Tamils' Quest for Well-Being: Moving as a Success or Failure?

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Abstract: During a period of about 15 years, Tamil refugees have resided in the small fishing villages along the arctic coast of northern Norway. Employing an ethnographic approach that emphasizes agency and experience in everyday life, this study describes how Tamils face a lack of crucial social and religious relationships and arenas that provide recognition and meaning to their daily lives. Not being able to give voice to their social experiences, the Tamils suffer from bodily aches and pains. As part of the Tamils' search for recognition, community and quest for well-being, they have relocated to places that provide a more complete Tamil community. To assess whether the Tamils' choice of leaving the fishing villages is a success or failure is a complex matter. Exploring the intricacies of this decision, this article discusses the links between the 'narrative of suffering' and the Tamils' decision to move.

Keywords: embodiment, medical anthropology, Tamil refugees

Introduction: Suffering as Experiences of Everyday Life

This article is based on a study of Tamil refugees who have resettled in Norway (Grønseth 2006c). The investigation focused on Tamils living in a small fishing village along the northern coast of Norway and considers their experiences of pain and illness. During the period of fieldwork and the following year, most of these Tamils moved to Oslo, the capitol. Whereas their relocation to Oslo was not a focus of the investigation here, I draw on relevant issues that elucidate how suffering and well-being relate to the question of staying or leaving.

Underlying this article is an assumption that pain and suffering involve both experience and knowledge. Being in and having pain are part of one's body, self and personhood. Considering that body, person and self are constituted in a social process, pain is therefore also social. Thus, when we study pain and illness, we study identity and society. Suffering and pain are seen as part of how the body perceives and contains everyday social processes, rather than the dramatic and traumatic experiences that have been highlighted in the literature on social suffering, violence and torture (Scarry 1985; Jenkins 1994; Kleinman et al. 1997). More subtly, embodiment also refers to daily practices and skills that are not activated at a level of discourse. Throughout childhood, socialization patterns for everyday practices are learnt and embodied through, for instance, bodily imitation and experiences. As Bourdieu (1989) points out, this kind of learning is made possible by the existence of structural consistency in patterns of knowledge that are not only mental (as Lèvi-Strauss' [1966] structures) but also spatially embodied.

Furthermore, when studying pain and illness, we also address questions about the creation and experience of well-being (see also Das 1990). The combined study of suffer-

Anthropology in Action, 14, 1 & 2 (2007): 28–40 © Berghahn Books and the Association for Anthropology in Action
doi:10.3167/aia.2007.14010204

ing and well-being cannot be perceived as processes taking place within an individual vacuum. Who is suffering and how they suffer are part of an intricate flow of power and resistance in social relations. As Leslie Butt (2002) points out, using the 'suffering stranger' as iconic figures can easily obscure the real absence of the voices of the poor and marginalized, and their suffering on the world stage. Rather than listening to their voices, their stories are used to make claims about social justice and human rights, which are also rooted in cultural values and woven into global capital. Presenting the suffering stranger to awaken an immediate and emotional involvement also runs the risk of simultaneously constructing a distance to the pain through a focus on disaster and horrors. Furthermore, when the experience of suffering is used to explain structural conditions, there is an increased peril that the conditions and suffering are de-contextualized and, by consequence, also reduced. By not highlighting the dreadful tragedies of the Tamils' pain and instead exploring their suffering as experiences contextualized in everyday life, I reveal a range of meaning interwoven with Tamils' aches and pains (see also Das 1995b). Thus, this article does not explicitly contribute to social criticism, but seeks to bring forth the Tamils' stories in a way that can create a sense of solidarity and common humanity.

I will introduce a brief context of fieldwork followed by a case study. Then I present three sections, interpretations of Tamils' suffering and their quest for well-being. By way of conclusion I return to the question of how to understand Tamils' choice of moving.

