

Wellness and Illness Framed

Lyn Doole

Miyagi University School of Nursing

キーワード

医療人類学、文化、病、知覚

medical anthropology, culture, illness, perception

要 旨

1999年の人工的世界と自然のままの世界に関する研究は、人間関係が捉えられる6体制を提案した。即ち宇宙的、地理的、環境的、社会的、家庭的、個人的体制である。本論文は、同様の6体制からみた健康づくりに焦点を当てて考察した。

Abstract

A 1999 study on the built and natural worlds proposed six frames through which human interaction could be viewed - the cosmological, the geographical, the environmental, the social, the domestic, and the personal. This paper looks at some health outcomes similarly framed.

Introduction

Harris¹ has proposed six frames through which one can look at how humans interact with both the built and natural worlds – the cosmological, the geographical, the environmental, the social, the domestic, and the personal. Harris's study concentrated on how perceptions in each of these areas shape behavioural patterns. Though the emphasis differs, it is possible to take this same categorical system to apply lenses to factors influencing health outcomes.

Cosmological

*The position of the earth in space; its relation to the other cosmic bodies; the existence and placing of other realms of existence; the meaning and importance of cosmic phenomena.*²

The position of the earth in space and its relation to other cosmic bodies, plus the meaning and importance of cosmic phenomena, impact very indirectly on health and wellbeing, and then only in as much as changed magnetic influences, solar flares and winds, the near passage of an object having gravitational pull, or similar occurrences, potentially give rise to follow-on effects on the weather, which in turn may lead to droughts, floods, UV ray increases and the like.

On the other hand, the existence and placing of other realms of existence, realms of religious or philosophical belief, may indeed influence health.

Peoples whose beliefs emphasize the universe as cycles and planes of existence, pre-determined and immutable, tend not to fight illness or disease aggressively but accept that the condition they suffer is an instance of karma. Exiting this world is neither here nor there but fate. Individualistic thinking Westerners, however, without this world view, believing their own thoughts and actions to be paramount in overcoming disease, will take a

very different approach to dealing with illness.

Traditional Indian Yogic and Ayur-vedic beliefs and practices view all life and experience as energy exchange, mediated within the body by seven major and twenty-one minor chakras, and outside the body by seven concentric auric layers reaching the infinite.³ For those adhering to this view, surgical intervention, particularly anything affecting the internal chakras, far from healing will instead do irreparable damage to the integrity of the body as a vessel of the cosmic. Thus, those holding these beliefs will either let nature take its course, or seek non-invasive treatment in preference.

According to Simons (Simons et al, 1998), American hospitals report a strong reluctance among middle-aged and elderly Asians to submit either to blood work-ups or surgical removal of any body part or organ. Among many people of this background and generation it is thought that the blood contains a person's essence, which once removed is never replenished. From a medical standpoint it is true both that severe blood loss can be life-threatening and that in normal physiological conditions blood is constantly renewed. Medical and physiological arguments, however, do little to convince patients holding the "essence" viewpoint. For whereas the Western clinician will assess blood loss in terms of fluid volume, pressure, nutrient and gas exchange, the older Asian patient may well fear the loss of something akin to the soul. Many Asian patients resist surgery, especially if it will remove afflicted tissues or organs from their body, because Confucian philosophy views the body as "on loan" for the period of life on earth. Only those who return their bodies whole and sound at the end of life will be revered. This makes many Asian-Americans wary of invasive procedures and has contributed to preventing many Asian cultures from developing a strong tradition in surgery.⁴

The apparent lack of concern for the destruction of self displayed by many Muslim zealots, and even the Christian martyrs of old, may seem incomprehensible to those of us who strive to preserve our bodies healthy and intact. However for such people death, dismemberment or horrendous wounding are of no account, armed as they are with a certain belief in the resurrection of the body and everlasting life in a paradise beyond the grave, another realm of cosmic existence.

Chinese and Vietnamese Americans with birth years that are marked in the Eastern zodiac as being "unlucky" have been found to die sooner than white US Americans diagnosed with the same combination of disease and year. The more strongly a group is attached to these astrological and medical traditions, the more years are lost by those with unlucky combinations.⁵ Astrological beliefs regarding the position of the planets at birth and at critical times obtain not only among Orientals. Many gullible Westerners, convinced of astral influences, can will themselves sick or well on the basis of a personal reading, or even a newspaper column.

