

Psychological anthropology and medical anthropology: a brief history of ideas and concepts

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This paper sets out to briefly explore the definitions of two interrelated subfields of cultural anthropology; psychological anthropology and medical anthropology. This exploration will argue that culture and the individual are intimately intertwined. The theoretical evolution within psychological anthropology will be presented, from the bio-moral classifications of the ‘primitive’ to modern ‘experience near’ ethnographies, and fluid understanding of personhood. Theoretical and methodological approaches to mental health will be discussed briefly. Finally, the conclusion will ask the question: what is the future for medical and psychological anthropology?

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Introduction

Let us begin with the statement: ‘culture and the individual are intimately intertwined’. Culture can be defined as the norms, beliefs, values, symbols and institutions that are passed down through generations. Culture is constantly evolving. The individual, through everyday actions and interactions, reproduces and produces culture. Production and reproduction are observable in the banality of everyday life, and in highly ‘scripted’ and symbolic cultural events such as death practices and rites of passage.

It is difficult to theoretically conceive of the distance between what is the *individual* and what is *culture*. Through archaeological evidence, we can state with some degree of confidence, through the discovery of artefacts that served no practical purpose but instead carried metaphysical meanings, which culture evolved after *Homo sapiens* appeared. We can safely assert that 50,000 years ago, death practices began. It may be perplexing to apprehend now, but *Homo sapiens*, *Homo neanderthalensis*, *Homo naledi*, *Homo floresiensis*, *Homo luzonensis*, *Homo heidelbergensis* and *Homo erectus* (disputed) coexisted; *Homo sapiens* and *neanderthalensis* intimately coexisted. *Homo sapiens* prevailed in the evolutionary race, but in terms of time on earth – some 200,000 years – this is far less than *Homo erectus*, with archaeological evidence dating back 1.5 million years. Perhaps, a common flaw in *Homo sapiens* was an overinflated sense of importance in evolutionary times.

But prevail they did, and it was perhaps culture that gave *Homo sapiens* the edge in the evolutionary race – or it may have been the physiological differences between the early hominids, or a combination of culture and physiology. Culture exists because of the capacities of *Homo sapiens* and there is a reciprocal dependency between the individual and culture. It is little wonder why psychology and anthropology emerged simultaneously in the late 1800s.

Defining anthropology

Anthropology is the study of humans – or a loftier ambitious description is, it is the science of humanity; the same could easily be applied to psychology. Anthropology has five main branches: archaeology, biological anthropology, cultural anthropology (sometimes referred to as sociocultural anthropology), linguistic anthropology and (this is a contested inclusion) applied anthropology.

Just like psychology and other disciplines, anthropology has countless subfields and specialisms. Broadly speaking, psychological and medical anthropology fall under the cultural anthropology branch, but perhaps, a less regimental appraisal is needed. An anthropologist may draw from, and work within, many subfields, and look outward towards other disciplines, for example, in this case, psychology, psychiatry, biomedicine and medical philosophy. As culture is evolving, more subfields appear. Perhaps, the most important evolution in anthropology in the last 30 years has been feminist anthropology, leading to groundbreaking work on gender identity, the self, sexuality and the body.

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Defining psychological anthropology

Psychological anthropology is the study of individuals and their sociocultural communities. As a subfield, it is not restricted to the anthropologist. Hsu (1972b) gave a broad definition, whereby an anthropologist with an understanding of psychological theories and methods could be considered as a psychological anthropologist and conversely, psychologist and a neuroscientist undertaking cross-cultural work are (in effect) psychological anthropologists. Hsu defines psychological anthropology as: '(any work) ... by an anthropologist who has a good knowledge of psychological concepts or by a member of another discipline of knowledge of anthropological concepts ... Any work that deals with the individual as the locus of culture. Any work that gives serious recognition to culture as an independent or a dependent variable associated with personality ... Any work by an anthropologist which uses psychological concepts or techniques, or by a scholar in a psychological discipline which provides direct pertinent data which are useable by anthropologists' (Hsu, 1972b: 2).

