


Rethinking the 'marginality' of medical anthropology in Italy. *Politics of resistance for whole anthropology*

Eugenio Zito

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Autore	Ente di appartenenza
Eugenio Zito	<i>University of Naples Federico II</i>

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groups in formation

Rethinking the ‘marginality’ of medical anthropology in Italy. *Politics of resistance for whole anthropology*

Eugenio Zito

Abstract

Starting from the teaching and research experience of the author in the School of Medicine and Surgery of the University of Naples Federico II in Italy, and considering what is actually happening in Italian universities, the paper highlights the dangerous trend of a reduction of medical anthropology courses as important symptom of the widest and creeping impoverishment of whole anthropology, discipline so valuable and strategic for humanity. The aim is to draw the attention of the national and international academic and scientific communities on the need to develop adequate strategies of resistance to preserve, however, the epistemological wealth of anthropology, even surpassing, at this stage of criticality, some conflicts related to its various forms such as social, cultural, medical, applied, clinical ones, and to its different schools, in order to get public legitimacy in terms of a clear socio-political and institutional mandate, considering also the so-called ‘ontological turn’ in human sciences.

Keywords: medical anthropology, Italy, marginality, resistance, current anthropology.

*Ripensare alla ‘marginalità’ dell’antropologia medica in Italia.
Politiche di resistenza per tutta l’antropologia*

Riassunto

Partendo dall’esperienza didattica e di ricerca dell’autore presso la Scuola di Medicina e Chirurgia dell’Università degli Studi di Napoli Federico II in Italia, e considerando ciò che sta realmente accadendo nelle università italiane, l’articolo evidenzia la pericolosa tendenza di una riduzione dei corsi di antropologia medica, importante sintomo dell’impoverimento più ampio e strisciante di tutta l’antropologia, disciplina così preziosa e strategica per l’umanità. L’obiettivo è quello di richiamare l’attenzione della comunità accademica e scientifica nazionale e internazionale sulla necessità di sviluppare adeguate strategie di resistenza per conservare e proteggere la ricchezza epistemologica dell’antropologia, superando anche, in questa fase di criticità, alcuni conflitti

legati alle sue varie forme quali sociale, culturale, medica, applicata, clinica, e alle sue diverse scuole, per ottenere una legittimazione pubblica in termini di un chiaro mandato socio-politico e istituzionale, tenendo anche conto della cosiddetta ‘svolta ontologica’ nelle scienze umane.

Parole chiave: antropologia medica, Italia, marginalità, resistenza, antropologia contemporanea

*“Vivo, sono partigiano.
Perciò odio chi non parteggia,
odio gli indifferenti.”¹*

Antonio Gramsci (1917: 25).

1. *Premise*

In the stimulating article entitled ‘Writing at the margin of the margin: Medical anthropology in Southern Europe’, published in 2002 on *Anthropology & Medicine*, Josep M. Comelles critically analyzes some issues of medical anthropology in Southern Europe. He focuses on the limits of the spread of its scientific production in non-English languages, on idiosyncratic development of social and cultural research within European health contexts and finally on its theoretical specificity with particular reference to Italy. Comelles (2002), debating of spread, development and specificity of medical anthropology in Southern Europe, implicitly poses the problem of the birth of this discipline, issue actually very complex. As noted by Fassin (2014) the dating of the origins of a discipline is always difficult and controversial. Often the choice of a specific date, such as that of ‘Harvard School’ founding in the second half of the Seventies of the twentieth century for medical anthropology (Kleinman, 1978; Quaranta, 2006), serves, beyond its being a time of significant change, to fix a memory benchmark, a milestone, rather than to absolutize it.

Marcia C. Inhorn and Emily A. Wentzell in *Medical Anthropology at the Intersections. Histories, Activisms, and Futures* (2009), tracing back the birth of medical anthropology, come until 1959 with the publication of the article ‘Medical Anthropology: A Synthetic Discipline’ by American physician and anthropologist James Roney. Anyway Fassin (2014) emphasizes that more stories of medical anthropology, which deserve to be told, exist, and he notes, as Comelles (2002) had just done a few years before, that already in 1956, in Italy, Tullio Seppilli²

¹ “I live, I’m partisan. Therefore I hate those who do not take a position, I hate the indifferent people”.

