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**THE RELEVANCE OF MARGARET MEAD'S
CONCEPTS IN HEALTH AND ILLNESS TO THE ERA
OF COVID-19**

Tagrid Morad

Abstract

The contribution of the medical anthropologist to the study of COVID-19 is significant, especially when treating the pandemic as a syndemic. Merrill Singer, an American medical anthropologist, and his colleagues claimed that a “syndemic approach reveals biological and social interactions that are important for prognosis, treatment, and health policy.” Gilbert Lewis described the medical anthropologist role as a mediator between the individual (from a particular culture, that has its own special patterns that affects his or her illness behavior), and the physician. Illness behavior is not just a medical term, it's a social construct that is determined and shaped by cultural, social, economic, occupational and medical factors. Anthropology, ethnography and literature would crystallize health and illness behavior to the extent that medicine could not do alone. The goal of this paper is to highlight Margaret Mead's insights on health and illness and its relevance to the current pandemic, discuss Mead's contribution to illness behavior, and show how her legacy helps us to understand the impact of the disease. Practical aspects of Mead's contribution were found in her writings, such as in her autobiography *Blackberry Winter: My Earlier Years*, and in other works that discuss her research within the framework of COVID-19. Emphasis is put on the importance of documentary literature written by medical anthropologists to the scientific debate. The role of writers (inc. medical writers), anthropologists and other professionals is of vehement importance to contain the ongoing global epidemic.

Keywords

COVID-19, Margaret Mead, Illness behavior, Ethnographic Autobiography, Medical Anthropology

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1. Introduction: Approaching COVID-19 as a Syndemic

PATHOGENS cause epidemics and the latter shapes cultures and makes people develop strategies to limit contact with other groups. The ability to assess the threat

and modulate behavioral response and make changes to life differs from culture to culture. At the individual level, the lay person perceives illness differently from a physician, who has little opportunity to see patients in their homes or workplaces in order to assess some of the social forces that may have influenced and shaped the patient's attitudes to their illness and their responses to it (Lewis 1981, 151). Across time this has become the role of the medical anthropologist. As part of their education, medical anthropologists acquire skills to study a culture. They learn the language of the studied culture, follows its patterns of behavior and other more complicated events at a personal level, usually for longer periods of time (Lewis 1981, 151). A physician will find the contribution of the medical anthropologist significant to their work with patients from cultural backgrounds different to their own.

Within the field of anthropological studies of infectious diseases, medical anthropologists conventionally focused on social, political and cultural aspects in the control of infectious disease outbreaks (Lynteris and Poleykett 2018, 434).

Richrad Horton claims that a social aspect for preparedness control is needed in order to tackle COVID-19 (2020, 874). He argues that a syndemic approach towards the pandemic reveals biological and social interactions that are vital for prognosis, treatment, and health policy (Horton 2020, 874). The Lancet Commission revealed that the availability of inexpensive and practical interventions in the next few years could prevent almost 5 million deaths among the world's poverty-stricken people (Horton 2020, 874). And that is without taking into account the reduced risks of dying from COVID-19 (Horton 2020, 874). The most important consequence of seeing COVID-19 as a syndemic is to emphasize its social origins.

Approaching COVID-19 as a syndemic means more protection for vulnerable people by means other than medical, such as social distancing.

2. Objectives: The Contribution of Past Medical Anthropological Research to Science

A meaningful past anthropological extensive work enables medical anthropologists and other public health professionals to focus on differences that matter in the present. Previous discussions within the field prepared contemporary medical anthropology to look beyond the bounds of the traditional model of disease (Campbell 2011, 76). And yet, works by medical anthropologists are still missing in the literature.

A recent study from 2013 that focuses on the use of bamboo in the construction of Alexandre Yersin's microbiological laboratory in plague-stricken Hong Kong is included in an article about aspects of epidemic control (Lynteris and Poleykett

2018, 434). Margaret Mead's autobiography *Blackberry Winter: My Earlier Years* (1972) also includes a description about the use of bamboo as a building material. In her autobiography, Mead describes Bajoeng Gede, as “a village in which most courtyard walls consisted of bamboo fencing, instead of the clay walls which, in other villages, shut each courtyard off from sight” (1972, 232). Mead writes how she later realized that the culture was worried about contamination issues. Another important detail that Mead noticed is that all the members of the population had hypothyroidism.

