GENDER, DOMESTIC VIOLENCE AND SICKNESS IN MEXICO

KAJA FINKLER
Department of Anthropology, University of North Carolina, Chapel Hill, Alumni Building, Chapel Hill, NC 27599-3115, U.S.A.

INTRODUCTION

A vast social science literature exists devoted to women's health problems in developed nations.* A great deal has also been written about women's health in developing nations, but the majority of these investigations have centered around women's health in association with their reproductive capacities.† Little attention has been paid, however, to women's sub-acute non-life threatening conditions in developing nations, impairments not directly related to women's reproductive capacities and for which biomedicine lacks remedies.§

In my study of patients seeking treatment from Spiritualist healers in Mexico I found, in a randomly selected sample of 1212 patients (Finkler, 1994a) that 58% were women. Similarly, out of a sample of 267 patients in an outpatient clinic of a government general hospital, 76.2% were women. At both sites the women sought treatments for non-life threatening disorders. We must, therefore, ask what lies behind these high frequencies of morbidity among women? A facile response would be to reduce the answer to biological factors and/or to an overall propensity to illness associated with sex status.§ However, biological explanations are unsatisfying because they only partially explain women's non-life threatening disorders.¶

To address the issue of women's morbidity is to attend to theoretical issues about the nature of sickness, and to the interaction between sickness, gender and society. An anthropological analysis of women's health adds new dimensions to an epidemiological and biomedical grasp of women's morbidity. Of course, the anthropological gaze requires close scrutiny of individual women's lives from their perspective and the nuances of meaning they each give to their disorder within an ethnographically appraised context of personal experience.‖ A comprehension of these meanings must also be buttressed by an analysis of women's position in society, the ideologies that sustain it, and by probing into male-female relationships. I will propose here that women's disorders are embedded in large measure in their social relations, especially with their mates. Significantly, even Freud recognized that for women marriage was a conflicting institution (see Freud in Young-Breuhl, 1990).

Elsewhere (Finkler, 1994b), I examine in great detail women's marital relations coupled with their subjective evaluations of other components of their existence to delineate the ways in which existential aspects of women's lives influence their morbidity. In this paper, my focus is specifically on domestic violence experienced by women in the impoverished classes of Mexico as but one aspect of the marital relationship that influences women's health.
Domestic violence has been of great concern to researchers and to the public at large particularly within the last 20 years, but little attention has been devoted to the profound association between such violence and women's experience of diverse symptomatologies, other than to give obvious recognition that beatings produce bruises.*

To comprehend the pernicious effects of domestic violence on women's morbidity is to explore the nature of sickness from an anthropological perspective. For this reason I begin the discussion of women's symptomatology occasioned by domestic violence in Mexico with a brief exploration of the notion of sickness. I then move to analyze domestic violence within its historical and contemporary settings in Mexico and the conditions that tend to mitigate against wife beating. To illustrate my assertion that domestic violence with its attendant symptomatologies is associated with marital interaction, cultural ideologies, but attenuated by residence reviews, there were few citations that associated women's health with domestic violence. In Secretaria de Salud (1990), a short paragraph is devoted to family violence in Latin America. It is noted that "the real prevalence of women's abuse is not known" and it is rarely reported (1990, p. 14). See, however, Loseke (1992) and Kobinsky et al. (1993), as well as Doyal (1995). It has been often pointed out that doctors may treat physically abused women but they fail to ask questions about the causes of their impairments. See Solinger (1994).

†See also Engel (1977), Finkler (1991), Good (1994), Kirmayer (1988), Kleinman (1980), Kleinman (1988), Osherson and Amara Singham (1981). There has been a movement in medicine as in new pain clinics to eschew the duality of body and mind, and to regard chronic pain, at least, "as perception rather than sensation and understand the unity of body and mind" (Morris, 1991, p. 76).

THE NATURE OF SICKNESS

I employ the term sickness to mean an assault on the very being of the human body. Sickness speaks to anatomical dysfunctions expressed symptomatically and to suffering and pain. Normally, as we attend to our daily activities, we take our bodies for granted. When we experience our body in a way we have not felt it before for a sustained period of time, we begin to sense we are sick. We feel discomfort and disorder. Sickness affects our entire being, the body and the mind both inextricably intertwined in human experience. For this reason, scholars have argued, as I do, against the prevailing notion of sickness. I then move to analyze domestic violence within its historical and contemporary settings in Mexico and the conditions that tend to mitigate against wife beating. To illustrate my assertion that domestic violence with its attendant symptomatologies is associated with marital interaction, cultural ideologies, but attenuated by residence practices, I present Juana and Anselma's cases. These vignettes reveal the dynamic tension between domestic violence and sickness.

*In an extensive computer search in various indexes, including medline, psychlit file, anthropological reviews, there were few citations that associated women's health with domestic violence. In Secretaria de Salud (1990), a short paragraph is devoted to family violence in Latin America. It is noted that "the real prevalence of women's abuse is not known" and it is rarely reported (1990, p. 14). See, however, Loseke (1992) and Kobinsky et al. (1993), as well as Doyal (1995). It has been often pointed out that doctors may treat physically abused women but they fail to ask questions about the causes of their impairments. See Solinger (1994).

†See also Engel (1977), Finkler (1991), Good (1994), Kirmayer (1988), Kleinman (1980), Kleinman (1988), Osherson and Amara Singham (1981). There has been a movement in medicine as in new pain clinics to eschew the duality of body and mind, and to regard chronic pain, at least, "as perception rather than sensation and understand the unity of body and mind" (Morris, 1991, p. 76).
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۱۰ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات