ABSTRACT

The disease -according to their beliefs- came from these divinities that could “damage,” “possess” the individual, penetrate objects, “take out” the soul, etc. In this case, in a distant time, it could be observed that health was intervened by the religious mythical and was not based on the scientific. Knowing that medicine is a social and humanistic science, which is responsible for curing and preventing diseases, we can affirm that to achieve this objective, it is fundamentally necessary to raise awareness in society (we have a concrete and recent example which was the pandemic of Covid-19, in which the different societies dealt with the issue in different ways, previously it was HIV in the 80’s or cholera in the early 90’s in Argentina). Anthropology provides a significant social, cultural, and ancestral contribution since it allows us to know how communities that do not have access to health centers or advanced medicine use healing methods or alternative medicine for these communities to be effective or believe in their functioning. However, some people see them as antiquated methods. Therefore, Anthropology must make its social contribution from a deep study of the different societies to a joint work with other health disciplines to achieve, in the short term, individuals or societies prepared for future new diseases that may arise or current diseases that spread surprisingly.

Keywords: Culture; Society; Health.

RESUMEN

La enfermedad -según sus creencias- provenía de esas divinidades que podían “dañar”, “poseer” al individuo, penetrar en los objetos, “sacar” el alma, etc. En este caso, en un tiempo lejano, se pudo observar que la salud estaba intervenida por lo mítico religioso y no se basaba en lo científico. Sabiendo que la medicina es una ciencia social y humanística, que se encarga de curar y prevenir enfermedades, podemos afirmar que, para lograr este objetivo, es fundamentalmente necesario concientizar a la sociedad (tenemos un ejemplo concreto y reciente que fue la pandemia del Covid-19, en la que las distintas sociedades trataron el tema de distintas maneras, antes fue el VIH en los 80 o el cólera a principios de los 90 en Argentina). La antropología brinda un importante aporte social, cultural y ancestral ya que nos permite conocer como las comunidades que no tienen acceso a centros de salud o medicina avanzada utilizan métodos de curación o medicina alternativa para que estas comunidades sean efectivas o crean en su funcionamiento. Sin embargo, algunas personas los ven como métodos anticuados. Por ello, la Antropología debe hacer su aportación social desde un estudio profundo de las diferentes sociedades hasta un trabajo conjunto con otras disciplinas sanitarías para conseguir, a corto plazo, individuos o sociedades preparadas para futuras nuevas enfermedades que puedan surgir o enfermedades actuales que se propaguen de forma sorprendente.

Palabras clave: Cultura; Sociedad; Salud.
INTRODUCTION

According to the World Health Organization, health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This definition was implemented in 1946. Historically, in ancient times, health was associated with mythical and religious aspects; that is, if you had a malaise, it was due to a divine curse or punishment. There were “good” gods that granted welfare (wealth, health, and love) and “bad” gods that attracted disease and cataclysms. The disease - according to their beliefs - came from these divinities that could “damage,” “possess” the individual, penetrate objects, “take out” the soul, etc. In this case, in a distant time, it could be observed that health was intervened by the religious mythical and was not based on the scientific.\(^1\)

In anthropology, we can see different branches, but we will focus on social, cultural, and medical anthropology to address the problem of rethinking health institutions. "Social and Cultural Anthropology in three themes that integrate twelve lessons given during a four-month or semester. The first theme deals with culture, structured in six lessons; the second refers to methods and techniques, consisting of four main chapters; and the third deals with identity, difference and inequality in three sections." Anthropologically, there was a social and cultural change in health since emphasis is now placed on scientific, physical, and biological health. It should be clarified that mental health was not visualized in ancient times, much less problematized.\(^2\)

Anthropology in health seeks to find timely questions in society about the prerogatives of people according to their social class and their behaviors. "Social and Cultural Anthropology in three themes that integrate twelve lessons taught during a four-month or semester. The first theme deals with culture, structured in six lessons; the second deals with methods and techniques, consisting of four main chapters; and the third deals with identity, difference and inequality in three sections." \("(...)\)anthropology, I) Identify the cultural patterns distributed by the individual's collectives; ii) infer on what exists in common in the actions, attributions of meaning, meanings and symbolization projected by individuals on the material and 'natural' world; iii) ponder on the experience of living in society, on getting sick and taking care of oneself, defining it as an eminently intersubjective and relational experience, mediated by the cultural phenomenon."\(^3\)

Today, we can say that one of the problems of health institutions is that anthropology is no longer being used to investigate the problems and diseases of social sectors, making it impossible to discover these problems in some countries - medical anthropology applied to health - It is also important to rethink that the discipline of anthropology is not included in health educational institutions or very few.\(^4\)

