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## An Outline of the Situation of the Subject of Medical Anthropology in Hungary

Anna Susánszky and Imre Lázár

In Hungary, medical historians and ethnographers started to systematically study healing, healers, and traditional folk treatments early in the twentieth century. From the beginning of the 1990s, when cultural anthropology was gaining ground, the subject of Medical Anthropology appeared as part of curriculum reform in the Semmelweis University, the largest medical school in the country, within courses offered in the frame of the medical humanities. At the Institute of Behavioral Sciences, founded by Maria Kopp, the Department of Medical Anthropology, led by Peter Molnár, was established in 1993.

In the early 1990s, ecological and evolutionary issues of bio-cultural adaptation played an important role in teaching medical anthropology, under the innovative direction of Professor Molnár who played a prominent role also in regulating bodies regarding complementary medicine in Hungary. During this period, staff-members at the Department of Medical Anthropology selected and translated Cecil Helman's comprehensive book, *Culture, Health, and Illness*, as textbook for the subject (2007).

Later on, under the direction of Béla Buda, aspects of social science and an interdisciplinary approach grew stronger; the leadership of Maria Újhelyi drew a greater attention to evolutionary anthropology and interethnic medicine. Although the planned medical anthropological MSc course is still a question of the future, there is a possibility to lead medical anthropological PhD studies and research in the Interdisciplinary Doctoral School of Semmelweis University, a possibility which is open for non-Hungarian PhD students too. After 2004, together with the established topics mentioned above, new themes came into prominence: medical pluralism, complementary medicine, the rites of passage of becoming a doctor, spiritual aspects of medical anthropology, and the medical anthropology of birth and death. Under the direction of Imre Lázár, the working group joined in the activities of the EASA, through convenor activity in EASA conferences and organizing international medical anthropology summer courses.

Two edited books have been presented, based on symposia at EASA Conferences in Copenhagen (2002) and in Vienna (2004) organized by Imre Lazar (Jo-

hannessen and Lázár 2005; Luse and Lázár, 2007). During these years, the idea of organizing an official EASA network on an interdisciplinary theme of sacral communication and healing emerged. The 'Sacral Communication and Healing Network' was established in 2005 and accepted by the EASA as one of its official networks in February 2007. The Sacral Communication Summer courses in every third year offer a regular occasion for reviewing the progress of *interdisciplinary* efforts in exploring the dynamics and diverse nature of the recent revival of spiritual discourses in contemporary healing, medical and religious practices. (Further details and selected videos are available at the website of the network<sup>1</sup>).

Teaching medical anthropology serves medical professionalization through promoting an (inter)culturally more sensitive and reflexive medical practice, and this is supported by the double identity of some of the lecturers of the field (psychiatrist/cultural anthropologists, intern/medical anthropologist). As medical anthropology is part of the PhD programme, it includes also research activity in the social scientific exploration of medicine or other institutions related to health and illness.

The curriculum is not exactly the same in all Hungarian medical schools, but the main themes do correspond to each other. These are: cultural differences in the concepts of health, illness, and healing; interactions between patient and healer; anthropology of the turning points of human life (such as birth, death, becoming an adult, and becoming a doctor); cultural differences in pain experience; various fields of pharmacology (especially the placebo and nocebo phenomena); experience of and coping with stress; cultural differences in body image and diet; medicalization; and medical plurality.

### **Institutional and personal contributions to Hungarian medical anthropology**

Lázár's research interest includes medical pluralism, complementary medicine, and spiritual aspects of healing. He has led multi-sited ethnographical research in dance anthropology (Lázár 2002) and has done field work among alternative healers (Lázár 2005a; 2005b). His theoretical orientations also include environmental anthropology (Lázár 2000; 2001; 2011). He is also the editor of several textbooks published by Berghahn and Cambridge Scholar Publishing (CSP) (Lázár 2005b; 2007). Zana works on the comparative study of changes in the fear of death (2009a, b), the relationships between professionalism and fear of death, and the loss (bereavement) experiences of medical professionals and staff members (Hegedűs, Zana and Szabó 2008). She also studies the effects of animal-assisted therapy among cancer patients and in rehabilitation. Her research activities include the field of health, illness, and body image in early 20<sup>th</sup> centu-

1 <http://79.172.211.165/~sacral/index.php?id=3&lang=1>

ry women's literature. Susánszky studies the continuing transformation of gender roles, the emergence of traditional and modern role expectations as elements of stress, and the relationship between these developments among males (Susánszky and Susánszky 2008; 2009). She is a member of a recently formed research group on the medicalization of birth; she is also active in the field of research on the social situation of obstetrics in Hungary. Zsinkó-Szabó investigates the initiation process involved in becoming a doctor, the course of medical socialization, and the experiences of students and young doctors that can be interpreted as rites of passages. His field of research is the medical school examined as a symbolic home with its educational, pedagogical, model-providing and training capacities. The object of his analysis is the courses, effects, and meanings of transitional rites as experienced during medical training (Zsinkó-Szabó, Lázár and Túry 2012a) (Zsinkó-Szabó 2012b).

Lajtai's study interest, multilingualism and mental health services in Mauritius, is based on his field research in Mauritius. So far his articles have covered traditional healing in Nepal (Lajtai and Eisler 1999) and Sumatra (Lajtai 2003), meditation, addictions, refugees, and some branches of psychotherapy (Lajtai 2012; Osváth, Kovács and Lajtai 2009). His present field of interest is the relationships between multilingualism and mental health.

Medical anthropological research is also present in the Faculty of Medicine at the University of Szeged. Here, Pikó and her colleagues focus primarily on lay perceptions of health, illness, and disease risks among children, they collect data using the so-called draw-and-write method developed for children's studies (Pikó 2006; Bak 2007; Pluhár, et al., 2009; 2010). At the University of Pécs Medical School, research concentrates on the cognitive and philosophical-anthropological aspects of placebo and nocebo effects. One can find PhD students at the Budapest-based international Central European University with medical anthropological interests, but courses in the field are not offered at the present time.

In 2012, a textbook was published as a result of the collective effort of forty authors, pioneers of Hungarian medical anthropology and those who represent the anthropology workshops of the four Hungarian medical schools in this field over 570 pages (Lázár and Pikó 2012). This textbook, integrating the scientific traditions of ethnomedicine and historical anthropology of medicine, gives an overview of the research fields Hungarian anthropologists currently work on.

One could ask whether is it strange for the discourse of medical anthropology to settle at medical universities. But if we trace back the history of medical anthropology, we can find medical doctors among the key founders of this paradigm and authors of key textbooks, as in the cases of Rivers, Foster or Helman. (Even the renewal of social and cultural anthropology in the early 1900s by Boas and Malinowski happened under the influence of Wilhelm Wundt, a scholar completing medical studies first.) It seems unique that in Hungary medical anthropolo-

gy is taught to medical students as part of medical humanities, as in Europe this topic is usually part of the curricula of social sciences. However, this disciplinary configuration undoubtedly helps medical students – through their own field work – to be familiar with participant observation and other qualitative research techniques, and to develop skills in so-called “narrative medicine” and in intercultural and interethnic medical issues. It is important to consider medical anthropology as a clinically applied discipline of medical humanities and behavioral science on the one hand, and cultural anthropology on the other; on the basis of this duality it is possible to provide students with knowledge that can be utilized in their future medical practice.

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