

## **Medical anthropology: a border discipline between the life sciences and the human and social sciences**

**Mortad Nadjla**

Faculty of Human and Social Sciences, University of Abou Bekr Belkaid Tlemcen (Algeria), E-mail: [nadjla.mortad@univ-tlemcen.dz](mailto:nadjla.mortad@univ-tlemcen.dz)

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### **Abstract:**

Anthropo-health studies is an interdisciplinary approach that combines the fields of anthropology and health to study the interactions between the cultural, social and health aspects of a population. These studies aim to understand how cultural and social factors influence health, attitudes towards illness, therapeutic practices and the use of health facilities. Today, medical anthropologists are interested in a wide range of topics related to health and illness in a cultural context. The purpose of this article is to show some lines between anthropological ideas and facts related to illness and care.

**Keywords:** Medical anthropology; health; disease; society; culture.

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### **1.Introduction**

Anthropology and medicine have commonalities but have long struggled to collaborate. The anthropological approach to health emphasizes the contextual and holistic understanding of health and disease. She challenges universal notions of health and disease, recognizing that these concepts are culturally constructed and vary from society to society. Health anthropologists seek to understand how people make sense of illness, how they interpret their symptoms, and most importantly how they engage in specific healthcare behaviors.

This new discipline has undergone a spectacular evolution over the last decades. However, it must now deal with the contributions of several other disciplines in the social and human sciences in the field of study of the social, political and cultural dimensions of health and illness (Masse, 2010).

Medical anthropology is a well-constituted discourse, that is fully in line with the social sciences (Trostle & Harwood, 2005), and preferentially considers health from an endogenous point of view, that of ethnomedicine, which concerns the representations that a society has of its diseases (Froment, Bley, & Enel, 2007).

In this article, it is interesting to know better how this sub-discipline was born, the process of its implementation, the kind of studies to which it gave rise and the avenues of research it suggests. Besides ; it would also be interesting to show some links between anthropological ideas and facts related to illness and care.

## **2. Medical anthropology**

Also called; anthropology of health; it studies how social, cultural and environmental factors influence health and disease, as well as practices and beliefs relating to healing and health care.

The anthropology of health, one of the human sciences whose research traditions relate to the biological, the psychological and the cultural at the same time, in comparative ways can make an important contribution in the rejuvenation of conceptual perspectives on health and disease and in the design of professional practices (Tremblay, 1982).

It also designates all the studies relating to the etiological processes of the disease, the methods and the therapeutic relations between caregivers and patients, the role of the sick and the process of social reintegration of the cured patient as well as the preventive methods of relapse. disease (Tremblay, 1982).

This anthropological sub-discipline aims to define all the factors (heredity, environment, biological make-up, nutrition, living conditions, lived experiences, etc.) that influence an individual's state of health.(Tremblay, 1982).

All the civilizations of the world have developed conceptions of illness, have developed systems for dispensing care and have mandated specialists to treat the sick and help them restore the physiological, psychosomatic and socio-cultural balances that have been broken.(Tremblay, 1982).

In classic ethnological studies, illness is not a privileged site for observing society. Little by little, anthropologists have shown the close relationships between therapeutic practices, the experience of illness and social processes. Previously ethnologists could not observe and try to understand the social life of the societies they study without taking into consideration their nosological system.(Hill, 1984).

## **3. Anthropological studies on the disease**

Generally, the anthropological knowledge of a society can be considered valuable for the construction of a problem specific to this society studied.

Previously, in classical ethnological studies, disease was not always considered as a central subject of observation of society. Early approaches to ethnology often focused on the study of social structures, religious beliefs, rituals, and kinship systems. However, over time, anthropologists have gradually realized the importance of understanding the complex relationship between therapeutic practice, the experience of illness, and social processes.

Anthropologists began to recognize that disease was not just a biological phenomenon, but was also influenced by social, cultural, economic and political factors...

How a society perceives, interprets and reacts to illness can reveal crucial aspects of its social structure, values, norms and systems of power.