² Tullio Seppilli founded the Italian Society of Medical Anthropology (SIAM) in 1988, that still today represents the most important Italian scientific organization about medical anthropology with its valuable journal *AM-Rivista della Società italiana di antropologia medica*, point of reference for many Italian anthropologists but also for some European ones.

had published a work entitled 'Contributo alla formulazione dei rapporti tra prassi igienico-sanitaria ed etnologia' in which the World Health Organization's programs for the Third World had been criticized. In particular, Comelles (2002) highlights that Italy in the second half of the Fifties, with the work of Tullio Seppilli and other anthropologists operating in health education and promotion at the Centro Sperimentale di Educazione Sanitaria in Perugia, represented an exception to the rest of Europe, where instead the application of anthropology in medical contexts has been largely absent until the Eighties.

The paper doesn't intend analyze the story and the development of medical anthropology in Italy, considering in example what is happening in this research field in the different Italian regions and towns. But it is important to remember that, with reference to Italy, although the differences existing between the various research contexts with their specific perspectives and subfields of enquiry, it seems particularly relevant the relationship between medical anthropology and history as an ubiquitous trait by the crucial influence of the work by Antonio Gramsci on politics and culture (Gramsci, 1975), and by Ernesto de Martino on Southern Italy religious and therapeutic traditions (de Martino, 1948, 1959, 1961). Therefore, Italian medical anthropology, with its unique and long history, is characterized immediately by a combination of theory, criticism and policy that still today seems to represent its original strength (Fassin, 2014) and present vitality, although in a general context of impoverishment of spaces and possibilities for whole anthropology, primarily at academic level (Remotti, 2013; Palumbo, 2013; Bolognari, 2016).

However, in the article by Comelles (2002) the incisive expression 'writing at the margin of the margin', echoing the title of a work by Kleinman (1995), but used for medical anthropology in Southern Europe, immediately suggests a very complex and multi-problematic ground, beyond the issue of language, at the border between biomedicine, anthropology and history, and which invests the broadest and most contentious European debate between cultural and social anthropology on one hand and that clinical and applied on other. Comelles (2002), in his critical review, clearly shows that the problem in Southern Europe is not only the lack of social recognition of medical anthropology in health contexts, but also another one, thinner than the first, the lack of recognition of medical anthropology within European social anthropology itself. He highlights a substantial marginality of medical anthropology within cultural and social European anthropology: 'the margin of the margin'.

2. *Medical anthropology today in Italy*

Today, after fifteen years from the paper by Comelles (2002), the situation in Italy is in part changed and appears very complex and articulated. The 'marginality' can be, in this moment, considered in terms of an academic weakness and not as an anthropological notion. Medical anthropology in Italy is now, probably, the most important subfield of the discipline, as it has been

growing in the last years. In fact a plurality and richness of many new ethnographic enquires in biomedical field are evident in contemporary Italy, and also of Italian medical anthropologists doing fieldwork 'at home' and abroad (Ranisio, 2012; Cozzi, 2013; Schirripa, 2015; Pizza and Ravenda, 2016; Zito, 2016a). Moreover new forms of alliances are growing between anthropologists and physicians in different contexts, such as the dialogue between medicine and anthropology in Italy in many fields, and above all contemporary Italian social movements about the right for health and against environmental pollution as inequalities in health or in case of associations of patients affected by chronic diseases. Among the others some issues are very discussed at this moment such as medicalization, politics of diagnosis, diagnostic proliferation and its 'making up' effect, compulsive multiplication of 'scales' to measure suffering and their not less compulsive 'cross-cultural' validations, but also other different issues such as gender ones, epistemic violence, institutional racism, migration problems and so on. Medical anthropology has to say much about these crucial issues today. But this paper, although it is presented as a result of a personal teaching experience in one university, would in particular reflect about the risks connected to the present academic weakness of medical anthropology in Italy and the usefulness, still today, of its critic approach to the Cartesian model, too much rigid in many biomedical contexts.

To do this paper, the author starts from his experience of the last six years in some degree courses for the health care professions³ of the School of Medicine and Surgery of the University of Naples Federico II in Italy, where he taught medical anthropology and coordinated one integrated course in social sciences, psychology and pedagogy that includes this teaching⁴. Considering also anthropological research performed in the health sector (Zito, 2016a, 2016b, 2016c), some reflections about today growing and paradoxical danger of going 'out of date' for medical anthropology, but more generally for cultural and social anthropology in Italy, and not only, are proposed. In time a gradual and inexorable disappearance of almost all teaching modules of anthropology (and in particular of medical anthropology) from the programs of various degree courses for health professions of the University of Naples Federico II, but also of many other Italian universities, happened (Cozzi, 2014; Zito, 2015), to the benefit, in the best circumstances, of other disciplines that fall within integrated courses of social sciences, psychology and pedagogy, increasingly pushed towards 'reassuring' epistemological models gravitating under the control of biomedicine. All this is symptomatic of a dangerous and general process of demolition and liquidation of anthropological knowledge dealing with, instead, social memory and critical analysis of the present (Faeta, 2005; Resta, 2013), but also of an innovative way of looking at body and health/disease (Pizza, 2005;

³ These health care professions include the following fields: physiotherapy, speech therapy, orthoptics, pediatric nursing.