The authorship of The Yellow Emperor's Classic of Medicine⁶ is attributed to the great Huang Di, the Yellow Emperor, who reigned during the middle of the third millennium BCE. It is a work of extraordinary complexity and knowledge of the interactions of the natural world, including cosmic events, on all life forms. Though modern explanations may be couched in scientific rather than allegorical language, the apparent truths laid down in this treatise still form the basis of the vast and effective range of care available in traditional Chinese medicine. To claim that in the twenty-first century the world's most populous nation treats with due attention to cosmic forces is by no means absurd.

Folk tales from every part of the globe indicate

that many peoples believed that forces for health or disease held sway in the heavens. The Old Testament Book of Job is basically a discussion of the role of earthly sin and divine, cosmic retribution in the form of illness, reflecting beliefs widely held in the ancient Hebrew world. Illness could be avoided by living one's life in accordance with then-held religious principles. In the writings of Shakespeare and other Elizabethans, references to a prevailing idea of cosmic influence on every sphere of human endeavour abound. Equally, tales from American Indians, Africans, Australian Aborigines, indeed from any folk tradition examined, attribute aspects of health or lack thereof to supernatural forces. And the British philosopher Bertrand Russell said "The more we realize our minuteness and our impotence in the face of cosmic forces, the more astonishing becomes what human beings have achieved."⁷

Geographical

The shape and disposition of the earth and its land and peoples.....⁸

The importance of geography to health or lack of it lies not in particular features of landscape so much as in evolutionary and social developments arising from the disposition of land. Of course locations regularly subject to drought, flooding, erosion, seismic activity, and those polluted by environmental degradation, rarely provide optimum conditions for a healthy lifestyle. This contention is borne out by looking at data from, for example, Eritrea, Afghanistan, or Tajikistan where it is years since rain has fallen, or from Bangladesh, the scene of devastating, annual flooding.

It has been posited that certain physical characteristics of human populations have developed in response to the geographic circumstances of their existence. Examples include epicanthic eye folds among those exposed to persistent high glare, differing degrees

of melanin pigmentation and timing of foramen closure dependent upon angle and intensity of the sun's rays, the nature of shoulder hair in liminal populations spending much time in water, increased efficiency in oxygen capacity in high altitude dwellers, and the ability of the far northern Inuit to manufacture Vitamin C in the liver, being but a few instances wherein adaptation to the geographic environment appears to have conferred a health and consequent reproductive advantage.

People living around and above the latitude of sixty degrees north, frequently suffer from SAD (Seasonal Affective Disorder) or as Canadians are wont to term it, "cabin fever". One popular but disputed explanation of the condition, one apparently brought on by months of almost perpetual darkness, is that the body's circadian rhythms are disturbed leading to symptoms of excessive eating and sleeping, craving for sweet and starchy foods, weight gain, and depression.

Following a line of reasoning that dates back to Marc Bloch and Lucien Febvre's "Annales" school of history, Jared Diamond in "Guns, Germs and Steel"⁹ contends that geography has been the determining factor in the evolution and development of all civilisations the world over. Diamond asserts that the peoples of Europe and Asia had the benefits of highly fertile land and of animals that could be domesticated. Living in settlements, both in proximity to each other and to their crops and animals, in turn gave rise in farming communities to particular patterns both of disease and of immunity to it.

Civilisation, in Diamond's view, may well involve lifestyle factors detrimental to health and longevity, but the tendency is for an improvement in both to accompany heightened civil complexity. Indirect though the influence is, the geographic location of

one's birth and upbringing can indeed be viewed as a health factor.