From this progressive approach towards the definition of a new field of research in ethnology were born studies of so-called medical anthropology based on the search for the meaning of the "unfortunate event" as a sign of a social disorder.(Rey, 1988).

Through their analyzes of the nosological and etiological systems of a given society and their links with religious and cosmological representations, these researchers have also been able to highlight the applications of this type of study in public health. Each nosological and etiological system allows a given population to generate specific and variable therapeutic strategies according to the origin of the disease and the actors involved: patient, existing health institutions, patient's entourage. Understanding the therapeutic itineraries specific to a given cultural group therefore makes it possible to define appropriate local health policies (Rey, 1988).

The same author also reveals that anthro-sanitary studies carried out within populations can both measure the impact of health structures and explain the therapeutic recourses practiced and the attitudes of the population towards the disease. Thus, the comparison of results in the different health and cultural fields enriches the understanding of the phenomena.

The works of Rivers (1924) in (Fainzang S., 2000) on magico-religious medicine are considered as precursors of the discipline. The main purpose of Rivers' work was to identify the nature of the concepts of disease developed by different societies, he was also the first to attempt to link in a systematic way traditional medicines and other aspects of culture and culture. social organization. In his work "Medicine, Magic and Religion", Rivers shows that the medical practices of "primitive" societies derive from certain medical beliefs and that they take on a meaning according to these beliefs. He also suggested that medical practice was a social process that should be studied in the same way as other social processes, and that, on the other hand, the medical conceptions which we believe are erroneous,(Fainzang S., 2000).

Afterwards, (Fainzang S., 2000) adds that the research carried out in medical anthropology conceals two opposite attitudes:

1- The examination of health and disease problems considered from an anthropological perspective can contribute to enriching medical research: In this case, anthropology is applied to the medical field, in other words, it is a question of using anthropology to shed light on medical practice through knowledge of cultural facts. In this perspective, the anthropologist works in conjunction with the doctor to whom he contributes his method and his data, insofar as cultural or ethnic factors can help to understand the causes, characteristics or consequences of the disease. and patients.

2- The problems posed in the field of social and cultural anthropology find in the studies of medical anthropology a privileged field of reflection: in this 2nd case, illness is considered as a field of social anthropology. And the primary goal of the anthropology of disease is not to design finalized research on a biomedical target, but to gain access through another door to knowledge of man in society. This name is designated today by medical anthropology

Now, the anthropology of health has diversified considerably. It ranges from a more fundamental anthropology to a more applied anthropology, it incorporates various forms of collaboration between professional anthropologists and health personnel, and it bears on new, multiple and increasingly important objects. AIDS has thus generated a large wave of anthropological studies, initially on the perceptions of the disease, the sexual behavior of populations or the recourse of healers...and then on the attitude of health personnel (De Sardan, 2006).

#### **4. The origins of medical anthropology and the historical evolution of its definitions**

As previously mentioned, medical anthropology is the branch of anthropological research studying the factors that initiate and maintain or contribute to the development of disease in human populations. It also studies the knowledge and strategies that different human communities have developed in order to respond to diseases.(Baer, Susser, & Singer, 1997).

Worldwide, there are approximately more than 5 billion people who do not use any biomedicine remedy and will never use one due to their poverty (Guerci & Consigliere, 2003).

In China, traditional medicine uses more than 5100 animal and plant species, while it is estimated that the populations of the North West of the Amazon use more than 2000 plant species.(Guerci & Consigliere, 2003). These are not specific situations to underdeveloped countries, they are also found in the healthcare systems of Western countries.

The global demand for medicinal plants has increased significantly in recent decades. The growing popularity of alternative and complementary medicine, as well as the growing interest in natural health care approaches, have contributed to this growing demand. 15% of the drugs sold in Italy, and about 35% of those sold in France and Germany are OTC (Over the Counter: Drugs delivered without a prescription)(Guerci & Consigliere, 2003)and it is expected that in the years to come these percentages will increase sharply.

