





Peer-Reviewed, International, Academic Research Journal



Citation

Ekaterina, S. (2023). Unveiling the Cultural Significance of Illness and Healing: Perspectives from Psychological and Medical Anthropology. *Social Science Chronicle*, Vol. 3, Issue - 1, pp. 1-15

Digital Object Identifier (DOI) https://doi.org/10.56106/ssc.2023.002

Received - November 9, 2022 Accepted - February 17, 2023 Published - February 24, 2023

Web-Link

All the contents of this peer reviewed article as well as author details are available at http://socialsciencechronicle.com/a rticle-ssc-2023-002

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RESEARCH ARTICLE

Unveiling the Cultural Significance of Illness and Healing: Perspectives from Psychological and Medical Anthropology

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Abstract

Psychological and medical anthropology converge in illuminating the symbiotic relationship between psychological well-being and physical health. Within the domains of psychology and medicine, anthropologists undertake investigations into the influence exerted by societal and cultural milieus upon the mental and physiological well-being of individuals. Although numerous academic disciplines share an interest in these inquiries, they approach them from distinct vantage points. This study scrutinizes the historical evolution, methodologies employed, and fundamental theoretical frameworks underpinning these two specialized branches of inquiry, among other subjects of exploration. The initial segment of this exposition serves to introduce the realm of psychological anthropology, furnishing a precise delineation of its scope, and critically assessing the field's contributions toward augmenting our comprehension of human conduct vis-à-vis emotions, cognition, and psychological wellness. In the subsequent section, attention turns toward medical anthropology, delving into its purview, investigating the manifold facets of health disparities, cultural interpretations of maladies and convalescence, and the ramifications of healthcare systems upon individual well-being. Concluding deliberations revolve around the nexus between medical anthropology and psychological anthropology, probing their confluence and mutual enhancement. Cultural paradigms and rituals are also weighed in terms of their capacity to shape psychological equilibrium, and their potential repercussions upon health outcomes and healthcare dispensation. In the ultimate segment, the authors contemplate the strides achieved by psychological and medical anthropology in advancing our cognizance of the interplay amid culture, society, and health. An appraisal is made of the avenues through which these two spheres could continue to make headway in the direction of more culturally attuned healthcare methodologies and regulatory frameworks, notwithstanding the obstacles that lie ahead. This treatise underscores the imperative of interdisciplinary investigations into the multifaceted determinants that exert influence upon human health and comportment.

Keywords

Anthropology, Culture, Health, Healthcare Practices, Interdisciplinary, Medical Anthropology, Psychological Anthropology.

1. Introduction

Anthropologists in the domains of psychology and medicine study the ways in which social and cultural factors influence people's physical and mental well-being (Aggarwal, 2013; Alexander, Lyne, Cannon, & Roch, 2022). Although these disciplines are all concerned with these issues, they do so from unique vantage points. Emotion, cognition, and mental health are only few of the psychological aspects of human behaviour that are studied in psychological anthropology. The study of the reciprocal effects of cultural and psychological factors on one another is central to this subfield (Alter, 1999; Apud & Romaní, 2020).

In contrast, the field of medical anthropology investigates the ways in which cultural norms and customs shape health and medical practise. Understanding the social and cultural variables that lead to health inequalities and how to address them through culturally responsive healthcare practises is the focus of this area of study. Both psychological anthropology and medical anthropology seek to comprehend the intricate relationship between social context and individual well-being. We examine the histories, methodology, and central theoretical notions of these two domains from a variety of angles in this work. A brief introduction to the field of psychological anthropology is provided in the first section of the paper. Several approaches to studying human emotions, thought processes, and mental health are discussed, as well as their relevance to the field of psychological anthropology as a whole.

In the second part of the study, we examine medical anthropology, discussing its development and fundamental theoretical ideas. In this article, we explore the contributions of medical anthropology to our knowledge of health inequalities, cultural perspectives on sickness and recovery, and the impact of healthcare systems on individual health. In the paper's third section, we look at how the sciences of psychological and medical anthropology overlap and complement one another. Here, we explore how cultural ideas and practises shape psychological well-being and address how psychological processes can affect health outcomes and healthcare practises. Finally, the paper concludes by considering how the fields of psychology and medical anthropology have advanced our understanding of the intricate relationship between social context and individual health. Future directions for these two areas are discussed, as well as how they might best work together to advance culturally sensitive healthcare policies and practises.

2. Unpacking the Intersection of Psychological and Medical Anthropology

Cultural and individual human psychology are the focus of psychological anthropology. It aims to learn how cultural norms influence people's thoughts, feelings, and actions (Baer, 1997; Baer, Singer, & Susser, 2013). Scholars like as Franz Boas, Ruth Benedict, and Margaret Mead helped pioneer the discipline in the early 20th century. They studied people from a wide range of cultural backgrounds to see how their settings influenced their psyches through fieldwork. Ruth Benedict's "Patterns of Culture" and Margaret Mead's "Coming of Age in Samoa" are two books that look at how cultural values affect personality features in different countries. Conversely, the field of medical anthropology investigates the ways in which social factors influence health outcomes. Its goal is to learn how people's cultural norms and customs affect their physical and mental health (Banerjee, Chakrabarti, & Arnab, 2013; Bhasin, 2007). Art Kleinman, Byron Good, and Nancy Scheper-Hughes were among the pioneers in the field in the 1960s and 1970s.

Researchers travelled to several countries to observe how cultural norms affected people's health and disease experiences. Patients and Healers in the Context of Culture by Arthur Kleinman and Nancy Scheper-research Hughes's in Brazil both looked at how socioeconomic status affects people's health and disease experiences. New theories, methodologies, and concepts have been developed over time in both the field of psy-

chological anthropology and the field of medical anthropology (Black, 2023; Chapin, 2008). For instance, medical anthropologists have recently paid more focus on the social determinants of health, which is the study of how social and economic factors affect health outcomes (Charlier et al., 2017; N. Chrisman & Maretzki, 2012). Researchers in the field of psychological anthropology have paid close attention to the ways in which cultural norms and expectations influence people's feelings. These anthropological specialisations have been, and will be, hotbeds of innovation for years to come.

The study of how different social contexts influence individuals' mental health is the focus of psychological anthropology. It seeks to explain how cultural norms influence people's thoughts, feelings, and actions. Not just anthropologists can study in this subfield. Instead, psychologists and neuroscientists who engage in cross-cultural study are just as likely to be labelled as psychological anthropologists as anyone else who has a firm grasp of psychological theories and methodologies (N. J. Chrisman & Maretzki, 1982; Colson & Selby, 1974). Franz Boas, Ruth Benedict, and Margaret Mead were among the pioneers of psychological anthropology in the early 20th century. They studied people from a wide range of cultural backgrounds to see how their settings influenced their psyches through fieldwork. Ruth Benedict's "Patterns of Culture" and Margaret Mead's "Coming of Age in Samoa" are two books that look at how cultural values affect personality features in different countries. Emotion analysis is one field where psychological anthropology is put to use (Dein, 2003; W. Dressler, 2007). Emotions are something all humans feel, yet how they are shown and understood can change from one culture to the next. Emotional experiences are studied by psychological anthropologists because they want to know how different cultures' norms and ideas influence them (W. W. Dressler, 2001; Dunn & Janes, 1986).

The Ifaluk of Micronesia, have a different understanding of emotion than does the West. Because the Ifaluk lacked specific terms for feelings like wrath and melancholy, they instead classified them as either "hot" or "cold," respectively. This indicates that cultural variables have a role alongside biological ones in shaping human emotions. The analysis of parenting styles is yet another field of study within psychological anthropology (Eisenbruch, 1983; Ember & Ember, 2003). The development of children can be profoundly affected by cultural differences in parenting styles, as has been proved by crosscultural studies. The Gusii people of Kenya, for instance, stress the need of suppressing strong emotions like wrath in youngsters. The!Kung people of southern Africa, on the other hand, teach their youngsters to open up about their feelings. Cultural values and perspectives on child growth and development have a significant role in shaping these variations in parenting styles.

The connection between cultural background and psychological well-being has also been investigated by psychological anthropologists (Erickson, 2011; Fabrega, 1971). Though they affect people all throughout the world, mental health issues can look and feel very different depending on where you live. Hearing voices or having visions, for instance, may be recognised as signs of mental illness in some cultures but as typical parts of religious or spiritual experience in others. Mental health issues might be experienced and addressed differently depending on the culture in which they arise. For instance, research on de-

pression in China revealed that people's experiences with and responses to depression were influenced by the country's cultural emphasis on social interactions. Anthropologists are not the only people who can engage in psychological anthropology. Anyone who is familiar with the concepts and practises of psychology might be regarded a psychological anthropologist. With such a wide definition, it's possible to work with psychologists and neuroscientists. Cultural neuroscience, for instance, is a relatively new area of study that aims to disentangle the connections between mind and society (Fabrega Jr & Miller, 1995; Farmer & Good, 1991).

Neuroimaging techniques are being used by experts in this field to investigate the impact of culture on cognitive processes and behaviour. Psychological anthropologists can learn more about how culture affects individuals' psyches by working with experts from other fields. The study of how different social contexts influence individuals' mental health is the focus of psychological anthropology. It seeks to explain how cultural norms influence people's thoughts, feelings, and actions (Foster, 1974, 1975). Emotion, child rearing methods, and mental health are just a few of the many areas that psychological anthropologists have researched. Anyone with a working knowledge of psychological theory and methodology is welcome to participate in this subfield, not just anthropologists (Foster, 1976, 1977). This expansive definition provides an opportunity for cross-disciplinary research with fields like psychology and neuroscience.