Many sites throughout the world have been identified by local populations as places where healing can occur. In regarding them, it is difficult to disentangle the elements of geography, environment and spiritual belief. Among the locales considered both sacred and healing are topographical features including caves, springs, rock outcroppings and mountains. Examples include peaks such as Medicine Wheel and Mountain in northwest Wyoming which is sacred to the indigenous Indian people; particular water sources used by the Maoris; the sacred pools of the Sto:lo Salish Indians; the curing caves of Yavteklum south west of Larrainzar, Chiapas, Mexico; holy wells exemplified by that of Grabarka, Poland; the kaya sacred sites the Mijikenda people of Kenya have constructed deep within thick forests; outstanding formations such as rocks and bluffs used by the Scandinavian Saami; termite mounds situated on open grass fields as those in use among the Bamenda of Cameroon, to name but a few.¹⁰

Environmental

*The nature of the surrounding landscape, climate and habitat: variety and intensity of sensory environment.*¹¹

The nature of the surrounding environment, the state of the soil, the quality of the water, the pattern of winds and thus of the constituents of air breathed, serve as the key notions to be considered when examining environmental influences on health. Environment in this sense has to be considered on the micro, cellular level just as much as on a macro scale, for everything ingested, inhaled or in contact with the skin influences health.

The sites alluded to earlier, those from long experience identified by indigenous peoples as being sacred and providing a source of healing,

might very well on scientific analysis prove to be the very places where earth, air and water are purest. It may be that the centenarians of Bulgaria and the Hunza regions owe their fit longevity not so much to a diet of yoghurt and dried apricots as to living in locales untrammelled by pollutants.

Pilgrims flock to places such as Lourdes in France where the waters are believed to confer healing. Unquestionably the conviction on the part of those seeking an end to their illness, that here it will be found is a significant aspect of cure. However, hydrologists analysing Lourdes water and water from similar places of pilgrimage, have noted that in comparison to tap, dam, reservoir, melt, stream, river, or tank, the individual molecules of frozen healing spring water show a hexagonal pattern free of the deformations found in water from other sources. Additionally, or equally, the measures of parts per million contaminants, additives, or other chemicals is significantly low. In Japan interesting analyses of differing water sources around the country have been performed by Masaru Emoto of the IHM General Research Institute.¹² Though they have their critics, Dr. Lee Lorenson of the U.S. working together with Mr. Emoto claim to have brought improvements in health and cures of particular conditions through the use of "clustered", utterly pure water.

Rachel Carson's 1963 classic "Silent Spring" documented deformities, malignancies and extinctions caused by chemical practices polluting the environment. Carson herself died of cancer. More recently ecologist Sandra Steingraber¹³ has given us a dispassionate but chilling appraisal of, coupled with reasons for, the current state of the environment—soaring rates of cancers, depletion of animal and plant species, and lethal mutations occurring at the cellular level. It is absorbing but not pretty reading.

The general situation insidiously affecting all of us is the less recognised face of environmental influence on health. More startling instances are those that have led to, for example, Tay-Sachs Disease and Sickle-cell Anaemia. Tay-Sachs sufferers lack the enzyme hexosaminidase and are unable to break down certain fatty substances in the brain and nerve cells. The disease is concentrated among those of Central and Eastern European Jewish extraction, French Canadians from the East St. Lawrence Valley and members of the Louisiana Cajun population. It is incurable and patients rarely live out their first year. Though quite lethal to those with two genes for the condition, single gene carriers appear in the past to have gained an advantage against their environment allowing them to reproduce. The history of Sickle-cell Anaemia is similar. There are enormous problems arising from changes in the oxygen carrying capacity of haemoglobin in those patients doubly marked, but a reproductive advantage against malarial depredation for single gene carriers.

Yet another condition that may well be environmentally mediated is that of Congenital Adrenal Hyperplasia (CAH). "When the CAH gene is inherited from both parents, it leads to a baby with masculinized external genitalia who possesses two X chromosomes and internal reproductive organs for a potentially fertile woman. The frequency of the gene varies widely around the world: in New Zealand it occurs in only forty-three children per million: among the Yupik Eskimo of southwestern Alaska, its frequency is 3,500 per million."¹⁴ That there appears to be so low a rate in multi-ethnic New Zealand as compared with the statistics coming from the Yupik population would seem to indicate that it is some environmental rather than racial factor that accounts for the differing frequencies of occurrence.

Environmental influence can be detected in the

growth of longer eyelashes and nasal hairs in those dwelling in areas where dirt and dust levels are elevated, necessitating more efficient filtering out of irritants that could enter eyes or lungs.

