

Medical Anthropology (10) "**Medical-Ecological Approaches to Health**"

based on Chapter 7 (pp.249-293), In: Winkelman M "Culture and Health: Applying Medical Anthropology", Jossey-Bass, 2009.

MEDICAL ECOLOGY AND DISEASE

Health is affected by many interactions with the environment. Medical ecology examines the relationships of health to physical, biological, and social environments such as climatic conditions, plants and animals, and population dynamics.

Medical-ecological approaches examine population health and disease as reflecting the group's biological, individual and cultural adaptations. Ecological systems are conceptualized as having three major aspects: abiotic (physical), biotic (biological) and cultural: interacting with each other (eg., Tropical rainforest environment support malaria-carrying mosquitoes, whose opportunities to infect humans are increased by artificial lakes and crowded population.)

Medical ecology focuses on the health effects of abiotic and biotic environments and is the closest of the medical anthropology approaches to the perspectives of biomedicine.

Medical ecology uses evolutionary perspectives to examine the relationship of human' evolved genetic potentials to their health conditions (eg., thrifty genotype, sickle cell anemia gene's over-dominance in African malaria-endemic area)

Different disease profiles associated with various ethnic groups are produced in a chain of causal and contributory linkages involving the interactions of agents with many factors: physiological and genetic characteristics, including susceptibilities and resistances to disease; nutritional input and other protective resources; stress and resistance resources, including immunological status; social networks and support for combating disease; health beliefs and practices that affect health behaviors and the incidence and course of maladies.

Medical-ecological approaches investigate many environmental factors affecting health: human behaviors directly related to adaptation and survival; reproduction and birthing practices; population dynamics; diet, nutrition and food; functional brain organization and evolutionary psychology; psychobiological effects of stress.

EVOLUTIONARY ADAPTATIONS AND HEALTH

Adaptations as the result of natural selection alter the genotype. Evolutionary adaptations affect health in diversified areas including diet, obesity, stress, reproduction, menstruation, pre-menstrual syndrome, breast-feeding, sleep, addictions, back and spinal conditions, CVD and mental illness.

Many environmental features affect disease: physical and chemical (climate, environmental and workplace contaminants), biological (other animals, food sources, habitats, reservoirs), familial (housing, hygiene, age distribution, cultural and behavioral characteristics), occupational (work conditions, stresses), socio-economic (nutrition, sanitation, health resources), social environment (public health, day care and medical facilities), psychosocial, inter-group interactions (migration, travel).

GENETIC, INDIVIDUAL, AND CULTURAL ADAPTATIONS TO THE ENVIRONMENT

Gene-culture co-evolution

Natural selection and adaptation in disease and health

Nutrition in an evolutionary and cultural perspective: Nutritional anthropology (Johnston 1987, Ulijaszek and Strickland 1993, ...),

Thrifty genotype and its relation to obesity (Pima Indian in Arizona, Tonga, Samoa, and Nauru's high prevalence of diabetes)

Individual physiological adaptations: Thrifty phenotype (Barker's hypothesis about the high risk of cardiovascular disease among the people with low birth weight due to poor nutritional environment as fetus, related with epigenetics)

Acclimation (rapid, short term adjustment), Acclimatization (pervasive but reversible response to exposure over a longer time),

Developmental (native) acclimatization (Irreversible adjustment to environmental stressors)

Cultural adaptations and health: postpartum sexual taboos affected breast-feeding and birth-spacing in Papua New Guinea or in Africa may have resulted in the protection of maternal and child health.

Disease in ecological context: three kinds of human disease causation ~ genetic characteristics, unique developmental influences of environment, and culture

EPIDEMIOLOGY OF DISEASE

Measuring disease as rates (incidence), proportions (prevalence), risks

Identifying causes of disease

Cultural systems approaches in epidemiology

RACIAL AND ETHNIC CATEGORIES AND HEALTH

Racial categories as cultural concepts, Population biological differences, Skin coloration as ecological adaptation

Rejecting the race concept => ethnicity (incl. social factor) concept

TRIUNE BRAIN STRUCTURES AND FUNCTIONS

Brain is composed of 3 anatomically distinct parts (reptilian=[regulation of motor, daily routines, behavioral, social, and ritual activities], paleomammalian=[emotional brain; mediates sex, eating, drinking, fighting, bonding, attachment, feelings of certainty], neomammalian=[symbolic process, language, cognitive functions, analytical processes, learning, logic, math, cultural transmission]).

