Health, Disease and Healing in the Larger Context II
Nov. 5, 2008

I. Some kinds of cross-cultural research on health, disease, and medicine ensure more successful implementation of biomedicine in a fairly direct manner

A. First, knowledge about local structures, beliefs can greatly help health care workers in the field

1. Wellin\(^1\) studied a two-year program to teach highland Peruvian women to boil their contaminated water—the intervention seemed very simple

   a. Was not successful: out of 200 households the number of boilers rose from 15 to 26

      1) Wellin discovered all sorts of differences between the women who boiled their water and those who didn’t

      2) Some reasons were tied up with notions about “hot” and “cold” foods

         a) For instance, boiled water that had sat overnight was seen as dangerously “cold”

      3) And the availability of time during which to boil water—deemed to be after breakfast

      4) Other reasons were related to the social class relationship between the woman and the health worker

      5) And allegiance to cultural values that supported, or denigrated, “modernity”

2. Development agents’ piecemeal knowledge of beliefs and practices in a target community is not enough

   a. Development agents need to know ahead of time why even a simple intervention, like teaching about the advisability of boiling water, might be resisted

   b. Note that “cross-cultural” research can be carried out within Western countries like the U.S., Great Britain

B. Second: such research can influence health policies being formulated at the top (WHO, etc.), governmental development agencies (US AID), and NGOs
   1. Promotion of public health measures
   2. And health education

C. Third: research might increase the likelihood that legislatures will pass optimally effective laws concerned with:
   1. New variants of old diseases that have emerged after a generation of delivering DDT, quinine, antibiotics
   2. New diseases like AIDS and Ebola
   3. Underlying factors that contribute to poor health
      a. Poverty, malnutrition, forced displacement
      b. Industrial disasters like Bhopal
      c. Government disasters like Chernobyl in the Soviet Union

D. Fourth, such research can help us understand unanticipated changes in ideas and practices related to healing and health maintenance as a result of modernization
   1. Indirectly: Farquhar’s example of post-socialist China’s “market socialism”
      a. Understand the fascinating “shift toward the personal” that she documents
   2. Directly: Scheper-Hughes’s essay

II. Scholarship can improve delivery of health care in more indirect ways

A. Conduct comparative research in order to:
   1. Make generalizations about regions of the world (e.g., Africa, or Latin America)
   2. And generalize globally

---


a. For instance, compare the prevalence of beliefs about the need to maintain the equilibrium of body, community, and cosmos throughout the world, to other kinds of notions about preventing illness.

B. These are difficult tasks, but we already know some things

1. We have already discussed the fact that many traditional non-Western societies do not clearly differentiate the domain of medicine

   a. Fadiman’s frustration—“fish soup”

   b. In Tukanoan society in the Central Northwest Amazon where I did my dissertation fieldwork, medicine is a part of what we call religion

      1) And, like the Hmong, everything is religious in some important respects

      2) “Religion” is not confined to certain times of the week, certain rituals, certain places

      3) Tukanoans have no word for religion

         a) Why would they, when they have no concept of it?

         b) But we can’t say that these are people “without religion”

      4) They have curing ceremonies similar to the ones Brown describes for the Aguaruna

      5) If we were to apply our concept of preventive medicine, it would encompass a great deal of Tukanoan behavior

C. We need to devise an analytic language suitable for cross-cultural comparisons of knowledge/belief systems about health and disease

1. We need analytic terms and definitions that work for all cultures

   a. For purposes of comparison, consider the following definition of marriage

      1) Marriage is a relationship established between a woman and one or more other persons, which provides that a child born to the woman under circumstances not prohibited by
the rules of the relationship, is accorded full birth-status rights common to normal members of his society or social stratum.

2) Very cumbersome

3) But this definition does encompass marriage beliefs and practices throughout the world’s cultures, no exceptions

2. In this course we’ve designated *illness* to refer to the subjective experience of being unwell

a. Discuss: the degree to which *illness* is a useful analytic term cross-culturally?