A quick access to recent studies that examine the benefits of Bamboo, shows that Bamboo shoots that are used for construction are effective in reducing nitrates contamination and removing atmospheric carbon than any other species (Sharma et al. 2014, 250). Consuming Bamboo shoots (BS) have also been used in naturopathy since ancient times as a cure to treat diseases and its antithyroid potential has been examined and proved (Sarkar et al. 2020, 1, 6).

Mead's research is of tremendous value to the study of prevention and control of complex infections and should be given a place within its scientific discourse. This paper will provide more examples of Mead's insights on health and illness that are significant in fighting against the impact of COVID-19.

3. Methods: Tackling the Effects of the Pandemic

In order to understand the relevance of Mead's insights on health and illness to COVID-19, her autobiography has been analyzed according to the following selected factors, all found to be of great importance in tackling the effects of the pandemic (in a random order):

1. Health systems (Carr 2020, 493)
2. Stabilizing financial systems and helping businesses survive (Baker and Judge 2020, 2)
3. Securing the essentials for remote communities - delivery of food and essential supplies (Jayaram 2020, 11)
4. Talking about mental health and treating mental illness (Torales et al. 2020, 317)
5. Global collaboration to effectively combat COVID-19 (essential for developing countries that are at risk of experiencing massive outbreaks due to absence of medical resources, detection technology, and epidemic statistics) (Li et al. 2020, 1)
6. Strong leadership (Barnard 2020, 755)
7. Community action towards global social challenges when fighting back societal rejection, discrimination, and stigmatization (Kontoangelos et al. 2020, 497)

8. And effective crisis and risk communication strategies (which are especially crucial in developing countries that vary in their cultural, linguistic and ethnic background) (Ataguba and Ataguba 2020, 1)

Mead's autobiography is divided into three parts. This paper will focus on "PART TWO," in which Mead discusses her field work experience and the cultural differences that she observed among her close ones who lived in different cultures.

Mead's contribution to COVID-19 as presented in the media will be discussed as well.

4. Results: The Relevance of Margaret Mead's Concepts in Health and Illness to the Era of COVID-19

In "Samoa: The Adolescent Girl", Mead writes how her friend equipped her prior to her travel with "a hundred little squares of torn old muslin 'to wipe the children's noses.'" (Mead 1972, 146). This description emphasizes the need for a health system that will secure and supply essential products to remote communities. Enter COVID-19, without the necessary medical supply, such as masks and cleaning products, the virus will continue to spread.

In "Return from the field", Mead writes about her second husband, the New Zealand anthropologist Reo Fortune. Mead claims that Fortune did not seem to be bothered in any way by his lifestyle, which did not include the luxuries of modern culture such as watching a live symphony playing music (Mead 1972, 158). In the same chapter, however, Mead also discusses her meeting with Ruth Benedict, her colleague at the time, who told her how "deeply depressed" she was for spending her summer partly alone (Mead 1972, 163).

These cases that Mead describes emphasize the importance of understanding cultural illness behavior when it comes to mental health. A cultural stigma can be a "barrier [when] recognizing personal mental illness and seeking help" (Schomerus et al. 2019, 469). A person's stigmatizing attitudes reflect the population attitudes and impact the decision of seeking help (Schomerus et al. 2019, 469–70).

There is a stigma surrounding mental health issues, which was found to be especially high among Pacific peoples (Minster and Trowland 2018, iii). Recent initiatives in New Zealand such as "Like Minds, Like Mine" counter the stigma and discrimination associated with mental illness (Vaughan and Hansen 2004, 113).

