

MEDICAL ANTHROPOLOGY: A NEW FIELD OF RESEARCH IN SLOVAKIA¹

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Abstract: The paper offers a brief review of ethnological studies conducted in Slovakia in relation to the main theoretical directions in medical anthropology. This sub-discipline of social/cultural anthropology has not yet been established in Slovakia owing to local scientific traditions. The author covers ethnographic studies conducted in Slovakia that might be considered relevant to this field and places them in the context of developments in anthropology in central and eastern Europe. Ethnological work and empirical findings obtained in related social disciplines may motivate future inquiry. Recent ethnological studies have followed a new direction in research and suggest the beginnings of medical anthropology in Slovakia.

Key words: ethnology in Slovakia; medical anthropology; ethnomedicine.

Introduction

Medical anthropology seeks to explain the social and cultural aspects of human health and illness as well as human biocultural adaptation. From the outset research in this field has been highly interdisciplinary: it started with collaboration among human biologists, ethnologists, and linguists until anthropological investigation became linked to sociology, economics, geography, medicine, nursing, and public health (McElroy, 1996, p. 1). Therefore this discipline contributes to our understanding of social processes by explaining various aspects of human health and disease.

Medical anthropology draws upon the four branches of anthropology: physical anthropology, archaeology, ethnography, and linguistic anthropology, and as such reflects the advance of anthropological inquiry in the specific conditions in different countries. In the post-socialist countries of central and eastern Europe the institutional structure of the social sciences and humanities has been quite different from the Western model: ethnography was not integrated with physical anthropology, and there was no institutional support for anthropology as the comprehensive study of humanity. The study of human health and disease therefore has not followed the interdisciplinary model that has evolved in Western

¹ This contribution was supported by the project: The Socio-Cultural Implications of the Body in the Life Cycle of Women. Grant number: VEGA 1/0035/14.

countries since the mid-1960s. As a result, central and eastern Europe medical anthropology seems to be considerably underdeveloped (Hrešanová & Szenassy, 2011, p. 1). Slovakia is an example of a post-socialist country where this field was until recently completely absent and is only now starting to develop. This is because of changes in the institutional arrangements and also advances in interdisciplinary studies.

For a long time in Slovakia anthropology was institutionally represented by the physical anthropology at the Department of Anthropology at the Faculty of Natural Sciences, Comenius University in Bratislava (CU). Although physical anthropologists have dedicated significant attention to the historical and cultural aspects of human existence, there was little collaboration between them and ethnographers. Socio-cultural anthropology was not institutionalized until 2002, when the Department of Social Anthropology was established at CU. Up until then ethnology/ethnography could be considered the equivalent of cultural/social anthropology in Slovakia, since it was to be found at a number of institutions, including the oldest Department of Ethnology at CU.² As in many other countries in the region, this discipline initially focused on traditional culture and was linked to folklore studies. However, since the end of the 1960s, the research area has significantly broadened: ethnologists have studied urban communities, ethnic groups, politics, religious movements, and contemporary social phenomena in general. Health and disease were not specific research themes in these investigations, although they appeared as important factors in various studies.

The main ethnology research topics in Slovakia have included such general issues as employment, food, hygiene practices, cosmetics, and social institutions (Horváthová, 1995). These subjects are important for medical anthropology if they are interpreted in relation to a relevant theoretical framework, but thus far this has not been the case in Slovakia. Nevertheless, some ethnographic and folkloristic work has been directly linked to health and disease; and at present a number of researchers are focusing on particular aspects of health care and medical systems. My paper offers a brief review of ethnological studies conducted in Slovakia in relation to the main theoretical directions in medical anthropology.

