



**ANTHROPOLOGY 208**

**MEDICAL ANTHROPOLOGY**

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# Cross-cultural Perspectives on the Body, Health and Healing in Global Contexts

How do we understand health? Illness? Medicine? The body? Our sense of ourselves?.... in **cross-cultural**, historical, political-economic and global perspectives



# Lecture “Roadmap”



- **Beginnings of Med Anthro – logic, epistemology, social/historical context**
- **Contemporary case study – Navajo perspectives of cancer as caused by lightning**
- **Biomedicine as changing over time – examples of changing diagnoses**
- **Biomedicine as different in diff cultural context – example of asthma treatment in CZ**
- **How do “problems” get determined?**
- **Global Context of medical practice + what anthro can contribute**

# The beginnings of med anth

- W.H.R. Rivers (1864-1922) – physician, experimental psychologist + anthropologist
  - A.C. Haddon > vs. armchair anthropology
  - Cambridge Torres Strait expedition (1898) - strait btw. Australia and New Guinea: genealogy collection, phonograph recordings, pain measurements...
- 1) 'healing practices' are characterized by logic, systematic, coherence - (not just a 'set of beliefs')
  - 2) healing practices may indicate a different epistemological view





- **Epistemology – theory** of knowledge (knowledge is not just a collection of facts), but ideas about how facts are discovered > methods, notions of causation, etc.
  - **3)** “the practice of medicine is a **social process**, subject to the same laws, and to be studied by the same methods as other social processes.....” (i.e. power, politics, economics, gender, racism, etc.)
- > Focused on understanding **the logic** as well as the **social basis** of the perspective on health/medicine



# Understanding “other” approaches – Navajo approaches health and illness

- Cancer among the Navajo
- Tom Csordas (late 1980s)
- How does lightening cause cancer?



Treaty obligations since 1868 mean there have long been “Western” clinics and free medical care available on reservations, as well as indigenous healers. (syncretism)



- Focus on **causation** of illness (where did this come from? )+ on **processes**/directionality so you can perhaps reverse them, rather than classification/diagnosis (what **is** this?) and removal of diseases. (e.g. man complains the dr did not tell him 'anything about what is wrong with him.' he was told he has a kidney disease, but he was not told WHY he has the kidney disease.) >epistemological factors, not just bunch of beliefs...
- Lightning as precipitating factor of many illnesses, and of cancer, in three ways: spiritual, ecological and symbolic





# Spiritual



- Creation of the World -- Multiple creations of the world – (in diff colours)
- <https://www.youtube.com/watch?v=g9ZZFCIncA0>



# immorality



- In the 3<sup>rd</sup> world, Yellow World, transgression occurred – thievery, incest, etc. Yellow people broke taboos and tried to harness nature, esp. electricity and radiation inappropriately. Cancer was produced.

# Ecological



- Lightning exposure as a fact of life (as common as traffic accidents...) – illness accounts testify to this...



# ‘Symbolic’



- ‘Lightning’ stands for snakes/arrows/shooting phenomena: radiation, the sun, electricity (meat of electrically stimulated animals), electrical fumes, TV, microwave, uranium mine....

Uranium mining on Navajo Land





- 1944, uranium mining begins on Navajo land and Lakota land in the US, as part of the nuclear arms race with the Soviet Union
- 1951 – US tests effects of radiation on Navajo workers in the mines – by the 70's were finding high rates of cancer
- EPA founded 1970, prior to that little protection
- “People use to say ‘That mountain right there is harmful, don’t bother it.’ .... Sure enough, you dig in there, there is uranium, so powerful, so dangerous, you don’t mess with it.”

# Cancer...



- Lack of balance/harmony with the environment
- Environmental pollution that contaminates the body
- Healing through Shootingway ceremony which reverses the process/direction – “we Navajos have a radiation ceremony too.”
- What is the logic of this system?
- Where/how is this compatible with – and different from - Western biomed? What can we learn from it... about the body? About medicine? About our assumptions?



