

WHAT IS MEDICAL ANTHROPOLOGY?



STUDY GUIDE

SEASON 3

Examples of medical data

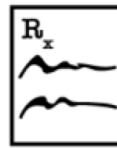
Lab test results



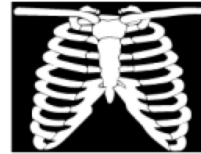
Sequencing

ATCAAG
TGATTC
COACGT
GTCACA

Doctor's notes



Medical imaging



BIOMEDICINE

Name given to a form of western professional medicine that asserts illness is largely caused by deviations from universal biological norms
This approach is the standard for evaluation for all other approaches (popular and professional)
Assumes that illness and medical theory, science and practice, are cultural and have universal validity (everything is everything)

[READ MORE](#)

RECOMMENDED

- "Why so many Women Physicians Are Quitting" by Jessica Dudley, Sarah McLaughlin, Thomas H. Lee
- "Burned out by the Pandemic, 3 in 10 health-care workers consider leaving the profession" by William Wan

ANTHROPOLOGICAL WRITING

- Question/Challenge Norms (anywhere and everywhere)
- Analyze all aspects of life as ethnographic data- nothing happens in a vacuum. Connect the dots.
- Critically review theory, and who presents it. The messenger is just as important as the message,

[WATCH MORE](#)

RECOMMENDED

- Forgotten Plague (2015)
- "Death through a Nurse's Eyes" - New York Times
- "Hospital Greed is Destroying our Nurses" by New York Times

REFLECTIONS on Texts

(remember)

These entries are more like journal-entry style personal reflections which asks you to connect class material with your own life experiences, beliefs, and emotions. This is about authentic engagement with the issue/texts. This will help develop your anthropological voice and will help put into focus your positions/perspectives/purpose.

COUNTRY DOCTOR (Kafka)

anime short film by Kōji Yamamura

Watch here:

<https://vimeo.com/81164828>

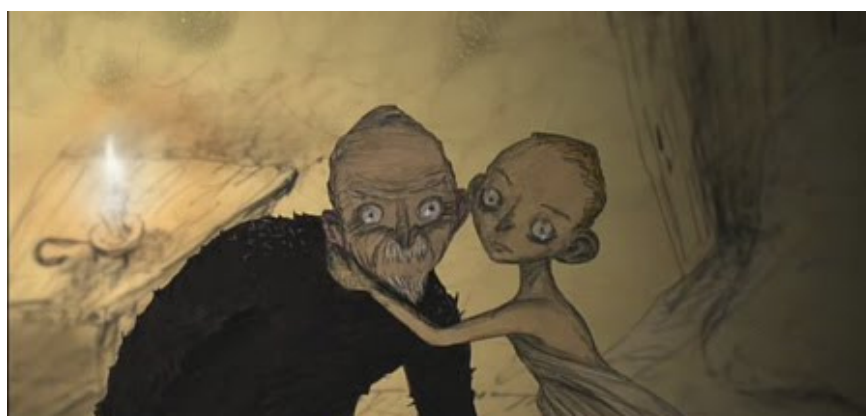
**OPEN CULTURE WRITES:**

Written in Prague during the icy winter of 1916-1917, Kafka's story unfolds in one long paragraph like a fevered nightmare. "I was in great perplexity," says the narrator, an old doctor, as he sets out in a blizzard at night on an urgent but vague mission. But he can't go anywhere. His horse, worn out by the winter, has just died and his servant girl is going door to door pleading for help. A surreal sequence of events follow.

"A Country Doctor" is permeated with the qualities John Updike found so compelling in Kafka: "a sensation of anxiety and shame whose center cannot be located and therefore cannot be placated; a sense of an infinite difficulty within things, impeding every step; a sensitivity acute beyond usefulness, as if the nervous system, flayed of its old hide of social usage and religious belief, must record every touch as pain."

In 2007 the award-winning Japanese animator Koji Yamamura made a 21-minute film (see above) which captures some of the strangeness and beauty of Kafka's story. It seems somehow appropriate that the dreamlike narrative has been transmuted into a form and language unknown to Kafka.