The years between 1870 and 1901 are considered pivotal in the development of anthropology due to the emergence of novel theoretical views and methods. The emphasis on the psychological unity of humankind replaced earlier emphasis on biological and moral aspects as determinants of human behaviour, and is considered one of the most significant shifts of the time. New theories and concepts, such as evolution and cultural relativism, which questioned long-held beliefs about race, culture, and human nature prompted this change (Foster, 1978, 2010). Prior to the 1870s, anthropology focused on comparing and contrasting the physical and cultural traits of various communities in an effort to better understand their differences. There was a school of thought called biological determinism that proposed group disparities in physical and mental traits were fixed at birth. Colonialism and the oppression of native populations were frequently defended by appealing to this argument. Yet, the scientific community was shaken to its core when Charles Darwin's "On the Origin of Species" was released in 1859, ushering in new ways of conceiving of human nature and behaviour. Humans, it was theorised, were no exception to the universal rules of natural selection and adaptability.

This concept provided a framework for examining the role that one's surroundings have in moulding one's behaviour. Cultural differences, rather than biological ones, had become increasingly important to anthropologists by the end of the 19th century (Frankenberg, 1980; Freeman, 2007). Cultural relativist theories and ideas, which held that cultural practises could only be understood in their own context and judged according to external standards, had a significant role in this shift (Gaines, 2011; Garro, 2003). Franz Boas, widely considered the father of American anthropology, was a major figure during this time. Boas argued that cultural forces, rather than biological ones, were more important in shaping human behav-

iour, and he was sceptical of the biological determinism that had previously dominated the field. He did considerable field-work among Arctic Inuit and proposed that the people's distinct environment, rather than their genetics, determined their behaviour and customs. Boas stated that anthropologists, as a profession, should take a neutral and unbiased stance towards the cultures they study. Edward Tylor, who established the notion of culture to anthropology, was another important player at this time. According to Tylor, cultural factors include a wide range of factors that influence people's actions. He argued that learning about the customs of other cultures is essential for appreciating the ways in which our own are unique.

3. Mapping the Terrain of Psychological Anthropology and Medical Anthropology

The concept of psychic unity, which originated at about the same time, postulated that people everywhere had a core set of mental and emotional characteristics regardless of their background or upbringing. The assumption that all humans have a common evolutionary history and biological inheritance served as the foundation for this theory (B. Good & Del Vecchio Good, 1986; B. J. Good, 1992). The idea of mental oneness contested long-held beliefs about racial and cultural distinctions by highlighting commonalities among people. Between the years 1870 and 1901, anthropology underwent a period of profound change. The emergence of new ideas and concepts, such as evolution and cultural relativism, prompted a shift in emphasis away from biological and moral causes and towards cultural and environmental drivers of human behaviour. During this time period, groundbreaking thinkers like Franz Boas and Edward Tylor came to the fore, forever altering the trajectory of the field. Traditional notions of racial and cultural diversity were put to the test, and new opportunities for crosscultural understanding and collaboration were made possible, thanks to the concept of mental unity, which stressed the common features shared by all humans.

The years between 1901 and 1927 were pivotal in the development of anthropology as a field because they saw the introduction of new theoretical viewpoints and techniques. Sigmund Freud's psychoanalytic theories, especially the concept of the Oedipus complex, had a profound impact on anthropological thought during this time. During this time, groundbreaking thinkers like Bronisaw Malinowski and Margaret Mead came to the fore, forever altering the trajectory of the field (B. J. Good, 2010, 2012). According to Sigmund Freud's theory of psychoanalysis, people's actions are shaped by their unconscious thoughts and memories from their formative years. Freud theorised that young boys universally experience sexual yearning for their mothers and hostility towards their fathers, a phenomena he called the Oedipus complex. The Oedipus complex notion pushed back against conventional understandings of human nature by highlighting the power of subconscious thought processes in moulding actions. The field of anthropology was profoundly impacted by psychoanalytic thinking in the early 20th century. It was of particular concern to anthropologists like Bronisaw Malinowski and Margaret Mead that cultural practises and beliefs influenced both individual and social behaviour. Malinowski's research with the Trobriand Islanders in the Western Pacific showed the complex interplay between individual and group behaviour and the need of understanding cultural traditions in their own envi-



ronment (B. J. Good, Fischer, Willen, & Good, 2010; B. J. Good & Good, 2008). Mead's research with Samoans in the South Pacific questioned long-held gender and sexuality norms and highlighted the power of culture in influencing personal and social behaviour.

Malinowski's "Argonauts of the Western Pacific" highlighted the complex interplay between individual and communal behaviour and the importance of understanding cultural practises in their own environment. He maintained that people's sense of identity and meaning was shaped by their cultural practises and beliefs, which in turn were influenced by their social and environmental contexts (Gordon, 1991; Hardin & Zeidler, 2008). Malinowski argued that cultural practises and ideas must be studied in their own specific setting, and his research emphasised the need of doing so. Coming of Age in Samoa, by Margaret Mead, challenged conventional wisdom about gender and sexuality by showcasing the impact of cultural norms on individual and social decision-making. Mead stated that cultural practises and beliefs fostered the Samoan people's more relaxed attitude towards sexuality and gender roles than Western civilizations.

Her writing pushed back against the assumption that Western cultural norms and values were global. There was some debate over the impact of psychoanalytic theory on anthropology at the time (Hasan, 1975; Helman, 2023). Freud's critics claimed that his theories were too simplistic and unable to account for the rich variety of human behaviour. Others maintained that psychoanalytic theory failed to effectively examine the manner in which social and environmental factors impacted collective behaviour. Between the years 1901 and 1927, the field of anthropology underwent a radical transformation as the influence of psychoanalytic theory on anthropological thought questioned long-held beliefs about human nature and emphasised the need to place cultural practises and beliefs in their proper historical and social setting (Hemmings, 2005; Heusser, Scheffer, Neumann, Tauschel, & Edelhäuser, 2012). In particular, the Oedipus complex notion illustrated how unconscious mental processes might influence both individual and group actions. The groundbreaking research of scholars like Bronisaw Malinowski and Margaret Mead pushed back on long-held assumptions about gender roles and sexual mores. Although the period of time when psychoanalytic theory was most influential in anthropology was not without its share of debate, it did open the way for new theoretical viewpoints and methodologies that would continue to revolutionise the field in the decades to come.

4. Culturally Responsive Healthcare

In the late 1920s, the culture-and-personality school originated in American anthropology as a movement interested in exploring the connection between upbringing and character. Understanding cultural variations is crucial to comprehending human conduct, according to this school of thought, which held that cultural norms and values impacted individual personality and behaviour (Hinton, Howes, & Kirmayer, 2008; Hruschka, Lende, & Worthman, 2005). Literature on the concept of national character, which aimed to discover the distinctive personality qualities and cultural values of different nations, was written in great quantity during the heyday of the culture-and-personality school (1927–1970). Margaret Mead's

Coming of Age in Samoa was a seminal work of the culture and personality school. American anthropologist Mead claimed that his studies in Samoa revealed a culture in which sexual freedom, nonviolence, and the absence of adolescent conflict were the norm. Mead's research revealed that cultural variables played a substantial role in moulding teenage behaviour, which ran counter to the common Western perception of adolescence as a time of turmoil and stress.

Ruth Benedict, another major player in the culture-andpersonality school, proposed in her book Patterns of Culture that the "configurations" of personality traits varied between countries because they reflected diverse cultural norms. Cultural variety and the ways in which cultural values impact individual behaviour became central concerns in anthropology because to Benedict's contributions. Several anthropologists from the culture-and-personality school set out to determine what distinguishes one nation from another in terms of its character. Anthropologist Franz Boas, for instance, said in his 1944 book The German People that authoritarianism, a "obsessive preoccupation with detail," and a fondness for music and the arts all shaped the German national character. Similar to how anthropologist Edwin Reischauer maintained that the Japanese national character is defined by a strong feeling of collective loyalty, a propensity for harmony and consensus, and a profound veneration for tradition in his book The Japanese and the West.

5. Interplay of Culture, Society, and Health

The culture and personality school was criticised for allegedly perpetuating stereotypes and overlooking cultural diversity due to its emphasis on national character and cultural distinctions (Hsu, 2012; Inhorn & Wentzell, 2012). For instance, anthropologist Clifford Geertz disagreed with the culture-andpersonality school's premise that national character is unchanging and instead contended that culture is more malleable and debatable than that. Although the culture-and-personality school has been criticised, it has still contributed greatly to the study of anthropology by highlighting the significance of cultural context in moulding individual behaviour and by posing questions to Western beliefs about human nature.

The discipline's shift towards a more nuanced understanding of cultural variety can be traced back to the emphasis it placed on the study of national character, rather than "primitive" cultures (Janes, Stall, & Gifford, 1986; Jenkins, 1998). The study of "primitive" cultures was redirected towards a more nuanced understanding of cultural variety as the field shifted its focus to the relationship between culture and personality. Several anthropologists disputed the concept of national character, yet it has a significant place in the history and legacy of the field. The culture-and-personality school began in the late 1920s and persisted in American anthropology until the 1970s. In this school of thinking, cultural norms and values were regarded to be the primary influence on an individual's conduct. During this time, numerous works were written by members of the culture-and-personality school on the topic of national character; these works sought to determine what characteristics and values are distinctive to each country.