Currently, a large number of medical practices devoid of any medical-scientific rationality are proliferating in the heart of industrialized countries. This increase in the demand for herbal medicines is due to several factors: more and more people are seeking natural and holistic treatments for their health problems, and herbal medicines are considered a gentler alternative to pharmaceutical drugs.

Medical anthropology as a sub-discipline of anthropology, endowed with a well-defined status, only made its appearance in the 1950s (Guerci & Consigliere, 2003). However, the exchange and the relationship between anthropology and modern medicine already began at the end of the 19th century with the work of the pioneer Rudolph Virchow, a famous pathologist with a passion for social medicine, but the medico-anthropological theory found its place in from the 1970s.

The first works that can be considered medical anthropology come from authors foreign to the discipline who, in the course of descriptions of the traditional cultures that are the subject of their studies, have emphasized the systems of care (Rivers , (1924), Clement (1932), Evans-Pritchard (1937), Ackernecht (1943, 1944, 1946), Douglas (1966) and Turner (1967, 1968) (in(Guerci & Consigliere, 2003)).

Around the fifties, many anthropologists worked for the political world on international health issues and found a place in clinical and academic circles as teachers, researchers, administrators and clinicians, which enabled them to focus research and studies on topics more closely related to health and disease(Guerci & Consigliere, 2003).

Also, the existence of ethnographic studies on rites and religions, contemporary research of the cultural and personality ethnological school, the solid foundations of physical anthropology as well as the action of a large international movement for public health; enabled and facilitated the initial work of defining medical anthropology(Diasio, 1999).

Three other theoretical areas have influenced the development of medical anthropology: ecological anthropology, evolutionary theory, and studies of culture-specific mental health and behavioral disorders.(McElroy & Townsend, 1989).

In addition, thanks to the objectives and resolutions of the World Health Organization, a WHO Traditional Medicine program was born to respond to the renewed interest in popular therapies and to identify and transfer what traditional medicine is able to offer national health services (Guerci A., 1996).

According to the 1948 definition of the World Health Organization, "health is not only the absence of disease, but also physical, mental and social well-being as a whole"(WHO, 1948).

In 1978, within the international conference on basic health assistance, the historical foundations of the official policy of the traditional medicine program were laid, with the aim of facilitating the dialogue between the traditional system and the modern system of medical assistance (Guerci & Consigliere, 2003).

This support for traditional medicine must be free from quackery and only encourage methods deemed safe and effective on the basis of medical-scientific experience.

In 1987, the 40th World Health Assembly urged member states to promote integrated programs on the preparation, cultivation and conservation of medicinal plants, and a year later, during the 41st World Assembly, the Chang Mai Declaration on the theme "saving lives by saving plants" recognized that traditional medicines were the mainstay of treatment (Guerci & Consigliere, 2003).

In the following years, the 42nd assembly encouraged the creation of inventories of traditional practices in different countries, and in 1991, cooperation between practitioners of traditional medicine and those providing modern health care was stimulated.

The works of(Worsley, 1982),(Young, 1982) and of (Landy, 1983)introduce history and the study of medical anthropology.

Throughout the history of the discipline, anthropologists became interested in medicine and approaches to health and took advantage of the advantages of being part of interdisciplinarity and began to develop a careful analysis of culture and health and engage seriously with global diversity in an effort to fight necessary battles against the shorthanded cultural explanations that are often deployed in the health literature (Leclerc, Bouventre, & Trembley, 2020).

Therefore, medical anthropology has emerged both as a sub-field of socio-cultural anthropology and as an interdisciplinary field whose research themes are greatly varied.

## **5. Key Concepts of Medical Anthropology**

The theoretical orientations of medical anthropology are varied, but certain key approaches and concepts are often used to explore this field and understand the cross-cultural nature inherent in the medical relationship.

### ***5.1. The medical-ecological theory***

This theory is based on the concept of biological and cultural adaptation to the surrounding environment. Health is seen as a measure of successful adaptation to the environment and can be studied through ecological models (Guerci & Consigliere, 2003).

