



## CHAPTER 2

# The Starting Point: Defining Culture, Defining Health

*“Humans cannot eat, breathe, defecate, mate, reproduce, sit, move about, sleep or lie down without following or expressing some aspect of their society’s culture. Our cultures grow, expand, evolve. It’s their nature.”*

—Marvin Harris

### WHAT DO WE MEAN BY CULTURE?

Before proceeding any further, it is important to come to an understanding about what we mean by *culture*. After all, unless we arrive at a consensus about that, it will be difficult to carry on a discussion about culture and health. And it will be difficult to understand one of the fundamental bases for social behavior and diversity among human beings, as well as diversity in understandings and behaviors related to health. This, however, is not so easily done. Culture is one of those concepts that most people seem to intuitively grasp, yet cannot define clearly. It is probably the case that most people grasp it through the experience of *differences* in the way people look, act, talk, and carry out their daily lives that are more than individual differences, but seem to be common to some group of people that is distinct from one’s own group. In these stereotype versions, differences come out in statements like:

- “English people are dour—they just never seem to laugh.”
- “People from Latin American countries talk with their hands.”
- “People from the islands are never in a hurry, they just take their time.”

Whatever is or is not true about these stereotypes, they do not begin to touch the depth and complexity of what is included in the concept of culture. They are fleeting snapshots, highly biased by the observer’s own definition of what, for example, is funny, or how to behave when having a conversation, or what is or is not being in a hurry. Yet for many people they can represent something significant about the way some group of people are. And though one group of people may not realize it when they have in mind a stereotype about another social or cultural group, the likelihood is that group also has reciprocal stereotypes. This process of categorizing groups of people as *others* (other than one’s own group) is a common feature of the way human beings think, and it forms a part of the whole phenomenon we think of as culture. But—whether in a public health or other context—as the world becomes more integrated and interdependent, it becomes ever more necessary to recognize the problems and limitations of such perceptions. We are all *others*, and it is important to develop the knowledge, skills, and understanding to cross these bridges.

There are other uses of the term *culture* that can confuse the situation. For example, if someone is said to be *cultured*, it doesn't have much to do with whether or not he/she is English, Guatemalan, or Tongan (though in some cases, people make value judgments in which one cultural group is said to be more "cultured" than another). Usually by that term, we are referring to some concept of high or elite culture, expressed through personal manners, education and knowledge, involvement in or familiarity with artistic activities such as opera, modern art, calligraphy, dance, or theater—that is contrasted to popular culture.

It should already be clear that what we are talking about in this chapter is not always easy to grasp or define. In fact, anthropologists who study human culture have been arguing about it for years, even though the culture concept is the central focus of study!

## Definitions

In this book, we won't spend too much time on the specifics of one definition vs. another, because there are commonalities that are important. And certainly, questions about shared vs. unique characteristics of human societies go back a long way in the history of human inquiry. In the 5th century BCE, Greek historian Herodotus provided careful descriptions of peoples he encountered while chronicling the history of the Persian Wars. Fourteenth century (ACE) Arab historian and social philosopher Ibn Khaldun remains widely recognized for his insightful observations on social institutions and civilizations. The European political philosopher Jean Jacques Rousseau contrasted a universal, presocietal state of nature and the formation of civil societies, which, he argued, led to human difference and inequality. German philosopher J.G. Herder posited the idea of a historically evolved, integrated *bildung* (a collective identity) as a feature of humankind—a precursor to the theoretical construct of culture that emerged in the late 19th century.

*The Classic Definition.* As a starting point, let's take a look at a few of the more famous definitions of culture or at least types of definitions that have emerged from the field of cultural anthropology—the study of culture. The classic definition is an old but comprehensive one, from anthropologist E.B. Tylor in 1871 (Tylor 1871, pp.1; also

see Kroeber & Kluckhohn's 1952 collection of culture definitions, 81), in which culture is said to be "that complex whole which includes knowledge, belief, art, morals, custom, and any other capabilities and habits acquired by man<sup>1</sup> as a member of society." This is a very broad definition that includes just about everything human connected to our socially connected life.

*Symbolic Definition.* Yet another kind of definition views human culture as a kind of symbolic text, in which behavior, objects, and belief interact together in a kind of ongoing dramatic production that represents issues and concepts of meaning for a particular society or group. Members of a culture act as characters in this grand drama, and what goes on (the plot) only makes sense in reference to an underlying interpretive framework. Clifford Geertz, a founder of what became known as symbolic anthropology, said, "Man is an animal suspended in webs of significance he himself has spun. I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretative one in search of meaning" (Geertz 1973, 5). But he also called it "an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and attitudes toward life" (Geertz 1973, 89). Victor Turner (1967, 1974), another seminal symbolic anthropologist, was well known for his study (among the Ndembu in Zambia) of rituals as symbolic productions in which the meaning of passage from one life stage to another was imparted through ritual elements, and the "liminal" period between one stage and another was characterized by a suspension of cultural rules and social roles.

