

# 'HEALTH CARE THROUGH A CULTURAL LENS': INSIGHTS FROM MEDICAL ANTHROPOLOGY

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## ABSTRACT

The unique ways in which people understand health and sickness and apply their knowledge and skills to deal with the threat of sickness are core aspects of culture, which is briefly defined as people's shared values and attitudes that shape their behaviour. Within this context, this paper considers several key concepts which have acquired subject-specific meanings that are fundamental to the anthropological perspective of health care. The meaning of health varies across cultures, and mostly entails more than the absence of symptoms of disease since in some cultural contexts it is understood as a balanced relationship between people, nature and the supernatural. 'Sickness' is used generically for individual or group experiences of being unwell, while 'disease', as the objective, demonstrable, physical or emotional changes in the body, is contrasted with 'illness' as a person's experience of a disease. This dichotomy is reflected in the contrast between 'healing' and 'curing', with the former describing the resolution of the subjective experience of illness, and 'curing' the strategies applied to overcome disease. Underlying these concepts is the notion of causation, fundamental to identification of a condition and hence to any health-seeking strategy. The concepts set the scene for medical anthropological understandings of sickness, healing and complexities arising from coexistence between different medical traditions.

## INTRODUCTION

General principles help to make sense of people's experiences of sickness and healing. First, health beliefs and behaviour are socioculturally constructed because people interpret conditions, symptoms and sickness in terms of cultural values; second, while experiencing sickness is mostly individualised, treating it is often a group affair; third, since sickness and healing are embedded in a sociocultural context, they are social indicators and symbolic of core social values; and fourth, like everything else, health beliefs and behaviour undergo change. Clearly, as shared values and attitudes that shape people's behaviour, culture matters in how people respond to challenges to their health. As the study of human health problems and healing systems in social and cultural context,<sup>1</sup> medical anthropology examines the influence of social and cultural factors, such as professional roles, religion, technology and political economy on health care, and recognises

their potential practical relevance for providing and maintaining health. In multicultural and class-divided societies where health systems function at different social levels (medical pluralism), this is particularly important. Medical anthropology, therefore, also considers the exercise of power and differential access to resources, and their impact on people's health. The term 'medical anthropology' however, is a misnomer. It implies identification with the biomedical or scientific perspectives of disease and health, which is questionable because of medical anthropology's interest in dimensions of health care that lie beyond the sphere of biomedicine. Also, one of its aims is to challenge the supremacy of biomedicine as the dominant medical tradition in coexistence with other medical traditions.<sup>2</sup> Biomedicine alongside traditional medicine in South Africa illustrates such coexistence, and provides the background for this paper which examines some of the aforementioned issues and their significance for 'humanising' health-care practices.

## CONCEPTUALISATION

### *Illness and disease*

In anthropological terms 'illness' refers to patients' subjective experiences and interpretations of sickness in line with their health-belief system rooted in culture; hence what is classified as 'illness' varies across cultures. 'Disease' in contrast, is a physiological or psychological process of malfunctioning of the body manifest in specific symptoms recognised by the medical profession which gives it its identity.<sup>3</sup> To illustrate: as a disease, tuberculosis is identified universally in accordance with symptoms such as night sweats, coughing, fever among others, and its treatment is prescribed by the rational and scientific principles of biomedicine. In different circumstances such symptoms are interpreted as indications of witchcraft, and a different coping strategy is required. This disease/illness dichotomy is clearly a useful instrument for distinguishing between a physician's observations and patients' feelings, and suggests important consequences for therapeutic options and their outcomes.

### *Healing vs curing*

Following from this, a physician 'cures' disease by focussing on pathological processes to remove a patient's symptoms, thereby restoring the body to functioning capacity. However, to resolve the problem, patients may also seek 'healing' – albeit unconsciously – by expecting a practitioner to address social and cultural factors such as notions of causation and adherence to popular or folk medicine that influence their understanding of the condition. Through 'healing' and its links with a patient's health-belief system, both emotional and somatic aspects of a condition become more endurable. 'Curing' therefore, is more readily associated with clinical biomedicine, while the holistic strategy of healing is more appropriate to indigenous medicine. This is not a hard-and-fast distinction though, and both curing and healing occur in any health-seeking or health-providing strategy.<sup>4</sup>

