

Chapter 1



Introduction

A Biocultural Approach to Medical Anthropology

CHAPTER GOALS

- To gain an initial understanding of medical anthropology as a field
 - To become familiar with the history of anthropology and its four subdisciplines and how medical anthropology is connected to these subdisciplines
 - To gain an understanding of a biocultural approach to health and how it differs from biomedical approaches
 - To gain an understanding of how health is related to culture, the environment, history, and prehistory
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You wake up one morning with a headache and the sniffles and swallow a pill composed of an anti-inflammatory, antihistamine, and decongestant. You feel better and are ready to go about your day. Somewhere else, a young girl wakes up behaving oddly; her parents take her to a local diviner, who ascertains that she is possessed by one of the local temperamental goddesses, who is offended by the lack of recent offerings. A friend's grandmother is diagnosed with breast cancer, which is treated by specialized physicians called oncologists who cut out the tumor and subject the remaining tissue to strong radiation while the woman's relatives pray for her. Yet someone else dies hemorrhaging from their orifices, a victim of the lethal Ebola virus, while a middle-age and otherwise healthy man seeks out a shaman—a practitioner with powers to harness forces of the supernatural—for the loss of his soul. A toddler dies quietly on her sleeping mat while her mother is at work, done in by the combined effects of not enough food and dehydration caused by a bacterial diarrheal disease resulting from her family's lack of access to clean water and food.

How can these diverse experiences be understood? Do they have anything in common? Although the details of each example vary markedly, the experience of suffering is shared by all individuals, and all human cultures have methods to diagnose and treat ill health. Indeed, collecting and transmitting knowledge about

health and illness has probably characterized human cultures over our entire history as a species.

For better or worse, disease is a human universal. Everyone gets sick, not once but many times during their lives. Yet some people get sick more often or die prematurely, whereas others remain relatively healthy and have long lives. Diseases common in one population may be rare or nonexistent in another. Similarly, attempts to prevent, cure, or lessen the effects of disease also exist in every culture, although these medical traditions exhibit much diversity. Medical anthropologists work to understand the diverse factors influencing variability and universality in health and disease experiences across human populations and across time.

What Is Anthropology?

Anthropology is a discipline that investigates the nature and causes of human variation and those aspects of life that are common to all of humanity. Anthropologists seek to understand similarities and differences in behavior and biology across cultures and populations and how these dimensions change over time (both historic and prehistoric time scales). Hence, all aspects of human behavior, such as language, kinship, economic and political systems, subsistence, religious beliefs, and healing practices, among others, are the focus of anthropological research.

As an academic field anthropology has its roots in the early twentieth century, amid colonialism and widespread migration to areas such as North America. These processes put exposure to non-Western cultures front and center and raised questions about the spectrum, source, and meaning of cultural diversity. Anthropologists took these on as their central questions, and the foundations were laid for contemporary cultural anthropology. Simultaneously, this cultural variability coexisted with linguistic and biological diversity, leading to similar types of questions about language and biological variation. Franz Boas, a German-born physicist and geographer who immigrated to the United States, became a pivotal figure in the history of anthropology and its development in the U.S. context. During his geographic work in the Arctic, he became intrigued by the lifeways of local peoples and began to advocate systematic and long-term fieldwork as a way of understanding peoples from different cultures. He did not restrict his observations to behavior, but included language, biology, and cultural histories, accessible through archaeology, thus setting the stage for an integrated, holistic anthropology that sought to understand the human condition in its entirety. Moreover, he brought to this enterprise an insistence on rigorous methodology and data collection, which could inform theoretical insights that then could be tested by further data collection. This set the standard for contemporary ethnographic fieldwork, during which anthropologists would collect data on mythology and tribal lore, religion, social taboos, marriage customs, physical appearance, diet, handicrafts, means of obtaining food, etc.