Interconnection among instinctual response of the reptilian brain, autonomic emotional states of the paleomammalian brain, and cognitive processes of the neomammalian brain sometimes makes conflicts. The first 2 brains may function relatively autonomously: eg. Driving toward work on the weekend when you actually intended to go to shopping mall, Hair stands and heartbeats increase when you see a tiger coming close to you within a cage in the zoo.

Subsymbolic brain processes (by reptilian and paleomammalian brain) are key to healing and culturally induced maladies.

Paleomammalian processes represented in intuitions and feelings are vital to higher cognitive functions and behaviors: Synthesizing internal and external data, combining what the reactions of our bodies tell us with what we interpret in the outside world. Personal well-being is intertwined with a sense of community (social identity) → providing the basis for various health problems.

EVOLUTION OF THE SICKNESS-AND-HEALING RESPONSES

Evolutionary perspectives indicate that sickness ("behavioral expressions of disease and injury") and healing ("culturally meaningful social responses aimed at undoing or preventing the effects of disease and injury") have a unity basis (Fábrega, 1977, p.ix): Humans have a sickness-and-healing response, part of an integrated social and biological adaptation involved in helping others. Innate healing responses are derived from biological adaptations involving caring, altruism, compassion for offspring and relatives, on the hominid's evolutionary line of caregiving: Chimpanzees respond to the ill, wounded, dying by protection, caressing, grooming, assistance, food provisioning. Human's shamanism can be seen as evolved healing response: ASC (altered states of consciousness) are commonly seen in worldwide shamanism, in turn, the basis of religion, activating paleomammalian brain, giving adaptive effects in producing a sense of connectedness with others ("union" or "oneness"). Innate healing capacities are represented in hypnotic susceptibility and placebo effects.

EMOTIONS IN BIOCULTURAL PERSPECTIVE

Emotions involve:

- * Physiological functions, processes, reactions
- * Motivations and behaviors related to one's sense of well-being
- * Interpersonal, social, communicative processes involving cultural appraisals

Universal vs Culturally Specific:

Cross-cultural research on the meanings of facial expressions suggests that human emotion is universal (eg. We can know some emotions like happiness and anger of the people from many different cultures by seeing photos).

However, emotions are also expressed in different ways by culture. Cultures may expect exaggerated emotional displays or suppression of emotions to convey a neutral emotional state, or even masking one emotion with another (eg. Smile to conceal anger).

Basic emotions are similar in humans and nonhuman primates, but anger-induced violence, sexual behavior, attachment to offspring, guilt, jealousy, envy are areas in which human emotions far exceed animal's response.

Different perspectives on emotions:

- * evolutionary vs physiological
- * constructionist vs bioculturalist

Emotions are culturally constructed at many levels:

- * Elicitation of physiological functions (threat responses, fear, anxiety, etc.) through significance
- * Structuring of psychological self-system and its components
- * Linguistic and conceptual designation of types of emotions and their causes and functions
- * Cultural ascription of their associated meanings and appropriate personal responses

<Debate of next week>

- ODA in health and medicine sometimes invests to the improvement of hygienic conditions with large modification of ecological and environmental factors. It can largely reduce infant and child mortality, but may bring out unexpected adverse side effects such as arsenic intoxication by deep well water and probably the increase of allergic diseases due to hygienic hypothesis (improved hygiene prevented the exposure to many kinds of antigens during early childhood, in turn, resulted in less development of immune system and overload of unused immunoglobulin E).
Should we promote the improvement of hygienic conditions with large modification of ecological and environmental factors in developing countries as ODA?
 - Prop side: Yes, we should promote the hygienic improvement in developing countries, if requested from the recipients.
 - Opp side: No, we shouldn't. We should change the strategy.