

INTRODUCTION

ELISABETH HSU and STANLEY ULIJASZEK

What is medical anthropology? This was a frequently asked question when the Master's course in Medical Anthropology was created in 2001. There are a number of possible answers, including the postmodernist-sounding 'Medical anthropology is to different people different things; its scope has varied in different places and changed over time.' Alternatively, 'It is the study of people (anthropology), and their knowledge and practice of what from our perspective are matters of medical concern. It is concerned with individual crises and the social responses to it.'

Medical anthropologists initially studied peoples in societies other than their own, which meant living with them for at least a year, through all the seasons, learning their language and conducting 'participant observation' (e.g. Nichter and Lock 2002). It is only more recently, in line with the general trend in social/cultural anthropology to increasingly focus on work 'at home', that medical anthropology has been pursuing research on biomedicine, biotechnologies and science, often in combination with Science and Technology Studies (Mol 2003).

Medical anthropology grew out of the awareness that 'being ill' is not only a biological but also a social event. 'Getting well' is therefore not only a biological but also a social process. Medical anthropology still involves the study of non-Western ways of doing divination and treatment, and what people's practices during a period of crisis can tell one about their social world and world view. Yet increasingly its remit has also included the material/bodily aspects of medical practice and the pragmatics surrounding them. The study of patients and practitioners is now enmeshed in research on pharmaceuticals, technology, and medicinal 'pots' more generally, and is seen as constitutive of the global health field.

Departments of social/cultural anthropology and biological anthropology are usually clearly demarcated institutions, separated by a gulf that researchers acknowledge and uphold. Yet this void was not sacred to the Head of the Institute of Social and Cultural Anthropology, David Parkin, on whose initiative this graduate course was to be established. It was not his first initiative; he had set up a master's course in medical anthropology at the University of London's School of Oriental and African Studies (SOAS) in 1989 and was to go on to establish a study group in medical diversity at the MPI in Göttingen after his retirement in 2008. In Oxford, the Institute of Social and Cultural Anthropology was on one side of the Banbury Road, the Institute of Biological Anthropology on the other, and medical anthropology was to be the bridge across both the road and the two anthropologies. Ryk Ward, who headed the latter, was amenable to Parkin's initiative and approached his colleague Stanley Ulijaszek to seek his interest and involvement. Elisabeth Hsu was elected into a newly created University Lectureship in Medical Anthropology.

The idea of an integrated medical anthropology was floated, as was that of a biocultural anthropology. Those who work with Complementary and Alternative Medicines and are familiar with 'integrated medicine' may be cynical about what integration might mean (when streamlining minority interests into dominant rhetoric). Biocultural anthropology had value as a bridging discipline, but it was too heavily grounded in the positive health sciences for critical medical anthropologists, to whom such sciences are not outside of human sociality. Hence it could not be used as an overarching framework.

There was also the option of a course that would train polyglot anthropologists. There was a precedent for this structure at Oxford: the undergraduate course in Human Sciences, where students attend different courses given by lecturers specialising in different subjects, from genetics to linguistics, from public health to demography. The medical anthropology Master's course at Oxford would teach disciplinary rigour, but also produce students who

were aware of disciplinary difference and had interdisciplinary capabilities. These students would be able to understand the language of different sub-disciplines of anthropology and to pursue a line of argumentation from different disciplinary perspectives; they would, so to speak, be multilingual within anthropology more broadly.

This was the approach adopted by Elisabeth Hsu and Stanley Ulijaszek. They upheld recognition of sub-disciplinary boundaries and ensured that the course was marked by symmetry, balancing both the biological and social anthropological aspects of the teaching, as well as the training in qualitative and quantitative methods. To further their understanding of ‘the other side of medical anthropology’, they sat in on each other’s classes. Papers 1 and 2 in the first term of the academic year were designed to respond to each other thematically. Paper 1 gave an overview of key themes in medical anthropology in the morning, while other perspectives in relation to tackling these problems were presented in the afternoon of the same day. Conversely, Paper 2, on the anthropology of disease, discussed the medical ecology of different biomedically recognized infectious diseases in lectures given in the morning, and provided an ethnographically informed social medical anthropological perspective in lectures given in the afternoon. In the early days many lecturers were invited from the University at large, including Mark Harrison, Sloane Mahone, Jo Robertson, Terence Ryan, Gerry Bodeker, Irene Tracey, Nick Rawlins, Thomas Burns, Mike Clarke, Mike Parker, Brian Shine, Francesca Crowe, and several others. They lectured from the perspectives of medical history, psychiatry, medical ethics, clinical medicine, experimental psychology, neurology, epidemiology and health policy. Other lecturers stayed over a number of years with us. These included David Gellner, Janette Davies, Emma Coleman-Jones, Stephen Oppenheimer and Nic Timpson.

