Medical Anthropology – New Paradigms, New Limits

Elena Bărbulescu
Romanian Academy, Institute "Folklore Archive of Romanian Academy"
Cluj-Napoca, Romania
E-mail: elena_barbulescu@yahoo.com

Abstract: This study provides a short review of a new field emerging in Romanian anthropology research – medical anthropology. After presenting a short description of the influences in the history of this field during the past seven decades in the western academic field, the author describes the origins and the trajectory this field has taken in Romania in the period after 1989, when the political regime changed. The paper shows that even if the concerns in medical anthropology are not entirely new, the emerging shape of the field--especially in terms of the interdisciplinary topics approached—demonstrates the continuing contemporary social implications of the work. The result has been a new and evolving discipline in Romanian social anthropology. In addition to describing the modern terrain of this new field, the author also mentions some of recent medical anthropology studies and the heterogeneity that lies at the core of their approaches.

Keywords: medical anthropology, anthropology, biomedicine, medical pluralism, ethnomedicine

Rezumat: Antropologie medicală – noi paradigme, noi limite. Articolul face o scurtă prezentare a unui nou câmp disciplinar apărut în cercetarea antropologică - antropologia medicală. După o scurtă descriere a influenţelor din istoria acestui domeniu pentru ultimele şapte decade în câmpul academic occidental, autoarea analizează originea şi traiectoria pe care această disciplină o are în România de după 1989. Articolul arată că deşi preocupările de antropologie medicală nu sunt cu totul noi, forma emergentă a disciplinei - în special în ceea ce priveşte subiectele interdisciplinare abordate - demonstrează continuitatea cu implicaţiile sociale contemporane. Rezultatul este în fapt apariţia unei noi discipline în antropologia socială românească. Autoarea mai analizează, în afara terenului modern al acestui câmp disciplinar, câteva dintre studiile recente de antropologie medicală, precum şi eterogenitatea care stă la baza acestor abordări.

Cuvinte-cheie: antropologie medicală, antropologie, biomedicină, pluralism medical, etnomedicină

Medical anthropology is a "baby boomer" of sorts. It came into being alongside the unprecedented interest in the health and well-being of Third World peoples in the aftermath of WWII, when the world was full of the hope and possibility that science--in this case, biomedicine--could alleviate human suffering from infectious disease and

doi:10.24193/subbhist.2017.1.06

malnutrition, and then help eliminate or control many of the world's major health problems. (Merill Singer and Pamela I. Erickson)[1]

There are many definitions for medical anthropology[2] as if each of the authors that were concerned with topics in this field started their approaches by offering a definition to it. None of them is global but rather pushes the field in one direction or another function due to the scientific interests of the researchers. This is one of the reason I will not start by giving a definition to this field but only remark about a general misunderstanding regarding the classification of several articles and books designated as belonging to the field of medical anthropology: the way the topics were tackled was very much medical (biomedical) and less anthropological, resulting in an „anthropological" medical study and rarely medical anthropology. To this day, this situation is constantly generating debates at meetings and conferences organised on topics of medical anthropology. We have on the one side a linguistic shortcircuit that refers to semantics, where the division between the words and what they design is obvious, but also another one that refers to the approach itself of the subject. One of the arguments I wish to invoke in supporting the above mentioned dilemma is the constant referral of the majority of the authors to biomedicine as an *authoritative knowledge*[3], an approach that does not sit well with an anthropological study.

According to many researchers in the field the two world wars have had an overwhelming contribution in propagating biomedicine as *the* representative medical system in the societies belonging to the Euro-Atlantic space. The road of biomedicine in the 20th century is a prominently ascendent one, at least until the end of the 1960s, when the first failures appeared. The success of biomedicine was indebted to the convergence of multiple factors: industrialisation; the betterment of working conditions, which led to a rise of social, economic and even medical expectations; and especially to the implementation of a public system of medical services. The most flourishing period for biomedicine was the one after the Second World War and in close connection with the discovery of cures for many health issues that appeared during the war, especially with the discovery of penicillin, which had a huge

---

[1] Merill Singer și Pamela I. Erikson, *A Companion to Medical Anthropology*, (Blackwell Publishing, 2011), p.1.