DEVELOPMENT

Anthropology and health

For some authors, such as Langdon and Wiik, culture is the knowledge that a person has; "It is usual to affirm that "a good patient" possesses culture, sufficient culture to understand and follow the orientations and care transmitted by the doctor or nurse. This type of patient is contrasted with the "uncultured," considered a more "difficult" patient who acts mistakenly due to "ignorance" or guided by "superstitions."\(^5\) For other authors such as Millesi, the environment intervenes in the form of the behavior of a group of people in their culture; "Within this perspective, it is considered that environmental factors directly affect the behaviors of human collectives, who must adapt to their environment, and therefore their actions are determined by the environment in which their existence develops."\(^6\)

Since the Second World War, anthropology has been studying society but from a more relativistic angle since it emphasizes the difference of races among human beings, "Relativism has been elaborated in an ethical framework as a response to Nazism, to Nazi ideologies of a racist type; the basic idea of Relativism is more or less this: the differences among human beings that ideologies such as Nazism attributed to race are, instead, of a cultural type. They depend not on genetic heritage but on historical and social factors."\(^7\)

Concerning the anthropology of health, we can find two criticisms when researching diseases in a society: the counter-intuitive knowledge with positivist research and the knowledge obtained from societal experiences "(...) Medical anthropology focuses its own interest on the problem of the relations between biology and culture, on human suffering and on the ritual efforts to solve of disturbances and of our fears and, therefore, on the study of human experience and of the existential roots of culture."\(^8\) The social study in the academic field of health is significantly undervalued when, in fact, it is important because research on the diseases of society facilitates the attention of that problem; the experiences of a social group in a given environment have relevance when diagnosing or knowing the origin of a disease, "Socio anthropology should be linked to research; research allows that contact with reality, a changing reality, an intercultural reality; the analysis and reflection of health problems with respect to social and anthropological determinants of health needs, as well as the provision and use of health services."\(^9\) It is important to emphasize that the emotions an individual possesses are strongly related to the cultural environment in which he/she finds him/herself; emotions can also influence the anemic state of people. Anthropological research on emotions began recently, meaning they were not visualized or problematized. "Western reflection on human nature stressed by the preeminent dichotomies..."
of body and mind, public and private, essence and appearance, considers emotions - like many other "internal states," e.g. suffering - (cf. illness) as something more natural and less cultural, more private and therefore less accessible to public analysis." Emotions allow us to interact with the environment and, depending on the emotional state that the individual possesses, will include the relationships with the community he integrates, "Western reflection on human nature stressed by the preeminent dichotomies of body and mind, public and private, essence and appearance, considers emotions - like many other "internal states," for example suffering - (cfr. illness) as something more natural and less cultural, more private and, therefore, less accessible to public analysis." (10)

The contributions of biological anthropology research help us to have a context of disease in society. Throughout history, humans have evolved and adapted to their environment to survive. "Biological anthropology or biophysical anthropology comprises the study of humanity from a biological perspective. It studies the evolution of the human species and the biological processes involved in human adaptation. Biophysical anthropology analyzes the set of physical transformations that have contributed to the development of man as a species within the theories of evolution; it is also interested in the evolution of culture, but in interrelation with the biological part; the changes of adaptation to different historical, geographical and social processes are studied." (11)

On the one hand, the author Achig explains that since the Second World War, we can appreciate the great migrations from different countries to others; these people had to adapt to a cultural and environmental setting to survive these social and economic political problems. "Sociocultural adaptation is a process by which an individual or a group modifies its behavior patterns to adjust to the prevailing norms in the social environment in which it moves and develops. In adapting, the individual or group abandons habits or practices that were part of their behavior and acquires others conditioned by the new environment". (12) In Menéndez's article, we can see that the constitution of the anthropology of health arises from its development in the 1930s in the U.S.A., "(...) begins to develop from the 1930s, especially in the anthropology generated in the U.S.A., which gives rise, later, to the development of the anthropology of health. This gives rise, later on, to the constitution of medical anthropology, a part of which, without ceasing to think of the s/ela-p processes in symbolic and later economic-political terms, begins to concern itself more and more with epidemiological aspects, as well as with clinical treatments and prevention activities". (13) Here, we can find two authors who rectify the emergence of this discipline approximately in the 1930s, where it takes relevance in its investigations with positivist methods and helps the treatments of diseases or health problems of various social sectors. On the other hand, Fassin explains that the emergence of medical anthropology was in 1960 and adds that these investigations prioritize heterogeneous theories and multiple poles that only practical reasons 'medical anthropology, which emerged in the 1960s in the heart of American anthropology (Scotch, 1963), does not form a homogeneous corpus. As its analysts have pointed out, especially in France (Mitrani, 1982; Sindzingre & Zempléni, 1982; Walter, 1983), it is organized around heterogeneous theories and multiple poles that only practical reasons, in particular the social demand addressed to anthropologists on the subject, namely the construction of a scientific territory of their own, will lead them to group or to be brought together." (14)

