Instructor's Manual for *Food and Culture* 7e
Chapter 2: Traditional Health Beliefs and Practices

Learning Objectives

1. Describe how definitions of health vary across cultures.
2. Define the biomedical model.
3. Compare the common values for the majority American culture with those of other cultural groups.
4. Discuss the impact on the health care system of the multiple cultures in the United States.
5. Compare health maintenance habits in various cultural groups.
6. Define how worldviews that include hot and cold or yin and yang systems affect what is eaten.
7. List the alternative and folk medical healing therapies in various cultures as discussed in this chapter.
8. Define what botanicals are and how they are used in healing therapies.

Chapter Summary

In the United States, we use the Western biomedical model—an analysis of a disease condition based on biology, physiology, and biochemistry—as the approach to health care. However, it is estimated that approximately 38% of all adults and approximately 12% of all children used some form of complementary and alternative (CAM) medicine in 2007. Therapies from outside the biomedical model include home remedies, popular therapies, and alternative medical care. Our cultural view influences how we define health, illness, and appropriate treatment.

The term "worldview" deals with a culturally specific outlook—a continuum of understandings and value systems, preferences and priorities. Guided by cultural beliefs, a person's conduct, role expectations, and social interactions can differ from the American majority views. The majority view emphasizes individuality and personal control over fate. Table 2.1 contrasts the majority American culture with other cultural groups with regards to values. The varying beliefs in individual control versus fate affect our approach to self-care and how, as clients, we will interact with a health care team. How time is perceived plays an important role in a worldview—for example, cultures vary in how they value the future compared to the present. Terms to describe the variations in worldviews of time include *monochronistic*—doing one thing at a time—and *polychronistic*—doing several things at once.

The chapter reviews many of the hallmarks of the biomedical worldview and explores the contrasts between the biomedical view and other cultures. At times, issues of health and illness are related to life-and-death decisions, so understanding the differences in worldview and their influences can be especially important. *Cultural imposition* is defined as a tendency for health personnel to impose their beliefs, practices, and values upon another culture, acting on the belief that these ideas are superior to those of the other culture. While some cultures value harmony with nature, the biomedical view would see mastery over nature as the goal. The biomedical worldview also holds the individual responsible for safeguarding his or her own health based on scientific, rational methods. In contrast, other cultures expect the patient to be a passive recipient of health care.

Who is responsible for care? Americans value the patient's autonomy and confidentiality, but other worldviews believe the welfare of the group outweighs that of the individual. In America, client confidentiality is sacrosanct. Privacy is assumed and doctors will withhold information even from the patient's relatives. There is also a fundamental belief that care should be accessible to all people and that all have an equal right to receive treatment.

The biomedical view sees the medical profession as a strict hierarchy with the client typically having inferior status and with practitioners of folk remedies or faith healing at the bottom. Biomedicine

supports the majority of Americans' worldview of youthfulness as a highly valued characteristic. Fear of aging—and the associated dependency issues—influence many aspects of choices made for medical care. Biomedical practice is inherently future oriented and values formality and directness between the patient and health-care professionals, signaling friendliness, while still being notoriously disrespectful of clients' time.

Worldviews also differ on the role of materialism versus spirituality, with the biomedical model strongly favoring treating disease based solely on the science of the body. Emotions and beliefs of the patient are regarded as not relevant to the diagnosis. However, more traditional worldviews often perceive a mind-body duality and watch for *somatization*—emotions being expressed through bodily complaints. In folk medicine and alternative traditions, the emotional needs of the patient are addressed as primary influences on health.

What is health? The definition of health itself differs by culture. The WHO (World Health Organization) describes health as "a state of complete physical, mental, and social well-being, not merely an absence of disease or infirmity." But this definition ignores the fact that many cultures regard the natural, spiritual, and supernatural dimensions of health as crucial. For example, worldviews vary on being in harmony or in balance with nature, viewing health as an interaction with God's will, avoiding cultural pollution, and fulfilling social obligations. Health attributes and body image are other areas of significant cultural variation.

How does worldview affect health maintenance and health habits? Most cultures agree that a good diet, sufficient rest, and cleanliness are important for health. But cultures differ in judging when these conditions are actually present. Americans might say a good diet "has all of the food groups" while an Asian might say, "it has a balance between yin and yang foods." Having abundant food or having foods meeting spiritual requirements may be involved. Differences in viewpoints affect clients' application of health maintenance behaviors. But generally, food habits are often cited as a vital area influencing a person's health.

Some beliefs about how food relates to health point out a sympathetic quality of a food to explain its impact on people's health. A food that looks like a human body part or organ is believed to affect the part it resembles—and some physical trait will be imparted to the person who ingests that food; for example, that eating walnuts will help the brain.

