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TACKLING HEALTH CARE PROBLEMS IN LONDON:

THE CONTRIBUTION OF SOCIAL ANTHROPOLOGY

A Report of a Workshop held at The King's Fund Centre on 26th November 1981

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King Edward's Hospital Fund for London is an independent charity founded in 1897 and incorporated by Act of Parliament. It seeks to encourage good practice and innovation in health care through research, experiment, education and direct grants.

The King's Fund Centre was established in 1963 to provide an information service and a forum for discussion of hospital problems and for the advancement of inquiry, experiment and the formation of new ideas. The Centre now has a broader interest in problems of health and related social care and its permanent accommodation in Camden Town has excellent facilities for conferences and meetings.

Tackling health care problems in London: the contribution of social anthropology

Report of a workshop held at the King's Fund Centre on 26th November, 1981.

In the Chair: Professor Jean La Fontaine

Purpose of the workshop

As part of the King's Fund continuing concern with developing health services in London, this workshop was organised to provide a forum for health service personnel and anthropologists interested in city-centre problems to discuss the possibilities for future collaboration on health care issues. The aim of the workshop was to explore the contribution social anthropology could make to tackling the particular difficulties of planning and providing health care in London.

The initiative for this event came from Dr Tim Cullinan, Senior Lecturer in Epidemiology and Preventive Medicine at Barts, and Professor Jean La Fontaine and her colleagues from the Department of Social Anthropology at the London School of Economics.

The workshop participants included professionals currently working in the health service in London and social anthropologists carrying out research into health and social problems in London and other European cities. A list of participants is included in Appendix A.

In preparation for the workshop, thirteen health service professionals were invited to write statements outlining areas of particular concern arising from their own work. Their papers covered a wide range of topics:

the care of confused old people in the East End
bereavement after an unexpected infant death
involving people in their own health
health promotion among Bengali families
attitudes of East End Mothers
handicaps in Bengali children
dental health
adolescent morbidity in an inner city environment
abortion services for Camden women

medical and nursing staff attitudes to breast feeding

social deprivation and use of health services

stress and mental illness in Britain's Asian and West Indian communities

cultural attitudes towards offering and accepting voluntary help in illness

These papers were circulated in advance and were the basis of discussion at the workshop. The papers were not each examined in detail, but were drawn on as illustrative material and referred to as examples during discussion. This was considered the best way to explore the perspectives of different disciplines and open up for debate the assumptions on which these perspectives are based.

Introductory remarks

Professor Jean La Fontaine opened the workshop by describing two kinds of assistance which she felt social anthropologists could offer those concerned with health care. In the first place they can provide information on the beliefs and behaviour of non-English residents in London. However, it must be recognised that permanent residents in this country, especially second generation immigrants, may conform more to local than traditional patterns in some aspects of their behaviour and that neither indigenous nor immigrant populations form homogeneous groups. Secondly, anthropologists can help by giving some insight into the anthroplogical approach. This is more difficult to convey but may be more rewarding in the long term. It is difficult because anthropology, like medicine or health care, rests on assumptions which are so taken for granted that they may not be made explicit. Anthropologists assume that:

regularities in behaviour and beliefs derive from society or the sub-group to which an individual belongs and thus are not 'natural' or individual by inculcated.

ideas and behaviour must be understood in their social context. Society consists of systems of relationships, expressed in behaviour and ideas. Behaviour and speech will alter with context.

Conflict and opposition are also aspects of social organisation, as are the exercise of power and control. The relative power exercised in various social contexts must be taken into account. Thus what is said in response to an official question may not be the same as a spontaneous remark on the same subject, made by the same individual in a different social setting. A cardinal point of anthropological methodology in therefore to observe and listen more than to ask direct questions.

Thus there are two elements to be considered in understanding behaviour from an anthropological standpoint:-

> the meaning of words, ideas and sets of ideas derive from and vary with social context
>
> relationships and sets of relations, which are formed of rights and obligations, responsibilities and duties.

Students of anthropology are trained to be aware that their ideas and assumptions derive from their own society and are not universally valid.

Discussion

Discussion centred round the application of these ideas to the problems presented in the papers. An early difficulty that the anthropologists foresaw - that they would be expected to come up with solutions to the problems presented - proved to be largely unfounded. The desire was far more for help in understanding the social and cultural context of the problems. Nevertheless, the point was well made by two of the Health Service Administrators present that solutions did not have to be found, and that unless anthropologists could show that their approach had something significant to contribute to these solutions, they were not likely to be heeded.

The paper on mental health problems illustrated the difference between traditional medical and social anthropological approaches. The frequently

made assumption that institutional care of any sort was always second best to community and family care, was challenged by several anthropologists when they explored the social and cultural meaning of 'madness' and the process of leaving the home, joining an institution, accepting 'expert' help, and becoming labelled as 'apart'. The different meanings that cultural groups may place on this process and who is the significant opinion holder in the group, helped to explain why different ethnic groups might find it hard to adopt a concept of 'voluntary' work.

As the workshop progressed, it became evident that those who had brought 'problems' for discussion could not be much helped without understanding more deeply their own cultural and social perspectives in formulating these problems, and clearly there was no opportunity for that in one day. However, this difficulty was largely circumvented by directing discussion towards the application of anthropological methods, and towards the possible behavioural and cultural perspectives of clients rather than providers. It is fair to say that the anthropologists were generally impressed by the health worker's candour and humility in presenting their difficulties, and somewhat constrained by knowing they were a small group at variance with much of academic anthropological thought in wanting to be involved with 'solutions' at all, however tangentially. In America, there are applied anthropologists, and in Norway, teams from many disciplines work together, but here, anthroplogists, with their historic association with colonial powers, often fear that their data may be used for social engineering. The health care providers were surprised to hear of the moral dilemma of anthropologists, who were in a position to present a picture but not a prescription. There is a basic dichotomy between their approach and that of medical personnel in the need for speedy solutions to specific problems.