One of Boas's great contributions was the concept of **cultural relativism**, which means that cultures must not be evaluated in relation to another that is judged superior (which had often been "Western" civilization), but rather understood or "made sense of" on their own terms. In other words, he did not view cultural change

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as a progression from “primitive” to “civilized” or peoples whose society differed from Europeans as inferior. Rather, he saw them as uniquely adapted to their own particular circumstances, a concept that applied to biology, culture, and language. This was a critical point, and anthropology has become a discipline known for overturning views of racial and cultural superiority/inferiority.

The burden of collecting multiple kinds of data (and hence being trained in numerous methodologies and analytic techniques) ultimately led to specializations within the field of anthropology, and four distinct subfields emerged: cultural, linguistic, biological, and archaeological anthropology. These subfields can be found in most contemporary American four-field anthropology departments. Briefly, cultural anthropologists study human behavior in the context of societies, their traditions, and their institutions, whereas linguistic anthropologists focus on



Figure 1.1

Alexandra Brewis is a biocultural anthropologist who investigates how stigma undermines global health efforts (Figure 1.1). Much of her recent research has focused on the challenge of growing antifat ideas around the globe and how increasing shaming and blaming related to weight unintentionally reinforces weight gain. She has conducted long-term fieldwork in the island Pacific, in Mexico, and across the United States. Most recently she has been working with the Mayo Clinic to understand how stigma interventions might improve long-term outcomes for patients undergoing weight-loss surgery and doing applied work at Arizona State University to understand the cultural bases of college weight gain. Here she stands between automated campus stations where students can provide data for campus studies.

Photo courtesy of Alex Brewis.

language. Archaeologists study the behavior of past populations—either historic or prehistoric—based on material remains. Biological anthropologists are concerned with human biology and ask how and why humans are biologically similar or different across groups and in relation to other species (especially those most closely related to humans, the primates) and how humans have changed biologically over the past hundreds, thousands, or millions of years.

Regardless of their area of specialization, anthropologists are united by a comparative perspective—whether it be cross-cultural comparisons or comparisons across historical and prehistorical time frames. This comparative approach allows anthropologists to understand and appreciate the many ways in which humans vary and at the same time ascertain the characteristics that humans share. Furthermore, anthropology as a field is committed to understanding the “whole” of the human experience, or “humankind in all of its aspects.” Although not all anthropologists see their work as explicitly holistic, many work collaboratively across the interdisciplinary spectrum and adopt theories and methods from other disciplines in their research. A focus on a particular topic is one of the most useful ways to employ this holistic approach, which may also include collaboration with researchers in other disciplines. Human health is one such topic.

The Development of Medical Anthropology

Among the data that would be collected by anthropologists, regardless of subfield, were those related to health. Healing traditions and concepts of disease causation and their relationship to religious cosmologies and ethnomedical systems, including knowledge of the medicinal properties of plants or animals, were often described. Furthermore, many early anthropological investigations in non-Western or tribal societies were conducted by physicians involved in colonial health care (see Chapter 9 for further discussion), and they gravitated to the study of these health-related aspects of culture. By the mid-twentieth century, especially during World War II and its aftermath, there was growing employment of anthropologists to gather data related to the health and nutrition of populations in the United States and abroad, not only to ascertain the “fitness” of Americans for war but also to confront the wretched health conditions and lack of public health infrastructure faced by countries newly independent from their colonial rulers. With the creation of the World Health Organization in 1948, anthropologists were hired to help understand (and break down) “cultural barriers” to health promotion campaigns and craft ones that were more “culturally appropriate” (Castro and Farmer 2007). Anthropologists thus served an important role in countering the prevailing public health views that resistance to biomedical interventions was the result of ignorance, superstition, or stubbornness that needed to be overcome among non-Western populations. George Foster, one of the major figures in the founding of medical anthropology, worked with international public health organizations to demonstrate the utility of anthropological knowledge to enhance the efficacy of any health intervention, be it admonitions to “boil water” or accept vaccinations.