Cultural definitions of disease, illness, and sickness also vary. Illness relates to the personal perception of being unable to perform the expected actions or responsibilities. Biomedicine views illness as being caused by disease; "sickness" is the whole disease-illness process. Cultures offer various explanatory models to answer questions regarding what caused the disease, how symptoms are to be perceived and expressed, how to be healed, and why one person is sick and another is not. Cultures perceive differing causes of illness—causes that often predict how the patient will approach the illness's progression and seek a cure. Models include sickness being related to the person's actions, the natural world, the social world, or the supernatural world.

Folk illnesses or culture-bound syndromes associate certain symptoms, complaints, and behavioral changes with specific conditions. These conditions may be difficult to treat because the affected person and the person offering treatment may have different cultural beliefs that hinder mutual understanding and interaction; for example, a person with anorexia nervosa would not label the condition as an illness.

Culture also influences healing practices because "healing" corresponds to the culture's beliefs regarding the personal, familial, and social issues surrounding sickness. A broader, more holistic view of the total experience of the person includes more than just treating the physiological aspects of what has gone wrong. Healers of any type are chosen based on availability, cost, and previous care experiences, with the

person seeking out a "healer" believed to have the suitable skills; for example, a folk healer is chosen for faith illnesses. Often, certain cultures would reject biomedicine as impersonal, costly, inconvenient, and ignorant of the relevant cultural ethics. In contrast, those cultures value folk healers who understand the illness within the context of the culture. Healing therapies include administration of health-care measures ranging from botanical medicine, homeopathy, and naturopathic medicine to physical manipulations and magical or religious interventions.

Medical pluralism refers to consecutive or concurrent use of multiple health care systems. While looking for help during the illness experience, a person may seek out both biomedical health care teams and trusted, traditional healers. Clients use their culture's care theory as a guide for judgments, decisions, or actions to produce a state that the clients regard as beneficial, satisfying, and meaningful.

Chapter Outline

I. Introduction

- A. Health and illness are influenced by cultural perspectives
- B. In the U.S., we use the Western biomedical model—based on analysis from the fields of biology, physiology, and biochemistry—as the approach to health care
- C. Approximately 38% of adults and 12% of children used CAM in 2007
  1. Home remedies, popular therapies, alternative medical care are all used
  2. Culture defines health, illness, and appropriate treatment
- D. Traditional health beliefs and practices can be categorized by:
  1. Etiology of illness (personal, natural, social, supernatural causes)
  2. Therapies employed (therapeutic substances, physical forces, magico-religious interventions)

II. Worldview

- A. Cultural Outlook
  1. Worldview influences cultural expectations regarding "a life well-lived" and impacts roles, conduct, social interactions, etc.
  2. Various traits are regarded differently by various worldviews; Table 2.1 compares the "common values" held by majority America and other cultural groups
  3. "Majority views" are those shared by most whites and many other ethnic groups in U.S.
  4. One influential area of difference is the role each culture assigns to fate:
     a. The "majority American" worldview emphasizes individuality and control over a person's future and does not believe in fate
     b. In contrast, many worldviews believe that illness can be attributed to chance, the will of God, or other external forces
     c. Belief or disbelief in external, governing forces impacts a culture's attitude toward personal responsibility and self-help
        (1) Acculturated Americans typically take personal responsibility for preventing illness and believe in prevention practices
        (2) Preventative health care is unknown in some cultures dominated by fate
  5. A person's perception of time and fate coincides with that person's approach to self-care and interaction with a health-care team
     a. Perceived relationship to fate is often linked to a cultural perception of time
     b. Different worldviews assign different importance to "the future" versus "now"
        (1) Vocabulary to discuss temporal aspects of worldviews: *monochronistic*: doing one thing at a time versus *polychronistic*: doing several things at once
        (2) Some cultures are oriented towards the past—Example: Native American

6. Another area of contrasting worldviews is "doing" versus "being"
    a. Americans:
        (1) Value direct participation in their health care
        (2) Value achieving tasks and "accomplishments"
    b. Other worldviews:
        (1) Comfortable with inactivity
        (2) Value personal relationships over accomplishments
        (3) Expect health practitioners to take responsibility for health care
7. Worldview impacts people's dialogue about health
    a. Americans: open, direct, informal
    b. Other worldviews: informal only with family members; formal with others according to group, social status, and hierarchy
8. Worldview can impact life-and-death decisions so understanding the influences of the relevant worldview is especially important
9. Contrasting the biomedical view with other medical systems:
    a. Can reveal potential areas of disagreement or conflict
    b. Clients comply more with a clinical approach that is in accord with their worldview

