

BPB 114:PUBLIC & COMMUNITY PSYCHOLOGY

Medical Anthropology

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Highlights

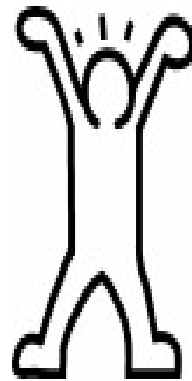
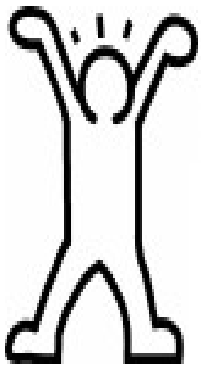
- What is anthropology? What is medical anthropology?
- Some key areas of study
- Theories relevant to medical anthropology
- What is culture?
- Lay theories of illness
- Disease, illness & sickness
- Health sectors
- Utilization of health care
- Provider-Client interaction

What is anthropology?

- A Greek word meaning “*the study of man*”
- Aims at *holistic study* of man by seeking an understanding of specific societies & cultures
- Has many branches. Medical Anthropology is one of them

What is community psychology?

- Its concerned with relationship of individuals with communities & societies
- Through research & action, community psychologists seek to enhance quality of life for individuals, communities & society.



What is medical anthropology?

- The study of *medical phenomena as culture*
- Medical phenomena here implies:
 - Illness
 - Response to illness
 - Health care
- It seeks to understand how different cultures & social groups explain:
 - Causes of illness
 - Types of treatment
 - To whom they turn to for help when ill

Medicine & medical Anthropology

- The relationship between the two disciplines remained constant until the development of modern medical anthropology in the 1960s & 1970s
- Many contributors to 20th Century medical anthropology had their primary training in medical fields
- Prominent researchers, historical figures, & close allies of medical anthropology: [Arthur Kleinman](#), [Ann McElroy](#), [Christine Wilson](#), [Didier Fassin](#), [Erin Finley](#), [George Foster](#), [Merrill Singer](#), [Michael Agar](#), [Robbie Davis-Floyd](#), [William Dressler](#), [Philippe Bourgois](#), [Clarence C. Gravlee](#), [Cecilia Van Hollen](#), [David Himmelgreen](#), [Emily Martin](#), [Gregory Button](#), [Margaret Lock](#), [Susan E. Keefe](#), [John Bryan Page](#), [Susan Andreatta](#), [Andrea S. Wiley](#)

LOOK THEM UP (<http://medanth.wikispaces.com/Figures>)

Useful theories

- There are many theories of particular importance to Medical Anthropology including:
 - Structural Functionalism (Radcliffe-Brown, Evans-Pritchard)
 - Transactionalism (Fredrik Barth)
 - Marxist Political Economy Model (Karl Marx , Friedrich Engels)
 - Cognitive & Symbolic Approach (Byron Good, Nancy Scheper-Hughes, Margaret M. Lock)
 - Critical Medical Anthropology (Merrill Singer)
 - The Social Construction of Illness (Peter Conrad, Kristin K. Barker)
 - Explanatory model of illness (Arthur Kleinman)

Look them up...

Some key areas of study in medical anthropology

- Development of systems of medical knowledge & medical care
- Integration of alternative medical systems in culturally diverse environments
- Interaction of social, environmental & biological factors which influence health & illness
- The critical analysis of interaction between psychiatric services & migrant populations
- The impact of biomedicine & biomedical technologies globally
- The patient-physician relationship

What is culture?

- **Culture** – the *values, beliefs, behavior,* and material objects that form a people’s way of life.
- **Nonmaterial culture** – *ideas created by members* of a society.
- **Material culture** – tangible things created by members of a society.

Material culture

- **Material culture** – artifacts.
 - Every culture includes a wide range of tangible human creations.
 - A society's artifacts reflect underlying culture.
 - Material culture also reflects a society's **technology** – knowledge that people use to make a way of life in their surroundings.

The components of culture

- Although cultures vary, they all have *five common* components:
 - (1) Symbols
 - (2) Language
 - (3) Values
 - (4) Beliefs
 - (5) Norms

Look them up...

Cultural diversity & Subcultures

- **High culture** – cultural patterns that distinguish a society's elite.
- **Popular culture** – cultural patterns that are widespread.
- **Subculture** – cultural patterns that set apart some segment of society's population.
- **Dominant culture** – a set of patterns favored by powerful segments of the population.
- **Multiculturalism** – an educational program recognizing cultural diversity & promoting the equality of all cultural traditions.
- **Counterculture** – cultural patterns that strongly oppose those widely accepted within a society, often is linked with youth.

Cultural change

- Change in one dimension of culture usually sparks change in another.
- ***Cultural integration*** – the close relationships among various elements of a cultural system.
- Some elements of culture change faster than others – ***cultural lag***.
- Cultural change may be spurred by invention, discovery, or diffusion.