By questioning the assumption that all human cultures evolved along the same lines, Ruth Benedict's Patterns of Culture made her one of the most important characters in the culture-and-personality school. Benedict contended that the "configurations" of a person's personality qualities were diverse across cultural contexts. She said, for instance, that the Dobu of the Trobriand Islands place a more priority on individualism and self-assertion than do the Pueblo Indians of the American Southwest. Benedict's research contributed to a shift in anthropology's emphasis away from the study of "primitive" societies and towards an examination of cultural variety and the ways in which cultural values impact individual behaviour. Margaret Mead, another major contributor in the culture-andpersonality school, published a book in 1928 titled Coming of Age in Samoa that questioned commonplace beliefs about puberty in the West. Mead claimed that the Samoan society encouraged sexual freedom, had low rates of violence, and had little adolescent conflict. Cultural variables, according to her research, play a much larger impact in determining teenage behaviour than the traditional Western perspective of adolescence, which portrays it as a time of turmoil and stress.

Several anthropologists from the culture-and-personality school set out to determine what distinguishes one nation from another in terms of its character (Johnson, 1987; Joralemon, 2017). Anthropologist Franz Boas, for instance, said in his 1944 book The German People that authoritarianism, a "obsessive preoccupation with detail," and a fondness for music and the arts all shaped the German national character. Similar to how anthropologist Edwin Reischauer maintained that the Japanese national character is defined by a strong feeling of collective loyalty, a propensity for harmony and consensus, and a profound veneration for tradition in his book The Japanese and the West. The culture and personality school was criticised for allegedly perpetuating stereotypes and overlooking cultural diversity due to its emphasis on national character and cultural distinctions. For instance, anthropologist Clifford Geertz disagreed with the culture-and-personality school's premise that national character is unchanging and instead contended that culture is more malleable and debatable than that.

Despite these objections, the culture-and-personality school significantly advanced the discipline of anthropology by highlighting the significance of cultural context in moulding individual behaviour and by challenging Western beliefs about human nature. The discipline's shift towards a more nuanced understanding of cultural variety can be traced back to the emphasis it placed on the study of national character, rather than "primitive" cultures (Kaiser & Jo Weaver, 2019; Kane, 1984). During the 1920s until the 1970s, the culture-andpersonality school was a dominant school of thought in American anthropology. Because of its emphasis on the link between culture and character, anthropology has progressed from its study of "primitive" societies to a richer appreciation for cultural variety. While some anthropologists have challenged the concept of national character, it has still become an integral part of the field's heritage.

6. Insights into Human Behaviour and Health

In the 1970s, a new kind of ethnographic study known as "person-centred ethnography" evolved in the fields of psychological and medical anthropology. The emphasis of this method was on learning about people's cultural interpretations of their illness, treatment methods, and daily lives. In an effort to portray the intricate interplay between a person's culture, psychol-

ogy, and social experience, person-centred ethnography centred its attention on the individual (Kaufert & Kaufert, 1978; Khare, 1996). A more integrative and patient-centered approach is required in medical anthropology, according to Arthur Kleinman, a seminal role in the creation of person-centred ethnography. Understanding the cultural and social background of illness is crucial, and Kleinman's work stressed the necessity for anthropologists to collaborate closely with patients and healthcare providers. Illness experiences, for instance, may be influenced by cultural elements including ideas about the body, emotions, and social ties, as Kleinman demonstrated in his book Patients and Healers in the Context of Culture by describing the experiences of Chinese patients in Taiwan.

Byron Good, another major player in person-centered ethnography, stressed the significance of learning about the cultural connotations of illness and pain. Good maintained that it is crucial to understand the cultural background of healing practises because cultural influences have a key role in influencing the experience of sickness. Good, for instance, stated in his book Medicine, Rationality and Experience that cultural beliefs about the body, the self, and social relationships influenced the experience of sickness based on his fieldwork in Indonesia. Collaboration and conversation between researchers and participants were also highlighted as crucial to the success of person-centered ethnography (Kiefer, 1977; Kleinman, 1977). As a result, anthropologists strove to create a research procedure that encouraged participants' active engagement. For instance, Anne Fadiman's book The Spirit Catches You and You Fell Down details her time spent with a Hmong family in California who were caring for a child with epilepsy. With her research, Fadiman brought attention to the need of cross-cultural communication and the necessity for healthcare workers to be more attentive to cultural variations, as she worked closely with the family to understand their cultural ideas about disease and healing.

Anthropologists' capacity for introspection and selfawareness was also highlighted as an important attribute by person-centered ethnography (Kleinman, 1980, 1982). Researchers were prompted to reflect on how their own preconceived notions, prejudices, and cultural backgrounds might have influenced their work. For instance, Karen-Sue Taussig, in her book Fieldwork in Everyday Places, reflected on the difficulties of conducting research across cultural and linguistic divides, drawing on her experience working with street children in Colombia. By highlighting the significance of understanding people's subjective experiences and the cultural meanings they attach to their sickness and recovery methods, person-centred ethnography has made important contributions to the fields of psychological and medical anthropology (Kleinman, 2001, 2012). This method has contributed to a change in the field towards a more nuanced understanding of the interplay of culture, psychology, and social experience in relation to health and illness.

More cross-cultural communication and sensitivity on the part of healthcare workers is needed, and person-centered ethnography has brought these issues to light. There are many shared interests and methods between medical anthropology and epidemiology. These fields use qualitative and quantitative techniques to investigate the prevalence and causes of disease and health disparities. Nonetheless, this article will also discuss the substantial distinctions between the two disciplines. Health,



illness, and alternative healing methods across cultures are the focus of medical anthropology (Kleinman, 2020; Konner, 1991). To better comprehend how cultural and social factors influence the experience of disease and the efficacy of various therapies, medical anthropologists frequently collaborate with healthcare providers and patients. Researchers in the field of medical anthropology employ qualitative techniques like participant observation, in-depth interviews, and focus groups to learn more about the effects of factors like culture, social interactions, and power dynamics on health outcomes.

Epidemiology, on the other hand, investigates the causes and patterns of disease in human populations. Epidemiologists seek to learn about and analyse illness occurrence, distribution, and risk factors, as well as the efficacy of preventative and therapeutic measures (Landrine & Klonoff, 1992; Leatherman & Goodman, 2011). Quantitative research approaches like surveys, randomised controlled trials, and cohort studies are frequently used by epidemiologists. Despite these distinctions, there is much overlap between medical anthropology and epidemiology, and there are several examples of research that employs both methodologies. In Africa, for instance, where cultural and socioeconomic factors like stigma, gender inequality, and poverty play a significant role in the transmission of HIV/AIDS, medical anthropologists and epidemiologists have partnered on studies of the disease. Researchers have been able to create more efficient strategies for preventing and treating HIV/AIDS by integrating quantitative data on the disease's incidence and prevalence with qualitative data on the cultural and social elements that shape the experience of the disease.

The field of anthropology has made important contributions to our understanding of adolescence by shedding light on the cultural, social, and psychological forces at play throughout this formative period (Lemelson & Tucker, 2017; Levin & Browner, 2005). Adolescence is a time of profound change in a person's physical, mental, and emotional development as they go from childhood to maturity. Family dynamics, peer interactions, education, gender roles, and economic considerations are only some of the cultural and social aspects that anthropologists have studied in relation to adolescent development. The anthropological concept of a "culture of adolescence" is useful for understanding modern adolescents (Levine, 1999, 2010). Adolescent identity refers to the socially expected patterns of cognition, emotion, and action among adolescents. Anthropologists have shown that teen traditions vary widely from place to country because to historical and cultural differences. Both increased social and economic responsibilities and the opportunity for personal growth and discovery are possible during adolescence (Lock & Nichter, 2003; Lock & Scheper-Hughes, 1987).

The field of anthropology has made significant contributions to the study of adolescence by illuminating the ways in which culture influences the maturation of young people. Anthropologists have discovered that cultural norms and practises can have an impact on adolescent development. Such examples are how one feels about gender roles, sexuality, and the value of an education (Luborsky, 1995; Lyons & Chamberlain, 2006). Teenage girls, for instance, are often expected to fulfil traditional gender roles well before they reach adulthood. Several cultures, on the other hand, value education highly and push for their youth to enrol in college or a trade school after high school. Adolescents' social environments, including their peer

groups and familial relationships, have been studied by anthropologists. Teenagers' social interactions with their peers, especially those that develop into close friendships, can have a significant impact on their development (Maretzki, 1980; Mason et al., 2020). Adolescents in some societies, for instance, may succumb to peer pressure and start using drugs or getting into trouble. Adolescents may receive more guidance and support from older peers and have more positive peer connections in other cultures.

The dynamics of the family also have a significant impact on adolescents. Families of all kinds, from nuclear to extended, have been the subject of anthropological study. They have also looked at the part that adults play in moulding adolescents' personalities and outlooks. For instance, while parents may play a more authoritarian role in the development of adolescents in some cultures, in others they may be more permissive (Mattingly, Lutkehaus, & Throop, 2008; McCLEMENT* & WOODGATE*, 1997). The field of anthropology has made significant contributions to the analysis of adolescent wellness. Access to healthcare, nutrition, and sanitation are only some of the cultural and socioeconomic aspects that anthropologists have studied. They have also looked at how cultural ideas and practises, like those held about mental health and traditional healing, affect health outcomes. Adolescents may be less likely to seek help for mental health difficulties in cultures where doing so is seen as weak or shameful. By shedding light on the cultural, social, and psychological elements that impact adolescent development, anthropology has made important contributions to the field of adolescent studies. Anthropologists have studied how different cultural and social influences influence the habits and perspectives of teenagers. They have researched the effects of cultural norms on adolescent health, showing how much of an impact one's family's traditions may have on one's development. Our knowledge of this formative era has been enriched by anthropology, which has illuminated the vast cultural differences in how adolescence is experienced.

