

Medical Anthropology (12) "**Psychobiological dynamics of health**"

based on Chapter 9 (pp.337-383), In: Winkelman M "Culture and Health: Applying Medical Anthropology", Jossey-Bass, 2009.

CULTURAL HEALING

Cultural approach emphasizes the efficacy of ethnomedical systems. Ritual healing: religion has the power to heal.

- Singer (1989) criticized such perspective (folk medicine is a compensatory practice to cope with the failure of societies to provide adequate health care).
- Scheper-Hughes (1990) suggested alternative view: clinically applied / critical medical anthropology failed to address the challenge to biomedicine's materialist premises posed by ethnomedical traditions that consider spiritual practices fundamental to healing process. Understanding other ethnomedical healing practices as involving mechanisms distinct from biomedical ones.
- Biomedicine discounted the effectiveness of ethnomedical traditions, at best they provide benefits through suggestibility: Self-fulfilling expectations of improvement somehow trick people into feeling that they are better when they are not. Placebo effects are real: Expectations, cultural symbols, personal meanings can have profound effects on biological processes and responses.
- Religious healing involves aspects found in all healing Kleinman (1973) refers to as symbolic healing. One of the major aspects of healing traditions includes the power of the interaction to elicit endogenous healing responses based on innate processes such as relaxation. Religion has been a major mechanism through which symbolic effects are channeled to enhance human health. Higher mental level affects lower level physiological responses (fears produce physiological stress)
- Ritual is not meaningless behavior but behaviors that affect humans at physical, emotional, social, and cognitive levels. The universality of religious ritual healing reflects its powerful therapeutic effects (reflecting the impact of meaning and social support on individual responses to stress by providing a sense of certainty regarding well-being).
- Excess reliance on drugs (for example, medicine to control hypertension even if it's not necessary) are culturally mediated.

RELIGION, RITUAL AND SYMBOLIC HEALING

Medicine's symbolic reality: Even when addressing disease *with biomedicine*, the experience of healing involves cultural meanings and responses. (e.g. "Imagine how different you would feel if you thought you had the flu but your doctor told you that you had a serious infection of intestinal worms! Or how much better you might feel if your doctor told you that what you thought was mononucleosis was just a nasty cold.") All healing practices are embedded in cultural systems that manage the experiences of maladies through the symbolic implications of conditions and therapeutic practices. "Receiving a diagnosis" has physiological, psychological, and social effects that structure the personal experience of illness.

Biosocialization: The mechanism of ritual healing are illustrated in perspectives of biosocialization. How ritual manipulates the learned associations of symbols with physiological processes. Symbols and physiological processes are linked together through entrainment (the habitual association of symbols with neutral structures and networks). If a person has suffered from DV always with hearing a specific music or with smelling a specific odor, only the music or the odor makes the one fearful or psychological stress. Rituals and symbols can affect health because socialization associates them with physiological processes. Symbolic penetration (the effects of a symbolically elicited neural system on other physical systems; e.g., imagine someone tells you "spider on your neck!" or "snake beside your foot!", you may be freed) is also related with biosocialization.

Ritual as technical activity: Powerful ecstatic religious experiences may involve a direct experience of a sacred or spiritual dimension of the universe that changes the nature of self and identity.

Religion's effects on health: Epidemiological analyses have established that there is a scientific basis for attributing positive effects of religion on health: Religious participation was significantly related with lower morbidity and mortality rates. Byrd (1988) has shown the positive effects of prayer on recovery by double blind study (though it was dismissed in many biomedical journals). There may be many possible pathways of religion linking with health.

Meaning as a mechanism of religious healing: Malinowski (1954) attributed the origin of religion to mechanisms for managing emotional life and its stress, anxieties, and frustrations. Religion provides explanations, a worldview that makes maladies meaningful in the context of cultural life and may heal the individual by relieving emotional conflicts and distress. It's a kind of stress coping.

STRESS RESPONSE

Anatomical basis of stress: Not all stress has negative effects on the body. Autonomic nervous system (ANS) relies on positive stress to function properly. An organism's response to stress is maintained by the complementary functions and balance between the two divisions of ANS (sympathetic and parasympathetic).

General Adaptation Syndrome: Selye (1956, 1976) found the general reaction to all stressors and labeled this generalized stress response the general adaptation syndrome. 3 stages of physiological response to stress by laboratory animals: (1) stress or alarm reaction of the body, (2) resistance with a new adaptation at an increased level of pituitary-adrenal activity, (3) eventually exhaustion leading to disease or death.

PLACEBOS AND PLACEBO EFFECTS (explanations will be skipped)

Placebos and nocebos: (cf. voodoo death): Hahn (1995) suggested that most physicians misunderstood placebos, discounting them as not having real effects. Even without pharmaceutical effects based on their biochemistry, subjective expectations have real effects on physiological responses like "mind over matter".

History of the placebo effect:

What placebos affect:

Placebos and total drug effects:

Total drug effects in the social dynamics of psychedelics:

Cultural effects on drug dependence and addiction:

Theories of placebo mechanisms: personal and social characteristics, therapeutic relationships, endogenous opioids (functioning as pain reliever, e.g. "running high"), classic conditioning
Information and meaning as placebo mechanisms:

PSYCHONEUROIMMUNOLOGY (explanations will be skipped)

Self

Body and embodiment

Mimesis (in Japanese, 擬態 or 模倣): Core of human symbolic systems, with the body and its ability to act the most fundamental representational system and basis for metaphor. Generally used to refer to imitation or modeling, a body-based cognitive process in which movement establishes relationships of meaning between humans and other objects, based on correspondences of the body to social processes.

Social context

Emotional empathy and contagion

Elicitation of psychoneuroimmunological responses

METAPHORIC PROCESSES IN SYMBOLIC HEALING

Kirmayer's review (1993)

- Dow's universal aspects of symbolic healing (1986): establishment of generalized mythic world, persuasion of the patient to particularize his or her problems within that, attaching the patient's emotions to the mythic world symbols, manipulation of those symbols for assisting emotional transactions.
- Metaphors provide healing by implicitly structuring conceptual domains through the logic of metaphoric implication, evoking strong sensory-affective associations that transform abstract constructions, bridging the archetypal and mythic levels of experience.
- Healing uses metaphors to evoke cultural myths and link them to bodily experiences.

<Debate of next week>

(Cited from 磯野真穂『医療者が語る答えなき世界—「いのちの守り人」の人類学』ちくま新書, 2017)

The following quarrel was done between a nurse and an inpatient, when the nurse found the empty cup of *nata de coco* (coconuts gel) in the trash of the patient, who are the terminal stage of liver cancer, aged 73 years old.

"Why did you eat it? You are told not to eat it, aren't you?"

"I love *nata de coco* the best among everything in the world!"

"It's not the matter whether you like it or not. Now you must not eat it!"

Soon after this quarrel, the inpatient died. The other inpatients felt the attitude of the nurse as stubborn, considering the possibility that *nata de coco* heals the mental stress of the terminal inpatient.

However, the inpatient repeated eating snacks or smoking frequently, so that based on the inter-professional meeting, medical staffs continuously have to state the risk of eating snacks. Every one hour, medical staffs visited the patient's bed to check. The quarrel occurred at such situation.

Was the way of the nurse's indication right?

- Prop side: Yes. Strict avoidance of snacks was the most important thing for saving life than anything else.
- Opp side: No. Healing is also important. The nurse should find the other way of talking.

(Note: The nurse actually regret her talk later. Nonetheless, she might be right as a medical professional.)