time a manifestation of potent, never settled, partially disguised political contests that contribute to the way in which the female body is 'seen' and 'interpreted'" (Lock, 1993: 331).

Not long ago I discussed the possibility of a joint project with Linus Digim'Rina, a Papua New Guinean friend who is the Head of the Anthropology and Sociology Department at the University of Papua New Guinea. He wrote me a letter in which he explained his discussion with a medical doctor at the pathology section of the Port Moresby hospital. Given the current high costs of sending dead bodies of relatives from the capital of Papua New Guinea to their home villages (charter of planes, coffins, funeral homes' charges, minor preliminary feasts, and so on), my academically educated colleague and his friend the medical doctor thought that by cremating bodies and quietly carrying the ashes home at one's own convenience would offset about 80% of the economic costs that one would normally incur. Their biggest problem was, however, how to convince the people of the entire country that their goal of reducing economic costs is far more attractive and beneficial than perpetuating the costly kin emotions during such times of loss. Linus Digim'Rina brought out this idea before his brother who was shocked by such a possibility. My friend, knowing that deaths in Port Moresby involve a combination of Christian and traditional mortuary practices, tried to persuade his brother by invoking the biblical line "From dust Man was made and unto dust shall Man return", but failed to do so. To cremate the body of a kin person was simply not acceptable for Linus's brother, as it most certainly is not for the majority of Papua New Guineans.

Let us briefly look at the donation of human organs and their transplantations in the West. In the Euro-American market economy, organ transplants are considered "normal" and inevitable, are often regarded anonymous, and can be given anonymously: "kidneys differ in physical condition rather than social identity" (Strathern, 1992: 129). Why did we accept so willingly and so quickly the practice of organ transplantation? One of the possible answers lies in the fact that "organ transplants are grounded in unexamined values which, among other things, promote routinization" (Lock and Honde, 1990: 99). Another answer to the same question may be that organs became objects, materials, free standing entities, and donation – if we forget economic interests – "carries connotations of the charitable gesture, the personal sacrifice for the public good, a gift to society" (Strathern, 1992: 129). In the Euro-American consumer culture, which draws heavily from an impersonal domain such as the market, the donation of a gift (an organ or any object) becomes an extension of the self only when it is filled with personal sentiments which can be expressed toward other persons or directed to abstract entities such as "society" (ibid.: 130). Organ transplantation has become transnational business. Let me choose one example among many. Between 1984 and 1988, for instance, 131 patients from the United Arab Emirates and Oman traveled to Bombay in India where through local brokers they purchased kidneys from living poor people outside this major city of India (Scheper-Hughes, 1992:237-8). "The donor's 'extra' kidney was surgically removed for transplant, and the 'donor' was compensated between $ 2,600 and $ 3,300 for the missing body part" (ibid.: 238). In a discussion in The Lancet, the authors wrote about the high mortality among the Arab recipients without mentioning the "donors", and condemned the commercialism of the practice in Bombay without even

mentioning the commercialism of the recipients. They accepted the overall ethics of the practice, saying that kidney donation should be seen as a gift of life and arguing that fair compensation was made (ibid.). While many people in the West think of organ transplants as gifts, many poor people – especially those from other parts of the world (for example in Brasil) -- think of the practice of transplantation as being rather a business market of the wealthy and powerful who prey on the poor and steal their organs (which are not gifts but their life) as if they were "spare parts" (for a fuller discussion about the traffic in organs and fear of it in Brasil, see Scheper-Hughes, 1992:, 233-39 and passim).