According to studies by (McElroy & Townsend, 1989), the dynamic balance or imbalance of the elements of the ecosystem is measured in terms of health and disease; a change in the climatic balance, for example, can cause famines which, in turn, will directly affect the state of health of the population. However, a technological innovation, modifying the quantity of energy necessary for work or allowing certain innovative applications can improve the balance of the population with its surrounding environment. (Guerci & Consigliere, 2003).

Medical anthropologists, ecologists, climate scientists, public health experts and other specialists often work together to study these interactions and come up with solutions tailored to the challenges facing this changing world.

### ***5.2. Cultural theory***

According to this concept, both the patient and the doctor can know the disease only through a series of interpretations which suppose particular modalities between biology, social practice and cultural systems. This theory denies the fact that disease is independent of the surrounding world, it explains, for example, the conceptual differences separating biomedical anatomy from that of Chinese medicine, the variety of diagnoses present in the different traditional medicines, etc. (Guerci & Consigliere, 2003).

Cultural theory therefore emphasizes the importance of understanding disease in its specific socio-cultural context. It highlights the diversity of disease experiences and medical practices across cultures, and challenges the notions of universal disease and one medical model. This approach also emphasizes the need to understand the systems of meaning, care practices and cultural contexts in which illness and health are experienced and interpreted.

The influence of culture affects all aspects of the personal experience of illness; the perception of symptoms and how to react to them, how to name, describe and manage physical changes, when medical help should be sought, the desirable duration of treatment and the criteria for evaluating care received (Hudelson, 2002).

### ***5.3 Critical medical anthropology***

It adopts the most radical positions. Critical medical anthropology directs its research around the idea that social inequality as well as the workings of power and exploitation form the first determining factors of health and health care systems and therefore of diseases. , their evolution and their epidemiology (Guerci & Consigliere, 2003).

Critical medical anthropology emphasizes that illnesses are not matters of concern only to the patient and the therapist but have definite correlations with social and economic relations, and these, in turn, are directly dependent on the forces that drive policy. and the global economy (McElroy & Townsend, 1989).

Obviously, this third approach challenges the systems of power and exploitation that contribute to health inequalities and calls for socio-cultural changes to improve the health and well-being of individuals and communities.

#### ***5.4. Explanatory models of the disease***

The explanatory model is one of the most cited concepts in medical anthropology. It was defined in the 1970s to facilitate the systematic analysis of the different conceptions that come into play during the medical encounter.(Hudelson, 2002).

Explanatory models in medical anthropology are important because they allow us to understand how individuals make sense of their experience of illness. These models can also influence decisions in research, health policy and medical practices, taking into account the cultural perspectives and belief systems of the populations studied.

People conceive of their illness only through their social and personal experiences; they create each time they are ill their own explanatory model of the causes, meaning, evolution, mechanisms, diagnoses, action of treatments and consequences of the disease(Hudelson, 2002).

In the example cited by (Hudelson, 2002) of the mother attributing her son's cold to being out with wet hair, there is a causal explanation related to a popular belief that exposure to certain environmental factors, such as wet hair, can cause a cold . This belief may coexist with scientific knowledge about the viruses that are actually responsible for the common cold. So the mother can integrate both traditional explanations and contemporary medical knowledge to explain her son's illness. Ditto for the example of the hypertensive patient (cited by the same author); who thinks high blood pressure is hereditary but attributes high blood pressure to working hard in youth. A combination of genetic factors and explanations related to life history and personal experiences can be realized. Likewise, this interpretation may reflect both cultural influences and individual beliefs about the causes of disease.

Numerous studies show how the explanatory models of patients and caregivers can be different and can have consequences such as non-adherence, patient dissatisfaction, false diagnosis, inadequate treatment (Loewe & Freeman, 2000). These patients will be considered by doctors as difficult patients.