Foster’s colleague, Benjamin Paul, argued in his 1955 book of anthropological analyses of successful and failed health interventions, “If you wish to help a

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community improve its health, you must learn to think like people of that community. Before asking that community to assume new health habits it is wise to ascertain the existing habits, how these habits are linked to one another, what functions they perform, and what they mean to those who practice them" (Paul 1955, 1). For example, in Edward Wellin's contribution to this volume, he describes resistance to using boiled water among residents of a Peruvian village. Although this seems like a relatively straightforward practice to adopt, the health worker's attempts to get villagers to boil water were often—but not always—met with resistance, despite public health lectures about the health benefits of doing so. Wellin was able to ascertain the cultural logic of this resistance: water was needed during the heat of midday and needed to be cool by that time, yet the only time available for boiling it was after breakfast, when women did not have time. Furthermore, access to fuels needed for boiling were scarce, and the village's relative insularity often resulted in suspicion of outsiders and their ideas, although in this case the health worker was generally well liked. Others rejected the idea that there were waterborne germs that could cause disease. As some villagers commented, "There are enough *real* threats in the world—'cold' and 'airs' and poverty and hunger—without bothering oneself with animals that one cannot see, hear, touch, or smell" (Wellin 1955, 92). In other words, what may have appeared to be "irrational beliefs" by villagers were made sense of by an anthropologist who had taken the time and effort to ascertain how this new public health message related to other established beliefs and behaviors.

Thus, medical anthropology in the mid-twentieth century centered around two different, although related topics: **ethnomedicine** (including formal medical systems with written treatises and training institutions and those of smaller-scale or tribal groups that were passed down through oral traditions) and **international health**. In other words, from its inception, medical anthropology had an academic mission as well as an applied one, with the latter focusing on efforts to enhance health through more effective policies and interventions. In 1970 the Society for Medical Anthropology was formed as a section of the American Anthropological Association and is now one of the largest of these sections, with many subsidiary interest groups. Medical anthropology is also well represented in the Society for Applied Anthropology, and many medical anthropologists continue the tradition of working with national, international, and nongovernmental organizations in designing, implementing, and evaluating health programs.

What Is Medical Anthropology?

So, what is this field and what are its objectives for the twenty-first century? **Medical anthropology** is the study of health, illness, health care, and related topics from a broad anthropological perspective. More specifically, the Society for Medical Anthropology defines medical anthropology this way:

Medical anthropology is a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and well being (broadly defined), the

experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. The discipline of medical anthropology draws upon many different theoretical approaches. It is as attentive to popular health culture as bioscientific epidemiology, and the social construction of knowledge and politics of science as scientific discovery and hypothesis testing. Medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; micro and macro politics; and forces of globalization as each of these affects local worlds. (<http://www.medanthro.net/about/about-medical-anthropology/>)

Medical anthropologists investigate differences in health and disease experience using a cross-cultural approach, comparing and contrasting sociocultural situations to illuminate the underlying causes of variation or similarity. What factors contribute to differences in disease patterns or to variation in responses to disease? There are many possibilities: social arrangements, subsistence practices, economic resources, hygiene, gender roles, religious practices, access to medical