Context of Fieldwork: Tamil Refugees in Arctic Harbor

This case is based on one year of fieldwork[1] among Tamils who have sought refuge from the civil war in Sri Lanka and re-established themselves in Arctic Harbor (a pseudonym), a fishing village along the arctic coast of Norway. The Tamil refugees came from the northern area of Jaffna, the eastern parts of Batticola and Trincomalee, as well as the Mid-Highlands surrounding Candy. Bringing together Tamils from various geographical areas, castes, kin-groups and political involvement added tensions to social relations that were already fragmented and vulnerable as a result of living in exile and diaspora (see also Fuglerud 1999, Grønseth 2006c). After waiting for often months and sometimes years in reception centres for asylum-seekers, many of the Tamils were granted residence on humanitarian grounds and moved to the northern coast of Norway, where they were offered jobs in the fishing industry. Arctic Harbor was one of several coastal fishing communities with a substantial settlement of Tamils—about 200 Tamils with a total of approximately 2500 inhabitants in the period of 1999–2000. The numbers vary with shifts in the local population and fluctuations in the labor demand within the fishing industry.

The Tamil population in Arctic Harbor was offered safety, well-paid jobs and good housing. They were all employed as 'cutters' in the fishing industry, a job that was usually viewed as a low-status job for local women. The Tamils established a well-functioning local Tamil Association that arranged a variety of activities, including sports, religious ceremonies, and a Saturday Tamil School that offers culture, language and other social gatherings for the children. Despite many successful aspects of their resettlement, the Tamils frequently visited the local health centre for consultations about various diffuse aches and pains, which are the scope of this study.

Exploring Tamils' suffering exposes how their pains express embodied social experiences. However, the study does not reject the

idea that many Tamils' illness and pains may be symptoms of post-traumatic stress syndrome (PTSD) related to war, ensuing losses[2] or the Tamils' strenuous and monotonous work at the fish plants.[3] Nevertheless, the Tamils' experience of resettlement in Arctic Harbor challenged and confronted their familiar and accepted social relations and identity, which the body and self living in a new and unknown social world and physical surroundings perceived and expressed (Grønseth 2001, 2006a, 2006b, 2006c).

From national and political perspectives, the fishing communities in Finnmark the northernmost province of Norway are regarded as isolated, marginal, and dependent on the whims of nature and the fishing industry. Nevertheless, the settlements are considered to be of great importance to the national economy and social structure (Brox 1987), a fact that provides arguments for national subsidies to the fishing industry, the establishment of a modern infrastructure, and a minimum of social welfare.

Arctic Harbor sits along a small fjord near the Barents Ocean and the open sea near the North Pole. The buildings and houses surround the interior of the fjord and are mainly stretched along one main road and several side streets. The village extends approximately three kilometers. The great flat windswept mountains rise along the shore behind the settlements leading to the *Finnmarksvidda* plateau.[4] There are no trees in sight, only a few bushes firmly secured between cracks providing shelter from the storms that sweep the area. On a lovely summer day it is still twenty degrees below Celsius and the air may be thick with swarms of mosquitoes. The sun shines both day and night, never dipping below the horizon from May until July. Then between November and February, the sun gradually descends and disappears altogether. During the winter blizzards, the roads are closed and covered by snow and ice. There are also times when even the small aircrafts specially built for the tough climate and short airstrips are grounded. In such periods, people in Arctic Harbor are left rather isolated; this means that in emergency situations there is no transportation to hospital services.

The northernmost county in Norway has a sparse population that lives mostly in small fishing villages along the coast or on the inland plains, a region mainly populated by the indigenous Sami, traditional reindeer herdsmen. In spite of a general underpopulation and the rough climatic conditions, the fishing industry is crucial for the inclusion of these marginal places into the modern infrastructure and social welfare system of Norway.

Although the Tamil population is well integrated into the local (and national) economy, they are socially and culturally segregated. To explore the complex nexus between their health and social life, I employ perspectives of embodiment to focus on issues of practical life and somatization. In response to questions of change and agency, I suggest turning the analysis towards phenomenological concepts of "self as orienting capacity" (Jackson 1989; Csordas 1990, 1994) and 'being-in-the-world' (Merleau-Ponty 1962). In addition, I adopt a semiotic approach (Peirce 1932; Colapietro 1989) that allows an understanding of signs as 'expressions of the moment'. The emphasis here is on how at an existential level individuals perceive, position and integrate (incorporate) themselves in everyday life experiences of their wider social and cultural environment. The following study illustrates how many Tamils experience a loss of crucial social and religious relations and a deep sense of "aloneness" (see also Daniel 1989), insecurity and various defuse illnesses.