KEY THEMES: Re-imagination/Imagination, Illness Narrative, Doctor-Patient-Society Relationship



MANN

The Magic Mountain is also a novel about the disease, not merely of individuals, but also of a whole age. Where disease appears as the prerequisite of spiritual growth, Mann plays his favorite theme of the polarity between spirit and life; the transcendence of this polarity in the name of humanism is central to the novel. Where disease stands as the symptom of the moral deterioration of the capitalist and bourgeois order, Mann is the modern writer who must concern himself with the issues of his time. To attempt "to see the real in the spiritual and the spiritual in the real" was a fundamental maxim of his. On a still higher level, *The Magic Mountain* poses questions about the nature of time.

Time is both the medium and the subject of the novel. In fact, as the narrator points out, ". . . in bringing up the question as to whether time can be narrated or not, we have done so only to confess that we had something like that in view in the present work."

MADNESS/FOUCAULT

In his Preface, Foucault lays out the difficulty of writing a history of madness. "Madmen" themselves don't write their own histories. Instead, their experiences are written down for them by doctors and other experts, the ones who come up with the categories of "madness" and "non-madness" to begin with. That means there isn't a dialogue between these two experiences. Instead, the non-mad have a "monologue" about both. They monopolize the discourse, making it hard to get at the experience and transformation of madness during the period Foucault studies, the so-called "classical age" running from the late 1500s through the 1700s.

Despite this difficulty, Foucault sketches out the broad transformation in the understanding of madness during this time period. Note the emphasis is not on the experience of madness, but in how Western societies categorized or made sense of what they called madness. He lays out two major events, one at the beginning and one at the end of the time period he discusses. The first, in 1657, is the creation of the General Hospital in France, which was built to confine the poor, along with the mad. The second, in 1794, is the liberation of prisoners from the Bicêtre Hospital in 1794, leaving only those who were "mad." From 1657 to 1794, then, we see a movement from thinking of madness as part of a larger category of social delinquency to it being its isolated phenomenon with its own spaces and techniques for treatment. It is this movement, and all the meanings developed around sanity and psychology associated with it, that Foucault will narrate in the pages to come.

DIASERS AND ANTHROPOLOGY (AJ FAAS)

"In the study of disasters, the concept of vulnerability has been primarily employed as a cumulative indicator of the unequal distributions of certain populations in proximity to environmental and technological hazards and an individual or group's ability to "anticipate, cope with, resist and recover" from disasters.

This concept has influenced disaster research as a means to question how natural, temporary, and random disasters are and focused analysis on the human-environmental processes that produce disasters and subject some populations more than others to risk and hazards. Critics also point out that vulnerability frameworks elude measure, strip people of agency, and reify stereotypes of the Global South. In light of both the historical importance and the sustained critiques of the concept, this chapter looks to the anthropological and related literature to explore several questions: is it possible that vulnerability has outlived its usefulness? Is it still analytically meaningful for anthropologists currently working in the area of risk, hazards, and disasters? And what are the potential consequences or benefits that could come with conveying the concept of vulnerability to policy and decision-makers?"