### **6. The Report: Medical Anthropology/ Anthropology/ Medicine**

According to (Guerci & Consigliere, 2003), the relationship between medical anthropology and the two “mother disciplines” has been easier in the field of anthropology than in that of medicine. Because anthropology is a frontier discipline, it is more open to atypical study perspectives. Unlike medicine, which has long aspired to be considered a “hard” science. Moreover,

medicine poses on health and disease, a unitary look which makes it difficult to mediate the different approaches.

According to (McElroy & Townsend, 1989), we do not find the origins of medical anthropology only in medicine but also in nursing practice and in all activities concerning the maintenance of health and the management of disease.

The broad perspectives (cultural, scientific and social) offered by ethno-medical and medico-anthropological studies could not avoid turning into critical approaches to Western medicine (Guerci & Consigliere, 2003).

In addition, medical anthropology has occasionally criticized biomedicine as a system that does not consider the cultural and social characteristics of different human groups. Criticism also relates to its tendency to impose the activity of the doctor as absolutely superior to that of any other health professional (Hahn & Kleinman, 1984).

In a general way, (Fainzang S. , 2001) reports that medical anthropology has distinguished itself in recent years by its critical quality, even when it does not bear the label of it. One of the main criticisms formulated by medical anthropology has been that of the idea that it is the absence of medical knowledge and inappropriate behavior that would explain the poor health of individuals.

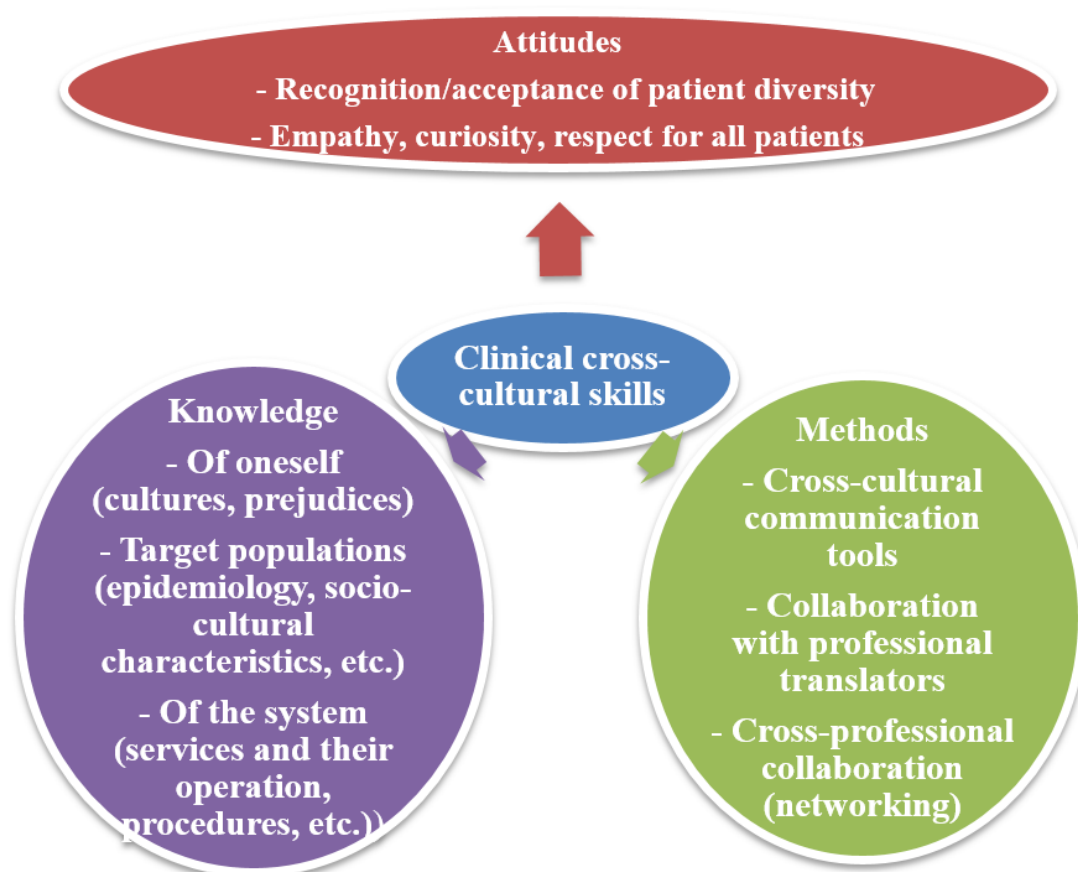
According(Csordas & Kleinmann, 1990), medico-anthropological research has called into question certain specific categories of biomedical thought, including the distinctions between diagnosis and treatment, between technological and non-technological care, and between the specifics and the generalities of the therapeutic process. This has generated a constructive and lively dialogue between the different types of care; this dialogue gave birth within biomedicine to a new critical current associated with anthropology and involving above all hygienists, epidemiologists, social doctors and psychiatrists.