Case: Geetha: "I am all alone, my heart is aching"[5]

Aranthan and Geetha had already married when Aranthan fled Sri Lanka.[6] Not long after Geetha's re-union with her husband in Arctic Harbor, Geetha was happy to learn that she was pregnant. During the pregnancy, Geetha felt deeply insecure about her situation and longed for her mother and family. Also, she missed the temples in Sri Lanka. In Arctic Harbor she had to manage with only her modest household shrine. But, as Geetha expressed with great sorrow, the pictures of the Gods that she had brought with her did not have the same force and ability to comfort her: 'I pray and offer ritual foods to the gods at my home-altar, but I long to visit the temples. It is not the same. There are so many things missing. There comes no peace to my heart'.

During her pregnancy Geetha was uncomfortable about going to work and worried about the effects on the baby. There was so much that she did not know; and she did not find anyone to consult. She visited the local health care centre and explained her various symptoms, such as sleeplessness, hair loss, headaches, dizziness and fatigue. Geetha told me that the doctors had behaved impatiently and showed no interest in her situation. They measured her blood pressure and took blood tests to rule out an inflammation. Geetha repeated her visits hoping that the doctor would see her despair and loneliness. Nevertheless, the doctors only answered her complaints with reference to her blood and body and could not determine a cause for her symptoms.

The first year Geetha stayed at home with their little son about whom she was constantly worried. She visited the health care centre when her baby had a rash, did not sleep or did not eat. The public health nurse told Geetha that her baby was doing fine, that she did not need to worry. They tried to assure her that the baby needed nothing more than her breast milk for the first few months. To Geetha's dismay, the nurses did not give her concrete instructions, rather, they said that she should "trust herself and find her own way." Regarding childcare, Geetha was told to "find out for herself what was best for her and her child." Geetha felt even more confused. How could she know what was best? She was not used to this way of thinking. She was used to doctors who guided and informed their patients about what to do. She expected specific advice and prescriptions, for example, a specific diet, ointments, herbs, a particular massage or other medical remedies. She was accustomed to a Tamil world in which one was not encouraged to make one's own decisions and find individual solutions. Instead, Geetha was used to being coached by her family and by social customs that regulated one's behaviour. After staying at home with her baby for one year, Geetha went back to work at the fish plant. She felt very uncomfortable. In Arctic Harbor, she struggled with the social stigma related to having a low-social status job and being a dark-skinned Tamil. She had concluded that local Norwegians did not consider Tamils worthy of jobs other than the low-social-status job of fish 'cutter'.

Geetha described how she stood in the cold noisy room at the fish plant all day long, not able to talk to anyone except during the few minutes of regulated breaks. Her thoughts kept wandering back to her home and her family. Furthermore, her back and shoulders ached from the monotonous work. One evening she came down the stairs after her two children had fallen asleep; she seemed to be in despair.[7] Geetha stood in the doorway and pointed to her growing stomach, to her hair-

less spots and said: 'Look at me, what is left? I stand still all day, I gain weight, my back aches, I lose my hair, I have no one to talk to, I am all alone, it is only my small family. I never find rest. There is no peace in my heart. It only aches'.

Geetha decided for herself that her hair loss must be caused by the cold climate in Arctic Harbor. She knew that many Tamil women had lost their hair. When the women first arrived in Arctic Harbor, they had thick hair, but after a year or two their hair was only half as rich. She and the other Tamil women believed that the climate was an explanation for many of their problems and woes. They had many different bodily pains, such as stomachaches and headaches, dizziness, sleeplessness and light fevers, all of which they attributed to the cold climate. Geetha and other women also blamed their new unfamiliar diet for bringing aches to their souls and bodies. Talking among themselves about the food, cold weather, wind, snow and the darkness,[8] they verbalized their pains in a manner that simultaneously addressed and concealed their loneliness, insecurity and longing. In this implicit manner, they found ways to discuss their feelings of aloneness and degradation—in relation to Norwegians and in relation to the insufficiency of wider the Tamil community. For Geetha and other Tamils, expressing such experiences openly was psychologically difficult. Socially, it made them vulnerable to the stigma of disgrace and even loss of respect.

