ARTS & HUMANITIES

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Reflections on the Future of Anthropology

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In his plenary session entitled Five Questions on the Future, Harvard anthropologist Arthur Kleinman capitalized on the 2009 Society for Medical Anthropology Conference’s theme of Medical Anthropology at the Intersections to speculate on the future of the discipline.

As he reflects on the field of anthropology, which had lacked theory, ethnography, and strong ties to public health and medicine, Harvard anthropologist Arthur Kleinman celebrates the accomplishments made by his contemporaries by saying, “My generation has made medical anthropology what it is today.” However, he is now looking to the future of the discipline, saying it must re-examine itself as a field.

During the 2009 Society for Medical Anthropology Conference at Yale University, Kleinman capitalized on the theme of Medical Anthropology at the Intersections in his plenary session entitled Five Questions on the Future. Casting the conference itself as a kind of intersection, Kleinman not only lauded its size and diversity, but asserted that it marked a pivotal moment in which medical anthropology must re-evaluate its central questions.

What is the difference between social suffering and mental health problems (psychiatric conditions)?

Kleinman said that social suffering, a category that he helped define, often exists alongside mental illness.

He believes social suffering extends far beyond the pathological, and he contends that “normality, as well as disease, embodies social suffering.” Therefore, he argued, the impact of social suffering and mental illness should be understood together.

For example, suicide is far more often the result of social suffering than of mental illness, although we should be comfortable with the idea that both can be responsible. In order to encompass a definition of social suffering, which is “both normative and normal,” Kleinman contended that medical anthropologists must abandon conventional
analytical tools, such as stigma, in rethinking people with psychosis.

*If ground zero for patients globally is social death and exclusion, how can medical anthropologists move beyond stigma in their research?*

Kleinman argued that medical anthropologists should consider abandoning the term stigma because it is not useful in understanding the moral consequences of the demonization of the mentally ill.

For Kleinman, the relegation of these patients to “non-human status” goes far beyond the analytical power of stigma. He drew on his own research, arguing that the mentally ill in China are turned into non-persons, who are socially dead and morally unprotected.

*How will the field reconcile the paradox of global pharmaceuticals in mental illness — namely, under-diagnosis and absent treatment for the poor and over-diagnosis and abuse of treatment for the wealthy?*

Kleinman beseeched the field to balance the ethnographic picture of the poor and the wealthy. For example, while ethnographies of mental illness are well-documented for the developed world, sparse research has been done on the poor and developing world.

In addition, Kleinman contended that medical anthropologists should undertake serious study of traditional pharmacology. Balancing the ethnographic picture of these two populations, he argued, is the first step in resolving this global problem at this watershed moment in history.

*What is the place of ethics, forensics, and caregiving in medical anthropology and professional psychiatric care?*

Medical anthropologists must, Kleinman said, examine ways in which quality of treatment can be maximized in low-resource environments. Citing the increasing divorce between caregiving and biomedicine, Kleinman bemoaned the United States’ failure to include health care practices in health care financing reform and lauded Holland’s efforts to make caregiving central.

Kleinman also noted China’s new “psycho-boom” and widely increased use of psychiatric services.

He noted, however, that there has been a failure to formally institutionalize ethics in East Asia and argued that an Asian equivalent of the Nuremberg trial and Nuremberg code should have occurred in East Asia following Japanese bio-warfare against China during the Second World War.

More broadly, he called for the study of comparative ethics and cited the present as a time when a new personhood is being created in many societies.

*How will medical anthropology deal with modern neurobiology?*

Although a psychiatrist himself, Kleinman confessed to feeling personally unprepared to encompass the findings of new neurological studies.

Kleinman worried that few modern researchers will have the necessary training to operate with fluency in both anthropology and neurobiology. He has issued a call for the National Institute of Mental Health and others to fund a cohort of new researchers capable of bridging these fields.

If medical anthropology has come to a fruitful crossroads, it was, Kleinman said, after a long and difficult road.

He contended that medical anthropology, as it has been for the last several decades, will continue to be important in addressing these questions and others in medicine and global health.

Kleinman said the questions that framed his lecture came from his lifelong work with his wife Joan.