

Health Systems, Professionals, and Individuals: Treatment Without Care

Alexea Howard, MA (Independent Scholar)
alexeanhoward6@gmail.com

Social determinants of health, biopolitics, harm reduction. For those with a background in the social sciences, these topics are commonplace and are keywords that segue into deep conversations about health and the dynamic ways that health systems, practitioners, and individuals interact with one another. Unfortunately, in practice — particularly in places of medical practice or health care — a deep understanding of these topics is lacking. Reflecting on the theme for this issue, I was reminded of the ways that I have seen, through the experiences of my participants, that the medical system misses the mark in attempting to treat or work with young women and can seem like a place devoid of care.

In my work exploring why young women/people participate and continue to remain involved in websites that promote unhealthy eating behaviors, I found that a consistent reason was that the related online communities offered unbiased and non-judgmental support. Of the participants interviewed, 83% began frequenting these online communities between the ages of 13 and 17 years old. This type of support was the polar opposite of the experiences and interactions they had with clinicians who dismissed their thoughts and experiences as due to being young or a *young woman*. Their clinicians and health professionals adopted an approach to care that championed a clinical approach to treatment leaving little room for the individual's thoughts or concerns. What is common in clinical exchanges between medical professionals and the individual is the utterance of a simple and common phrase, “that’s the anorexia [or disease] talking” (Tan 2003). With the use of this phrase or by adopting this attitude laden with medical superiority, clinicians mute the individual's agency in their own decisions about their health, establishing the clinician as having authority (Tan 2003) this attitude undermines the individual's perception of the control they have of their body. Furthermore, this creates an opportunity for the clinician to demonstrate that the individual is of a diminished mental capacity (Elzackers et al. 2016) which can then be used to pressure the individual into a position of relinquishing their control over their own bodies and their say in their care. This approach does not often bode well for long-standing participants of this community, which is why these communities of support are a place of refuge and solace, and one that they fiercely protected.

An example of the opposite end of the spectrum was shared by a participant, Ashley, who dropped 20 pounds in a short amount of time due to her eating habits and was knowingly demonstrating several criteria for an eating disorder diagnosis. Ashley went into her appointment with her general practitioner fully expecting (and somewhat hoping) to be referred to a therapist. Her doctor praised her weight loss, telling her that she “looked great” and noted that the symptoms and discomforts she was experiencing were probably due to her quick and extreme weight loss, case closed. Instances such as these highlight the schism that exists in the

curriculum or training of medical professionals who are looking solely at the body and overlooking the person who inhabits that body.

I recently became aware that there exists a significant percentage of mental health professionals who feel inadequately prepared to treat and work with patients on the autism spectrum (Corden et al. 2022; Zerbo et al. 2015; Maddox et al. 2020). Similarly, surveying people with autism yielded a common complaint that they do not feel adequately supported by their therapists (Maddox et al. 2020). Hearing this reminded me of a similar correlation that I had come across in my own research that an abysmally small number of medical doctors take a course in nutrition or feel adequately trained to provide nutritional counseling (Kris-Etherton et al. 2014; Vetter et al. 2008), which undoubtedly led to 33% of my participants noting that they had negative experiences with clinicians related to their eating behaviors.

Time and again we see these factors play out in different iterations with serious and lasting consequences for young people and women. Specifically, inadequate clinician training on the social and relational aspects of health means that people with anorexia are going unheard and unhelped because they are placed with clinicians who focus their attention on the body and not the human being. Similarly, people on the autism spectrum may feel unsupported because their clinicians are not trained in knowing how to support them through social model of disability rather than a medical model. Finally, maternal mortality rates continue in high numbers because clinicians are untrained on social determinants of health, thus not understanding or considering the social and relational person and only seeing a medical patient.

These observations also presents the opportunity for further research and assessment focused on addressing the gaps in ways that medical professionals, while well-intentioned, are not adequately serving the communities and people they hope to help. When the time comes, clinicians and health professionals need to be reminded that every patient or client who sits across from them is a person first — a living breathing human being with real experiences and real concerns. It is from there that compassion is founded. It is from seeing people from there that care is cultivated. Without this realization, our clinicians and health professionals are only treating symptoms in the now, only operating in emergency mode, and from this place cannot offer meaningful or lasting care.