Geetha was on sick leave for a long period. Her body ached and she felt terrible. She had no chance for rest, as her heart always beat too fast. Geetha said she wanted to move to Oslo. She thought that her hair loss would cease and re-growth was possible. Geetha believed that if she moved to Oslo, she would feel less lonely. Maybe she could focus on advancing her education, or at least she could get another job.

Tamils' Pain: A Disease or a Struggle for Well-Being

As illustrated in Geetha's case, to explore Tamil suffering and sense of 'aloneness', I first discuss pain as part of a medical and social context. Each epoch can be associated with a distinctive illness that defines or influences it. In the Middle Ages, the bubonic plague was a social catastrophe. In the modern era, adults died from pneumonia, influenza, tuberculosis, typhoid fever, and dysentery. Today adults die from cancer, heart disease and stroke. The infectious diseases of the postmodern era are replaced by chronic and gradually debilitating illnesses, such as arthritis, diabetes and multiple sclerosis (Morris 1998). Explaining such changes is complex and difficult. According to the historian McKeown, the causes of sickness in every era are determined by 'the prevailing conditions of life' (1988: 91). Gadamer takes a similar position when he states that illness is always 'a social state of affairs' (1996: 20). Thus, illness involves not only the hospitals and doctors but also social practices and meanings (see also Sontag 2002).

Biomedicine is no exception; studies of symbolic uses of the body reveal differences in cultural contexts. For instance, Haraway describes the immune system as 'an elaborate icon for principle systems of symbolic and material "difference" in late capitalism' and a 'mythic object in high-technology culture' (1992: 366). Martin's studies of the body demonstrate how people in the United States tend to change perceptions and conceptualizations of their bodies and immune systems in response to changing social and economic structures (1992, 1994). According to Martin, the earlier 'Fordist body'[9] related to principles of centralized control and factory-based production. Furthermore, Martin explores how the 'fordist body' changed into a 'flexible body' attuned to changing global produc-

tion, consumption and market needs that demand flexible responses to fearful biological threats and flexibility as a requirement of employment and the ability to earn a wage (Martin 1992).

When considering Tamil encounters with Norwegian health care workers, it is helpful to bear in mind that Tamil patients describe their condition using symbols, meanings and details drawn from their culture. The healer or doctor's queries will draw out salient characteristics that fit his or her conceptualization of medical problems. From a cultural and comparative standpoint, one might say that sickness has little shape or content other than that provided by culturally specific models (Fabrega 1997). Consequently, one could say that pain provides a certain knowledge and voice to culture as it transgresses culturally constructed diagnoses (see Nussbaum 1986; Das 1995a). Tamils in Arctic Harbor struggle to express their pain with words; instead they resign themselves to a desperate reference to and practice of the aching body. Considering Tamils' pain as a postmodern illness, one could understand how Tamils express the experiences of everyday social life in Arctic Harbor with their bodies.

The realities of anatomy, physiology, and neurobiology also shape images of sickness in relation to neurological and anatomical configurations. Fabrega (1997) argues that somato-psychic disorders share a general pathology that embraces different systems of the body and the person. Furthermore, the manifestations of the disorders are easily changeable and are culturally conditioned by how they are expressed and formulated. In this view, somato-psychic disorders could suggest a general impairment of well-being. Generally, one might say that in non-modern societies, medical problems are interpreted as a departure from health, rather than as the result of a specific disease that requires specific expertise (Fabrega 1997). Such a perspective might illuminate Tamils' persistent experience that 'Norwegian health workers do not understand our problems'. One could ask if there is a contradiction: Tamils seek medicine to restore well-being rather than to cure disease. As biomedicine focuses on how to cure a disease, one could say that the Norwegian physicians have unrealistic expectations of medicine's influence on their Tamil patients. Thus, Tamils perceive and learn that the Norwegian medical professionals ideally should be able to cure any discomfort or disease.

