

Medical Anthropology in Spain: A historical perspective¹

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Abstract

Medical Anthropology is a specialty which in recent decades has undergone both considerable growth and a diversity of theoretical and empirical developments in the different national traditions. Particularly in Europe, this diversity stems from how the specific developments of the various nation states have historically built their bureaucratic organization of knowledge, including professional identities. In this article we propose a review of medical anthropology in Spain from a historical perspective. After analysing the folklorist tradition, the article discusses three stages: 1) the origin of professional medical anthropology, 2) the development of medical anthropology, and 3) current developments. The first stage is characterized by a confluence of pioneering work mainly by of medical historians, anthropologists and sociologists. Beginning in the early 1980s, the second stage involves the incorporation of a wide variety of themes and perspectives such as cultural psychiatry and ethnopsychiatry, the study of illness and handicaps, the ethnography of professionals and institutions, and the analysis of medical pluralism, among many other topics. Finally, the third stage involves the current contributions in a context where it is no longer the nation state that sets the agenda, but rather the diversity of issues related to European social policies, or those raised by international cooperation.

Key words: Medical Anthropology, Spain, Folklore, History of Social Science, History of Anthropology, History of Medicine, Medical Sociology

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The Field of Medical Anthropology

Medical anthropology is a subdiscipline so recent in the field of anthropology that it has hardly received any attention from science historians. Its origins are generally considered to date back to RIVERS or FORREST CLEMENTS², but BLACK, PITRÈ, SEPELLI, DE MARTINO, FANON,³ the French Africanists, Latin American authors, and foundational works from Great Britain, France, and Spain are forgotten.⁴ In a certain sense, presenting the current state of research in the field gives it legitimacy and visibility. Spanish anthropology, like most anthropologies written in languages other than English, is not well known. However, the reverse is less true: anthropologists who speak Latin languages are used to reading in English, whereas those who write in English tend to read only works in their own language. We have the advantage of having a broader, more cosmopolitan outlook than our colleagues who are confined to their linguistic and cultural ghetto.⁵

To speak about medical anthropology in Spain and in Europe generally raises a methodological issue: we cannot compare the discipline to medical anthropology in North America, because it has not developed along the same lines. Moreover, neither its presence nor its social uses are evident in Spain. The relations between anthropology and medicine are quite different in Europe and in North or South America. In Europe, the creation of welfare states has given hegemony to quantitative and epidemiological analyses to the detriment

² RIVERS, WILLIAM HALSE: *Medicine, magic and Religion*. London 1924. CLEMENTS, FORREST: *Primitive Concepts of Disease*, in *University of California Publications in American Archaeology and Ethnology* Vol. 32 Nr. 2 (1932), pp. 185-252.

³ BLACK, WILLIAM GEORGE: *Folk-Medicine. A Chapter in the History of Culture*. London 1883. PITRÈ, GIUSEPPE: *Medicina Popolare Siciliana*. Torino 1896. SEPELLI, TULLIO: *Contributo alla formulazione dei rapporti tra passi igienico-sanitaria ed etnologia*. In: *Atti della XLV Riunione della Societa Italiana per il progresso delle scienze*. Roma 1954. SEPELLI, TULLIO: *Il contributo della antropologia culturale alla educazione sanitaria*. In: *L'Educazione sanitaria* Vol.4 (1959), pp. 3-4. DE MARTINO, ERNESTO: *Morte e pianto rituale. Dal lamento funebre antico al pianto di Maria*. Torino 1958. DE MARTINO, ERNESTO: *La terra del rimorso. Contributo a una storia religiosa del sud*. Milano 1961. FANON, FRANTZ: *Peau noire, masques blancs*. Paris 1952.

⁴ COMELLES, JOSEP M./MARTÍNEZ-HERNÁEZ, ÀNGEL: *Enfermedad, cultura y sociedad. Un ensayo sobre las relaciones entre la antropología social y la medicina*, Madrid 1993. MARTÍNEZ-HERNÁEZ, ÀNGEL: *Antropología médica. Teorías sobre la cultura, el poder y la enfermedad*, Barcelona 2008.

⁵ COMELLES, JOSEP M.: 2002. *Writing at the margin of the margin: medical anthropology in Southern Europe*. In: *Anthropology & Medicine*, Vol. 9 Nr. 1 (2002), pp. 7-23.

of qualitative and cultural analyses.⁶ European anthropologists have often been indifferent, even hostile to applied anthropology, following AUGÉ⁷ (1986) who condemned the “venality”, or mercenary nature, of the U.S.A. medical anthropology project.

Over the course of the 20th century in Europe, ethnographic writing on health, medicine, and illness was a secondary methodology in medicine and other academic fields.⁸ In the United States, KLEINMAN⁹ located medical anthropology on the margins of both medicine and anthropology. In the European context prior to 1980-90, "medical" ethnography was considered by medicine as merely folklore with a medical bent to it, often written by physicians. Anthropology did not take much interest in medical matters, except as peripheral topics in studies of magic, religion, and shamanism.¹⁰

Since the development of professional anthropology in the United States and of modern medical practice throughout the world, anthropology has lost its interest in health and illness that was present to some extent in general anthropology projects, *à la BROCA*, while medicine has lost interest in the social and cultural realms. The identity of professional anthropology was based on a naturalist empiricism and a refusal to focus on the biological analysis of individuals, concentrating instead on collective behavior; by contrast, medicine was increasingly based on experimental medicine, setting aside the social and cultural dimensions of illness.

The epistemological divide between anthropologists and physicians in Europe, and the breach within the overall anthropology project between ethnology and a biologically focused medicine, points to two parallel processes: anthropology's subordination of medical issues, and medicine's subordination of anthropological practices and ethnographic techniques (this has been less true for psychiatry). In the former, the "medical" realm is limited to examples used

⁶ COMELLES, JOSEP M.: Should Physicians and psychiatrists also be ethnographers? Toward a future agenda for medical anthropology in Europe. In: FAIZANG, SYLVIE/HEM, HANS EINAR/RISØR, METTE B. (eds). *The taste of knowledge. Medical anthropology facing medical realities.* Aarhus 2010.

⁷ AUGÉ, MARC: *L' Anthropologie de la maladie.* In: *L'Homme* Vol. 26 Nr. 97-98 (1986), pp. 81-90.

⁸ COMELLES, JOSEP M.: The role of local knowledge in medical practice: a trans-historical perspective. In: *Culture, Medicine and Psychiatry.* Vol. 24 Nr.1 (2000), pp. 41–75.

⁹ KLEINMAN, ARTHUR: *Writing at the Margin. Discourse between Anthropology and Medicine.* Berkeley 1995.

¹⁰ MARTÍNEZ-HERNÁEZ, 2008 (as annot. 4).

only to empirically verify anthropological hypotheses, while in the latter, research on care practices that lie beyond the cultural boundaries of biomedicine is delegated to anthropology. This is why in Europe it has been difficult to delineate a relatively specific medical anthropology, as it has also been for empirical sociology or applied anthropology. On the other hand, there are many examples in Europe of approaches connected to our current fields of interest, be they social sciences, folklore, medicine, psychiatry, public health, or the history of medicine: medical topographies, medical folk-lore, social medicine reports on living conditions among the underprivileged, or philosophical writings on the conditions of patients or on the doctor-patient relationship. In what follows, we will distinguish between these two areas.

Anthropology and Medicine in Spain

It is impossible to cover the entire body of ethnographic descriptions carried out in the New World, many of which dealt with issues related to illness, remedies, or therapeutic practices.¹¹ Such writings became increasingly rare in 19th and 20th century Spain despite continued scientific expeditions, as we can see by the grey literature on health in the Moroccan protectorate and in Guinea.¹² Among the most interesting metropolitan sources are those that convey an interest in the material living and working conditions of people from the perspective of physicians. Most of these studies were developed by

¹¹ PARDO, JOSÉ: Oviedo. Monardes. Hernández. El tesoro natural de América. Colonialismo y ciencia en el siglo XVI. Madrid 2002.

¹² MEDINA, ROSA/ MOLERO, JORGE: Medicina y poder colonial en el África Española. Un acercamiento preliminar a la perspectiva de género desde el marco legislativo colonial In MARTÍN, AURELIA/VELASCO, MARÍA CASILDA/ GARCÍA, FERNANDA (eds.): Las Mujeres en el África Subsahariana. Antropología, literatura, arte y medicina. Madrid 2002. MEDINA, ROSA/ MOLERO, JORGE: La ley sanitaria colonial. Marco legislativo para el análisis de la medicina colonial española en África. In: Díez, ALEJANDRO R. (ed.): Ciencia y Memoria de África. Actas de las III Jornadas sobre "Expediciones científicas y africanismo español. 1898-1998". Madrid 2002. MOLERO MESA, JORGE/JIMÉNEZ LUCENA, ISABEL/MARTÍNEZ-ANTONIO, FRANCISCO J.: Salud, enfermedad y colonización en el Protectorado Español en Marruecos. In: RODRÍGUEZ MEDIANO, FERNANDO/DE FELIPE, HELENA (eds.): El Protectorado Español en Marruecos. Gestión colonial e identidades. Madrid 2002. MARTÍNEZ ANTONIO, FRANCISCO J.: En la enfermedad y en la salud: medicina y sanidad españolas en Marruecos (1906-1956). In: ARAGÓN, MANUEL/GAHETE, Manuel/BENLABBAH, FÁTIMA (eds.): El Protectorado español en Marruecos. La historia trascendida (ed.): El Protectorado español en Marruecos. La historia trascendida. Vol. I. Bilbao 2013.