Mead's description of her husband's behavior presents the need for essential communication and strong leadership that will promote openness when it comes

to mental health issues, an aspect that must be dealt with especially during COVID-19 when isolation has become the new norm. The American Museum of Natural History with which Mead was associated made a list of subjects in which she was considered to be an expert. Mental health was among the topics listed. There are other occasions where Mead discusses issues like suicides and other mental disturbances in result to self-isolation as a consequence of disability and illness. Mead hasn't hesitated to voice her opinion on other types of epidemics in America like drug abuse. She has called for addicts not to be stigmatized but to see them as the "casualties of a badly organized society" (Quarles 2017). She calls for treatment and to support police in coping with this epidemic.

In "Manus: The Thought of Primitive Children," Mead describes the Manus women having "their necks and arms hung about with the hair and bones of the dead" (1972, 169). A portrait of starvation that shows how much a global response is needed in order to help remote communities. The Manus people were also found to be a trading tribe – they exchanged goods in markets with the people of distant islands and among themselves. Such a description emphasizes the importance of helping this tribe to survive when it comes to businesses, i.e., offering financial assistance. This can help communities that face the economic impact of COVID-19 pandemic to deal better with the unprecedented financial stress.

In "The Years between Field Trips", Mead describes her field work experience with Native Americans.

Mead explains how the youngsters were sent to schools for Indians, which educated children from different linguistic groups. The children were taught by federal employees who, according to Mead, "knew little, and usually cared less, about their pupils and the cultures from which they came" (1972, 191). Mead writes that this had resulted in the pupils returning to their reservation, without acquiring proficiency in English, and feeling more estranged from their traditional culture (1972, 191).

Native Americans at the time also often rejected medical care which was offered to them, and it is possible as Mead argues, that with the right "culture contact," such as learning to value Native American culture, a positive change will happen (1972, 190).

During COVID-19 we all have a role to play in protecting ourselves and others. Stigma and discrimination can happen when people link COVID-19 with a population, community, or nationality. A global response should address discrimination and inequality and provide resources that will reduce stigma.

In "Arapesh and Mundugumor: Sex Roles in Culture," Mead describes the Mundugumor as "a fierce group of cannibals who occupied the best high ground along

the riverbank. They preyed on their miserable swamp-dwelling neighbors and carried off their women to swell the households of the leading men” (1972, 204). Mead later explained that when the Australian administration took over, it decided to put the village leaders into prison. When the leaders were freed, they returned to their village and told their people that warfare and ceremonial life will not be part of their lives (Mead 1972, 204). All the young men had to leave and go to work. This is a case of a strong leadership that did not destroy the village of the cannibals but instead used their leaders to make a change. Responding to COVID-19 as well means knowing how to handle a crisis as a leader. Strong leadership and community compliance are significant key elements that help to combat the pandemic.

In this chapter, Mead also provides an interesting comparison of illness behavior between the Mundugumor people and Fortune. She writes how Fortune found the Mundugumor people to be fascinating, because they treated illness the same way he did. Mead describes how Fortune’s way of treating illness in himself was a physical activity (i.e.. mount climbing), even with high fever, in order to fight sickness out of his system (1972, 206).

Mario Jacoby writes that the Mundugumor “treat illness and accidents even among children as matters for exasperation and anger” (2006, 63). In this culture it is only the strongest who survive, those who can conquer the hard challenges of life (Jacoby 2006, 63).

In this case there is a need for a strong leadership and a health system that will examine illness behavior in different cultures in order to prepare for future challenges. Especially when what seems to other cultures as unconventional treatment to treat diseases, could be perceived as normal treatment in a particular culture. As Mead states: “so I had ceased to expect any sympathy...I had a good deal of fever, and this, combined with Reo’s unrelenting attitude toward illness, and the general sense of frustration over the people, made it a very unpleasant three months” (1972, 207).

In “Tchambuli: Sex and Temperament,” Mead describes how the Washkuk houses were scattered far apart along steep roads (Mead 1972, 211). Mead had to walk a mile to find a house with a man, a woman, a child and two dogs (1972, 211). This community was not of a big population. Mead’s insight into this culture’s housing conditions emphasizes the importance of making efforts to reach all communities, even those who are not compactly built and are close together, in terms of medical care and supplies (1972, 227).

