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“Bioculturalism” – An interview with Emily Mendenhall

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By Emily Mendenhall and Jeffrey G. Snodgrass

This series aims to get anthropologists and closely-related others talking seriously, and thinking practically, about how to synergize biological and social scientific approaches to human health and well-being, and to what positive ends. In this interview, [Emily Mendenhall](#) responds to questions posed by series organizer [Jeffrey G. Snodgrass](#).

How and why might cultural anthropologists and social scientists interested in health benefit from integrating biological variables/biomarkers into their research and analysis?

Disciplinary muscle within anthropology has always baffled me as a medical anthropologist. This may be due in part to my prior training in public health, which is inherently interdisciplinary. It may also be a reflection of my research, which focuses on interpreting hidden as well as more visible capillaries of power that source health inequities, and incorporating individual-level interpretations of disease and suffering with epidemiological ones. Yet, many anthropological efforts draw from other disciplines or sub-fields (or very well should) to enhance and make their research relevant beyond their field site or in the public arena. Indeed, with some academic departments charged with making anthropology more relevant within the academic curriculum, it is an important time for anthropologists to recognize how integrative, cross sub-field studies can enhance their work and relevance outside of the disciplinary confines of anthropological scholarship.

It could be argued that studies of health and inequality are ideal for interdisciplinary and multi-disciplinary approaches and collaborations. What anthropology brings to this scholarship is recognition of how broader political-economic and social contexts shape not only people's bodies but also how they cope, suffer, and survive. Such an approach was at the heart of my doctoral training; despite my passion for critical medical anthropology, biocultural approaches pulsed through my program and became ingrained in how I approached anthropological research. This very

integrated approach (which I believe is “holistic” medical anthropology) provided context not only for investigating the material effects of inequality on or in the body but also what political, economic, and social factors may perpetuate people’s everyday lives and serve as useful entry points for intervention.

I have argued elsewhere that the syndemics approach exemplifies how one might incorporate more “critical” approaches with “biocultural” methods to generate comprehensive studies of medical anthropology. This also may be interpreted as incorporating “cultural” and “biological” anthropology into a cohesive whole. However, I believe that syndemics also serves as a mouthpiece to make sense of the in-depth anthropological scholarship for a biomedical or public health audience that continues to work in a largely atheoretical realm. This was one of my goals for the book, *Syndemic Suffering: Social Distress, Depression, and Diabetes among Mexican Immigrant Women*. Matching biomarkers with critical assessments of health inequalities only strengthens arguments and the anthropologists’ abilities to make their work relevant outside of anthropology, weaving robust theoretical arguments with biological or psychological (which may be communicated as biomedical) “evidence”.

How would you respond directly to one potential cultural anthropological or social scientific critique of such an integrative “biocultural” approach?

Some critique that a biocultural approach may cause more critical or cultural studies of health and health inequities to become more biomedical because of the focus on the body (instead of placing the body into the emotional, social, or political world in which one lives). I deeply respect scholars who take a very critical and political approach – many of these scholars are fighting the good fight and making an impact. And, it may not make sense to incorporate biomarkers into their work because 1) it may not be that kind of study, and 2) it may be too costly. But I think there is much value into measuring disease and suffering in the body, as it opens conversations with other applied and clinical scholars and practitioners.

What is one potential caution you’d have for cultural anthropologists or social scientists considering a biocultural approach?

You may receive some criticism by people married to one sub-disciplinary approach or who caution you that you may be perceived as “too applied”. If you are interested in taking an applied approach, or simply speaking to

cultural and biological anthropologists together, then brush off those critiques. You eventually will have more breadth on the job market as you can fashion your applications for positions in anthropology, public health, medicine, and especially interdisciplinary positions that value such an approach. I was hired in an interdisciplinary position and truly enjoy such engagement. However, you have to make sure to that you are comfortable sitting apart from and putting in the effort to develop relationships with anthropologists sitting in anthropology departments in your institution. I have found them eager to welcome me and engage with me from my interdisciplinary post.

What is one piece of research (ideally your own) that points to the benefits of such an integrative approach?

Jo Weaver and I recently published an article that discusses exactly this in *Medical Anthropology* entitled, “Applying syndemics and chronicity: interpretations from studies of poverty, depression, and diabetes.” [\[i\]](#)

I think my book *Syndemic Suffering* does a good job of this, too.

How might cultural anthropologists or social scientists interested in such an approach get started?

Receiving appropriate training in conducting biocultural research is essential. Scholars interested in applying the biocultural approach to their studies in cultural anthropology should take [Thomas McDade](#) and [Chris Kuzawa](#)'s biomarker course at Northwestern University's [Human Biology Laboratory](#) in the Department of Anthropology.

Notes

[\[i\]](#) Lesley Jo Weaver and Emily Mendenhall. 2014. “Applying syndemics and chronicity: interpretations from studies of poverty, depression, and diabetes.” *Medical Anthropology: Cross-Cultural Studies in Health and Illness* 33(2):92-108.

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Georgetown University's School of Foreign Service. Dr. Mendenhall has conducted cross-cultural research on the syndemics of poverty, depression, and diabetes in vulnerable populations residing in urban India, Kenya, South Africa, and the United States. Her first book, published in 2012, *Syndemic Suffering: Social Distress, Depression, and Diabetes among Mexican Immigrant Women*, was the first book-length analysis of a syndemic and provides the theoretical foundation for her cross-cultural research. Currently Dr. Mendenhall is writing a second book that brings together more than two dozen articles on her research of syndemics in cross-cultural context.

["Bioculturalism"](#) aims to get anthropologists and closely-related others talking seriously, and thinking practically, about how to synergize biological and social scientific approaches to human health and well-being, and to what positive ends. It is edited by [Jeffrey G. Snodgrass](#).

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