ethnological societies¹³ or folklorists.¹⁴ The folklorists had an appreciation of the medical value of caregiving knowledge, and in 1883 one of the groups, *El folklore castellano*, sent a *Cuestionario* [questionnaire] to priests, teachers, and doctors of the region of Castile. The doctors were asked to answer questions on subjects as diverse as "home care and superstitions", "childbirth," "the moon," "colours and numbers in medicine," and "songs and popular names" for illnesses. The only Spanish article on medical folklore was written by Eugenio Olavarría y Huarte, secretary of *El folklore Castellano*, which was published in 1885 in the journal *Archivio per lo studio delle Tradizioni Popolari*, edited by PITRÈ and SALOMONE MARINO.¹⁵ The most ambitious study was a questionnaire survey sent by the *Ateneo de Madrid*¹⁶ to its correspondents in the provinces, which aimed to characterize the "Spanish people" and their *Volksgeist*, a rather vague concept made all the more obscure by the enormous cultural and linguistic diversity of the Iberian Peninsula. That survey led, among other things¹⁷, to research on the Catalanian, Basque, Galician, and Andalusian *Volksgeist*. The work of Xosemiel de Barandiarán (1889-1991), who piloted a regional ethnography project entitled *Atlas Etnográfico de Vasconia*,¹⁸ was also part of that line of research. In the south of Europe, the notion of "folk medicine" appeared towards the end of the 19th century.¹⁹ Before that, physicians spoke

¹³ BOUZA, JERÓNIMO: *El hombre como problema. Filosofía, ciencia y subversión en la Antropología del Siglo XIX*. Barcelona 2002. RONZÓN, ELENA: *Antropología y Antropologías. Ideas para una historia crítica de la antropología española. El siglo XIX*. Oviedo 1991.

¹⁴ AGUILAR-CRIADO, ENCARNACIÓN: *Cultura popular y folklore en Andalucía (los orígenes de la antropología)*. Sevilla 1990. PERDIGUERO, ENRIQUE/BALLESTER, ROSA: *Federico Rubio y el Folklore médico*. In: CARRILLO, JUAN LUÍS (ed.): *El Dr. Federico Rubio Galí: Medicina y Sociedad del siglo XIX*. El Puerto de Santa María, Cádiz 2003.

¹⁵ Some works on the folklore of particular regions also collected medical folklore materials: GUICHOT Y SIERRA, ALEJANDRO: *Supersticiones populares andaluzas*. In: *El Folklore andaluz* Nr. 2 (1882), pp. 21-27; Nr. 3 (1882), pp. 59-64; Nr. 6 (1882), pp. 199-203; Nr. 8 (1882), pp. 293-298; Nr. 9 (1882), pp. 337-341; Nr. 10 (1882), pp. 411-418. OLAVARRÍA Y HUARTE, EUGENIO: *El Folklore de Madrid. Medicina popular*. In: *Biblioteca de las tradiciones populares españolas*. Vol. 2 (1884), pp. 86-87. GINER-ARIVAU, LUÍS: *Contribuciones al Folklore de Asturias. El Folklore de Proaza. Medicina popular*. In: *Biblioteca de las tradiciones populares españolas*. Vol. 8 (1886), pp. 257-264.

¹⁶ LIMÓN, ANTONIO/CASTELLOTE, EULALIA (eds.): *Costumbres populares en los tres hechos más característicos de la vida, nacimiento, matrimonio y muerte (1901-1902)*. Edición crítica de la información promovida por la Sección de Ciencias Morales y Políticas del Ateneo de Madrid. Madrid 1990.

¹⁷ SALILLAS, RAFAEL: *La Fascinación en España*. Madrid 1905.

¹⁸ The volumes published until now related with medial topics are: *Ritos Funerarios en Vasconia*. Bilbao 1995. *Ritos del nacimiento al matrimonio en Vasconia*. Bilbao 1998. *La alimentación doméstica en Vasconia* Bilbao 1999. *Medicina popular en Vasconia* 2004.

¹⁹ COMELLES, JOSEP M.: *Da superstizioni a medicina popolare: La transizione da un concetto religioso a un concetto médico*. In: *AM. Rivista della Società italiana di Antropologia Medica*

of superstitions or common errors, and folklorists of superstitions or beliefs. This new concept came from doctors involved in the medical acculturation of the peasants, and constituted a professional strategy for defining the cultural boundaries of medical practice. The epistemological and methodological break came with Pitre's book, *Medicina Popolare Siciliana* (1896),²⁰ wherein he proposed a specific methodology for field studies on folk medicine and a model for cultural monographs inspired by TYLOR and by the *Kulturkreise*. The radicalism of that book was in sharp contrast with the rest of his vast body of folklore studies. In spite of the admiration that European folklorists had for him, they did not follow in his path. Not being doctors, they did not feel entitled to use his methodology. Only physician- folklorists like LIS-QUIBEN in Galicia,²¹ or ERKOREKA in the Basque Country,²² followed his lead.

The Origins of Professional Medical Anthropology in Spain

In 1949, GEORGE M. FOSTER travelled across Spain with his wife and JULIO CARO-BAROJA. Foster was interested in the relation between Spanish medicine of the Golden Age and medical knowledge in New Spain.²³ In their wake, a small group of American and English anthropologists conducted fieldwork in Spain over the next 20 years. Julio Caro Baroja wrote masterpieces on witchcraft and the Inquisition.²⁴ Professional anthropology in Spain got its kick-off when ESTEVA FABREGAT created the *Escuela de Estudios Antropológicos* [School of Anthropological Studies] in Madrid, around 1960, and began teaching at the University of Barcelona, in 1969. Upon return from Mexico, he made a proposal to the Faculty of Arts for an anthropology program with four sections, but his attempt failed. In the context of Francoism, his students rejected U.S.A. culturalism and the culture and personality school with

Vol. 1-2 (1996), pp. 57-89. CHARUTY, GIORDANA: L'invention de la médecine populaire In: *Gradhiva* Vol. 22(1997), pp. 45-57. DIASIO, NICOLETTA: La science impure. Anthropologie et médecine en France, Grande-Bretagne, Italie, Pays-Bas. Paris 1999.

²⁰ PITRÉ, 1896 (as annot. 3).

²¹ LIS-QUIBEN, VÍCTOR: *La Medicina Popular en Galicia*. Pontevedra 1949.

²² ERKOREKA, ANTÓN: *Análisis de la medicina popular vasca*. Bilbao 1985

²³ FOSTER, GEORGE M.: *Hippocrates' Latin American Legacy. Humoral medicine in the New World*. Amsterdam 1994.

²⁴ CARO-BAROJA, JULIO: *Las brujas y su mundo*. Madrid 1961. CARO-BAROJA, JULIO: *Vidas mágicas e Inquisición*. Madrid 1967.

which he identified,²⁵ instead adopting the British social anthropology approach introduced by CARMELO LISÓN, or Marxist anthropology from France.

The founder of medical anthropology in Spain is, without a doubt, the Catalan, LLUÍS MALLART, who taught in Paris for many years. His work on the *Beti* of Cameroon²⁶ propelled medical anthropology forward in Spain. The lack of African research in Spain has limited its immediate influence, although the recent but still timid development of fieldwork in Latin America and in Africa has given it a broader recognition. The first anthropologists working "at home" produced little work on medical issues, with a few rare exceptions: some books on the links between social history and anthropology, research that used the objects of medical studies to test anthropological hypotheses, and a grab-bag of autodidactic and exploratory research which opened the way for medical anthropology.

Historians

The first to take an interest in the field were historians of medicine, who had a good knowledge of the international development of relations between history and the social sciences. The main authors were LUIS GIL on folk medicine in the Classical world,²⁷ AGUSTÍN ALBARRACÍN in his article on pluralism in medical care,²⁸ and GARCÍA-BALLESTER with his book on Moorish medicine in Granada, re-edited in 1984.²⁹ In the beginning none of these works, including the work of CARO-BAROJA, had any influence on young Spanish anthropologists, in spite of the fact that they used notions such as marginal groups and subcultures and were influenced by ACKERKNECHT.³⁰

²⁵ ESTEVA, CLAUDIO: *Cultura y Personalidad*. Barcelona 1973.

²⁶ MALLART, LLUÍS: *Witchcraft Illness in the Evuzok Nosological System*. In: *Culture, Medicine and Psychiatry* Vol. 2 Nr. 4 (1978), pp. 373-396. MALLART, LLUÍS: *La Forêt de nos ancêtres*. Tervuren 2003. MALLART, LLUÍS: *El sistema mèdic d'una societat africana: els Evuzok del Camerun*. Barcelona 2008.

²⁷ GIL, LUIS: *Therapeia: la medicina popular en el mundo clásico*. Madrid 1969.

²⁸ ALBARRACÍN, AGUSTÍN: *Intrusos, charlatanes, secretistas y curanderos. Aproximación sociológica al estudio de la asistencia médica extracientífica en la España del siglo XIX*. In: *Asclepio* Vol. 24 (1972), pp. 323-366.

²⁹ GARCÍA-BALLESTER, LUÍS: *Medicina, ciencia y minorías marginadas: los moriscos*. Granada 1977.

³⁰ ACKERKNECHT, ERWIN H.: *Medicine and ethnology; selected essays*. Baltimore, 1971.