In “Bali and Iatmul: A Quantum Leap,” Mead writes about her meeting with Australian explorers, adventurers, and civil servants in New Guinea. She describes how she didn’t bother to discuss with them her research, because they

thought that “the peoples of New Guinea were very alien and strange- souls to be saved,” and who cannot be taught (1972, 226). Mead explains that in their view, these people need “to be controlled, governed, and slightly civilized” (1972, 226). This discriminative attitude as described in Mead’s autobiography towards the peoples of New Guinea, underlines the lack of awareness, and the crucial need for a global and a local response that will take on the initiative to teach about aboriginal people.

In the same chapter, Mead writes how on the Sepik, “the mosquitoes and the heat provid[ed] a constant irritation of bites, cuts, itches, and small vexatious infections that might turn into tropical ulcers. There was no skilled help, no way of getting anything done that one did not initiate and take responsibility for oneself” (1972, 226). And there was no treatment for malaria (Mead 1972, 227). This point underlines the significant contribution that global collaboration can have in providing medical care to remote areas.

5. Margaret Mead’s Contribution to COVID-19 in the Media

The most recent study up to date that includes a debate on Mead and COVID-19, discusses the story of Thomas McDade, a biological anthropologist (King 2020). During the pandemic, McDade came up with the idea of using an older method that he practiced for over two decades in the field, only this time, in order to detect COVID-19. The minimally invasive method “dried blood spot” (DBS) was used by McDade to gather blood samples in the field, without having study participants to attend a lab or a clinic.

The fascinating part of McDade’s journey to biological anthropology and specifically to DBS, lies within his inspiration, who is in fact Margaret Mead. Her book *Coming of Age in Samoa* (1928) (a paper that was also discussed in her autobiography), raised curiosity in the young McDade who became interested during his grad school in the study of stress and its relation to human immune system among adolescents in Samoa. Following in Mead’s footsteps, he traveled to Samoa and used DBS technique to collect data for his study analysis. Mead’s work is mentioned as the engine power that led to scientific interest in remote communities and consequently to the utilization of a technology that allows the examination of different diseases and conditions in distant populations. Becoming one of the most popular off-the-shelf techniques used during this pandemic.

Mead’s work is also used in a study that focuses on raising awareness towards the side effect of isolation and loneliness among elderly and children during the pandemic. In their column, Lucy Rinaldi and Cheryl McFadden provide various alternatives that offer support to the struggling members of the community, especially

in the absence of face-to-face interaction. They also discuss the importance of developing relationships despite age differences between children, adolescents, and seniors. Relying on Mead's research, the authors show (through different programs) that treating mental illness is within the nation's capabilities and its endeavors to take action and care for its members.

Belleruth Naparstek writes about the connection of loneliness to the high rate of heart disease, depression, cognitive decline, and early death. In this case, the author uses Mead's example for first sign of civilization as an indication of why compassion towards each other during the pandemic plays an important role in reducing the risk for the above-mentioned diseases. Naparstek writes that Mead considered a 15,000-year-old fractured thighbone that had broken and later healed as the first sign of civilization. Such an injury takes six weeks to heal, in which the ill must rely on their community in order to survive. Offering support and care besides medical aid is the key to healing. This was as much the case for our ancestors as it is for us today, when being alert towards the members of our community can save lives.

6. Discussion: Towards an Interdisciplinary Approach of Literature and Science

Warwick H. Anderson cites Mead's call for medical assistance in the case of an outbreak to help suffering indigenous people, but it is not enough to establish medical policy that will rely only on traditional medicine (Anderson 2008, 3676; Bhasin 2007, 1). In some countries, state health programmes do not include necessary anthropological consultations (Bhasin 2007, 1). Auto/ethnographies that include insights on health and illness can contribute. These should be considered in order to further rescue and revalue cultures, that contributed their part to human health and to the development of indigenous medical knowledge and its systems (Bhasin 2007, 1).