- Western medicine is also intertwined with cultural perspectives:

Take the history of diagnoses --

Historical shifts in thinking:

- \* nostalgia
- \* drapetomania
- \* late luteal phase dysphoric disorder

# nostalgia



- 1688, Johannes Hofer, a med student at the University of Basel, Switzerland, submitted a dissertation on nostalgia: “the sad mood originating from the desire to return to one’s native land” (nostos = return to native land, algos = grief, Grk)
- Afflicting “principally young people and adolescents” sent to “foreign lands with alien customs” (1934: 383).
- Can be fatal or near fatal - cure is to return home
- Increasing Translocality in Central Europe (post Thirty Years War, 1618-48, refugees) – Dominic Boyer
- > soldiers, sailors, servants, students
- ..... Up until American Civil War (1861-65) > agoraphobia



# Nostalgia (temporal, rather than geographic)



*"You're kidding. You still pay taxes?  
It's a nostalgia thing? Right?"*



# drapetomania



Dr. Samuel Cartwright: 1851, *New Orleans Medical and Surgical Thought*, mental illness that “induces the negro [slave] to run away from service” ... “With the advantages of proper medical advice, strictly followed, this troublesome practice that many negroes have of running away, can be almost entirely prevented, although the slaves be located on the borders of a free state, within a stone's throw of the abolitionists.”

“If the white man attempts to oppose the Deity's will, by trying to make the negro anything else than “the submissive knee-bender,” (which the Almighty declared he should be,) by trying to raise him to a level with himself, or by putting himself on an equality with the negro; or if he abuses the power which God has given him over his fellow-man, by being cruel to him, or punishing him in anger, or by neglecting to protect him from the wanton abuses of his fellow-servants and all others, or by denying him the usual comforts and necessities of life, the negro will run away; but if he keeps him in the position that we learn from the Scriptures he was intended to occupy, that is, the position of submission; and if his master or overseer be kind and gracious in his hearing towards him, without condescension, and at the same time ministers to his physical wants, and protects him from abuses, the negro is spell-bound, and cannot run away.”

# late luteal phase dysphoric disorder



- Psychiatrists describe ‘premenstrual psychosis’ – Tanya Luhrmann, *Of Two Minds*, 2000 – story of psychiatrist and scientist “Susan”
- battle over inclusion in the DSM > Diagnostic and Statistical Manual of Mental Disorders (1952, 1968, **1980**, 1994, 2013)
- Marked affective lability (suddenly feeling angry, tearful etc); marked anger; marked anxiety/tension; feelings of hopelessness + depression; etc. prior to period
- Scientific advisory committee voted for inclusion; Women’s Committee of the American Psychiatric Assoc stirred up public outrage

*“It was so upsetting to find out that you could be scuppered by the media, as if the politics could matter more than the truth.”*

- Included in DSM-IV (1994), as Premenstrual Dysphoric Disorder (PMDD)



Biomedicine varies according not only to diagnostic categories, but different understandings of what medicine/healing should be looking at

Different medical systems – diff ways of thinking:

- Biomedicine is underpinned by the idea that “diseases are isolable entities, found everywhere, and without moral or social significance.” (Lock 2002: 192)
  - Health and illness located in indiv bodies (vs. collective)
  - Indiv responsibility for preservation of health
- Can you heal a collective? an entire community?



# Childhood asthma across two biomedical systems



NZ: 22% of kids, CZ: under 15%

# Global initiatives : GINA



Since 1993, GINA is scientific group setting intl guidelines and best practice – for ex, “Global Strategy for Asthma Management and Prevention”

- self-management



# Self-managed care



- Since the late 1980s, New Zealand has been at the forefront of neoliberal healthcare reforms which have decentralized and privatized healthcare
- Sociologist Nikolas Rose: “complex of marketization, individualization and responsabilization of healthcare”, promoting *pro-active patients*

# ‘responsibilization’



- In health care this results in increase in focus on “patient centred medicine”, “empowerment”, “responsibility” and “patient-choice”

“Ill patients themselves...and their families...are increasingly demanding control over the practices linked to their own health, seeking multiple forms of expert and non-expert advice in devising their life strategies and asking of medics that they act as servants and not masters of this process” (Novas & Rose 2000: 490).