In many non-European societies people do not look at the body as a complex biological machine but rather as a "holistic integrated aspect of the person and social relations" (Good, 1994: 26) within a historical and cultural context. In such a context even the term body – which includes the whole Western epistemological understanding of a body – comes under question. Therefore it is not surprising that many languages do not have an adequate term which corresponds to the Western notion of body. It is not, however, a question of having or not having a particular concept or a particular word, but of the cultural significance of and elaboration upon a particular aspect or a particular way of human existence. While many non-European cultures emphasize the historical, cultural, social, intersubjective (relational) dimensions of a person (and the body as a microcosm of all these aspects), European scientifically oriented cultures and societies tend to downplay these issues, and see them as being reserved for a wider society – politics, family, friends and leisure time. We place them in the fields of political sciences, sociology, history, etc., as separate fields of knowledge. In accordance with the powerful Cartesian dualism, which represents our "tradition", but has now been criticized for a long time, we not only distinguish between mind and body, psyche and soma, reason and emotions, but also – for example at universities – between sciences and arts (humanities), following in this way the dichotomy between pure reason and pure emotion, between thinking and feeling.[2] It is our – i.e. Western – conceptualisation of our historically constructed lifeworld into which we are first thrown by birth, and which later we embrace and embody, through learning, feeling and practice. The world which we ourselves construct, reconstruct and perpetuate, and then try to live through, according to the rules which are perceived and accepted as the common-sense of our existence! It goes without saying that serious illness everywhere provokes a shift in the embodied experience of the lifeworld and does not differentiate between reason and emotion (the dichotomy being artificially perpetuated by the healthy and wealthy Whites of the West). In the situation of severe illness, the sick person unmakes his or her culturally constructed lifeworld (based on the historical tradition of dualistic thinking), and reconstitutes the world in more holistic terms, similar to the ones known to many non-European societies.

Let me be more precise in my discussion of what I mean by the holistic conceptualisation of the human body, and consider some examples from several Oceanic

2 We should, however, be aware of the ambiguity and complexity of Cartesianism. As Andrew Strathern (1996) recently asserted, Descartes, working within a framework of Christian theology (for which both God and humanity were central in the cosmos), based his philosophy on the existing religious dichotomy between the soul and the body. Descartes's writings on the soul and the body were transformed into a secularized mind-body problem, in which the theological idea of the soul was expunged. Immanuel Kant "further intellectualized Descartes's ideas and provided a framework of logical categories of mind in terms of which the world was supposedly apprehended, thus bringing together science and philosophy and paving the way for nineteenth-century physics" (Strathern, 1994: 42).

societies. The body among the Tiwi Aborigines of Northern Australia, for example, is shaped, constrained, and invented by society and cosmology. "Human beings live in a socially constructed world and the body can be seen as a metaphor for society as a whole" (Grau, 1998: 72). Historical, social and symbolic time is embodied in the bodies of the people. "Bodily, social, ecological and spiritual worlds are all interconnected and part of a single cosmological universe given signification through the dancers' bodies, which embody land, social relationships, and spiritual beliefs" (ibid.: 73). We can find similar conceptualizations of human existence, for example, among the Are'Are' of the Solomon Islands where "the placenta is buried in ancestral land, linking the living person to a network of ancestral funeral sites... Are'Are' personify the land, territorialise the person. When one understands how the land owns people ... one can understand how people own land" (deCoppet 1985, cited in Strathern, 1992; 126). We can look at another example which explicitly tells us about the differences between Melanesian and European concepts of the human body. When the missionary and anthropologist Maurice Leenhardt during his stay in New Caledonia said to his friend Boesoou that Europeans had introduced the notion of spirit to the Canaque way of thinking, Boesoou objected by saying that they had always acted in accord with the spirit, but what had been introduced was the concept of body (Leenhardt, 1979: 164, cited in Telban, 1998a: 62). While the individual body had always had its own place in Christianity, the natives of New Caledonia never disassociated it from a cosmological and social person.

Among the Karawari-speaking Ambonwari of New Guinea, where I lived and conducted my field research, the body is perceived both through the external appearance of skin and the way it is observed to act. The Ambonwari do not have a term for any kind of physical body removed from the totality of human existence (Telban, 1998a; 62, 1998b). For them the living body cannot be conceptually separated from the person, from family and other social relationships, from the past (sedimented in habits), the present and the future (projective aspect of a habitual practice), from familiar places and practices. We could say in short that for the Ambonwari the "body is in the world as the heart is in organism" (Merleau-Ponty 1962: 203). Or in the words of Byron Good: "We act in the world through our bodies; our bodies are the subject of our actions, that through which we experience, comprehend, and act upon the world" (1992: 39). I think that the phenomenological tradition offers an excellent explanation for the human body in the lifeworld of the Ambonwari, but which in our world has been too often pushed aside in favour of several different explanations of many partial worlds, one of which is that of reason and science.