According to McElroy (1996), at present medical anthropology is developing in three main directions: (1) ethnomedicine, focusing on people's perceptions and examining health beliefs and practices which are the products of native cultural development and are not explicitly derived from the conceptual framework of biomedicine; (2) medical ecology, examining disease patterns in human populations from both a biological and cultural perspective; and (3) applied medical anthropology. In the first part of the paper I will try to link the ethnographic studies in Slovakia to the framework of ethnomedicine. In the second part I will argue that some ethnological work could be used as an empirical basis for future investigations in medical ecology and the natural sciences, and applied anthropology public health care.

Ethnography of folk medicine in Slovakia

Of the three theoretical directions in medical anthropology mentioned above, ethnomedicine is most closely associated with cultural/social anthropology and ethnography as its main

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method. It is in this area that previous ethnological studies have been conducted in Slovakia. In general, in most central and eastern European countries medical anthropology has evolved from a particular type of ethnomedicine (Hrešanová & Szenassy, 2011, p. 2). For instance, in Poland the interest in 'folk cultures' has long been central, and this has shaped medical interests as well: folk medicine, ethnomedicine and ethnobotany have dominated ethnographic research in this area (Bartoszko & Penkala-Gawęcka, 2011, p. 128; on the situation in other countries in the region see Ivanović, 2011; Ferkov, 2011; Hrešanová, 2011; Borozdina, 2011).

Ethnomedicine was the earliest direction taken in the anthropological investigation of cultural practices related to health and disease. In the past, this term referred to the medical systems of 'primitive' or non-Western societies. Anthropology as an independent field had arisen in the context of colonialism; early anthropologists were people from Western countries and they studied non-Western societies. Western culture was perceived as being superior and Western science was considered to be the only appropriate explanation of the world. In many of the tribal communities studied by early anthropologists people's representations of health and illness were linked to magic and therefore were considered to be irrational. They were interpreted as an indication of the backwardness of 'primitive' people—uncivilized savages. However, anthropological research demonstrated that 'primitive' medicine was always part of a complex cultural system of knowledge.³

Like anthropologists in Western countries, ethnographers in Slovakia investigated healing techniques that were not related to biomedical categories. These were labelled 'folk' practices and placed in the context of traditional knowledge. Since the 1960s ethnographic monographs dedicated to particular villages or regions in Slovakia have usually contained chapters on folk traditions including folk medicine; the same could be said of encyclopaedias containing many similar entries. Ethnologists have explored, for example, folk beliefs related to various kinds of sickness or different parts of the human body, healing herbs, childbirth practices, magical healing, and the interpretation of illness in supernatural terms, such as witchcraft or the evil eye. Magic was a salient topic in investigating folk beliefs and customs (Horváthová, 1974, 1995; Jakubíková, 1972). This line of research has continued with some recent publications on regional traditional healing practices (Marec, 2011) and an electronic encyclopaedia, *Traditional Folk Culture in Slovakia by Word and Image*, that includes such entries as healers, healing/magic practices, healing herbs, and various kinds of sickness (Kiliánová et al., 2011).

The prevalence of research on folk/traditional medicine in the sphere of health/illness in Slovakia has been determined by ethnology's initial focus on traditional culture, located by scholars primarily within the rural environment. This corresponded to the roots of Slovak

³ The most important early anthropological works on ethnomedicine were *Medicine, Magic and Religion* by British scholar William H. R. Rivers (1924) and *Witchcraft, Oracles and Magic among the Azande* by British anthropologist Edward Evan Evans-Pritchard (1976). Rivers argued that indigenous medical practices, which might seem irrational to Westerners, were rational when placed in the wider context of local beliefs and culture. Evans-Pritchard's main idea was that natives' notions of witchcraft were rational if considered in the wider context of Zande aetiology; they were not an indicator of primitive thought, but rather part of a complex system of social relationships and therefore an important element of local knowledge. A number of subsequent anthropological works continued this argument.

ethnographic inquiry in the German scientific tradition of *Völkerkunde* (ethnology) linking the study of culture to the Romantic concept of *Völk* (folk)—native people living in villages and considered to be the main bearers of local culture. Thus, unlike early anthropological works in the West, ethnographic studies in Slovakia investigated the cultural context native to ethnographers. However, the basic assumption about the validity of non-biomedical healing was the same: ‘folk medicine’ was considered to be as unscientific as ‘primitive medicine’ (although early Western anthropologists thought it was rational within the context of the local cultural system).