7. Cultural Factors and Health Outcomes

Medical anthropology has progressed greatly over the years, and researchers are likely to concentrate on a few primary topics as they move forward (McElroy, 1990, 2018). The investigation of health inequalities is a promising field for the future of medical anthropology. Disparities in health status, access to healthcare, and individual health-related activities are all examples of health inequalities. Health inequalities have many causes, and medical anthropologists are uniquely positioned to investigate these causes across cultural, social, and economic dimensions. Medical anthropologists, for instance, may investigate the effects of socioeconomic factors on health, such as income inequality and racial prejudice. Medical anthropologists also have a lot to learn from the field of global health researchers (McMahan & Nichter, 2011; Momin, 1996). The term "global health" is used to describe the state of health throughout the world's people. By research on how cultural beliefs and practises influence healthcare delivery and disease prevention, medical anthropologists can make important contributions to the field of global health. Medical anthropologists may investigate, for instance, how different cultures' conceptions of illness affect the uptake and success of preventative health measures like vaccinations (Morsy, 1979; Napier et al., 2014).

The study of emerging infectious illnesses is a third interesting area for medical anthropology researchers to explore. Emerging infectious illnesses are those that have just emerged or are spreading quickly. By analysing the cultural, social, economic, and political aspects that contribute to the origin and spread of novel infectious illnesses, medical anthropologists can make important contributions. For instance, medical anthropologists investigate the role of cultural beliefs and practises in the spread of disease (Ness, 1982; Nichter, 2008). Anthropologists study many different aspects of human societies and civilizations, including alcohol and drug consumption. Anthropologists can see alcohol and other substances through a variety of cultural perspectives (Ory, 1995; Panter-Brick & Eggerman, 2018). The purpose of this paper is to introduce some of the most influential anthropological perspectives on alcohol and drugs and to demonstrate how these perspectives might be applied in different contexts.

To anthropologists, substance abuse is a cultural phenomenon. According to this view, substance abuse is more than a matter of personal preference; it is also deeply rooted in our cultural norms and social institutions. For instance, many societies around the world employ alcoholic beverages in commemoration of significant life events like weddings, funerals, and religious rituals. In the same way, shamanic ceremonies and traditional healing methods may involve the use of drugs. In these settings, the social practises and meanings surrounding alcohol and drug consumption go much beyond their physiological consequences alone (Parker & Harper, 2006; Patel, 2023). Drugs and alcohol, according to anthropology, are social constructions. This suggests that there are cultural and temporal differences in the conceptualization and usage of alcoholic beverages and other drugs. Alcohol consumption, for instance, is considered as a sort of cultural genocide and is consequently discouraged or outlawed in some Indigenous communities, while in the West it is generally associated with individual choice and freedom. Drugs like tobacco, coca, and cannabis have been used for generations in many Indigenous societies but are now considered taboo and illegal in the West. Alcohol and drugs, from an anthropological point of view, are also places of authority and control. From this vantage point, we can see how booze and drugs can either strengthen or undermine established hierarchies.

One common method of dominance and control over indigenous peoples throughout colonial times was the usage of alcoholic beverages. Similar to how racism and classism have been utilised to oppress and jail people of colour and the poor, so too have drug laws and policies. To demonstrate these anthropological viewpoints, I shall utilise the consumption of alcohol in Western culture and the consumption of coca by Indigenous peoples, respectively. Alcohol is commonly used in Western societies as a method to break the ice and have fun with friends. Nonetheless, the meaning and function of alcohol varies greatly among cultures and time periods. In the 1920s, when alcohol was illegal in the United States due to the socalled "Prohibition," crime and violence spiked as a result. Similarly, in some Muslim societies, alcohol consumption is forbidden by religious law, leading to the rise of alcohol-free social spaces like teahouses and hookah lounges.

The coca leaf has been revered for thousands of years in Indigenous South American civilizations for both its medical and spiritual benefits. Nonetheless, coca usage has been criminalised and stigmatised in Western cultures because of its perceived danger. Indigenous communities in the Andean region that make their living from coca farming have been devastated by the United States' War on Drugs, which began in the 1970s. There has been an effort in recent years to destigmatize coca and acknowledge its cultural and therapeutic importance. The social, cultural, and political dimensions of alcohol and drug use are highlighted from an anthropological perspective. Researchers in medical anthropology look at how people's social and cultural contexts impact their physical and mental health.

To develop health policies and treatments that are more sensitive to the cultural context in which they are used, medical anthropologists study the effects of cultural factors on health (Pelto, 1967; Pelto & Pelto, 1997). By highlighting the social and cultural elements that contribute to health disparities, medical anthropology has the potential to direct the development of culturally responsive public health treatments. In this paper, I will define medical anthropology and show how it relates to public health in a variety of settings. Understanding that health is influenced by more than just genetics and personal choices is central to medical anthropology's role in public health. Social and economic inequalities, such as poverty, prejudice, and a lack of access to healthcare, might affect the prevalence of certain diseases and health conditions. Health-related behaviours and perspectives on sickness and treatment may also be influenced by cultural beliefs and customs (Pfifferling, 1976; Pillay, 2021).

The stigma and underuse of mental health services are two examples of what can happen when mental illness is seen as a personal failing rather than a medical problem, as it is in some societiesTo lessen health inequalities and boost health outcomes, medical anthropologists in public health aim to pinpoint and treat these social and cultural factors. To comprehend the cultural setting of health-related behaviours and practises, they employ qualitative research methodologies including ethnography and participant observation (Pool & Geissler, 2005; Quesada, Hart, & Bourgois, 2011). They work with healthcare practitioners and policymakers to provide programmes and services that are sensitive to the range of cultural perspectives on health that exist in a given community. Emotions and their cultural, social, and biological contexts are the subject of the anthropology of emotions, a subset of the discipline. Examining how emotions affect and are shaped by social and cultural practises, as well as how such concepts and experiences vary between cultures (Rashed & Galal, 2015; Roch, 2017). In this article, we will explore the anthropology of emotions, including its origins, major theories, and central principles, and illustrate these with instances from throughout the world.

In the 1970s and 1980s, anthropologists began to understand the importance of emotions in influencing human behaviour and social relations, leading to the emergence of the anthropology of emotions as a distinct subfield. The earliest research examined the cultural manifestations of individual emotions including love, jealousy, and fury. Subsequent studies analysed how cultural values, social hierarchies, and historical and political circumstances influenced people's emotional responses. Many foundational theories and notions form the backbone of the study of emotions in anthropology (Scheper-Hughes, 1992; Scheper-Hughes & Lock, 1987). The idea that emotions are produced within societies rather than being innate



to people is one of the most common ones. This raises the potential that changes in how emotions are perceived and expressed may occur over time as a result of changes in cultural norms and values. The idea of "emotional labour," or the time and effort spent trying to control one's own and other people's emotions, is another key one. This is crucial to remember when working with the public in fields like healthcare, education, and customer service where it is frequently necessary to hide or exaggerate one's emotions.

Third, it's important to think about the phenomenon of emotional contagion, or the spreading of one person's emotions to another through interpersonal contact. Both verbal and nonverbal forms of communication are capable of this, and both can have significant effects on interpersonal relationships and the dynamics of groups. Love is a multifaceted feeling that takes many forms and is communicated in many ways throughout the world. Love is often communicated nonverbally through acts and gestures rather than words in various cultures, such as India and Japan. In some other cultures, like the United States, love is declared openly and affection is shown physically. Another human emotion that varies in its expression from culture to culture is anger. Anger is considered as a negative feeling that should be avoided or repressed in some cultures like Japan and China, but is seen as a genuine and even necessary emotion in other cultures like the United States and Europe. When it comes to societal standards and values, few things are more important than one's honour and reputation, making shame a very important feeling in many non-Western cultures (Schwartz, White, & Lutz, 1992; Scotch, 1963). People in these societies often go to considerable lengths to protect themselves and their family from being publicly shamed because they understand shame to be a potent social weapon for maintaining order and enforcing social standards. Emotional anthropology is a vast and varied topic that sheds light on how feelings are understood and communicated in various societies. Anthropologists can provide light on how we might better manage and regulate our own emotions in a variety of cultural settings by investigating the ways in which social and cultural elements alter our emotional experiences.

8. Exploring the Psychological and Medical Dimensions of Health through Anthropology

The study of how people's upbringings and social environments shape their psyches is the focus of psychological anthropology, a branch of the broader discipline of anthropology. It delves at the ways in which cultural norms influence individuals' emotions and actions (Sheehan, 2022; Singer, 1989). Insight into the ways in which cultural and social factors influence learning and academic success is one area where psychological anthropology has made important contributions. This article will examine the relationship between psychological anthropology and education, illustrating the ways in which cultural and social contexts shape the educational experience. The idea of cultural models of learning is one of psychological anthropology's most significant contributions to the field of education (Singer, 1990, 2016). Cultural models are the beliefs, attitudes, and practises that people have in common and use to make sense of and respond to their environment. Cultural models of learning are a term used in the field of education to describe the various ways in which members of other cultures conceptualise and approach the process of learning. Individualism and self-directed learning, in which students are urged to think for themselves and take charge of their education, are highly valued in many Western countries. In contrast, many non-Western cultures place a stronger focus on collectivism and communal learning, where education is viewed as a collective responsibility and where students are counted on to help and support one another as they pursue their education.

