To camouflage is to adapt in a situation. The word is used in different ways with many connotations and synonyms, as in disguise, mask, hide, conceal, obscure, cover-up and create a façade or smoke-screen. What the words have in common is that they point out how something can give protection from recognition. Camouflage is therefore a good word to use in studying how the individual being can mask and hide differences, stigmas, or abnormalities. Before translating the concept into specific cultural practices, it may be worth noting that it has been developed in two very separate fields: biology and warfare.

**Biology and Mimicry**

In biology the concept of camouflage has been used to understand how certain species develop similarities with their surroundings to protect themselves from predators. A species can imitate an animal that is dangerous or poisonous to a particular predator. This protective similarity is called **mimicry**. The concept has been translated into a cultural strategy by Homi Bhaba in *The Location of Culture* (1994). He uses the term mimicry to understand style among the Indian middle class in colonial India. The imitation of British habits – clothes, body language and behaviour – created a likeness, but with a certain slippage. It was *almost* right, and this ‘almost’ created an unsettling difference. It allows the imitated to sneer at the lack of perfection of those trying to live up to the ideal; but they can also feel that they are the victims of parody. Cultural mimicry may become a strategy that plays on the tensions between trying to pass and mockery. Is this a real gentleman or someone just posing as one? As I look at him (or her) I see a copy of myself, distorted or exaggerated.

**Warfare and Camouflage Dress**

The military concept of camouflage can help us understand how individuals engage in masking and
concealment. When firearms increased in firing rate and range during the latter half of the nineteenth century, it became more important to protect troops with some form of disguise. The idea was to deceive the human eye. The British developed a camouflage uniform they named khaki, an Indian word for dust. During the First World War camouflage techniques became more and more sophisticated. With the help of modernist artists – like German artist Franz Marc (1880–1916) and the French artist Lucien Victor Guirand de Scevolas (1871–1950) – patterns were developed that would blend into the surrounding landscape, water or sky. The idea was to use different patterns so that structural lines and sharp edges like the human silhouette were broken up. Boundaries between background and foreground were blurred.

In cultural camouflage one has to identify these sharp edges, the behaviour, traits or ideas that are not accepted as normal, and mask or obscure them. The individual must learn to know when it is important to blur these edges – which can be either a conscious or unconscious process.

We all have bodily and psychological characteristics that we don’t want other people to know about. To protect ourselves we use different strategies to blur and hide those unwanted qualities under a surface of acceptable characteristics and qualities. This transformation is sometimes an everyday mundane action allowing us to blend into different social settings. Most of the time we imitate a typical group member and merge into a larger group. Examples include dressing like others, trying to talk about the same topics, and so forth. This is something we often do without any reflection. But sometimes we use a more active form of camouflage.

In military terms there are two ways of talking about camouflage which we can use for understanding general social processes of active and passive concealment. First is permanent masking built into the object, and second is masking that is put on for specific settings. Permanent masking only works in a given setting, so your khaki uniform suddenly stands out when you move out of the desert, and the green painted tank can no longer hide when snow
starts falling. Flexible camouflage uses the chameleon technique of changing properties as the setting is transformed. In this kind of active applied masking, soldiers have to learn what props to add to their outfit: items including branches, leaves, and face paint. He or she must constantly be aware of the background and how to adapt to it. In this kind of passing a person can conceal a stigmatised identity beneath another more accepted identity (Goffman 1963). It is a kind of reflexive camouflage. At the same time this reflexive passing is not always done through individual choice. A person can be forced to act in accordance with a dominated discourse of what is accepted and what is not (Foucault 1987).

In an ethnography of police surveillance of criminals in an urban setting, Ann Kristin Carlström (1999) found that the detectives had developed very different kinds of camouflage styles. Putting on a bright red sports jacket was called ‘wearing a stop jacket’. Here the attention was drawn to the bright colours of the jacket which at the same time made the individual’s face inconspicuous and less noticeable. People who perfect the techniques of blending in become experts in the cultural analysis of others. They know if you need a wig, a special dress, or just a certain body language or a big smile.

