2.3 Areas of inquiry: health, illness and healing

Name: _____ Class: _____ Date: _____ **Total: 30 marks**

KEY WORDS disease • illness • sickness • explanatory model • medical pluralism • structural violence • witchcraft

Objective

Study the area of inquiry **health, illness and healing** 、 : how cultures **classify** illness, how people explain misfortune, and how **power** and inequality shape who gets sick, through ethnographies.

You must be able to:

- distinguish disease, illness and sickness
- explain explanatory models of illness
- explain medical pluralism
- explain structural violence with an ethnographic example
- evaluate the role of anthropology in public health

1 Key knowledge and worked examples

■ Disease, illness, sickness

term	meaning
disease	the biological problem, as medicine defines it
illness	the person's experience of being unwell
sickness	the social role: how others treat the sick person

Arthur Kleinman's **explanatory models**: what people believe about the cause, the course and the right treatment of an illness. A doctor's model and a patient's model may differ.

Medical pluralism : people use several systems together, e.g. hospital medicine, traditional Chinese medicine and religious healing.

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■ Witchcraft and misfortune

E. E. Evans-Pritchard (*Witchcraft, Oracles and Magic among the Azande*, 1937): when an old granary collapsed and injured people sitting under it, the Azande knew termites had weakened it, but witchcraft explained **why** it fell on *those* people at *that* moment. Witchcraft answers the question "why me?".

■ Structural violence

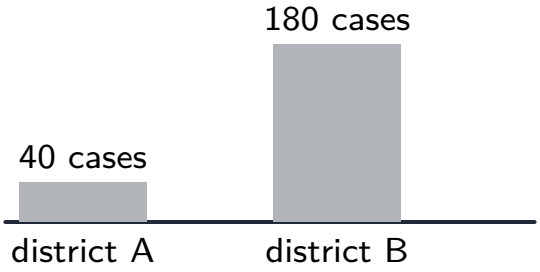
Paul Farmer (*AIDS and Accusation*, 1992), on Haiti: the spread of HIV followed poverty, inequality and the history of foreign domination; this is **structural violence** : harm caused by social structures, not by one person.

Worked example. In two districts of 100,000 people each, a disease affects 120 people in the richer district and 540 in the poorer one. Rates: $120/100\,000 = 0.12\,\%$ and $540/100\,000 = 0.54\,\%$; the poorer district's rate is $540/120 = 4.5$ times higher. An anthropologist asks how housing, work, access to clinics and stigma produce the gap.

2 Practice

2.1 Distinguish **disease** from **illness**. [2]

2.2 In two districts of 50,000 people, a disease affects 40 people in district A and 180 in district B. Calculate both rates as percentages, and how many times higher B's rate is. Explain **one** way an anthropologist would study the gap. [3]



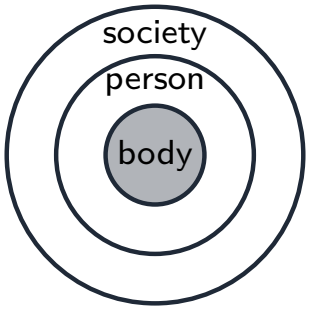
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2.3 Explain how the Azande use witchcraft to explain the collapsing granary. [4]

2.4 Explain **structural violence** and evaluate its usefulness, with reference to Farmer's work in Haiti. [6]

3 Exam-style questions

3.1 *(Paper 2 style.)* Evaluate the claim that illness is as much a **social** experience as a **biological** one. Refer to **two** ethnographies. [15]



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Solutions

Marking: **M1** a correct method, **A1** the correct answer, **B1** an independent mark.

Each answer shows the steps, then the **result**.

2.1

disease: the biological problem as defined by medicine; illness: the person's own experience and meaning of being unwell

2.2

A: $40/50\,000 = \mathbf{0.08}\,\%$; B: $180/50\,000 = \mathbf{0.36}\,\%$; $180/40 = \mathbf{4.5}$ times; participant observation and interviews in B to learn how people live, work and seek care; looking at structural causes, e.g. housing, income, distance to clinics, stigma (structural violence)

2.3

the Azande knew termites weakened the granary: they had a natural explanation of how it fell; witchcraft explained why it fell at that moment on those particular people; so witchcraft answers "why me?", which natural causes do not; Evans-Pritchard: the belief is logical within its own system

2.4

structural violence: harm caused by social, economic and political structures, not by individuals; Farmer: HIV in Haiti followed poverty, inequality and the history of foreign domination; people's "choices" were limited by these structures; usefulness: moves blame from individuals to causes that can be changed; limit: it can hide people's agency and local differences; a judgement

3.1

Mark with the markbands: [13-15] clearly focused on the question, key concepts used accurately, ethnographic material in detail (author, place, group), different perspectives and theories evaluated, well-developed critical analysis, different perspectives evaluated, a reasoned conclusion; [10-12] focused, mostly accurate knowledge, analysis with some evaluation; [7-9] some focus, relevant knowledge, mostly narrative or description with limited analysis; [4-6] little focus, limited knowledge, mostly narrative; [1-3] little understanding of the question. Points that may be included: explains disease, illness and sickness; ethnography 1 in detail, e.g. Evans-Pritchard on the Azande; ethnography 2 in detail, e.g. Farmer on Haiti, or Fadiman's The Spirit Catches You and You Fall Down; explanatory models: social meaning of illness; sickness role and stigma; structural violence: social causes of who gets sick; counter: biology is real; treatments work across cultures; medical pluralism shows people combine both; comparison of the two ethnographies; a reasoned conclusion