Psychological anthropology is interested in the effect culture has on the individual, but also the role of 'personality characteristics in the maintenance, development, and change of culture and society' (Hsu, 1972b: 13). Psychological anthropology helps us understand what Jackson (1998) called 'the many refractions of the core experience that we are one and the same time part of a singular, particular, and finite world and caught up in a wider world whose horizons are effectively infinite' (Jackson, 1998: 21). Conerly & Edgerton (2005) explain the various types of psychological anthropology studies: ethnopsychology research, in-depth case studies, studies of transference and countertransference, person-centred ethnographies and ethnographies of communication, which enable psychological anthropologists to draw out the experiential lives of subjects and informants who shape, and are shaped by, their communities (Conerly & Edgerton, 2005: 2).

Broadly speaking, the development of psychological anthropology can be divided into four interrelated and overlapping periods. Like so many other disciplines, it is often the rejection of the past modes of thought, or the rediscovery of old approaches that has defined these four periods. It is not possible to provide an extensive examination here, but a brief genealogy of psychological anthropology is needed to provide context.

1870–1901: From bio-moral to psychic unity

The early stages of psychological anthropology were dominated by the need to break free from an outdated paradigm that the world was divided into the civilised and the primitive/savage worlds. Wolf (1994) described this paradigm as 'bio-moral'. The bio-moral paradigm

presented the 'primitive' world as psychologically underdeveloped, and 'savages' did not have the same mental capacities as those in the 'civilised' world. The sharp end of this bio-moral paradigm was anthropometry, a discredited subfield, which correlated levels of mental capacity with the shape and size of the body and skull. Anthropometry mirrored institutional racism and the legacy and activities of colonialism. Ireland was very much part of the primitive world at this stage in the development of psychological anthropology, with anthropometrical data collected on the Aran Islands in the 1880s (Ashley, 2001).

Tylor's *Primitive Culture* (1871) and Boas's *The Mind of the Primitive Man* (1911) laid the foundations for modern psychological anthropology, by breaking away from the bio-moral paradigm, and moving towards the universal paradigm of the 'homogenous nature' of 'psychic unity' (Tylor, 1871: 7). Tylor's work, and Frazer's *The Golden Bough* (1890), argued that there was a homogenous psychic unity and this is demonstrated in religious practices, which share common motifs throughout the world. Tylor argued that 'primitive' man was on a different stage and time in development, not that they lacked the mental capacities of the 'civilised' individual.

The bio-moral paradigm was not easy to quell, and this legacy is still persistent today. It has taken on different cloaks such as structural and institutional violence, and racism. Lévy-Bruhl, a contemporary of Frazer, Tylor and Boas, continued to argue that the 'primitive' lacked the capacity to perceive; in other words, the 'primitive mind' was a prelogical mind (Lévy-Bruhl, 1966).

Boas (who had training in psychology), wrote in 1901: 'the development of culture must not be confounded with the development of the mind' (Boas, 1901: 7). Boas went on to argue that it is the responsibility of the psychological anthropologist to look for 'psychological features, not in the outward similarities of ethnic phenomena, but in the similarities of psychological processes so far as these can be observed or inferred' (Boas, 1910: 375).

1901–1927: Freud and the Oedipus complex

The next phase of psychological anthropology (roughly from 1901 to 1927) centred on the influence of Freud, especially in the publications of *Interpretations of Dreams* and *Totem and Taboo*. It is difficult to overstate the impact Freud had on the direction of psychological anthropology specifically, and anthropology in general. Like Boas Freud was convinced of the homogenous structure of the mind. Freud's influence on psychological anthropology is discernible in *Totem and Taboo*, especially in the presentation of the Oedipus complex. Freud relied heavily on anthropological data concerning

exogamy (the custom of marrying outside a community, tribe or clan). Freud's influence led directly to studies of childrearing, sexuality and the relationship between personality and culturally prohibited practices (e.g. incest). Malinowski (generally regarded as the founder of modern ethnography) disputed Freud's assertion that all totemic practices, and therefore social structures, stem from the Oedipus complex, as not all cultures are patrilineal. However, it could be argued that the development of matrilineal cultures is a radical response to the Oedipus complex.

1927–1970: The culture-and-personality school, and writing the national character

The following period of psychological anthropology (1927–1970) is generally referred to as the (early/late) culture-and-personality school. This school saw the beginnings of collaborations between psychologists and anthropologists in the field, with issues of child-rearing practices and the traits of national character under examination. Barnouw (1973) described it as: 'culture-and-personality (school) is concerned with the way in which the culture of a society influences the persons who grow up with it' (Barnouw, 1973: 3). It was also the first attempt to develop a 'scientific theory of culture' (Wallace, 1964: 1). Arguably, the two most notable contributors to the school are Mead and Benedict. Mead's *Coming of Age in Samoa* (1928) and Benedict's *Patterns of Culture* (1934) were widely influential, not just within anthropology, but amongst the general population. Mead's work has been criticised, mainly due to speculation of the rigour of her research methods, and whether her findings were modal. What Mead's work did show is that there was a direct consequence on how children are reared and how they will act as they come of age. The archetypal, rebellious adolescent did not exist in Samoa according to Mead (amongst females at least). Mead's assertions of how we rear and educate children can have a direct positive or negative impact on adolescence is universally accepted. Benedict argued that 'A culture, like an individual, is a more or less consistent pattern of thought and action' (Benedict, 1934: 46). As a person gets older these patterns become consistent, and integration is possible for the individual. Benedict put forward the concept of the great arc; 'we must imagine a great arc on which are ranged the possible interests provided by the human age-cycle or by the environment, or by man's various activities (Benedict, 1934: 24). As Eller (2019) explains, 'any particular personality and any particular culture contains a selection of the total set of human traits; no personality or culture can manifest all that is human, but neither can all human potential be expressed in any one personality or culture' (Eller, 2019: 38).

Psychological anthropology had advanced over this period. What began with an interest in 'primitive' cultures, turned towards national character studies, and studies of large-scale societies.

National character studies may be a polite way to describe stereotyping. Benedict's *The Chrysanthemum and the Sword* (1946), attempted to show the duality of the Japanese culture (and therefore the arc of personality): 'The Japanese are, to the highest degree, both aggressive and unaggressive, both militaristic and aesthetic ...' (Benedict, 1946: 3).

Hsu's reflection of the difference between Chinese and American cultures (Hsu was part of both), offers a glimpse into psychological anthropology's interest in the effects of acculturation (another area of interest of psychological anthropology): '... [in] the American way of life emphasis is placed upon the predictions of the individual, a characteristic we shall call individual-centred. This is a contrast to the emphasis the Chinese put upon an individual's appropriate place and behaviour among his fellow men, a characteristic we shall term situation-centred' (Hsu, 1972a: 10).

Hsu emphasised that cultural values can lead to a diffusion of dilemmas within a culture. In simple terms, if a culture is individual-centred or situation-centred, then there are resulting consequences for the individual and culture (Eller, 2019: 53). The colourations with the values of a culture and the treatment of all individuals within are clearly demonstrable in this edition.

By the 1970s, national character studies had come to an end, at least by psychological anthropologists. During this period, there was continued interest in childrearing studies, a greater emphasis on cross-cultural studies and psychological testing in the field on a much larger and developed level [e.g. the Rorschach test, and the Thematic Apperception Test (TAT)], and the establishment of a central ethnographic database.

This period was successful as it helped move psychological anthropology away from the primary focus of small-scale societies towards large-scale societies and countries, in particular China, Japan and America. This period saw the adaption of recognised tests within the field and the development of more field-work practices such as the use of photography and projective tests as mentioned above.

Greater efforts were made to increase the quantitative validity of cross-cultural comparative studies (by increasing number size); however, this period was not without its shortcomings. It was impossible for studies of national character to produce anything more than stereotypical musings on the 'other', and most worrying were the poor results from the adaptations of projective tests in the field, as methods were scientifically questionable and *ad hoc* at best.

1970s–present: Person-centred ethnography in psychological and medical anthropology

What followed and inclusive of present-day research can be divided into two distinct theoretical directions for psychological anthropology: structuralism and ethnoscience, and modernity and person-centred ethnography (a contestable, but succinct descriptor). The former, although interesting, offers some insight and new directions, but the importance of these is not pertinent to this discussion. In the fullness of time, ethnoscience and structuralism may receive new directions and interest (see Eller (2019) for a detailed review of structuralism and ethnoscience). The latter, modernity and person-centred ethnography, is central to the understanding of modern approaches to psychological anthropology and medical anthropology.

Medical anthropology

It is easier now to examine the development of medical anthropology, as there are significant theoretical, methodological and philosophical convergences with psychological anthropology, especially in the examination of mental health. Medical anthropology, as stated earlier, falls under the branch of cultural anthropology but is similarly influenced by other branches of anthropology and disciplines.

Medical anthropology is the study of illness and health, and methods of healing in the context of cultural settings. One of the key focuses of medical anthropology is to study human suffering, and in the institutions or medical settings that try to alleviate, and sometimes contribute to that suffering. Medical anthropology is concerned with the relationship between health and the individual, the concept of illness, the narrated experiences of illness, how suffering takes place within cultural and social institutions and how economics and political power influence human suffering. The topics and interest of medical anthropology are infinite, as human suffering is infinite, and work has ranged from studies of stigma, structural violence, gender identity, the body, biopolitics, immigration and health disparities. Overarching themes within medical anthropology are globalisation and other macrostructural forces; medical anthropology can be descriptive or applied.

At the confluence of psychological and medical anthropology are the theoretical and methodological concepts of ‘experience near’ and ‘person-centred’ approaches to understanding the ‘self’ as the true locus of culture. ‘Experience near’ understands the importance of lived experience over investigative categories (see Csordas, 1990; Desjarlais, 1992). The ‘person-centred’ concept attempts to ‘represent human behaviour and subjective experience from the point of view

of the acting, intending, and attentive subject, to actively explore the emotional saliency and motivational force of cultural beliefs and symbols, and to avoid unnecessary reliance on overly abstract experience-distant constructs’ (Hollan, 2001: 49).

These approaches become increasingly challenging in face of multiple modernities, whereby the impact of global processes does not impact people equally; these are perceptible in Hollan’s contribution. If there are multiple modernities that impact unequally, then it is logical that there is variability between individuals, communities and cultures. This variability is also internal, leading to concepts and constructs of the fluidity of self, and multiple realities and possibilities – be they imagined or real.

Efforts are made in this edition to understand Irish Traveller mental health, the psychotic experiences of adolescents, the emotional well-being of indigenous LGBTQA+, issues of discrimination and iatrogenic processes, the impact of post-migration stressors and perspectives on masculinity. All of these studies, to greater or lesser degree, deal with cultural and therefore personal concepts of mental health.

The differences between cultures, internally and externally, are as important as the similarities. The value of a psychological and anthropological approach is in the ‘discovery’ and questioning of the ‘normal’. Subgroups within cultures, be they indigenous or not, are open to negative reinforcement of abnormal and normal behaviour. The extremities of a society tell us more about the central positions and reinforce acculturated ideas. The treatment of those on the margins speaks volumes of the core values of a society. Part of the process of ascribing cultural meanings is cultural institutions, in this case, psychiatry and biomedicine. This is not an attack on cultural institutions; instead, it is the frame in which psychological and medical anthropology has been presented. Both Parsons and Good have argued separately that medicine constructs the body and ascribes meaning, and should be considered as a mechanism of the social system. From psychoanalytical approaches to pharmacological interventions, the conception of what constitutes mental health, and therefore what warrants intervention, has changed and evolved. There are parallels here with the evolution of anthropological understanding of ‘primitive’ individuals and cultures.