*Culture as Ideology.* Still other, contemporary definitions of culture equate the concept to a kind of dominant *ideology* (following Gramsci 1971), or to beliefs, social institutions, practices, and media representations associated with particular configurations of power (e.g., Foucault 1972, 1980; Singer & Baer 1995; Singer 1997; Wolf 1982). For Michel Foucault, power takes its effect through discourse, the various and related forms of language and representation that characterize a particular historical

<sup>1</sup> This was the late 19th century, hence the use of *man*.

period. Discourse at any point with a configuration of power, and the “rules” for interpreting what is or is not a valid statement. According to this view, in modern, industrial-capitalist Western culture, where health and health care are market commodities, the prevailing discourse would objectivize disease into discrete, analytical categories that, in the grand scheme of things, are easily tied to specific treatments and medications—all of which fits neatly into a product framework.

*Cultural Materialist Definitions.* Another approach views culture primarily as a *system of belief, practice, and technology directly tied to economic activity or to the adaptation of a people to a particular physical environment*. Cultural theory of this type has been called economic, ecological, or materialist anthropology. The anthropologist Marvin Harris famously argued, for example, that the veneration of cattle among Hindu peoples was a cultural belief that grew out of the centrality of cattle to the Indian diet (e.g., meat, milk) and food production system (Harris 1966). Julian Steward, an ecological anthropologist, theorized the existence of *culture cores* (patterns of social organization, technology, etc.) that should be the same wherever there was a similar physical environment (Steward 1955). Roy Rappaport (1984, 223) said that culture is “. . . a part of the distinctive means by which a local population maintains itself in an ecosystem and by which a regional population maintains and coordinates its groups and distributes them over the available land.”

*Linguistic Definition.* You can also think of culture as a kind of *language*. Speakers of the language may use it differently, to create slang, irony, humor, or even poetry. Or they may break the rules to create a particular effect, but it’s the same language, and underneath that language is some shared base of understanding about the nature of existence and day-to-day life. Try looking sometime at a transcript of a conversation between two people (from the same society or culture). You will often see that many sentences are left unfinished. Why? Because it is not necessary to finish them, since both conversants know the underlying information that makes the conversation possible. The conversation becomes a kind of exercise in reference points.

*Mental or Cognitive Definitions.* A different kind of definition constructs culture as something primarily *in*

*the mind* of people within a particular group, a kind of shared conceptual framework that organizes thought and behavior. From this perspective, culture is not so much about what people do, but about what they think and how that determines what they do. One of the earliest and most widely known of these definitions, from Ward Goodenough, states that culture “consists of whatever it is one has to know or believe in order to operate in a manner acceptable to its members” (Goodenough 1957, pp. 167). Related to this is the idea of culture as a complex, shared (more or less) set of models or schema, at many levels, that enable people to interpret situations and then feel and act appropriately—that is, within a range that would make sense to others who also shared those models. Cultural models theory (see D’Andrade & Strauss 1992; Holland & Quinn 1987; Holland et al. 1998; Shore 1996) posits interacting models at many levels, for the day to day, in the form of behavioral “scripts” (e.g., a script for the proper way to introduce yourself to your fiancée’s family), to higher level models for gender, family, and the progression of life.

Still another cognitive conceptualization of culture uses the information processing analogy of a software program—though one should not go too far with this because it can make the idea of culture appear mechanistic. Software programs include many default settings and automatic operations that serve as shortcuts so that the system as a whole can do its job more quickly and efficiently. In a sense, culture operates the same way. In everyday life, if you were constantly faced with situations at many levels which you knew nothing about and didn’t know how to interpret or react to, how would you act? Instead, over time, common patterns of thought and behavior become part of the shared corpus (culture) that no longer needs to be thought about actively, creating a situation in which people in that culture often use default settings or shortcuts concerning those background facts in order to facilitate the management of everyday life.

*Cultural and Biocultural.* Finally (for now), and especially in the context of public health, yet another way to think of culture in relation to the human condition is to understand human beings as *biocultural*. We are, without a doubt, biological beings, consisting of physical, chemical, and other biological processes. But we have a unique ability to interpret our biological selves in

## EXHIBIT 2-1 An Example: The Classroom as Cultural Construct

We can illustrate this by using a classroom as an example. Think about it this way: When you walk into a classroom, without thinking about it, you already know what the typical classroom setup is, with students sitting at desks, and an instructor or professor up front. The professor lectures; students take notes. You already know what kinds of clothing are appropriate to wear in a classroom. You have an expectation about the kind of behavior that is appropriate (you wouldn't, after all, scream, do handstands, or wriggle on the floor for no reason). You have in mind the type of people who are generally in a classroom. Importantly, you already understand the role a classroom plays in the social setting you call "college," and you know what role a classroom plays in getting a degree, and in turn what role getting a degree is likely to have on your future job and social prospects. All this you know without thinking about it at all—because all of this knowledge is essentially a default setting, based on what is known as a cultural model or schema for classroom.