Environmental pollution can be directly blamed for Minimata disease which occurred in Japan when copious quantities of mercury from smelting operations built up in the fish which formed a food staple. Currently we are seeing the same negative outcome in Sulawesi, Indonesia, where crude gold separation methods involving vast amounts of mercury are in use. The chemical legacy to health of such accidents as Bhopal, India, Seveso, Italy, and the Chernobyl nuclear reactor in the Ukraine are obvious. There are regions of China so coated with industrial fallout that nothing grows and the health of every inhabitant in the neighbourhood is severely compromised. Equally infamous are the environmental pollution problems of the chemical dumps of the Love Canal and Hinckley in the U.S.

Less pervasive but still environmentally linked are conditions such as Crohn's Disease which clusters in certain locales, rural Alberta, Canada being a prime area. Deficiency diseases such as beri-beri are found only in particular environments.

Such examples are so obvious as to hardly need stating. However, there are less immediately discernible environmental and health links. Australia has relatively high rates of breast cancer when compared with Japan. The fact that dietary selenium is readily available to Japanese women but not to Australians, is thought by many researchers to account for the statistics. Japanese women also report a lower incidence of menopausal symptoms than Australians do. The cause may lie partially in differing attitudes to women's health among the medical professions of the two countries, but could also be accounted for by greater amounts of symptom alleviating

phyto-oestrogens forming part of the traditional Japanese diet.

Japan however, has rates of stomach cancer more elevated than Korea does. The Korean diet is high in garlic and cabbage, both antibacterial and antioxidant while the Japanese diet includes many pickled and highly salted items, the neutralisation of which imposes stresses on the alimentary and renal systems.

Anecdotal evidence from the U.S. tells of African American women hospitalised for pre-term labour, eating Argo Starch (also known as Mississippi Mud) from the box. This appears to be a common craving among blacks and some whites from the South. The craving can be both the symptom and cause of anaemia.¹⁵

Yet another factor in health or illness that can be considered environmental is that of what bacteria, viruses, insects, and other pests one shares living space with and what one can contract from that contact. Lyme Disease, Ross River Fever, Legionnaires' Disease, Malaria, types of encephalitis are but a few dangers of this nature.

Social

Community and settlement patterns; accommodation to environment; urbanisation; concepts of privacy and commonality; degree of participation; decision making processes; insularity.

So far as health and illness are concerned there are advantages and disadvantages to any living arrangement, be one an isolated hermit, part of a small nomadic group, a large family in an urban high-rise, or anything in between. So far as accommodating to the environment is concerned, how one keeps warm or cool, how one travels, what one eats, how one is employed will all be factors in wellbeing.

The bulk of the other attributes from Harris listed above may be subsumed under the rubric 'culture' and indeed different societies and nationalities do appear to exhibit different ideas of health and illness whatever the objective clinical assessment of a condition might be.

Stereotypically the French are troubled with liver problems; the Germans suffer heart and circulatory disturbances; the British and inhabitants of the former British colonies are obsessed with their alimentary tracts; the Chinese are cursed with 'sour' muscles; Americans wage unending war on microbes; Japanese succumb to fevers and stiff shoulders, and so on. Statistically few of these ailments are more prevalent among one group than another. The key is that in each community, certain illnesses have come to be identified with a socially acceptable way to opt out for a time, and whether one actually displays symptoms of such condition is irrelevant.

Societies tend to have shared beliefs. For one culture fat may be beautiful, for another the standard is thin. One culture believes in circumcision for one or both sexes, another does not. People may elongate their necks with solid rings, drag their lobes to their shoulders with weights, scarify or tattoo their skin or pierce various parts of their anatomy. Needles may be shared, or noodles taken from a communal pot. A culture may hold with ingesting the brains of slain enemies, magic mushrooms, fungus-ridden grains, or interesting alcoholic decoctions. Each of these practices entails risks and corollaries.

The differing societal-cultural ideas on domestic arrangements, monogamous, polygamous, polyandrous, need for children to ensure security for old age, birth spacing, and all ideas pertaining to how and where sex will take place and with whom, have far-reaching effects on health, on nutritional and developmental levels, on longevity, not to mention

the transmission of AIDS and other such diseases. What means of contraception if any are used, when one considers life to begin and how sacred life is, are other factors with implications for health. Many South-East Asians do not consider a foetus human. Some, such as the H'mong and the Lao, feel that until it is three days old or older, even a newborn is not human. Foetal loss will, by Western standards, be under-reported in these groups. And as the foetus is not human, terminating a pregnancy is no sin. The means of termination, however, may have unpleasant health consequences.