The way that a society handles 'mental illness' or medical problems in general does not fully account for the diversity of somato-psychic disorders such as depression. There are many disorders that exist 'untreated' (Fabrega 1997: 160). One variety of 'untreated' disorders is understood not as a medical problem but as a social, legal, moral or spiritual problem. Behavioral disturbances or afflictions, such as divorce or resettlement, are seen as relevant to other spheres of social decisions and resolutions. Thus, they are not incorporated in the idea of sickness and, much less, 'mental illness'. Regarding Tamil refugees and the immense changes and challenges of resettlement, one might find that some of the painful experiences that Tamils bring to the health centre are related to social, legal, moral or spiritual problems. In the familiar Tamil 'home-world'[10], family, neighbors, religious rituals, and other social elements might have addressed such difficulties and discomforts within the community. Given the lack of significant components of a Tamil home-world, such problems may be adapted to a modern and Norwegian culture of medicalisation. Tamils bring these concerns to the health centre and expect to receive a cure. One can then ask: Do the Tamil refugee patients represent a kind of 'untreated' disorder that health workers try to solve by (unknowingly) reclassifying and devaluing their symptoms?

Researchers find that among the vast variety of medical conditions, chronic pain benefits from an approach that recognizes subjective experiences of suffering (McElroy and Townsend 2004: 72). Ordinary tests and treatment developed within objective science do not sufficiently capture such experiences. Rather, the suffering persons who carry the pain tend to convey their experiences through illness narratives (Kleinman 1988). My previous (Grønseth 2006c) investigation of Tamils' pain cannot be categorised as a study of chronic conditions, but nevertheless many of the aches have similar features of chronic conditions. For instance, in the study of Brian's narrative about his painful TMJ (temporomandibular joint), Good finds that it is more helpful to analyse Brian's pain using interpretive and humanistic approaches than to use objective science (1996).[11]

Though Tamils' pains are not generally diagnosed as chronic, many of the pains and distresses that Tamils experience are similarly best captured through an interpretive approach. Although Good analysed Brian's pain using the interpretation of narratives, this approach is not adequate for exploring Tamils' illness, since Tamils live within a social context that does not allow narratives about the self. In contrast to Brian who can narrate his pain, the Tamils are left without a space for expressing themselves and receiving recognition.

Considering that biomedical approaches are not adequate or sufficient for understanding many of Tamils' aches and pains, I have pursued perspectives and terms that reconcile the dichotomy between psyche and soma, mind and body. Further, I sought to capture how Tamils experience their pain and the health consultations, as well as how they create meaning and wholeness in their radical new life-world. The next section further explores these issues as they relate to aspects of identity and belonging.

Suffering: A Gateway to Knowledge and Agency

Exploring Tamils' pains in relation to suffering, meaning and creativity provides insight into processes of identity and belonging. The study suggests that some of the refugees' illnesses and pains are related to a lack of mirroring and recognition in their surroundings. One could say that the Tamils exist in a kind of 'cultural hell' when they are unable to live in accordance with habituated (Bourdieu 1989) expectations and practices. Sartre refers to the lack of adequate and sufficient resonance, echo or mirroring of one's self in 'the other' (people, gods, material objects and physical environment in Arctic Harbor), as hell is the eyes of the other (1957). Hell is thus described as the feeling and experience of being a person and self that is not recognized and reflected by the others. In other words, hell is not being connected to others.