Now suppose you didn't know any of this. You had no cultural model for classroom. But for some reason, you were placed in a classroom by some well-meaning soul who wanted to expose you to these things. Let's say you had been brought up in a prison, and had never attended, seen, heard about, or experienced a classroom. What you do see when you walk in to that classroom are four walls (no windows), and a lot of people crowded together and sitting down. Without thinking, you connect what you are seeing to the nearest cultural model you have, which comes from your prison upbringing. Your default settings kick in. You are in a confined space, like prison. There are a lot of people, and they can all see you. Your first thought is that there is danger in this situation, and you will have to assert yourself right away to establish a reputation necessary to protect yourself. As you walk down the aisle, a student accidentally drops her purse on the floor in front of you, causing you to stumble slightly. Immediately, your stomach tightens. Your eyes rove back and forth to gauge who has seen this blatant act of disrespect. With barely a thought, almost as if automatic, you know that you have to make it clear in a big way that no one will be allowed to disrespect you like that. You turn and start pummeling the student hard with your fists. The other students are horrified, and one runs outside to get security. Two security guards rush in and pin you down. But you are secure in the knowledge that, when you are back in this room, the others will know what to expect from you and will be reluctant to harm you.

The students think you are crazy. You have no idea that they do, and wouldn't understand why. Two different models and default settings are at work, both legitimate. Both lead to different interpretations of what the situation is, and thus to different behaviors

many ways and to put a particular kind of stamp on the biological world in which we live. What to one group of people would be a willingness to accept senseless pain is to another a praiseworthy example of self-sacrifice and religious purity. Or take the example of hunger. This is clearly a biological phenomenon—when our bodies need food, we are hungry. But it also intersects with a very nonbiologic phenomenon; the cultural process of categorizing food as edible or not edible. In theory, anything that provides nutrition and is not poisonous should be edible. But that isn't the case. Would you eat a cockroach raw, if presented to you right now? Would you eat a dog or a cat? Would you eat the eyes from an animal you are eating? Do you eat meat? It is only when human beings are starving (or on a reality television show perhaps?) that the biological imperatives take over and people may forgo their cultural categorizations.

These are all beliefs and behaviors related to food that follow from an interpretation of the biological world, a system of categorization (with justifications) that deems some things edible and others not. But as you can see, this is not biological. It is not a given. It is something that it is imposed on the biological world by a society or group of people who have, over many years, developed a system of beliefs and practices about food and eating. Some people within that culture will adhere rigidly to these ideas, maybe even when they are starving. Others will not, and may experiment. But in either case, it is possible to look at that integrated set of beliefs and practices and understand it as something cultural, that interacts with the biological. Scholars of culture, including Mary Douglas (1966), Claude Levi-Strauss (1969), and others have long been interested in the way culture—as a human phenomenon—often involves deep systems of categori-



zation in which the things of the world are divided into such groupings as pure vs. polluted, male vs. female, hot vs. cold, or, as we have noted, edible vs. not edible. In this book, we will see this process as applied to health.

Without going on for pages and pages about this, consider that most definitions of culture share the following basic components, to one degree or another: (1) it is a phenomenon that exists as a kind of whole—that is, an integrated pattern of some kind, which links together many aspects of life and social structure within a group or society; (2) it refers to the relationship between what people know and believe, and what they do; (3) it is acquired—that is, you are not born with it, but you learn it during the course of life in society; and (4) it is shared, more or less, among members of the group or society, and transmitted to members of the group/society over time. On the latter point, the concept of culture—because it refers to a general human characteristics—is applicable to many types of social groups and structures that exist over time, from societies as a whole, to regional and tribal groups, or to smaller subgroups that could include anything from gangs to workplaces.

You can see that there is a lot of room for clarification, even in these four basic points. For example, what

do we mean by saying that culture is an integrated pattern? This is not an either-or statement—nothing is perfectly integrated vs. completely nonintegrated. What is meant here, and this will become very important in our later discussions of culture and health, is that culture refers in part to a human tendency for *coherence*, so that the way we live “hangs together” and makes sense in some way. Let’s take just one situation. Many times in the news you hear references to democracy, and whether or not a political process, in the United States or in another country, is democratic. Think about that for a moment. What does it mean to be democratic, and how should we judge whether something is or isn’t? Usually, we make this judgment starting from a general idea like, “democracy means rule by the people.” We may then get more specific, saying that there should be elections, a constitution, and a multiparty legislature to make laws. But all of these specific manifestations of democracy depend not only on a particular history, but on a cultural belief about the nature of individuals in relation to the state or governing body. That is what makes these specific activities hang together. If you are from a culture in which individuals are thought of primarily as representatives of a clan, or a village—more so than as individuals—then elections where individuals vote may not be understood the same way as they would be understood in Anglo-American or Western culture. People might simply vote as a clan, or a village, and it might not seem odd at all for other members of the clan or village to ask you if you voted the right way.

Furthermore, they would think of that as normal, *natural*—because much of what we believe as a result of cultural learning drops below the conscious radar and seems to be *the way it is*, not worth thinking about.

And consider the idea of culture as something shared among a group of people. This is a very important part of the idea of culture. Yet in any society or group, not everyone shares one single set of precise cultural beliefs and behaviors. Some people disagree with others about certain issues or rules. Different expectations about behavior may apply to some subgroups more than others. People who share a culture may also incorporate beliefs or practices from another culture, or more than one. So why do we think of it as shared? Because, first of all, no culture is ironclad or fixed. Cultures always change,

## BOX 2-1 Do Only Human Beings Have Culture?

If we think of culture primarily as learned behavior, than are humans the only species that has culture and can transmit it? A number of other species have been shown to transmit or teach behaviors to others in the same species. For example, many higher primates (e.g., chimpanzees and orangutans) teach their young to use simple tools such as a stick to probe for termites or leafy branches to draw water from a hole.