Shirley Lindenbaum's research on the case of the kuru epidemic of the Fore from Papua New Guinea concluded that "Anthropologists and medical investigators did not bring an end to the epidemic" (Lindenbaum 2008, 3720). But rather it was the scientific perceptiveness of how kuru was transmitted, which resulted from the joint efforts of anthropology and medicine (2008, 3720). Lindenbaum in her review defined anthropology as "a natural science and a humanistic discipline, mediating between human biology and ecology on one hand and the study of human understanding on the other" (2008, 3715). Her description of the kuru disease is a great example of how anthropology and medicine can contribute to our understanding of illness behavior. Regarding our global epidemic many details of the start of it remain unclear, but anthropology could offer some explanations to its occurrence.

Mead was trained to be an expert in interpretation. It is apparent from her writing that she mastered the method called “thick description” (Geertz 1973; Ponterotto 2006). Her love for detail and context offers us more than just a description of the culture. It gives a multidimensional picture of emotional and relational components with the halo of wholeness. That is the case when she writes about illness behavior, disability and mental health, while moving on the developmental scale and reflecting scientifically on its origins and causations.

Clifford Geertz appropriated Gilbert Ryle’s philosophical term of “thick description” to discuss works done in the field of ethnography (Ponterotto 2006, 539). He claimed that the validity “of the author’s interpretations, the context under which these interpretations were made must be richly and thickly described” (Ponterotto, 2006, 539). Norman K. Denzin then spread the concept across disciplines such as communication, sociology, and the humanities (Ponterotto 2006, 540). The significance of this concept lies within its ability to “[i]nset history into experience. It establishes the significance of an experience, or the sequence of events, for the person or persons in question. In thick description, the voices, feelings, actions, and meanings of interacting individuals are heard” (Ponterotto 2006, 540). Mead’s words reflect many voices of healthy and ill people, children and elderly, men and women, seeking sympathy and expressing sorrow. Today we face a global epidemic while telecommunication is broadcasting remote voices of fearful people. We share that feeling of loss of control and certainty. At the same time, we try to bring this saga to its resolution and the question is whether modern medicine can contain this crisis or take inspiration from Mead and other anthropological pioneers to tailor solutions that fit each culture differently.

So, what do we have now? We have an epidemic and there is no laboratory that can explain all the W’s and H (why, what, where, when, who and how). Medicine could learn from the interpretation of the context by adopting and adapting the concept of “thick description” (Geertz 1973; Ponterotto 2006). Ethnographic studies and qualitative research using thick description would add more insight into how to contain the infection and offer more local solutions suitable for each: society, culture, geographic region, health system and more (Geertz 1973; Ponterotto 2006).

7. Conclusion: The Role of the Writer (Including the Medical Writer)

Literature can provide clarity on some of the cultures that Mead studied and framing her research within COVID-19 responses attempts to combat the challenges that humanity is facing during this pandemic. It is worth turning to Mead’s work in order

to understand and be better “informed” on how each culture deals with illness and what are her needs.

In his discussion of thick description, Geertz mentions that “the essential vocation of interpretive anthropology is not to answer our deepest questions but to make available to us answers that others, guarding other sheep in other valleys, have given, and thus to include them in the consultable record of what man has said” (Geertz 1973, 323). In order to communicate the global character of the COVID-19 epidemic we need to address many cultures, many societies and many individual interpretations of this experience. And since we have no answers for all different questions that each one of us of the mankind can raise, we need to find the very versatile answers that could be comprehended by all individuals. Health professionals assisted by ethnographers can contribute more to the understanding of epidemic and would offer humanity adjustable approaches to contain the epidemic. And thus, ethnography and anthropology can make the approximation of the scientific answers more acceptable and understandable. Literature and science would be enriched by more ethnographic and/or autobiographical studies, also because we can learn from it the many varied ways people behaved during epidemics when we know that cultures preserve their memories on these periods and canonize their experiences and behaviors to be used in a time of need.

Since we reveal nowadays that individual behavior and social interactions affect the magnitude and control of the epidemic, we know that remote cultures have fresher collective memory of epidemics that could be adapted and adopted partially or to larger extent to deal effectively with our global epidemic. Even in western culture most of the descriptions and knowledge about epidemics is not in medical writings and textbooks, but mainly in other forms of literature. Literature along centuries constitute a canon of collective and individual experiences even from catastrophic times that could be of value for the sake of people today.

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