

# Suffering Syndromes and the (Anti-)Social Body

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Kilshaw, Susie (2009), *Impotent Warriors: Gulf War Syndrome, Vulnerability and Masculinity* (Oxford: Berghahn Books). ISBN 978-1-84545-526-2 (hardback only) xiv + 228pp. excl. Appendix, Bibliography, Index. £55.00.

Lambert, Helen and Maryon McDonald (eds.) (2009), *Social Bodies* (Oxford: Berghahn Books). ISBN 978-1-84545-553-8 (hardback only) 169pp. excl. Contributors, Index. £43.00.

What of the anthropology of the body in the new millennium? How is the field of the anthropology of the body moving on since the symbolic anthropology and the social body in the 1970s and the discursive and disciplinary corporality of social life examined by anthropologists from the 1980s and 1990s? Into the millennium, medical anthropology has strongly influenced literature about the anthropology of the body. Often this has been through the opening up of contentious new areas of research: witness the work of Margaret Lock (2002) and Nancy Scheper-Hughes (2008; forthcoming) on organ transplants and organ trafficking respectively. Some of this cutting-edge research is taken up and taken further by contributors to Lambert's and McDonald's new volume, *Social Bodies*, an applied anthropology of the body for the new millennium.

Another growth area, possibly after Good (1994; see also Skultans 1998, 2000), is in the attention to narrative – a narrative turn – in medical anthropology, most controversially found in recent research into the social nature of Gulf War illness (rumour and the construction of Gulf War Syndrome [GWS] narratives [Cohn, Dyson, and Wessely 2008]; also Gulf War Syndrome narratives as communication [Kilshaw

2006]). Cohn, Dyson, and Wessely have recently, for example, been criticised by Shriver and Cable (2008: 1652) for 'data interpretation [...] distorted to the point that the authors come perilously close to blaming the victims'. This criticism has been charged against Cohn, Dyson, and Wessely because of the etiological uncertainty they introduce into their data analysis of GWS narratives and the lack of socio-political context and origins they attribute to GWS narratives during early mobilisation of the GWS movement. Etiological uncertainty can result in government evasion of responsibility for the individual's problem, compensation, and medical coverage, so Shriver and Cable argue. Wessely and Cohn (2008: 1655) rebut this, denying any deliberate undermining of GWS-sufferer movement or narratives by government or researcher, but accept that, at the very least, there have been conflicting and contradictory statements issued by the U.S. and U.K. authorities. The 'relatedness' between environmental hazard and the soldier's body nevertheless remains assumed rather than 'causal', for all the agreement over harm that chemicals can cause. In a new publication from Berghahn, Suzie Kilshaw articulates an even more forthright stance than this.

Kilshaw's *Impotent Warriors* is a provocative and timely publication. An estimated 9,000 U.K. military personnel are believed to have been affected by 'Gulf War Syndrome'. Partly funded by the British Ministry of Defence (MoD), Kilshaw interviewed 67 of these U.K. Gulf War veterans, 57 of whom had served with the Army and 45 of whom were GWS sufferers. From this sample, Kilshaw has written an engaging, considerate, but controversial ethnography which stays close to the words of the interviewees for all that it departs from subsequent narrative interpretation: 'the interpretation contained in these pages is that: an interpretation' (p. 225).

GWS is a syndrome much like Chronic Fatigue Syndrome (CFS) or Irritable Bowel Syndrome (IBS), and, as Kilshaw points out at the end of the book, World Trade Centre Syndrome (WTCS). While each syndrome is markedly different, they share certain features such as a lack of single cause, 'no distinct set of symptoms', and – for many in the biomedical community – they are viewed as 'somatic' or medically unexplained syndromes: 'physical syndromes without an organic disease explanation, demonstrable structural changes, or established biochemical abnormalities' (p. 3). From 'an anthropological approach' – participant observation in U.K. veteran groups (2001–2002), and detailed interviews – Kilshaw attends to the veterans' GWS narratives to explore 'the cultural, social and psychological dimensions of the construction of the illness' (p. 3). She does this as part of a general critique of the limitations of the biomedical model she describes in the Introduction and the Conclusion of her book.

The contents in the middle of *Impotent Warriors* take on a different, and a stronger, stance. Departing from the veterans' narratives, Kilshaw argues that 'GWS can be *interpreted* as the expression of a collective social angst' (p. 5, my emphasis). As a social constructionist, Kilshaw suggests that the illness is real for the sufferers though a socially constructed suffering lacking

a physical cause, and, should a cause be identified, 'the reading of this book would not be altered' according to Kilshaw (p. 12). This places Kilshaw at odds with her informants, the majority of whom are adamant about the physical origins of their condition and pursue pension and welfare/injury claims with the British government for their in/direct exposure to a toxic 'cocktail effect' of chemicals such as depleted uranium, vaccines, and nerve agent pre-treatment tablets. These compounds are thought by sufferers to attack the central nervous system, to result in inheritable neurogenetic disorders, to "cause" chronic fatigue syndrome (CFS) and post-traumatic stress disorder (PTSD), and even to lead to health problems such as autism in former soldiers' offspring.