How people define, diagnose, and treat illness can differ according to ethnicity, gender, class, degree of urbanization, length of residence and familiarity with the dominant languages.¹⁶ Societies operate predictably in how they view not only what it means to be sick or healthy but concerning the responsibility for such conditions. Does illness come from a god, is it the result of having transgressed in some way, or is it an individual matter of genetic legacy and lifestyle? Who is responsible for curing—a system, a doctor, oneself, divine intervention? Can you challenge or interrogate a physician or a shaman, or must you abide unquestioningly by their dictates? Equally, can you tell the doctor what ails you, or is the practitioner supposed to intuit with no spoken hints? Fear or embarrassment may cause individuals from some cultures to not tell the health professional about certain symptoms when they come for help. They hope that the problem will be recognised and treated without their needing to speak about it directly. Not all patients want all the facts about their illness explained in full or want the truth about the prognosis for recovery. In many cultures, a poor prognosis is not only hidden from the patient, but also from the patient's family. What represents quality healthcare to a patient from one culture may be considered substandard or inappropriate care by another.

Societies have been characterised as having certain traits such as being basically masculine or feminine, collectivist or individualist, poly- or mono-chronic, high or low context, hierarchical or otherwise, exhibiting greater or lesser power distance, more or less uncertainty avoidance, etc.¹⁷ Living and working within the societal rules one has grown up with generally speaking provides security and promotes wellbeing. Failing to fulfill the behavioural expectations of those around you in your own society, or operating in a society differing in values and expectations from the one experienced early in life, can give rise to feelings of uncertainty and anxiety and lead to stress illness. Migrant communities appear to suffer higher rates of stress related conditions than members of the society into which they have moved.

Diet is based firstly on what is available locally, and later by fads, fashions and imported ideas. There is ample evidence that a diet containing fresh foods and unrefined ones generally provides better nutrition than one of preserved or processed items. It is well documented that immigrants from Third to First World countries who abandon their traditional eating patterns and adopt those of the new country, rapidly acquire the health problems of obesity, hypertension, and diabetes common in the new environment. Equally well known is the reversal of full blown Type 2 Diabetes symptoms in Australian Aboriginals taken out of the cities and forced to live for two months on their traditional diets of lean meat and fish, berries and native grasses. "In many parts of Africa, the traditional grain millet has been replaced by cassava. This new food, introduced from Latin America, is easier to grow but is less nutritious than millet. It fills children with water and fibre before they get enough calories. So in areas where cassava is now grown instead of millet, more children are undernourished."¹⁸

Within the "social" category, Harris identifies

"insularity" as a factor. Perhaps more important is lack of insularity, the phenomenon of globalisation and the interdependence of economies. What we are seeing is an age-old domestic pattern enlarged. In the past it was the peasant farmer who annually went deeper into debt, owing a greater percentage of his production or of his labour to service debts already incurred. Now it is whole economies whose GNPs are forfeit. The bottom line of this kind of indebtedness is malnutrition, lack of resources for immunisation or other preventative measure, no money for timely treatment, and so on. Almost as damaging is the action of sanctions such as those imposed on Iraq after the Gulf War and still in place, the effect of which has been to choke off supplies of vaccines, of medicine, of food, and of all aid to restore war-damaged infrastructure. The result, according the World Health Organisation and the United Nations, is half a million Iraqi children needlessly dead in a decade.¹⁹

The health of the poor often depends on questions of social justice. Many health problems in poor communities today have resulted partly because people have abandoned old customs for new ones. The coming of new habits, foods, religions, and laws from outside adopted during colonial times persists. The traditional ways in which people used to meet their needs while keeping a balance with each other and with their natural surroundings no longer obtain. As a result, many new problems in child care, nutrition, land tenure and the like have arisen. Areas of ethnic, political or religious turmoil, where physical and emotional stability are lacking, rarely enjoy high standards of health. Social systems without a strong middle class illustrate another life dampening area, for in these the distribution of wealth and political power is generally such that the vast mass of the poor are denied the means of improving their physical wellbeing or of living long lives. Post colonial situations are often the settings

for cultural conflicts, a contention well illustrated by looking at places such as Rwanda where ethnic and political violence has reduced the population by outright slaughter and turned the majority of food providers and their families into itinerant refugees, or yet again at the Kosovos, Chechnyas and Afghanistans of the globe where failing to think, behave or possibly look like those with the guns puts one on the fast track to unhealthy oblivion.