GARCÍA-BALLESTER considered medicine to be a cultural form. He compared Moorish medicine and Galenic medicine to show how, in spite of their shared roots, Moorish medicine had been marginalized and had declined under the Kingdom of Granada's Christianization policies prior to 1610. He presented it as a subaltern medicine, along the lines of DE MARTINO in Italy³¹ and MENÉNDEZ IN Mexico.³² The difference was that Menéndez and De Martino were influenced by Gramscian Marxism, whereas García-Ballester remained within the framework of cultural history and ACKERKNECHT's culturalism. However, his interest in the "actors' viewpoints" in his work on historical documentation was a novelty in Spain. Although he remained a medical historian, he never gave up his personal dialogue with anthropology. The only comparable research prior to 1980 was CONTRERAS' still unpublished 1971 Master's Thesis on the relation between medical knowledge and lay knowledge in the 18th century.³³ Later on, Comelles' work on public mental health policies,³⁴ and Larrea's work on miasmatic theory,³⁵ were part of the same field of interest.

Anthropologists

During the period when Mallart was conducting research in Cameroon, CARMELO LISÓN, who was studying with EVANS-PRITCHARD in Oxford, did fieldwork in Galicia in connection with an ambitious regional ethnology project in which he made frequent reference to health, illness, lay medicine and, more specifically, to the connections between witchcraft and illness.³⁶ Later, he published a study on therapeutic possession rituals at the Galician sanctuary of

³¹ DE MARTINO, 1958, 1961 (as annot. 3).

³² MENÉNDEZ, EDUARDO L.: Poder, estratificación y salud. Análisis de las condiciones sociales y económicas de la enfermedad en Yucatán. México, D.F. 1981.

³³ CONTRERAS, JESÚS: Empirismo y superstición en la medicina popular y académica en el siglo XVIII. Barcelona, Master's Thesis, 1971.

³⁴ COMELLES, JOSEP M.: Psychiatric Care in relation to the development of the contemporary state: The case of Catalonia. In: Culture, Medicine and Psychiatry. Vol. 15 Nr. 2 (1991), pp. 193-217. COMELLES, JOSEP M.: Stultifera navis: la locura, el poder y la ciudad, Lleida 2006.

³⁵ LARREA, CRISTINA: La cultura de los olores. Una aproximación a la antropología de los sentidos. Quito, 1997.

³⁶ LISÓN, CARMELO: Antropología Social en España. Madrid 1971. LISÓN, CARMELO: Brujería, estructura social y simbolismo en Galicia. Antropología cultural en Galicia. Madrid 1979.

Corpiño.³⁷ Although he had opened the door onto the study of medical pluralism in 1971, there is no mention of it in his last volume. His work is closer to Evans-Pritchard's study of the *Azande* than to medical anthropology, because Lisón's intention was to write an ethnography of ritual, and his only theoretical reference in medical anthropology seems to have been ACKERKNETCH³⁸ and, more indirectly, VICTOR TURNER on rituals.³⁹

MARIA CÁTEDRA, who was his student, did her fieldwork in Asturias. Her book on the *Vaqueiros of Alzada* is a masterpiece on death, suicide, and illness told from the viewpoint of the actors.⁴⁰ An excellent writer with great sensitivity, she focused mainly on analyzing the identity of a marginal rural group. She almost completely ignored the presence and influence of medicine in the configuration of lay knowledge and, true to Anglo-Saxon culturalism, did not directly observe the subalternity of the *Vaqueiros'* conditions of life and death.

Like professional anthropologists from before 1980, LISÓN and CÁTEDRA participated in the first project specifically aimed at creating an internationally connected "school" that made it possible to define an "anthropological identity" in Spain distinct from the identity of historians and sociologists. Like the work of Mallart, their research could have led to a culturalist anthropology of illness, but the debate over the reform of the Spanish health system, which began around the time that Francoism declined and most people gained access to social security (85% in 1975), counteracted any more or less ethnic or local model of "lay medicine".

Sociologists and Anthropologists

In Spain, medical anthropology as a specific field of social or cultural anthropology emerged out of a Catalanian anthropology that had no specific leaders (such as LISÓN in Madrid), and a flourishing of interests in an extremely

³⁷ LISÓN, CARMELO: *Endemoniados en Galicia hoy. La España mental II*. Madrid 1990.

³⁸ ACKERKNETCH, 1971 (as annot. 30).

³⁹ TURNER, VICTOR: *The Forest of Symbols*. Ithaca, New York, 1967. TURNER, VICTOR. *The drums of affliction. A study of religious processes among the Ndembu of Zambi*. Oxford 1968.

⁴⁰ CÁTEDRA, MARÍA: *Notas sobre la envidia: los ojos malos entre los Vaqueiros de Alzada*. In: LISÓN, CARMELO (ed.): *Temas de Antropología Española*. Madrid 1976. CÁTEDRA, MARÍA: *La muerte y otros mundos. Enfermedad, suicidio, muerte y más allá entre los Vaqueiros de Alzada*. Madrid 1988.

broad range of subjects. In the context of this lively intellectual atmosphere, JOAN PRAT analyzed the role of ex-voto offerings in Catalonia for terminal patients for whom medicine had nothing more to offer;⁴¹ this suggested the possibility of analyzing the connections between medicine and religion. PAU COMES wrote an ethnography of the therapeutic itineraries of disease and death in rural Catalonia,⁴² and COMELLES attempted to reinterpret the material of folklorists using concepts from ethnomedicine.⁴³ Later, in collaboration with psychiatrists, Comelles tested the use of social networks for analyzing the relations between society and psychopathology with a psychotic Gypsy woman.⁴⁴

These experiments speak of a desire to shape a profession that has anthropological tools for understanding health and illness, and yet is not medical folklore. The authors faced the problem of how to link together medicine and anthropology. When LISÓN or CÁTEDRA were taken as models, anthropology was the only reference, while GARCÍA-BALLESTER'S model lay on the border between anthropology and history; and if one chose to follow the phenomenology of the physician and philosopher, LAÍN-ENTRALGO, the rhetoric of medical humanism took over.⁴⁵ An anthropology of illness could of course be developed following Cátedra and Laín Entralgo, but their example fostered an ethnomedicine of marginal groups. The Catalanian anthropologists, who had few theoretical references, searched for them among sociologists such as GOFFMAN⁴⁶ or FREIDSON⁴⁷ who favored the notions of a "moral career" or "lay referral system" that seemed better suited to analyze practices than discourse. Around 1975, there was a break with ACKERKNETCH and with medical folklore. Thereafter, research tended to obliterate the boundaries between biomedicine and every-day care practices in which historicity could not be ignored.

⁴¹ PRAT, JOAN: El ex-voto: un modelo de religiosidad popular en una comarca de Catalunya. In: *Ethnica* Vol. 3 (1972), pp. 137-171.

⁴² COMES, PAU: Enfermedad y muerte en el familismo rural. In: *Ethnica* Vol. 3 (1972), pp. 29-52.

⁴³ COMELLES, JOSEP M.: Terapéutica y sociedad. Un caso gallego. In: *Ethnica* Vol. 4 (1972), pp. 49-88.

⁴⁴ COMELLES, JOSEP M./CASAS, MIQUEL/UDINA, CLAUDI: Oposición estructural en el medio urbano: asociaciones informales de parentesco y trastorno psiquiátrico en una enferma gitana. In: *Ethnica* Vol. 10 (1975), pp. 29-45.

⁴⁵ LAÍN-ENTRALGO, PEDRO: *La relación médico-enfermo*. Historia y Teoría. Madrid 1964.

⁴⁶ GOFFMAN, ERWING: *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York 1961.

⁴⁷ FREIDSON, ELIOT: *Profession of Medicine. A Study of the Sociology of Applied Knowledge*. Chicago, 1970.

The formal point of departure for medical anthropology in Spain was a book, published in 1980, by the sociologist JESÚS DE MIGUEL and the anthropologist MICHAEL KENNY, *La Antropología Médica en España* [Medical Anthropology in Spain],⁴⁸ which brought together about twenty texts, half of which were by Spanish authors. There are three seminal texts in the book: an introduction by de Miguel,⁴⁹ who saw no difference between medical sociology and medical anthropology; a bibliography on the history of fieldwork with 700 references;⁵⁰ and a text by criticizing the distinction between lay medicine and scholarly medicine, which opened the way to an applied anthropology in clinical settings and discussed the limits to the concept of symbolic efficacy.⁵¹ The book was widely circulated in Spain and Latin America. It opened an entirely new field as it was released right in the middle of the debate over the reform of the Spanish healthcare system, and around the same time as a number of books on the subject. Meanwhile, ORIOL ROMANÍ was focusing on the cultural aspects and social context of marijuana use in Barcelona's counter-culture at the end of Franco's era and the beginning of the transition regime.⁵² His dissertation was an engaged ethnography with autobiographical connotations, his main influences being symbolic interactionism and the sociology of deviance. COMELLES studied the de-institutionalization process in a psychiatric asylum, during which he was able to observe the influences of old ethnographies of asylums, of symbolic interactionism, and of political anthropology.⁵³ Part of his work was related to FOUCAULT, CASTEL, and FREIDSON, in particular, the connection between the meaning of the institution and changes in medical discourse.⁵⁴

⁴⁸ KENNY, MICHAEL/DE MIGUEL, JESÚS (eds.) *La antropología médica en España*. Barcelona 1980.

⁴⁹ DE MIGUEL, JESÚS: Introducción al campo de la antropología médica. In: KENNY, MICHAEL/DE MIGUEL, JESÚS (eds.) *La antropología médica en España*. Barcelona 1980.

⁵⁰ PUJADAS, JOAN J./COMELLES, JOSEP M./PRAT, JOAN: Una bibliografía comentada sobre antropología médica. In: KENNY, MICHAEL/ DE MIGUEL, JESÚS (eds.): *La antropología médica en España*. Barcelona 1980.

⁵¹ PRAT, JOAN/ PUJADAS, JOAN J./COMELLES, JOSEP M.: Sobre el contexto social del enfermar. In: KENNY, MICHAEL/DE MIGUEL, JESÚS (eds.) *La antropología médica en España*. Barcelona 1980.