(Vidal, 2008) announces that, to be at the heart of medicine in the process of being learned and made, the anthropologist can initially focus on a given pathology (AIDS, tuberculosis, malaria, diabetes, etc.) or more generally on a health problem (such as monitoring pregnancy and childbirth). The same author confirms that entering the world of medicine through a clearly delimited sector is indeed particularly fruitful.

## **7. Anthropology and clinical cross-cultural competence**

Anthropology and clinical cross-cultural competence are two areas that overlap and complement each other in the context of health care.

Several studies have shown that a patient-centered approach has positive effects on patient and professional satisfaction on adherence, on health status and on the efficiency of care.(Hudelson, 2002). Faced with patients from various social and cultural backgrounds, this type of approach requires a certain clinical transcultural competence which consists of: specific attitudes, knowledge and methods (Figure 1).



**Figure 1: Clinical Cultural Competencies**

(Diagram based on data from (Hudelson, 2002))

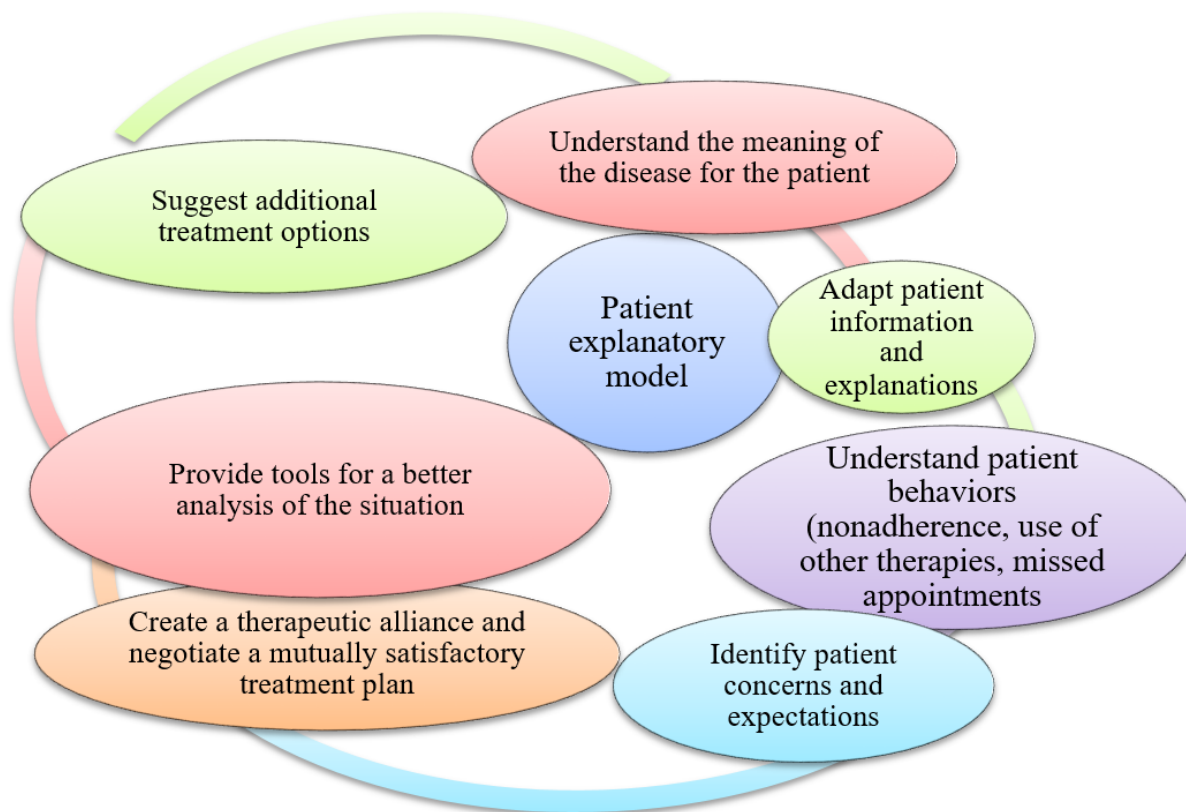
Several methods have been adapted to help clinicians provide culturally appropriate services (Stuart & Liberman, 1993). These methods can encourage physicians to become familiar with the issues that may arise in cross-cultural medical encounters and to learn how to identify and manage them. According (Hudelson, 2002), these methods are based on anthropological concepts to understand the nature of the medical consultation.