Cultural conceptions of intelligence are also fundamental to the fields of psychological anthropology and schooling. What this means is that there is a wide variation in how intelligence is conceptualised and hence expected to be taught from one culture to the next (Singer & Baer, 2004, 2018). Several Western societies, for instance, place a premium on cognitive qualities like memory, logic, and problem solving when defining intelligence. But, in many non-Western cultures, intelligence may be understood to encompass not just book smarts but also people skills, practical acumen, and emotional maturity. Academic success also depends on intrinsic motivation, which can be influenced by cultural models of motivation. Student involvement and achievement can be influenced by cultural models of motivation, which examine how other cultures define and encourage motivation. Many Western societies, for instance, place a premium on personal success and competitiveness, rewarding and praising those who excel. In contrast, many non-Western cultures place a greater value on community success and collective achievement, which may lead to a more communal form of motivation.

Learning can also be affected by cultural and social issues in the context of assessment. Educational practises and societal expectations can be influenced by cultural models of assessment, which examine how various societies define and evaluate academic success (Singer, Baer, Long, & Pavlotski, 2019; Stein, 1992). Assessment, for instance, places a high value on academic success and standardised testing in many Western countries. In contrast, many non-Western cultures may use a more holistic approach to evaluation, one that takes into consideration a wider range of skills and knowledge and places greater emphasis on practical application and actual experience. Important insights into the ways in which cultural and social factors influence learning and academic success have been provided by the field of psychological anthropology. Anthropologists can aid educators in developing more effective and culturally responsive teaching practises by examining cultural models of learning, intelligence, motivation, and assessment, and by providing valuable insights into how to create learning environments that are supportive of, and inclusive of, all students.

9. Culturally Informed Healthcare

Understanding the human mind and behaviour is a common goal for both anthropology and cognitive research. Cognitive science is an interdisciplinary field that explores the mental processes involved in human perception, learning, memory, and decision making, whereas anthropology is a social science that focuses on the cultural and social elements of human behaviour (Stein, 1995; Trostle & Sommerfeld, 1996). There has been a recent uptick in attention paid to the ways in which anthropology and cognitive science overlap; in this article, we'll look at a few specific examples of anthropology's useful contributions to the study of cognition. Cultural awareness as a major factor in the formation of cognition is one of anthropol-

ogy's most important contributions to cognitive research. People's thoughts, feelings, and actions can all be influenced by their cultural norms and assumptions about the world. Many cultures have various conceptions of time, for instance. Many non-Western cultures view time more holistically and often link it to social interactions and events, whereas in the West, time is generally seen as a commodity that can be measured and managed. A person's outlook on work, day-to-day routine, and tolerance for time constraints can all be influenced by their cultural background.

The word "self" also has a different connotation in different societies. Individualistic cultures often use concepts like "autonomy" and "independence" to characterise the self, while collectivistic civilizations tend to focus on "self" in terms of "others" and "obligations." This cultural difference has the ability to influence how people feel about themselves, how they relate to others, and what they do in their daily lives (Trotter, 2022; Van der Geest, 2014). Another area where anthropology has helped cognitive science is in the investigation of language and how it affects thought. Language is an integral aspect of the human mind since it allows us to communicate and share ideas with others. Language, anthropologists have shown, may shape how individuals interpret their surroundings. Grammatical patterns in some languages, for example, make it possible to convey nuanced meanings that could be lost in others. This may affect how people view the environment and how they categorise it, as well as their capacity to make decisions and solve problems.

Anthropologists have shown that language can influence both memory and cognition. To convey the passage of time, speakers of some languages must employ spatial metaphors, such as saying that the past is "behind" them and the future is "ahead." This has the potential to damage people's ability to recall specific details about past occurrences, as well as their ability to make future plans that include time. The idea of cultural models is another significant topic that anthropology has brought to cognitive research. Cultural models are the beliefs, attitudes, and practises that people have in common and use to make sense of and respond to their environment (van der Geest & Reis, 2005; Van Dongen, 1997). Cultural models, as studied by anthropologists, have been found to significantly affect cognition through shaping how individuals see and understand information, as well as how they make and act upon decisions. Illness, for instance, is attributed less to physical causes than to spiritual or moral shortcomings in various cultures. People's interpretation of their symptoms and their motivation to seek medical care may be affected by this cultural framework.

Cultural norms in other societies typically revolve around established social orders and established power structures (Van Dongen & Fainzang, 1998; Ventevogel, 2016). As a result, it's possible for this to impair people's judgement and actions in social settings. By illuminating the influence of culture, language, and cultural models on cognition, anthropology has made significant contributions to the study of human thought. More complex and culturally sensitive models of human behaviour can be developed by studying the junction of anthropology and cognitive science, where researchers can learn how cognition is influenced by social and cultural aspects.

10. Understanding the Psychological Dimensions of Health

The Human behaviour and cultural traditions over time and space are the focus of anthropology, a branch of the social sciences. Adolescence, that pivotal time between childhood and adulthood, is one area where anthropology has made important contributions. In this essay, I will provide a brief history of adolescence research and highlight some of the major contributions made by anthropology. Adolescent Cultural Variation: Recognizing cultural heterogeneity in the adolescent experience is one of anthropology's main contributions to the field. Adolescence is a universal life period, according to anthropologists, however the experiences of adolescents can differ greatly among cultures. Some societies, for instance, use initiation rites to usher in maturity by assigning new responsibilities and roles to adolescents. Adolescence is a time of formal schooling or apprenticeships in other cultures, during which young people acquire the knowledge and skills they will need as adults (Weisner, 2018; Weisner & Lowe, 2005). The anthropological literature on adolescence demonstrates that cultural beliefs and practises can shape adolescents' sense of identity and their place in the world. Some cultures perceive adolescence as a time of responsibility and maturation into adulthood, whereas other cultures view it as a time of rebellion and exploration.

Gender and its effects on adolescents is another area where anthropology has made significant contributions to the field of adolescent research (Wentzell & Labuski, 2020; Whitley, 2014). According to anthropologists, gender roles and expectations have a profound effect on how young people think about themselves and their prospects. Gender roles are viewed differently among cultures; some areas, for example, limit young people to gendered pursuits, while in others they are free to pursue whatever interests them. According to anthropologists, there is a gender difference in the puberty experiences of adolescents and young adults. Some cultures view menstruation as a secret and embarrassing phenomenon, while others celebrate it as a sign of strength and fertility. Acknowledgement and Integration: With its examination of adolescents' socialisation and identity formation, anthropology has made important contributions to our knowledge of this stage of life. Anthropologists have found that adolescence is a crucial time in which an individual's sense of self and social identity takes shape. The socialisation of children and adolescents can have far-reaching effects on their developing identities and worldviews (Willen & Mulligan, 2012; Williams, 2011).

Youth in some cultures, for instance, are taught to put the needs of the group first and to value conformity, whereas youth in others are encouraged to be independent and pursue their own interests. The process of coming into one's own identity is complex and multifaceted, as anthropologists have discovered. For instance, young individuals in some cultures may place a higher value on their individuality than on their membership in a family or society. Finally, anthropology has contributed to the study of adolescence by laying the groundwork for comparative research across different contexts. Anthropologists have used comparative methodologies to look at how young people across cultures and times have similar and different experiences. By looking at adolescence from multiple cultural perspectives, researchers have been able to isolate universal themes and patterns across studies.



11. Pre-and Perinatal Anthropology

There is a branch of anthropology known as pre-and perinatal anthropology that studies how different cultures see and approach pregnancy, delivery, and infancy. Maternal and child cultural anthropology is an interdisciplinary area that studies how cultural variables influence the experiences of mothers, infants, families, and communities during this formative time (Winkelman, 2008; Womack, 2009). The biomedical model of pregnancy and childbirth, which views these events as largely physiological processes that can be regulated with medical interventions, has been challenged by pre-and perinatal anthropology. Instead, it emphasises the need of addressing the social, cultural, and psychological aspects of pregnancy and labour as part of a holistic and culturally sensitive approach to mother and infant health. Since they consider pregnancy and childbirth to be part of the natural order of things, some cultures place a higher emphasis on traditional practises and social support during these times than they do on modern medicine.

In some other societies, pregnancy and labour are viewed as medically complex and technically demanding. Better care for pregnant women and their families can be provided by anthropologists who specialise in the prenatal and postnatal period. An important contribution of prenatal and perinatal anthropology has been to highlight the significance of cultural norms and beliefs in shaping infant development and care. There are several rituals and customs that occur after the birth of a child, such as the Chinese practise of "sitting the month," which comprises a time of postpartum confinement and rest for the mother. These practises can have devastating effects on both the mother's and the baby's physical and emotional wellbeing. Many socioeconomic factors have been revealed by preand perinatal anthropology to affect the health of both mothers and their newborns. Examples include the increased risk of problems during pregnancy and childbirth for women living in low-income regions in the United States and elsewhere. Anthropologists specialising in preconception, pregnancy, and the postpartum period have investigated these inequalities and pushed for more universal access to prenatal care.

12. Anthropology in Public Health Emergencies

There Anthropology refers to the academic field that investigates human history, culture, and behaviour. Public health emergencies can be more understood and analysed by anthropologists than by any other discipline because of the anthropological approach, which takes into account the social, cultural, and political elements that affect health outcomes (Yoder, 1997; Zlatanović, 2016). Using current instances from throughout the world, this essay will examine the role that anthropology may play in responding to public health emergencies. To begin, anthropology can be used to better understand the ways in which social and cultural elements play a role in illness transmission. Anthropologists were essential in determining the impact that cultural practises and beliefs had in the spread of the Ebola virus in West Africa between 2014 and 2016. Researchers discovered that traditional burial procedures, which entail touching the corpse, contributed significantly to the disease's spread.