[2] For more definitions and trends in medical anthropology see Ionela Florina Iacob, *Sănătate, boală, vindecare. O perspectivă socio-culturală*, (Cluj-napoca: Presa Universitară Clujeană, 2013), and Valentin-Veron Toma, "Câmpul disciplinar al antropologiei medicale – Definiția și obiectul de studiu", in *Revista Medicală Română*, LIV(2007), 1: 6-8.

[3] See Brigitte Jordan, *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden and the United States*, (Waveland Press, 1993).

impact, both physically and psychologically. Mass media contributed largely to this positive image as did the rising degree of literacy, both of which led to a change of how biomedicine and medical profession were perceived.[4]

The pedestal of biomedicine started to tremble after the first medical failures (such as the tragedy of thalidomide - induced birth effects)[5] in the 1960s but also from the re-appearance of some infectious diseases and the recurrence of chronic illnesses, despite economic development. These factors contributed systematically to the creation of an image of the inefficiency of biomedicine despite the technological progress for some medical fields. Thus if at the end of 19th century the cause for many illnesses was undernourishment and precarious hygiene, it resulted at the end of 20th century that the cause of many illnesses was either over nutrition or malnutrition, a contradiction that biomedicine seemed unable to resolve. On the other hand, despite the bettering of hygiene standards in many places, especially in the Euro-Atlantic space, with the status of health unequalled in the world today, this biomedical development remained extremely unequal both between states (developed or developing) and also within countries as the population of one state did not have the same level of sanitary assistance as its neighbour. Again, there was no biomedical explanation for these differences.

As symbol of modern scientific biomedicine, because of the massive trend towards specialisation, the hospital reached its peak semantic meaning in the western countries during the decade after 1950. It was the period when hospitals seemed to be built everywhere (even in Romania); even after the advent of ambulatory treatment in western countries by the end of the century, Eastern Europe remained an exception, having "after 1990 20% more hospital beds than in Western Europe"[6]. Under these circumstances, inevitably, we have witnessed a return of the negative image of the hospital from the 19th century, when it was then seen as an antechamber of death because of the impossibility of creating an aseptic space. And now, in the 20th century, the image has been modified to reflect the incidence of infections caused in hospitals. It has even included a concern about overspecialisation – the new face of medical practice – that has transformed nurses into technicians and medical assistance itself into a mechanical and powerfully technologized type of care.

---

[4] Anne Hardy, E. M. Tansey, „ Medical Enterprise and Global Response, 1945 – 2000" in W.F. Bynum, Anne Hardy, Stephen Jaczna, Cristopher Lawrence, E. M. Tansey(eds.), *The Western Medical Tradition. 1800 to 2000*, (New York, Cambridge University Press, 2006), p.406.

[5] *Ibidem*, p.407.

[6] *Ibidem*, p.441.

By way of contrast, "in 1990 traditional healers offered health basic services to 90% of rural populations in Africa and South Asia and directly or indirectly to 80% of the global population"[7]. Let us take for example home birth, which before 1970 were the norm in Europe. Today, despite the positive results in countries like Holland, the *preferred* birth (in Romania, it is the one imposed by the national healthcare system) is the one done at a maternity ward or in another specialised hospital unit, a fact that brings profound social, economical and political implications by transforming a natural process into a medical problem. In other words, it is about a transition of "humanising" maternal care by transforming the birth spaces into "more friendly" environment--still as response to the critique of the biomedical system and transformation of birth into a health problem--but never fully acknowledging the transformation of birth as a natural act, leaving medical interventions only for the extreme cases. In this arena, the standardised space continues to see the female body as "a baby machine".

Another example is the fight against pain and the delay (elimination) of death from the medical arena. The 20th century has transformed this natural process into a panacea from pain and into pleasure, through a biomedicine that promises the absence or significant diminution of pain that also states the obligation to live, here and now. Is it here, metaphorically speaking, that biomedicine presents a denial of the most constant aspect of our life – *the change* -- a body that from birth to death is modifying at all levels. (Is it also a refusal of the afterlife?) In this sense, we have a mechanical body and we praise the technology that helps us remain the same; we have the same youth and the same health. We have a fixation on the idea of youth, as if individuals are no longer to grow old, to get sick or to die. We are all products of the context of our living, or how else could I explain my astonishment (felt most intensively) when in recent field research an interviewee (a widow), told with undiminished pride how her husband refused many years ago a biomedical cure being aware that the alternative was death. What amazed me was if fact the reminiscence of a different system where the individuals had a different way of looking at and accepting death: a whole cultural construct where the individuals learnt to know how to die.