The physician's ability to identify the different perceptions of the disease and to negotiate a common vision with the patient is essential for patient-centered care that is sensitive to cultural parameters.

By integrating the perspectives of anthropology and clinical cross-cultural competence, healthcare professionals can better understand and respect the cultural differences of their patients.

This can foster a trusting relationship, effective communication, and more culturally appropriate care delivery, which is critical to ensuring positive health outcomes.

Generally, clinical transcultural competence mainly translates into the exploration of the explanatory model of the patient and his problems related to his illness (Figure 2).



**Figure 2: Why be interested in the explanatory model of the patient**

(Diagram based on data from (Hudelson, 2002))

The doctor takes a culturally sensitive approach, recognizing that cultural beliefs, values and practices can influence how the patient perceives and manages their disease. When exploring the patient's explanatory model, the physician is interested in their beliefs and representations of illness, the cultural factors that influence their attitudes towards health and illness, as well as traditional or alternative healing practices that he can use. This aims to encourage the patient to tell their story and thus allows both to discover the patient's perceptions and to collect clinically useful information (Hudelson, 2002).

As we have seen, therefore, the presence of an anthropologist in the clinical setting can play an essential role in the in-depth understanding of the cultural, social and psychological dimensions linked to the health problems of patients. Their expertise can help improve cross-cultural communication, adapt care to the cultural needs of patients, and promote a holistic approach to care delivery.

(Hudelson, 2002) reports that there are some early experiments that were developed by medical anthropologists working in healthcare settings; Noel Chrisman and Thomas Maretzki. They

described a number of methods intended to integrate anthropological concepts and methods into medical practice and training.

Anthropologists working in a medical setting conduct research on the role of culture in care, cultural aspects of illness, and culturally appropriate ill management and interview techniques.

## 8. Conclusion

The anthropology of health opens up a broader perspective on the anthropology of the human being, by exploring both its fragility in existence and its nobility in solidarity in the face of suffering and inequalities. In this article, we have tried to deploy the efforts of health anthropology to address the methodological and conceptual challenges. They must bear in mind the need to place knowledge, practices and experiences of risk and disease in the concrete context of human existence.

In general, the anthropology of health must not lose sight of its critical and reflective role, while approaching health as a whole, considering the cultural, social and political dimensions. It must contribute to the fight against inequalities in health and promote solidarity approaches to alleviate human suffering.

The fields of research in medical anthropology most discussed today are: traditional medicine, reproductive health, health policy, chronic diseases and infectious diseases, global medicine and global ethics...

These research themes illustrate the diversity of topics addressed in medical anthropology where researchers use ethnographic methods to understand belief systems, medical practices, and representations of health and disease in different cultures.

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