⁵² ROMANÍ, ORIOL: Droga i subcultura: una història cultural del "haix" a Barcelona, 1960-1980. Barcelona, Ph.D. Dissertation, 1982.

⁵³ COMELLES, JOSEP M.: La crisis de la psiquiatría española durante el Tardofranquismo y la Transición. El caso del Institut Mental de la Santa Creu (1971-1986). In: RAEN. Revista de la Asociación Española de Neuropsiquiatría Vol. 6 Nr. 19 (1986), pp. 619-636.

⁵⁴ COMELLES, JOSEP M.: Ideología asistencial y práctica económica. In: Actas del 1 Congreso Español de Antropología, Vol. 1. Barcelona, 1980.

MARTA ALLUÉ's Master's Thesis⁵⁵ and her article presenting a comparative perspective on death management played a similar role.⁵⁶ She analyzed death based on a critical review of funerary folklore that led to an analysis of the itineraries of death and suffering based on TURNER's notions of ritual and rites of passage. However, she was closer to the health-seeking models found among sociologists.

The collective article by COMELLES, ANDREU, FERRUS, and PARÍS (1982) also had a programmatic character.⁵⁷ To deconstruct the folk/scholarly dualism, they suggested approaching therapeutic itineraries and the pluralism of resources based on the social construction of the right to assistance - perceived as a historical process - and which was not without connection to the emergence of the right to health recognized in the 1978 Constitution. The value of sociological concepts and historical research is apparent here, and FOUCAULT,⁵⁸ GOFFMAN,⁵⁹ FREIDSON,⁶⁰ and CASTEL⁶¹ suggested new ways for looking at medical practice, health policies, and their cultural impacts.

Several years later, MARTINEZ-HERNÁEZ attempted a critical review of the field.⁶² In spite of the diversity of subjects, he believed that there was a sort of medical anthropology project defined by the objects of study, by certain methodological advances, and by an institutionalization open to multidisciplinary discussion. However, there was no real methodological debate, which made the authors appear as more or less skilful *bricoleurs*, hampered by having had to make it up as they went along and by the lack of discussion on what it means to do anthropology close to home.

⁵⁵ ALLUÉ, MARTA: Siemprevivas e inmortales. Rituales e instituciones funerarias en las comarcas de Tarragona. Tarragona, Master's Thesis, 1980.

⁵⁶ ALLUÉ, MARTA: La gestión del morir: para una Antropología del enfermo terminal en la sociedad occidental. In: I Jornades d'Antropologia de la Medicina. Comunicacions, vol. 2.1. Tarragona 1982.

⁵⁷ COMELLES, JOSEP M./ANDREU, AGUSTÍ/FERRÚS, JORDI/PARÍS, SERRA: Aproximación a un modelo sobre antropología de la asistencia. In: Arxiu d'Etnografia de Catalunya. Vol 1. (1982), pp. 13-31.

⁵⁸ FOUCAULT, MICHEL: Les Machines à guérir: aux origines de l'hôpital modern. Bruxelles 1979.

⁵⁹ GOFFMAN, 1961 (as annot. 46).

⁶⁰ FREIDSON, 1970 (as annot. 47).

⁶¹ CASTEL, ROBERT: L'Ordre psychiatrique. L'âge d'or de l'aliénisme. Paris 1976.

⁶² MARTINEZ-HERNÁEZ, ÀNGEL: Veinte años de Antropología de la Medicina en España. In: ROMANÍ, ORIOL/COMELLES, JOSEP M. (eds.): Antropología de la salud y de la medicina. La Laguna 1993.

The Development of Medical Anthropology from 1982

Unlike other European countries, which had more solid university structures for anthropology (or ethnology), social anthropology did not gain a stable university position in Spain until a round 1990-95. The first course in medical anthropology offered in Spain was in 1981 in Tarragona, followed, in 1982, by the first international symposium.⁶³ This helps to explain the thematic and geographic dispersal of academic writing, the persistence of medical folklore, and the fact that there were fewer guidelines for applied research.

Slightly over one-third of the 1,500 publications⁶⁴ were written by some thirty researchers who are considered specialists, and one-quarter are studies on sexuality or eating habits from the beginnings of medical anthropology. One-fifth of the publications were written by health professionals with an anthropological sensibility, and the rest are studies in medical folklore. Many authors are cited only once or twice. This shows the limits of a modest academic community, as well as the fact that research has depended to a great extent on individual research interests. Nonetheless, certain themes are recurrent and theoretical influences can be identified.

Drugs

The most significant line of research in medical anthropology from the standpoint of its social impacts and its influence over public policies in Spain, and even in Latin America, has been studies on drugs and addictive behaviour. It has developed out of studies on life paths among heroin users,⁶⁵ studies on

⁶³ COMELLES, JOSEP M.: *Antropologia i Salut*. Barcelona 1984. I Jornades d'Antropologia de la Medicina. Tarragona 1982.

⁶⁴ Considering those compiled in 2000 by PERDIGUERO, ENRIQUE/COMELLES, JOSEP M./ERKOREKA, ANTÓN: *Cuarenta años de antropología de la medicina en España (1960-2000)*. In: PERDIGUERO, ENRIQUE/COMELLES, JOSEP M. (eds.): *Medicina y cultura. Estudios entre la antropología y la medicina*. Barcelona 2000.

⁶⁵ FUNES, JAIME/ROMANÍ; ORIOL: *Dejar la heroína*. Madrid 1985; GAMELLA, JUAN F.: *La Historia de Julián. Memorias de heroína y delincuencia*. Madrid 1990. PALLARÉS, JOAN: *La dolça punxada de l'escorpí. Antropologia dels ionquis i de l'heroína a Catalunya*. Lleida 1995; ROMANÍ, 1982 (as annot. 52). For a general work on addiction: DÍAZ, MIGUEL/ROMANÍ, ORIOL: *Contextos, Sujetos y Drogas: un manual sobre drogodependencias*. Barcelona 1999.

therapeutic communities and young people during the 1980s,⁶⁶ and studies on cocaine⁶⁷ and on synthetic drugs⁶⁸ that are transdisciplinary and closer to the medical model. Overall, there seems to be a growing tension between critical theoretical approaches associated with the sociology of deviance and with Marxism, and neo-positivist approaches more in keeping with the dominant discourse in international literature.

Cultural Psychiatry and Ethnopsychiatry

To the extent that psychoanalysis has had a modest influence in Spain, and that the issue of cultural diversity has only been truly acknowledged since the country began receiving international migrants, the interest in cultural or transcultural psychiatry has been rather limited,⁶⁹ with a few exceptions. The only long-term experience was set up in Galicia by the anthropologist MARCIAL GONDAR and the psychiatrist EMILIO GONZÁLEZ who developed a cultural psychiatry program before the term existed.⁷⁰ It aimed to compare psychiatric practice in rural and urban Galicia and to reflect on the complexity of the role of professionals, torn between traditional conceptions of distress and the problems posed by the CIE-10 and the DSM-IV taxonomies. On the basis of a very thorough ethnographic exploration, their deconstruction of psychiatric practice in rural and urban settings led them to the conclusion that psychiatrists play the role of cultural brokers, a role that involves a long-term relationship with doctors and residents.⁷¹

⁶⁶ COMAS, DOMINGO: El uso de las drogas en la juventud. Madrid 1985. COMAS, DOMINGO: Tratamiento de la drogodependencia y las comunidades terapéuticas Madrid 1988. COMAS, DOMINGO/ESPÍN, MANUEL/RAMÍREZ, EUGENIA (eds.): Fundamentos Teóricos en Prevención. Madrid 1992.

⁶⁷ DÍAZ, AURELIO/BARRUTI, MILA/DONCEL, CONCHA: Les línies de l'èxit? Naturalesa i extensió del consum de cocaïna a Barcelona. Barcelona 1992.

⁶⁸ GAMELLA, JUAN F./ÁLVAREZ-ROLDÁN, ARTURO: Drogas de síntesis en España. Patrones y tendencias de adquisición y consumo. Madrid 1997. GAMELLA, JUAN F./ÁLVAREZ-ROLDÁN, ARTURO: Las rutas del éxtasis. Drogas de síntesis y nuevas culturas juveniles. Barcelona 1999.

⁶⁹ OBIOLS, JORDI: Factores étnico-culturales en psicopatología. In: Revista del Departamento de Psiquiatría de la Facultad de Medicina de Barcelona. Vol. 8 (1981), pp. 96-103. GONZÁLEZ, EMILIO/COMELLES, JOSEP M. (eds.): Psiquiatría Transcultural. Madrid, 2000.

⁷⁰ GONDAR, MARCIAL/GONZÁLEZ, EMILIO: Espiritados. Ensaos de Etnopsiquiatria Galega. Santiago de Compostela 1992.

⁷¹ GONZÁLEZ, EMILIO: A unidade de saude mental como "broker" cultural: alternativas a xestion da locura nun municipio rural Galego. Santiago de Compostela, Ph.D. Dissertation, 2000.