The Ambonwari, in an ongoing process of human relationships, materialize their thoughts and feelings (by using spells and magic, for example) and think and feel with flesh. The central concept of Ambonwari life-world is their concept of kay (being, habit, way, ritual, custom, law). Kay comes into existence through a combination of personal spirit (angndarkwanar, lit. 'watchman of the light', guardian) and understanding-feeling (wambung, lit. 'insideness'). This 'insideness' is the seat of memory, feelings as well as of thoughts. This 'insideness' is the seat of agency, of mind, emotion and choice, and survives death by leaving the body together with the personal spirit.[3] What remains of the dead people is their skin (kambra arm, lit. 'nothing skin, empty skin'), not their bodies. In the

3 The Ambonwari concept of wambung resembles the Melpa concept of noman and the Paiela concept of nembo, both meaning 'mind' (see Strathern 1996: 43, 70, 78-79).

Ambonwari conceptualization of a human being there is no dichotomy between body and mind. Personal spirit and personal insideness show themselves in people's actions, in the ways people perform them. We could say that body among the Ambonwari has meaning through the external appearance of skin and the way it acts (Telban, 1997, 1998 a, b). I shall present an example which will illustrate how people's practices – i.e. the ways in which they are performed – construct and reconstruct their lifeworld. Among the Ambonwari, every person is conceived as both an individual and as someone who is extended to the environment, objects, and other persons, living and dead. Hunters in general do not eat the meat of the pig that they have killed with a spear. Why? A hunter would explain that to eat such a pig would mean to eat his own strength, that is, to eat himself. Hunting with a spear – not so with a gun – brings the hunter and his victim close together. The hunter's "body" is extended first to his spear –which cannot be touched by other people, especially uninitiated women and children – and then to a pig, which he (as a part of himself) gives to his kinsfolk, including women and children. Many food taboos among the Ambonwari are thus related to their practices, and because people have their own distinctive habits they also have many distinctive taboos. Their "body" is related to the food one eats, the things that one uses in a particular activity, and to the activity itself. Here the symbolic aspect is as important as anything else. A pregnant woman, for example, refrains from eating frogs, because otherwise a baby might have a big mouth, a huge belly, and short arms.

Papua New Guineans are often represented as cannibals, regardless of the fact that many societies in this large country were never involved in eating human flesh. Some analysts (e.g. Arens, 1979) argue that these practices never existed. The confessions of many, including some old Ambonwari people, however, situate these practices in local cultural worlds. We should reflect on our horror of cannibalism without denying or euphemizing its existence and what it involves, in the context "of our general unconcern at our (Western medicine's) consumption of the blood and organs of the world's poor – but without denying that this traffic, too, needs to be understood" (Gardner, 1999; 46).

We all know that human bodies were and still are the source of the most ferocious racism. These practices continue regardless of the fact that the Western scientific and popular views based on naturalism and evolutionism – the size and the shape of a skull, for example, in connection with human intelligence – were long ago refuted. We have to understand the exhibition of people in the markets, cages in a zoo or at the "scientific conferences" in the nineteenth and at the beginning of the twentieth century. As one anthropologist suggested: "the development of British colonialism in Africa as a cultural enterprise was inseparable from the rise of biomedicine as science. The frontiers of 'civilisation' were the margins of a European sense of health as social and bodily order" (Comaroff, 1993: 306). For the West, the natives of Africa were the very embodiment of dirt and disorder. In Africa and elsewhere in the colonized world, people were organized, ruled, controlled, disciplined and punished in the name of sanitation and the control of disease (ibid.). The racial intercourse was linked to the origin of sickness. "[M]edicine drew upon social images to mediate physical realities, giving colonial power relations and alibi in the ailing human body. And colonial regimes, in turn, drew upon medical icons and practices to impose domination upon subjects and collectivities" (ibid.: 307). It is in such a context that we should understand the exhibition of a stuffed human body (of course the body was not of an European but of an African) as late as 1991 in the Catalan town of Banyoles. At that time "the presence of a stuffed Bechuana

tribesman in the Municipal Museum of Natural History threatened a boycott of the Olympic rowing events that were to take place there" (Jahoda, 1999: 209).

