

CEHC **Cultural Ecology of** **Health and Change**

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CEHC Programs and Paradigms **Working Paper**

The Cultural Systems Paradigm (the CSP)

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1. Introduction

The purpose of the present working paper is to describe the *Cultural Systems Paradigm* (CSP). The CSP is *one of three* interrelated conceptual paradigms of the *Cultural Ecology of Health and Change* (or CEHC, pronounced "Check")¹. The CEHC is a system of three anthropologically based theoretical paradigms, and four research and technical assistance subsystems², which I have been developing over the last few years³. The paradigms and programs of the CEHC evolved from 35 year of involvement as an anthropologist in community based initiatives (CBIs) in the United States and abroad⁴. There are other CEHC working papers that discuss the other two paradigms and four technical assistance subsystems of the CEHC. The purpose of the present paper is to simply describe the CSP.

The purpose of the CSP is to:

- (1) define the concept of culture, and how the concept is used in the CEHC to better understand broad notions of human health and well being; and
- (2) inform a comprehensive approach to the CEHC program in community assessment research (the EICCARS) that is used to collect and analyze community data, which is used to inform the planning, implementation, and evaluation of CBIs.

The CSP was the first paradigm of the CEHC to emerge because I long felt the need for a comprehensive paradigm for designing and interpreting ethnographic data. It started to evolve when I began to realize that the single theoretical orientation that I took with me to Jamaica in 1974, could not explain the complexity of factors that seemed to influence masculine family and family planning related ideas and behavior (Whitehead, 1976, 1978a, 1978b, 1984a, 1986, 1992). However, the paradigm did not begin to take operational shape until the professional pressures that I began to feel after completing his Ph.D. and joining the faculty of the School of Public Health at the University of North Carolina in 1976. As a sort of phenomenologically oriented anthropologist in a nine department school with predominantly positivist scientists, I felt like an alien in a strange land. While the majority of my colleagues could demonstrate their work through measurement and

¹ The other two paradigms of the CEHC are the Cultural Systems Approach to Change (the CSAC), and the Cultural Systems Approach to Program Planning, Implementation, and Evaluation (the CSAPPE). See other CEHC Working Papers for a description of each.

² The four CEHC applied research and technical assistance subsystems are: (1) Ethnographically Informed Community and Cultural Assessment Research Systems (EICCARS); (2) The CEHC System in Project Design and Implementation Plan (PDIP). (3) The CEHC Project Implementation Programs (PIPs); and (4) Ethnographic Assessment & Evaluation Systems (EAES). See other CEHC Working Papers for a description of each.

³ While the conceptual paradigms of the CEHC evolved solely from my work and experiences, various colleagues and students have assisted in the development of the CEHC research and technical assistance subsystems.

⁴ A community based initiative may be defined as an activity that have the following characteristics: (1) *goals* that include alleviating or improving a select health or social problem within or among a targeted community or population; and (2) *a high level of involvement* by members of the community or population targeted by that activity in its *planning, implementation and evaluation*.

The Cultural Systems Paradigm

methodological cookbooks, I was often made to feel like a non-scientist (read “non-academic”) as I struggled to explain non-standardized concepts such as “culture” and “ethnography”.

But it was the additional fieldwork experiences while at UNC that helped to crystallize the CSP. One such experience was my realization that the structured and “validated” interview instruments used for studying food behavior as a risk factor for obesity and hypertension in rural North Carolina in 1978-79 could not explain *the contradictions between people's perception of their dietary behavior and their actual dietary behavior* (Whitehead 1984b, 1992b). The paradigm became fully operational when I was asked to design a *rapid assessment research procedure* for understanding why the objectives of organizing village health committees in Cameroon in 1981 were not being achieved (Brown, Ndjiekou, and Whitehead 1981; Whitehead and Brown 1986). This work which had to be conducted in a few months among diverse cultural settings and required a framework that would allow an ethnographer to do something quickly with the plethora of cultural information with which he or she might collect in a short period of time. The CSP then was emerging as a consequence of my experiences with several factors including:

- (1) that there were too few and inadequate models for interpreting the range of complex factors often generated by holistic open-ended ethnographic approaches that most often yielded a body of data too large and/or difficult to manage and operationalize in applied settings (Pelto et al, 1980); and
- (2) the phenomenological and open-ended approach of ethnography yield narrative answers from informants that expressed a range of concerns that would go beyond the interest of the researchers, but appear to be of extreme importance to those being studied.