The changes of the second half of the past century formed a closed circuit where this entire ascendant biomedical trend created a media obsession for modern medicine that in its turn offered a central role to the medical field in western society and culture. On this background, or better said, following this advance of the biomedical field as also due to the political and ideological support offered to this field in western countries, plus the trial to transfer this

[7] *Ibidem*, p. 520.

type of medicine in extra-European areas, medical anthropology appeared as a subsection of the larger frame of cultural anthropology.

Another problem was created by the transfer of biomedicine towards the countries in the third world, where the concrete manner of implementation was through excluding and disadvantaging the local medical practices, which led to great discrepancies in medical outcomes. It also generated an attitude marked by distrust and even resistance towards biomedicine by the local populations. Nevertheless at popular level, the almost universal rise in life expectancy and the eradication of child infectious diseases continued to be ascribed to biomedicine.

In the western cultural space, medical anthropology is already seven decades old if we take as starting point the moment when the term of *medical anthropology*[8] was used for the first time as defining a subfield of cultural anthropology. This resulted in its acknowledged professionalisation; but the works that can be included in this category were published long before the epistemological definition. Authors belonging to different research directions were linked to this starting moment of the discipline – sociology, anthropology, biomedicine, psychology -- a fact that produced right from the beginning a pronounced interdisciplinary characteristic. I would mention here names like George Foster, Cecil Helman, Arthur Kleinman, Mark Nichter, and Pamela I. Erickson. In all this period of time, the field knew a real theoretical and practical effervescence with multiple social, political and economic implications, reaching to transform the medical anthropology network into the second important section in American Anthropological Association. A position of same importance it holds in EASA(European Association of Social Anthropologists).

Elisa J. Sobo asserts that the greatest part of the theory used initially by medical anthropology was that of general anthropology; thus, without generating a theory of its own, medical anthropology itself moved from periphery towards the center in the general field of anthropology[9]. The object of study itself--health, illness, medical systems--led to *interdisciplinarity*, a fact that defines another valuable concept in medical anthropology, the surpassing of disciplinary limits. This factor contributes to the present prestige of medical anthropology, as George Marcus has pointed out(2005): "New topics and theoretical concerns are developed through interdisciplinary discussions and

---

[8] It seems that the term was a translation of the Dutch term"medische anthropologie" in the first place, used in the 19th century, //en.wikipedia.org/wiki/Medical_anthropology, consulted în 12.10.2015.

[9] Elisa J. Sobo, "Medical Anthropology in Disciplinary Context: Definitional Struggles and Key Debates(or Answering the Cri Du Coeur), în Merrill Singer și Pamela I. Erickson (eds.), *A Companion to Medical Anthropology*, (Chichester, Blackwell Publishing Ltd., 2011), pp. 9-29.

not through debates and discussions around the products of anthropological research inside the community of anthropologists", an idea that Marcia Inhorn (2007) endorses as well: "the edges of our disciplinary field (medical anthropology) are to be found today at the intersection of many other disciplines"[10]. All these factors combine to make medical anthropology one of the most dynamic disciplines to infiltrate contemporary power systems in order to better describe health regimes and incorporate, *de facto,* all the other fields--political, economical, social and cultural—as well as responding to the challenges coming from globalization and political and economical systems.

Considered as the "trans-cultural study of medical systems and of the bio-ecological and social-cultural factors that influence the incidence of health and of illness now and along human history/evolution"[11], medical anthropology reconsiders constantly its position towards the object of study. This position comprises both the relationship at individual level with the theoretical and practical systems of medical knowledge as well as the one at macro-social level, of interactions of social, political, and economical nature, and of the cultural constructs regarding health and illness. It also includes the ethnomedical systems in spatial and temporal frames. In the larger frame of medical anthropology, there is also the paradigm of *critical medical anthropology*,which takes the responsibility to contribute through its own researches to influencing the policies of public health by acknowledging the importance that social injustice has in the process of healing but also through a commitment in the field of clinical or educational applications[12]. The basic idea of this paradigm is the bettering of public health by the most diverse means, as Pamela I. Erickson points out: "our greatest force (i.e. of critical medical anthropology) consists in the theoretical and methodological diversity, the holistical approach, the wish to cross over the disciplinary border and the insistence on social justice"[13]. In this case, the way biomedicine is implemented at inter- and intra-statal levels offers an extremely generous range for significant approaches of critical medical anthropology.