But is this culture? Probably not. Culture is much more than learned behavior. It involves learned behavior as a part of a system of meaning, interpretation, and action that is communicated through language, symbolized through various forms of representation, integrated with social and economic structures, and transmitted among groups and societies over time.

adapt, and evolve over time. But more important, what we think of as culture is necessarily a kind of fluid, open construct—more like a central tendency or home base, or a tool kit for how to live. Moreover, if you examine most disagreements or conflicts within a culture, they are not conflicts about culture as a whole, but about interpretations of cultural elements. To use the example of democracy again, people from Anglo-American culture may argue about whether or not a specific type of election is really democratic or not, but they are most likely operating from the same basic belief structure about the role of individuals and simply disagree on whether or not a type of election adheres to that belief. This is a very different kind of argument than would occur between a person who shared that idea of individualism and one who believed that individuals were not the primary unit in society.

Related to the issue of sharing culture is the problem of *boundaries*. How can we define the people who share a particular culture? Is it a political definition—people from one country share one culture? In most cases, clearly not. Is it another kind of geographic boundary, such as a region (itself defined by some feature like mountains, or a valley, or a river)? Or is it a social boundary, like class, where people of a certain class are said to share a culture (in this case, perhaps an ideological component as well)? Is it religion? Now that is an interesting case, for if you look at major religions that are globally diffused, you will often find that people in different locations who nominally share the same religion practice a different version of that religion, typically influenced by local culture.<sup>2</sup> Or is it related to interest groups—where, for example, people who are avid bicyclists can be said to share a culture? The truth is, culture as it exists in the world may include some aspects of all of these boundaries. Moreover, culture is not fixed but evolves, as people from one society or group come into contact with other people, or as they change over time, their cultures change. Add to that the deep and ubiquitous influence of electronic media (Internet, mobile technologies, television, film, etc.), through which the symbols, stories, beliefs and practices of any one culture may be influenced by others and diffused among many others.

<sup>2</sup> The term for such blending is *syncretic*.

The boundary problem also lies within any culture. When one society includes diverse groups, either based on class, region, ethnicity, gender, or another characteristic, what can we say about that society's culture? Is there some kind of culture *core* to look for? Who determines the culture of that society? This has been a major issue of focus among scholars of culture, who have examined the way in which diverse cultures or diverse cultural elements within one political unit such as a state are sometimes controlled and shaped by those who have the power to do so—via control over economic resources, media, political control, or dominant influence over the social structure. This leads to the question, “whose cul-

## EXHIBIT 2-2 Culture and the Body

One day, I was observing a dance class at a Buddhist temple primarily attended by Southeast Asian immigrants in the United States. The class was for girls and young women and led by a very serious-looking older woman who was highly skilled, leading the class through a specific dance that they were to perform at an upcoming festival. Her movements were graceful and precise, enacted as if every extended motion of her hands and extension of her leg was of great consequence, as if each move were like the turning of the earth itself around its axis.

The girls in the class seemed to have picked up her sense of the importance of these movements, and with all earnestness they moved through the steps, bobbing up and down, turning one foot one way, then another at a set angle, extending one arm and hand out like a branch of a young sapling, as their other hand clutched a bouquet of flowers.

It struck me, as an observer, that in this coordinated series of movements, there was a lesson involved, a cultural lesson, and a gender lesson. And it was a lesson learned not by words, stories, or rules, but by training the girls in a culturally shaped sense of physical being. That lesson may have had to do with how to physically relate to the world around oneself, with grace, with restraint, and in so doing symbolically portraying a female gendered *modus vivendi*, what Pierre Bourdieu has referred to as a “bodily hexis” (1977). It is very likely that this particular bodily sensibility is mirrored in other cultural discourse surrounding female gender qualities.

ture?” when drawing conclusions or making statements about a particular society. In such cases, to understand the cultural landscape of any given society means some examination of the competing, conflicting, coexisting, and consensus cultures within it.

*Culture, Subcultures, and Other Structures of Diversity.* Before we move on, it is important to touch on the way the concept of culture is also used in reference to groups that are smaller than whole societies or populations—sometimes a lot smaller. Again, because having culture is simply a part of the human makeup, whenever there is a group of some kind that is sustained for a reasonable period of time, it is likely that shared patterns of behavior and attitude will develop. That is key to human diversity. Here we could be referring to people who play rugby, to punk rock musicians, to southerners or northerners (region), to corporate cultures, or to more fundamental groupings like gender or people who are of a similar socioeconomic or class background. In order to analyze the latter, sociologist Pierre Bourdieu (1977) came up with the concept of a *habitus*, which generally refers to patterns of behavior, social relations, discourse, attitudes, styles, and social expectations associated with people who share a particular socioeconomic circumstance. Some cultural patterns—often referred to as “pop culture”—seem to be connected to specific age groups, and while they are sustained for a while, they dissipate or are diffused into broader cultural practices.

## WHAT DO WE MEAN BY HEALTH?

Now that we have some ideas about the concept of culture, it is time to move toward making the connection between culture and health. First, we have to decide what we mean by health. That should be obvious, right? Not necessarily. There are several ways to think about what the term *health* means. One is based on strictly biomedical criteria. So, for example, if you say “John is healthy,” by this standard you might mean:

- John is free of disease (i.e., no pathogens have overcome his immune system and caused physical symptoms).
- John’s body functions normally (his organs, vascular, nervous, and other systems function as they should).

- John is free of injury or physical problems.
- John eats healthy food (food that provides essential nutrients and is free of substances that cause damage to bodily functions).
- John engages in healthy, preventive behaviors (e.g., brushing teeth, basic hygiene, immunizations, visiting doctors).
- John avoids behaviors that are health risks.
- John is in reasonable physical shape.

But let’s go a little further. When people say, “John is healthy,” they may also mean:

- John looks happy.
- John is satisfied with his life.
- John gets along with people.
- John looks good.
- John dresses well.
- John is liked by others.

Or even . . .

- John is doing well (meaning, he has a decent income, a good car, etc.).
- John connects with the spiritual world.
- John has good relations with his extended family, as well as his ancestors.

So there is often more going on here than just biomedical health. From these statements, there also seems to be an element of mental health, general well-being, social relations, and socioeconomic status. The World Health Organization, part of the United Nations, defines health as “a state of complete physical, mental and social well-being and not merely the absence of infirmity” (WHO 1948, pp. 1). This implies that to be healthy, people should be living in decent conditions, with basic needs met.

If you examine what people mean by *healthy* across many cultures, you will encounter other criteria. Some of these criteria might even conflict with biomedical standards. For example, in many parts of the world, when someone is large—what might be called “obese”—this is viewed as evidence of material well-being, or in the case of females, fertility, maternal capability, or warm personality. So in that culture, if people are asked whether or not John is healthy (remember that he is in good physical

shape), they might say “Well, he is a little thin. He must not be eating well. Or maybe he doesn’t have enough to eat.” And if he doesn’t have enough to eat, it might mean he doesn’t have a good enough social position.

Or take the idea that a healthy John avoids behaviors that are health risks. But in some cultures, people are admired for taking certain kinds of risks. It may even be necessary. Most cultures include ideas about passing from one stage of life to another, and the movements between stages are typically marked by a ritual, known as a *rite of passage*. Sometimes such rituals involve an element of risk. At one time, young Maasai men in Kenya were supposed to fight with a lion as a rite of passage, to prove their bravery (Maasai Association). Among some American Indian peoples, young men had to go off by

themselves for a period of days in the wilderness, without eating, in order to have a vision experience, as a requirement for moving on to manhood (see, for example, Powers 1982). These rites often involve what we might call “health risks,” yet they are understood to be good and absolutely necessary to proceed to the next life stage. In the United States, drinking alcohol has sometimes been viewed by young people as a rite of passage, which may have something to do with the emotions tied up in underage drinking, the willingness to engage in very risky behaviors connected to drinking, and the way in which alcohol-related escapades are related in next-day tales with a certain amount of relish.

*Health as Being Well, However Defined.* The message here is that to understand diverse concepts of health and

**FIGURE 2-1** American Indian/Alaska Native Youth—Health as a Community Construct



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healthy behavior, it is necessary to think of health in a broader way, beyond the biomedical. Health, for a given culture, is often very close to ideas within that culture about being well. So, for this book and as a reminder to think about health cross-culturally, *we will think of being healthy as synonymous with being well, however defined. That also means that being unhealthy can be seen as not being well, however that is defined.*

Let's look at some definitions and descriptions across cultures concerning what it means to be healthy, noting that in Western cultures, being healthy has often referred simply to the absence of disease (Galanti 2004).

**North American Indian/First Nation Peoples.** Many North American Indian peoples in the United States and Canada (sometimes referred to as First Nations) think of being healthy in terms of a balance represented in what is called the “medicine wheel” (see Whiskeyjack, n.d.), which includes mental, physical, emotional and spiritual components within a holistic definition of being healthy (see Isaak & Marchessault 2008 and Turton 1997). “The interconnectedness of the quadrants in the wheel represent the relationship of the individual with his or her family, his or her community, and the world, and balancing each aspect of the wheel is considered to be crucial for optimal growth and development” (Isaak & Marchessault 2008, 115). In a study done with adults and youth who were members of the Manitoba Cree people (ibid.), many of the study respondents said that health to them was not just the absence of physical illness. Someone could have no physical problems and still not be considered healthy. In addition, some respondents in this study reiterated the idea that for the Manitoba Cree (as for other American Indian groups), health is not an individual construct, but a collective one—that is, individuals are not fully healthy unless the community is healthy.

**Native Hawaiians.** According to some accounts (McMullin 2005), Native Hawaiian constructs of health do not focus on health as an attribute of individuals. Instead, it is tied to maintaining Hawaiian culture in the face of social and historical relations that have marginalized that culture. In other words, “health” means “being Hawaiian” in the way that Hawaiians used to be. Much like the situation for American Indians, the decline in health for native Hawaiians (currently experiencing high rates

of diabetes, cardiovascular disease, and other problems) occurred as a direct result of colonization, including disease for which Hawaiians had no immunity or previous exposure, as well as appropriation and privatization of Hawaiian land which in turn limited access to traditional agricultural foods and fish. So, returning to traditional identity would be synonymous with eating more fish, shrimp and plant foods such as taro, poi (from taro), and hihiawai (edible fern), which, of course, are healthier foods than many now available to Hawaiians. Like many American Indian peoples, Hawaiian ideas of health—referred to as “lokahi”—are not confined to

**FIGURE 2-2** Native Hawaiians—Health as Identity



Source: © Jose Gil/Shutterstock, Inc.

physical health, but involve a balance or harmony between all aspects of life. In addition, some respondents in the study conducted by McMullin (ibid.) equated being healthy with practicing Hawaiian culture.

*Urban Senegalese Women.* As noted previously, a number of studies have shown that, in non-Western cultures, large body size for women is associated with multiple dimensions of what people refer to as health. One study in Senegal (West Africa) with about 300 women ages 20–50 (Holdsworth et al. 2004) used an interesting approach to get at the meaning of body size. Women in the study were shown a set of body silhouettes, ranging from very thin to obese based on their correspondence to body mass index, the biomedical standard used for assessing healthy body weight. The women were asked

to comment about what those profiles represented. The silhouettes showing overweight women were linked to a range of positive personal attributes—warm, happy, popular, friendly, proud, sociable, easy going, and having a strong personality. Body size profiles leaning towards the overweight were also seen as having the highest social status, a good job, enough money, a contented husband, children, proud family in-laws, and a higher likelihood of getting married. In contrast to similar studies and possibly due to increasing Western influence, some positive attributes were also assigned to biomedically normative body size images, and the obese images were linked to negative characteristics. The highest positives were linked to the overweight profile—suggesting that such a profile was viewed by most of the women as *healthy*.

**FIGURE 2-3** Being Healthy in Thailand—Harmony and Social Relationships



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*Being Healthy in Thailand.* In Thailand, which is a primarily Buddhist culture in which the idea of an individual self is viewed differently than it is in Western culture (see Markus & Kitayama 1998, 1994, 1991), the idea of health and well-being is tied to relations and interdependence with other people. Once again, in Thai culture health is not a solely individual construct. From interviews conducted with 67 healthy Thai older adults (Ingersoll-Dayton et al. 2001), one study concluded that well-being included five dimensions for these Thai elders: harmony, interdependence, acceptance, respect, and enjoyment. Harmony included family harmony, harmony in the families of one's children, and positive relations with neighbors and friends. Interdependence had a lot to do with family members helping each other—especially children helping adults as they got older (an important role for children). Acceptance referred to the very Buddhist stance of accepting what life brings in a calm state—in part because it is believed that what happens to a person in this life is a result of what he or she did in a previous life (the idea of karma). Respect referred to social standing and the age-related respect an adult should receive from children and those younger than they were. This is a very important aspect of proper social relations. Finally, the idea of enjoyment as part of well-being had to do with appreciating simple pleasures and the combination of fun with work.

Any way you look at it, health is a domain of culture, intertwined with the fabric of life and the beliefs and practices that go with it. Of importance, health and culture exist and interact within a broader social, political and economic environment. To fully understand any particular culture and its health domain, it is sometimes necessary to step back and take a look at the interaction between a society or group of people and its surrounding environment, as illustrated in Figure 2-4.

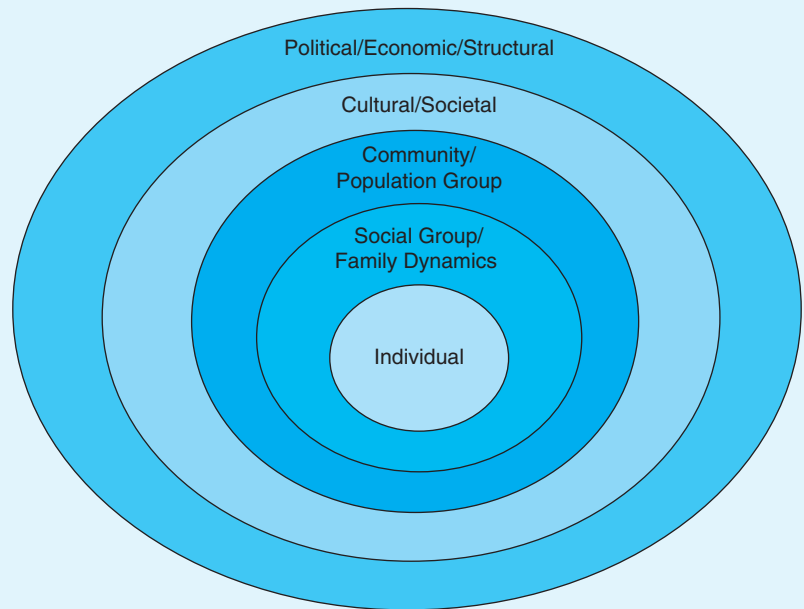
With that in mind, take a look at a particular subpopulation that has been at high risk for HIV/AIDS in the

United States, particularly in urban areas— injection drug users who are African American.

If we break the situation down into levels of a social ecology, it might look like this:

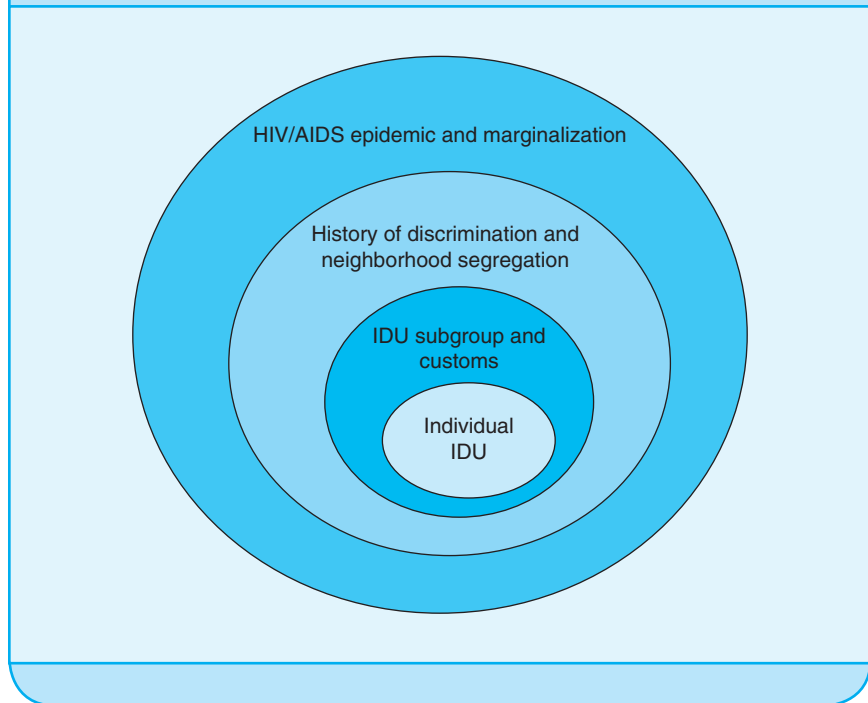
- As processes internal to American culture, African Americans are a group that was incorporated into the larger population originally through slavery, and then through extensive de jure and de facto segregation, until very recently. Thus there are attitudes and practices about the social relationship of African Americans that are embedded in American culture and have resulted in a long history of exclusion and marginalization.
- The institution of slavery itself (in the Americas) developed as a result of the colonial exploitation of the land and mineral wealth of the Americas and Caribbean for European purposes. As an offspring of European culture, the evolving American culture also adopted and benefited from slavery, primarily in the Southern states.

**FIGURE 2-4** Multiple Levels of Interaction between Individuals and their Environment



- It wasn't until the early and mid 20th century that African Americans migrated northward, seeking work in the burgeoning industrial economy. Because of cultural attitudes about race, most of these African Americans lived in specific concentrations within urban areas. By and large, even these African Americans were excluded from equal education and certainly better paying and more powerful job opportunities.
- African American industrial workers, while experiencing some economic gains, were still in a precarious position. They were particularly vulnerable to any industrial downturn and loss of jobs—which of course did occur during the Depression and much later after World War II when the northern industrial base began to diminish because of increasing global competition.
- Within these deindustrializing urban areas, social relationships evolved, including relationships connected to coping and survival strategies, within increasingly marginalized inner city areas that offered fewer and fewer opportunities for employment. One such pattern of social relationships and accompanying subculture, was integrally connected to underground economies based on illegal goods such as drugs and the ready market among people seeking ways to cope. The prevalence of drug use (e.g., heroin, cocaine) created its own subgroups—people whose lives centered on the acquisition and use of drugs. Part of this subculture included sharing of injection equipment, and the use of drugs in group settings such as “shooting galleries” (often in abandoned buildings or alleys). Just like any culture, the injection use subculture had (and has) its own attitudes, social roles, customs, and language—including a shared sense of its marginalized role vis-à-vis the larger society.

**FIGURE 2-5** HIV/AIDS in Urban African American Injection Drug Users—Levels of Influence



- Soon after the HIV epidemic first hit, it spread into the injection drug user subpopulation in part because of customs related to sharing and the group use settings—and of course because the use of shared needles was a direct source of body fluid transmission.

Taking all these facts into account, the context for injection drug user subcultures and their relationship to the health crisis of HIV/AIDS begins to add up. Ideally, knowing this context, and having some understanding of injection drug user subculture(s) should help in determining useful approaches to prevention and intervention. The patterns of behavior, how they came about, beliefs, attitudes, social roles that exist—all of these should provide a foundation for addressing the problem as a human problem, as one that arises from the shared nature of all humans to create worlds within broader contexts. This is a way of understanding health issues that fits very much into the increasingly recognized ecological model in public health.



## REFERENCES

- Bourdieu, P. 1977. *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.
- D'Andrade, R., and C. Strauss, eds. 1992. *Human Motives and Cultural Models*. Cambridge: Cambridge University Press.
- Douglas, M. 1966. *Purity & Danger: An Analysis of the Concepts of Pollution and Taboo*. London: Routledge & Kegan Paul.
- Foucault, M. 1972. *The Archaeology of Knowledge*. Translated by A.M. Sheridan Smith. New York: Harper Colophon.
- Foucault M. 1980. *Power/Knowledge: Selected Interviews and Other Writings, 1972–1977*. Edited by C. Gordon. Translated by C. Gordon, L. Marshall, J. Mepham, and K. Soper. New York: Pantheon Books.
- Galanti, G.A. 2004. *Caring for Patients from Different Cultures*, 3rd ed. Philadelphia: University of Pennsylvania Press.
- Geertz, C. 1973. *The Interpretation of Cultures: Selected Essays*. New York: Basic Books.
- Goodenough, W.H. 1957. "Cultural Anthropology and Linguistics." In P.L. Garvin (Ed), *Report of the Seventh Annual Roundtable Meeting on Linguistics and Language Study*, p. 167–173. Washington, DC: Georgetown University Press.
- Gramsci, A. 1971. *Selections from Prison Notebooks*. London: Lawrence and Wishart.
- Harris, M. 1966. "The Cultural Ecology of India's Sacred Cattle." *Current Anthropology* 7 (1): 51–66.
- Holdsworth, M., A. Gartner, E. Landais, B. Maire, and F. Delpeuch. 2004. "Perceptions of Healthy and Desirable Body Size in Urban Senegalese Women." *International Journal of Obesity* 28: 1561–1568.
- Holland, D., W. Lachicotte, Jr., D. Skinner, and C. Cain. 1998. *Identity and Agency in Cultural Worlds*. Cambridge, MA: Harvard University Press.
- Holland, D., and N. Quinn, eds. 1987. *Cultural Models in Language and Thought*. Cambridge: Cambridge University Press.
- Ingersoll-Dayton, B., C. Saengtienchai, J. Kespichayawattana, and Y. Aungsuroch. 2001. "Psychological Well-Being Asian Style: The Perspective of Thai Elders." *Journal of Cross-Cultural Gerontology* 16: 283–302.
- Isaak, C.A., and G. Marchessault. 2008. "Meaning of Health: The Perspectives of Aboriginal Adults and Youth in a Northern Manitoba First Nations Community." *Canadian Journal of Diabetes* 32 (2): 114–122.
- Kroeber, A.L., and C. Kluckhohn. 1952. *Culture: A Critical Review of Concepts and Definitions*. New York: Vintage Books.
- Levi-Strauss, C. 1969. *The Raw and the Cooked (Mythologiques Vol. I)*. English translation, New York: Harper & Row.
- Maasai Association website, accessed September 2010, [www.maasai-association.org/lion.html](http://www.maasai-association.org/lion.html).
- Markus, H., and S. Kitayama. 1991. "Culture and the Self: Implications for Cognition, Emotion and Motivation." *Psychological Review* 98: 224–253.
- Markus, H., and S. Kitayama. 1994. "The Cultural Construction of Self and Emotion: Implications for Social behavior." In *Emotion and Culture*, edited by S. Kitayama and H. Markus, 89–130. Washington, DC: American Psychological Association.
- Markus, H., and S. Kitayama. 1998. "The Cultural Psychology of Personality." *Journal of Cross-Cultural Psychology* 29: 63–87.
- McMullin, J. 2005. "The Call to Life: Revitalizing a Healthy Hawaiian Identity." *Social Science & Medicine* 61: 809–820.
- Powers, W.K. 1982. *Yuwipi: Vision and Experience in Oglala Ritual*. Lincoln: University of Nebraska Press.
- Rappaport, R.A. 1984. *Pigs for the Ancestors*, 2nd ed. New Haven, CT: Yale University Press.
- Shore, B. 1996. *Culture in Mind: Cognition, Culture and the Problem of Meaning*. Oxford: Oxford University Press.
- Singer, M., and H. Baer. 1995. *Critical Medical Anthropology*. Amityville, NY: Baywood Publishing Co.
- Singer, M. (Ed.) 1997. *The Political Economy of AIDS*. Amityville, NY: Baywood Publishing Co.
- Steward, J. 1955. *Theory of Culture Change: The Methodology of Multilinear Evolution*. Urbana: University of Illinois Press.
- Turner, V. 1967. *The Forest of Symbols: Aspects of Ndembu Ritual*. Ithaca, NY: Cornell University Press.
- Turner, V. 1974. *Dramas, Fields, and Metaphors: Symbolic Action in Human Society*. Ithaca, NY: Cornell University Press.
- Turton, C.L. 1997. "Ways of Knowing About Health: An Aboriginal Perspective." *Annals of Advanced Nursing Science* 19: 28–36.
- Tylor, E.B. 1871. *Primitive Culture*. 2 vols. New York: Brentano's.
- Whiskeyjack, F., n.d. "The Medicine Wheel." Four Directions Teachings, Accessed September 2010. [linna.ca/page8.html](http://linna.ca/page8.html)
- WHO. 1948. Preamble to the Constitution of the World Health Organization, adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on April 7, 1948.
- Wolf, E. 1982. *Europe and the People Without History*. Berkeley: University of California Press.