Interdisciplinarity marked the profiles of both Elisabeth Hsu and Stanley Ulijaszek. Elisabeth Hsu undertook a year of language training in socialist China in 1978, then

graduated in biology, before moving on to a masters in general linguistics and a doctorate in social anthropology with Gilbert Lewis (e.g. Lewis 1980). She had already gained experience in setting up, and consolidating, a medical anthropology programme at the Department of Social Anthropology at the University of Zurich and at the time was in the course of finalising her *Habilitation* in Chinese Studies. Stanley Ulijaszek, who had graduated in biochemistry and completed a masters and doctorate in nutrition, moved from public health nutrition to nutritional anthropology and to medical ecology with, *inter alia*, Patricia Townsend (e.g. McElroy and Townsend [1979] 1985). He had done field in Papua New Guinea and the Cook Islands, and at the time he was heavily involved with undergraduate teaching in human ecology and masters-level teaching in the Human Biology degree.

Both had a taste for experimentation. Teaching medical anthropology meant them both embarking on an endeavour that combined the sciences and humanities, and both emphasized history, be it the impact of Darwinian evolution and colonial history on contemporary everyday life or a genealogical awareness of an analytical concept currently in use. Where one emphasized how the study of illness narratives raised the potential of medical anthropology as a field of scholarship, the other underlined the individual's life history in the interpretation of epidemiological 'fact'. David Parkin, who assisted both lecturers in developing the MSc course, particularly after Ryk Ward's tragic death in 2003, actively encouraged this stance in their teaching with informal remarks like 'all anthropology is intrinsically comparative' and 'anthropology really is history'.

In the early days, each of the main lecturers saw the masters' students twice weekly in their lectures and fortnightly in tutorials that alternated weekly between biological and social anthropological perspectives. This intense schedule built on an insight in science teaching (and also in the healing professions) that twice-weekly contact, rather than a once-weekly lecture, has an exponential effect on learning. Moreover, the course was designed to

complement tutorials on individually authored essays with one debate each term, where the latter emphasized group work. In the second year of the programme, the holistic approach to learning was furthered by holding critical reading classes, in which published papers were dissected.

In the final term of the first year, students were given the opportunity to present possible dissertation themes in dissertation classes. In the first week each merely presented a possible title, while in the second each was asked to outline the argument. Finally, each student presented a synopsis of the structure of their dissertation-to-be. These intense group events in the learning process had a significant effect on quality. The chairmen of examiners in the mid-2000s, quite unaware of the teaching undertaken, noted that the MSc and MPhil dissertations in medical anthropology stood out for both focus in argumentation and scholarly breadth.

The structure of the course also allowed lecturers to delve into research-led teaching on subjects central to their expertise. This took place in Hilary term, the eight weeks between mid-January and mid-March, originally in the sixteen hours of lectures for Papers 3 and 4. These lectures transcended the given remit of medical anthropology as conventionally taught and gave the course much of its pulse. It was towards the end of this term that MSc students became interested in the themes of research they had glimpsed in coursework, and many applied for prolongation into a second year leading towards the MPhil degree.

Elisabeth Hsu's approach to the study of sociality was to problematize the body and the concept of embodiment, a course that was greatly deepened through it being co-taught from 2007 onwards with Katherine Morris, a philosopher who specialized in the work of Merleau-Ponty and Descartes (Paper 3.1). This course was complemented with another that interpreted sensorial experience in the therapeutic process as a socially elicited perceptual process (Paper 3.2). Meanwhile Stanley Ulijaszek's courses on nutrition in the context of

evolutionary and ecological anthropology (Paper 4.1) and his teaching on non-infectious diseases (Paper 4.2) led him, and the many students who followed his lead, into the ever more pressing biocultural problem of obesity. Rather than resorting to a ‘biocultural anthropology’, he moved towards ‘bioculturalism’ as an intellectual project that is marked by interdisciplinarity. In the mid-2000s, when David Parkin retired, the overall teaching load was reduced by collapsing two half-papers into one and by offering an option course in medical anthropology to all students in the School of Anthropology, which in turn allowed medical anthropology students to take an option course in another area if they so wished.