In Part I of the book, 'GWS Explanatory Models', Kilshaw critiques the veterans' narratives, suggesting that they demonstrate an irrational system of thought, 'the chaotic nature of theories of causation' (p. 29), as veterans latch onto only those scientists, theories, and findings that support their own interpretation of their suffering. The result is a closed select community of sympathetic sufferers and their chosen experts for whom all is fathomed through the GWS skein. Veterans' explanations gain coherence, according Kilshaw, but this comes at a price, which is the addition of conspiracy and paranoia to their symptoms. The implicit suggestion, then, from Kilshaw, is that GWS is implicated alongside mass hysterias and moral panic such as recent public reaction to the MMR vaccine and other ills of our times ranging from repetitive strain injury (RSI) to PTSD.

Part II, 'Bodies and Boundaries', is particularly vivid and striking as a powerful section collating the GWS sufferers' testimonies along metaphorical lines of 'leaky bodies'. Returning veterans face changing times and changing bodies: diminished, weakened, leaking, extra-sensitive, exposed, degraded, permeable, vulnerable, stressed, overloaded. From the veterans' explanatory words and terms, Kilshaw interprets their talk to be an expression of 'their

position in the world' (p. 121). In other words, the soldiers' bodies have become their new enemies in a post-conflict environment.

Kilshaw elaborates on her interpretations in Part III, 'GWS as Unique Illness'. Here she proposes that 'the syndrome arises out of [the] community of sufferers' (p. 126), a learned and mutually reinforcing narrative form – the story as illness (p. 132). GWS is a part of our narcissistic, somatic society, a type of 'twenty-first century malaise' (p. 138) for people seeking meta-explanations from their GPs so long as they are syndrome-sympathetic (in Kilshaw's interpretation, '[o]ne of the main ways narratives are structured is around a denial of psychological explanations' (p. 141)). While the veterans and their associations are intent upon revealing GWS as biological and physical, all Kilshaw's interpretations unpack GWS as a socio-cultural phenomenon. Gulf veterans are symbolically castrated males, lost men with low libido, some with burning semen syndrome, all with 'incentives to interpret one's illness as GWS' (p. 153). Kilshaw cites a scientific study against their stories, (it found no medical evidence of birth defects (p. 164), and points out contradictions or exceptions in veterans' narratives, for example, semen is held to be potent for some and not for others (p. 158)).

Moreover, Kilshaw likens Gulf veterans' experiences and lay/pseudo-rationalisations to those found among veterans of the Vietnam war. These include 'fears' about DDT in the food chain with the use of Agent Orange in the field when, according to Kilshaw, '[d]espite the widespread belief in the connection between Agent Orange and illnesses, including birth defects, the link has not been proven' (p. 170); this assertion is repeated (p. 205), a stance in contradiction to findings accepted by the U.S. Department for Veteran Affairs, and the Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides which was set up by the U.S. Government and which does accept 'sufficient evidence of an

association' between Agent Orange exposure and some cancers; this committee judges cases in which there are elements of uncertainty (Frumkin 2003). Toxicity in soldiers' bodies is a 'toxicity of man-hood itself' (p. 177), a vehicle for the 'demasculated' to talk or cry for help. Kilshaw's interpretation of her interviewees' words, is that 'GWS is in part an expression of gender anxiety' (p. 183). Furthermore, the disproportionate number of GWS sufferers who served in ancillary support positions are accounted for in terms of the 'femininity' of their activities which, presumably, and Kilshaw is conjecturing psychoanalytically here, led to great inner conflict in their identities: they are 'unmanned' by the GWS just as their lack of a warrior role in the armed forces 'unmanned' them (p. 192). Back home, demobilised and 'demasculated', GWS becomes a 'lifestyle' (p. 201) around which to organise and interpret their selves as victims rather than as aggressors, using illness metaphors to assuage guilt (p. 205; see also Young on PTSD 1997). Thus, GWS is slotted in with similar illnesses such as pre-First World War Da Costa's syndrome, shell shock, and gas hysteria, Second World War battle exhaustion, and the Vietnam War's effects of Agent Orange and PTSD: all these are 'war syndromes ... with no demonstrable organic cause' (p. 204) as Kilshaw cites from other MoD-funded researchers.