Anthropological research had indicated that in ‘primitive’ societies medical practices were connected to magic. In Slovakia this conclusion was derived in relation to the rural environment with the implicit or explicit assumption of its intellectual inferiority or backwardness in comparison with an urban setting. A decisive criterion for evaluating rationality was the level of technological development coupled with industrialization. This tendency continued during the socialist period, although in the contemporary ideological context folk culture was pictured in a somewhat idealized and positive way.

Assessing the rationality of cultural beliefs in relation to differences in industrial and technological development was an important issue in post-war Western anthropology. After the fall of colonialism the structural and economic conditions in the world changed dramatically; Western culture lost its superior position in the public perception of cultural values, and in the postmodern context Western science was criticized for being an instrument of colonialism and oppression. Theoretical discussions in the social sciences and humanities even questioned the universality of scientific reasoning. For anthropologists, the most important question was: can different cultures be understood in the same way, or can individual cultures only be understood from within, on their own terms? Can we distinguish between beliefs and rational scientific thought? (Marcus & Fisher, 1999)

The link between magic and medicine in ‘primitive’ societies was an important point in the debates on rationality. These debates contributed to a reassessment of biomedicine in anthropological inquiry. As a result, in anthropological research today biomedicine is treated as one of many medical systems considered to be the main subject of medical anthropology. The term ‘medical system’ was coined by psychiatrist and anthropologist Arthur Kleinman, whose work was fundamental to the development of medical anthropology. In his book *Patients and Healers in the Context of Culture* (1980) he defined the medical system as a ‘cultural system’, and as a distinctive field of anthropological inquiry. He argued that representations of illness can be investigated as ‘explanatory models’, as schemata for understanding illness held by individual sufferers and families as well as clinicians and healers, and as models available in the popular, folk, and professional sectors (Kleinman, 1980).

From this perspective healing systems are constituted by local systems of knowledge, meaning, and social relations. Modern societies are characterized by medical pluralism—the co-existence of various explanatory models in the same population. Anthropological research has indicated that the total dominance of one particular type of medical care is rare, if not non-existent. Tribal societies are influenced by Western biomedical practices, while traditional and indigenous practices from non-Western societies compete with and complement biomedical practices in Western countries. The latter phenomenon, labelled

Complementary and Alternative Medicine (CAM), is investigated by many anthropologists, often in connection to power relations and gender issues. Symbolic healing has also been a frequent topic in ethnomedicine (MacCormack, 1981; Harris & Rees, 2000; Kelner et al., 2000).

Discussions on rationality were particularly numerous in relation to the psychological aspects of anthropological inquiry (MacCormack, 1986; Yoder, 1982). This was not a new topic in anthropology: psychological traits had been explored by American anthropologists since the 1930s. The so-called culture and personality school focused on the relationship between personality and the sociocultural environment and continued the nature/nurture debate that had always been important in anthropology: are certain kinds of human behaviour 'natural' (a product of evolution, universal in all cultures) or are there kinds of human behaviour that are learned and therefore socially determined? The culture and personality school focused primarily on personality traits, such as aggression or patience, in various cultural contexts (LeVine, 2001).

A broader area of anthropological research—psychological anthropology—was also concerned with mental disorders that were thought to exist only in specific cultures or to take on culturally specific forms. The term 'culture bound syndromes' was introduced by psychiatrists and anthropologists trying to make sense of culturally specific maladies observed in social groups outside Western European and North American settings. The behavioural manifestations of mental disorders have been discussed in many anthropological works; they have demonstrated that although sicknesses can be explained by biological causes, the way local groups classify, interpret, and respond to them is cultural, not biological (Rebhun, 2004, p. 319).