In Madrid, the psychiatrist CABALLERO supported a more classical cultural psychiatry, in which he has a very solid background.⁷² Caballero has taken a particular interest in problems diagnosing culture-bound syndromes and in communication problems in clinical settings. As he is not directly involved in any projects outside the hospital, his work does not have the same impact as that of GONZÁLEZ, but hospital psychiatric services have been receptive to his approach as they deal with the need for diagnostic protocols. The third experience is that of the psychiatrist JOSEBA ATXOTEGUI who set up one of the first specialized care services for migrants, in Barcelona.⁷³

Generally speaking, there are considerable differences between the position of psychiatrists (with the exception of GONZÁLEZ) and anthropologists. Recently, a large number of psychiatrists have taken an interest in the subject, but all too often they have very little background in anthropology and are not particularly interested in interdisciplinary dialogue, under the pretext of drawing a boundary between the anthropological approach and the clinical approach. They hide behind the creation of diagnostic protocols for "culture-bound syndromes" avoiding having to learn to use other qualitative methodologies for dealing with cultural diversity. They are incapable of contextualizing psychiatric practice or prevention in the field of mental health, because their training has prepared them only to apply the growing number of clinical, diagnostic, and treatment protocols. The danger of this trend is that it could encourage a generalization of ethnically specialized services, or that culture-bound syndromes could be reduced to symptomatology of anxiety and depression to which psycho-pharmacological treatments are then applied. As for anthropologists, the trend is to analyze social and cultural logics associated with distress,⁷⁴ considered to be a necessary intermediary step toward interdisciplinary debate. Indisputably, González's position is a good compromise

⁷² CABALLERO, LUÍS: *Psiquiatría clínica y buenas metáforas*. In: *Psiquiatría Cultural para Clínicos* Vol. 1 (1997), pp. 11-12.

⁷³ ATXÓTEGUI, JOSEBA: *Los duelos de la migración: una perspectiva psicopatológica y psicosocial*. In: PERDIGUERO, ENRIQUE/COMELLES, JOSEP M. (eds.): *Medicina y cultura*. Barcelona 2000. TIZÓN, JORGE L./SALAMERO, MANUEL/PELEGERO, NATALIA/SÁINZ, FABIÁN/ATXOTEGUI, JOSEBA/SAN JOSÉ, JAUME/DÍAZ-MUNGUIRA, JOSÉ MANUEL: *Migraciones y salud mental. Un análisis psicopatológico tomando como punto de partida la inmigración asalariada en Catalunya*. Barcelona 1993.

⁷⁴ MARTÍNEZ-HERNÁEZ, ÀNGEL: *¿Has visto como llora un cerezo? Pasos hacia una antropología de la esquizofrenia*. Barcelona 1998. MARTÍNEZ-HERNÁEZ, ÀNGEL: *What's Behind the Symptom? On Psychiatric observation and Anthropological Understanding*. Amsterdam 2000.

between the two and, more importantly, has practical solutions for everyday practice.

Illness and Handicap

In 1984, SERRA PARÍS defended a Master's Thesis on the therapeutic itineraries of a dozen young women with scoliosis.⁷⁵ Using methodological approaches developed by American sociologists around "health-seeking behaviour," she combined her own life history, observations on health services, and the life histories of other people with scoliosis. This thesis instigated a series of studies concerning chronic illness and disability, many of which were based on autobiographical experiences. MARCIAL GONDAR, for instance, explored accounts of bereavement and death among Galician women, with particular attention to the work on mourning, though little work has been done on this subject since then.⁷⁶ Sometime later, a hospital rheumatology service hired three anthropologists for a field survey on rheumatoid arthritis.⁷⁷ They combined participant observation in hospitals and life histories. Along the same lines, COLOM studied rehabilitation processes among paraplegics in hospital services,⁷⁸ and CAPITÁN studied the physically disabled.⁷⁹ VILLAMIL did work on the itineraries of AIDS patients.⁸⁰

MARTA ALLUÉ's autobiographical account,⁸¹ which describes the painful itinerary of a woman who is handicapped as well as a severe burn victim, witnesses a shift in academic research. It is the account of an anthropologist who is also a patient, and combines an emotional itinerary and a Goffmanian ethnography of various hospital environments. In Spain, the book has become a reference for nursing students and an example of a radical ethnography. Her reputation had only been reinforced with the publication of her second book,

⁷⁵ PARÍS, SERRA: *Crònica de crònics: la construcció social de les categories de cronicitat*. Tarragona, Master's Thesis, 1984.

⁷⁶ GONDAR, MARCIAL: *Mulleres de Mortos. Cara a unha antropoloxía da muller galega*. Vigo 1990

⁷⁷ DEVILLARD, MARIE JOSÉ/OTEGUI, ROSARIO/GARCÍA-FERRERO, PILAR: *La voz callada. Aproximación antropológico-social al enfermo de artritis reumatoide*. Madrid 1991.

⁷⁸ COLOM, ROSER: *Aprender a vivir. La construcción de la identidad de la persona con discapacidad física*. Barcelona, Ph.D. Dissertation, 1996.

⁷⁹ CAPITÁN, ANNA: *Ángeles Rotos. Las imágenes culturales de los amputados y su gestión social*. Barcelona, Ph.D. Dissertation, 1999.

⁸⁰ VILLAMIL, FERNANDO: *Homosexualidad y sida*. Madrid, Ph.D. Dissertation, 2001.

⁸¹ ALLUÉ, MARTA: *Perder la piel*. Barcelona 1996.

an ethnography of disability in which she takes her work as an engaged anthropologist writing an ethnography of "normal people's" attitudes towards the disabled to discuss disabled people's rights to equality and difference.⁸²

The Ethnography of Professionals and Institutions

Following in the footsteps of FREIDSON, Spanish anthropologists (and some sociologists) have conducted ethnographies of professionals. The sociologist DE MIGUEL published two monographs on obstetric⁸³ pediatric⁸⁴ rhetoric, while COMELLES explored the role of psychiatrists in contemporary Spain.⁸⁵ Several authors have also written ethnographies of institutions: URIBE ON a front-line health-care center,⁸⁶ XAVIER ALLUÉ on hospital emergency rooms,⁸⁷ FERNÁNDEZ-RUFETE on an internal medicine service specializing in AIDS,⁸⁸ VILLAMIL on AIDS prevention methods among homosexuals and the discourse of epidemiologists,⁸⁹ and MARTA ALLUÉ,⁹⁰ COMELLES,⁹¹ and PALLARÉS on intensive care units.⁹² In addition, family planning services (which are a recent phenomenon in Spain following the political transition) have been the object of three Ph.D. Dissertations.⁹³

⁸² ALLUÉ, MARTA: *DisCapacitados. La reivindicación de la igualdad en la diferencia*. Barcelona 2003.

⁸³ DE MIGUEL, JESÚS M.: *El mito de la inmaculada concepción*. Barcelona 1979.

⁸⁴ DE MIGUEL, JESÚS M.: *La amorosa dictadura*. Barcelona 1984.

⁸⁵ COMELLES, JOSEP M.: *La razón y la sinrazón. Asistencia psiquiátrica y desarrollo del Estado en la España Contemporánea*. Barcelona 1988.

⁸⁶ URIBE, JOSÉ MARÍA: *Educación y cuidar. El diálogo cultural en atención primaria*. Madrid 1996.

⁸⁷ ALLUÉ, XAVIER: *Urgencias. Abierto de 0 a 24 horas. Factores socioculturales en la oferta y la demanda de las urgencias pediátricas*. Zaragoza 1999.

⁸⁸ FERNÁNDEZ-RUFETE, JOSÉ: *Sanar o Redimir. Los procesos asistenciales en VIH-SIDA en el medio hospitalario*. Tarragona, Ph.D. Dissertation, 1997.

⁸⁹ VILLAMIL, 2001 (as annot. 80)

⁹⁰ ALLUÉ, 1996 (as annot. 81)

⁹¹ COMELLES, JOSEP M.: *Tecnología, cultura y sociabilidad. Los límites culturales del hospital contemporáneo*. In: PERDIGUERO, ENRIQUE/COMELLES, JOSEP M. (eds.): *Medicina y cultura*. Barcelona 2000. COMELLES, JOSEP M.: *Medicine, magic and religion in a hospital ward: An anthropologist as patient*. AM. *Revista della Società Italiana di Antropologia Medica*. Vol. 13-14 (2002), pp. 259–288.

⁹² PALLARÉS, ÁNGELA: *El mundo de las unidades de cuidados intensivos. La última frontera*. Tarragona, Ph.D. Dissertation, 2003.

⁹³ ESTEBAN, MARI LUZ: *Actitudes y percepciones de las mujeres respecto a su salud reproductiva y sexual. Necesidades de salud percibidas por las mujeres y respuesta del sistema sanitario*. Barcelona, Ph.D. Dissertation, 1992 BODOQUE, YOLANDA: *Discursos y prácticas sobre sexualidad y reproducción: los centros de planificación familiar*. Tarragona, Ph.D. Dissertation, 1996. CASTILLO, M^a ÁNGELES: *Factores socioculturales en la práctica de la*

Pluralism in Health Care

"Medical" pluralism is a medico centric term that should be banished from our vocabulary, but that in everyday usage covers research on home-care practices and the relations between users and health services. Pluralism is defined by a multitude of complex transactions between individuals and institutions. Thus, social subjects learn from personal experience how to manage the environment and make decisions. The issue of pluralism owes much too many of the contributions described above. In fact, most of the popularized writings of the 1980s aimed to present its main concepts.⁹⁴ One of the most interesting books on the topic by an anthropologist was a book by ROCA on the role of popular literature in health and family life under Franco.⁹⁵ Also interesting were studies on healers,⁹⁶ on culture-bound syndromes,⁹⁷ and on lay practices,⁹⁸ as well as two collective publications, which are a blend of strictly medical anthropology texts and writings that keep the folklore fire burning.⁹⁹ CANALS has written a very significant book on the development of self-help groups in the context of Spain's crisis in the welfare state.¹⁰⁰

Among historians of medicine there has been a slow but sure adoption of anthropological concepts on the health/illness/care complex.¹⁰¹ This is one of

planificación familiar: el caso de la contracepción hormonal oral. Tarragona, Ph.D. Dissertation, 2000.