**> What does this look like for asthma?**





- **What do you do (in NZ) if you have asthma?**

# Self-managed care



ASTHMA ACTION PLAN			
Name: _____		ISSUE DATE _____	
	PEAK FLOW		TREATMENT
1	BEST = <input type="text"/>	▶	Continue regular treatment
2	<80% = <input type="text"/>	▶	Double dose of:
3	<60% = <input type="text"/>	▶	Start prednisone & ring Doctor
4	<40% = <input type="text"/>	▶	Call emergency Dr or Dial 111 for ambulance

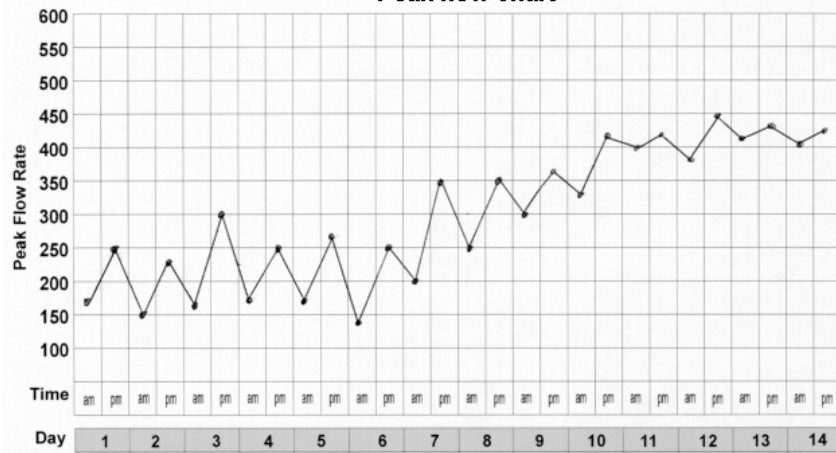
SYMPTOMS		TREATMENT	
1	Asthma under control	▶	Continue regular treatment
2	Waking with asthma at night	▶	Double dose of:
3	Increasing breathlessness or poor response to	▶	Start prednisone & ring Doctor
4	Severe attack	▶	Call emergency Dr or Dial 111 for ambulance

Contact Dr: \_\_\_\_\_ Tel: \_\_\_\_\_

Fig. 1. – The adult "credit card" asthma self-management plan.



**Peak flow chart**





- Two processes are going on here [both are aspects of responsabilization] ..... (or – two ways ‘culture’ is impacting on how medicine is practiced)
- ?

# Process of Individualization



- Dr. Gordon: “If someone is coming from a doctor-centred framework, then they’ll be perceiving themselves more like they’re the ones in charge, so they’ll feel that they’re responsible for health outcomes, whereas in a patient-centred framework, the patient holds responsibility for their own health and doctor’s more of the advisor than the guru.”
- Dr. Smith: “patient is in the driver’s seat...”
- I ask the patient – whose asthma is this? Who is responsible for it?