Passing as Normal

Camouflage strategies are constantly at work in everyday life when you have an illness or a handicap that you don’t want others to know about. With the use of the military metaphor we can understand that an illness creates, in different ways, sharp edges, features that stand out. To use a camouflage strategy is to break up these sharp edges so that the boundaries between oneself and the surrounding background of normal and healthy bodies are blurred. Georg Drakos (1997) shows how Greek people with leprosy mask their situations in the hospitals so that they can obscure the boundaries between healthy and sick. In this way they can control their own situation and do not need to be categorised.

Doing fieldwork among youth with asthma, I was struck by the ways through which males tried...
Ola found asthma a handicap that threatened his understanding of how a masculine body must behave. Asthma could communicate weakness but above all turn the body into an unpredictable machine, because an attack might come all of a sudden in a situation where it caused embarrassment. The boy would then be locked in a handicapped category; to avoid this he needed to conceal his medication (cf. Nilsson 1999).

Another boy talked about a situation in a gym when he realised that he had forgotten to take his medicine. He got stressed and started wondering if he needed his medicine. At the same time he didn’t want to stop training in front of everybody. He said:

If I needed to disrupt the training I needed to disrupt it in front of all the other people in the gym. It would really make me feel stressed, as if everybody would think: ‘He can’t manage the training.’ They wouldn’t understand my real reason for stopping.

to camouflage their handicap in public places. The situations when they thought concealment was important, and the camouflage techniques they used, told me a lot about the ideals of a ‘normal’ masculinity they wanted to live up to.

Ulf Mellström (1999) has discussed the ways in which men in Sweden often think of their bodies as machines that should be controlled, predictable, and efficient. Some of the boys with asthma I talked to said that their bodies were ‘constantly letting them down,’ not allowing them blend into cultural visions of ideal male bodies. Asthma is an illness that can usually be kept invisible in public. It is only when you are hit by an attack and urgently need medicine that you become vulnerable. One of these boys named Ola, put it like this, when I asked if he openly used his asthma inhalator in public: ‘No, I go away. If people around me don’t know I have asthma it feels too dramatic for me to take the medicine openly. People might think you are going to collapse any minute...’
Many of these young men almost obsessively focus on male ideals and worries about behaving abnormally. This can make them ‘more normal than the normals’. They have to use many techniques to blend in. They even repress thoughts about their illness, and take up smoking as a way of distancing themselves from their asthma problems, even though they know this will just create more health issues. In some ways this is mimicry overdone as camouflage, which creates a situation in which boys constantly have to monitor their own behaviour and think through all of the possible reactions by others. Can they detect my handicap?

There are also gender differences at work here. Young men seem to be more afraid of showing physical weakness. A girl with allergy spoke about a different strategy she used. When I asked if it was hard for her to talk about her illness she answered:

No. It’s better that they know, so they don’t need to do anything. That is one of the first things that I tell if I visit somebody: ‘I am allergic to that and that’ and then they know. And I don’t need to worry...

Concealment, disguise, and camouflage are all cultural techniques that require careful observation and analysis of the group or setting you want to blend into or hide something from. They all require reflexive monitoring of your own behaviour.

The concept of cultural camouflage has proven to be productive in my ongoing study of young people with asthma and allergies. Many of these boys and girls are eager to pass as ‘normal’ teenagers and they develop all kinds of strategies to hide their handicaps. In this process they become very observant and reflexive about cultural concepts of normality, and the problems of blending in or standing out. They have revealed many aspects of cultural standards and ideals in teenage life which would otherwise remain hidden or taken for granted.

Note
* This article is a part of a Ph.D. study at European Institution of Ethnology and Vårdal Institute, at Lund University. The people on the photos, taken by the author, have nothing to do with the text.

References