⁹⁴ BALAGUER, EMILIO (ed.): *La Medicina Profana*. In: *Canelobre*, Vol. 11 (1987). COMELLES, JOSEP M.: *Sociedad, salud y enfermedad: los procesos asistenciales*. In: *Jano* Nr. 655 (1985), pp. 71-83. PERDIGUERO, ENRIQUE: *The Popularization of Medicine during the Spanish Enlightenment*. In: PORTER, ROY (ed.): *The Popularization of Medicine, 1650-1850*. London 1992.

⁹⁵ ROCA, JORDI: *De la pureza a la maternidad. La construcción del género femenino en la postguerra española*. Madrid 1996.

⁹⁶ GÓMEZ, PEDRO (ed.): *El curanderismo entre nosotros*. Granada 1997.

⁹⁷ ERKOREKA, ANTÓN: *Begizkoa. El mal de ojo entre los vascos*. Bilbao 1995.

⁹⁸ FRESQUET, JOSÉ LUÍS (ed.): *Salud, enfermedad y terapéutica popular en la Ribera Alta*. Valencia 1995.

⁹⁹ GONZÁLEZ-ALCANTUD, JOSÉ ANTONIO/RODRÍGUEZ-BECERRA, SALVADOR (eds.): *Crear y curar: La medicina popular*. Granada 1996. GONZÁLEZ-REBOREDO, XOSÉ MANUEL (ed.): *Medicina popular e Antropoloxia da saúde*. Santiago de Compostela 1997.

¹⁰⁰ CANALS, JOSEP: *Los grupos de ayuda mutua*. Tarragona, Ph.D. Dissertation, 2002.

¹⁰¹ PERDIGUERO, ENRIQUE: *Healing alternatives in Alicante, Spain, in the late nineteenth and late twentieth centuries*. In: GIJSWIJT-HOFSTRA, MARIJKE/MARLAND, HILLARY/DE WAARDT, HANS (eds.), *Illness and Healing Alternatives in Western Europe*. London 1997. ZARZOSO, ALFONS: *El pluralismo asistencial en Cataluña*. In: *Dynamis* Vol. 21 (2001), pp. 409-433. PERDIGUERO, ENRIQUE: *"Con medios humanos y divinos": la lucha contra la enfermedad y la muerte en Alicante en el siglo XVIII*. In: *Dynamis* Vol. 22 (2002), pp. 121-150.

the most explored subjects in the academic literature and the subject on which anthropologists and historians converge most convincingly, as can be seen for example in the dossier published in 2002 on medical pluralism in the history of science journal *Dynamis*.¹⁰²

The Body, Gender, and Emotions

MARTÍNEZ-HERNÁEZ's Ph.D. Dissertation attempted to bridge the epistemological gap between an anthropology of illness and an anthropology of practice.¹⁰³ The author explored the possibility for a more cultural approach to illness based on an analysis of how symptoms are interpreted by psychiatry and anthropology; however the project also involved an anthropology of practices and of biomedicine's production of discourse. Likewise, URIBE's dissertation on the transformation of the health-care system in the Basque country stepped back from the dominant approaches of the previous years, which were closer to political economy, and incorporated the cultural discourse of clinically applied anthropology.¹⁰⁴ MARI LUZ ESTEBAN, an anthropologist with a medical background and a daughter of the feminist movement, introduced contemporary reflections on gender and the body into Spanish medical anthropology,¹⁰⁵ issues which were widely developed in the last years of the 20th century and currently.¹⁰⁶

Migrations and Health

¹⁰² BALLESTER, ROSA/LÓPEZ-TERRADA, MARI LUZ/MARTÍNEZ-VIDAL, ÀLVAR (eds.). La realidad de la: práctica médica: el pluralismo asistencial en la monarquía hispánica (siglos XVI-XVIII) In: *Dynamis* Vol. 22 (2002), pp. 21-325.

¹⁰³ MARTÍNEZ-HERNÁEZ, 2000 (as annot. 74).

¹⁰⁴ URIBE, 1996 (as annot. 86).

¹⁰⁵ ESTEBAN. MARI LUZ: La salud de las mujeres: nuevas preguntas para nuevas respuestas. In: Díez, M^a CARMEN/MAQUIEIRA, VIRIGINA (eds.): *Sistemas de Género y Construcción (Deconstrucción) de la desigualdad*. La Laguna 1993.

¹⁰⁶ MIQUEO, CONSUELO/TOMÁS, CONCEPCIÓN/TEJERO, CRUZ/BARRAL, M^a JOSÉ/FERNÁNDEZ, TERESA/YAGO, TERESA (eds.): *Perspectivas de género en salud. Fundamentos científicos y socioprofesionales de diferencias sexuales no previstas*. Madrid 2001. MIQUEO, CONSUELO/BARRAL, M^a JOSÉ, MAGALLÓN, CARMEN (eds.): *Estudios iberoamericanos de género en ciencia, tecnología y salud*. Zaragoza 2008.

In Spain, studies on migrations and health have stemmed mainly from an excellent report by the psychiatrist CABALEIRO in 1967.¹⁰⁷ An article¹⁰⁸ and a collective publication by several psychiatrists¹⁰⁹ assessed the clinical implications of cultural diversity in our society. Later, ESTEBAN and DIAZ published a field study on health issues among migrants,¹¹⁰ an issue that has risen to the forefront because of its impact on the health-care system and the problems facing professionals who had always neglected the cultural aspects of health.

It is always tempting to reify the social and the cultural as an identifying variable to be placed in a decision protocol. However, for anthropologists, psychological distress is increasingly considered to be a way of approaching and expressing cultural hybridization in cases where ethnic groups have been de-territorialized, of examining the interface between people and the health system, and of describing experiences of suffering and affliction.

Theoretical Positions

We have restricted our choice to a portion of the more than 1,500 references in medical anthropology in Spain since 1960 until 2003.¹¹¹ It is not easy to try to draw out the theoretical foundations and influences behind these studies. On the one hand, a large number of them were based on participant observation, life histories, therapeutic itineraries and network analyses, as well as on a reality that was often close to the authors and with which they were often quite personally involved. Since a huge portion of the research was not funded and was carried out by research groups, most of the researchers had university positions or had received pre-doctoral fellowships (which were granted individually for a long time) or else they funded the research out of their

¹⁰⁷ CABALEIRO, MANUEL: A psiquiatría na medicina popular galega. Santiago de Compostela 1997. This work, a Ph.D. Dissertation, was originally written in 1953 in Spanish.

¹⁰⁸ OBIOLS, JORDI/BELLOCH, JOSE VICENTE: El paciente extranjero en las salas de psiquiatría. Patología del choque intercultural. In: Revista del Departamento de Psiquiatría de la Facultad de Medicina de Barcelona Vol. 14 (1987), pp. 170-172.

¹⁰⁹ TIZÓN et al., 1993 (as annot. 73)

¹¹⁰ ESTEBAN, MARI LUZ/DÍAZ, Beatriz: La salud de los inmigrantes extranjeros en el barrio de San Francisco (Bilbao). Bilbao 1997.

¹¹¹ For the period 1960-2000 see PERDIGUERO/COMELLES/ ERKOREKA, 2000 (as annot. 64).

salaries. The choice of subjects, for the most part, has been based on personal or autobiographical interests, which has led to self-teaching and eclecticism.

As most of the studies are focused on an anthropology of practice, inevitably they have certain points in common: to begin with, they share influences from symbolic interactionism ethnographies, and narrative styles from ethnographies by sociologists of deviance. The good side to this is that the researchers have been interested in ethnography and have developed techniques for systematic observation. The negative side, however, is a dependency on the authors' narrative skills. Second, the authors tend to feel that life histories somehow answer all of the questions posed by research and that only the actor's point of view is valid. Finally, the fact that the researchers have often been close to the subjects and objects of their studies has led to an engaged anthropology.

From a theoretical viewpoint, for generational reasons, the dominant lines of thinking over the past twenty years have been from the constructivist schools. This has led to a rich dialogue with the history of medicine. Two parallel texts published in 1993, by PERDIGUERO and by MARTÍNEZ-HERNÁEZ, are representative of this trend.¹¹² The former concluded that the paths of medical history and medical anthropology were converging, while the latter felt that what was needed was an openness to the cultural and phenomenological schools, and that the hegemony of practice-oriented research had meant that illness had been ignored as an object of study.

This diagnosis reflected the broad-reaching influence of the Argentinean anthropologist, now living in Mexico, EDUARDO MENÉNDEZ, and his theoretical position on the health/illness/care complex.¹¹³ His position, which was influenced by DE MARTINO and GRAMSCI, made it possible in Spain to move beyond the sociological models of health-seeking behaviour. He shared the same concerns as YOUNG¹¹⁴ and the "critically applied medical anthropology".¹¹⁵

¹¹² PERDIGUERO, ENRIQUE: Historia de la medicina y antropología de la medicina. In: ROMANÍ, ORIOL/COMELLES, JOSEP M. (eds.), Antropología de la salud y de la medicina. La Laguna 1993. MARTÍNEZ-HERNÁEZ, 1993 (as annot. 62).

¹¹³ MENÉNDEZ, EDUARDO L.: Antropología Médica. Orientaciones, desigualdades y transacciones México, D.F. 1990.

¹¹⁴ YOUNG, ALLAN: When rational men fall sick: an inquiry into some assumptions made by medical anthropologists. In: Culture, Medicine & Psychiatry Vol. 5 (1981), pp. 317-335.

In addition, his positions echoed those of the Italian anthropologists at the *Centro Sperimentale di Educazione Sanitaria* in Perugia (Italy), a *Mecca* for Spanish public health doctors during the 1980s. The relationship with authors such as BARTOLI and SEPPILLI¹¹⁶ was consolidated by the regular presence of Italians and of Menéndez in Tarragona.