## 2<sup>nd</sup> process – Pharmaceuticalization



- Drug-use promoted as part of daily life
- Asthma nurse-educator on the need for pharmaceutical **compliance**: “asthma can be really so well managed that it doesn’t interfere with your life *at all*. It can be as simple as having the education and the understanding to manage it.”
- compliance/noncompliance



# NZ used to have a more collective, broader focus...

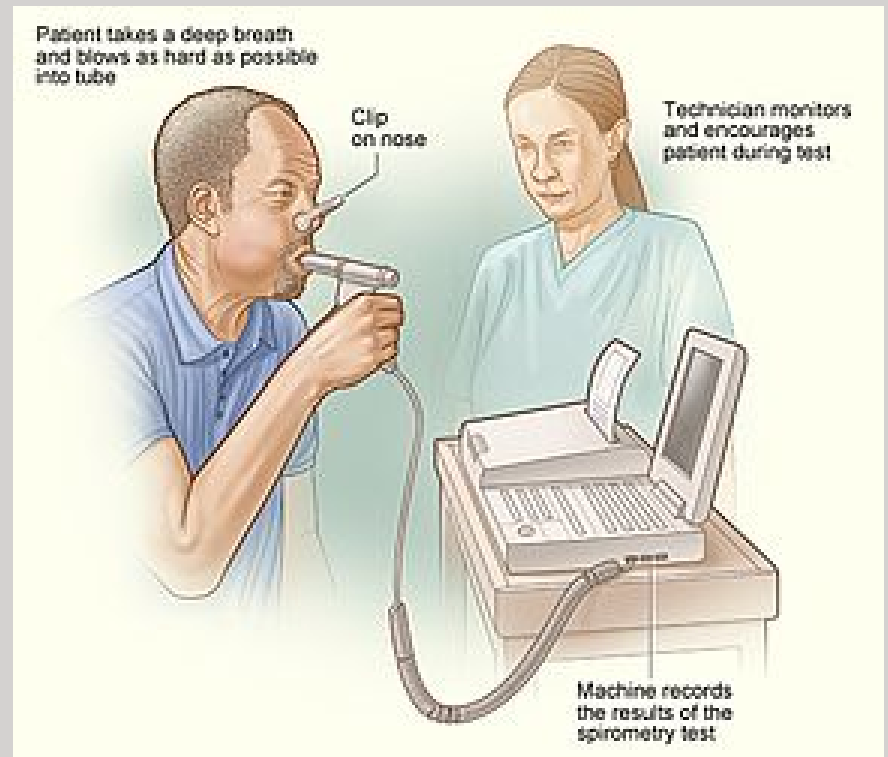


- Asthma camps
- Swimming programs.....



# A different kind of biomedical context:

- Same health policy (GINA)
- Similar (but more techno-focused) diagnosis
- Same pharmaceutical treatments



- Treatments altered by attitudes towards politics/envirom and who/what is the 'problem' (indiv body or....?)



# What is making **us** sick? (Where does it come from?)



- 1989, Velvet Revolution – democracy and integration into world market







# Teplice demonstrations, Nov 1989





## Prague Mothers

environ. health  
demonstration,  
summer 1989





# Academy of Sciences, Prague



## Effects of air pollution in Radvanice and Bartovice district in Ostrava:

- Highest respiratory illness rates in the CZ
- Irreversible DNA damage
- Rate of childhood asthma: 37 %



Professor Radim Šrám



# Post 89, the Environmental Controversy continues...



Boj za lepší ovzduší v Ostravě nekončí. Na tři desítky lidí se proto sešly ve středu po poledni před Novou radnicí a s maskami či rouškami na obličejích společně vyrazili v průvodu na Masarykovo náměstí.







“My children aren’t asthmatics but sometimes they were nearly choking and I know the fear. I feel very bad for mothers when their child has an asthma attack, the great fear she has, - why can’t she say to herself, this doesn’t need to be? And the industrialists think [to themselves], ‘I employ 7,000 people’ and only one blue child doesn’t matter to them. They don’t live there. They employ the people who have blue children who [have to] live there because their jobs are there. And then there is the good kind paediatrician who stuffs corticoids into the children and they have their little inhalers and when it is really bad off they go to the *lazne* [health spas] so it gets better. We need to change society...” Dr. currently working in environmental health policy centre

# What about treatment?



- Clean air rather than/in addition to pharmaceuticals...