Domestic

Dwelling and working environments; degree of permanence; emotional attachment; utilisation of space; differentiation of areas; concept of habitation; territoriality; degree of openness.

Clearly the adequacy of housing and working environments affects health. People who have roofs over their heads, piped water, power for light, heat and running appliances, stand to enjoy far better health than those living in shanties, lean-tos, and accretions of shelter lacking amenities. Though the urban dweller may have hazards of smog, asbestos, radon and dioxin emitting surfaces, recycled air, dehydration, lighting that is not full-spectrum and thus deemed by some harmful, monitor glare, micro-waves and other emissions, or known carcinogens around him, these risks are generally less threatening than living without sanitation, clean water, or ready sources of heat.

For many, the work environment is fraught with health risks. Miners die from contact with the ores and other products such as asbestos; bladder cancers are rife among workers in the leather, textile, paper and beauty industries where benzidine-based dyes are in frequent use; lung and prostate cancers abound among those exposed to cadmium, to name just a few chemical hazards of the workplace.

The factors of permanence or lack of it, and of

attachment to place, are ones tending to affect security and thus for many, emotional wellbeing. How one reacts to lack of security is very much a result of socialisation, but tends to manifest itself in various types of stress illness.

So far as utilisation of space, the differentiation of areas, and the concept of habitation are concerned, there is little doubt that the more crowded shared space is, the greater and swifter too is the spread of infectious disease. This is exemplified in figures released early in 2000 concerning the rapid rise in cases of drug-resistant tuberculosis in Russian gaols where prisoners are crammed ten or twelve to a cell designed for one or two. So great in fact are the risks of contagion in circumstances such as these, that one US company which specialises in manufacturing modular steel cells and TB/AIDS isolation units, has found a niche with a product which combines both. This is, however, available only to affluent jurisdictions.

Apart from the infectious facets of crowding, lack of personal space, lack of ability to exert territoriality, appear either to engender aggression and lead to violence, or, where the situation and acculturation are such that aggression cannot be expressed, to bring on the opposite reaction of near catatonic passivity. Neither of these states bodes well for good health.

Openness in a domestic sense can be viewed quite simply as how open to or protected against the elements a building may be. Structures such as the Samoan *fale* which consist of nothing more than a thatched roof supported by poles, allow the natural air and light to flow, which, given the kindness of the Samoan climate would appear to be a pleasant and healthful way to live. Village houses of Rajasthan in India, on the other hand, are small, single-roomed, hemi-spherical, and devoid of either windows or chimneys. The smoke from

interior cooking fires blackens the walls and affects the eyes. This, so the inhabitants of these smoky abodes maintain, is a deliberate design feature in order that the eyes will water profusely and thus rid themselves of impurities.²⁰ It is doubtful whether trained ophthalmologists would necessarily endorse the practice.

Personal.

Individual requirements; degree of adaptation to setting; non-verbal behaviour (contact, gesture, expression, intonation)

As varied as individuals themselves are the individual requirements for health, an amalgam of genetic inheritance and susceptibilities, nurture, exposure, socialisation and expectations. The Indonesian who runs amok, is it in response to imposed political powerlessness or something he ate? The breast cancer patient, had she the ill fortune to succumb to familial proclivities or was she exposed to far more vinyl chloride than her body could deal with? For any condition presented to a health official, numerous causative factors may be adduced.

