



Medical anthropologies in Europe

Antropologías médicas en Europa

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In 1795, physician Ludwig Finke proposed *Anthropographie*⁽¹⁾ as a term used to write on medical topographies⁽²⁾ that proliferated in Southern Europe⁽³⁾ at that time, and that nowadays characterizes what we call “ethnography,” even if the relationship between European medicine and anthropology has been already critically reviewed.^(4,5,6) From the 18th century until the establishment, during the 1960s in North America,^(7,8,9) of medical anthropology as a field of professional anthropology, there is proof of a significant ethnographic output by European physicians. Likewise, physicians have been an integral part of the development of anthropology as an autonomous discipline since then and were members of all of the anthropological societies founded a century later.^(10,11) Research studies conducted during the last quarter of the 19th century have emphasized, on the one hand, the dissociation between the interests of 20th century medicine and anthropology and, on the other hand, the continuity of ethnographic contributions of medicine to the understanding of health issues and diversity in local, social, environmental and cultural contexts, both in European colonies and in relation to two important population groups: the working class and the peasantry.⁽¹²⁾ There is no doubt that both groups were considered two primary targets for health “acculturation” during the hygienist phase of the medicalization process, particularly in Southern Europe.^(13,14) Although some historiography concerning medical anthropology invoke the antecedent of colonial “tropical medicine,” a careful study of the concepts used and created by medicine (such as the concept of “folk medicine”) emphasizes the global nature of the contributions made hand in hand by anthropology and ethnography. Those contributions were necessary for medicine to acquire a good understanding of the realities on which to impose its hygienist and health project.

Although the concept of *medical anthropology* refers to the American empirical social science of the 1960s,⁽¹⁵⁾ the construction of this specific field of study dates back to Giuseppe Pitre’s pioneering work *Medicina Popolare Siciliana*,⁽¹⁶⁾ published in 1896, which delimited a specific field of knowledge and proposed a methodology of ethnographic nature, but linked to scientific medicine.⁽¹¹⁾ Medicine of colonial European countries⁽⁸⁾ and those of Southern Europe followed in its wake, while in Northern and Eastern Europe the hegemony of cultural history subsumed health, illness and care under the concept of *folklore*.⁽¹⁷⁾ A first attempt to integrate applied American cultural anthropology into Europe was made in Italy by Ernesto de Martino

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and some of the people who had studied under him.⁽¹⁴⁾ However, in the other European anthropologies, it was not until the late 1970s that internal debates on the delimitation of the new field of anthropology began.⁽⁴⁾ The major European anthropologies – the French, the British and the Dutch⁽⁸⁾ – followed the tradition of overseas studies, whereas most of the others would run their projects in their own countries, *at home*, or by means of the development of international cooperation, which created expectations of basic and applied research studies.⁽⁹⁾

In Europe, the genealogy of medical anthropology *at home* was based on folklore and folk medicine studies. However, the spread of national health insurance in the 1970s, as a consequence of the hegemony of the idea of a universal right to health, through the facilitation of access to health care services for all citizens, relegated folk medicine to an archeology that was of little interest to medicine.⁽¹³⁾ This discipline, on the other hand, was somewhat more open to professional ethnographic research in the areas in which environmental, biological, social, and cultural factors intersect. Such relations have not always been easy in Southern Europe.⁽¹⁸⁾ In the latter case, the social and cultural factors were also adversely affected by a growing debate about the multicultural society derived from migrations of countries outside the EU during the last decades.⁽¹⁹⁾ A significant part of these local writings were published in vernacular (e.g. local languages) and, on many occasions, in the form of gray literature, except in a few Scandinavian countries and in the Netherlands, where bilingualism is the standard. The nature of those writings had an applied target: they were the result of interdisciplinary teams and/or as part of their use in reports and assessments in connection with health-related programs and policies. It is by no coincidence that, in the late 1990s, two Dutch anthropologists, Els Van Dongen y Sjaak Van der Geest, coined the term *medical anthropology at home* to shed light on an often-applicable research field, very often applied and much more closely, linked to the problems of countries with a well-developed “European-style” welfare state, such as Canada, New Zealand or Australia. Nowadays, this term may be odd but highlights how, in the last twenty years, medical anthropology’s international agenda has undergone a profound change thanks to concepts such as *global health*.

In Italy, as well as in Spain, the development of medical anthropology has been related to the causes and effects of the implementation of their national health care systems as well as those problems which, due to the influence of social and cultural factors, reveal the limitations of a medical model that mainly focused on illness rather than on health.⁽²⁰⁾ Some of the most evident cases were related to drug addictions, youth,^(21,22) diet,^(23,24) migration,⁽²⁵⁾ reproductive health,⁽²⁶⁾ gender and body,^(27,28) and risk-related problems.⁽²⁹⁾

By its very nature, medical anthropology could only develop in permanent dialogue with other health disciplines, mainly epidemiology, public health, nursing, inter- and cross-cultural health, social work, sociology of deviance, medical sociology, psychiatry and cross-cultural psychiatry, and history of science. Since the early 1970s, several periodical publications such as *Social Science & Medicine* were open to those interdisciplinary approaches. The most well-known journals are Anglo-Saxon, as is the case with Britain’s *Sociology of Health & Illness* and Australia’s *Health*. Since it was created, *Salud Colectiva* rigorously encourages interdisciplinarity and has become the equivalent in Spanish to these journals.

When *Salud Colectiva* told us to organize a number on Medical Anthropology in Europe, we decided to give priority to those works coming from peripheral anthropologies. The response to the call for papers and the ensuing selection could not have been anything but miscellaneous. From the beginning, we opted for articles coming from an anthropology *at home* and/or research studies concerning Europe. It was surprising and interesting for us to get to know the productions coming from the Russian Federation, since they were previously unknown to us and showed the various adaptation processes in post-Soviet Russia as far as health is concerned. Beyond that, the contributions as a whole reflect some of the priorities regarding health issues that are very common in several “advanced societies,” although with

the European characteristics of sharing the universality of the right to health care regulated by the public authorities. Some of these themes cover fields such as risks (environmental and occupational), the management of sequelae and course of chronic diseases, the problems derived from the implementation of health education and health promotion, issues linked to gender, communication (narrative and autoethnographic), the field of mental health, and the impact caused by the introduction of the idea of a culture of health which was promoted by the World Health Organization, from the Second World War onward, as an opposition or a complement to disease-based medicine.

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