At a detailed reviewing of the way the medical anthropology subjects are chosen and researched (for example, papers at the EASA Conference), the field seems to be more and more tributaries of biomedicine and philosophy. Both fields have a stressed and grasping tendency toward scientific interests, the former through a rationalisation of technological type and reference of

---

[10] *Ibidem.*

[11] George Foster şi Barbara Gallatin Anderson, *Medical Anthropology,* (New York, Alfred A. Knopf, 1978), p.1 apud. Merill Singer şi Pamela I. Erikson, o*p.cit.,* p.3

[12] Merill Singer şi Pamela I. Erikson, o*p.cit.,* p.3

[13] Pamela I. Erickson, „Medical Anthropology and Global Health" în *Medical Anthropology Quarterly,. 17, p.3-4,*apud. Merill Singer şi Pamela I. Erikson, *op.cit.,* p. 3.

health problems unto *themselves*, and the latter through an excessive rationalisation of moral and ethical types. Both rationalisations sin by losing the experiential, of what the individual abides in a situation of illness. In other words, the golden dream of humankind--*youth without an old and endless life*--becomes almost compulsory, put in practice by a high-tech biomedicine field supported ethically by philosophy (at least by a part of it).

Critical medical anthropology starts from the use of ethnographical data with the purpose of proving the weaknesses of biomedical system and its application. The anthropological research intervenes with a critical approach of the involuntary (or not) negative effect of the health policies[14]. Critical medical anthropology asserts that health is a political matter and brings a pertinent critique to the colonial inheritance of anthropology but also to the research in anthropology that supports biomedicine. As well, it points out the importance of the categories of gender, class and race in the healing process: in an illness situation the social status, or gender of the individual matters, quite a lot. The critical medical anthropology perspective is one based on a social and political reality through which power relations are shown to reflect dominant cultural constructions. Hence, it is essentially a critique of the way power is exercised. With this meaning the center of discourse is moved towards the dynamic of the relations between central power and localism, but also towards the influence of the macro contexts upon the micro-contexts. One of the central ideas of critical medical anthropology is that "practices and medical theory enhance and sometimes contribute to the creation of social inequalities"[15].

As discipline, medical anthropology is tightly connected to the position of authority, of biomedicine assumed at a social level in the detriment – at least for the Euro-Atlantic space – to other types of medicine. Its position was put into difficulty starting with Arthur Kleinman's works that consecrated the term *medical pluralism*, following the comparative studies he completed regarding the North-American and Chinese medical systems. This concept became one of the most important ones in medical anthropology if we relate it to practical reality regarding the medical knowledge used in a given society – be it developed or in course of developing – as noticed in the analysis David le Breton[16] made in the fourth chapter of his book upon the history of the body: in an illness situation, therapeutic means are applied in turns, even simultaneously, until one of them proves efficient.

---

[14] Arachu Castro, Merrill Singer, *Unhealthy Health Policy. A Critical Anthropological Examination*, (Walnut Creek, Altamira Press, 2004), p. xiii.

[15] *Ibidem*, p.xiv.

[16] David Le Breton, *Antropologia corpului si modernitatea*, (Chişinău: Editura Cartier, 2009), pp. 136-192.

Starting with the communist period (1948-1989) of great social, political and economic changes, biomedicine became practically the only medical system accepted and imposed by the Romanian state, offering thus the status of authoritative medical knowledge. The imposing of this system was a combination of fortuity and persuasion. An example of the second variant came with the state program of the 1960s that had in view the schooling of a great number of young people in rural areas with the obligation of returning in their native place in a medical institution, be it hospital, dispensary or maternity. Recent field researches done in Cluj county[17] probe the success this educational program has had.

This authoritative idea, according to which the peasant culture was retrograde and action was needed in the direction of its emancipation, showed the success of biomedicine in general, and was legitimised by the very successful cases of vaccines against polio and smallpox. There was no question either about weighing the benefits or minuses of the biomedical system or obviously, under these circumstances of a medical anthropology as long as the authority of the biomedical system was supported and uncontested ideologically. On the contrary, it was tried by all means – a short review of the mass media before 1989 can confirm it – first the disavowal and then even the forbidding of any other forms of healing, or of other healing characters except for physicians. This remained a constant during the communist state period even while when the authority of biomedicine started to decrease in the western cultural space following the proven failure of some treatments (the tragedy of thalidomide was only the beginning of the fall)[18].