# Trips to the Sea



**Psoriáza - skvělé výsledky třítýdenního pobytu na Mořském koníkově**



Příjezd



Po 10 dnech pobytu



Odjezd





LÁZNĚ KYNŽVART
















# Salt comes to Sydney and Melbourne




<a href="#">SALT THERAPY</a>	<a href="#">FAQ</a>	<a href="#">PRICES</a>	<a href="#">SHOP</a>	<a href="#">PHYSIO</a>
<a href="#">ACTIVITIES</a>	<a href="#">GALLERY</a>	<a href="#">MEDIA</a>	<a href="#">TESTIMONIALS</a>	<a href="#">HALOMED</a>
<a href="#">SCIENTIFIC</a>	<a href="#">CONTACT</a>	<a href="#">LICENSE</a>	<a href="#">SPECIALS</a>	


## GALLERY


"After 6 sessions we have noticed a massive improvement and his cough is almost completely gone."

**AMANDA BAKER.**  
Describing the progress of her 3 year old son who is allergic to colder weather.






Kids play rooms at Saltrooms Bondi Junction.




 Like 181

admin@saltrooms.com.au | Aus +612 93691698 | © 2011 SALTROOMS

FIND SALTROOMS ON:  



1:21 p.m.  
9/05/2013



# Counter-weights to individualization in NZ



- Child Poverty Action Group
- Tu Kotahi (Maori Asthma Trust, in Wellington) initiatives
- Healthy homes initiatives – 2019 rental initiatives! (insulation)





- An Auckland asthma educator noted: many people with asthma are living in homes not fit for purpose, houses that “are moldy, damp, cold. You know, we’ve seen toadstools growing out of the walls. Sometimes there is no heating, [or] not enough money to actually *use* the heating. You can’t expect patients to become well-managed even if they’re compliant, living in that kind of ongoing dampness.”

# What is “disease”?



- We can extend this epistemologically too – to consider how we generally think gathering knowledge about (and treating) an illness is about a medical practitioner looking at his/her body, ascertaining what is wrong and then going about fixing it.... Very different set of assumptions about illness and how to treat it than the Navajo....

# Med anthro doesn't just ask how do we treat health and illness, but what is considered a health problem? What is considered a solution?

- As David Hess (2004) argues, the political underpinnings of science (and medicine) shape not only the solutions scientists arrive at but also the very questions they are compelled to ask. In turning our focus to how scientific problems are made, Hess and other scholars of science and technology studies reveal how the complex interplays among government policies, public perceptions, and the interests of scientists themselves make some problems worth investigating while leaving others “undone” (Frickel et al. 2010; Latour 1987; Latour and Woolgar 1979).
- Looking at culture but moving far beyond ‘cultural beliefs’

# Global Contexts for contemporary medicine



- Healing and medical care have always been carried out in a global context, but there are increasing inter-relations and intermeshing between geographical spaces and practices
- “Western” biomed is increasingly global, but so too are other medical practices (and epistemologies): Traditional Chinese Medicine, Ayurveda, Homeopathy, etc.
- As we travel, so does illness (globalized world = globalized problems) – and rise of globalized solutions (e.g. GINA protocols)
- Attempts to address health issues and health inequities on a global scale – health programs (Gates Foundation), organizations (WHO, World Bank, etc.), pharmaceutical sales and testing....

# Anthro and (Global) Health



- Ethnographically revealing the intricacies of health, medicine + healing....
- **How do the Navajo see cancer after more than 100 years of available biomedicine** (not just culture, but politics/econ)?
- Feierman et al, “Anthropology, Knowledge-flows and Global Health” (2010):
- ability to collect points of view from the margins
- “It is not enough, if one wishes to understand these cases, to achieve a basic understanding of local cultural terms.” What is needed is an understanding of power relations, local and global – Feireman et al (2010: 123)



- **Following from this> How is the “same” biomedicine practiced differently in different settings? Culture? Politics? Economics? Biomedicine? or Biomedicines?**