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# The multicultural dimensions of health, illness and healing

Merrill Singer, Pamela I. Erickson, and César E. Abadía-Barrero (eds.): *A Companion to Medical Anthropology*. Hoboken, New Jersey: Wiley Blackwell Companions to Anthropology (Second Edition) John Wiley & Sons, Inc. 2022. 470 p.

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1.

The new edition of the book on medical anthropology features an introduction annotated by the editors and 24 papers arranged into five chapters. These chapters tackle some of the most significant issues the discipline facing in the 21st century and highlight the controversies and problems that have shaped its history. Compared to the first edition published in 2015, there have been changes in the content, scope, editors, authors, and number of contributions. The first edition was edited by Merrill Singer and Pamela I. Erickson, both professors in the Department of Anthropology at the University of Connecticut. For the second edition, they were joined by César E. Abadía-Barrero. One of the significant differences from the first edition is that the authors of the papers have revisited and expanded their previous research in light of COVID-19. They have reflected on the pandemic's impact on fieldwork, redefined research boundaries, and exposed deep social inequalities affecting global health.

2.

These elaborated articles provide insightful and captivating explorations of a wide range of critical and weighty topics in the field of medical anthropology. With each article, readers are taken on a fascinating journey to different parts of the world and prompted to consider new questions about this engaging field of study. One central theme that emerges throughout these articles is the deeply cultural nature of the doctor-patient relationship. Illness cannot be understood solely through a medical lens; instead, it is an inherently social issue, with various forms of treatment shaped by cultural and societal factors. As a result, we must view these practices as logical and consistent. It is worth noting that changes to healthcare profoundly impact individuals' lives and have broader implications for society and the community, shaped in part by political processes.

3.

Medical anthropology developed after World War II in the 1960s, focusing on studying these factors and their effects. The birth of the discipline coincided with a growing interest in improving the health and well-being of people in the Third World. The hope was that research from this background would help to address and eradicate the severe health problems caused by disease and malnutrition. Many anthropologists worldwide have collaborated with international health organizations such as the WHO, USAID, and UNICEF to bring biomedicine to the world. However, despite all these efforts and decades of research, infectious diseases, pregnancy-related complications, and insufficient health care still claim the lives of millions of people. The papers in this volume demonstrate that although

there have been innovations, the health situation in many countries remains critical. Social inequalities and adverse conditions are exacerbated by the impact of an epidemic, making existing social problems worse.

4. The first central unit, *Theories, Applications, and Methods*, consists of four papers. Elisa J. Sobo's research follows the introduction and describes the processes that led to the specialization of medical anthropology. She also discusses the terminological issues that affected the emerging discipline and explains that medical anthropology, which had been used since 1956, was replaced in the late 1960s by the term health anthropology, proposed by nursing theorist Madeleine Leininger. Although this proposal provoked lively debate, it found few followers. Sobo's paper also points out that many anthropologists opposed medical anthropology's independence, fearing that it would lead to the fragmentation of the discipline. From the very beginning of the history of medical anthropology, there has been a tension between cultural, biological, and ecological research as anthropologists have been drawn into the medical field. Nevertheless, research on the culturally determined nature of diseases and patients' personal experiences remained essential to them. Sobo notes that medical anthropology has become a professionally established field in which health and illness are understood as complex biocultural processes.
5. Thomas L. Leatherman and Alan H. Goodman's paper delves into medical anthropology, thoroughly examining how human health, disease, and well-being are biocultural processes that can be understood through interdisciplinary research. The authors emphasize the need to study the political, economic, and socio-cultural context when understanding the relationship between biological factors and health. Medical anthropology plays a significant role in this regard, with its biocultural approaches enabling an examination of the intersection between power and health, racism, global health processes, and local experiences. The research sheds light on why global health problems are challenging and highlights the importance of addressing social inequalities and their health consequences in the 21st century. This can only be achieved by linking biological and social dimensions.
6. In this chapter, Robert T. Trotter, II reviews the captivating world of applied medical anthropology, discussing its theory, methods, applications, and potential. Applied anthropology is an extension of anthropological theories, utilizing a combination of qualitative methods to explore the cultural characteristics that impact people's health, as seen in their daily experiences and practices. This approach is empirical, often drawing on all anthropological theories synergistically and eclectically. It also challenges, corroborates, or refutes theories from various disciplines, including psychology, economics, political science, public health, epidemiology, and other fields of anthropology.
7. Clarence C. Gravlee's study focuses on the changes in medical anthropology due to COVID-19, emphasizing the holistic, interdisciplinary, and integrative approach. The pandemic has prompted methodological experimentation in medical anthropology research, rethinking research traditions by questioning the notions of field and space. Gravlee's paper serves as a research methodology manual, featuring various methodological examples and presenting the results of previous research.