For the purpose of reducing the spread of disease while yet honouring local traditions, anthropologists collaborated with communities to establish burial rituals suitable for their culture. Anthropologists have similarly focused on the role of social and cultural elements in the propagation of the COVID-19 epidemic. Certain areas are more susceptible to the virus than others due to factors like poverty, overpopulation, and a lack of access to healthcare. The spread of the disease has also been facilitated by cultural practises, such as social gatherings and religious events. Anthropologists and community members have worked together to develop public health programmes that are sensitive to local customs. Second, anthropology can help when trying to assess the cultural and societal effects of public health disasters (Singer et al., 2019; Stein, 1995; Van der Geest, 2014). Anthropologists documented the sociological and economic impacts of the Ebola pandemic. Many businesses were found to have shut down as a direct result of the outbreak's effect on trade and commerce. The influence of the outbreak caused communities to become apart and caused people to lose out on cultural festivals. Anthropologists worked with communities hit hard by the pandemic to develop response strategies.

The recent COVID-19 outbreak has been examined by anthropologists as well, due to its potential societal and cultural impacts. Because of the pandemic, people are unable to get together with their friends and families, which has been linked to an increase in social isolation and mental health issues. Businesses have shuttered and many individuals have lost their employment as a result of the pandemic, which has also had economic repercussions. Anthropologists have collaborated with local communities to devise responses to these effects, including funding for mental health services and financial aid for affected individuals and companies (Ventevogel, 2016; Williams, 2011; Zlatanović, 2016). Third, anthropology can be used to create public health programmes that are sensitive to other cultures. During the recent Ebola epidemic, for instance, anthropologists collaborated with local populations to develop effective public health messaging. They discovered that messages that urged people to look out for their loved ones had a greater impact than those that targeted individuals alone. They also collaborated with local communities to devise methods of discouraging people from seeking treatment out of shame.

Similarly, anthropologists have collaborated with communities affected by the COVID-19 pandemic to create public health messages that are respectful of local customs and values. When compared to messages that only focus on individual behaviour change, those that emphasise the necessity of protecting vulnerable populations, such as the elderly and those with underlying health concerns, have been proven to be more effective. They have also collaborated with local communities to lessen the negative impact of the disease's stigma, especially for people who have overcome COVID-19. When it comes to public health crises, anthropology is crucial. Public health professionals can benefit from anthropologists' expertise in determining the role of social and cultural elements in disease transmission, documenting the social and cultural effects of public health emergencies, and developing solutions that are sensitive to such consequences. Anthropologists can help improve health outcomes and lessen the social and economic effects of public health crises by working with communities to design measures that take into consideration local beliefs and traditions (Aggarwal, 2013; Baer, 1997; Chapin, 2008). The offered examples show how anthropology may help in times of public health crises and how it can provide light on the cultural and social aspects of health.

There are benefits to using anthropology in public health crisis response, but there are also obstacles to overcome. Lack of resources for anthropological study during public health crises is a problem. External funding options for anthropologists are often few and competitive. The minimal incorporation of anthropology into public health emergency response teams is another obstacle. Unfortunately, anthropologists are rarely consulted during the preparation or execution of emergency responses, limiting the usefulness of their insights and suggestions. Recognizing the relevance of anthropology in public health emergency responses and prioritising financing for anthropological research are crucial in overcoming these obstacles. Anthropologists' insights and suggestions should be incorporated into disaster response strategies, and anthropologists should be actively recruited for inclusion on response teams. By shedding light on the cultural and social determinants of health, anthropology can make significant contributions to public health crises. Anthropologists can contribute to bettering health outcomes and minimising the social and economic effects of public health emergencies by collaborating with communities to develop interventions that are culturally appropriate and respectful of local values and beliefs. Despite obstacles, funding for anthropological research in public health emergencies needs to be prioritised higher so that it can be incorporated into emergency solutions.

13. The Anthropology of Illness and Sickness

The area of anthropology that focuses on the investigation of the cultural, social, and historical aspects of health and illness is known as the anthropology of illness and sickness. Health-related anthropologists look at how other cultures view and react to sickness (Apud & Romaní, 2020; Chapin, 2008; N. Chrisman & Maretzki, 2012). In this essay, I'll talk about the anthropological features of illness and sickness using examples from many cultures and eras. Anthropologists who research illness and sickness first look into how different societies throughout the world see and interpret the occurrence. Illness, for instance, is seen as a consequence of sin or spiritual disharmony in several societies. Illness and suffering are recognised as part of the human experience in several cultures. Anthropologists have compiled evidence of these varying points of view and demonstrated how they affect patients' decisions on where to obtain treatment. Several alternative medical practises, like Ayurveda and traditional Chinese medicine, attribute health problems to energy blockages. Acupuncture, herbal medicine, and massage are all effective ways to achieve this balance and improve your health. Western medicine, on the other hand, tends to regard illness as the outcome of an identifiable cause, with the goal of curing or at least alleviating the underlying disease or condition.

Second, anthropology of illness and sickness investigates how illness is shaped and influenced by society and culture. Sickness is influenced not just by biological processes, but also by social and cultural norms and expectations. For instance, different cultures and eras have diverse ideas on what constitutes mental disease. Psychiatric disorders are seen very differently across cultural contexts, with some communities attributing them to demonic possession, while others recognise them

as medical conditions amenable to treatment and therapy. Anthropologists have also recorded the ways in which social and cultural factors affect the experience and management of sickness (Banerjee, Chakrabarti, & Arnab, 2013; Foster, 1976, 2010). Consider how differences in gender, race, and socioeconomic status can affect how people cope with illness. Certain illnesses are more common in specific racial and ethnic groups, and women and men may experience distinct symptoms or be diagnosed with different illnesses. Furthermore, people of different socioeconomic backgrounds may have varying degrees of stigma and discrimination when seeking medical attention.

Finally, this branch of anthropology studies the dissemination and creation of medical knowledge. Because of the influence of culture and history, medical knowledge is neither universal nor objective. Colonialism, imperialism, and capitalism have all impacted various aspects of Western life, including the advancement of medical knowledge. Historically, the West has used its superior medical knowledge to justify its colonial rule and the systematic oppression of non-Western nations. Medical knowledge production and transmission in various cultural settings have also been documented by anthropologists. Knowledge is passed down in certain traditional medical systems through apprenticeships and lore (Charlier et al., 2017; Colson & Selby, 1974; W. W. Dressler, 2001), while in Western medicine it is typically through schools and exams. An important subfield of anthropology, the study of illness and sickness examines the cultural, social, and historical aspects of health and illness. Health anthropologists study how sickness is seen, diagnosed, and treated in various societies and cultures. The offered examples demonstrate how the anthropology of illness and sickness can further our knowledge of health and illness and emphasise the need of considering cultural and social variables when addressing medical or public health con-

14. Conclusion

Many aspects of both psychological and medical anthropology have been discussed in this work, with an emphasis on their respective histories, methods, and core theoretical notions. These areas of study may take a variety of approaches to the junction of culture, society, and health, but they all have one thing in common: a dedication to unravelling the knotty dynamics at play there. Through the investigation of cultural influences on cognition, emotion, and mental health, psychological anthropology has helped us better understand the psychological underpinnings of human behaviour and health. Research into the reciprocal effects of cultural practises on psychological experiences has benefited from its use of methods like participant observation, interviews, and psychological testing. Understanding the social and cultural aspects that lead to health disparities has been aided by the study of medical anthropology, which looks at how cultural ideas, attitudes, and practises impact health outcomes and healthcare systems. Research on the cultural influences on healthcare practises and policies has been made possible through its use of methods including ethnography, interviews, and surveys.

Cultural, social, and health intricacies have been better understood at the crossroads of psychological and medical anthropology. This meeting point has allowed scientists to investigate the ways in which cultural ideas and practises affect psy-



chological well-being and how psychological processes influence health outcomes and healthcare procedures. Going forward, it will be crucial to keep connecting these areas with others including cognitive science, neurology, and public health. We can continue to advance our understanding of the intricate relationship between culture, society, and health by combining efforts across academic fields to create healthcare policies and procedures that are sensitive to different cultural norms. Two

branches of anthropology, psychological and medical, shed light on the intricate web of connections between people's social environments and their physical well-being. By delving into their multifaceted nature, we can gain a better knowledge of the factors that influence health outcomes and healthcare practises, and eventually create systems that are more egalitarian and culturally responsive.

Funding Information:

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Disclosure Statement:

No potential conflict of interest was reported by the author(s).

Competing Interest:

No potential conflict of interest was reported by the author(s).

Data Availability Statement:

Data sharing is not applicable to this article as no new data were created or analysed in this study.