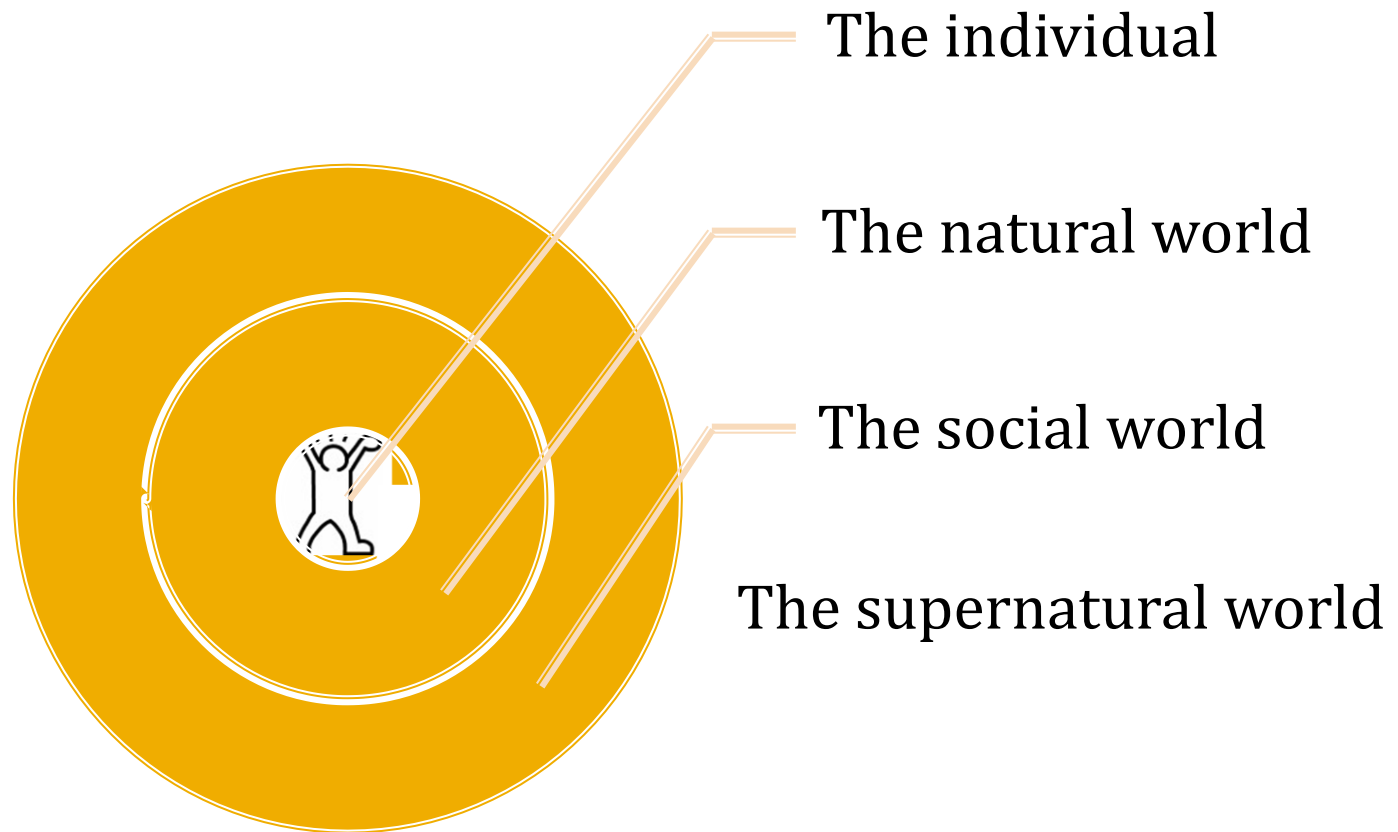
Ethnocentrism & cultural relativism

- **Ethnocentrism** – the practice of judging another culture by the standards of one's own culture.
- A particular culture is the basis for everyone's reality.
- **Cultural Relativism** – the practice of evaluating a culture by its own standards.
- It requires understanding unfamiliar values and norms.

Illness & health are cultural phenomena because:

- Origin is often peoples *living & working* conditions
- They are *communicated* to others in culturally prescribed ways
- They are *explained and labeled* in accordance with cultural concepts
- They are *experienced* in a way influenced by cultural ideas

Lay theories of illness causation: Sites of illness etiology



A. Internalizing & externalizing beliefs (Young, 1983)

- **Internalizing:** origins & blame located within the individual
- **Externalizing:** origins attributed to the natural environment, infections, social world or supernatural



B. Personalistic & naturalistic systems (Foster & Anderson, 1978)

- **Personalistic:** Purposeful intervention of supernatural or human agents
- **Naturalistic:** Caused by natural forces or imbalance in the individual

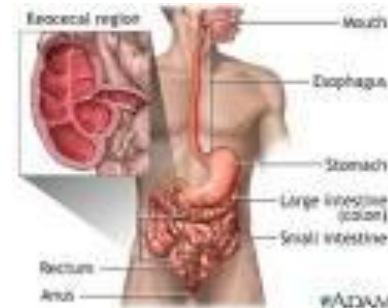


Disease, illness & sickness

- Distinctions made between the three terms *stress* *the different perspectives of various actors* involved in the experience of ill-health and in the healing process

Disease, illness & sickness

- **Disease:** Definition of a health problem by a medical expert
 - 'Something an organ has'
 - Deviation from normal
 - State of 'dis-ease'
 - Based on scientific rationality
 - Assumes diseases are universal



Disease, illness & sickness

- **Illness:** Experience of the problem by the patient
 - *'Something a (wo)man has'*
 - Can be present where disease is absent
 - Includes meaning that the patient gives the experience
 - Affected by culture: provides etiology, diagnosis, prevention & treatment regimen



Disease, illness & sickness

- **Sickness:** The *social role attached* to a health problem by the society at large
 - Society has influence on illness & those suffering from ill-health
 - Society assigns roles for the ill & carers/providers
 - Society also provides labels for illnesses



Health sectors/systems in society

- Health sectors/systems are the *sum total* of ideas & practices around health
- These include:
 - Patterns of belief about the causes of illness
 - Norms governing choice & evaluation of treatment
 - Socially-legitimated statuses, roles, power relationships
 - Interaction settings & institutions

(Kleinman 1980:20)

Classification of health sectors

- Popular Sector
- Folk Sector
- Professional Sector
- These health systems usually overlap
- When a society has multiplicity of health systems = *medical pluralism*
 - Usually a result of diverse cultures & acceptance of foreign traditions

Classifications of health systems

- Some distinctions of health systems emphasize cultural, social, & political varieties within health systems:
 1. Formal & Informal Medical Practice
 2. Public & Private Medical Practice

Formal & informal medical practice

- Formal:
 - Practices carried out by qualified personnel
 - Mainly in the professional sector of health care
 - Generally follows universal guidelines
- Informal
 - Practices carried out by people lacking formal qualification
 - Mainly in the popular sector of health care
 - Prevalent where health services have failed
 - Usually closer to the people
 - Respond to people's daily needs

Patterns of resort: Illness sets in...What next??

- ***Patterns of Resort***: Strategies employed to decide which option to use at which stage of illness
- People are ***active, rational*** decision makers selecting from a range of alternatives depending on knowledge & resources
- Therapeutic choice is the outcome of a ***sequence of transactions*** leading to patterns of health seeking behavior

Patterns of resort: Various types

Usually, Western & alternative cures are seen as complementary, not competitive.

Simultaneous: Occurs when several options are used at the same time

Hierarchical: Occurs when different health care choices are made in sequence through various sectors of health care

Illness-specific: Occurs when explanatory models automatically determine treatment choice

Non-physiological factors influencing 'pathways to the doctor'

1. Availability of medical care
2. Affordability
3. Failure/success of treatment within the popular or folk sector
4. Patient's perception of the problem
5. How others perceive the problem
6. ... **Add to the list**
7. ...
8. ...

Cultural differences in doctor-patient communication

- Some underestimate/overstate symptoms
- Migrants with low income, low education & language limitations negotiate less
- Space & distance surrounding bodies
- Contact/touch – different body parts
- Beckoning with fingers
- Eye contact
- Body: Shape, size & adornments communicate information about the owner's social position
- **Add to the list**
-

The doctor-patient consultation

- It is a transaction between lay and professional explanatory models
- It is a transaction between two parties separated by differences e.g:
 - Power (social and symbolic)
 - Social class
 - Ethnicity
 - Age
 - Gender
 - **Add to the list**

Communication & social background

Research shows:

- **Patients** - *Poorly educated , low class* persons are likely to have their questions ignored & treated impersonally
- **Doctors** - *Upper-middle class* doctors communicate more information to patients. *Females* perceived as less authoritative
- **Social distance** - Patients with *similar* social backgrounds (class, race, etc) to physicians are more likely to share communication style & thus communicate more effectively

3 Models of patient-doctor interaction

1. *Activity-passivity*: The patient is very ill/unconscious & the Provider makes decisions. No contribution from patient
2. *Guidance-cooperation*: The patient knows what is going on, can cooperate & follow Provider's guidance but Provider makes the decisions
3. *Mutual participation*: The patient works with Provider as a full participant

Problems of the doctor-patient consultation - Summary

1. Differences in definition of 'the patient'
2. Misinterpretation of patients 'language of distress'
3. Incompatible explanatory models
4. Disease without illness
5. Illness without disease
6. Problem of terminology
7. Problem of treatment
8. Role of context (patient, household, culture/ community, care setting, economic, political etc)
9. ...**Add to the list**
10. ...

How will I apply medical anthropology in future?

1. Better understanding of how different cultures and social groups **explain causes of ill-health**
2. Appreciation of different **types of treatment** available
3. Better understanding of patients' **utilization** of health facilities (whom they turn to & why)
4. A view of health problems as explained & labeled in accordance to **cultural concepts**
5. More understanding of patients' context = **better communication** during consultation
6. More understanding of patients' context = **appreciation of diversity in the experience** of an illness episode