Whereas PERDIGUERO advocated a historical anthropology for historians, MARTÍNEZ-HERNÁEZ took up NEEDHAM's distinction between the cultural and the social as well as between emotion and structure to advocate that Spanish medical anthropology focus on cultural phenomena.¹¹⁷ Almost ten years later, both paths were apparent. A large overview can be found in the collective publication edited by PERDIGUERO and COMELLES.¹¹⁸

Current Developments

When we wrote the first version of this text, published in several languages between 2003 and 2007, we entitled our epilogue *Future (imperfect)*. Ten years on, a detailed review of the last section is required for several reasons. A set of global events is transforming the old disciplinary boundaries, many of them rooted in the 20th century or prior to the age of communicative globalization in which we live. Web 2.0, an innovation when the first version of this review article was published in 2003, is today a basic tool in teaching and research including possibilities used on a daily basis, such as YouTube. The implementation of the European Higher Education Area, a subject of debate in 2003, is today a reality. In Europe, the traditional model of research in Social Sciences, Arts and Humanities, heavily focused on isolated scholars or small groups of researchers, has largely been replaced by a model of competitive funding based on research teams, which are often multidisciplinary. Finally, we

¹¹⁵ SCHEPER-HUGHES, NANCY: Three propositions for a critically applied medical anthropology. In: *Social Science & Medicine*. Vol. 30 Nr. 2 (1990), pp. 189-197.

¹¹⁶ BARTOLI, PAOLO: Antropología de la Educación Sanitaria. In: *Arxiu d'Etnografia de Catalunya* Vol. 7 (1989), pp. 17-25. SEPPILLI, TULLIO (ed.): *La medicina popolare in Italia*. In: *La Ricerca Folklorica* Nr. 8: 1983. SEPPILLI, TULLIO (ed.): *Le tradizioni popolari in Italia*. *Medicine e Magia*. Milan 1989.

¹¹⁷ NEEDHAM, RODNEY: *Structure and Sentiment. A Test Case in Social Anthropology*. Chicago 1969.

¹¹⁸ PERDIGUERO, Enrique/COMELLES, JOSEP M.: *Medicina y Cultura. Estudios entre la antropología y la medicina*. Barcelona 2000.

have witnessed a rapid change in the publishing model; from the supremacy of monographs, and in the second place the journal article and the book chapter to the hegemony of the journal article, mainly in English, the only research product that can be measured with citation indexes. This change allows a greater globalization of the publications of medical anthropology, enlarging the former territorial component of European medical anthropology and threatening the language diversity in the scientific production.

These processes have brought significant changes in the agenda of Spanish medical anthropology. Classical topics such as folkmedicine and folk practices are today marginal or are studied from other points of view. This is the case, for example, of folk healers, now studied within the framework of their transactions with care devices,¹¹⁹ or the study of Complementary and Alternative Medicines.¹²⁰

The works published in the last decade, which allow us to envisage the future, show the consolidation of topics which have achieved their own personality since the 1980s. Although we have mentioned the increasing hegemony of the journal article as the way to publish research, for reasons of space, we will quote only books and dissertations.

One of the growing topics is migration, which has generated many works such as a collective book¹²¹ published in the Medical Anthropology Series of the Tarragona Rovira i Virgili University, a major publishing enterprise in the area.¹²² Other examples include a study on the relationships between health professionals and immigrants,¹²³ and two Ph. D. dissertations, one of them on

¹¹⁹ LASALA, ANTONIO: Curarse en salud. La medicina como sistema de transacciones. Tarragona, Ph.D. Dissertation, 2003.

¹²⁰ PERDIGUERO, ENRIQUE: El fenómeno del pluralismo asistencial: una realidad por investigar. In: Gaceta Sanitaria Vol. 18 (Suppl. 1) (2004), pp. 140-145. PERDIGUERO, ENRIQUE: Una reflexión sobre el pluralismo médico. In: FERNÁNDEZ JUÁREZ, GERARDO (ed.): Salud e Interculturalidad en América Latina. Antropología de la Salud y Crítica Intercultural. Quito 2006. PERDIGUERO, ENRIQUE: Medicinas alternativas y complementarias e inmigración en España: dificultades conceptuales y estereotipos culturales. En: FERNÁNDEZ, GERARDO/GARCÍA, PUERTO/GONZÁLEZ, IRENE (eds.): La diversidad frente al espejo. Salud, Interculturalidad y Contexto Migratorio. Quito 2008.

¹²¹ COMELLES, JOSEP M./ALLUÉ, XAVIER/BERNAL, MARIOLA/FERNÁNDEZ-RUFETE, JOSÉ/MASCARELLA, LAURA: Migraciones y Salud. Tarragona 2010.

¹²² <http://publicacionsurv.cat/llibres-digitals/antropologia-medica>.

¹²³ MORENO, MANUEL: El cuidado del otro. Un estudio sobre la relación enfermera/paciente inmigrado. Barcelona 2008.

Ecuadorians¹²⁴ and the other on elderly Northern Europeans who move to the south of the province of Alicante seeking a new life in the sunshine.¹²⁵ Something similar can be said regarding the works on addiction,¹²⁶ sometimes in the context of research on youth.¹²⁷ Genre studies¹²⁸ are also part of this consolidation trend, which has led to the introduction of other topics such as the anthropology of the body,¹²⁹ also considered from other perspectives.¹³⁰

Another growing field is mental health studies both in terms of the relationship between migration and mental health policies¹³¹, and in the analysis of other problems of Spanish society. Many of these contributions go beyond the boundaries of what was traditionally conceived as ethnopsychiatry; among other reasons, because modernity has blurred the borders between the native and the exotic. In the current scenario we can observe the co-existence of historical and theoretical research and applied studies. Worth mentioning are the works on self-injuries in young people,¹³² the organization of psychosocial rehabilitation services or the comparative analysis of mental health policies.¹³³ Other initiatives have led to new services or a new care culture in mental health. These works represent an anthropology linked to intervention and involvement.¹³⁴

¹²⁴ MEÑACA, ARANTZA: Antropología, salud y migraciones. Procesos de autocuidados en familias migrantes ecuatorianas. Tarragona, Ph.D. Dissertation, 2007.

¹²⁵ HURTADO, INMACULADA: More to life. Envejecimiento, salud y cuidados en la migración internacional de retiro a la Costa Blanca (Alicante). Tarragona, Ph.D. Dissertation, 2010.

¹²⁶ GAMELLA, JUAN F./JIMÉNEZ, M^a LUISA: El consumo prolongado de cánnabis: pautas. Tendencias y consecuencias. Madrid 2003. MARTÍNEZ, DAVID P./PALLARÉS, Joan (eds.): De riesgos y placeres. Manual para entender las drogas. Lleida 2013.

¹²⁷ ROMANÍ, ORIOL: Jóvenes y riesgos: unas relaciones ineludibles. Barcelona 2011. ROMANÍ, ORIOL/ CASADÓ, LINA: Jóvenes, desigualdades y salud. Tarragona 2014.

¹²⁸ ESTEBAN, MARI LUZ/COMELLES, JOSEP M./DÍEZ, CARMEN (eds.): Antropología, género, salud, atención. Barcelona 2010.

¹²⁹ ESTEBAN, MARI LUZ: Antropología del cuerpo: género, itinerarios corporales, identidad y cambio. Barcelona 2004, 2013 (2nd edition). From an historical point of view see: CABRÉ, MONSERRAT/ORTIZ, TERESA: Significados científicos del cuerpo de mujer. In: Asclepio Vol. 60 Nr. 1 (2008), pp. 9-150.

¹³⁰ GUTIÉRREZ, MANUEL/FLORES, JUAN ANTONIO (eds.): Según cuerpos: Ensayo de diccionario de uso etnográfico. Cáceres 2002.

¹³¹ BRIGIDI, Serena: Políticas públicas de salud mental y migración latina en Barcelona y Génova. Tarragona, Ph.D. Dissertation, 2009.

¹³² CASADÓ, LINA: Los discursos del cuerpo y la experiencia del padecimiento. Acciones autolesivas corporales en jóvenes. Tarragona, Ph.D. Dissertation, 2011.

¹³³ BELLOC, MARCO M.: Homem-sem-história. A narrativa como criação de cidadania. Tarragona, Ph.D. Dissertation, 2012

¹³⁴ CORREA-URQUIZA, MARTÍN: Radio Nikosia: La rebelión de los saberes profanos (otras prácticas, otros territorios para la locura). Tarragona, Ph.D. Dissertation, 2010.

The study of infectious diseases¹³⁵ has received a similar boost, including research on HIV-AIDS.¹³⁶ The tension in the dialogue between on the one hand medical anthropology and on the other medicine, - as profession and discipline and both an object of study and an intellectual partner-, is evident in the compilation edited by MARTÍNEZ-HERNAÉZ, MASANA and DI GIACOMO¹³⁷ where several authors analyze the construction of the scientific evidence and the so-called *narrative evidence*: suffering.

Other topics have achieved special prominence in the last decade, as is the case of anthropology of food¹³⁸ or the study of several care devices. We should highlight works analyzing Primary Health Care from a historical-anthropological point of view,¹³⁹ rural health care,¹⁴⁰ those which combine both perspectives,¹⁴¹ and hospitals.¹⁴² Starting from her own experience as hospital patient, MARTA ALLUÉ has continued to provide elements, both for a discussion on patients' empowerment.¹⁴³

¹³⁵ GOLDBERG, ALEJANDRO: Ser inmigrante no es una enfermedad. Inmigración, condiciones de vida y de trabajo. El proceso de salud/enfermedad/atención de los inmigrantes senegaleses en Barcelona. Tarragona, Ph.D. Dissertation, 2004.