References

- Aggarwal, N. K. (2013). Cultural psychiatry, medical anthropology, and the DSM-5 field trials. Medical Anthropology, 32(5), 393-398.
- Alexander, L., Lyne, J., Cannon, M., & Roch, B. (2022). The importance of anthropology in psychiatry. Irish Journal of Psychological Medicine, 39(2), 113-114.
- Alter, J. S. (1999). Heaps of health, metaphysical fitness: Ayurveda and the ontology of good health in medical anthropology. Current Anthropology, 40(S1), S43-S66.
- Apud, I., & Romaní, O. (2020). Medical anthropology and symbolic cure: from the placebo to cultures of meaningful healing. Anthropology & medicine, 27(2), 160-175.
- Baer, H. A. (1997). The misconstruction of critical medical anthropology: a response to a cultural constructivist critique. Social Science & Medicine, 44(10), 1565-1573.
- Baer, H. A., Singer, M., & Susser, I. (2013). Medical anthropology and the world system: critical perspectives: critical perspectives: Praeger.
- Banerjee, A., Chakrabarti, G., & Arnab, D. (2013). A new beginning in medical anthropology: scope and relevance of
 'pharmaceutical anthropology'in India. Eurasian Journal of Anthropology, 4(2), 51-57.
- Bhasin, V. (2007). Medical anthropology: a review. Studies on Ethno-medicine, 1(1), 1-20.
- Black, S. P. (2023). Language and Health. In Oxford Research Encyclopedia of Anthropology.
- Chapin, B. (2008). Society for Psychological Anthropology. Anthropology News, 49(9), 57-57.
- Charlier, P., Coppens, Y., Malaurie, J., Brun, L., Kepanga, M., Hoang-Opermann, V., . . . Schor, X. (2017). A new definition of health? An open letter of autochthonous peoples and medical anthropologists to the WHO. European journal of internal medicine, 37, 33-37.
- Chrisman, N., & Maretzki, T. (2012). Clinically applied anthropology: Anthropologists in health science settings (Vol. 5): Springer Science & Business Media.
- Chrisman, N. J., & Maretzki, T. W. (1982). Anthropology in health science settings. In Clinically applied anthropology: anthropologists in health science settings (pp. 1-31): Springer.
- Colson, A. C., & Selby, K. E. (1974). Medical anthropology. Annual Review of Anthropology, 3(1), 245-262.
- Dein, S. (2003). Against belief: The usefulness of explanatory model research in medical anthropology. Social theory & health, 1, 149-162.
- Dressler, W. (2007). Meaning and structure in research in medical anthropology. Anthropology in Action, 14(3), 30-43.
- Dressler, W. W. (2001). Medical anthropology: Toward a third moment in social science? Medical Anthropology Quarterly, 15(4), 455-465
- Dunn, F. L., & Janes, C. R. (1986). Introduction: medical anthropology and epidemiology. In Anthropology and epidemiology: Interdisciplinary approaches to the study of health and disease (pp. 3-34): Springer.
- Eisenbruch, M. (1983). Wind Illness' or Somatic Depression?: A Case Study in Psychiatric Anthropology. The British Journal of Psychiatry, 143(4), 323-326.
- Ember, C. R., & Ember, M. (2003). Encyclopedia of medical anthropology: health and illness in the world's cultures topics-Volume 1; Cultures (Vol. 2): Springer Science & Business Media.
- Erickson, P. I. (2011). Sexuality, medical anthropology, and public health. A companion to medical anthropology, 271-287.
- Fabrega, H. (1971). Medical anthropology. Biennial review of anthropology, 7, 167-229.

- Fabrega Jr, H., & Miller, B. D. (1995). Toward a more comprehensive medical anthropology: The case of adolescent psychopathlogy. *Medical Anthropology Quarterly*, 9(4), 431-461.
- Farmer, P., & Good, B. J. (1991). Illness representations in medical anthropology: A critical review and a case study of the representation of AIDS in Haiti. In Mental representation in health and illness (pp. 132-162): Springer.
- Foster, G. M. (1974). Medical anthropology: some contrasts with medical sociology. Medical Anthropology Newsletter, 6(1), 1-6.
- Foster, G. M. (1975). Medical anthropology: some contrasts with medical sociology. Social Science & Medicine (1967), 9(8-9), 427-432.
- Foster, G. M. (1976). Medical anthropology and international health planning. Medical Anthropology Newsletter, 7(3), 12-18.
- Foster, G. M. (1977). Medical anthropology and international health planning. Social Science & Medicine (1967), 11(10), 527-534.
- Foster, G. M. (1978). The role of medical anthropology in primary health care. Bulletin of the Pan American Health Organization (PAHO); 12 (4), 1978.
- Foster, G. M. (2010). Medical anthropology and international health planning. A Reader in Medical Anthropology, 394-404.
- Frankenberg, R. (1980). Medical anthropology and development: a theoretical perspective. Social Science & Medicine. Part B: Medical Anthropology, 14(4), 197-207.
- Freeman, B. C. (2007). Third-world folk beliefs and practices: Haitian medical anthropology: [Lawrence, Kan.]: Institute of Haitian Studies, University of Kansas.
- Gaines, A. D. (2011). Millennial medical anthropology: From there to here and beyond, or the problem of global health. Culture, Medicine, and Psychiatry, 35, 83-89.
- Garro, L. C. (2003). Cognitive Medical Anthropology. Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures, 12-23
- Good, B., & Del Vecchio Good, M. (1986). The cultural context of diagnosis and therapy: A view from medical anthropology. REPORT NO DHHS-ADM-86-1466 PUB DATE 86 NOTE 240p. PUB TYPE Reports-General (140) EDRS PRICE MF01/PC10 Plus Postage., 23.
- Good, B. J. (1992). Culture and psychopathology: Directions for psychiatric anthropology. New directions in psychological anthropology, 181-205.
- Good, B. J. (2010). Medical anthropology and the problem of belief. A reader in medical anthropology: Theoretical trajectories, emergent realities, 15, 64.
- Good, B. J. (2012). Theorizing the 'subject' of medical and psychiatric anthropology. Journal of the Royal Anthropological Institute, 18(3), 515-535.
- Good, B. J., Fischer, M. M., Willen, S. S., & Good, M.-J. D. (2010). A reader in medical anthropology: theoretical trajectories, emergent realities (Vol. 15): John Wiley & Sons.
- Good, B. J., & Good, M.-J. D. (2008). The Cultural Context of Diagnosis and Therapy: A View from Medical Anthropology.
 Cultural formulation: A reader for psychiatric diagnosis. Juan E. Mezzich and Giovanni Caracci, eds, 27-50.
- Gordon, D. (1991). Female circumcision and genital operations in Egypt and the Sudan: A dilemma for medical anthropology. Medical Anthropology Quarterly, 5(1), 3-14.
- Hardin, J. A., & Zeidler, W. M. (2008). From the editor of Ethos, the journal of the Society for Psychological Anthropology. *American Anthropologist*, 110(2), 176.
- Hasan, K. A. (1975). What Is Medical Anthropology? Medical Anthropology Newsletter, 6(3), 7-10.
- Helman, C. G. (2023). Medical anthropology: Taylor & Francis.
- Hemmings, C. P. (2005). Rethinking medical anthropology: How anthropology is failing medicine. Anthropology & medicine, 12(2), 91-103.
- Heusser, P., Scheffer, C., Neumann, M., Tauschel, D., & Edelhäuser, F. (2012). Towards non-reductionistic medical anthropology, medical education and practitioner-patient-interaction: The example of Anthroposophic Medicine. *Patient education and counseling*, 89(3), 455-460.
- Hinton, D. E., Howes, D., & Kirmayer, L. J. (2008). Toward a medical anthropology of sensations: Definitions and research agenda. Transcultural psychiatry, 45(2), 142-162.
- Hruschka, D. J., Lende, D. H., & Worthman, C. M. (2005). Biocultural dialogues: Biology and culture in psychological anthropology. Ethos, 33(1), 1-19.
- Hsu, E. (2012). Medical anthropology in Europe—quo vadis? Anthropology & medicine, 19(1), 51-61.
- Inhorn, M. C., & Wentzell, E. A. (2012). Medical anthropology at the intersections: histories, activisms, and futures: Duke University Press.
- Janes, C., Stall, R., & Gifford, S. M. (1986). Anthropology and epidemiology: Interdisciplinary approaches to the study of health and disease (Vol. 9): Springer Science & Business Media.
- Jenkins, J. H. (1998). The medical anthropology of political violence: A cultural and feminist agenda. Medical Anthropology Quarterly, 12(1), 122-131.
- Johnson, T. M. (1987). Practicing medical anthropology: clinical strategies for work in the hospital. In Applied Anthropology in America (pp. 316-339): Columbia University Press.
- Joralemon, D. (2017). Exploring medical anthropology: Taylor & Francis.
- Kaiser, B. N., & Jo Weaver, L. (2019). Culture-bound syndromes, idioms of distress, and cultural concepts of distress: New
 directions for an old concept in psychological anthropology. In (Vol. 56, pp. 589-598): SAGE Publications Sage UK: London,
 England.
- Kane, D. (1984). Resources in Psychological Anthropology. Collection Building, 5(4), 23-30.
- Kaufert, P. L., & Kaufert, J. (1978). Alternate courses of development: medical anthropology in Britain and North America. Social Science & Medicine. Part B: Medical Anthropology, 12, 255-261.
- Khare, R. (1996). Dava, Daktar, and Dua: Anthropology of practiced medicine in India. Social Science & Medicine, 43(5), 837-848.
- Kiefer, C. W. (1977). Psychological anthropology. Annual Review of Anthropology, 6(1), 103-119.
- Kleinman, A. (1977). Lessons from a clinical approach to medical anthropological research. Medical Anthropology Newsletter, 8(4), 11-15.