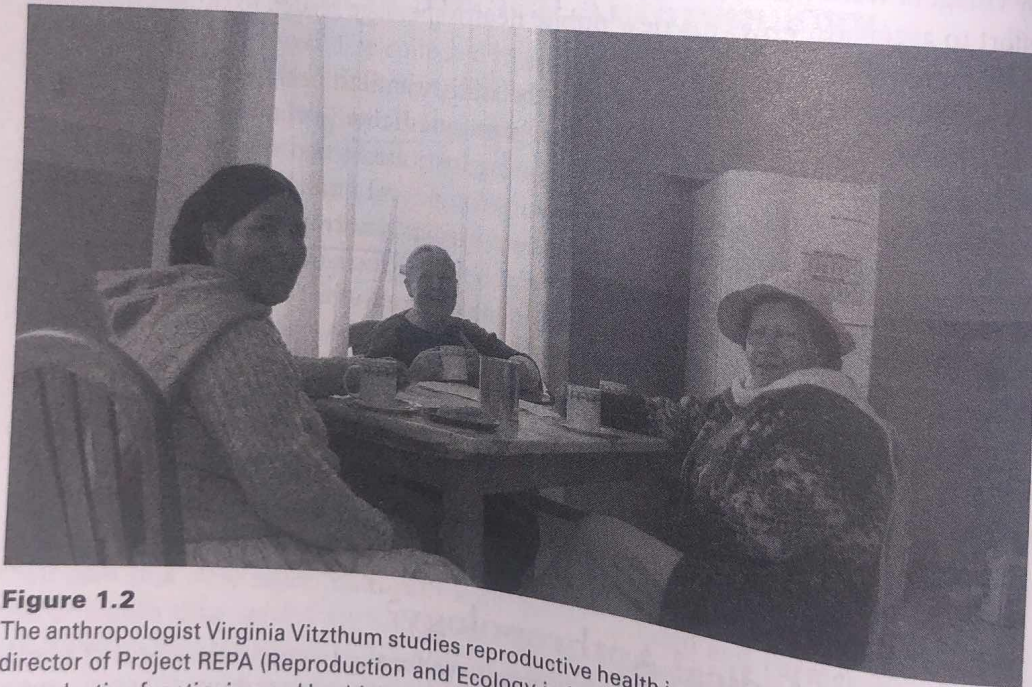


Figure 1.2

The anthropologist Virginia Vitzthum studies reproductive health in the Bolivian Andes. She is the director of Project REPA (Reproduction and Ecology in Provincia Aroma), a longitudinal study of reproductive functioning and health in the rural Bolivian highlands. The project's main purpose is to test hypotheses regarding the environmental, behavioral, and biological determinants of variation in fertility (e.g., reproductive hormone levels, the probability of conception, the probability of pregnancy loss). This is the first study in any population to have investigated the probability of variation in women at the peak of their fecundity (their twenties and thirties) and again 14 years later as they experience the perimenopausal transition. Here she is pictured with her long-term collaborator, Esperanza Caceres, and one of the women who participated in her study. Photo courtesy of Virginia J. Vitzthum.

institutions or healers; ecological conditions such as climate, altitude, aridity, plants and animals in an environment; biological factors such as genes, nutritional status, immunological competence, age, or sex; and myriad others.

Which of these factors are most important? That depends on the specific health condition and on the context because each community has a unique combination of cultural, economic, ecological, and biological characteristics. Even within a group whose members live in the same basic natural environment and are biologically similar, both subtle and more obvious behavioral differences contribute to health disparities. For example, there may be occupational variation that leads to different risk of job-related accidents, exposure to toxic chemicals, or infectious diseases. These may correlate with economic status or ethnic differences. Or, it might be that there are groups with similar cultural attributes who live at slightly different altitudes or with access to different natural resources (water, marine resources, woodlands, pasturage, etc.), which, in turn, contribute to variation in disease vulnerability. Finally, groups with evolutionary histories that have resulted in genetic variations can have similar behavioral patterns and live in the same place, but face a different array of disorders that derive from these genetic variations. Thus, it is important to consider the broadest range of possible factors to ascertain which are the most significant determinants of health within groups or that contribute to differences in health between groups. Comparative analysis highlights the ways in which different combinations of factors affect health, whether they are local social processes or configurations or a population's evolutionary history, or whether there are universalities that stem from a common evolutionary history or the current forces of globalization.

The Culture Concept

Patterns of behavior that are common to a group are referred to as culture, a key concept in anthropology. Culture includes the beliefs, values, practices, and traditions of behavior of a group. These traditions of behavior include subsistence and economic practices, social organization, rituals, diets, and healing practices, among many others. It is important to recognize that although many aspects of cultural behavior persist over generations (and thus are referred to as "traditions"), culture is not static. Instead, it is dynamic and creative, changing and reforming in a historical and geographic context, as its members simultaneously enact and create culture through their unique experiences and behaviors.