Conclusion: What does the future hold for psychological and medical anthropology?

The focus on normal and abnormal behaviour, and mental health by medical and psychological anthropologists is coming to an end. The future, as Kleinman (2012) points out will be invested in understanding social suffering

rather than mental health. Mental health according to Kleinman 'was developed to encompass not only dementia, psychosis and depression/anxiety disorders, but also [to] include a wider set of problems from substance abuse, serious school failure and family breakdown ... It seems to simultaneously trivialize the most serious of medical conditions and medicalise social problems' (Kleinman, 2012: 117). Kleinman goes on to contend that mental health as a category will be abandoned, but this will not lead to restitution of the evidential problem: 'the distinction between normal and the pathological' (Kleinman, 2012: 118). Kleinman and others have argued that social suffering is perhaps the methodological frame that will move psychological and medical anthropology forward with, rather than against psychology, psychiatry and medicine. According to Kleinman 'Social suffering refers to the extraordinary human experience, from the social consequences of individual catastrophes to collective disasters' (2012: 118). Kleinman argues that the psychological and medical anthropologist will be able to understand the viewpoint that not all disorders are caused by social suffering, and 'We will come to understand too, that suicide (for example) is more often a response to social suffering than a consequence of a psychiatric disorder, though we will also be comfortable saying that it can be both' (Kleinman, 2012: 118–119). Kleinman concludes that 'The question for anthropology and psychiatry and public health, then, will not be the classical order of the normal and abnormal, but rather will involve a much deeper phenomenology of the forms of social suffering, an epidemiology of the causes and consequences of social suffering, and the implementation of policy and programmes for that subset of social suffering that is represented by psychiatric disorder, as well as for psychiatric conditions that are not tied to social suffering' (Kleinman, 2012: 119).

Sometimes, it is necessary to go back to go forward, and necessary for new approaches to deal with old problems. It is over 80 years since Sapir (1938) published *Why Cultural Anthropology Needs the Psychiatrist*. The starting point for this need stemmed from earlier research on Omaha society, where in 1884, Dorsey noted that Two Crows (a member of Omaha society) denied and disagreed with obvious cultural knowledge, specifically clan structure and hairstyles (Dorsey, 1884). Sapir argued that there are a 'finite, though indefinite, number of human beings, who give themselves the privilege of differing from each other not just in matters considered 'as one's own business' but even on questions which clearly transcended the private' (Sapir, 2001: 3). Two Crows (and others like him) present a challenge. Two Crows can be regarded (or disregarded) as an 'aberration'; however, if enough people agree with nascent counterpoints, then what began as an 'aberration' can

be the emergence of new traditions or transformative cultural movements. Sapir called this 'some kind of social infection', which can spread between members of a social group. It is not too difficult to think of modern examples of 'social infections' that have transformed society. Why, according to Sapir, was it important for anthropology to need psychiatry and, by extension, psychology? 'We shall, for certain kinds of analysis, have to proceed in the opposite direction' to 'the supposed objectivity of culture' and 'We shall have to operate as though we know nothing about culture but were interested in analysing as well as we could what a given number of human beings accustomed to living with each other actually think and do in their day-to-day relationships' (Sapir, 2001: 6).

What is needed in the study of humanity is increased knowledge of separate disciplines, collaboration and changes in how knowledge is perceived. This edition is a step in the right direction. It would be a shame that in another 80 years, we are still calling for anthropologists to need psychologists, and psychologists to need anthropologists. We have come this far alone; perhaps, the time for combined knowledge has arrived so that the science of humanity can be eventually realised.

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Ethical standards

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