Health narratives are similar to ethnographies in that they address how culture shapes an individual’s perception of their selfhood and wellness. In the introduction to the volume, Community Health Narratives: A Reader, Emily Mendenhall writes,

If people do not identify a health problem as affecting them, although epidemiologists may have identified the problem, it is less likely that an intervention will be successful. Therefore, improvements must come from the bottom up, and people must work together to better the health of their families, friends, and communities. The narratives in this book, depicting different communities and customs in rich detail, focus on common social and cultural factors that shape community health.

In other words, the purpose of collecting stories from people suffering from social and physical distress is to inform others of how an individual is impacted by community involvement. The editors of this book, Emily Mendelhall and Kathy Wollner, proceed to cover factors which connect to public health in sections entitled, “Social Ties,” “Gender and Sexuality,” “Mental Health,” “Violence,” “Prevention” and “Health-Care Access.” Each section provides a set of discussion questions to provoke the readers’ thinking. Though broad in focus, this volume could be considered substantial as a text for medical anthropologists and health professionals seeking to teach this material in class.

The first two sections, “Social Ties” and “Gender and Sexuality,” explore how people are motivated to maintain a healthy lifestyle. For example, belonging to a safe school environment can motivate students to refrain from succumbing to peer pressure and engaging in risk-taking behaviors, such as unprotected sex and bullying. Teachers play a significant role in opening up conversations
among their students to acknowledge their daily struggles with healthy eating and exercise. In the chapter, “Mai’suka, My Island,” one teacher addresses concern with students developing diabetes, saying:

“You know,” Mrs. Sili said, leaning forward in her folding chair, “my father tells this story over and over again when he sees his descendants mindlessly stuffing themselves full of chips and soda in front of the television or complaining that they don’t have flashier cars. And he says that we Samoans used to be warriors, muscular and strong.” She shook her head. “I wonder about it myself. I look at the matais and elders I know, and while some of them are big, most of them are slender, like my father. I look around at choir practice in church sometimes and wonder how potato chips and pickup trucks have made us obese and so prone to mai’suka in just a couple of generations. I don’t want it to happen to me, and I don’t want it to keep happening to the people on my island” (48-49).

The concept of “mai’suka” represents the local understanding of disease caused by poor nutrition and high blood sugar; this relates to a larger theme of showing how culture-bound definitions frame an individual’s interpretation of their health needs. Social relationships across generations, between parents and children, also impact the lives of teenagers as well. The overall theme in the section is strengthened by observations of how children acquire their knowledge about their health from various role models.

Although a primary care doctor is in a position to help their patients, most people process their understanding of health from their environment, school, families, and communities at large. The writers of these stories contextualize the lives of their informants in a literary non-fiction style. However, readers might want more analysis in between the content of each story. Nevertheless, at the end of each theme, an organization is spotlighted for addressing health policy and healthcare on a local grassroots level. In the “Communities in Action” pieces, there is just enough practical wisdom and proactive learning so that readers are not left underestimating the power of preventative action. The remaining chapters are delivered in such a way that readers can see how cultural constructions, such as gender and age, contribute to an individual’s perception of their health risks.

In the third and forth sections entitled, “Mental Health” and “Violence,” the editors delve into the lives of those who continue to experience social isolation as their health needs progress. The writers provide many details about families who are constantly exposed to violence and are provided little social support as caregivers for their loved ones. In these sections, health narratives become more readily effective in helping readers understand the lives of patient populations from a holistic approach. In the chapter, “Chantalle’s Secret”, the story of a Haitian woman’s struggle with depression unfolds
showing how much social support her family needs:

Chantalle sat up, a bit groggy. “I still feel scared, Étienne. I still feel shameful. It’s difficult to face my husband’s family. It’s difficult to feel hopeful with so much uncertainty.”

“I know it must be tough,” Étienne started. “Perhaps by speaking with others, you will remember how much love there is in the community. I heard on the radio that when you feel sad and hopeless, there’s help in a town nearby. There’s someone who works at a clinic there who is a psychologist. Her job is to speak with people who are having suicidal thoughts. She can help counsel you. There are many things the clinic can help you with as well. There may be a mama’s club you can join to speak with other mothers who struggle with similar things as you. But I think the best thing we can do is to support you as a community. We can work together to watch your daughters when you need to work” (139).

The authors demonstrate how not only physicians, but also mental health counselors can provide care on a regular basis to people in need of support for their psychological well-being. In this example, readers also realize how individuals may need friends and neighbors to help them with their household as they recover from their social suffering. Once again, analysis is sparse, however this book is very readable. Theoretical concepts from cultural studies, such as structural violence, are referenced and broadly discussed throughout the chapters. Readers will learn how social suffering and human health influence each other from storytelling that is ultimately engaging.

The final two sections, “Prevention” and “Healthcare-Access,” show how a thoroughly impersonal system, such as healthcare, can change the lives of many in a personal way. The most poignant chapter, “There Will Always Be More Struggles To Win,” reminds readers that attending to pressing matters in global health will help bring positive consistent change to the most vulnerable people, particularly those living in impoverished communities. In this chapter, the writers describe how people encourage neighbors from their community to address their health needs, saying:

Three times a week, João Pedro’s mother made house-to-house visits, distributing vitamins, weighing and measuring children, and talking with families about children’s health and safety. She and five other women were employed as community health workers by Brazil’s government, and each one was responsible for visiting one hundred households each month. João Pedro loved going out to visit the families and play with friends who lived in the houses they would visit, but most of all, he loved watching his mom at work. She was proud of the contribution she was making to the health of their community, and so was João (292).

Reading health narratives can inspire empathy and interest among general readers. Anthropologists will find its attention to people and their relationships especially interesting. For those who wish to use
health narratives in their work, this book represents an important template for the field. More examples of narrative-styled stories can also be found in Global Health Narratives: A Reader for Youth (2009) edited by Emily Mendenhall.

References Cited
Mendenhall, Emily

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