There are many examples of anthropological studies that focus on such syndromes. One looked at so-called 'arctic hysteria' in which sufferers tear off their clothes and run about in a state of high agitation. It was documented in many forms by ethnographers studying tribal societies in northern Eurasian areas. It was often linked to shamanism involving the state of trance/ecstasy (Rebhun, 2004, p. 321). Shamanism as such has been the subject of intensive interest in anthropology and studied as a specific kind of traditional medicine, although in early work it was often interpreted as a mental disorder, in particular schizophrenia. For the most part, the 'shaman/schizophrenic' hypothesis has been abandoned (Cohen, 2004, p. 489). During the post-war period shamanism acquired the status of a universal spiritual healing system. Anthropological work, together with the growing public interest in non-Western cultures, led to the emergence of the neo-shamanism that became part of the New Age movement. New forms of spirituality incorporated representations of health and illness on the individual as well as the collective level and thus became the subject of anthropological investigation as specific medical systems (Noll, 1983; Winkelman, 1990; Znamenski, 2007).

In Slovakia this line of research can be traced in recent ethnological studies examining cultural models of health and sickness in the context of esoteric movements and alternative/spiritual medicine. The neo-shamanic movement has attracted particular attention. Several studies have shown that shamanism in urban settings is not seen as a religion but rather as a set of special healing techniques dominated by the notion of the shaman's altered state of consciousness. Shamanic healing practices are usually combined with the biomedical

approach and interpreted in terms of Jungian psychoanalysis; healers and patients therefore do not perceive shamanism to be antagonistic to biomedicine but as complementary. As such shamanic techniques could be considered as part of CAM (Complementary and Alternative Medicine, see Bužeková, 2014). The social aspects, including education and gender, play a significant role in this interpretation (Ďurčová, 2010; Bužeková, 2011, 2012).

The interest in shamanism and new spirituality is also characteristic of research by Russian ethnographers continuing their previous studies in ethnomedicine and ethnopsychology at the Institute of Ethnology and Anthropology of the Russian Academy of Sciences, where the center for studies of shamanism and other traditional beliefs and practices has been transformed into a medical anthropology research group (Borozdina, 2011, p. 143). In general, the focus on new forms of spiritual healing in central and eastern Europe corresponded to the political transformation: while in Western countries there was a growth in interest in the post-war period, ethnologists in post-socialist countries started to investigate new spirituality after the fall of communism when the political changes allowed them to study religious issues without ideological bias.

Psychological aspects linked to supernatural beliefs also have been the main subject of inquiry in cognitive studies in Slovakia on magical practices related to illness. This research has concentrated mainly on rural areas. Unlike earlier ethnographic work that interpreted magic in terms of ‘primitive thought’ or ‘backwardness’, cognitive studies explain its existence from an evolutionary perspective. Magic beliefs are described as the result of the functioning of universal cognitive mechanisms. From this viewpoint supernatural representations of illness are considered to be a by-product of the evolutionary development of humans and part of a broader system of cognitive classifications.

A number of studies have concentrated on representations of supernatural harm, in particular witchcraft beliefs that have long been the subject of anthropological inquiry and often considered to be a culture-bound syndrome or psychosis (Rebhun, 2004, p. 321). Investigations of these folk beliefs in Slovakia and Serbia have demonstrated that people’s interpretations of sicknesses do not reject biomedical explanations, but often go beyond them. This is due to cognitive devices that have developed as a consequence of evolution. For instance, some folk practices are linked to mechanisms which process information about contamination in the environment; others result from human ‘hypertrophied’ social cognition (Djuríščová, 2010; Jerotijević, 2011; Bužeková, 2009).

At present the work of Slovak cognitive anthropologists also seeks to explore the effects of anxiety on spontaneous ritualized behaviour. Cognitive theories have inspired some recent postgraduate work at the Department of Social Anthropology CU on alternative medicine and on a common problem in medical anthropology—people’s attitudes to vaccination (Nagyová, 2009).