To adequately understand the complexities of culture, anthropologists often engage in long-term fieldwork in a society. This is called **ethnographic fieldwork** (*ethnography* refers to the systematic description of human culture). Fieldwork often requires residing in a community, speaking the local language, and participating in daily life as a member of that community, as Boas urged back in the early twentieth century. **Participant-observation**—the active participation in social and cultural life along with open-minded, detached observation of a group's behavior—is a hallmark of this kind of research. Participant-observation provides both an insider's and an outsider's perspective. The insider's view is referred to as an **emic** perspective, which is that of members of the society. An emic account is how a

member of the group would describe or interpret the behavior of group members. In contrast, an **etic** viewpoint is that of an outsider, observing behavior as if from a distance and with no prior knowledge about its emic meaning.

One way in which medical anthropologists explore the “emic” and “etic” perspectives is through definitions of health (discussed further in Chapter 2). For example, Naomi Adelson, a medical anthropologist who has worked extensively with the Cree, an indigenous population of northern Canada, describes how the Cree use the term “*miyupimaatisiun*” to describe health, more accurately translated as “being alive well” (Adelson 2000). Being alive well encompasses protection from the cold, physical activity, and eating distinctively Cree bush foods, which come from hunting and gathering. Thus, it more broadly references the quality of the land that provides them with this food, their history, and the social relations that supported their livelihoods as hunters. In the context of political struggles over land rights and incursions of “white man’s foods” in local stores, *miyupimaatisiun* is difficult to achieve. An etic description of health among the Cree might include standard biomedical measures such as levels of cholesterol, body mass index, or prevalence of hypertension, but an emic description in this context provides a richer understanding of how the Cree view their health, or state of being alive well. There are many such examples within the field of medical anthropology.

Anthropologists thus have a unique dual perspective that allows them to describe and understand the emic worldview but also makes possible cross-cultural analysis. In practice, separation of these two perspectives is not easily maintained, nor is it necessarily desirable. Anthropologists are drawn into intracultural dynamics and bring to the ethnographic encounter their own set of biases that preclude a “truly” objective view; they also bring with them a status (e.g., foreign, economic, ethnic, gender) that influences the way people interact with them. For example, it is not unusual for anthropologists working in cultures with limited access to Western medical care to become a source of medicine to treat common ailments. Anthropologists can thus become part of a complex cultural dynamic that is altered to some extent by their participation.

Careful observation of behavior within a community makes it possible to ascertain certain local patterns of disease, their likely causes, and the ways in which people respond to threats to their well-being. These are likely to depend heavily on interactions that individuals have with their environment. All groups live in natural environments that can be described in part by *abiotic* (physical, climatic) and *biotic* (living forms) features, and these constitute part of the context for local disease patterns. Aridity and humidity, presence of bodies of fresh water, seasonality in temperature and light cycles, barometric pressure, and local flora and fauna, to name a few, are important in determining what kinds of health problems are likely to be faced by the population. However, as mentioned earlier, the extent to which these factors actually impact health is closely related to how the population interacts with the environment. Such interactions are strongly influenced by cultural practices and traditions and occur within the confines of socioeconomic structures. Thus, although ecological conditions play an important role in disease, they are never the sole determinant of disease in a population.

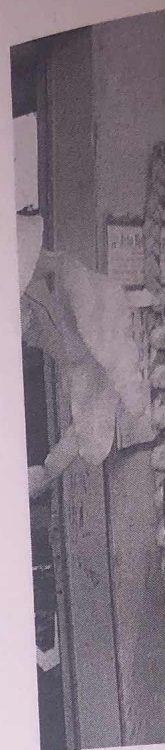


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Figure 1.3

The medical anthropologist Bill Dressler with a family in Brazil. Dr. Dressler studies the cultural dimensions of stress and stress-related diseases. He has developed an important model in wide use in medical anthropology called cultural consonance, which predicts that stress results in individuals who do not conform to prevailing cultural ideals or who cannot attain cultural norms because of economic or other constraints. He has also contributed in key ways to discussions of the utility of ethnicity, race, or culture as variables in public health research and policy making. He is currently overseeing a project in Brazil on the relationship among cultural consonance, depression, and genetic variation in serotonin receptors.