⁴ The author would like to thank all the health care professional students of the University of Naples Federico II that during the last six years helped him to understand the importance of medical anthropology for a really humane biomedicine.

Quaranta, 2006).

In fact, in Italy, but not only, while cultural and social anthropologies now increasingly appear in various levels of other university courses and training of different professions – also because of processes of knowledge and work globalization, and as recognition of the complexity of contemporary world – and despite the efforts of international scientific societies (European Association of Social Anthropologists-EASA) and national ones (Associazione Nazionale Universitaria degli Antropologi Culturali-ANUAC, Associazione Italiana per le Scienze Etno-Antropologiche-AISEA, Società Italiana di Antropologia Medica-SIAM, Società Italiana di Antropologia Applicata-SIAA, Società Italiana per la Museografia e i Beni Demoetnoantropologici-SIMBDEA, Associazione Nazionale Professionale Italiana di Antropologia-ANPIA, and so on), university chairs, departments and institutes of anthropology, and with them often also degree courses and specific PhDs, are quickly suppressed (Palumbo, 2013), resulting in a recovery and re-contextualization of categories and anthropological methods, such as ‘culture’ and ‘ethnography’, within other disciplines.

2.1. What is happening in Italian universities?

Today in Italian medical schools and university contexts, but not only, there is a more general and dangerous reduction of professorships and specific teachings of medical anthropology as important symptom of the widest, creeping and paradoxical impoverishment, on the academic level, of this area of research so valuable and strategic for humanity. In particular, with regard to the weakness of medical anthropology teaching and research (and anthropology, more generally) in Italian academy, there are also causes other than those just evoked, including the responsibility of anthropologists themselves, above all some among those working in Italian universities and concerned first of all by the reproduction of their power, as noticed by Palumbo (2013) in his penetrating and debated analysis. Moreover it is useful to consider another important issue for the specific context of Italian medical schools: cultural anthropology or medical anthropology is taught by everyone (physicians or psychologists, among others), in many cases without any serious training in this area (above all, without any serious training in medical anthropology), and in some cases this happens particularly in the ‘forgotten lands’ of nurses’ courses.

The aim of the paper is to highlight this dangerous trend of reduction of professorships and specific teachings of medical anthropology in Italy and draw the attention of the national and international academic and scientific communities on the need to develop adequate and transnational strategies of resistance to preserve, however, epistemological wealth of anthropological studies and their specificity, even surpassing, at this stage of criticality, some conflicts related to its various forms such as social, cultural, medical, applied, clinical ones, and to its different schools, in order to get proper public legitimacy in terms of a clear socio-political and institutional mandate. This seems especially true if

we consider, for example, the area of the university education of health professionals, for all that anthropological knowledge can provide in terms of the broadest and most complex approach to the themes of body, health/disease and processes of care.

2.2. Anthropology in support of the humanization process of medicine

On the other hand, the process of humanization of contemporary biomedicine also in Italy from some years seems to involve the university education of medical doctors and other health professionals such as nurses, speech therapists, dietitians, physiotherapists and so on. The programs of their university courses include aforementioned modules of social sciences, psychology and pedagogy (but practically nothing more which includes medical anthropology and anthropology in general). The problem is that this process of humanization mainly provides for simple improvements in the communication between clinic operator and patient.

The implementing of small surface touches, without scratching instead a granite like the biomedical paradigm, with its rigid assumptions and monolithic certainties, is paradoxically the answer to the difficulty, substantially today more and more obvious, of being able to consider all what are the cultural, social and political meanings of care process (Pizza, 2005; Quaranta, 2006). Instead the contribution of anthropological studies to the theme of body beyond the Cartesian dualism is undoubtedly valuable in its originality and radicalism in order to promote an effective university education, really transformative, for health professionals, and without fear of being 'outdated' (Remotti, 2013; Zito, 2015). This is a complex and rich tradition referring to very different perspectives that begins with 'body techniques' by Mauss (1965), ideally passing through the concepts of 'presence' by de Martino (1948, 1959, 1961) and 'habitus' by Bourdieu (2003), arrives up to those of 'mindful body' by Sheper-Hughes and Lock (1987) and 'incorporation' by Csordas (1990).