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## Sickness vs health

In ordinary English, 'sickness' qualifies any condition of ill-health that disrupts life and induces suffering,<sup>2</sup> and in this paper the term is used in this sense. Following from their biological origin, indications of malfunctioning of the human body, such as weight loss and paralysis, are universal, but not the meanings ascribed to them, and therefore not how people react to them.<sup>5</sup> So, while a physician might interpret the indicators as symptoms of disease and an absence of them as health, an indigenous healer interprets them as physiological or emotional states of distress that disrupt the equilibrium of a person's mind-body-spirit continuum. In the African context this implies that sickness must be understood in relation to health as a balanced relationship between people, nature and the supernatural, and that disruption of the relationship produces physical or emotional symptoms. To illustrate: the Xhosa term *impilo* refers to physical health, but it also means 'fullness of life' with a religious connotation that implies harmonious relationships with the ancestor spirits.<sup>6</sup> Destruction of *impilo* is caused by sickness, but also by some other misfortune such as losing a job, money or livestock. This understanding of misfortune explains why people consult an indigenous healer for medicine to strengthen and protect them against misfortune in general.

## CAUSATION

The meaning that a condition has for a patient partly depends upon its cause; therefore identifying a cause is an initial step in a coping strategy. Broadly speaking, causation can be qualified as natural or supernatural (mystical).

Natural causation produces an experience that can be explained in a process of cause and effect. Biological deterioration associated with ageing and the influence of environmental conditions such as excessive heat or cold on health are 'natural' causes. Sometimes defying identification, natural causes and the conditions that follow are said to 'just occur' or they 'must come', implying the possibility of chance. Among Nguni people, the generic term *umkhuhlane*, which lacks an English equivalent, is used for such 'common' conditions and fevers that 'may be expected'.

However, health belief systems also make provision for the idea that sickness has been caused deliberately and a supernatural or mystical cause is sought. Chance is irrelevant and people ask the question 'Why me?', implying that the condition has been 'sent'. This question is usually answered with reference to the dis-favour of some supernatural being such as a god or a spirit, or the intentional malevolent activities of witches or sorcerers, which can only be confirmed by a traditional healer.

Belief in the ancestor spirits, including the idea of harmonious relations of mutual dependence between ancestors and descendants, underlies indigenous religions in South Africa. The ancestors, particularly those of the agnatic (patrilineal) group, are mainly concerned with the interests and prosperity of their descendants, but this depends upon the maintenance of harmonious relations through regular offerings and propitiations. When these relations are disrupted, mostly through neglecting customs, for example, failure to sacrifice an animal after a relative's death or as thanksgiving for good fortune, the ancestors withdraw their protection, and illness or some other misfortune follows. The implication is that the misfortune has been 'sent', and it is then interpreted as a consequence of neglected duties owing to the ancestors. Sickness now becomes a symbolic form of communication – a type of punish-

ment for deviating from accepted norms, or a reminder of outstanding obligations.<sup>7</sup> Ancestrally caused illness is seldom fatal, and provides a meaningful explanation for undefined pain, general malaise, or recurring debilitation.

Belief in witchcraft and sorcery as explanation for misfortune and evil in society occurs throughout South Africa. Witchcraft entails the malicious activities of someone who manipulates a power inherent in a person, a supernatural being or material substance to harm others. The witch can be anyone, and accusations of witchcraft often occur between neighbours or kin, reflecting tensions resulting from competition over scarce resources.<sup>7</sup> Reactions to witchcraft can be violent, and result in witch hunts and death to those identified as witches. Someone with an inexplicable condition is often described colloquially as 'bewitched'. Sorcery entails the use of spells, rituals, 'magical' or poisonous medicines, or manipulation of objects such as nail pairings or a placenta, in the belief that they retain a mystical attachment to the owner, and harm done to the object implies harm to the owner. Such objects are buried in a safe place, often in the home, where they are protected by the ancestors. 'Magical' medicines can be used for socially valuable purposes such as ensuring good luck in an examination or on the sports field, but also for antisocial purposes. There have for instance, been media reports of the removal and sale of body parts by employees in mortuaries to devious practitioners who use them to enhance the potency of the *muti* medicines they sell to increase the wealth, health, or fertility of clients,<sup>8</sup> or alternatively, to poison people or destroy their possessions.

Sickness or misfortune sometimes follows violation of a taboo, a prohibition that regulates people's behaviour in specific circumstances. Among the Xhosa for instance, a woman who breaches a taboo associated with a condition of ritual impurity or pollution known as *umlaza* that follows childbirth or occurs during menstruation, will bring sickness to herself.<sup>9</sup> Among North Sotho groups, sexual contact during menstruation or during the first three months of pregnancy produces a condition of 'heat' called *fīsa*. *Fīsa* is also linked with ritual impurity (*sefifi*), which must be removed through purification rituals called *dithhapišō*. Ritually impure people are vulnerable to misfortune, but they must also be avoided, and rules of conduct apply to people who approach them. Disregarding the rules means that the perpetrator too will be sanctioned by sickness. A recent phenomenon is an association between AIDS and *fīsa*, and thus with pollution. Indigenous healers can treat the pollution (*sefifi*), which might explain claims by such practitioners that they can treat AIDS.

