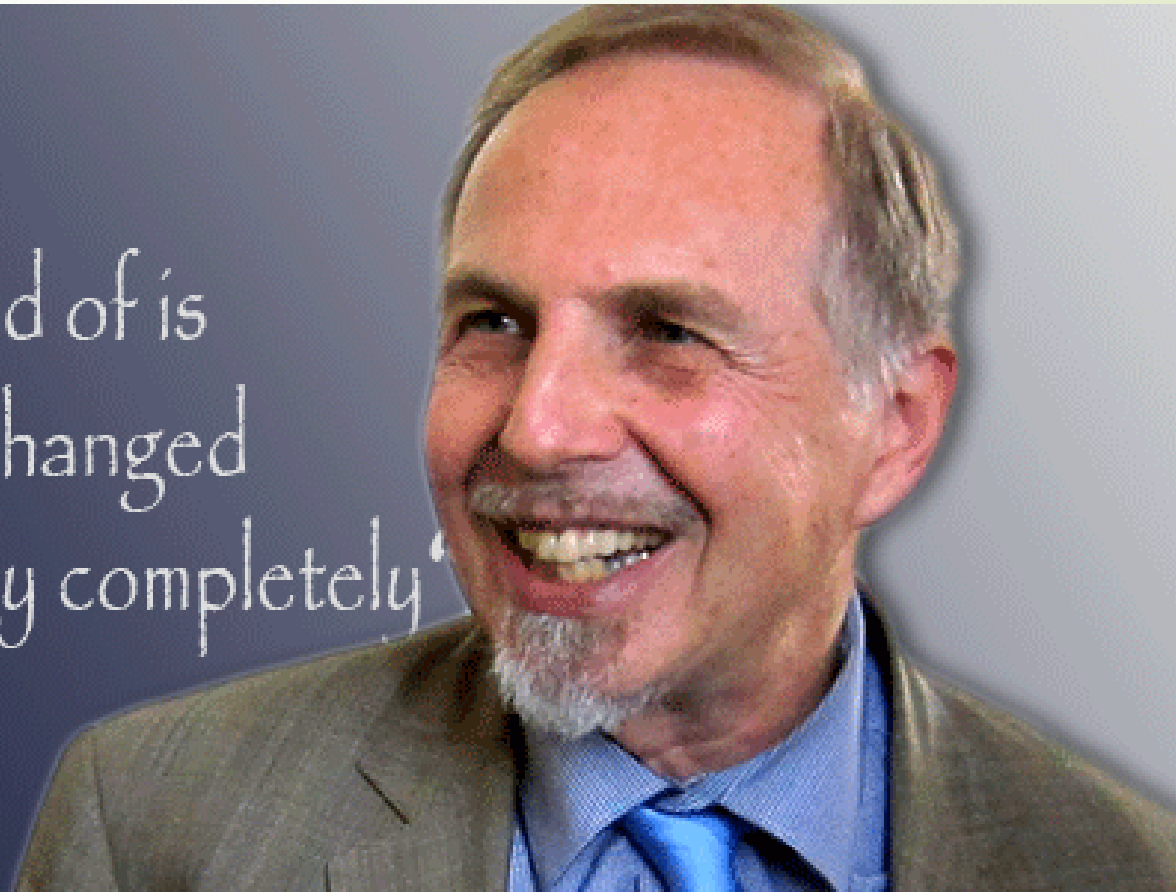


Qualitative Inquiry for (Phenomenological) Local Biologies

Doria-Anderson Nicholas Martin, MHS

Medical Anthropology

„What I'm most proud of is
that my generation changed
medical anthropology completely“



Local Biology

- ▶ Lock, more ambitiously, argued that there are some *actual embodied differences* in the experiences of aging between Japanese and North American women, possibly in response to the way normative discourses (emotions, interpretations) or local physical factors (diet, stress, pollution) are differently incorporated into their minds, brains, and bodies. –Maurizio Meloni “Local Biologies”





Medical Anthropology II

- ▶ Structural Violence – Those forces, both physical and conceptual, which seek to constrain the opportunities available to the individual for the attainment for equitable outcomes for themselves and those in their care.