For the Tamil refugees in Arctic Harbor the experience of pain, 'losing one's self' or 'being in hell', corresponds to the process of losing their reflections because they long for vital elements (such as kin, caste, temples, specific objects and foods) of a Tamil home-world. In the case of Geetha and others, this pain expresses how Tamils' experienced their sense of belonging, identity, person and self, challenged and on the verge of falling apart. The case of Geetha accentuates this lonely and inadequate sense of being, which is reflected in the social world. As a response, Geetha and other Tamils withdrew from social life in Arctic Harbor. Metaphorically speaking, Tamils in Arctic Harbor lived in a border zone between two life-worlds. This zone is the space between the rupture of the Tamil life-world—with its principles for regulating social and religious relations, as well as the sense of personhood and self—and the confrontation with the new local Norwegian home-world. Living on the edge or the bor-

der between two different life-worlds, Tamils experienced a confusion that imperiled their sense of personhood and body. In a sense, Tamils also challenged the Norwegian (local) life-world. As a response to the challenges of being confronted with someone different, Norwegians invited Tamils to assimilate into the community. The other side of assimilation is that whenever the native locals feel challenged (by a shortage of resources, for instance) they can hit back to mark the difference by way of stigma (Bauman 1995).

From this position living on the edge or 'on the borders' between two home-worlds, the Tamils experience and express some of the uniqueness of being human (see Lacan 1992). To my understanding, this uniqueness refers to the human need to actively extend oneself and to be mirrored by the others; together these experiences provide a space for reflection and creation of meaning. When forced to lead a life in exile on the border between two home-worlds—one ruptured and splintered and the other only accessible in fragments—I propose that the Tamils discovered new values of community.

When we consider that the knowledge and meaning of suffering is attained and embodied by living in an everyday world on the edge and with borders, a complex Tamil agency appears. Through their pains and illnesses, the Tamils gain a new knowledge and make new meaning of their surroundings. It was not only their intellect but also their intentional body (Merleau-Ponty 1962), with its passions and pains, which enabled them to create new social and religious practices and relations, as well as mend torn shreds of the same. This agency is not necessarily seen as heroic actions in dramatic moments, but the patient day-to-day work of living with and suffering through the new knowledge. The demands within the local Norwegian home-world, such as at the health centre, that accentuated a more autonomous and individualistic approach to being a person and self, created uncertainty and confusion for Geetha and other local Tamils. Moreover, when challenged and struggling with such demands, the Tamils were pushed towards new creations, solutions and meanings. The following section expands on such ingenuity, focusing on how humans create and perceive self and suffering.

Flexible Perceptions of Self and Suffering

Merleau-Ponty argues that the body is an active agent in perception and experience and intentionally communicates about its being in the world. Merleau-Ponty does not consider how these communications and expressions address what Lacan (1992) and Nussbaum (1986) refer to as a certain unspeakable or suffering knowledge about society, values and social relations. I suggest that this experience comes from the perspective of being on the border, as mentioned previously. In this zone, distinct phenomena and their identity appear both as they ideally and really are: spatio-temporal and open to connect with others or in other words, not closed and absolute. Merleau-Ponty discusses how we humans perceive the objects around us. His approach does not elaborate on how we perceive self and personhood, even though his concept and exploration of 'being-in-the-world' has implicit relevant implications. One implication is an emphasis on how the body holds intentions rather than habituated impressions (see Bourdieu 1989). In the view of Merleau-Ponty, the body, self and person become active and intentional through outward extension into the world. Hence, there is a focus on human creativity and agency. Such an approach supports an understanding of Tamils' illness not only as a socially produced ache written into their bodies, but

also as pain related to the effort and tension in reaching or extending one's body, self and person into a new and unknown environment, such as Arctic Harbor. In exploring this process, it becomes pivotal to also examine how the pain is connected to perceptions and experiences of self and personhood as such. Here, I find Peirce's semiotic approach illuminating.

When seeing not only the objects around us (Merleau-Ponty's focus), but also our selves as flexible and temporal rather than absolute, we can see that self and person emerge as signs (see Daniel 1984; Colapietro 1989) that are open-ended and thus prepared to connect to others in various environments. Not only do body, self and person serve as starting points for active perception and experience, they are in themselves an adjustable part of an interactive process. This appears clearly in Peirce's (1932) understanding of the sign as a bundle constituted of a triad: the First (the sign-vehicle), the Second (the object) and the Third (the interpretant), which come together as part of interrelated processes in time. Hence, the process (being-in-the world) is a flexible and constant interaction that brings the triad together in a sign-cluster, or a self and person. This view gives meaning to how the Tamils express their sense of being 'lost and alone' and losing their grip on themselves (Grønseth 2006c). In its new surroundings the triadic sign-bundle that commonly fits together and makes the Tamil body, self and person is no longer congruent. Thus Tamils' sense of body, self and person threatens to fall apart and diminish. The bundle that each one makes—the perceptive body, self and person—looses its form and unity. As the Tamils are confronted with the instability and uncertainty in their perception and constitution of self, they experience pain, loss and aloneness.