Photo courtesy of M. C. Balieiro.

A Biocultural Perspective

The preceding introduction has outlined a **biocultural perspective** on health. This perspective considers the social, ecological, and biological aspects of health issues and how they interact within and across populations. It is a uniquely anthropological and holistic view of health, incorporating these different aspects of the human experience. Ecological conditions include all natural and social components of the environments in which humans live, and those environments have, in turn, been shaped by historical processes. The body has also been shaped by a history—an evolutionary history—during which it has been molded by changing environmental conditions. Thus, a full biocultural analysis must also consider the historical processes—operating on both local and global scales—that have indirectly contributed to current health problems. This is, of course, an enormous project, and in reality, some topics are more amenable to this kind of analysis than others. Furthermore, a biocultural approach is but one of several that medical anthropologists bring to the study of health. Although it tries to be broadly holistic in its consideration of



Figure 1.4

The applied medical anthropologist Crystal Patil with a group of children in rural Tanzania. Dr. Patil conducted foundational biocultural ethnography that allowed her to deeply understand household family health and whether and how families access health systems. She learned a great deal about pregnancy, women's work, childbirth, food, eating, and the feeding of babies and children, as well as the joys and difficulties of women's lives. Building on this research, her research path went in two applied directions. First, she is currently the principal investigator on a study piloting a group care model to improve the quality of antenatal care in Malawi and Tanzania. The second direction seeks to identify pathways to improve child nutrition and health in Tanzania. Photo courtesy of Crystal Patil.

both biology and culture as important to health, many medical anthropologists focus their analysis on the sociocultural factors affecting health.

Human bodies, culture, and history have complex interactive relationships. For example, not all bodies are equally at risk of disease, despite location in a similar cultural context. Why is this? As noted earlier, it is partly the result of genetic and behavioral characteristics that are unique to individuals and that derive from individuals' unique life histories and genealogies. Furthermore, to get beyond the simple exercise of "cultural component X increases or decreases the risk of disease Y," it is useful to ask these questions: *Why* this particular disease? *Why* this particular cultural factor? These questions, like those pertaining to individual-level variation, require a more historical view. Biocultural analysis is inherently historical, seeking the roots of cultural behavior. Furthermore, in the case of the physical body, biocultural analysis employs a longer-term evolutionary perspective that considers the forces that have shaped human biology and population biological variation. Given the intrinsic biocultural nature of health and disease, cultural, historical, and evolutionary factors must be taken into consideration.

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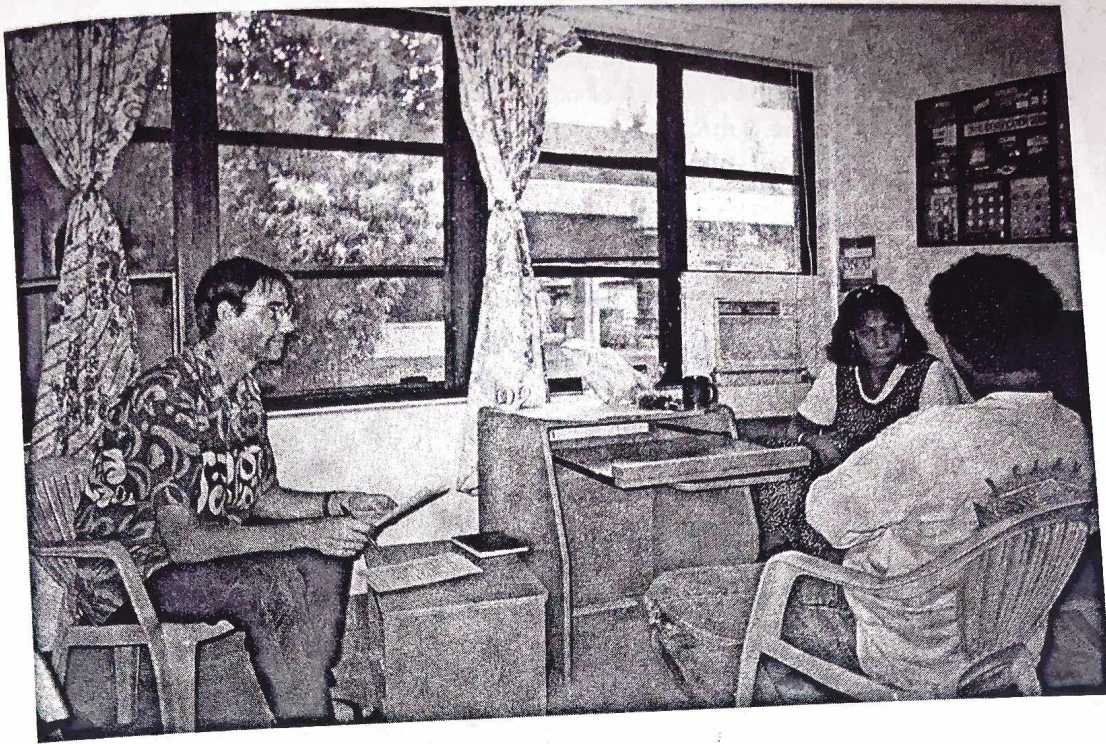


