10 States of Being in Wellness and Illness

Chapter Outline

- Medical Anthropology
- Beyond the Science–Tradition Divide
- Integrated Approaches and Holism in Medical Anthropology
    - Openness to Traditional Knowledge
- Cultural Interpretations and Labels of Illness and Disease
    - Medical Labels as Signifiers
- Environments and Well-Being
    - Integrated Worlds of the Biotic, the Abiotic, and the Cultural
    - Nutritional Health
    - Structural Violence and Social Trauma
- Health-Care Delivery Systems
    - Variety in Curing Practices
    - Patient–Practitioner Interactions
    - SEARCH as an Integrative Model
    - Political Intervention: Population Control and Management
- Epidemiology and Public Health
- Integrated, Applied Critical Medical Anthropology: Holism in the Service of Wellness

Key Points

1. Individual expectations of wellness differ cross-culturally. In Western nations, expectations are high; most people have access to health-promoting resources such as clean water, nutritious food, medicines, and medical treatment. Yet not everyone is in an equal position, and the disenfranchised often lack access to sufficient resources. In many poorer countries today, health conditions resemble those of past centuries, and many people continue to suffer from diseases rarely encountered in the West.

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2. **Medical anthropologists** in the 1970s and 1980s recognized the tension between traditional knowledge and "modern" Western science, but they also recognized that the two approaches intersect in many ways. In the past, the systems were depicted as in binary opposition, as conceptualized by Allan Young, of *internalizing* systems (e.g., Western biomedical systems) versus *externalizing* systems (e.g., traditional ethnomedical approaches). Today, medical anthropologists try to move beyond such "either/or" interpretations noting that the two systems are not mutually exclusive.

3. Medical anthropology is a subfield where the human ideas of **well-being**, **illness**, and **disease** are explored. Medical anthropology is highly interdisciplinary, drawing on and influencing such diverse fields as biology, ecology, biochemistry, sociology, psychology, political science, economics, linguistics, ethics, and religious studies. Thus medical anthropologists value integrated approaches and holism in their work, and they are always open to a variety of perspectives.

4. Some of our greatest learning and ethical challenges have come from studying **traditional knowledge** in systems of wellness that transcend the constructed dichotomy between "folk" medicines and Western biomedicine. Examples from medical anthropologists' work in the field remind us that the sharing of traditional knowledge is a gift—from local experts to visiting anthropologists—and needs to be recognized in a reciprocal manner.

5. Interpretations of **etiology**, the study of the causes of illness and disease, differ across cultures. Some interpretations are personalistic, (belief that illness is caused by supernatural forces) while others are naturalistic (belief that the cause of illness is rooted in the physical world), and yet others are a blend of the two. Over time, these interpretations change to reflect new knowledge, changing perceptions, and cultural events. As interpretations change, labels and meanings change as well. It is important to note as well that Western interpretations of illness and disease tend to focus on the cause while the non-Western focus tends to be on the effect that disease or illness is having on the person who is suffering.

6. Medical labels, like all labels, are agreed upon signifiers. In all cultures, labels help people identify and interpret the illness. Naming is the first step towards understanding relationships among illness, social form, and social thought. Medical labels can also be used on the personal level. An afflicted individual can be defined as "the ill one," "the patient," or "the client." Each label suggests a perception of a new role, which can carry a stigma. The very act of labelling itself can dramatically impact the social outcomes of individuals and communities.

7. Medical anthropologists are aware that physical (**biotic** and **abiotic**), social, and cultural environments can have a dramatic impact on human well-being. Within every environment, all components are linked in complex, often indivisible ways. Thus, researchers examine the influence of environments—especially **realized niches**, *the habitable world that a group of people is forced to utilize and to which becomes highly adapted*—on human health as well as the many human factors that shape

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those environments. Two areas of particular interest are environmental contamination and access to a balanced diet.