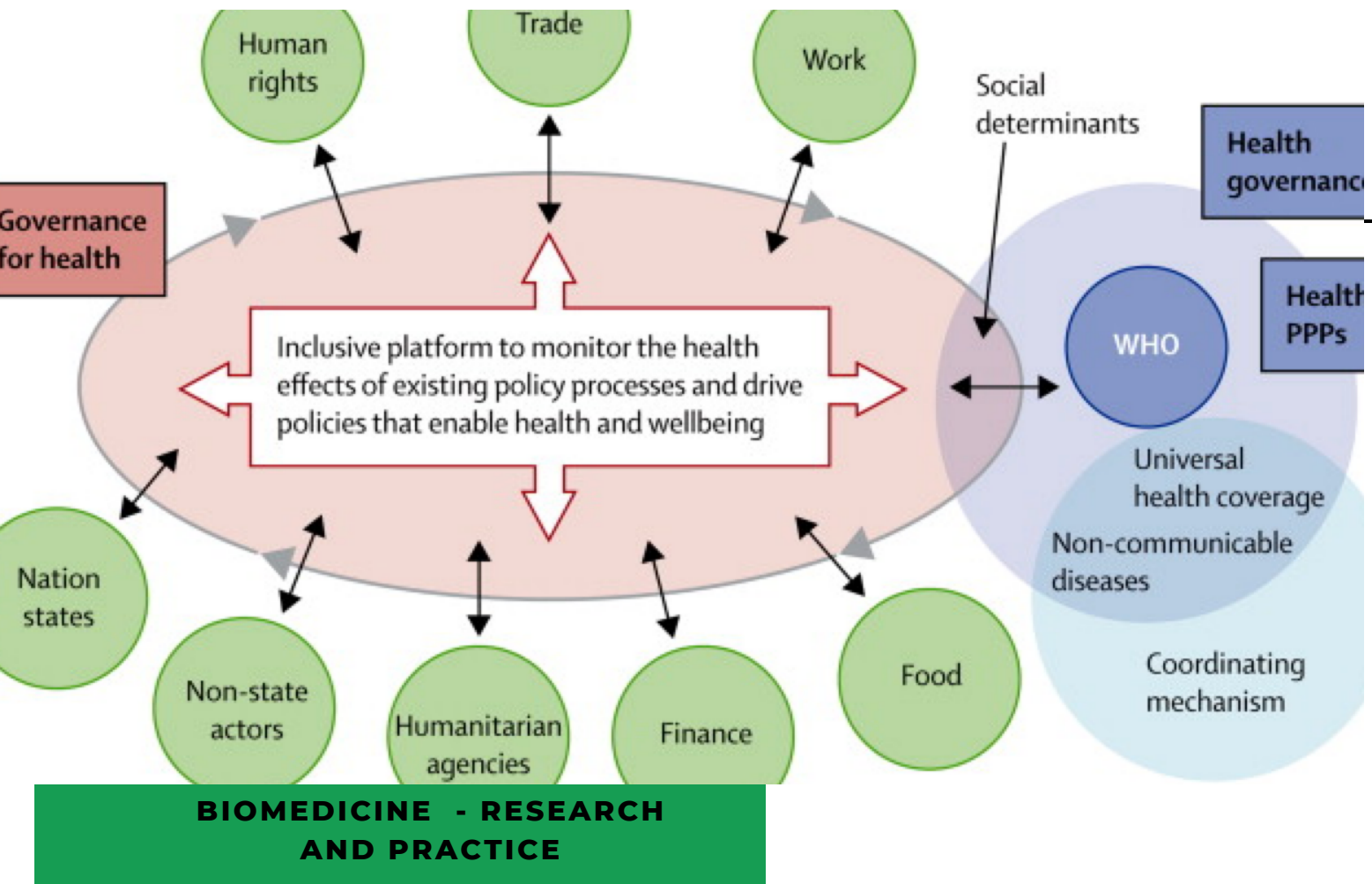


Dr. Paul Farmer speaking with an H.I.V. patient, Altagrace Cenatus, at a Partners in Health hospital in Haiti in 2003. He worked to provide quality health care to some of the poorest people in the world. Credit...Angel Franco/The New York Times



"Paul Farmer, Pioneer of Global Health, Dies at 62
As a medical student, Dr. Farmer decided to build a clinic in Haiti. It grew into a vast network serving some of the world's poorest communities." - New York Times

PAUL FARMER
MEDICAL DOCTOR, ANTHROPOLOGIST,
HUMANITARIAN, AND WORLD HEALTH LEADER



Today, studies of biomedicine emphasize interpretation, discourse, experience, suffering, and meaning, although some adhere to materialist perspectives. In the contemporary interpretive view, the “bio” in bio-medicine is a form of materialism that constitutes its greatest failing in the face of human suffering. Most anthropologists with this view/approach see illness in evolving and dynamic categorical, transpersonal, and decontextualized terms.

Ironically, most physicians hold that solely the physical biological focus is bio-medicine’s strength.

In the late 1970s and early 1980s, researchers such as Kleinman and Farmer shattered the perception of biomedicine as acultural, rational, and scientific. They found that extra-medical domains of culture were intimately bound up with the theory and practice of medicine. These domains include systems of social classification (ethnicity, race, gender, age, religion, class, rurality, and so on), self-concepts, prestige, competition, kinship and friendship, personal advancement, ritual, and magic.

Ex.

- Homosexuality (DSM)
- AIDS (Farmer)

INTERVIEW WITH
MUSICIAN & SCHOLAR
CHINEDU ODIBELLI
[LISTEN TO "WAVE"](#)