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### **Is epidemiology beginning to dialogue with anthropology?**

Está a epidemiologia construindo um diálogo com a antropologia?

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The merit of the analysis made by Behague, Gonçalves and Victora in “Anthropology and Epidemiology: Learning epistemological lessons through a collaborative venture” lies in demonstrating the increased demand of the health sciences, epidemiology in particular, for knowledge, methodological strategies and research techniques traditionally restricted to the domain of anthropology. The text highlights a series of examples of empirical investigations, in which this collaboration was possible or, more than that, necessary, and in which the results of the investigations were constructed on the basis of two different approaches, the so-called “quali-quantitative” procedures.

The fields of knowledge and the formalization of academic areas are taking on new shape and certainly at this point, neither epidemiology nor anthropology remains the same. Perhaps there was a time when both fields, social sciences and health sciences, felt they were keeping possession of an object, be it the body, be it the pro-

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cess of getting ill, or the search for solutions and cure. If we ever had this illusion, it vanished with the complexity of the health questions we face today (such as the AIDS pandemic) and the urgent need to understand the social processes of an endemic and to design and promote culturally suitable health policies.

Behague et al. show clearly the difficulties of this dialogue and present even more clearly evidence-based solutions that were extremely enriching for both disciplinary traditions or even beyond them, and that represented significant improvements in terms of public health practices and, hopefully, policies.

Since its origin, since its very constitution as a science, anthropology – having as fathers and founders Durkheim and Mauss – saw the elementary manifestations of the *body* (or the bodies) – suffering and pleasure – beyond their biological dimensions, as historical and social products, events to which different individuals and/or social groups attribute different meanings. In the concept of anthropology, the body – adorned or ritualized, constructing itself socially as masculine or feminine, reproducing, conceiving, being born, ill or dying – is always full of social meanings. The investigative questions of anthropology focus on these meanings. This is in what the answers arising there are of interest for the biomedical field, for what we agreed to call *medical anthropology*.

On one hand we have anthropology that focuses on analyzing the experience of suffering or disease in its semantizations and in the social context creating them; on the other hand we have epidemiology operating from a naturalized perspective of health and disease processes and seeking to generalize a phenomenon. It is precisely in the different emphases of the two schools' characteristics that hamper a more effective dialogue between them, where the possibility or even the **need** to mutually complete each other resides. Anthropology applied to health must learn the dimension (prevalence, incidence) of the problem from epidemiology. Epidemiology, on the other hand, needs to approach the social dimension of the disease to better understand its dynamics.

There can be no doubt, the incorporation of ethnographic studies – or at least of some techniques of this tradition – to epidemiologic investigations could favor a better understanding of the relation between health and social practices. The text of Behague et al. has the merit of thinking the possible contributions of medical anthropology from inside the domain of anthropology while

being concerned with offering answers to research questions formulated by epidemiology. This conduct is certainly fundamental for constructing a dialogue. As very well pointed out in the text, from the epistemological viewpoint both fields have a great difficulty to advance, construct something new and to construct a common object.

The proper choice of the term “quali-quanty” says it all. Epidemiology uses to see anthropology as a repertoire of methods, all of them very distant from statistical tradition. As a matter of fact, what happens in general is that we fail to distinguish between *method* and *techniques*. The ethnographic *method* is in fact a fundamental part of anthropology but this ethnographic method can make use of quantitative *techniques* such as statistical data and statistical analyses to the extent these can help composing a dense and interpretive narrative about the problem at hand. From the perspective of anthropology, in this moment quantitative techniques (questionnaires, random samples and surveys) can and should make part of the ethnographic text, but always subordinate, always mere part of an epistemological totality.

One more step forward in this dialogue between epidemiology and anthropology could be to agree that the terminology “quali-quanty” is not appropriate since “quali” is saying very little about the competence and the field of anthropology. In fact, it says much more about the positivist tradition of the discipline that coined this term.