David Parkin had in the early days raised the question of whether we should steer towards the creation of a doctorate in medical anthropology. Sub-disciplinary training at both the undergraduate and master’s levels was considered important, and David Parkin and Elisabeth Hsu had founded the Berghahn monograph series *Epistemologies of Healing* for medical anthropologists for this reason. However, there was consensus that at a higher level this bore the danger of undermining the very project of anthropology. On the occasion of celebrating the centenary of the Institute of Social and Cultural Anthropology, David Parkin and Stanley Ulijaszek instigated a book project on *Holistic anthropology* (Parkin and Ulijaszek 2007). This brought together various colleagues as authors in an exploration of the relationships between biological and social anthropology. It is in this spirit that soon thereafter a School-wide doctorate in anthropology was created. This would signal to students the relevance of the anthropological project more broadly, particularly in a modern world driven by increasing specialization.

The 2006-07 academic year saw the completion of the first doctorates in medical anthropology, Devi Sridhar and Caroline Potter being the first research students to graduate. As the medical anthropology programme grew, the new challenge was to create postdoctoral positions. Elisabeth Hsu applied for pump-priming from the University of Oxford’s John Fell

Fund (JFF) for two one-year postdoctoral positions in 2006 and created the anthropology research group at the University of Oxford on Eastern Medicines and Religions (Argo-EMR). Stanley Ulijaszek obtained similar funding from the JFF to initiate the Unit of Biocultural Variation and Obesity (UBVO) in 2007. Research seminars and workshops ensued and led to a number of research grants for postdoctoral researchers. In 2010, the Department decided to strengthen the Fertility and Reproduction Studies Group (FRSG) so that it could attract funding for postdoctoral research projects. Founded by David Parkin and Senior Research Associate Soraya Tremayne in 1998, FRSG had already strengthened the medical anthropology programme since its inception through a yearly seminar series and workshop, and it also ran a very successful Berghahn book series. In total, four postdoctoral JFF fellows were elected into these interdisciplinary research groups of medical anthropology: Patrizia Bassini in ArgO-EMR, Caroline Potter in UBVO, and Nadine Beckmann and Kaveri Qureshi in FRSG. Moreover, as a Departmental Lecturer from 2008-2014, Caroline Potter was to complement teaching on both the social and biological sides.

In the first ten years of the Medical Anthropology programme, 98 students qualified with the MSc, while a further 34 qualified with the two-year MPhil degree, which came on-stream in 2002. Students came from a variety of countries, most notably the United States, Canada and the United Kingdom, as well as China, South Korea, Japan, Germany, New Zealand, Australia, Greece, Slovenia, Chile and Denmark. They were graduates in fields ranging from various biosciences and clinical medicine to physical sciences, history of art, English literature, philosophy, human ecology and psychiatry. Topics chosen for MSc and MPhil dissertations have always reflected the breadth of medical anthropology, and both courses quickly grew in international standing and came to attract some of the very best students, many Rhodes scholars among them.

The ways in which the masters' students have influenced the programme should not be underestimated. Their feedback has helped to give the courses their current forms, and their research interests made us aware of burgeoning developments within the field. Most of them had some experience with working on projects in a wide range of health areas undertaken in many parts of the world, and their proactive efforts led to new fora for sharing their experiences. Informal reading and discussion groups were formed – a brown bag lunch in an office, a discussion group in a college – as were tutorial teaching groups for doctoral students, who in their final year asked to be involved in teaching undergraduates. Furthermore, several medical anthropology students became actively engaged in the Oxford University Anthropological Society.

On 23-24 June 2011 a one-day conference was held to celebrate the first ten years of the medical anthropology programme at Oxford, and all former Oxford medical anthropology students were invited to attend or present. This was funded by the Wellcome Trust with monies remaining from the conference on medical anthropology in Europe co-hosted by the Royal Anthropological Institute the previous year (Hsu and Potter 2015 [2012]). The articles in this volume present some of the activity within this programme from former MSc, MPhil and DPhil students, reflecting the symmetry of the programme and its engagement with matters of serious medical concern. We look forward to the next ten years.

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