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Introduction

Ethnography of Health for Social Change: Impact on public perception and policy

Contributors to this issue cluster around three cross cutting topics in which ethnography has historically played a prominent role: 1) critical perspectives on global health; 2) marginalizing processes of poverty, stigma and violence; and 3) community based participation and advocacy.

First, global health initiatives have required the fine grained and interpretive perspective offered by ethnographers, which has led to indispensable insights among global health practitioners and agencies about the ways that concepts and interventions do, or do not, translate across borders, languages and cultural groups (Janes, 2010; Kleinman, 2010; Nichter, 2008). In fact, ethnographers are often able to explain counterintuitive outcomes when health interventions are transported from one locale to another.

Second, ethnographers have historically had unique access to marginalized groups, and attended to their on-the-ground lived experiences, illuminating both the local mechanisms by which larger policies or institutions negatively impact health, and the ways that marginalized groups attempt to adapt to and resist unfavorable policies and institutions (Hammersley & Atkinson, 2007; Kleinman, Das, & Lock, 1997). Third, when these groups or health organizations attempt to advocate for themselves against the larger structural forces that entrench health and social inequalities, ethnographers are often those who document this advocacy and its symbolic and material sources. The ethnographic stance of representing alternative world views lends itself to envisioning alternative politics and institutions. It also lends itself to participatory research in which research subjects shape the questions and products of health research itself (Israel, 2005; Minkler & Wallerstein, 2011).

The ethnographic record is rich with research that illuminates health inequalities and calls for social change as health intervention. Ethnographers are often called upon to assess the effects of professional and institutional practices on health outcomes. And a growing number of ethnographers are “studying up;” analyzing the cultural frames and social practices of large institutions, professionals, scientists, marketers, journalists and policy-makers themselves. Yet the ways that their diverse ethnographies inform publics and policy makers have seldom been examined in a systematic way.

This special issue takes up the question of how ethnographic research can uniquely contribute to public perception and policy surrounding health issues. It poses this question to academic, theoretical ethnographers who pursue topics of public interest. To that end, this issue assembles the work of ethnographers who strive to illuminate the social mechanisms of health disparities, as well as an anthropologist-cum-magazine publisher, an online editor, a policy-maker-cum-visual ethnographer, and a local and national health official who comment on these ethnographic perspectives from...
the point of view of the potential uses of ethnography in media and policy making.

Ethnographers and commentators in this volume draw on their work to address one or more of the following questions: 1) How have your findings been taken up in the public realm?; 2) Where do you think your work could go further in its impact?; 3) What are the challenges and risks of achieving a broad, public impact with ethnography?; and 4) What gives ethnography leverage in public debate? In addressing these questions, the papers in this issue help us envision the promise, and, in some cases, the risks of ethnographic methods and description in inciting social change.

**Critical perspectives on global health**

The first set of articles in this issue examines the unique role of ethnography and ethnographers in shaping the field of global health. Given the historical use of ethnography to describe health practices in the global South, it is not surprising that ethnography has left its mark on global health agendas, and that it promises to have formative influence on national and international health priorities in the future. These articles are notable for their dual ethnographic lens, which focuses both up, on the cultural fields and practices of global health policy makers, and focuses down, on those who feel the impact of global health policy.

**Pigg (2013)** describes her “somatic solidarity” with Honduran Nurses in Resistance to the violence of a neoliberal coup. Vividly describing the bodily threat that this violence posed to her as an ethnographer documenting the aftermath of the coup, she draws an analogy between Honduran nurses who resisted political assaults on their patients’ health “with their own bodies,” and her own role, as a politically engaged ethnographer, in stopping violence with her research.

**Holmes (2013)** brings us to the US-Mexican border, with an on-the-ground account of the deadly trek that undocumented Mexican migrants are forced to take in search of work. As Holmes points out, a face-to-face ethnographic description of the mortal risks of this border crossing calls attention to the health effects of immigration policies and international trade agreements, such as the North American Free Trade Agreement, that are making local sources of industry and employment in Mexico unsustainable. These policies have a body count, and Holmes’ ethnography demonstrates the public health and moral imperative to acknowledge and resist their structurally violent effects.

**Lee (2013)** provides a rich ethnographic account of a low income African American man who survived his gunshot wounds only to find himself stuck in a “pill hustle,” seeking relief of his chronic pain and to avoid a growing street trade in prescription opioids. As Lee points out, the plight of gunshot wound sufferers is hidden, but it is an important driver of clinical dilemmas and pharmaceutical economies in American inner cities. Ethnography has a unique role in making this phenomenon visible, along with the interpersonal and structural violence that creates and marginalizes it.