Cognitive anthropology studies are related to the broader theoretical platform of evolutionary psychology. Some of them, alongside a number of recent ethnological enquiries which I will consider below, focus on health issues in the public sphere. Both these research directions—evolutionary theory and investigations into public health—imply an interdisciplinary approach which was not essential in the earlier ethnographic studies on folk medicine. Interdisciplinary approaches are also characteristic of another subfield of medical anthropology—medical ecology and applied medical anthropology.

Ethnographic studies in Slovakia relating to medical ecology and applied research

It was Horacio Fabrega who first classified medical ecology as a distinct subfield of medical anthropology in his *Disease and Social Behavior* (1974). The ecological approach presented in this seminal work directly linked anthropology to evolutionary theory and offered a perspective in which the social and biological sciences were related through medical research and practice. In anthropology this could also be seen as part of the broader theoretical perspective—cultural ecology, treating human populations as both biological and cultural units (Steward, 1955). The key concept in this approach is adaptation, referring to the changes, modifications, and variations that increase chances of survival and general well-being in a giving environment. This concept was first introduced into medical anthropology by Alexander Alland, Jr. (1970).

It should be said that some ethnographers in Slovakia have based their investigations of local culture on the theoretical platform of cultural ecology (e.g. Podoba, 1992); however, their studies do not relate to health and illness and are therefore not relevant to medical ecology. Furthermore, the important characteristic of medical ecology is its interdisciplinary perspective which was absent in these studies.

In theoretical terms, medical ecology uses a systems approach rather than a formal theory. Unlike other subfields of medical anthropology, medical ecology considers the biomedical categories of illness to be universal. Anthropologists working in this field are often trained in physical anthropology, human biology, and medicine. Thus they can use the research methodologies from different disciplines to test hypotheses on the evolution of adaptive and maladaptive traits in human populations. Investigation of contemporary populations is combined with the study of prehistoric populations (McElroy, 2004, p. 32).

Interdisciplinary perspectives of this nature require institutionally supported collaboration between researchers from the natural and social sciences. In Slovakia this line of research has been taken by a number of physical anthropology studies examining archaeological findings (see, for instance, Thurzo et al., 2002; Šefčáková et al., 2001). However, in central and eastern Europe collaboration between physical anthropologists and ethnographers has been hindered by the institutional division between the natural sciences and the social sciences/humanities (including ethnology), whereas in Western countries it was reinforced by a conception of anthropology as the comprehensive study of humanity. Thus in Slovakia the use of interdisciplinary approaches in the ethnographic research of health and illness has been limited to the studies in cognitive anthropology mentioned above. Hopefully, in the future they can be used in interdisciplinary projects investigating human evolution and adaptation. The results obtained may prove helpful for further detailed research exploring cultural models of health and illness and the mechanisms of their transmission.

In Western countries research in medical ecology frequently focuses on isolated small-scale communities, living in demanding environments, such as high-altitude regions and tropical forests. However, greater attention has been paid to agricultural populations, to migration and changes in health status, and to work productivity in chronically undernourished and infected urban populations (McElroy, 1996, p. 4). These topics are naturally linked with economic and political conditions and therefore imply a dialogue between anthropologists and political economy theorists. Some of the work by medical

ecologists therefore can be included in another medical anthropology trend—applied research.

Applied medical anthropology is concerned with illness prevention as well as policy issues. Anthropologists working in this area purposely take on the role of advocate for the community and use their knowledge to this end. This is also true of empirical studies in ethnomedicine. However, the emphasis on structural conditions means that work in this area focuses more on the socio-economic forces affecting access to health care.