"A recent study in the Journal of the American Medical Association shows that some 100,000 hospital patients died in 1994 alone because of medication that did not agree with them. One drug with potentially lethal effects if given to a susceptible person is 6-mercaptopurine, a powerful drug employed in combination with other medicines to treat childhood leukemia. The drug combination often performs near miracles, halting the spread of the cancer. But there is a catch: a small fraction of the children who take 6-mercaptopurine die from it. These children make insufficient amounts of a particular liver enzyme to break down the compound before it poisons."²¹

Totally unconnected with the earlier mentioned

stereotypes of national illness, patterns of distress displayed by immigrants to communities as often as by the hosts, more subtle culturally allied conditions can be found. Westerners living in Japan may develop the non-measurable fevers that allow one to opt out of the hurly-burly world for a while. But no matter how long a Westerner lives in Japan, with a Japanese spouse, integrating as much as possible in the society, he or she will almost never suffer from the universal Japanese complaint of *kata kori*, stiff shoulders. Only those who have made an emotional commitment to living out their lives in the country will ever exhibit shoulder stiffness. Equally, few Japanese past adolescence, even those living in a Western environment, will ever need to seek relief from lower back pain. Why this should occur has nothing to do with genetics and everything to do with the culture of close relationships. From the earliest age, Western children hear "look at me", "stand up straight", "shoulders back, don't slouch". These are not actions which would ever be recommended to a Japanese child who will be taught not to gaze directly but to keep the eyes and head lowered. The Japanese culture has been characterised as a "wrapping culture".²² On all levels from the enfolding of domestic areas round the *ma*, space, to enclosing presents and purchases, from the multi-layering of traditional dress to the cloaking of intent linguistically in imprecise expressions calculated to shroud meaning, all collaborate to produce muscular tension which is most felt in the shoulder area. As the approach of most Westerners is completely opposite, requiring an "up front" stance in all things, the tensions required to maintain the body attitude will be manifested in the lower back.

Conclusion

Health cannot be viewed simply as the absence of some disease causing agent, but rather as the sum total of all the influences acting on people,

This has to include beliefs they hold about this life and an afterlife, where they live, how they are housed, what the body is exposed to, what resources exist to ward off illness, what support systems are in place, and many, many other factors. Health professionals need to be sensitive to all the influences impacting on patient wellbeing—not an easy task given the complexity of human existence.

ENDNOTES

1. Richard Harris, address to the 6th Summer Seminar on Intercultural Communication, Valencia, Spain, September 11th, 1999.
2. Ibid.
3. Brennan, Barbara Ann, *Hands of Light : A Guide to Healing Through the Human Energy Field*, Bantam, New York, 1993 p.42- 45
4. Simons, George & Partners, *Diversophy Health Care 1*, G. Simons International, Netherlands, 1998.
5. Ibid.
6. Ni, Maoshing, *The Yellow Emperor's Classic of Medicine—A New Translation of the NEIJING SUWEN with Commentary*. Shambala, Boston and London, 1995
7. Bertrand Russell, *New Hopes for a Changing World*. (1951)
8. Harris, op cit.
9. Jared Diamond, *Guns, Germs and Steel: the Fates of Human Societies*. Norton & Co., 1997 New York & London
10. *Sacred Sites, Sacred Places*. Edited by David. L. Carmichael, Jane Hubert, Brian Reeves and Audhild Schanche, Routledge, London, 1994
11. Harris, op cit.
12. Masaru Emoto, *The Message from Water*, Hado Kyoikusha, Tokyo 1999
13. Steingraber Sandra, *Living Downstream*, Addison -Wesley, 1997
14. Fausto-Sterling, Anne, *The Five Sexes, Revisited, The Sciences*, p.20 July/ August 2000
15. Simons, George & Partners, *Diversophy Health Care 1*, G. Simons International, Netherlands, 1998.
16. Ibid.
17. Hofstede, G. *Culture's Consequences: International Differences in work-related relations*. Sage Publications, Beverly Hills CA, 1980
18. Werner, David and Bill Bower, *Helping Health Workers Learn*, The Hesperian Foundation, Palo Alto 1995 p. 7-4.
19. Pilger John. *BBC World Special Report*, BBC, October 2000.
20. Personal conversation with the owner of the Ajit Bhawan Hotel, Jodhpur, India.
21. Laber, Emily, *Designer Drugs*, *The Sciences*, July/August 2000 p.8
22. Hendry, Joy *Wrapping Culture: Politeness, Presentation and Power in Japan and Other Societies* (Oxford Studies in the Anthropology of Cultural Forms) Oxford 1995