**Lindemann (2013)** shows how ethnography of groups that are hidden from public view — in this case, practitioners of Bondage Discipline, and Sadomasochism (BDSM) — can have unexpected implications for health policies and interventions. Only through ethnography did she discover the ways in which professional identities and “purifying disourses” protects the health and safety of BDSM practitioners, by employing their guild-like social structure. The organizational strengths of groups that are stigmatized and at risk for injury, infection or arrest can thus be seen as a public health resource.

**Ethnographic advocacy and community based participation**

Because participant-observation puts ethnographers into intimate contact with the groups they study, they often develop collaborative, multidisciplinary and participatory modes of working that directly implicate them in bringing about social change as a part of their research. In the third section of this issue, ethnographers who collaborate politically with their research participants reflect on the complexities of this engagement. Their engagement has required analysis not only of people who are subject to health inequalities, but has also required an ethnographic gaze on policy makers, housing and welfare benefits officials, correctional officers, school systems and public clinic administrators.

**Messac, Ciccarone, Draine and Bourgois (2013)** present four cases of collaborations between ethnographers and quantitative researchers that led to clinical and policy interventions to improve the quality of life and of health care for poor, non-white people who are HIV positive, drug dependent, homeless and/or incarcerated. As the authors persuasively argue, what is needed to succeed in such collaborations is “good enough” ethnography that is informed by critical theory of social structures and inequality. Through such collaborations, the seemingly apolitical persuasiveness of “evidence based medicine” can be harnessed to render structural inequality legible for clinicians and policy makers, and accessible for intervention.

**Ginsburg and Rapp (2013)** examine ethnographers’ personal engagement with the political projects of their research.
participants, in what they term “entangled ethnography.” Here they lay bare the degree to which participant observers are personally implicated in the outcomes of the disability rights movements they study, describing themselves as mothers of children with diagnoses of learning disabilities, who have a personal stake in the outcome of the cultural and political innovations around disabilities rights that they document. They demonstrate how entangled ethnographers can play pivotal roles in the social transformations that ensue from “envisioning alternative politics and institutions” of diversity and inclusion.

Hansen (2013) sounds a cautionary note about such entanglement with her account of a video self-documentary therapy group in a public mental health clinic. The video group members’ filming the role of creative arts therapies in their own recovery coincided with the public hospital system’s reduction of support for psychotherapies, in favor of “evidence based” pharmacological, apparently cost-effective, interventions. The consequences for group members of reduced funding for therapy, and of their effort to videographically advocate for such therapy, made visible both the “iron cage” of clinical bureaucratisation and the risks to patients of working in a participatory ethnographic mode.

Lessons from and for ethnography

This issue on Ethnography of Health for Social Change closes with the reflections of an ethnographer who has decades of experience in global and domestic health advocacy, as well as pragmatic advice for ethnographers seeking to enhance their social impact from a journalist, from an ethnographer who founded a popular anthropological audience magazine, a Federal health officer, and a policy-maker-cum-visual ethnographer. They all call on ethnographers to attend as carefully to the content and motives of their audiences as they do to the context and motives of their study participants.

Hopper (2013), a self-identified public ethnographer, offers three sobering accounts of solid ethnographic evidence relevant to, and/or commissioned by, policy makers, that policy makers then ignored because it did not fit within reigning political agendas. Yet, he argues, while we cannot congratulate ourselves on the inroads that ethnographic data has made in improving policy, without ethnographic documentation of injustices and failed policies, advocates would have no conceptual basis for their work.

In our concluding essay (Martin, Litchfield, Mandefro et al. 2013), Martin, an ethnographer well established in the academy, discusses her motivation for founding a popular audience magazine that translates cutting edge ethnography for lay persons. Its expansion has opened up via the internet. If ethnographers can master these new venues, he argues, ethnography will have a golden age of dissemination to publics hungry for the level of detail and analysis that it uniquely provides. Visual ethnographer and former Special Advisor to the U.S. Veterans Administration Mandefro discusses her techniques for distilling ethnographic narrative into concise forms that nonetheless convey complexity and nuance to policy makers. Finally, U.S. Centers for Disease Control Officer Parvez argues that to influence policy makers, ethnographers should publish mixed-method papers in the traditionally quantitative journals read by policy makers and health administrators.

Toward an enhanced impact of ethnography

In this era of facile media dissemination of narrative (which paradoxically coincides with the silent suffering of many people without access to this media), ethnographers of health answer a call to document what researchers using other methods cannot. It is our hope that this dialogue among ethnographic sociologists, ethnographic anthropologists, policy makers and journalists will help to enrich the theoretical, methodological and representational tool boxes of all concerned. In addition, we hope that this Special Issue serves as one step toward greater visibility of this kind of work beyond ethnographers, further expanding the range of ethnography’s impact.

References


Lindemann, D. J. (2013). Health discourse and within-group stigma in professional BDSM. Social Science & Medicine, 99, 169–175.


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