Figure 1.5

The anthropologist Roger Sullivan studies mental health in Palau, Micronesia. Here, he and a social worker interview a patient. His work is discussed further in Chapter 11.
Photo courtesy of Roger Sullivan.

Biocultural analysis considers the individual body as a starting point. In many ways, human bodies are similar; there are also significant ways in which they differ. Some of this variation is patterned across populations, but there also exists a tremendous amount of variability among individuals within a population. Just as the anatomy of individuals is visibly different, so is the anatomy of the organs, which are only visible through imaging techniques. As Roger Williams (1956) so elegantly demonstrated in his book *Biochemical Individuality*, individuals differ greatly (and perhaps unexpectedly) in their biochemical processes, nutritional requirements, and internal anatomy. Although individual variation is interesting and it is important to never lose sight of its significance to individual health and clinical practice, it is not something that anthropological analyses frequently address. After all, anthropologists are interested more in group-level biological, cultural, and health phenomena.

One of the first tasks of medical anthropology is to define health in a way that both acknowledges different cultural models of sickness and allows for comparative analysis. Disease processes alter biological function in more or less predictable and measurable ways. Although populations differ in the types of afflictions they suffer from, the way these maladies unfold physiologically is fairly consistent. In a biocultural analysis, it is possible to make use of these regularities, which are well described in the biomedical literature. Hence, there are some intersections between the biocultural approach and that taken by Western medicine, or **biomedicine** (sometimes also referred to as cosmopolitan medicine because of its global spread).

Biomedicine is the form of medicine that developed out of the scientific tradition in eighteenth-century Europe; as such, it is a medical system that arose out of a particular cultural context. It views disease as having a unique biological cause within the body, whether it be a microorganism causing infection, the growth of malignant cells, deficiency of a nutrient, or the failure of an organ because of repeated insults (such as alcohol consumption). It has a well-developed and widely applicable set of diagnostic criteria used to describe a large number of disease states.

Biocultural analyses most often utilize biomedical categories of disease as a standard that can be used for cross-population comparison of health and disease. It is extremely important to have some sort of common standard by which to do comparative analysis because definitions of health and disease vary significantly across cultures. Thus, although a syndrome that is well described by one culture may have no apparent analogue in another, a biocultural approach to disease that employs local cultural models and biomedical measures may nonetheless be used to frame a comparative analysis. That said, it is important to note that biocultural approaches differ from those based in biomedicine. Clinical biomedical understandings of disease tend to privilege the body as the only relevant site for understanding disease causation, which gives rise to the view that individuals are uniquely responsible for their health (McKeown 1979). As described previously, a