If a condition worsens, recurs or becomes chronic despite treatment, a patient's interpretation of it changes. Natural causation is replaced with supernatural causation and the responsible 'agent' must be identified. Shifts in interpretation also occur if patients consult different practitioners. For example, a physician may prescribe surgery as treatment for a condition, but if the patient consults a healer for a 'second opinion', he/she might be told that surgery would be futile and that the condition calls for some procedure in line with the patient's more traditional health beliefs.

Conditions with supernatural causes are supposedly not understood by physicians, nor can they be cured by biomedical treatment. An apparent exception to the foregoing is a relatively common condition called *idliiso*, or poisoning.<sup>10</sup> It usually manifests as a respiratory condition or stomach ailment following ingestion of poisonous substances obtained from a sorcerer. Rather than pass to the stomach, the poison settles in the lungs hence its association with chest disorders.

Symptoms of *idliso* are coughing, breathlessness and weight loss. For a patient manifesting symptoms of *idliso*, both indigenous healer and physician would prescribe 'removal of the poison', the traditional method being the use of an emetic to induce vomiting, and the biomedical method, surgery or some other form of treatment. This means that *idliso* is the only type of sorcery generally regarded as treatable by biomedical procedures. The similarity in the symptoms of *idliso* and tuberculosis has meant that tuberculosis is often regarded as a type of poisoning and therefore, a consequence of sorcery, but nonetheless treatable by biomedicine. Similarly, in a recent study, Ashforth<sup>11</sup> suggests that aspects of HIV and AIDS such as respiratory infections, the long absence of symptoms; inevitable death for infected people, and the fact that the origin of the infection sometimes defies identification, have led people to interpret HIV and AIDS as *idliso*, and therefore as witchcraft.

## DIAGNOSIS

Important differences between biomedicine and indigenous health are found in the purpose and methods of diagnosis. Following the aforementioned disease/illness dichotomy, physicians attempt to determine the disease process causing the symptoms through physical examinations, use of sophisticated techniques, and evaluation of health in terms of physical and biochemical criteria, such as blood pressure, pulse rates, blood tests and so on. A person is considered healthy if measurements fall within the range regarded as 'normal'.<sup>5</sup> In indigenous systems diagnosis primarily aims to establish the cause of an illness and not the disease process. This is usually done by a diviner through divination procedures such as bone-throwing or trance divination to interpret the will of the ancestors, or to pronounce whether a condition is a consequence of witchcraft or sorcery.

## HEALTH CARE ACROSS CULTURAL TRADITIONS

Exposure to biomedicine does not mean that traditional understandings of illness are rejected, and beliefs and behaviour of a more traditional kind persist. The different health-seeking options available as a result of the coexistence of biomedicine and traditional medicine call into question the factors that influence someone's decision to consult a particular practitioner, and what happens when a patient who retains more traditional beliefs does indeed consult a physician.

As indicated, by tradition physicians are believed to be incapable of curing conditions with supernatural causes; hence on the basis of their interpretation of what ails them, people differentiate between conditions treatable by a physician and those requiring an indigenous healer's attention. This is not a fixed rule, nor is it recognised universally. The system that is chosen is not only determined by a patient's understanding of causation and thus the classification of the moral or spiritual aspects of the condition, but also by what a particular medical system has to offer and the patient's personal circumstances. Tuberculosis is again a case in point: research shows that despite the retention of more traditional ideas in explanations for this disease and particularly that it is a form of *idliso*,<sup>12</sup> people are also aware of the efficacy of antibiotic treatment, are prepared to remain in hospital for months to undergo prolonged treatment, or as outpatients, travel long distances for their medication if they can afford to do so. However, they may consult an indigenous healer before, during or after treatment to determine the origin of the poison. Consultation of both types of practi-

tioners for the same condition is called dual consultation, and represents a strategy to maximise the chances of recovery. Various reasons account for dual consultation:

- To know how best to cope, patients want different perspectives on their conditions.
- A physician is consulted for medication that alleviates symptoms, and the indigenous healer to identify a cause or to ensure that a condition does not recur.
- Treatment by one practitioner may be too slow-working and the patient consults the other for treatment with more rapid effects.
- A patient's relatives may insist on dual consultation, even by removing a patient from hospital so that a healing ritual can be performed before hospital treatment is continued.<sup>13</sup>

