

6-24-2011

## Medical Anthropology: The Development of the Field

Othon Alexandrakis

*The University of Western Ontario*

Follow this and additional works at: <http://ir.lib.uwo.ca/totem>



Part of the [Social and Cultural Anthropology Commons](#)

---

### Recommended Citation

Alexandrakis, Othon (2001) "Medical Anthropology: The Development of the Field," *Totem: The University of Western Ontario Journal of Anthropology*: Vol. 9: Iss. 1, Article 8.

Available at: <http://ir.lib.uwo.ca/totem/vol9/iss1/8>

This Article is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Totem: The University of Western Ontario Journal of Anthropology by an authorized administrator of Scholarship@Western. For more information, please contact [kmarshal@uwo.ca](mailto:kmarshal@uwo.ca).

---

# Medical Anthropology: The Development of the Field

## **Keywords**

specialization, anthropology, medical, history

## **Creative Commons License**



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License](https://creativecommons.org/licenses/by-nc-nd/3.0/).

---

## *Medical Anthropology: The Development of the Field*

---

Othon Alexandrakis

---

### INTRODUCTION

The field of anthropology has changed, or perhaps more accurately, has expanded since its initial academic conception. Specific areas of study have branched from the quintessential anthropology and have subsequently developed into new, more specialized subdisciplines. One must be cautious, however, when using the label “subdiscipline” to describe these new fields in that it can imply that they are somehow adjunctive, or even restricted to, the anthropological corpus. Instead, these more focused branches must be recognized as highly specialized areas of study that take their ontological roots from conventional anthropology, and have developed more eclectic epistemological traditions. Anthropologists in these new disciplines study specific aspects of life based on traditional anthropological theory, but will also consider other disciplines, like marketing or medicine, when conducting fieldwork, proposing/considering theory, and writing text. The following discussion will focus on the field of medical anthropology.

In general, medical anthropology is interested in mind body interactions, thus tracing the mediation of moral and psychological domains of experience – studying the bridge between the biological and the social. Johnson and Sargent (1996) coined the term *biopsychosocial*, which describes a model that grounds the anthropological study of disease in historical

and political-economic context, and links human behavior and biology. Medical anthropological theory can be divided into a number of distinct threads. These different threads argue from very differing epistemological foundations. To explore these different theoretical positions it is important to first gain an understanding of how medical anthropology developed.

### THE HISTORY OF MEDICAL ANTHROPOLOGY

Prior to the 1950s, the study of medicine by anthropologists was done within the larger context of cultural and social studies (Baer *et. al.*, 1997). Early interest in ethnomedicine was restricted to questions regarding the ways *other* people dealt with sickness and, generally, enhanced personal health. Currently, medical anthropologists have expanded their interests from the way other people conceptualize health to include wider ranging issues, as will be explored below. Stewart and Strathern (1999:3) observe that the field has undergone “...a circular migration: from the jungle to the city, and back again.” This circular migration is a result of researchers asking questions, not only of other cultures and healing practices, but also of their own. It is necessary to understand this circular movement in order to understand the current state of research in medical anthropology. At this point, however, one must recognize that there exist a number of distinct cleavages in medical

anthropological theory.

It is possible to clearly identify three distinct theoretical positions. These positions are very different from each other as a result of their different epistemologies. First, ethnomedical anthropology, exemplified by the work of Nichter (1996), focuses on local health models. These investigations are most closely related to the earliest form of the field. Second, Critical Medical Anthropology, like Farmer's work (1992, 1999), is based on a political economy approach. Farmer has used this kind of analysis to write several interesting books on the subjects of HIV/AIDS and infectious diseases such as Tuberculosis. The final theoretical position in medical anthropology is known as the clinical approach. It places primacy on the healing process itself. Researchers such as Brodwin (1992), and the early works of Kleinman, look at sickness as a social practice. These three main schools of thought will be further explored below. Yet, despite dialogue between these researchers it is important to note that they are distinct from each other and that researchers often clash due to their differing ideological positions.

As the above description illustrates, medical anthropology is by no means limited to questions directly related to the ways in which people deal with disease. Instead, the subject matter includes the etiology of disease, preventative measures, gender roles, medical pluralism, ethnopsychiatry, curative measures, bioethics, stress and social support, and disease eradication (Baer, *et. al.*, 1997; Johnson & Sargent 1996; Stewart & Strathern 1999; Brodwin *et. al.*, 1992; Farmer 1999). Indeed the term "medical anthropology" seems restrictive and perhaps misleading. As Baer *et. al.* (1997:vii) suggest, referring to the field as the "anthropology of health and healing" is perhaps more appropriate. However, the term "medical anthropology" is largely preferred; it can be argued that this is the *ad nauseam* example of the medical

triumphalism, inherent in the Western biomedical institution, which the field has exposed and attempts to transcend. Whatever the case, over its brief history, medical anthropology has become well established and continues to grow.