B. Biomedical Worldview
1. Introduction: biomedical view is a subdivision of the American majority worldview
    a. Notable area of difference:
        (1) Healthcare professional tendency for cultural imposition: they impose their beliefs, practices, and values upon other cultures
        (2) Imposition rests on the belief that the healthcare professional's ideas are superior to those of another person or group
    b. Cultural imposition impacts nearly all client care
2. Relationship to Nature
    a. Biomedical view strives for mastery over nature:
    b. Common expressions: "fight disease," "kill pain"
    c. Technology and numerical values are highly regarded
    d. Biomedical diagnosis is based on observable symptoms
        (1) The patient's feelings about what is wrong are disregarded
        (2) Citing feelings as the cause of illness is considered psychosomatic
3. Personal Control or Fate?
    a. Biomedical view firmly states that health conditions are based on scientific rationale
    b. People are responsible for preserving their own health by following biomedical advice
    c. A person who is ill should follow the doctor's orders
    d. The doctor's job is to always be correct (or face a malpractice suit)
4. State of Being
    a. Biomedicine expects the client to be an active participant in care
    b. Other worldviews may expect client nonparticipation and acceptance of adverse conditions
5. Role of the Individual
    a. Individuality is honored in U.S biomedicine and client confidentiality is mandatory
    b. Treatment is focused solely on the client, keeping with the beliefs of personal responsibility and the provider–patient partnership
6. Human Equality
    a. Fundamental belief that all people have the right to care—including equal access to care; a relatively unique perspective in worldviews
    b. Other cultures may ration care based on age or socioeconomic status
    c. Biomedical worldview on human equality differs from mainstream American outlook with a strictly observed hierarchy: physicians, allied health professionals, those beyond the reach of biomedicine, etc.

7. Aging
    a. Youthfulness highly valued
    b. Fear of aging—and the associated dependency issues—influences many aspects of choices made for medical care
    c. In sharp contrast to cultures that value the elderly as being wise
8. Perceptions of Time
    a. Biomedical view is inherently future oriented—what can we do today for tomorrow's health?
    b. Client expected to put up with current pain for future benefit
    c. Biomedical practitioners expect timeliness in keeping appointments, but often leave clients waiting
9. Degree of Formality/Degree of Directness
    a. Hierarchy and timeliness reflected by doctors calling patients by first name yet patient expected to call the physician "doctor"
    b. Direct approach by doctors leads to expected direct approach from client
    c. Doctors typically use extensive medical jargon without explanation
    d. Worldviews dictate a difference in dialogue about health
        (1) Americans: direct and informal to signal friendliness
        (2) In cultures where a person's group identity is more important, formality is used as indication of social status
10. Materialism or Spirituality?
    a. In the biomedical model, disease is seen as strictly physical
    b. Emotions and beliefs of the patient are not relevant to the diagnosis
    c. More traditional views often encompass a mind-body duality
    d. *Somatization* = expression of emotions through bodily complaints
    e. In folk medicine and alternative traditions, the emotional needs of the patient are addressed

III. What Is Health?

A. Cultural Definitions of Health
1. Meaning of Health
    a. WHO (World Health Organization) describes health as "a state of complete physical, mental, and social well-being, not merely an absence of disease or infirmity"
    b. This statement ignores many cultures' inclusion of the natural, spiritual, and supernatural dimensions of health
        (1) Native Americans: health through harmony with nature—includes family, community, environment
        (2) Africans view a balance with nature; benevolent and malevolent forces may disrupt a person's energy and bring illness
        (3) Many cultures believe in maintaining health by living in accord with God's will
        (4) Gypsies avoid non-gypsies to avoid illness by being "polluted" by other cultures
        (5) Asians often believe that the yin and the yang of their surroundings and environment need to be kept in balance for cosmic and personal harmony and health
        (6) Health in other cultures is less dependent on symptoms than on the ability to accomplish daily responsibilities
2. Health Attributes
    a. In general, cultures equate health with certain physical attributes:
        (1) Regular body functions:
            (a) Bowel movements
            (b) Menstruation
            (c) Steady pulse

(2) Use of limbs and senses
(3) Regular sleep and sufficient energy

b. Specific "healthy" attributes differ by culture
c. Example: What is an appropriate skin color, weight, hair sheen?
(1) Some cultures see oily hair as healthy; dandruff as insignificant
(2) American: hair should be "clean, shiny, flake-free"
d. Example: Pregnancy
(1) Some cultures: pregnancy is a normal part of a woman's life so no expectation of pre-natal care
(2) U.S.: pregnancy is a medical condition warranting regular exams

3. Body Image
a. Weight, health, beauty vary worldwide
b. In U.S., there is considerable pressure to be thin
c. Traditional views may hold that thinness is associated with poor diet and disease
d. Some African cultures, Caribbean islanders, Filipinos, Mexicans, Middle Easterners, American Indians, and Pacific Islanders regard being overweight as a protective factor, associated with both health and beauty
(1) African American, Caribbean, and Puerto Rican women all demonstrate a positive self-body image at larger sizes than do European Americans
(2) In the U.S., overweight is often associated with ill health
(3) In some minority groups—Asians, Asian Indians, Latinos, and Native Americans—increased income = higher weights
(4) Attitudes about weight sometimes change when an immigrant enters a culture with differing perceptions on health and beauty

B. Health Maintenance
1. Health Habits
a. Most cultures agree that a good diet, sufficient rest, and cleanliness are important for health
b. How these are each defined varies by culture
(1) Example: The "good diet"
(a) Americans: three meals each day
(b) East Asian: balance between yin and yang foods
(c) Middle Easterners: sufficient quantity of food
(d) Asian Indians: spiritually "pure" foods
(2) Example: Keeping clean
(a) Americans: shower daily
(b) Filipinos: several showers a day for the proper hot-cold balance
c. Surveys have found differences in other health maintenance habits:
(1) Calorie and carbohydrate consumption in U.S. is slightly reduced from previous years, whereas protein intake was slightly higher
(2) Other cultures might find the survey questions asked as irrelevant
(a) Example: "exercise"—in a culture that requires daily demanding physical activity, recreational exercise might be uncommon and not valued
(b) Example: alcohol consumption may be prohibited based on religion
d. Health beliefs passed on within families vary even more by culture
(1) Example: Some families cite "dressing warmly" or "avoiding going outside with wet hair" as highly important health values
(2) Example: Health is promoted by daily prayer or by wearing natural amulets, holy medals, etc.

2. Health-Promoting Food Habits
a. Food habits often identified as one of the most important things a person can do for health

(1) Nearly all cultures classify certain foods as promoting strength, vigor, and mental acuity
(2) Another consideration is food creating a balance within the body and soul

b. Generally, cultures perceive balance and moderation as key to "good health"/"balanced diet":
(1) U.S.: have complex carbohydrates in the form of whole grains, fruits, vegetables, smaller amounts of protein foods, & limited intake of fat, sugar, salt, and alcohol
(2) Chinese/Asian cultures: balance yin foods (raw, soothing, cool) and yang foods (colored, spicy, high-calorie); should be eaten with a neutral food like rice
(3) Another system of balancing food is hot/cold
(a) Used in Middle East, parts of Latin America, the Philippines, India
(b) Originated in the Greek humoral system
(c) Humoral system identified four conditions in the natural world and associated these with four body conditions— hot and moist (blood), cold and moist (phlegm), hot and dry (yellow/green bile), and cold and dry (black bile)
(d) The hot and cold aspects are those most used with foods
(e) Taste, preparation method, or proximity to the sun might classify a food as hot or cold
(f) People might balance what is happening personally with the appropriate foods
(g) Can also mean the actual temperature of the food
(h) Some cultures believe in allowing the body to "adjust" between eating a hot food and something cold

c. Quantity of food eaten at a given time is viewed favorably or unfavorably
(1) African Americans traditionally eat heavier meals and eat more lightly when ill
(2) In some cultures, a poor appetite in itself is considered being ill

d. A food itself is identified with desired healthy characteristics, but the perceived effect of these foods varies by culture
(1) Example:
(a) U.S.: milk builds strong bones (calcium), carrots improve eyesight (beta-carotene)
(b) Native Americans: Milk = babies = weak; blue cornmeal & meat = strength

e. Food also has sympathetic qualities
(1) A food characteristic that looks like a human body part or organ accounts for many health food beliefs
(2) The physical trait will be imparted to the person who ingests the food with that trait:
(a) Italians drink red wine to improve the blood
(b) Ginseng, a root that resembles a human figure, is believed to increase strength and stamina

f. Many other food habits are seen as promoting health:
(1) U.S.: healthy = fresh foods, organically grown
(2) Various health regimens: vegetarianism, macrobiotics, low-fat or low-carbohydrate diets, customized diets that avoid allergens or food sensitivities, etc.

IV. Disease, Illness, and Sickness

A. Cultural Definitions of Disease, Illness, and Sickness

1. Illness definitions also vary by culture; illness relates to the personal perception of being unable to perform the expected actions or responsibilities; discomfort, distress, diminished vigor
2. Biomedical view is that illness is caused by disease, and sickness is the larger term for the whole disease-illness process
3. Becoming Sick
a. During the onset of illness, a person becomes aware a problem exists

b. Seeks confirmation of the symptoms from family or friends; if agreement that the illness exists:
    (1) Then the individual can adopt a new role—that of a sick person
    (2) Responsibilities and expectations change

4. Explanatory Models
    a. Introduction: various cultural models detail the cause of disease, how symptoms are perceived and expressed, how to be healed, and why one person is sick and another is not
    b. The perceived cause is important—often predicts how the patient will approach progression and cure of the problem
    c. Biomedical model holds there are three possible levels for the cause of the disease
        (1) Immediate causes—virus or toxin
        (2) Underlying causes—smoking/high cholesterol
        (3) Ultimate causes—heredity
    d. Client theories about the etiology of sickness are diagrammed in Figure 2.1, with four theories that sickness is caused by the:
        (1) Patient
        (2) Natural world
        (3) Social world
        (4) Supernatural world
    e. Sickness Due to the Patient
        (1) Attributed to how the person lives, eats, feels
        (2) Person's actions have brought about the problem or person has inherent characteristics that would bring on illness
    f. Sickness Due to the Natural World
        (a) Weather, allergens, smoke, pollution
        (b) Arabs, Chinese, Italians, Filipinos, Mexicans: wind or bad air has entered the body
        (c) Viruses, bacteria, parasites
        (d) Humoral systems: disharmony with environment
        (e) Astrology: planetary alignment
        (f) Injuries due to natural forces, e.g., lightning or falling rocks
    g. Sickness Due to the Social World
        (1) Interpersonal disharmony, commonly blamed on an enemy
        (2) The evil eye has been cast by someone
            (a) Widely believed in many countries, including parts of U.S.
            (b) Caused by staring with envy—even unintentionally
            (c) The evil eye is particularly harmful to children
            (d) Cultural protection from the evil eye varies widely and includes herbs; amulets; wearing certain colors of strings, ribbons, or charms; taking measures to discourage envy—examples: making a child look less desirable (dirty), dressing or living in a way so as to not draw notice
        (3) Conjury is another frequent social cause of sickness—practiced by witches, sorcerers, root doctors, etc., with supposed power to manipulate the natural or supernatural world
            (a) Contagious magic is using bits of a person's hair or fingernails when casting a spell
            (b) Often an overlap between sickness attributed to the social world and that caused by supernatural forces
    h. Sickness Due to the Supernatural World
        (1) Caused by gods, spirits, the ghosts of ancestors
        (2) Judeo-Christian, Muslim, others: caused by the will of God
            (a) Sickness may be punishment for violation of religious laws

(b) Sickness is simply God's unknowable plan for humanity
(3) Some Africans, Asians, Latinos, Middle Easterners, Americans Indians, Pacific Islanders, Cambodians: malevolent spirits can attack a person, causing illness
(4) Spirit possession—evil spirit causes the person to exhibit aberrant behavior
(5) After being angry or suffering a fright, a person is vulnerable to sickness
(6) Soul loss
(a) Soul detaches from a person's body due to extreme experience
(b) If untreated, will lead to more serious illness

5. Folk Illnesses
a. Folk illnesses and culture-bound syndromes are when certain symptoms, complaints, and behavioral changes are associated with specific conditions:
(1) Soul loss for some Asians, Native Americans, Pacific Islanders, and Latinos (who call it *susto* or *espanto*)
(2) Stroke caused by *bilis* or *colera* in some Guatemalans
b. Diet-related folk illnesses are common
(1) Examples:
(a) African Americans: high blood and low blood
(b) Chinese: imbalance in the digestive system
(c) Mexicans: *Empacho*
(2) May put anorexia nervosa into this category with Americans and Westernized nations
(3) May be difficult to treat because not a disease state as understood by the person within the culture—people with anorexia nervosa do not believe they are ill

B. Healing Practices
1. Curing versus Healing
a. Biomedicine focuses on "curing"—diagnose and remove physical abnormalities
b. "Healing" responds to the personal, familial, and social issues surrounding sickness
(1) A broader, more holistic view of the total experience of the person
(2) Not just treating the physiological aspects of what has gone wrong with the person
2. Seeking Care
a. Person must choose who will treat what is wrong
(1) Emergencies: Nearly all cultures recognize the usefulness of the biomedical model
(2) Non-emergencies: Therapies may be based on home remedies administered by family, friends known to the family, etc.
b. Healers chosen based on availability, cost, and previous care experiences
c. Folk healer chosen for faith illnesses
d. Americans seek help outside of the biomedical system as well, using unconventional treatment for intractable conditions, terminal illness, eating disorders, etc.
e. Biomedicine may be negatively viewed
(1) Impersonal, costly, inconvenient
(2) Painful or harmful
(3) May ignore cultural ethics while folk healers understand the illness within the context of the culture
3. Healing Therapies
a. No consensus on what is called unconventional, alternative, or folk medical care
b. Administration of Therapeutic Substances
(1) Two most common:
(a) Biomedical pharmaceuticals
(b) Diet prescriptions
(2) Also common: health foods, diet meals, vitamins, minerals
(3) Botanical medicine: uses plants leaves, fruits and roots and occasionally animal parts
(a) Involves herbal specialists, root doctors, and *remèdemen* in American South