¹³⁶ FEIJOO, MARÍA: "Mi sangre está enferma, yo no": narrativas del mundo sida y la gestión del tratamiento. Tarragona, Ph.D. Dissertation, 2013

¹³⁷ MARTÍNEZ-HERNAÉZ, ÀNGEL/MASANA, LINA/DI GIACOMO, SUSAN M. (eds.): Evidencias y narrativas en la atención sanitaria: una perspectiva antropológica. Tarragona 2013.

¹³⁸ CONTRERAS, JESÚS/GRACIA-ARNAIZ, MABEL: Alimentación y cultura. Perspectivas antropológicas. Barcelona 2005. CONTRERAS, JESÚS/GRACIA-ARNAIZ, MABEL (eds.): Comemos como vivimos. Alimentación, salud y estilos de vida. Barcelona 2006. CONTRERAS, JESÚS/GRACIA-ARNAIZ, MABEL (eds.): Alimentação, Sociedade e Cultura. Rio de Janeiro 2011. GRACIA-ARNAIZ, MABEL (ed): Somos lo que comemos. Estudios de alimentación y cultura en España. Barcelona 2008. GRACIA-ARNAIZ, MABEL (ed.): Alimentación, Salud y Cultura: Encuentros Interdisciplinarios. Tarragona 2012. GRACIA-ARNAIZ, MABEL (ed.): Pobres joves grassos. Obesitat i itineraris juvenils a Catalunya. Tarragona 2012. GRACIA-ARNAIZ, MABEL/BERNAL, MARIOLA/CASADÓ, LINA/COMELLES, JOSEP M./GUERRERO, CLAUDIA/GUIDONET, ALICIA/LEDO, JULIA/ABT, ANALÍA: Els trastorns alimentaris a Catalunya. Una aproximació antropológica. Barcelona 2007. GRACIA, MABEL/COMELLES, JOSEP M.: No comerás. Narrativas sobre comida, cuerpo y género en el Nuevo Milenio. Barcelona 2007. GRACIA-ARNAIZ, MABEL/MILLÁN, AMADO (eds.): Alimentación, salud y cultura: enfoques antropológicos. In: Trabajo Social y Salud. Nr. 51 (2005).

¹³⁹ COMELLES, JOSEP M./ALEMANY, SILVIA/Francés, LAURA (2013): De les iguals a la cartilla: la medicalització a la Vall d'Aro. Girona 2013.

¹⁴⁰ OTERO, LAURA: Campos de soledad. Atención primaria y procesos asistenciales en pueblos de Segovia. Tarragona, Ph.D. Dissertation, 2012.

¹⁴¹ DE LAS HERAS, JAIME: Vivir, enfermar y morir en el medio rural albacetense: el ejemplo de Casas de Juan Núñez (1871-2005). Ciudad Real, Ph.D. Dissertation, 2013.

¹⁴² VALDERRAMA, M^a JOSÉ: Al final de la vida: historias y narrativas de profesionales de cuidados paliativos. Barcelona 2009.

¹⁴³ ALLUÉ, MARTA. El paciente inquieto. Los servicios de atención médica y la ciudadanía. Barcelona 2013.

The care of the elderly has been the subject of several Ph.D. Dissertations,¹⁴⁴ of which one, quoted above, also includes a component on immigration.¹⁴⁵

Following in the wake of LLUIS MALLART, a number of Spanish medical anthropologists are working overseas, particularly in Latin America, partly edited by the specialist on Bolivia¹⁴⁶, GERARDO FERNÁNDEZ JUÁREZ,¹⁴⁷ which likewise pay great attention to the migration processes. Other anthropologists working at the Castilla-La Mancha University have devoted their studies to Latin-American topics from a perspective focused on narrative,¹⁴⁸ which is similarly the basis for other studies on medical topics.¹⁴⁹

We finish this enumeration, necessarily incomplete, of the Spanish publications on medical anthropology in the last decade, quoting works devoted to the subject as a whole. In this group we can consider MARTÍNEZ-HERNÁEZ's theoretical book,¹⁵⁰ or others with both theoretical and case-study contributions.¹⁵¹ In the same vein there are works on anthropology and nursing.¹⁵²

¹⁴⁴ MARTORELL, M^a ANTONIA: Los recuerdos del corazón. Vivencias, prácticas y representaciones sociales de cuidadores familiares de personas con Alzheimer. Tarragona, Ph.D. Dissertation 2009. MORALES, ISABEL: Influencia migratoria en los cuidados informales y la autoatención. Un estudio etnográfico en la ancianidad dependiente. Saarbrücken 2012.

¹⁴⁵ HURTADO, 2010 (as annot. 125).

¹⁴⁶ FERNÁNDEZ JUÁREZ, GERARDO: Los kallawayas: medicina indígena en los Andes bolivianos. Cuenca 1998.

¹⁴⁷ FERNÁNDEZ JUÁREZ, GERARDO (ed.): Salud e Interculturalidad en América Latina. Perspectivas antropológicas. Quito 2004. FERNÁNDEZ JUÁREZ, GERARDO (ed.): Salud e Interculturalidad en América Latina. Antropología de la Salud y Crítica Intercultural. Quito 2006. FERNÁNDEZ JUÁREZ, GERARDO/GARCÍA, PUERTO/GONZÁLEZ, IRENE (eds.): La diversidad frente al espejo. Salud, Interculturalidad y Contexto Migratorio. Quito 2008.

¹⁴⁸ FLORES, JUAN ANTONIO/ABAD, M^a LUISA (eds.): Etnografías de la muerte y las culturas en América Latina. Cuenca 2007.

¹⁴⁹ MARIANO, LORENZO/CIPRIANO, CARMEN: Medicina y narrativa, de la teoría a la práctica. El Ejido, Almería 2012

¹⁵⁰ MARTÍNEZ-HERNÁEZ, 2008 (as annot. 4).

¹⁵¹ ESTEBAN, MARI LUZ/PALLARÉS, JOAN (eds.): La salud en una sociedad multicultural: desigualdad, mercantilización y medicalización. Sevilla 2005; LARREA, CRISTINA /MARTÍNEZ-HERNÁEZ, ÁNGEL (eds.): Antropología médica y políticas transnacionales. Tendencias globales y experiencias locales. In: Quaderns de l'Institut Català d'Antropologia. Nr. 22 (2006). ESTEBAN, MARI LUZ (ed.): Introducción a la antropología de la salud aplicaciones teóricas y prácticas. Bilbao 2007. URIBE, JOSÉ M./PERDIGUERO, ENRIQUE (eds.): De la medicina popular a la atención primaria: El pluralismo asistencial y la antropología médica. Tarragona 2014.

¹⁵² MARTORELL, M^a ANTONIA/COMELLES, JOSEP M./BERNAL, MARIOLA (eds.): Antropología y enfermería. Padeceres, cuidadores y cuidados. Barcelona 2009. MARTORELL, M^a ANTONIA/COMELLES, JOSEP M./BERNAL, MARIOLA (eds.): Antropología y enfermería. Campos de encuentro. Tarragona 2010.

A review is always a somewhat nostalgic view of the past. But that is not what we seek. Now we look to the future under conditions that ten or twenty years ago would have seemed like a dream. Today, Spanish medical anthropology is an academic community that sends researchers out into the world on a fairly regular basis, that has a relatively significant international presence and that is helping to build a space for communication in Latin languages. Our active presence in the Medical Anthropology at Home network, which is promoting a European medical anthropology community, finds us at a stimulating point in the dialogue between Europe and the other continents. And the European Union's research funding policy is forcing us, thankfully, to collaborate with our continental colleagues. For a field of anthropology with modest resources in Europe (unlike the Society of Medical Anthropology), this starting point is encouraging more personal relationships based on mutual trust, and is helping us to envision the future together. We are strengthening ties with our historian and sociologist colleagues, and with nurses and doctors. The context of the future is no longer the nation-state, but the diversity of issues related to European social policies, or those raised by international cooperation. This diversity is the basis for our continental citizenship, with all its problems and contradictions, and that citizenship is beginning to be perceived as an issue for the future in Latin America and elsewhere.

Medical anthropologists are very poorly acquainted with the European context characterized by the construction and deconstruction of the welfare state. It is extraordinary how easily we import research objects tailored for multicultural countries, but without the health systems that are able to make the universal right to medical assistance a reality. These mechanisms have created specific business cultures, different professional cultures (such as government-salaried physicians, the majority in Spain), as well as very different ways of creating lay knowledge, different attitudes towards the body, and different cultures of illness embodied in that citizenship. Today we all are facing the reality of migration, a fascinating *métissage*, and the development of new forms of transactions with health services. These are important issues, both for anthropologists and for health professionals who had long ago forgotten how to deal with diversity, *métissage*, and cultural hybridization. Clearly, an adequate response to these issues would be a compelling demonstration of the validity of

European citizenship. The days are gone when the goal of public health specialists was to do away with epidemics by drawing up statistical records. Nowadays, the welfare state needs qualitative evaluation and research techniques to put forward its vision, as these are the only methods for situating the local in a global context, and for explaining the hierarchical dynamics present in consensus between classes, the only methods that can help us to understand what is often so difficult to grasp: that which is not us, but which, by right of citizenship, is also us. For the engaged anthropologists that we are, it is no longer the "out-sider's perspective" but the "close-up" view that is essential for preserving the right to our wonderful social, cultural and linguistic diversity within this shared citizenship, a product of secular cross-fertilizations that are constructed and deconstructed, in order to preserve for future generations the nuances in our ways of living, loving, feeling and expressing our suffering, our joy and our desire for peace.

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