On an interpretive level, Tamils' pain and illness tell a story about how local Norwegians tended to not mirror and recognize the other or the Tamil refugee as part of humanity; for local Norwegians, humanity was constituted as being the first, the native or the one at home. Bearing this knowledge and pain with patience in their daily lives, the Tamils intentionally extended their bodies, selves and persons by creating new social arenas in search of room for reflection and meaning that could supply a minimum of pleasure and well-being. When this struggle did not bring satisfactory recognition, the Tamils who had succeeded in raising family and money chose to leave Arctic Harbor. The Tamils moved to places with larger Tamil communities that provided a clearer sense of a Tamil community and wholeness. A question for further research is whether moving reinforced a continuous flexibility and change in Tamil personhood in respect to adapting Norwegian values and practices or reinforced Tamil–Hindu components that strengthened a discontinuity.

When the Tamils Leave Arctic Harbor: An Expression of Success or Failure?

The majority of Tamils who lived in Arctic Harbor and Finnmark County during my period of research have moved to Oslo and other parts of southern Norway. Oslo is the capitol of Norway and represents its largest city. With more than 500,000 inhabitants, Oslo is the only city with metropolitan features of immigration and cultural (ethnic) ghettos. Oslo's Tamil population numbers about 8000. The Tamil community offers a broad spectrum of organized activities that emphasize cultural continuity and, for some at least, a political loyalty to Tamil Eelam. They have a Tamil–Hindu temple, various courses on Tamil–Hindu culture, such as dancing, Hinduism and language, as well as sports and computer instruction.

Whether or not Tamils' movement from Arctic Harbor, and from Finnmark in general, to Oslo constitutes a success or failure is an intricate question. To pursue the issue as a matter of failure highlights how the Tamils suffer from social conditions of which the local Norwegian population played a dominant role within a system of relational power. It stresses how the Tamils lacked an interactive social space and recognition, and experienced stereotyping, (racial) stigma and 'being the other'. Even though the Tamils in Arctic Harbor were economically integrated, they remained socially segregated; as of today nearly all of them have left.

Another option is to see how Tamils' choice to move away represents a success. I have described the Tamils as suffering from living on the border between differences in social principles and values that constitute identity, person and self. Dealing with these challenges, the Tamils have used the period in Arctic Harbor as an interlude to repay debt, raise money, regain a sense of personal safety, start a family, and succeed in moving on to a 'better place' that includes greater features of a familiar Tamil-home-world. This view emphasises how Tamils have been able to adjust creatively to demands in their new lives; by moving on they also succeeded in pursuing Tamil identity and community.

Rather than choosing between the two options, I propose an understanding that acknowledges both possibilities. This choice corresponds to how I understand Tamils' illness as 'expressive signs' that reflect self and identity as fluid and open multiple interpretations. In a similar way, Tamils' pains and choice to move are open for several interpretations, which are insightful with respect to the complexities of community, identity, health, well-being and prosperity. One of the difficulties in assessing whether the Tamils' leaving Arctic Harbor was a success or failure also relates to the fluid quality of suffering. Despite its links to biological processes, suffering is not a natural phenomenon that one can measure and classify. Rather pains, like other postmodern illnesses, are flexible social states (see Martin 1994; Morris 1998). The ambiguity of pain is attributable to the notion that suffering is not fixed but is moved and changed by the narratives constructed along with it. Whether we perceive the sufferer and bearer of pain as an inexplicable stranger, martyr or a hero depends on whether the sufferer falls into the shared moral community.