In this context, for Romania in the period post 1989, and especially during the past ten years, the paradigm of medical anthropology in the larger frame of cultural anthropology has witnessed a multitude of directions and sub-disciplines. The seven- decades old paradigm of western medical anthropology with a heterogeneous condition became a new paradigm in Romanian cultural and social anthropology, not only here but also in the biomedical field (as witnessed by the existence of a course entitled "Medical Anthropology" at the University of Medicine in Bucharest). From the start, then, the preoccupations of Romanian researchers have been heterogeneous and even if they are all under the broad umbrella of medical anthropology they remain singular and in a certain manner "isolated" approaches of the

---

[17] Elena Bărbulescu, *Ţărani, boli şi vindecători. Mărturii orale*, I, (Cluj-Napoca: Editura Mega, 2010), p. 393.

[18] W.F. Bynum, Anne Hardy, Stephen Jaczna, Cristopher Lawrence, E. M. Tansey(eds.), *op.cit.*, p. 531.

different theoretical or practical aspects in medical anthropology as a general direction of research.

Regardless of the sub-fields of research: informal payments; macro-medical system (Sabina Stan); identity and illness narratives (Ionela Florina Iacob); medical history, psychiatry and asthma (Valentin Veron Toma); organ transplants, ethno medicine (Elena Bărbulescu); private medical systems (Mircea Ciuhuța); doctor-patient relations (Ana Borlescu, Marius Wamsiedel); folk healers (Agota Abram); and daily stress (Gerard Weber), the field of medical anthropology is still in the pioneer stage in Romania. Under these circumstances, the biomedical field has made a major advances, and an overwhelming impact has been made by anthropology from "abroad", including articles regarding physician-patient relations and studies of the research done in western countries (a kind of studies of anthropology in medicine, according to Elisa J. Sobo's definition[19]) on populations that obviously have a different social-cultural background compared to the one in our country.

Most of the interests in medical anthropology mentioned above were already concretized in Ph.D. dissertations at universities in Bucharest or Cluj-Napoca. This pattern of introducing the results of the studies done on western patients have contributed to an accelerated acculturation from the medical point of view, to the detriment of the "local worlds". Specifically, these studies have ignored of the context of the illness or health situation from the individual's point of view but also of the phenomenology of the experiences linked to the illness situation. As Kleinman has mentioned, the local world's action is an intermediary between the individual vulnerabilities and the political pressure of the macro-social[20]. And the context is everything!

On the other hand there is also the tendency of simplifying medical anthropology research in the paradigm of ethnomedicine, seen as a *Cinderella* of the field, or as a fundamental characteristic of Eastern Europe as described by outsiders[21], an inaccurate perception if we think of David le Breton's work[22]; ethnomedicine understood as the study of traditional, folkloric medicine, a fact that a simple confrontation with at least one of the manuscripts in the archive[23]--that of Doctor Gheorghe Crăiniceanu, but also of the foreign travellers writings mentioned in the same manuscript--raises few questions.

---

[19] Elisa J. Sobo, *op.cit.*, p. 19.

[20] Arthur Kleinman, o*p. cit.*, p.12.

[21] Sabina Stan, Valentin-Veron Toma, "Medical Anthropology in Romania – Medical Anthropology on Romania?", in *Cargo. Journal for Cultural/Social Anthropology,* 9(1-2)(2013): 118-123.

[22] David Le Breton, *op.cit.*

[23] Mss. Nr. 369, AFAR(Arhiva de Folclor a Academiei Române).

A century ago and even earlier, those who practiced medicine were of foreign origin (Greece, Germany, France), and implicitly their practical methods and also a part of their medicines were of import origin. It is hard to believe that all this knowledge did not permeate the autochthonous level. Though Doctor Crăiniceanu is constantly talking in the manuscript of the national medicine, undoubtedly under the impulse of the moment (forming of the national states) that involved political and ideological implication of all intellectuals, the examples in the manuscript show clearly a *cosmopolite* "traditional" medicine. Another argument in this direction is the existence of older manuscripts, from the 17th century that refer to traditional medicines, and that are translations from other languages[24] of recipes. On the other hand, medical anthropology is new only in the present variant, as the works of personalities such as I. A. Candrea or Emilian Novacoviciu[25] have answered at their time to the same mapping requests of an autochthonous *medical pluralism*.