Idioms of Distress

- ▶ “socially and culturally mediated ways of experiencing and expressing distress.
- ▶ ...shifts in food consumption to somatic complaints that have cultural significance, health care seeking and medicine taking, and spirit possession and fear of sorcery...
- ▶ ...culturally constituted in the sense that they initiate particular types of interaction associated with culturally pervasive norms, values, and health concerns.” – Mark Nichter, “Idioms of Distress”



Operationalizing Idioms

- 1. Key informants
 - 2. Free lists
 - 3. Pile sort
 - 4. Define and train
 - 5. Treat
- “Respondents in free list interviews identified a number of problems that impact children in this context, including fighting between adults, alcohol use by adults and children, and child abuse and neglect. Across the issues, the causes included economic and social conditions associated with living in the camp and changes in family structures.” Sarah Meyer, et al, 2013



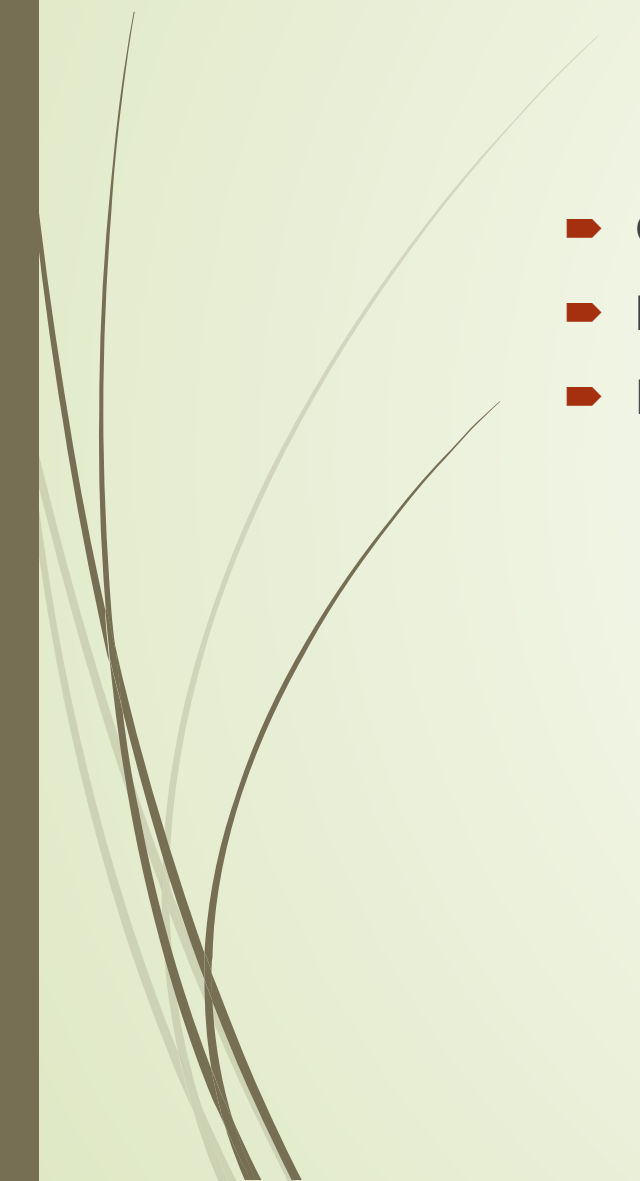


Operationalizing Idioms II

- ▶ “Policies and interventions in areas of protracted displacement in camp-based settings should work to address these stressors and their impacts at community, household and individual levels.” –Sarah Meyer, et al, *ibid*
- ▶ There is a need for additional preventative (primary) care at the community level in these communities to ameliorate the effect of protracted contact with stressors that might negatively impact mental health.



Progressing the Research

- ▶ Create primary health programming
 - ▶ Institute programming created by local actors for local participants
 - ▶ Ensure sustainable programming at no or low cost
- 

What I've Done

- ▶ Myanmar translation of Scales for Psychological Well-Being
- ▶ Testing in refugee communities in Thailand
- ▶ Validity and Reliability testing of direct translation



Is not enough

DISCUSSION – FACTOR ANALYSIS

Apparently random

- Positive Relations
- Autonomy
- Environmental Mastery
- Personal Growth
- Sense of Purpose
- Self-Acceptance



- Self-Acceptance
- Personal Growth
- Goal Setting
- Confidence

Factor	PR	A	EM	PG	SP	SA	ω	eigenvalue	
Factor 1	14	-	2	3	2	3	4	0.92	5.4
Factor 2	7	1	1	2	1	1	1	0.73	3.0
Factor 3	3	1	-	-	1	1	-	0.52	1.6
Factor 4	4	-	1	1	1	1	-	0.54	1.2



Future Plans



GENERATE LOCALLY
INFORMED DEFINITIONS OF
WELLNESS AND ILLNESS



CREATE EDUCATIONAL
PROGRAMMING FOR
COMMUNITY HEALTH
WORKERS



EDUCATE COMMUNITY
HEALTH WORKERS



SPUR LOCAL WELLNESS
PROMOTION
PROGRAMMING



MEASURE OUTCOME WITH
NEW SCALE



RECEIVE A DIPLOMA?



Sources

- ▶ Meyer, S. Murray, L K. Puffer, E S. Larsen, J. Bolton, P. "The nature and impact of chronic stressors on refugee children in Ban Mai Nai Soi camp, Thailand. *Globl Pbl Hlth* 8(9) – 1027-1047. 2013.
<https://doi.org/10.1080/17441692.2013.811531>