This differentiated and complex tradition considers body not so much as a 'natural' object but as historical product, that is cultural construction variable according to different social contexts (Pizza, 2005). Thus it opens up new ways of considering health, disease and related processes of care. Obviously, emphasizing culturally informed nature of body does not mean to delegitimize anatomy and physiology, but simply to show that embodiment (Sheper-Hughes and Lock, 1987; Csordas, 1990) is a more complex, multidimensional and large process and may not be entirely and exclusively reducible to them⁵. In this way it is hoped a path of mutual transformation⁶, rather than opposition, between biomedical knowledge that can become 'bio-power' (Foucault, 1978; Fassin,

⁵ Sometimes and in certain contexts, biomedicine's threats appear just well beyond 'the old danger' of the Cartesian paradigm, with a good awareness of what may be the risks of the Cartesian model itself.

⁶ This mutual transformation and integration is just happening in many research contexts producing interesting results.

2014) and anthropological knowledge with its rich critical contribution, peculiar attention to other's point of view, habit to deconstruction and decentralization, interpretative attitude searching for meaning and acrobatic balance between proximity and distance from observed reality (Malinowski, 1922; Clifford and Marcus, 1986; Geertz, 1988; Marcus and Fischer, 1999). All this is even more relevant when you consider the direction in Italy, but not only, that, lately, many psycho-social disciplines have taken to save their 'skin', often becoming 'handmaidens' of the biomedical paradigm, due to ongoing 'war' against human and social sciences, with consequent attempt to delegitimize them scientifically (Remotti, 2013). Now more than ever it seems necessary and urgent arousing the attention of the national and international scientific community to develop viable survival strategy, for the entire area of anthropology, above all for saving a valuable way of thinking and a rich epistemological framework.

3. Anthropological knowledge and its methodological application

Important contents of anthropological knowledge and related methodological issues may be exceptionally surprising and transformative even when applied in very different contexts, from urban and complex societies to health and biomedical fields, from rural to work contexts up to those of the South of the world. For example, in the author's teaching experience with students of the health professions, through theoretical anthropological concepts and using an ethnographic methodology applied to the experience of practical training carried out in the ward during one semester of the academic year, it becomes possible to penetrate into a certain pervasive pattern such as biomedical or at least to open up a gap in it and empower their human and care skills (Zito, 2015). Students are helped to reflect on their body reality implied in the relationship with patient and on the 'illusion' of the Cartesian paradigm, to try the re-composition of the mind/body dualism, epistemological basis of biomedicine, in the 'idea corporis' by Spinoza and so to recover through the 'world of life' of patient, the historic, social and cultural dimensions of disease and bodies (Kleinman and Kleinman, 1991; Good, 1994; Kleinman, 1995), including their own, of students and future health professionals. In particular students are invited to observe as ethnographers some clinical interactions in wards during their practical training and then to write narrative protocols of these interactions, later discussed during lessons. So anthropology, with its abundant knowledges and valuable methods, helps education of health care professionals to 'know how to be' which supplements their specific 'know' and 'know-how'. The 'know how to be' could remain dangerously unprotected and therefore controlled by other disciplines, but not really be grown to prepare themselves as clinicians to take fully care of patients. And if culture lives in practices and it is an inter-subjective process, truly transformative meanings can be put into play mainly through practical involvement, especially considering that self-

reflective ability, critical eye and listening skills are not traditionally taught in university courses aimed at the health personnel. To be truly effective the training must be transformation and, to be such, it must be based on participation. In fact, meaning transforms experience not when it is communicated as mere cognitive pass from one mind to another, but when it is actively produced in a relational dimension.

In this perspective ethnographic observational methodology proposed during lessons can be very effective for great personal involvement that inevitably entails. If illuminated by contemporary anthropology contributions it can indeed show all formative and transformative potential that cultural, social and political evaluation of health and disease can have for who is preparing to make a caring profession, ensuring also through elaboration of its body experience in clinical practice, the promotion of an effective habitus to relationship, useful counterweight to a pervasive and limiting ‘anthropopoiesis’ (Remotti, 2013) programmed according to the biomedical model. The body is then re-processed and returned to the world in all its complexity, that goes beyond being simply the object of the biomedical gaze, the body/corpse of the ‘anatomical ritual’.