- Kleinman, A. (1980). Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry (Vol. 3): Univ of California Press.
- Kleinman, A. (1982). The teaching of clinically applied medical anthropology on a psychiatric consultation-liaison service. In Clinically applied anthropology: Anthropologists in health science settings (pp. 83-115): Springer.
- Kleinman, A. (2001). Why psychiatry and cultural anthropology still need each other. Psychiatry, 64(1), 14-16.
- Kleinman, A. (2012). Medical anthropology and mental health: Five questions for the next fifty years. Medical anthropology at the intersections: histories, activisms, and futures, 116-128.
- Kleinman, A. (2020). Concepts and a model for the comparison of medical systems as cultural systems. In Concepts of health, illness and disease (pp. 27-47): Routledge.
- Konner, M. (1991). The promise of medical anthropology: An invited commentary. Medical Anthropology Quarterly, 5(1), 78-82.
- Landrine, H., & Klonoff, E. A. (1992). Culture and health-related schemas: a review and proposal for interdisciplinary integration. Health psychology, 11(4), 267.
- Leatherman, T., & Goodman, A. H. (2011). Critical biocultural approaches in medical anthropology. A companion to medical anthropology, 29-48.
- Lemelson, R., & Tucker, A. (2017). Afflictions: Steps toward a visual psychological anthropology: Springer.
- Levin, B. W., & Browner, C. H. (2005). The social production of health: Critical contributions from evolutionary, biological, and cultural anthropology. Social Science & Medicine, 61(4), 745-750.
- Levine, R. A. (1999). An agenda for psychological anthropology. *Ethos*, 27(1), 15-24.
- LeVine, R. A. (2010). Psychological anthropology: A reader on self in culture: John Wiley & Sons.
- Lock, M., & Nichter, M. (2003). New horizons in medical anthropology: essays in honour of Charles Leslie (Vol. 8): Routledge.
- Lock, M., & Scheper-Hughes, N. (1987). The mindful body: a prolegomenon to future work in medical anthropology. Medical Anthropology Quarterly, 1(1), 6-41.
- Luborsky, M. R. (1995). Questioning the allure of aging and health for medical anthropology. Medical Anthropology Quarterly, 277-281.
- Lyons, A. C., & Chamberlain, K. (2006). Health psychology: A critical introduction. Cambridge University Press.
- Maretzki, T. W. (1980). Reflections on clinical anthropology. Medical Anthropology Newsletter, 12(1), 19-21.
- Mason, K. A., Willen, S. S., Holmes, S. M., Herd, D. A., Nichter, M., Castañeda, H., & Hansen, H. (2020). How do you build a "culture of health"? A critical analysis of challenges and opportunities from medical anthropology. *Population health management, 23*(6), 476-481.
- Mattingly, C., Lutkehaus, N. C., & Throop, C. J. (2008). Bruner's search for meaning: A conversation between psychology and anthropology. Ethos, 36(1), 1-28.
- McCLEMENT*, S. E., & WOODGATE*, R. L. (1997). Care of the terminally ill cachectic cancer patient: interface between nursing and psychological anthropology. European Journal of Cancer Care, 6(4), 295-303.
- McElroy, A. (1990). Biocultural models in studies of human health and adaptation. In (Vol. 4, pp. 243-265): Wiley Online Library.
- McElroy, A. (2018). Medical anthropology in ecological perspective: Routledge.
- McMahan, B., & Nichter, M. (2011). Medical Anthropology. Encyclopedia of Environmental Health, 674.
- Momin, A. (1996). Towards an Islamic medical anthropology. Journal of the Islamic Medical Association of North America, 28(4).
- Morsy, S. (1979). The missing link in medical anthropology: The political economy of health. Reviews in Anthropology, 6(3), 349-363.
- Napier, A. D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H., . . . Jadhav, S. (2014). Culture and health. The Lancet, 384(9954), 1607-1639.
- Ness, R. C. (1982). Medical anthropology in a preclinical curriculum. In Clinically Applied Anthropology: Anthropologists in Health Science Settings (pp. 35-59): Springer.
- Nichter, M. (2008). Coming to our senses: Appreciating the sensorial in medical anthropology. Transcultural psychiatry, 45(2), 163-197.
- Ory, M. G. (1995). Aging, health, and culture: The contribution of medical anthropology. Medical Anthropology Quarterly, 9(2), 281-283.
- Panter-Brick, C., & Eggerman, M. (2018). The field of medical anthropology in Social Science & Medicine. Social Science & Medicine, 196, 233-239.
- Parker, M., & Harper, I. (2006). The anthropology of public health. Journal of biosocial science, 38(1), 1-5.
- Patel, V. (2023). Cultural factors and international epidemiology. *Medical Anthropology*, 75-87.
- Pelto, P. J. (1967). Psychological anthropology. Biennial review of anthropology, 5, 140-208.
- Pelto, P. J., & Pelto, G. H. (1997). Studying knowledge, culture, and behavior in applied medical anthropology. Medical Anthropology Quarterly, 11(2), 147-163.
- Pfifferling, J. H. (1976). Medical anthropology: Mirror for medicine.
- Pillay, I. (2021). Culture, politics and being more equal than others in COVID-19: some psychological anthropology perspectives.
 South African Journal of Psychology, 51(2), 325-335.
- Pool, R., & Geissler, W. (2005). Medical anthropology: McGraw-Hill Education (UK).
- Quesada, J., Hart, L. K., & Bourgois, P. (2011). Structural vulnerability and health: Latino migrant laborers in the United States. Medical Anthropology, 30(4), 339-362.
- Rashed, T. G., & Galal, M. (2015). Culture and health: A study in Medical Anthropology in Kenya. Paper presented at the Presented on the 30th Annual International Conference of the Institute of African Research and Studies themed Human Security in Africa in May.
- Roch, E. (2017). Anthropology and its relevance to psychiatry. Irish Journal of Psychological Medicine, 34(2), 85-88.
- Scheper-Hughes, N. (1992). 11 Hungry Hungry bodies, medicine, and the state: toward a critical psychological anthropology. New directions in psychological anthropology(3), 221.
- Scheper-Hughes, N., & Lock, M. M. (1987). The mindful body: A prolegomenon to future work in medical anthropology. Medical Anthropology Quarterly, 1(1), 6-41.
- Schwartz, T., White, G. M., & Lutz, C. A. (1992). New directions in psychological anthropology. Cambridge University Press.

- Scotch, N. A. (1963). Medical anthropology. Biennial review of anthropology, 3, 30-68.
- Sheehan, C. (2022). Psychological anthropology and medical anthropology: a brief history of ideas and concepts. Irish Journal of Psychological Medicine, 39(2), 115-120.
- Singer, M. (1989). The coming of age of critical medical anthropology. Social Science & Medicine, 28(11), 1193-1203.
- Singer, M. (1990). Reinventing medical anthropology: toward a critical realignment. Social Science & Medicine, 30(2), 179-187.
- Singer, M. (2016). A companion to the anthropology of environmental health: John Wiley & Sons.
- Singer, M., & Baer, H. (2004). Critical medical anthropology. Encyclopedia of Medical Anthropology: Health and Illness in the world's of Cultures, 23-30.
- Singer, M., & Baer, H. (2018). Critical medical anthropology: Routledge.
- Singer, M., Baer, H., Long, D., & Pavlotski, A. (2019). Introducing medical anthropology: a discipline in action: Rowman & Littlefield.
- Stein, H. F. (1992). Medical anthropology and the depths of human experience: contributions from psychoanalytic anthropology. *Medical Anthropology*, 14(1), 53-75.
- Stein, H. F. (1995). Cultural Demystification and Medical Anthropology: Some Answers in Search of Questions--A Commentary on Singer. Medical Anthropology Quarterly, 9(1), 113-117.
- Trostle, J. A., & Sommerfeld, J. (1996). Medical anthropology and epidemiology. Annual Review of Anthropology, 25(1), 253-274.
- Trotter, R. T. (2022). Applied Medical Anthropology: Praxis, Pragmatics, Politics, and Promises. A companion to medical anthropology, 49-66.
- Van der Geest, S. (2014). Medical anthropology. The Wiley Blackwell encyclopedia of health, illness, behavior, and society, 1313-1324.
- van der Geest, S., & Reis, R. (2005). Reflections on Medical Anthropology. In: Amsterdam: Het Spinhuis Publishers.
- Van Dongen, E. (1997). Courses in medical anthropology: The netherlands.
- Van Dongen, E., & Fainzang, S. (1998). Medical anthropology at home: creating. Anthropology & medicine, 5(3), 245.
- Ventevogel, P. (2016). Borderlands of mental health: explorations in medical anthropology, psychiatric epidemiology and health systems research in Afghanistan and Burundi: Peter Ventevogel.
- Weisner, T. S. (2018). Psychological anthropology and the study of disability. Autism in Translation: An Intercultural Conversation on Autism Spectrum Conditions, 263-281.
- Weisner, T. S., & Lowe, E. D. (2005). Globalization, childhood, and psychological anthropology. A companion to psychological anthropology: Modernity and psychocultural change, 315-336.
- Wentzell, E., & Labuski, C. (2020). Role of medical anthropology in understanding cultural differences in sexuality. Cultural Differences and the Practice of Sexual Medicine: A Guide for Sexual Health Practitioners, 23-35.
- Whitley, R. (2014). Beyond critique: rethinking roles for the anthropology of mental health. Culture, Medicine, and Psychiatry, 38, 499-511.
- Willen, S. S., & Mulligan, J. (2012). Society for Medical Anthropology.
- Williams, T. R. (2011). Psychological anthropology: Walter de Gruyter.
- Winkelman, M. (2008). Culture and health: Applying medical anthropology: John Wiley & Sons.
- Womack, M. (2009). The anthropology of health and healing: Rowman Altamira.
- Yoder, P. S. (1997). Negotiating relevance: belief, knowledge, and practice in international health projects. Medical Anthropology Quarterly, 11(2), 131-146.
- Zlatanović, L. (2016). Self-efficacy and health behaviour: Some implications for medical anthropology. Glasnik Antropološkog društva Srbije, 51(1-2), 17-25.

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