The health care providers had two main problems. The first of these centred on their professional uncertainty about

a) the value of the scientific evidence on which their expertise is based, for example the predicted increase in tooth decay which has not taken place;

b) the appropriateness of intervention, especially attempting to persuade people to change their behaviour, on the basis of this scientific evidence;

c) the possible costs of persuasion, such as diminished cultural identity and confidence.

The second problem was the irrelevance of administrative boundaries to social and cultural groups, which can create difficulties in collecting information about their health and health care.

The slow and systematic approach of the anthropologists - tracing back from the individual to a larger background - was hard to fit into the Health Service's race to achieve health for all. A simple illustration was presented - the idea of health education - which summed up many of the problems discussed. The anthropologists emphasized that a common understanding of the meaning of the underlying concept - health as a luxury, a right, an absence of illness - an appreciation of what is on offer from the Health Service, and the likely consequence of action - cannot be assumed. In epidemiological studies, doctors not only define the subject, but attach their own meaning to it, and then phrase questions around it. The studies on medical staff attitudes to breastfeeding and abortion services for Camden women revealed these difficulties.

Undoubtedly, the main achievement of the workshop was to set individuals thinking about their problems in a broader context to foster the individual relationships so important to research. For instance, anthropological help has been built into formulating plans for an alcohol rehabilitation service for Hackney, as a direct result of this workshop; and an informal conference took place a few days after the workshop to explore the further use of the Kelly grid method in research. It was hoped to establish a directory of research work in progress, that might be kept at the King's Fund.

Helen Cullinan
Tim Cullinan

This workshop was held as part of the King's Fund London Programme, which seeks to improve health care in London. Further information about the Fund's work in this field should be directed to Jane Hughes at the King's Fund Centre.

LIST OF PARTICIPANTS

Tackling health care problems in London: the contribution of social anthropology

Workshop held at the King's Fund Centre on 26th November, 1981

Dr Berry BEAUMONT	Specialist in Community Medicine	Camden & Islington AHA (T)
Dr Beulah BEWLEY	Senior Lecturer in Community Medicine	King's College Hospital
Mr Ian BUCHANAN	Resource Options Programme	London School of Economics
Dr Sandra BUCHANAN	Research Officer	Newham Social Services Department
Dr Pamela CONSTANTINIDES	Research Anthropologist	
Mrs Helen CULLINAN	Rapporteur	
Dr Tim CULLINAN	Senior Lecturer in Environmental and Preventive Medicine	St Leonard's Hospital Hackney
Dr Yvonne DHOOGE	Resource Options Programme	London School of Economics
Mrs Ann FOSTER	Project Officer (Planning)	King's Fund Centre
Dr Ken GRANT	Specialist in Community Medicine	City & East London AHA (T)
Mr David HANDS	Assistant Director	King's Fund Centre
Dr Patricia HINES	Research Fellow	Ross Institute, London School of Hygiene & Tropical Medicine
Ms Jane HUGHES	Project Officer (London)	King's Fund Centre
Dr Ida HYDLE		Institute of Social Medicine, University of Oslo
Dr Jane JACKSON	Specialist in Community Medicine	City & East London AHA (T)
Dr Zarina KURTZ	Lecturer in Community Medicine	Charing Cross Hospital Medical School
* Professor Jean La FONTAINE	Professor of Social Anthropology	London School of Economics
Ms Diana LLOYD	Development Administrator	Brent Health District
Dr Carol MACCORMACK	Lecturer in Social Sciences	Ross Institute, London School of Hygiene & Tropical Medicine
Mr Robert MAXWELL	Secretary	King Edward's Hospital Fund for London
Mr Malcolm McGREEVY	District General Administrator	Kensington, Chelsea & Westminster, South District
Mr Richard MEARA	District General Administrator	Kensington, Chelsea & Westminster, North East District
Mr Derek MOWBRAY	Director of Patient Services	St Thomas' Health District
Miss Sue MOWAT	Divisional Nursing Officer (Community)	Tower Hamlets Health District

Ms Rosine PERELBERG		Department of Social Antropology, London School of Economics
Dr John REED	Consultant Phsychiatrist	St Bartholomew's Hospital
Dr Jean RICHARDS	Specialist in Community Medicine (Child Health)	City & East London AHA(T)
Ms Lisbeth SACHS		Department of Anthropology University of Stockholm
Mr Tim SCOTT	Head of Health Planning & Information Unit	Guy's Health District
Dr Aubrey SHEIHAM	Senior Lecturer in Community Dentistry	London Hospital Medical College
Dr Sam SILIKOVITZ		Institute of Community Dentistry, University of Oslo
Dr Sandra WALLMAN	Resource Options Programme	London School of Economics
Mrs Elizabeth WATSON	Research Officer	Department of Clinical Epidemiology, The London Hospital Medical School
Dr Kevin WOODS	Senior Lecturer	Department of Geography Queen Mary College
Ms Barbara YOUNG	District General Administrator	Kensington, Chelsea & Westminster, North West District

* In the Chair