From Theory to Practice:
Four Social Theories for Global Health

Reading: *The Art of Medicine: four social theories for global health*, Arthur Kleinman

Discussion Guide

Goal: Apply four important social theories to global health problems, allowing team members to contextualize their advocacy and fundraising efforts.

Suggested Discussion Questions:

1. Early in the piece, Kleinman states, "global health, many would agree, is more a bunch of problems than a discipline" (1). Why does Kleinman not consider global health a distinct discipline? What characteristics of a discipline is global health missing?

2. What role do social theories play in shaping how we deliver care, in medicine, or in global health?

3. What are some examples of case studies in global health and how could we use the four social theories (unintended consequences for purposive social action, social construction of reality, social suffering, and biopower) to help us gather generalizable lessons from these case studies?

Key Quotes:

"[Theories] can generalize findings… into durable intellectual frameworks that can be applied not only to distinctive health problems, but to different contexts and future scenarios" (1518).

"And one of the pedagogic responsibilities of medical humanities and social science programmes must be to introduce students to intellectual frameworks that lead to both a deeper critical reflection on disease and caregiving and new tools to improve practice" (1519).

"The UN system and its agencies as well as individual nation-states frequently govern via biopower so that global health programmes can come to serve ulterior purposes" (1519).

Lesson Plan

Goal: To apply four important social theories to global health problems, allowing team members to contextualize their advocacy and fundraising efforts.

Warm Up: Early in the piece, Kleinman states, "global health, many would agree, is more a bunch of problems than a discipline" (1). What characteristics make up an academic discipline? Why is global health not yet its own discipline?

Diagnostic: What role might social theories play in shaping how we deliver care, in medicine, or in global health?

Teaching Bit: Kleinman argues that theories "can generalize findings… into durable intellectual frameworks that can be applied not only to distinctive health problems, but to different contexts and future scenarios" (1). He lays out four previously existing social theories that can help generalize lessons in global health from individual case studies:

- **Unintended consequences for purposive social action** "holds that all social interventions have unintended consequences, some of which can be foreseen and prevented, whereas others cannot be predicted" (1)
- **Social construction of reality** "holds that the real world, no matter its material basis, is also made over into socially and culturally legitimated ideas, practices, and things" (1)
- **Social suffering** "conveys the idea that the pain and suffering of a disorder is not limited to the individual sufferer, but extends at times to the family and social network" (1)
- **Biopower** holds that governments wield power over their citizens' bodies and health, and thus may use health as a form of social control

Guided Practice: Break into four different groups. Assign each group a social theory and make sure they have a printed or digital copy of the text. Have each group present:

- An easy to understand explanation of the theory
- In-depth explanations of two examples of the theory drawn from the text, prior knowledge of history and global health, or simple observations of the surrounding world

Independent Practice: Read aloud this description of the flooding of the Péligre basin from the article "Solidarity can end structural violence" by Loune Viaud and Joia Mukherjee:

> "In 1956, with a loan from the International Bank for Reconstruction and Development (now the World Bank), a hydroelectric dam was built in one of the most fertile valleys of Haiti, the Péligre basin of the Artibonite River of the central plateau. Thousands of families, who had farmed this fertile land and lived decently for generations, were suddenly forced to leave their land. When the dam was closed, the valley flooded. With little warning the water rose rapidly to such levels that many families fled up the steep hillside with nothing but the clothes they were wearing. All their possessions and even animals were lost. The displaced peasant farmers, many of whom are our colleagues, friends and patients at Clinique Bon Sauveur today, received no compensation for the permanent loss of their fertile land. To this day, they recount stories of the nightmare when the water rose. Cange, where we started working more than two decades ago, is a squatter settlement just north of the dam that still does not appear on maps of Haiti."

The Péligre dam was responsible for sinking many families into poverty and has been largely responsible for the poor health of many residents. As a team, discuss which social theories could be applied here. By viewing the Péligre dam through the lens of one (or multiple) social theories, what general lessons can we take from this case study? Can anyone think of other case studies that could be interpreted through the lens of a social theory?

Assessment: Have each group answer the question below that applies to their original theory. Present to the team.

- How should **unintended consequences for purposive social action** inform our advocacy work?
- How do **social constructions of reality** in very diverse places affect the efficacy of global health interventions?
- How can **social suffering** help persuade a potential donor that their money will be well spent if given to PIH?
- How can **biopower** allow us to be more effective in advocacy work that targets the government?

Closer: Which of these social theories do you think has most influenced the work of PIH and our partner organizations?