(b) *Botanicas*—herbal pharmacies in Latino neighborhoods
(c) Traditional Chinese medicine and Ayurvedic medicine
(4) Homeopathy also uses therapeutic substances—botanical medicine, diluted venom
(a) Symptoms in illness are evidence that the body is curing itself
(b) Acceleration or exaggeration of the symptoms speeds healing
(5) Naturopathic medicine: aiding the body to heal itself through non-invasive natural treatments—example: manipulations of the body

c. Application of Physical Forces or Devices
(1) Operates on the premise that internal functioning improves with minor adjustments of the physical structure
(2) Sometimes uses home devices
(3) Chiropractic theory—misalignment of the spine interferes with nervous system interrupting the "innate intelligence" that regulates the body
(4) Osteopathic medicine—manipulation of bones improves blood and lymph flow
(5) Massage therapy, acupressure, pinching or scratching—used to restore or direct vital energy flows
(6) Coining—coin or spoon is rubbed across the skin
(7) Acupuncture—insertion of very fine needles to restore vital energy to balance
(a) Reduces heat (yang) in traditional Chinese medicine
(b) To reduce yin (create more warmth), moxibustion (touching with herbs or a smoldering cigarette) is used on the 14 energy meridians
(8) Cupping also used to balance with warmth
(9) Biofeedback used to teach a person how to consciously monitor and control body functions (blood pressure)
(10) Hydrotherapy—use of water and the minerals it contains to relieve discomfort

d. Magico-religious Interventions
(1) Spiritual healing processes undertaken either by the individual or by a sacred healer—examples:
(a) Praying for sacred intervention; making pilgrimages to shrines of specific saints
(b) Eastern religions believe that correct conduct in this life and past lives counts—as well as the virtuous behavior of ancestors
(c) Hindus choose a personal deity
(2) Healing occurs through restoration of balance, including offerings to God, deities, and ancestors
(3) Healing practices have developed out of religious practices—examples:
(a) Yoga, meditation, visualization (or guided imagery)
(b) Even hypnotherapy can fall in this category
(4) Help of a sacred healer may be used when other interventions don't work
(a) The practitioner intervenes with the supernatural world
(b) May use prayer, blessing, charms, or conjury as well as therapeutic substances
(c) Faith healers include Cajun *traiteurs*, Pennsylvania Dutch powwowing, *neng* among Cambodians, Mexican *curanderos*, and *santeros* in the Caribbean
(d) Shamans or medicine men among Native American groups are sacred healers; a shaman is a composite priest, magician, and doctor; the position is passed on from generation to generation
(e) Healing emphasizes strengthening of the soul

V. Pluralistic Health Care Systems

A. Medical Pluralism
1. Consecutive or concurrent use of multiple health care systems
2. Increases with income and advanced education

3. Not impacted by acculturation

B. Biomedical Healing
   1. A person who is ill may be relying on both the biomedical health care team and trusted, traditional healers
   2. The interpersonal relationship with healer is more important than the therapy
   3. Care is optimized when health provider and client work together
   4. Development of the "transcultural nursing theory" as a healing strategy
      a. Provides a guide for judgments, decisions, or actions that is "beneficial, satisfying, and meaningful" to clients
      b. Has three modes of to provide "culturally congruent care":
         (1) Cultural care preservation and or maintenance
            (a) Provider knows that the client's traditional practices are beneficial
            (b) Provider encourages them
         (2) Cultural care accommodation and/or negotiation
            (a) Provider and client expect that client will use non-biomedicinal care
            (b) Provider accommodates/negotiates with client/client's family
         (3) Cultural care repatterning or restructuring
            (a) Both agree that a traditional practice has harmful aspects
            (b) Cooperate together to introduce different lifestyle
   5. Setting is important; provide services in comfortable, welcoming atmosphere and combining western and non-western medicine
      a. Access to resources
      b. Non-traditional hours, etc.