In the article "Health education: a look from an anthropology," we can observe anthropological health research where we can obtain information on the health problem, or the care of it, of a population by understanding its culture, "in the end, it was found as a determining fact that a great amount of the actions in health education, highlight the importance of understanding the cultural beliefs and practices about health care. This article becomes a starting point for the research proposed through the health-disease-culture axis". (15)

Through research in society, it was possible to obtain alternative medicines that help the healing or treatment of sectors of the population; these treatments are physical and therapeutic. "For the World Health Organization (WHO), traditional, alternative and complementary medicine comprises various health practices, approaches, knowledge and beliefs that include plants, animals and/or mineral-based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being; in addition to treating, diagnosing and preventing diseases." (16)

In anthropology, we can see several branches that provide research on various questions of society; we will focus on medical anthropology to demonstrate that the result of such research makes significant contributions to society. "(...) medical anthropology makes a remarkable development in the context of the Second World War, where its positivist methodology influences the public health sector. The so-called medical anthropology applied to health has experienced a remarkable development since the Second World War in the creation and implementation of development programs in public health. This is when medical anthropology began to assume an applied role and established itself as a theoretical and practical discipline. Thanks to this research, it was possible to carry out different plans to intervene with precision in the health problems of a society. "International public health, for its part, strives to formulate health programs that are culturally sensitive, applicable to local needs, and effective thanks to the community's involvement. In the latter, medical anthropology demonstrates, perhaps most especially, the effectiveness of its characteristic features: holism and comparison."

https://doi.org/10.56294/cid202366
It should be taken into account that several marginalized sectors have different health problems because they do not have the resources or knowledge to take care of themselves. "Along with stratification and social class, age and sex are decisive factors in the production and reproduction of identity, differences, and inequalities, once left aside as natural. We are talking about cultural constructions of biological and social attributes that influence and, at the same time, are influenced by the processes of identity, differentiation, and inequality of the subjects". 

In addition to what we have been explaining, it is imperative to pay close attention to cultures through anthropology since it is possible to know about diseases or conditions that may alter a population. For authors Langdon and Wiik, knowing about health in different cultures gives us an understanding of diseases that are classic for the population, for example, the evil eye. Everything culture has concepts about what it is to be sick or healthy. They also have classifications of diseases, and these are organized according to criteria of symptoms, severity, and others. Their classifications and concepts of health and disease are not universal and rarely reflect biomedical definitions. For example, arca caída (anomaly of the xiphoid appendix), cobreiro (dermatosis, herpes zoster), quebranto (state of weakness), and mal de ojo."

However, it is also important to clarify that based on research in society, medical health centers are not the only ones resorted to by society, but they turn to places that are not part of or recognized by these, such as healers, churches, massotherapy, etc. "Commonly, this dimension of the health care system also includes specialists not recognized by biomedicine, such as acts of blessing, healers, witchdoctors, sorcerers, mesotherapists, fathers-of-saints, pastors and priests, among others." For this reason, the knowledge or experiences of cultures should not be underestimated; each one of them has a knowledge rooted in wisdom that gives meaning to or explains the health problems of a population, and they seek to treat these problems.

CONCLUSIONS

In conclusion, knowing that medicine is a social and humanistic science, which is responsible for curing and preventing diseases, we can affirm that to achieve this objective, it is fundamentally necessary to raise awareness in society (we have a concrete and recent example which was the pandemic of Covid-19, in which the different societies dealt with the issue in different ways, previously it was HIV in the 80's or cholera in the early 90's in Argentina). Anthropology provides a significant social, cultural, and ancestral contribution since it allows us to know how communities that do not have access to health centers or advanced medicine use healing methods or alternative medicine for these communities to be effective or believe in their functioning. However, some people see them as antiquated methods. Therefore, Anthropology must make its social contribution from a deep study of the different societies to a joint work with other health disciplines to achieve, in the short term, individuals or societies prepared for future new diseases that may arise or current diseases that spread surprisingly.

REFERENCES


4. Antropologías A. Cristina Larrea Killinger: “tenemos que aprender a comunicar nuestras ideas a personas que desconocen lo que es la antropología”: Entrevista a la profesora titular de Antropología Social y Cultural en la Universidad de Barcelona. (Con)textos: revista d’antropologia i investigació social 2021:117-29.

5. Cid AB, Jinks N. ARQUITECTURAS PATRIMONIALES DEL TRATAMIENTO CULTURAL. Agora Papeles de Filosofía 2023;42. https://doi.org/10.15304/ag.42.1.8142.


FINANCING
No financing

CONFLICT OF INTEREST
None

AUTHORSHIP CONTRIBUTION
Conceptualization: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Data curation: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Formal analysis: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Acquisition of funds: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Research: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Methodology: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Project management: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Resources: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Software: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Supervision: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Validation: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Display: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.
Drafting - original draft: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.

https://doi.org/10.56294/cid202366
Writing - proofreading and editing: Natalia Fernanda Lobaisa, Tania Mara Payti Claros.