Defining the Tamils as refugees and as 'the other' who live outside the Norwegian moral community, Norwegians are inclined (unconsciously) not to acknowledge the agony of the refugees. Instead, Norwegian policy makers and health care workers detach themselves from their pain by creating 'mismeetings' (Buber 1961) in which they can treat Tamils' and refugees' suffering as if it were an incomprehensible and culture-specific behavior. Thus, one avoids addressing the social and human conditions that are linked to Tamils' pains. So, in a subtle way, the health care structure and the health care workers' continuous efforts in dealing with Tamils' pains keep the sufferers' knowledge about society within the body. Similarly, when the Tamils lack a sense of being treated with mutuality and recognition, they find no room for reflection and a voice to tell their stories. Experiencing being 'lost and alone', Tamils move on and seek community and togetherness. Simultaneously, they are also forced into border zones between a Tamil-home-world and a Norwegian-home-world that generate new identities, meanings and practices.

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Notes

1. After conducting shorter (1–3 weeks) field studies in Finnmark County between 1996–1999, In September 1999 I was able to set out on a one-year anthropological fieldwork study among the Tamil refugees in one of the small fishing villages. I lived in a Tamil household, carried out participant observation, and conducted semi-structured, open-ended in-depth interviews with the Tamil population and health staff.
2. Core symptoms of PTSD include persistent re-experiencing of the traumatic event, numbness and avoidance of stimuli associated with the trauma, and autonomic hyperarousal (DSM-IV; American Psychiatric association, 1994). Dissociative disorders, somatization disorders and affective disorders are among other possible consequences of exposure to traumatizing events (van der Kolk et al. 1996).
3. Typical work-related symptoms are muscular aches, tensions and inflammations in arms, shoulder and back, sometimes also legs and feet.
4. The inhabitants of *Finnmarksvidda* are mostly the indigenous Sami populations that traditionally make a living as reindeer (caribou) herdsmen. Along the coast there is a more mixed population consisting of Sami, who combine fishing and reindeer keeping, and non-Sami Norwegian inhabitants.
5. I have translated the quotes of Tamil informants from Norwegian.
6. Before his escape, Aranthan was imprisoned several times and charged with LTTE activities, including bombing and teaching the politics of liberation, activities that he claimed never to have done. Aranthan said he understood that he had to leave the Tamil areas. He moved to Colombo, but he found that his only choice was to leave the country. After a long and complicated trip he made it to Norway, where after several years of insecurity he was in a position to apply to the Norwegian government for family reunion. He had been granted residence on humanitarian grounds and had employment as a cutter in Arctic Harbor. His residential and financial status established his right to be reunited with his wife in Norway.
7. At the time of my extensive field research, Geetha had two children (or 'had given birth to her second child').
8. One must remember that the sun does not appear above the horizon from November through February.
9. Martin (1992) discusses how images of the reproductive body and models of the body related in form and function to early-twentieth-century Fordist mass-production systems. This is based on Henri Ford's efficient production of Ford cars, the method of producing large quantities of standardized products assembled from standardized components.
10. By using the term 'home-world' I seek to avoid and look beyond the often essentialising and objectifying aspects of the related term 'culture'. By home-world, I mean to incorporate the social and cultural, creating a bridge between the individual and collective, and evoke an understanding that is closer to a 'life-world', as this is figured in a nexus of historic, cultural, social and personal experiences and practices. As such, home-world lies closely to Holland's (2001) concept of 'figured-worlds', but includes a special focus on Tamils' exile experience, which requires distinctions between differently figured worlds related to movement in place and time. Using the term home-world, emphasizes an experience of fragmentation and tensions when differently constituted worlds, one familiar and the other unfamiliar, are brought together and challenge each other. One could say that Tamils' everyday life is lived in a constant movement back and forth (migration) between two differently constituted home-worlds, and sometimes on the borders in between.
11. Good's study describes and analyses the case of Brian who, from adolescence through the age of twenty-eight, has experienced terrible headaches that start in his jaws, dizziness, anxiety and depression.

After detecting no abnormalities that were treatable by surgery, Brian underwent several treatments including dentistry, physical therapy, medication and psychotherapy without gaining lasting relief. Brian's own narrative goes back to when he, at the age of two years, was separated from his parents and his mother was ill.

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