VI. Botanical Remedies (Cultural Controversies box)

A. Comprehensive term that includes all therapeutic parts of all plants including the root, bark, sap, gum, oil, the flowers, the seeds, the fruit
B. May use whole plant
C. Plants may be combined in formulary mixtures
D. Herbal medicines use only leafy plants that do not have woody stems
E. Most consumers who use them believe that botanical remedies are safe and/or more effective than prescription drugs
F. Dietary Supplement Health and Education Act (DSHEA) defines dietary supplements as separate from food and drugs and outside of Federal monitoring
G. Botanicals may interact with other concurrent pharmacological therapies yet most people using botanicals do not think of mentioning the use to their health care provider

Answer Key for Textbook Review Questions

1. One's worldview plays a huge role in influencing the expectations about one's illness and its treatment. There is a big difference in how illness and its treatment are viewed across different cultures. The majority of American value individuality and control over their fate. This is reflected in the provider-client relationship where the individual expects honest and direct communication about the illness and an active role in its treatment. All illnesses are believed to have a biomedical reason and therefore, a cure through medicine and surgical procedures. In contrast, many other cultures believe that fate is the primary reason behind illness, resulting in a more passive role in the treatment for the patient. The provider plays the active role as does the opinion of elders in the family and community.

2. The biomedical worldview shares many beliefs with the American majority worldview. Biomedicine leaves little room for fate. Scientific rationality dictates that there is a biomedical cause for every condition. The same is true of the American majority worldview, where individuality is considered primary, and success is measured by individual accomplishments and not by birth into a specific group or family. Doing is considered supreme and not left to divine wishes. In medicine too the patient plays an active role, and adhering to a regimen for treatment and personal lifestyle are considered paramount in the healing process. Biomedicine adheres to mastery over nature. Health is perceived to be measurable objectively and not as a state of being. American biomedicine believes that every patient deserves equal access to care with no regard to age, faith, or socioeconomic status, which is very similar to the majority worldview of equality with complete disregard of social structure.

3. The WHO's view differs from a lot of cultures as it completely disregards the natural, spiritual, and supernatural dimensions of health. Native Americans and Africans emphasize a balance with nature. Native Americans place a lot of importance on the family, the community, and the environment. Africans believe that malevolent environmental forces such as those of nature, God, the living, or the dead may disrupt a person's energy and bring illness. Many African Americans, Latinos, Middle Easterners, and some southern Europeans attribute health to living according to God's will. Gypsies consider all non-Gypsies as polluted and maintain health through avoiding contact with them. East Asian philosophy mandates that illness is caused by an imbalance between polar elements, such as yin and yang. Southeast Asians believe in ancestor spirits who, when they become angry, can cause accidents and sickness. Pacific Islanders believe that fulfilling social obligations is essential to health and that disharmony with family or village members can result in illness. Asian Indians consider mind, body, and soul to be interconnected and believe that spirituality is as important to health as a good diet or getting proper rest. Different cultures even measure health differently—for some the ability to perform daily routine is what is important, while in some aches, as long as they are tolerable and do not affect one's ability to earn daily bread, are fine. As can be seen from these examples, the WHO's view is mostly in line with the biomedical view but ignores various themes considered paramount by many other cultures.

4. General dietary guidelines for health include concepts of balance and moderation. The Chinese system of yin-yang encourages a balance of those foods classified as yin and those classified as yang, avoiding extremes in both. A staple food such as boiled rice is believed to be perfectly balanced and therefore neutral. The concept of keeping the body in harmony through diet is followed throughout China. Quantity of food is often associated with health as well. For example, African Americans may eat heavy meals, reserving light foods for ill and recuperating family members. Some foods are identified to provide strength and vitality. In the U.S., milk builds strong bones, carrots improve eyesight, etc.

5. A folk illness or culture-bound syndrome is a combination of psychiatric and somatic symptoms that are considered to be a recognizable disease only within a specific society or culture. There are no objective biochemical or structural alterations of body organs or functions, and the disease is not recognized in other cultures. This is often characterized by a widespread familiarity in the culture and a complete lack of familiarity of the condition to people in other cultures. An example of this is "soul loss" experienced by Latinos and Asians. Another folk illness is *empacho* among Mexicans, which literally means an impacted stomach. While all ages may be prone to *empacho*, it is much more common in young children. The etiology is felt to be adherence of soft food and difficult-to-digest substances (such as popcorn or chewing gum) to the stomach wall. Symptoms are anorexia, stomach ache, vomiting, pain with diarrhea, and generalized abdominal fullness. The diagnosis is made by the healer noting symptoms and checking for direct abdominal tenderness, feeling knots in the calves, and/or rolling a fresh chicken egg over the abdomen. Remedies include purgative teas of wormwood or chamomile, and even heavy metals like lead or mercury powders are occasionally given.

Discussion Questions

1. What is the definition of health? Of illness? Are these in opposition to one another? Is there a health-illness continuum? How broad is the definition health? Should it include mental health and/or social health?

2. It can be assumed that there are many cultural clashes in the world of health care because of differing worldviews. One conflict that happens is when someone comes in late for a doctor's appointment. From the biomedical perspective, this is inappropriate, but what if that person is from a culture that does not value timeliness? How can this be handled at the clinic level? In our medical system, the patient may be on time but still have to wait for a period of time before a doctor will see him or her. What hierarchy does this suggest?