8. Health care systems take many different forms around the world. While health care systems may take on a variety of forms, Arthur Kleinman has noted five core cross-cultural clinical functions: the cultural construction of illness and/or disease as a psychosocial occurrence; the evaluation of treatment approaches based on general criteria, independent of the individual incidents of illness; the management of specific illness incidents through communicative operations (labelling and explaining); the performance of healing activities; the management of outcomes, from cure to recurrence, chronic illness, and impairment to treatment failure and death. While there can be a high variation in the emphasis placed on the five functions from one culture to the next, Kleinman notes that there is profound cross-cultural similarity in clinical interest and praxis.

9. Within and between cultures, curing practices range from home remedies or folk cures to intensive treatment by a traditional or medical healer. Traditional medical cures can be highly effective for reasons not often considered in Western medicine. In some cases, no other treatment is possible; in other cases, factors such as geographical location or financial resources may limit an individual's access to treatment.

10. Doctor–patient relationships differ cross culturally. While all systems of treatment have a two-step process—diagnosis and treatment—how this process is done can vary drastically. Naming the condition is an important part of the treatment process, as it communicates the symptoms, frames the diagnosis, and dictates the range of available treatments. This can be problematic if the Indigenous language does not have a word for the condition or if the disease or illness is something new that has been introduced from outside their population. Patient–practitioner relationships also differ between urban and rural locations. Rural practitioners try to form personal relationships with their patients and make the patient feel at home with the treatment. In this situation, the curer takes the lead role in searching for the cause and determining the course of action to be taken. In urban medical systems, doctors often only interact with patients as clients in formal institutions. In the urban setting, as the doctor does not know the patient on a personal level, it is often left to the patient to suggest the illness based upon the symptoms they are feeling.

11. The structure and focus of health care delivery systems frequently reflect local or national political interests, particularly when health care systems receive government funding. One example of a government's attempt to regulate health-related issues for political reasons is through population control programs, such as China's one-child policy. Policies like population control, can affect individuals' access to health care. Social problems can also arise when citizens feel that official policies prevent them from achieving their personal and health-related goals.

12. Medical anthropologists can offer valuable insight into how diseases spread along social networks and how cultures respond to threats from disease. Such insights are valuable in the field

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of **epidemiology**. As one of the most "applied" areas of study, medical anthropology has much potential for making valuable contributions to the resolution of real-world problems.

13. Patterns of socialization and enculturation are sometimes overturned by experiences that intrude on predictable daily routines. Among the most powerful experiences are those occasioned by **structural violence** and **social trauma**, the investigation of which has become a significant topic for some contemporary anthropologists. Structural violence results from the way that economic and political forces put categories of people within a population at risk. Often poverty, race, and ethnicity can explain why some groups of individuals experience higher rates of illness, violence, and trauma.

Key Terms

Abiotic Non-living; physical

Bioaccumulation The accumulation of toxic substances in progressively higher concentrations from the bottom to the top of a food chain.

Biomagnification An increase in the concentration of a toxic substance from the bottom to the top of a food chain.

Biomedicine Traditionally Western forms of medical knowledge and practice based on biological science.

Biotic Living; biological

Culture-bound syndromes Sicknesses, as well as the therapies to relieve them, that are unique to a particular cultural group.

Defensive research Research that is designed and conducted by individuals outside the affected community without consulting members of the community about their interests or concerns.

Disease A biomedical condition characterized by a harmful biological irregularity in an organism.

Epidemiology The study of the causes, occurrence, spread, management, and prevention of infectious diseases.

Ethnomedical systems Alternative medical systems based on practices of local socio-cultural groups.

Etiology The study of the causes of a disease and/or an illness.

Folk illness A culture-bound illness; a set of symptoms that are grouped together under a single label only within a particular culture.

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Health A cross-cultural term to describe a person's general social, psychological, and physical condition. Generally, good health is what allows an individual to function within his or her society.

Illness A culturally identified state (or role) of general physical and/or mental discomfort; a personal experience of suffering that prompts the afflicted to seek intervention and that underlies all culturally defined interventions to alleviate suffering.

Managed care A system of care, tied to the market-based delivery of medicine, particularly in the US, in which a patient's choice of treatment and of practitioner is directed by an intermediary organization that claims to provide the most cost effective services available while generating profits for its members.