8. The following section, titled *Contexts and Conditions*, comprises seven texts. In the first text, William W. Dressler provides an overview of research on the relationship between stress and culture, a popular topic in medical anthropology. Dressler argues that conducting fieldwork from a medical anthropological perspective in diverse communities will broaden our understanding of stress processes. Such fieldwork can clear up the impact of political and economic forces on local communities, which can create difficulties and challenging situations that affect human behaviour. Dressler also believes that the idioms of stress can reveal how people communicate about stress, and reconciling these opinions can contribute to a better understanding of the social impact of stress processes.
9. The following two papers discuss global health and the intersection between medical anthropology and international health. Craig R. Janes, Jennifer A. Liu, and Kitty K. Corbett argue that finding the intersection of the two fields is important because global health programs are not readily adaptable across different cultural contexts. They highlight that investment in research not only involves science but also overlaps with national programs. They draw attention to the socio-political factors that could aggravate global health crises. For instance, during the negotiations between national governments and pharmaceutical companies for priority access to the COVID-19 vaccine, ethical issues emerged that reflected the intersection of equitable vaccine distribution, national traditions, and ideologies. Their work underscores the need for a nuanced approach to global health issues that considers cultural, political, and economic factors.
10. In their paper, Merrill Singer and Emily Mendenhall analyse the impact of COVID-19 on public health and social and economic challenges. Their paper is unique in that they draw on Singer's syndemic (*synergies of co-occurring epidemics*) theory, which suggests that the co-occurrence of two or more diseases or health problems increases health risk. This was observed early in the case of COVID-19, as the disease was most severe when it coexisted with other existing health risks, such as cardiovascular disease and obesity. The authors believe the syndemic concept can provide a framework for identifying and addressing critical situations for prevention, prognosis, treatment, and health policy.
11. Patricia K. Townsend's paper focuses on the health effects of various environmental influences and attempts to comprehend them. Townsend notes that medical anthropologists do not have a unified theoretical approach to any particular topic. Still, the challenges of the 21st century, such as climate change and emerging infectious diseases, have renewed interest in ecological and evolutionary issues among medical anthropologists. The paper uses several examples to demonstrate how urban and rural environments affect the health of communities and how access to clean drinking water and seasonal changes have physiological and biological effects on human gut flora. Additionally, it examines the global impact of the Chernobyl disaster, which has left its mark on people's health decades after the tragedy. Townsend argues that ecological approaches can uncover the intricate relationship between humans and their environment.
12. Environmental conditions have a significant impact on health. In their study, E. Christian Wells and Linda M. Whiteford focus on the role of water and sanitation. As a resource, water has always interested social scientists. Control over

water means control over production, transportation, and trade, affecting political and economic capital and the population. Access to clean water and sanitation is not a matter of chance but rather a result of political decisions. The use of clean water and adequate sanitation practices is also influenced by culture, and its absence reflects racial, class, and gender inequalities. The authors discuss diseases that can be transmitted through contaminated water, such as cholera, malaria, E-coli, and dengue fever, and their links to water supply and infrastructure deficiencies. The authors' study is particularly relevant considering the emergence of the coronavirus, which, although not waterborne, has highlighted the global crisis of access to water through its prevention techniques.

13. The article by Barbara Rylko-Bauer discusses the global public health risks of political violence and war. Armed conflicts must be viewed as a global public health issue that affects physical and mental well-being, therefore it is crucial to examine it from a medical anthropological perspective. The cases she cites illustrate the harmful effects of rape, ethnic cleansing, racism, and violence on health workers. Besides, the author presents illustrative examples highlighting how wars and armed conflicts can change mourning customs and rituals, causing suffering and trauma. It is essential to prevent such changes to reduce the negative impacts. All of these factors contribute to developing biosocial conditions that can lead to the onset of additional diseases.
14. The end of human life, the fragility of existence, the relationship with death, and dying are all themes that have become even more topical in the wake of the coronavirus epidemic. The following paper by Ron Barrett explores these and highlights how understanding the circumstances of deaths can inform health policies and access to health services. We have a very diverse cultural experience of death and dying, and understanding this is made essential by the aging of society, new diseases, and the emergence of new biomedical technologies. Barrett shows that the social ideal of a good death, the concept of dying with dignity, is culturally determined and influences healthcare decisions and practices.
15. The third central unit in the volume is focused on *Health and Behavior* and consists of six papers. The first paper provides an overview of the anthropology of reproduction. The authors, Elise Andaya and Mounia El Kotni highlight many anthropological works documenting knowledge and rituals related to gender, sexuality, kinship, menstruation, childbirth, and child-rearing. However, due to the male dominance among early discipline practitioners, understanding of these topics has been limited. Nevertheless, the work of women researchers and health activists has led to a growing body of knowledge on reproduction that explores the tensions and overlaps between gender, class, racial dynamics, public policies, traditional and medical knowledge. The paper also mentions case studies that highlight women's different cultural experiences of pregnancy and childbirth, their medicalization, politically controlled nature, and the limitations of births. Additionally, the text lists several valuable data and cultural practices related to family planning, abortion, and surrogacy and reflects on research on men's transgender and lesbian reproductive experiences.
16. Migration is considered one of the defining global issues of the 21st century, and its relationship with health is the topic of a paper by Heide Castañeda. Her paper highlights that globalization and technological advancements have accelerated the