Currently, the Society for Medical Anthropologists constitutes the second largest unit of the American Anthropological Association (AAA 2001). Medical Anthropologists frequently publish their research in several well-known academic journals such as *Medical Anthropology Quarterly*, *Medical Anthropology*, *Social Science and Medicine*, and *Culture, Medicine and Psychiatry*. Before these specialized journals, anthropologists published work that would today be considered in the realm of medical anthropology in more generic periodicals. W.H.R. Rivers was one of the first authors to publish work that dealt with health related issues cross-culturally in *Medicine, Magic, and Religion* (1924). According to Baer *et. al.* (1997), medical anthropology did not become a distinct subdiscipline until the 1950s. They argue that the origins of the field can be traced back to Rudolf Virchow, a renowned pathologist interested in social medicine who helped establish the first anthropological society in Berlin (1997:15). It is interesting to note that Virchow influenced Franz Boas while he was affiliated with the Berlin Ethnological Museum between 1883-1886 (Baer *et. al.*, 1997:15).

Since then, some major events in the field include an increase of anthropological writing regarding medicine after World War II (due to an increased interest in the effects of war), the publication of William Caudill's *Applied Anthropology in Medicine* (1953), the increased involvement of anthropologists in international health work, and the involvement of anthropologists in clinical settings. Thus, the circular migration becomes obvious as one can trace the

anthropological work from field accounts of "native" medicine to studying healthcare in the West, and then back again to look at other healthcare models and conceptions of health as compared to those in the West. The loop closes with research concerning, for example, the interaction between modern Western biomedicine and indigenous healthcare systems, or the influx of "alternative" medicine in Western society. However, the methods of approaching these questions, as noted above, have strongly diverged. The following will explore the three previously mentioned theoretical positions in further detail.

### **Ethnomedical Anthropology**

Ethnomedical anthropology is concerned with questions regarding local medical models. Stewart and Strathern (1999), for example, base their analyses on a theoretical opposition between *personalistic* and *naturalistic* medicine. Modern Western biomedicine, with its empirical, scientific principles, is an example of naturalistic medicine. By contrast, the personalistic system is usually attributed to any non-scientific or non-empirical medical system. These may include witchcraft, laying on of hands, and herbalism. Ethnomedical anthropologists will sometimes highlight the differences between these two systems when attempting to explore different kinds of healthcare models around the world. For example, Stewart and Strathern (1999) explain that Japanese holism is a result of the pluralistic incorporation of traditional Japanese medicine with modern biomedicine. The ethnomedical approach attributes the existence of this system to the cultural, or perhaps, ideological tradition of the peoples who use it. In the case of a clearly pluralistic system, where people have to choose between biomedical treatment and traditional indigenous treatment, the ethnomedical

approach would argue that decisions are based primarily on cultural values.

Nichter and Nichter (1996) take an ethnomedical approach when investigating international health. They propose that the best way to approach the subject is to examine a number of individual case studies. They argue that each case study can shed light on specific issues including reproductive health, disease control, health education, and pharmaceutical use, *etc.* To illustrate their point, they studied women's reproductive health by examining women's health practices during pregnancy, fertility related practices, and interpretations of and demand for fertility control (1996:1). By researching individual cases Nichter and Nichter were able to investigate many diverse factors, both social and biological, that contribute to each of these issues.

### **Critical Medical Anthropology**

Critical Medical Anthropology (CMA) takes a very different approach to looking at questions regarding health. CMA believes that there exists a hegemonic relationship (as per Gramsci's use where a dominant practice results in a predictable and controllable social consciousness) between the ideology of the healthcare system and that of the dominant ideological and social patterns. More simply put, a political economy approach. CMA views disease as a social as well as a biological construct (Baer *et. al.*, 1997:35-36). Critical Medical Anthropologists examines issues such as who have the power over certain social institutions, how and in what form is this power delegated, and how this power is expressed (Baer *et. al.* 1997:33-35). In effect, Critical Medical Anthropologists try to deconstruct the medical science and expose the fact that all science is influenced by cultural and historical conditions, much like the social constructionist approach. Therefore, if one wishes to study disease, it is

necessary to start by identifying political, economic, social, and environmental conditions within a particular society or group. It is necessary for a researcher in the CMA tradition to understand these and subsequently, understand the local group's etiology, before it is possible to attempt to understand the medical system.