3. *Disease*: can this word be defined so that it’s useful cross-culturally?

a. Kleinman’s characterization of disease:

...biomedicine presses the practitioner to construct *disease*, disordered biological processes, as the object of study and treatment...The patient’s and family’s complaints are regarded as *subjective* self-reports, biased accounts of a too-personal somewhere. The physician’s task, wherever possible, is to replace these biased observations with *objective* data: the only valid sign of pathological processes, because they are based on verified and verifiable measurements...This is a view from a depersonalized nowhere. Thus, the doctor is expected to decode the untrustworthy story of *illness as experience* for the evidence of that which is considered authentic, *disease as biological pathology*. In the process, the doctor is taught to regard experience—at least the experience of the sick person—as fugitive, fungible, and therefore invalid.4

b. Clearly if we go with Kleinman’s definition, *disease* would not be a useful analytic term in cross-cultural research

D. Hahn provides a definition of *sickness* intended to be useful for comparative research:

1. “An unwanted condition in one’s person or self—one’s mind, body, soul, or connection to the world”

a. He’s clearly trying to find an inclusive term that will apply to the largest number of knowledge/belief systems possible

---

2. **Discuss:** is the English *sickness* a better candidate for our cross-cultural comparative purposes than *disease*?

   a. In everyday discourse is its meaning looser, not so biomedically grounded as *disease*?

3. **Discuss:** problems with Hahn’s definition?

   a. It is very experiential, very subjective
   b. It is only vaguely linked to biomedicine’s notion of disease

4. What kinds of confusion might Westerners encounter with this definition?

   a. Hypertension

      1) The “sufferer” isn’t aware of it (although when he or she finds out, they don’t want it)
      2) So, it isn’t a sickness using Hahn’s definition

      a. Nor would undetected cancer

      3) In fact, biomedicine does not consider hypertension a disease: only a likely precursor—a risk factor—one of stroke, cardiac failure, etc.

      4) But because drugs are prescribed to control hypertension, it looks like a disease to many people

      5) Remember our discussion of how “impotence” morphed into “erectile dysfunction” following the introduction of Viagra?

   b. My missing molars: I don’t want this condition: am I “sick”?

      1) Yes, according to Hahn’s definition

5. **Discuss:** how would you improve Hahn’s definition of *sickness*, or perhaps choose another word, that would work for every culture?

6. Working on my MA thesis I found that among the pre-Columbian Aztecs, individuals with *mal de pinto*—also known as *pinta*—were chosen for Montezuma’s body guards

   a. This endemic condition acts like a skin disease, although it is systemic
b. Caused by a spirochete, a cousin of yaws, a distant cousin of syphilis

c. At the initial stage people have colorful blotches on a lot of their body (later on the skin is depigmented)

d. Pinta has been highly stigmatized in Mexico

1) Those with visible signs were not allowed on buses or in barber shops, had trouble getting married

e. Among the Aztecs, pinta’s outward signs did not signal an unwanted condition

1) It was not a sickness

f. The nature of pinta permits such meaning construction

7. Hahn’s definition is exclusively concerned with the individual

a. Can we think of conditions that are unwanted, not by the individual affected, but by others?

b. Anorexia nervosa is perhaps an example—that anorexics don’t know they’re sick is a sign of their sickness

c. Can we think of diseases that are wanted by others but not the individual?

1) Pneumonia is sometimes spoken of as “the old man’s friend”

a) But this characterization works only if the old man doesn’t want to contract it

III. Additional factors that make cross-cultural research on medicine, health, and disease difficult

A. Penetration of global capital into all the nooks and crannies of the world

1. Farquhar and Scheper-Hughes

B. Role of the state

1. Farquhar’s discussion of changes in state-delivered health services in China in the post-Mao period
a. Capitalization, opening up the country to foreign investment—Western pharmaceuticals, for instance

b. “To get rich is glorious”

2. Neoliberal economic policies aim to reduce the presence of the state, reduce the obligations of the state, and open the nation up to foreign investment

a. In lowland South America this can take the form of bio-prospecting for plant pharmaceuticals and human genes

1) Interestingly, beliefs in pishtacos in the Colombian Amazon have continued

a) Pishtacos are strangers who want to take natives’ blood, fat

b) Pishtaco beliefs have been found in the Andes for a long time

c) Older ideas included, in colonial highland Bolivia, beliefs that Catholic priests took Aymara Indians’ fat and made candles with it

2) With the penetration of international capital into Amazonian regions, pishtaco beliefs have migrated there

a) One kind of pishtaco takes blood samples to determine the fat content of the person

b) Human fat said to be necessary for greasing the machinery

b. Discuss: similarities with the Schepers-Hughes piece?

3. Discuss: similarities with the Ong piece we read earlier on multinational factories in Malaysia?

C. General conclusion: the introduction of modernity (which is often, but not always, perceived to come from the West)

1. Does not automatically result in rational, secular, Western-oriented citizens

---

2. Who cast off their traditional beliefs and practices because Western technology has been demonstrated to be so much more efficacious and generally superior

3. Sometimes supernatural beliefs and strange practices increase
   a. Disruptions produced by globalization may in fact result in higher rates of witchcraft and sorcery accusations