We do not need to patronize people and their practices, but try to understand them. We do not need simply to reject them but try to see, hear and comprehend them. It is not enough to say that we want to understand people and their practices simply in the context of their occurrence, because every "contextualisation may be inflicted by the urge to euphemize a practice" (Gardner, 1999:42). But to understand also means to be critically reflective and to deliberate about the reaction (spontaneous and ethically charged) and its aptness (ibid.: 39). Regardless of our negative reactive attitudes toward a certain practice it should always remain an open question as to what should be made of it ethically. We should try to "subvert the link between these negative reactive attitudes and any further, stronger ethical characteristics" (ibid.: 43).

In conclusion we could say that the Western perception and comprehension of the world since the fifth century B.C. – when in Greece the political field achieved autonomy from the religious field, and more so after the philosophy of René Descartes about 400 years ago – has been influenced by the instrumentally rationalized dichotomisation between nature and culture, body and mind, analogical reason and logical reason, sensibility and understanding, practice and theory, art and science, common man and the intellectual, the empirical and the transcendental. This dichotomisation resulted in the boost of technological development in the West. But to impose concepts like the mechanical biological body on those people whose history, philosophy and religion did not take the European course is discriminatory and implies the imperialism of what is believed to be "universal".

It seems that suffering and chronic illness in general are those areas where European and non-European concepts of human existence come closest together; when for the sufferer – a mourner or a patient with a serious illness – the dichotomy between reason and emotion is blurred, when objectivization of one's body gives way to a subjectified, historicized, socialized and contextualized person; and when a commonly shared reality breaks down resulting in the unmaking of the old lifeworld and in the making of a new one. There is, however, a great difference between the sick and the healthy in a Western urban, industrial and technological culture. The sick and the healthy live in different life-worlds. It is in the process of the making and unmaking of the world, in the liminal period between not-being-anymore and not-being-yet, in longing for the past and fearing the future, that people searching for new possibilities are most vulnerable. It is during the liminal period that Western people abandon instrumental rationality and romantic naturalism and search for alternatives in metaphysics, magic and religion – all of them, of course, based on their own local cultural worlds. Out of this experience they construct a completely new lifeworld.

In contrast to the West, in many non-Western cultures the sick and healthy live in the same lifeworld, as do their dead and their spirits. Therefore, for all those who live in different non-European local lifeworlds (as well as for those who live in a changed one but are still dominated by the healthy, rich and powerful) Western science – including the academic elite, in its search for scientific explanation and treatment – often inflicts the most severe imperialism of narrowly conceived instrumental rationality. To paraphrase Peter Gow's (1994;26) argument about the impossibility of aesthetics being a cross-cultural category, we could say that we should not try to establish biomedicine as a cross-cultural category, but instead reflect critically on our own medical projects and practices. Also we should not

simply construct and dwell upon the differences between "us" and "them", but look for the universalism without uniformity, for cultural differences within a shared humanity.

POVZETEK

S primerjanjem človekovega telesa, ki je v skladu z Zahodno znanostjo biološko zasnovan, objektiviziran in individualiziran, s telesom , ki ga živijo, izkusijo, konceptualizirajo in o njem govorijo predstavniki različnih kultur, bi avtor rad pokazal, da je evroameriški pogled na telo, ki je zasnovan na razumu, evolucionarni teoriji in biomedicini, daleč od univerzalnega. Pri vsiljevanju mehaničnega biološkega telesa na ljudi, katerih zgodovina, filozofija in religija niso sledile procesu, iz katerega se je razvila evropska znanost – na primer, pri medicinski etiki –, pomeni le novo obliko imperializma. V prispevku avtor predstavi več primerov razumevanja, pojmovanja in odnosa do človekovega telesa v različnih družbah in kulturah po svetu. Na ta način bi rad pokazal kako zgodovinske spremembe, kulturne vrednote in socialni procesi oblikujejo izkušnjo človekovega telesa, zdravja in bolezni ter postavljajo trpljenje v lokalne moralne svetove.

KLJUČNE BESEDE: medicinska etika, antropologija telesa, človeške vrednote

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