Applied research may employ explicit theoretical frameworks, in particular those relating to political economy. This research area, influenced by Marxist theory, is labelled ‘critical medical anthropology’ or the ‘political economy of health’ (Morsy, 1996). Critical medical anthropologists analyse the impact of global economic systems on local and national health. Biomedicine is critically analysed to reveal power patterns within health care systems. The task of anthropologists is to discover when illness representations serve the interests of people in power positions, be they elites or biomedical experts (Pool & Wenzel, 2005, pp. 36, 84). A particular trend within critical medical anthropology is one influenced by Michel Foucault’s writings on the historical production of medical knowledge and the notion that the body can become an arena in which social control issues are played out. Research often focuses on issues relating to women’s reproductive health (Scheper-Hughes, 1990; Foucault, 1975).

Vital issues in public health care or health education did not attract the attention of Slovak ethnologists in the past. But these domains have become important in related disciplines, such as sociology and pedagogy (Hegyi, Takáčová & Bruknerová, 2004; Matuňík, Imrichovičová & Bruknerová, 1999). Sociologists and pedagogues exploring public health care and health education have often used ethnographic research methods; in the future their work may prove useful to ethnologists exploring the social conditions of public health care. Recent ethnological research in Slovakia has touched on topics that may be relevant to this sphere. A number of ethnologists have studied topics relating to the human body. They have investigated various social activities from a historical and comparative perspective: sport, cosmetics, and hygiene, as well as the female life cycle, family, and ageing (see, for instance, Botíková, 1997, 2005, 2008; Herzánová, 2005). This line of research highlights the ‘traditional’ affiliation between Slovak ethnology and historical disciplines, which is also reflected in teaching (Tužinská, 2008). However, research into reproduction also echoes the prevalence of this subject in Western ethnographies of medicine (Inhorn, 2006).

Recent studies on reproduction have linked ethnology in Slovakia to mainstream anthropology. This shift in ethnological research is reflected in several projects including Comenius University in Bratislava Science Park⁴ where the focus is on biomedical technologies. For ethnologists this has been a vital opportunity to participate in an interdisciplinary team and contribute to the study of health conditions in contemporary society. They are investigating the medicalization of motherhood and childbirth (Botíková, 2015); generational differences in perceptions of gynaecological examinations (Bužeková, 2015); and representations of health and illness in the mass media (Hlôšková, 2015). The

⁴ See <http://staryweb.uniba.sk/index.php?id=4120>, retrieved May 26, 2015.

present shift in ethnological research towards medical issues is also reflected in a new course on medical anthropology (taught since 2013 at the Department of Ethnology and Museology CU) as well as in current postgraduate projects on health beliefs, reproduction and public health care (for instance, Pešfanská, 2014; 2015). Altogether recent developments indicate that the theme of health and disease in the public sphere has been established as a new area of ethnological research in Slovakia.

Conclusion

Until recently medical anthropology as an interdisciplinary discipline aimed at exploring bio-cultural adaptation and health issues in relation to the cultural context did not exist in Slovakia. For the most part ethnological research was not linked to an interdisciplinary approach; this reflected the situation in post-socialist countries where conditions had led to particular developments in ethnographic research and institutions. As Hrešanová and Szenassy have stated, while in Slovakia 'critical reflection on medical care and treatment is almost entirely missing in both local scholarship as well as that produced abroad, in the Ukraine Western researchers have significantly contributed to establishing this field. In other countries, such as Latvia, Hungary or Romania, medical schools and research centres play a key role, whereas in the Czech Republic, Poland and Slovenia medical anthropology is mostly present through interdisciplinary courses and research projects' (Hrešanová & Szenassy, 2011, p. 2).

However, the situation in Slovakia has been changing rapidly: new research projects and university courses dealing with the topics of the human body and health indicate the beginnings of medical anthropology in Slovakia. I believe that ethnological research and empirical results obtained in related social disciplines may motivate future inquiry into medical issues in Slovak society and will link ethnology in Slovakia to interdisciplinary programmes investigating health and disease within social contexts.

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