To these might be added, obviously, the researches done by the Sociological School in Bucharest, and those at the Social Institute Banat-Crişana, founded in 1932 after the model taken from Bucharest, organised in seven sections of research with one on medical-social aspects. Certainly, according to the moment, they were included in the fields corresponding to the ideology of those times, folklore or sociology just as today the preferred denomination is that of medical anthropology. It is true that even the macro-social reality, when the present world becomes smaller through globalisation, the process of acculturation with the direction west towards east including the biomedical acculturation one demands the use of a more comprising term. It remains to delineate the field in Romanian academic space, through the coagulation of the works/efforts of its researchers that have already pioneered the field and the accumulation of new contributions.

---

[24] Presentation of paper by Lia Brad Chisacof, *Copiii lungului secol al XVIII-lea românesc*, at Conferința "Copilăria românească între familie şi societate (secolele XVII–XX)", 4–5 octombrie 2012, Institutul de Istorie "Nicolae Iorga", Bucureşti.

[25] I. A. Candrea, *Folklor medical român comparat,(* Bucureşti:Casa Şcoalelor, 1944); Emilian Novacoviciu, *Folcloristica română din Răcăşdia şi jur*, (Oravița: Tipografia Carol Wunder, 1902); Emilian şi Ecătărina, Cărălina Novacoviciu, *Comoara Banatului. Folclor. Partea II,. Maiche Sfinte, halele nopții etc.*, (Oravița: Tipografia E. Desits, 1926).

Bibliography

(Le) Breton,David, *Antropologia corpului si modernitatea*, Chișinău, Editura Cartier, 2009.
Bărbulescu, Elena, *Țărani, boli și vindecători. Mărturii orale*, vol. I, Cluj-Napoca, Editura Mega, 2010.
Bynum,W.F. ; Hardy, Anne; Jaczna,Stephen; Lawrence, Cristopher ; Tansey E. M. (eds.), *The Wwestern Medical Tradition. 1800 to 2000*, New York, Cambridge University Press, 2006.
Candrea, I. A., *Folklor medical român comparat,* Casa Școalelor, 1944.
Castro, Arachu; Singer, Merill, *Unhealthy Health Policy. A Critical Anthropological Examination*, Walnut Creek, Altamira Press, 2004.
Erickson,Pamela I., „Medical Anthropology and Global Health" în *Medical Anthropology Quarterly*,no. 17, I, 2003,p.3-4.
Foster, George; Anderson, Barbara Gallatin, *Medical Anthropology,* New York, Alfred A. Knopf, 1978.
Iacob,Ionelei Florina *Sănătate, boală, vindecare. O perspectivă socio-culturală*, Cluj, Presa Universitară Clujeană, 2013.
Jordan, Brigitte *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden and the United States*, Waveland Press, 1993.
Kleinman, Arthur, *Writing at the Margin. Discourse between Anthropology and Medicine*, University of California Press, 1995.
Novacoviciu, Emilian, *Folcloristica română din Răcăşdia şi jur*, Oravița, Tipografia Carol Wunder, 1902. Novacoviciu, Emilian și Ecătărina, Cărălina, *Comoara Banatului. Folclor. Partea II,. Maiche Sfinte, halele nopții etc.*, Oravița, Tipografia E. Desits, 1926.
Singer, Merill; Erikson, Pamela I., *A Companion to Medical Anthropology*, Blackwell Publishing, 2011.
Sobo, Elisa J, "Medical Anthropology in Disciplinary Context: Definitional Struggles and Key Debates(or Answering the Cri Du Coeur), în Merrill Singer și Pamela I. Erickson (eds.), *A Companion to Medical Anthropology*, Chichester, Blackwell Publishing Ltd., 2011, pp. 9-29.
Stan, Sabina; Toma, Valentin-Veron, "Medical Anthropology in Romania – Medical Anthropology on Romania?", în *Cargo. Journal for Cultural/Social Anthropology,* No. 9(1-2), 2013, pp.118-123.
Toma, Valentin-Veron, "Câmpul disciplinar al antropologiei medicale – Definiția și obiectul de studiu", în *Revista Medicală Română*, vol. LIV, nr. 1, 2007.