The decision to consult a particular practitioner is also influenced by other factors, most importantly economic issues and proximity to and accessibility of treatment facilities. Consulting a doctor entails expenses. Poverty affects many black patients, and even as state patients, they must also contend with the high cost of transport, time off from work, and long waiting periods in reception rooms. Someone who cannot afford the costs merely stays away from a doctor, clinic or hospital, with potentially serious consequences for patients requiring chronic medication, or a follow-up visit to a doctor. In rural areas medical facilities and practitioners are often far away, while indigenous healers live among their patients. Consulting them therefore, may be a matter of convenience. Education, age and prior experience, either the patient's own or someone else's, can also influence the decision whom to consult. A single deciding factor is unlikely, and as indicated, besides practical considerations, rational decision making based on individual values, beliefs and judgement is important when a treatment option is selected.

Such complexities of consultation beg the question of whether physicians can meet the needs of patients whose sociocultural orientations differ from their own. Through objective measurement and diagnostic tests, physicians diagnose conditions and prescribe treatment without necessarily obtaining information from a patient. Generally, the physician-patient encounter operates smoothly and patients recover after treatment regardless of whether sociocultural differences are acknowledged or not. But in such cases we may question the quality of the encounter. Often problems, including miscommunication, delayed consultation, fear, distrust, disregard of doctors' instructions, treatment interruption, and excessive submissiveness among patients might occur, all of which have implications for patients' well-being and recovery. Although such problems could be the result of patients' experiences with poverty, unemployment, political issues, ignorance about available health-care facilities and their services, distance from health-care facilities and lack of transport, they could also be the result of doctors' lack of awareness and understanding of their patients' beliefs and behaviour, as well as language difficulties. For instance many physicians are only aware of some of the more exotic aspects of their patients' health beliefs and behaviour, such as ritual scarification and ideas about witchcraft and sorcery, which moreover, seldom feature in the clinical encounter. If a doctor's diagnosis and the patient's understanding of a condition are at variance, communication is likely to break down.

Other barriers to providing effective health care include the clinical environment of the hospital where activities might be intimidating, regimented, or even humiliating.

Patients must contend with foreign languages, isolation from relatives, and meals that differ from their staple diets. Hospitalisation, therefore, may be particularly traumatic for patients who hold more traditional ideas and beliefs, and they are known to become submissive and alienated. If, in any event, their lives are characterised by physical hardship, they are unlikely to complain of pain or discomfort. A patient who is admitted to hospital for diagnostic tests but is discharged without having received any 'real' treatment such as an injection or prescription of medication, could interpret the experience as one where the physician either does not care or is incompetent, more so if the patient needs to return for further tests.

Communication problems often occur across cultural traditions. Doctors' inability to speak their patients' languages could mean a lack of insight into their customs and beliefs, and they would be unlikely to be able to identify problems in the exchange of information. Also, where complex matters must be described in lay terms, meanings are often misunderstood. Communication problems therefore, could mean that treatment is provided as a matter of course. Patients too may lack the vocabulary to express their concerns. An example is the term 'X-ray'. Rather than use this term, patients are known to describe the procedure of being X-rayed as 'going under the lights'. Unless physicians or nurses are familiar with such usage, they will have difficulty understanding their patients.<sup>14</sup>

How do patients deal with the differences inherent in different health systems? The human mind can hold conflicting ideas simultaneously and what emerges is situational behaviour, or behaviour that varies in line with the demands of a particular situation. Patients 'compartmentalise' their behaviour into actions to which an indigenous healer can attend and others that a physician can treat. Such behaviour is part of an integrated strategy to acquire optimal health and maximise the chances of recovering. While biomedicine attends to patients' physiological needs, indigenous medicine satisfies their psychosocial needs.

## CONCLUSION

This paper highlights some issues pertaining to health care that are of interest to medical anthropologists, and potentially are significant for health providers. It attempts to explain how and why cultural values shape people's health beliefs and behaviour, how in indigenous medicine the idea of sickness cannot be divorced from the notion of health, and how these concepts are bound up with comprehensive ideas on well-being and misfortune in general which are closely linked with indigenous religious beliefs. Such understandings con-

trast with the biomedical notion of health which clinically is interpreted as an absence of disease – a negative definition that says little, but is an outcome of biomedicine's focus on disease. Patients socialised in indigenous medicine face particular challenges when consulting a physician. When people are confronted by such challenges and the uncertainty that follows the imposition of impersonal biomedicine and other dimensions of social and cultural change, retention of such beliefs sustains their morale, providing them with a sense of affinity with others. By being cognisant of how patients understand health and why they follow certain actions in their search for well-being, physicians would enhance the quality of their clinical encounters.

## Declaration of conflict of interest

The author declares no conflict of interest.

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