A good example of the application of CMA theory can be found in Paul Farmer's book AIDS and Accusations: Haiti and the Geography of Blame (1992). In this work, Farmer explores political economic factors, a wide range of historical events, and epidemiology in his analysis of HIV/AIDS in Haiti. He looks at the increased susceptibility to HIV/AIDS among the poor and common social reactions to HIV/AIDS in Haiti. Farmer's focus is clearly political economic; he takes a very heavy neo-Marxist approach in his analysis. Farmer examines social class and how HIV/AIDS impacts the lives of residents of Do Kay, the village in which he does his fieldwork. Farmer then ties in all the wide-ranging information in the concluding chapters of his book, emphasising the role of world economic and political trends and their affects on Haiti.

### **Clinical Approach**

The focus of this approach is on the healing process itself. Moreover, it studies sickness as a social practice. One of the most common areas of study when dealing with this kind of analysis is the exploration of different constructions of the concept of illness as a function of differing cultural ideologies. In their book Pain As Human Experience, Brodwin *et. al.* (1992) explore the concept of pain and how it differs from culture to culture. From describing pain as "sound" in Japan, to differentiating between headaches and brainaches among North American Latinos, these authors attempt to understand the experience of pain and its treatment in

different cultures. Thus, they examine the experience of pain as "...an intimate feature of lived experience of individuals in the context of their local social world and historical epoch" (Brodwin *et. al.*, 1992:2). Interestingly, with this perspective in mind, it is possible to detect differences between groups of people depending on the type of pain, or more generally, the suffering they experience and how they express it. The authors claim that "...chronic pain syndromes highlight the fault lines of society" (Brodwin *et. al.* 1992:3). Suffering, in this case, can be attributed to a number of acute social and economic factors.

Where the clinical approach distinguishes itself from the other forms of analysis is that clinical medical anthropology is best suited to answer questions regarding suffering and other health issues faced by the individual while CMA and ethnomedicine are focused on health issues regarding groups of people, or collectives. Moreover, clinical medical anthropologists are concerned with the way the bodily experience is influenced by meanings, relationships, and institutions (Brodwin *et. al.*, 1992:7). Another interesting aspect of Clinical Medical Anthropology is its study of healthcare systems and the study of conflicting ideologies. This ideological incompatibility is manifest in the differing of expectations of public healthcare held by the administrative "system" and the people it is designed to treat. This is especially the case when dualistic medical systems exist.

### **CONCLUSION**

This brief discussion of the history and modern-day form of medical anthropology has touched on some of the major issues that concern the field today. The development of the field from its early form as an adjunct to social or cultural anthropological study, to the large and ever-growing field it is today is but one example of a trend in the discipline. The

specialized use of anthropological principles and theory in a more narrowly focused specified gaze, allows anthropologists to develop more eclectic, but still anthropological, subdisciplines. Baer *et. al.* (1997:vii) argue that medical anthropology is the most dynamic of the subdisciplines within anthropology. It is easy to see how they could come to such a conclusion considering the range of theoretical positions medical anthropologists take and the breadth of questions they aspire to answer.

### REFERENCES CITED

- American Anthropological Association.  
 Consulted March 19<sup>th</sup>, 2001.  
 American Anthropological  
 Association, Internet, url:  
 }
- Baer, Hans, Singer, Merrill, & Susser, Ida.  
 1997. *Medical Anthropology and  
 the World System: A critical  
 Perspective*. London: Bergin and  
 Garvey.
- Brodwin, Paul, Good, Byron, Good, Mary-  
 Jo, & Kleinman, Arthur. 1992. *Pain  
 as Human Experience: An  
 Anthropological Perspective*.  
 Berkeley: University of  
 California Press.
- Cawdill, William 1953. "Applied  
 Anthropology in Medicine." In
- Anthropology Today: An  
 Encyclopedic Inventory*. Kroeber,  
 (ed.). pp. 771-806. Chicago:  
 University of Chicago Press.
- Farmer, Paul. 1999. *Infections and  
 Inequalities: The Modern Plagues*.  
 Berkeley: University of California  
 Press.
- Farmer, Paul. 1992. *AIDS and Accusation:  
 Haiti and the Geography of Blame*.  
 Berkeley: University of California  
 Press.
- Johnson, Thomas & Sargent, Carolyn.  
 1996. *Handbook of Medical  
 Anthropology: Contemporary  
 Theory and Method*. London:  
 Greenwood Press.
- Nichter, Mark and Nichter, Mimi. 1996.  
*Anthropology and International  
 Health: Asian Case Studies*.  
 Australia: Gordon and Breach  
 Publishers.
- Rivers, W. H. R. 1924. *Medicine, Magic  
 and Religion*. London: Trubner &  
 Co., Ltd.
- Stewart, Pamela and Strathern, Andrew.  
 1999. *Curing and Healing: Medical  
 Anthropology In Global Perspective*.  
 North Carolina: Carolina Academic  
 Press.