Medical anthropology An area of anthropological inquiry that focusses on issues of well-being, health, illness, and disease as they are situated in their wider cultural contexts.

Placebo effect An effect produced in response to an individual's belief that a treatment will have a desired effect, despite evidence that the treatment has no medicinal properties.

Positive research Research that is designed with fair consideration of the interests and concerns of members of the affected community and conducted with consideration of cultural contexts within the community.

Realized niche The portion of the fundamental niche (the complete range of physical and biological conditions under which a species can survive) that a group of people is forced to utilize and to which it becomes highly adapted.

Shaman An individual who is an expert on cultural definitions and treatments of medical as well as spiritual issues.

Sickness Classifications of physical, mental, and emotional distress recognized by members of a particular cultural community.

Social trauma Individual and group experience of negative physical, mental, and emotional effects resulting from powerfully disturbing occurrences caused by forces and agents external to the person or group.

Structural violence Violence that results from the way that political and economic forces structure risk for various forms of suffering within a population.

Suffering The forms of physical, mental, or emotional distress experienced by individuals who may or may not subscribe to biomedical understandings of disease.

Traditional knowledge Knowledge that is culturally held and passed on from generation to generation.

Well-being A state (or role) of general physical and mental comfort and good health; a lack of illness.

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Review Questions

1. Think about Western biomedicine as a kind of traditional knowledge. What is its history? What kinds of cultural and social assumptions (or world view) can you identify?
2. Should the state be more involved in protecting its citizens from environmental health risks?
3. Do you think there is a value in traditional medical forms? Would you seek a traditional cure in favour of a biomedical approach?
4. In which ways has health been commoditized? Should we be concerned about the health care business?
5. Is there a rise in the popularity of alternative medicines? If so, why? If not, why do you think people are resistant to them?
6. What is structural violence? What factors contribute to the social trauma that a group can experience?
7. What is the value of research on structural violence and social trauma? Provide an example to support your answer.
8. In the case of the Cree Wendigo, a mythological force and human disease are combined. Do you think other diseases are mythologized or other myths incorporated into states of disease?
9. Can the dynamics of shamanism resemble counselling or psychotherapy in cultures that do not have these services?
10. Do you think depression and anxiety in Canadian culture are part of our culture-bound syndromes?
11. Do you think it is useful and possible to combine traditional and Western approaches to understanding illness?
12. Might there be dangers in adopting traditional herbal cures outside of their usual cultural context?
13. Why is the role of behaviour and culture so important in understanding the epidemiology of particular diseases?

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Additional Resources

Films

- *The Great Leveller: Determinants of Health of Populations*. Directed by Paul Sen. McDougall Craig Productions. 1996.

  This documentary on social hierarchies and how they affect health is hosted by social epidemiologist Richard Wilkinson.

- *Unnatural Causes: Is Inequality Making us Sick?* Part 1: In Sickness and in Wealth. Directed by Llewellyn M. Smith. California Newsreel. 2008.

  The first episode of this documentary series looks at how social class shapes access to power, resources and opportunity, resulting in a health-wealth gradient.
  Transcripts and clips are available here: http://www.unnaturalcauses.org/

- *Ghana: Digital Dumping Ground.* Frontline/PBS. 2009.

  This documentary investigates the impact of the Agbogbloshie electronic waste dump in Ghana (see pp. 251–252).
  http://www.pbs.org/frontlineworld/stories/ghana804/index.html

Annotated Video Links

- Paul Farmer: I Believe in Healthcare as a Human Right
  Expressing his view that a right to health care is a necessary foundation of a just society, the famous Dr. Farmer outlines his views on health, culture, human rights and medical anthropology.
  https://www.youtube.com/watch?v=xJpZnUjtorI

- Ebola, Medical Anthropology and Health Decisions
  An African doctor discusses the role of social anthropology from his personal experiences during the last Ebola outbreak.
  https://www.youtube.com/watch?v=vOyMwfvn34I