Kilshaw's conclusion is to connect GWS with other illnesses of our time, namely World Trade Centre Syndrome (WTCS), a similar narrative of vulnerability found in all manner of New York citizens even those only tangentially implicated in 9/11 by virtue of their residing in New York City. With such a connection made on top of her previous interpretations, and with the comment that in our modern risk society where science interpretation can be manipulated to suit the sufferer, Kilshaw closes her study with comments about her 'ethical' and 'anthropological approach'. She declares her aim in this study is to understand what is conveyed by the raw and observable symptoms

and explanatory models: illness interpreted in context. This for Kilshaw is 'an anthropological reading of GWS' (p. 221) though it goes against the grain of all of her informants. Her concern for their reaction to her interpretation of their words is an ethical matter; – a possible reaction of feelings of betrayal in response to her 'findings' (p. 226). She is concerned that her book could 'be used to de-legitimate or dismiss veterans' appeals to be heard and compensated for their illness' (p. 224). To offset this, the soldiers' narratives are anonymous, and she rows back slightly in the final pages to ameliorate her defiantly non-organic position towards GWS as expressed earlier in the book by making the following comment and metaphorical ending:

I am suggesting that there is more to this illness than pure organic causes and symptoms (p. 224, a position more in sync with Cohn, Dyson and Wessely).

GWS seems to be a stone which has been tossed into a pool of water, sending ripples out to infinity. It is a reflection of wider social trends, assumption and anxieties which seem to resonate with no end in sight (p. 228).

Kilshaw asks the question, which came first, the illness and symptom or the narrative story interpreted and used as an explanatory tool by the sufferer. The same type of question can be asked about this book: which comes first, the interpreted story (Kilshaw's) or the narrative story (the soldiers')? Kilshaw's text uses loaded catchy language and interpretative expressions, and draws on selected scientific studies to refute or undermine her GWS sufferers' words. She critiques their interviews as a social scientist analysing chains of causation and searching for the burden of proof but she then goes on to comment (interpretation) and make judgment on Gulf War and Agent Orange suffering as non-organic syndromes without similarly scrutinising other GWS critics' research findings. While ostensibly critiquing the biomedical model, Kilshaw herself uses

selected biomedical findings against the words of her GWS sufferers' testimony, just as the GWS sufferers use selected findings in support of their position. Her own work then is wholly implicated in the debate, despite the 'soft' Introduction and Conclusion (see also Kilshaw 2006). It 'overinterprets' and from an unfalsifiable – and hence unscientific – position (see Hobart 1999). It clashes with 'the native point of view' throughout, and shows up anthropology as little more than a blunt and one-sided tool.

Lambert's and McDonald's *Social Bodies* is a different beast altogether. This volume is a tightly conceived and interlinked collection sampling some of the best work in contemporary anthropology on the body deriving from a series of recent U.K.-based workshops tasked to explore the nature of sociality in the face of new types of transaction. There is an inherent sociality about bodies, so the editors contend, even bodies thought to belong to the natural sciences. This stance is reiterated in six powerful and different contributions ranging through organ donation (Kaufman, Russ, and Shim), the forensic analysis of human remains (Petrovic-Steger), museum representation and indigenous human remains (Peers), the prehistoric body (Robb), embodiment in Amazonian ethnography (Vilaça), and the body as 'fractal' (M. Strathern).

Kaufman, Russ, and Shim examine changes to the sense of relatedness between people which is brought about through body part transfer. Body part transfer is primarily by way of cadaveric kidney organ donation, but also by living kidney donation from family, colleagues, or unrelated 'gifting' donors many of whom are increasingly younger than the beneficiaries. When does one donate, who donates, and what are the ethics around who is expected to donate, and when is the potential donor's/recipient's reply, 'No'? Is there a 'tyranny of the gift' (p. 24) brought about by recipients' beholden or 'related' intersubjectively with the donor, or when the recipient comes

to expect donation from family members? In these examples, biomedicine has become a new medium for expressing love and care; meanwhile, technology is moving towards new practices and raising ethical issues about donor identity and anonymity; there is also the burden of care and/or donation felt by family members.

Exploring further the relatedness and meaning and significance of bodies and bodily materials, Petrovic-Steger uses anatomy to 're-construct' bodies from human remains. This allows social identities to be reconstructed and, in many cases, laid to rest, as in the case following the exhumation of Serbian mass war grave victims. In this case, biomedical information facilitates the reclamation of a social identity, a re-personalising. Restoring bodies can restore and heal families and communities, particularly when the skeleton is the abode of the soul as it is in traditional Serbian belief (p. 49). With 40,000 missing persons still unaccounted for across the former Yugoslavia, the International Commission on Missing Persons (ICMP) has built a database of DNA samples to assist grieving wives, families, and related victims who wish to identify unearthed human remains. To operate this, the ICMP has had to negotiate with previously hostile groups from perpetrators of atrocities to government bureaucracies and grieving relatives. In the space of six years they have identified 9,000 missing individuals. As a matter of concern, their work has also led to a form of 'biocitizenship' (p. 60) emerging from DNA evidence which can be used as a marker of identity among the living – a proven and recorded 'genetically coherent' Serb population (p. 68), for instance; this unforeseen consequence arising from the DNA database has the potential to set back reconciliation and to re-polarise ethno-political populations.