Elsewhere, in his research about ‘gender’, the author has already shown how much disciplinary crossings and methodological contaminations can be productive to reconstruct complex meaningless plots and how the point of view of anthropology is indispensable for a thorough reading of human nature, bodily and sexed (Zito, 2013). All this can be even more valid in university education of future health professionals, because of its potential transformative values and of the complexity of our times, characterized by certain epistemological diffusionism. Moreover, this applies more and more if you consider the great potential of anthropological research in the health and biomedical fields. In fact, anthropological study of health, illness and medicine in a defined context (Good Del Vecchio, 1995) gives us a significant insight for understanding relationship between individuals, society and culture (Zaman, 2013). The hospital is now increasingly an interesting object and fertile ground of research to analyze biomedicine in its social, economic and cultural interconnections in a certain society given the historical, sociological and anthropological research realized in this space over the last years (van der Gest and Finkler, 2004; Long, Hunter and van der Gest, 2008; Fortin and Knotova, 2013). So thanks to its inherently critical approach, attentive to cultural meanings, contexts and social relations, anthropology can certainly increase, in general, cognitive and operational ability of medicine and not only (Lupo, 2014; Seppilli, 2014).

4. *Conclusive reflections: What future for medical anthropology?*

At this point, what is the meaning of a metaphorical ‘call to arms’ for all anthropologists, beyond specific specialization and differentiation of each one,

for implementing a serious policy of resistance in defense of a strategic knowledge for humanity?

Everyone knows that the well-known 'litany' about the necessity of 'multi- and interdisciplinarity' remains ineffective without any preliminary and serious effort to consider what 'interdisciplinary approach' is, in which way the different epistemological models are interpellated, and so on. The described experience shows that ethnographic practice, with the rich and articulated theoretical 'corpus' of anthropology, that underlies it, applied to biomedical contexts of contemporaneity, retrieves emerging knowledge in concrete interactions. This can be taken as real patrimony on the relationships of care from which to start also for exploring new forms of understanding of themselves and others and for being able then to act incisively in the educational process. The considerable and undoubted potentiality of the ethnography and anthropological models that are derived theoretically, resides, in fact, in the amazing ability to promote a knowledge of border, that, placing itself on the 'edge' of the observed worlds and having as focus the analysis of the daily practices, is able to open deep spaces of understanding and transforming. Doing anthropology today, beyond any specialization, goes increasingly towards multi- and interdisciplinary approaches (Zito, 2013, 2016a). The same anthropologists have an important responsibility, practicing and propagating a new way of looking at reality, abandoning a strict and faithful affiliation to a school of thought or to a specific area of investigation to recover the full potential of an epistemological knowledge made of a multiplicity of approaches, scriptures, people, looks and voices to prevent closing themselves in a dominant 'world order'. All this implies the opportunity/chance to abandon any essentialist conception of identity, including disciplinary one, for really entering into relation with each other.

Now more than ever it must withstand and defend the total assets of anthropological studies, unique and precious because irreplaceable, and thus over and before of its major differentiations and its various geographical and historical variations, even at cost of appearing, to most people, 'outdated' and eccentric, if not subversive. It is a 'war' time, a devious and thin 'war'. So it is time to be compact despite differences and act jointly. Every 'war' requires strategies of survival and resistance, as much thinner as much more insinuating and pervasive is the offensive to face. But the heritage of the 'culture' that can be drawn is infinite and anthropologists, for history and habitus, have always showed courage and creativity. In fact, isn't 'culture' perhaps that extraordinary exquisitely human instrument that enables people themselves to overcome even their biological limits? And the anthropologists, by their cultural work, are they not always been accustomed to frontier territories, to practice a critical approach to the world without feeling for this awkward, aware, instead, of all implicit cognitive and creative potential in a strategic position of 'margin'?

So, in the end, it seems useful to discuss about a valuable frontline for current medical anthropology teaching and research. It is time to debate about the potentiality of a 'culture' concept according to the contemporary anthropological

and philosophical voices⁷ as, among others, Strathern (1992), Latour (2013), Descola (2015), Ingold (2015), Viveiros de Castro (2015), about a ‘genealogy’ of dualisms between nature and culture, nature and society, subject and object, individual and society, people and things, mental and material (Benadusi, Lutri and Sturm, 2016; Mancuso, 2016). The question is how a renewed medical anthropology teaching can be imagined today also considering these important developments about ‘culture’.

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⁷ The so-called ‘ontological turn’ in human sciences and especially in anthropology, referred to these authors and developed during the last twenty years, has tried to respond to pressing socio-political and ecological needs with an intensified study of the entwined modes of identification and relation between the human and non-human world (Benadusi, Lutri and Sturm, 2016). So it seems today very interesting the possibility to practice ontological approach in different terrains of research, including the one of medical anthropology, considering the relevance of the political dimension for this specific field of human sciences.

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