- Mirror of The Spirit, Interview With a Medical Anthropologist/Shamanic Facilitator
  An interesting clip that documents the involvement of a medical anthropologist in Amazonian shamanic healing.
  https://www.youtube.com/watch?v=QcBHS1htvqE

- A Therapist on Men's Hidden Circumcision Grief and Trauma
  A provocative and interesting interview with the psychotherapist about the buried trauma of circumcision carried by many men. While feminists have raised awareness of the harm caused by

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female genital mutilation, male genital mutilation has been normalized and propagated without much concern about its effects.
https://www.youtube.com/watch?v=tNCJ7AL_ThY

- Study Finds that PTSD Effects May Linger in the Body Chemistry of the Next Generation
  A look at how surviving the Holocaust may result in the effects of trauma being carried over to the next generation through epigenetics.
  https://www.youtube.com/watch?v=zV9sya4F5KQ

Websites

- Maternal Health, World Health Organization

  Information and data on maternal health around the world.
  http://www.who.int/topics/maternal_health/en/

- Toxic Nation

  This site provides information on the presence of toxins and bioaccumulants in everyday products. The campaign is run by Environmental Defence, a Canadian environmental action organization.
  http://environmentaldefence.ca/campaigns/toxic-nation

A Critical Look

By Roberta Robin Dods

Alternative Consciousnesses: What Constitutes Mental Illness?

In his popular and controversial work *The Origin of Consciousness in the Breakdown of the Bicameral Mind* (1976), American psychologist Julian Jaynes presents the central metaphor of the *bicameral*, or *two-chambered*, mind to explain a theory of the evolutionary development of consciousness. In his view, our ancestors had a two-part mind in which cognitive functions were divided between a speaker (often thought of as the voice of god) and a listener (the one who obeys the instructions of the speaker). Human beings were, essentially, of two minds. In this state, we lacked a sense of self-direction and purpose, a sense of the "self" as a unified being, an awareness of time, the ability to remember and think about our personal histories, and the ability to think about and discuss non-existent objects and past and future events (Hockett's design feature of *displacement*; see Chapter 4). From a modern Western perspective, our ancestors lacked many of what we would consider to be

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the essential attributes of a healthy or "normal" mind. To our ancestors, however, there would have been nothing abnormal about the way their minds worked.

Questions about how we define what is and is not normal are important when we begin to think of "abnormal" or "alternative" forms of consciousness commonly labelled as "mental illnesses." In most cases, mental illnesses are harder to characterize and to diagnose than are physical illnesses. Even in our age of advanced medical knowledge, we do not fully understand how the mind works. As such, it is impossible to arrive at any absolute consensus about what constitutes mental illness.

In the institutionalized world of Western medicine, medical professionals follow the guidelines for diagnosing and treating mental illnesses outlined in two internationally respected documents:

- Chapter 5 of the *International Classification of Diseases (ICD; WHO* 2010), and
- the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM; APA* 2013).

Yet as anthropologist Ken Jacobson reminds us, "the characterization of behaviours or abilities is a cultural process: basic concepts used to classify people, such as *normal*, *disordered*, *abnormal*, and *average*, are culturally constructed and culturally variable" (2002: 283–4). This means that patterns of thought and behaviour that seem perfectly normal in one cultural setting may seem abnormal in another. For example, Western medical practitioners would likely interpret an individual's belief that she or he has been possessed by a spirit as a sign of mental illness. Yet mediumship involving spirit possession is highly regarded among certain peoples—for example, followers of the Afro-Brazilian religion Candomblé. Thus, what is seen as an affliction in one cultural context may be viewed as a gift in another cultural context.

This observation leads us to several important questions. Do the mentally "afflicted" (or "gifted") act out the roles their culture defines for them? Might a mental state or condition that one society desires to suppress with medication be encouraged in another? Further, does cultural context influence the ways in which individuals express alternative consciousnesses? Certainly, there are no clear or easy answers to these questions. Yet they are significant and worthy of our consideration. Medical anthropologists are uniquely situated—through their commitment to openness and the use

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of inclusive approaches—to explore these sorts of questions. After all, such questions echo our fundamental concern: *How can we explain the human condition?*

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