The theme of body restoration and 'reassociation practices' (p. 67) is carried over into the fourth chapter where Robb explores the projection of an identity onto 'Ötzi', the prehistoric Ice Man found in 1991 in the Tyrolean Alps,

who has been named, 'DNA-d', and displayed according to national and regional debates. This is an example of a dead body that is not a social person and has no social personhood so undergoes 'deliberate re-personification' (p. 105) at the hands of the archaeologists. While the body has agency, its identity is shown to be relational as Ötzi is "made known" (named, gendered, and made 'one of us' Modern Europeans) in contemporary social and political relations.

In chapter three, the University of Oxford Pitt Rivers Museum curator and anthropology lecturer Laura Peers considers the conflicts and tensions faced by curators and scientists displaying or analysing collections containing human remains. Institutions have to conform to the 2004 Human Tissue Act in the handling, storage, and display of remains that are less than a century old. This has become a particularly controversial topic following the 1991 exposé of Alder Hey and Bristol hospitals' storage, without parental consent, of baby body parts for medical research. The display of human remains can be seen as an example of colonial control in a struggling postcolonial era as indigenous campaigners' requests for related or DNA-similar remains from museums holding bodies are rejected, because 'specimens' are considered now as part of the stewards' national culture, or best displayed, or best analysed, for scientific advancement in the U.K. (the position taken by the Natural History Museum in London, and the Leverhulme Centre for Human Evolutionary Studies in Cambridge). Human remains are considered 'both data and ancestors' (p. 81), sometimes by different and competing groups: remains are made 'not-social, or even anti-social' (p. 85) with the change in context from local category of person to museum acquisition and re-labelled scientific specimens. This 'antisocial' positioning is exacerbated by an intolerance of claims of indigenous remains and requests for repatriation.

The final two chapters in *Social Bodies* further advance the notion of the body as social

thesis but in a comparative and decentred manner. Both Vilaça and Strathern challenge our assumptions about embodiment and the individual body. Vilaça draws on Amerindian ethnography of the Wari' of Southeast Amazonia amongst whom there is a shift between human and animal forms, hence a fluidity about the nature of humanity and a degree of multiplicity about the notion of personhood (pp. 133–135). Worlds are thus inhabited by 'unstable bodies' (p. 140), constantly affected subjects and objects in a non-objective world. Strathern follows up on this Amazonian ontological 'perspectivism' with a practical theorisation on 'perspectivalism' (the many situated re-enactments or performances of relatedness *through practice* rather than *about an object* [see Mol 2002]) rather than perspectivism (different contexts *upon* some-such) multiple world realities rather than different perspectives on a unified reality. Both the nature of perspective and the idea of the whole body are Euro-American projections according to these last two authors in the volume. The idea of the fragmented self or body stems from this culturally specific sense of there being a coherent whole. 'Fractal persons', 'dividuals' and 'multiple bodies' are where Strathern takes us – perhaps even further than the editors would wish – with the suggestion of relations that do not presume an entirety, or, as Strathern exemplifies through engagement with the Kenyan Institute of Medical Research and a Rwandan medical case study illustrating the same knowledge and object held but with different 'perspectivalism' from the medical researcher and also the Rwandan family towards the body (that is, the discrete biomedical body versus an incomplete and interdependent body performing in a network of relations which ultimately determine one's health status). Both context and perspective are Euro-American ideas with epistemological assumptions which do not – and possibly should not – automatically fit, translate, or work in parts of Africa or elsewhere. This also applies to Western notions of the body, and

fragments of the body which assume that these fragments are parts of a whole. While this is a productive vein of thought for highlighting the background beliefs of medical researchers and Eurocentric ethnocentrism, it is less clear how such a divisible and 'unwholey' body can or should be treated or reconstructed after Robb's and Peers' earlier chapters?

*Social Bodies* is a short but rich volume. The editorial and chapters all interrelate well. As a 'whole', it left me challenged by its ideas and ethnography as well as curious to know how the editors themselves would have presented their own work alongside that of their colleagues. There is space for that in terms of intellectual curiosity as well as book length. An Epilogue would have been desirable if only to reiterate the intellectual developments of the final two papers to ground them in the rich ethnography of earlier chapters. But this is anti-Strathernian in treating the volume as a whole body of work. It would also be interesting to see what these contributors would have made of the Gulf Wars' social soldiers having been rendered anti-social by Kilshaw as fractals living life in different relational contexts, as equally – albeit differently – toxic environments.

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