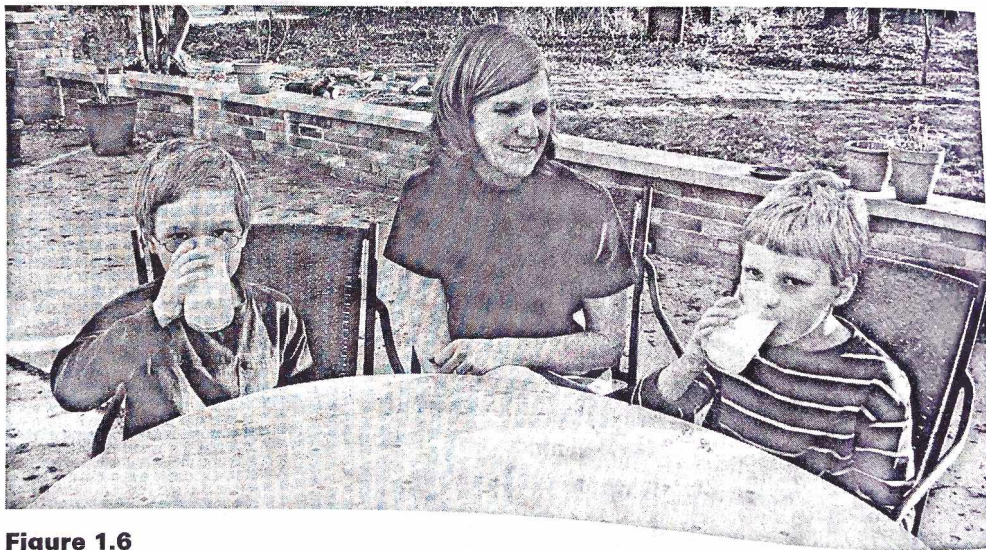


Figure 1.6

The medical anthropologist Andrea Wiley studies the impact of cow's milk consumption on different aspects of child growth in the United States and India. She is interested in how milk might have some unusual effects on human biology, given that it is produced for calves, not humans, of nursing infants of a given species, yet is often consumed by both children and adults. She is also concerned with how milk drinking came to be a normative part of childhood and adulthood in parts of the world and how ideas about milk's relationship to child growth inform peoples' decisions to feed their children cow's milk. Furthermore, most people in the world stop being able to digest milk in adulthood, yet there is widespread promotion of this food for individuals of all ages. Her work is discussed further in Chapters 4 and 5. Photo courtesy of Richard Lippke.

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biocultural approach looks beyond the body to its interactions with the social and natural environment to ascertain the broader causes of disease.

Looking Ahead

The chapters of this book are organized around a series of topics central to medical anthropology. Each is presented from a biocultural perspective, highlighting uniquely anthropological insights into these health topics. The basic biology of a given health topic will be presented and then contextualized by the relevant evolutionary, historical, and sociocultural factors that shape it. Our emphasis is on understanding sources of variation in health, both within and between populations and through time. In addition, the intersections between biocultural and other perspectives in medical anthropology, especially the political economy of health, are emphasized, and we discuss other approaches in medical anthropology in more detail in Chapter 2. The practical implications of this approach to each topic are also addressed—that is, how can this perspective be used in the development of policies to enhance health? Thus, the links between the biocultural approach and interventions to improve health are specified, and starting with Chapter 3, chapters feature the work of an applied anthropologist. We hope that this text illustrates the ways in which medical anthropology, whether practiced in universities, research centers, public health institutions, or nongovernmental or global health organizations, has the potential to help improve the health of populations throughout the world.

Study Questions

1. What is anthropology and how did it become established as a viable field of study?
2. What is medical anthropology and what do medical anthropologists study? How does the history of medical anthropology relate to the history of anthropology as a field?
3. What are the advantages and disadvantages of ethnographic fieldwork as a method for studying human behavior?
4. What are the diverse kinds of information that the biocultural perspective takes into account to explain human health and disease?

Critical Thinking and Discussion

1. In what ways do you think your own health status is a product of your biology and in what ways is it a product of your culture? Is it possible to make such a distinction?