scale and pace of migration, and the most crucial reasons behind it are economic inequalities, political conflicts, wars, natural disasters, and environmental changes. This situation poses enormous health challenges for both migrants and host countries and raises concerns about global health inequalities. In many countries, restrictive and anti-immigration policies contribute to the spread of xenophobia and racism against migrants, which can harm their mental and physical health. This summary is especially relevant in light of the COVID-19 epidemic and the border closures and migration restrictions that have been implemented.

17.

Deven Gray, David Himmelgreen, Nancy Romero-Daza, and Charlotte Noble research the intricate relationship between nutrition and health. By examining the literature of the past decade, they demonstrate that food is a vital part of the biological realm, its availability depends on economic circumstances, and its symbolic significance is closely linked to social and religious life. Moreover, the impact of food and nutrition on health and disease is a crucial area of focus, as various factors such as food availability, food choice and conditions, food insecurity, migration, demographic trends, and social acculturation all play a role in determining people's nutritional and health status. The authors advocate for a holistic approach, pointing to the food crises and shortages during the pandemic, which may have increased the risk of infection. They also note that nutrition-related literature often focuses on women, with a focus on the effects of food on pregnancy and fetal development, while men's experiences are overlooked. As such, they call for a shift in focus to include men's nutritional needs.

18.

Lenore Manderson's work delves into the topic of cancer, focusing on how social structures and health systems affect its manifestation and treatment. The paper explores the local beliefs and explanations for the physical abnormalities arising from the disease. Manderson also examines why people often delay seeking medical attention and the available treatment options for cancer patients. Furthermore, the paper discusses the conditions created by fear of the disease and the stigma that surrounds it. The author highlights that people often avoid diagnosis and treatment by explaining away their physical problems and the signs of the disease. This is particularly prevalent among poor groups and individuals who have limited access to medical care. These people may also feel ashamed of their symptoms and fear being criticized by their doctor for seeking help too late. Encouraging cancer screening and organizing health education campaigns in poorer countries can be challenging due to a sense of shame surrounding certain body parts (e.g., vulva, penis, anus) and by-products (e.g., faeces, urine). Additionally, people may experience fear of the possibility of cancer and the suffering it entails.

19.

The study by J. Bryan Page examines the anthropology of illicit drug use, which is no less important. These preparations modify the body's state and influence behaviour, and the laws of the country forbid their usage. The first examples of using anthropological methods to study drug use can be found, albeit on a small scale, in the 1970s. The subject was overlooked in anthropological and sociological curricula, causing research to be dispersed and reliant on grants. Drug use carries significant social and cultural implications, presenting difficulties for healthcare providers. Page proves this by examining five drugs: two that are permitted – alcohol and tobacco – and three that are prohibited – cannabis, cocaine, and opioids.

20.

Gilbert Quintero and Mark Nichter's paper discusses drug use among young people in North America. They analyse new trends in the use of tobacco, cannabis, and various prescription psychoactive drugs (PPDs). They emphasize the role of digital spaces in influencing substance use among young people and the need for further research on recreational and self-medication, especially seeing the COVID-19 pandemic. The data indicates that crises and rapid social changes can significantly impact drug use. The pandemic-induced economic insecurity, unemployment, fear of job losses, increasing debts, and forced migration can cause anxiety and depression, leading young people to turn to drugs.

21.

The fourth chapter is titled *Healthwork: Care, Treatment, and Communication*, including five studies. Marsha B. Quinlan discusses ethnomedicine, a part of local complex medical cultures. Each society has different beliefs regarding health, illness, and medicine, which shape attitudes and behaviours. Research in medical anthropology has shown that even traditional medical practices are not static; but they are inherited and change from generation to generation. Quinlan points out that studying ethnomedicine aims to understand the local logic of medicine and people's explanations for their illnesses. It also aims to compare data at regional and global levels and explore their links with biomedicine. Attention is focused on biomedical systems because they also show local characteristics. The author presents ethnomedicine as part of medical pluralism, reflecting on the role of folk healers and the debates on the effectiveness of ethnomedicine.

22.