References

- Corden, Kirsten, Rebecca Brewer, and Eilidh Cage. 2022. "A Systematic Review of Healthcare Professionals' Knowledge, Self-Efficacy and Attitudes Towards Working with Autistic People." *Review Journal of Autism and Developmental Disorders* 9 (3): 386–99. <https://doi.org/10.1007/s40489-021-00263-w>.
- Foucault Michel and Alan Sheridan. 1995. *Discipline and Punish: The Birth of the Prison*. 2nd Edition. New York: Vintage Books.

- Elzakkers, Isis F. F. M, Unna N. Danner, Hans W. Hoek, and Annemarie A. van Elburg. 2016. "Mental Capacity to Consent to Treatment in Anorexia Nervosa: Explorative Study." *BJPsych Open* 2 (2): 147–53. <https://doi.org/10.1192/bjpo.bp.115.002485>.
- Kris-Etherton, Penny M., Sharon R. Akabas, Connie W. Bales, Bruce Bistrian, Lynne Braun, Marilyn S. Edwards, Celia Laur, Carine M. Lenders, Matthew D. Levy, Carole A. Palmer, Charlotte A. Pratt, Sumantra Ray, Cheryl L. Rock, Edward Saltzman, Douglas L. Seidner, Linda Van Horn. 2014. "The Need to Advance Nutrition Education in the Training of Health Care Professionals and Recommended Research to Evaluate Implementation and Effectiveness." *The American Journal of Clinical Nutrition* 99 (5): 1153S–1166S. <https://doi.org/10.3945/ajcn.113.073502>.
- Maddox, Brenna B., Samantha Crabbe, Rinad S. Beidas, Lauren Brookman-Fraze, Carolyn C. Cannuscio, Judith S. Miller, Christina Nicolaidis, and David S. Mandell. 2020. "‘I Wouldn’t Know Where to Start’: Perspectives from Clinicians, Agency Leaders, and Autistic Adults on Improving Community Mental Health Services for Autistic Adults." *Autism: the International Journal of Research and Practice* 24 (4): 919–30. <https://doi.org/10.1177/1362361319882227>.
- Tan, Jacinta. 2003. "The Anorexia Talking?" *The Lancet (British Edition)* 362 (9391): 1246–1246. [https://doi.org/10.1016/S0140-6736\(03\)14534-5](https://doi.org/10.1016/S0140-6736(03)14534-5).
- Vetter, Marion L., Sharon J. Herring, Minisha Sood, Nirav R. Shah, and Adina L. Kalet. 2008. "What Do Resident Physicians Know About Nutrition? An Evaluation of Attitudes, Self-Perceived Proficiency and Knowledge." *Journal of the American College of Nutrition* 27 (2): 287–98. <https://doi.org/10.1080/07315724.2008.10719702>.
- Zerbo, Ousseny, Maria L. Massolo, Ying Qian, and Lisa A. Croen. 2015. "A Study of Physician Knowledge and Experience with Autism in Adults in a Large Integrated Healthcare System." *Journal of Autism and Developmental Disorders* 45 (12): 4002–14. <https://doi.org/10.1007/s10803-015-2579-2>.

Author Biography

Alexea Howard, M.A., is an independent researcher and scholar specializing in medical and psychological anthropology. Her research approach is interdisciplinary and mixed-methods in nature, blending frameworks and methods from medical and psychological anthropology, psychology, and public health. Her current research interests include perceptions and understandings of health and illness, social determinants of health, and maternal health/mental health. Alexea serves *NEOS* as Assistant Editor and Peer Review Coordinator. She also works and teaches as an adjunct professor in Pepperdine University’s Psychology Division and

develops social science research curricula for community college students in California and internationally.

Author contact: Alexea Howard, MA (Independent Scholar), alexeanhoward6@gmail.com

To cite this article: Howard, Alexea. 2023. "Health Systems, Professionals, and Individuals – Treatment Without Care." *NEOS* 15 (1).

To link this article: <https://acyig.americananthro.org/neosvol15iss1spring23/howard/>