3. Many people take herbal supplements. In the United States, we have many laws that protect the consumer. Discuss the DSHEA. Why has the distinction been made between dietary supplements as separate from foods and from drugs? Would most people assume that herb/botanical supplements are not regulated for content and effectiveness? How many people in the class take a supplement? When is someone most likely to take supplements?

Points to Consider

1. Having an understanding of how the biomedical model and the dominant, pervasive view of the U.S. medical system is in contrast to many other worldviews is key to being culturally relevant. If the United States is a nation of immigrants, how might this clash of views relate to medical treatment compliance, dietary compliance, and self-care and health maintenance behaviors? What are some of the approaches that health care providers can adopt to help accommodate these disparate viewpoints?

2. The issue of who is informed about a person's illness has a lot of cultural variance. In some cultures, a person is not told about having a terminal illness but other family members might be told about this illness. The independence typical of Americans also extends to the issues relating to care of the elderly. Many other cultures find that Americans do not value the elderly and are shocked that many American elders do not live with their families. How do the students view the idea of not being told if they had a terminal illness? What are their expectations of how they will be living when they are elderly? Who should take care of a person when he or she is ill?

3. The historical context of the development of the "hot and cold" system of understanding illness, or seeing health as the balance between opposites, can be traced to the Greek humoral system of understanding. What do we know about this system? Who was Hippocrates? What are the words of the Hippocratic Oath?

   [See http://www.nlm.nih.gov/hmd/greek/greek_oath.html for an article on the Hippocratic Oath.]

Suggested Classroom Activities

1. Interview someone who works in the health care system. This works best if there are a variety of cultures in the area. What has that person observed about the different groups who use the facility? How many visitors come to the patient's room when someone is in the hospital? Does this vary across different cultures? Are there some groups more than others who want to bring food into the hospital for the person who is sick? Does this cause any problems? Have students discuss the findings in the classroom in groups.

2. Interview someone from another culture. This works better when the person is older and lived for a period of his or her life in the other country. What are foods they believe are needed for health? Were there any traditional foods or teas or other types of remedies that they assumed were useful? How does this relate to their experiences in the U.S.?

3. Lead a discussion about the results of the "Self-Evaluation of Therapeutic Food Use" (See Handout 2). What were the most commonly listed foods used when someone is not feeling well? How often did a parent serve these foods to them when the person was young? Discuss the views of weight (being heavy, being thin, what weight looks healthy). Are there any moral implications that are expressed (willpower dominating over nature)?

Self-Study Exercises

1. Keep track of how often you take vitamins and/or supplements. When are you most likely to take them? Ask family members about their use. When are they most likely to take vitamins and/or supplements? How does this relate to the biomedical vs. a non-traditional approach to health?

2. How often do you select foods consciously thinking about food groups? Keep track of your diet for three days consecutively and see how often you meet the food groups from MyPlate (www.choosemyplate.gov).

3. Go on google.com or another major search engine and see how many "hits" you get when you search for the term "health supplements". What does this say about the American health care system?

5. Keep track of a group of people talking about weight. Listen to how often positive and negative words are used to describe body weight. Share the words you heard with the class. Are there cultural differences?

6. How many complementary or alternative medical professionals are there in your community? Check in the phone book or an online directory and compare the number of alternative therapists to the number of typical biomedical facilities.

Handout 2: Self-Evaluation of Therapeutic Food Use

Health Maintenance

- What is your idea of a balanced diet?
- List any foods you eat to stay healthy.
- List any foods you eat to improve strength, endurance, or vitality.
- List any foods you avoid to help prevent illness or disease.
- What do you consider to be a healthy body image (thin, plump, muscular, or other)?

Disease, Illness, and Sickness/Healing Practices

- List one food that your mother fed you when you were sick.
- Are there any foods you desire when you are sick?
- List any foods you eat to cure illness or disease when you are sick.
- List several home, popular, or traditional therapies involving food, herbs, and/or vitamins and minerals. Would you ever try any of them? Why?

Attitudes

- Were you aware of your own therapeutic uses of food before you completed this evaluation?
- Are your therapeutic uses of foods based on biomedical research? On information you obtained from a newspaper, magazine, television, or computer? On information learned from family or friends?
- What is your opinion about people who use home, popular, or traditional therapies to treat illness and disease?
- What is your opinion about overweight persons? About overly thin persons?

Application

- How do your food habits differ from your family norms? Those of friends? Those of people you work with? Those of clients? In what significant ways to they differ?
- What can you do to avoid assumptions about therapeutic food habits that seem illogical or unfounded?