Hans A. Baer takes a closer look into the phenomenon of medical pluralism, which is a complex concept first coined by American anthropologist Charles Leslie in the 1970s. Medical pluralism refers to the observation that, in all civilizations with a medical system, alongside trained doctors, there are individuals with no formal training who take on a role in medicine. The author notes that medical pluralism is part of social stratification and cultural diversity and that a society's medical system consists of multiple medical subsystems that may compete or cooperate. Additionally, the author emphasizes that medical pluralism is flourishing worldwide and is a central research theme in medical anthropology.

23.

Ruth Fitzgerald and Julie Park examine the role of biotechnologies in healing and caring for ourselves and others. While it may seem obvious, the authors suggest that this form of caregiving presents a culturally diverse and divergent picture. Fitzgerald and Park emphasize that the value and significance of using biotechnology in care emerges in the social context, given that care is relational and involves biotechnologies. However, their application in care is finite and sometimes exclusionary. The authors also note that since the first edition of this volume, biotechnology care has undergone significant changes, globalizing, and expanding into areas such as diagnostics, which have become an emerging and rich field of research. They illustrate these points with numerous case studies.

24.

César Ernesto Abadía-Barrero uses the framework of colonial, postcolonial, and decolonial studies to highlight the experiences of individuals who suffered from diseases, violence, and other misfortunes during and after colonial rule. The author explores the role and lasting impact of colonial medicine in the development of class and race hatred, racism, sexism, and xenophobia and shows how medical anthropology has contributed to our understanding of contemporary health

inequalities, economic systems, and the impact of colonial and postcolonial violence. In a separate chapter he presents debates among anthropologists and social scientists on the issue of decolonization in the field of health. Abadía-Barrero reflects on how colonialism's social, cultural, political, and economic legacies continue to affect people's living conditions, opportunities, and inequalities. Unfortunately, racial, class, and gender discrimination and the ideas behind them did not disappear after the end of the imperial occupations, as the paper cites numerous examples in the field of health.

25.

Charles L. Briggs's work reviews the politics of communicability, a topic that has become even more relevant with the outbreak of COVID-19. Since the pandemic began, the media has been dominated by countless articles and news reports providing statistics, updates, and information on how to protect ourselves. In this chapter, the author examines how health and illness are communicated, including the narrative of illness, doctor-patient interaction, and health communication. Briggs highlights the interdependence between these three domains and emphasizes how contradictions and conspiracy theories can affect the dominant communication. Health communication is an essential part of political life and infrastructure, as it encompasses the construction, care, diagnosis, and treatment of diseases. However, Briggs also points out that health communication can be a site of many harmful practices and dangerous abstractions, which can reinforce social inequalities and racism.

26.

The texts included in the final chapter of this volume, titled *The Road Ahead*, throw light on two significant aspects related to the social impact of COVID-19. Sandy Smith-Nonini in her interesting paper, presents the close relationship between workers' health and public health. She explains how the US public health institutions also faced limitations after the pandemic outbreak. Many industries and primarily underpaid workers' work were deemed vital to keep the infrastructure and economy running during the epidemic shutdowns. Unfortunately, this did not translate to respect for workers, who continued to fear losing their jobs. Some plants chose to close to prevent the spread of the epidemic, while others concealed the details of workers infected with the virus. The author uses examples from meat processing plants in the US to illustrate the workers' conditions and the fears behind the cover-up of their illnesses. This is an excellent setting as it is an area that intersects the food industry, the environment, climate change, and trade. Most of these plants employ cheap Black or Latinx workers who are even more vulnerable because of their marginalized status. The author's research shows that the lack of on-site testing in meat plants or mandatory reporting of positive cases, unlike in nursing homes and prisons, has exponentially increased the number of patients infected with COVID-19.

27.

The final text and a chapter in the volume are co-authored by Merrill Singer, Eleanor Shoreman-Ouimet, and Ashley L. Graham. They investigate the health implications of climate change, one of the most significant health risks of the 21st century. Droughts, floods, hurricanes, and fires increase the spread of infectious diseases and the incidence of non-communicable diseases like asthma and mental health problems. They also fuel and move human conflicts that can lead to collapsing health infrastructure and make communities vulnerable. The authors provide a historical context for climate change, with the first period leading to the Industrial Revolution. Although the innovations during this time brought many

positive outcomes, supported material prosperity, and improved the quality of life for a considerable part of the population, they also hurt our environment. While global warming could bring some local benefits, such as reduced winter deaths and increased production, the adverse effects are more significant. The countries and regions most susceptible to the health challenges of climate change are those with inadequate health infrastructure, which are made worse during times of crisis, as has been shown globally with the coronavirus epidemic.

28.

Without doubt, this book is an impressive addition to the field of medical anthropology. The case studies and observations presented in the book are innovative, and each author has addressed essential topics. This volume is a valuable guide for medical anthropology professionals and can also be helpful for individuals working in related fields. In view of the COVID-19 pandemic, the authors reflected on how their research can address the current challenges and circumstances, making their work even more relevant.