It was also my training in "holistic" anthropology that contributed to the emergence of the CSP. The CSP came into being as a paradigm which would initially allow me to place cultural, social, ecological, and psychological phenomena into *general categories* that are found in all human societies. At the same time I was aware that *specific cultural systems contribute to differences in the expression* of the contents in these general categories. To uncover and describe these differences is what holistic cultural ecological models like the CSP can help facilitate. Such analyses can help describe the exact nature of a people's socio-cultural categories, the indigenous significance of the contents in these categories, and the relationships of these categories and their content to each other.

The Theoretical and Conceptual Categories of the CSP

Given the background of the CSP discussed above, the Paradigm emerged with *four underlying ethnographic principles* with certain theoretical assumptions informing each. A discussion of those ethnographic principles follows. The reader should view Figures 2A and 2B for a schematic illustration of CSP conceptual categories (provided as a separate document).

CSP Ethnographic Principle 1: *The Principle of Universal Human Cultural Categories.* This principle suggests that there are certain categories of phenomena that are universally relevant to human communities, but that human communities differ in terms of how these universals are expressed (culture). This assumption is in contrast to the epistemology that drives most

The Cultural Systems Paradigm

positivist and ethnographic research paradigms. That is, it suggests that *we look for ways that humans and their cultures are similar, before we began to look for how they vary*. It led me to consider the development of broad universal cultural categories that could assist in of designing *community ethnographies*, and for *managing and analyzing the plethora of data* that such research often yield.

First the CSP assumes that the human *individual* must be studied as a system, with intrapersonal qualities such as his or her biological (including health or disease status) makeup and demographic indicators (age, sex, race, etc), his or her psychological makeup, constructions of the self (personhood), personality and idiosyncratic tendencies (including expression of personal agency), "intelligence" and skill levels. The next assumption is that individuals are influenced by larger cultural and social system, and those social and cultural systems are part of a larger ecological system. Within the CSP, social systems are conceptualized as being part of cultural systems. More specifically, cultural systems are conceptualized as being composed of interrelated subsystems (See Appendix 2, Figure 2A). According to the CSP, included in a cultural system are:

1) Individually and Normative **Behavioral Patterns**. While behaviors that put people at risk for illness are a primary focus of intervention programs, we have to precisely indicate what we mean by behavior so that they can be accurately studied. In the CSP, behavior patterns consist of the *behavioral activities* and the *sociocultural descriptions* of such activities including: what these behaviors are (content), how these behaviors are carried out (method), where these behaviors are carried out (location), who carries out these behaviors (participation), and when these behaviors are carried out and whether they are routinized behaviors (routinization).

2) Individual and Shared **"Idea" or "Ideational" Structures** (knowledge, beliefs, attitudinal systems, values, "significant symbolisms"), which frame interpretations and meanings that underlie behaviors, including illness risk behavior, as well as all the other categorical contents within the CSP. It is this capacity of idea systems to motivate specific behavioral patterns and provide meaning to every other component of a groups cultural ecology, that for most students of culture, a people's idea system **is** their cultural system. In the CSP, the idea system is an important part of the cultural system; but so are normative behavior patterns and social systems that are institutionalized by the cultural group. In health intervention programs, it is important to understand ideational structures because as interpretive frameworks they help us understand *that what scientists interpret to be "objective" reality may not be the subjective reality that contributes to the emergence and persistence of behavior*.

3) **Significant Social Systems**, including domestic units (households or residential compounds), extraresidential groupings and dyads (ethnic groups, social networks and kinship systems, voluntary associations/organizations, symmetrical dyads such as friends, coworkers or real/and fictive kin dyads, asymmetrical dyad such at employer-employee, patron-client, etc.), and the policies and practices of institutions and agencies of the wider community/society. Significant social systems are the "engines" of cultural production and

The Cultural Systems Paradigm

reproduction as they contribute to the emergence and persistence of behavioral patterns and the ideational systems underlying them by *providing feedback mechanisms of social rewards/approval or ostracism/punishment for the expression of behavior and ideas that the group value or disapprove*. In the present study, we are interested not only in social systems that act as barriers to behavior change or prevention or program adoption, but also those that may act as enablers, such as women groups (Ulin 1992) or traditional communication networks (Schriner 1991).

4) **Material Culture** including technologies that facilitate certain behaviors (e.g. the condom as a prevention technology in HIV transmission), material artistic products, and other human made objects, particularly those that have symbolic or "meaningful" value.

5) **Expressive Culture** or forms of expressing cultural meanings and symbols as represented in such forms as language, music, song, dance, talk, literature, proverbs, sermons, artistic expression, etc.

Another assumption of the CSP is that if cultural systems are going to be properly understood, they *must be studied as components of* **Human Ecosystems** of which they are a part. According to the CSP, human ecosystems include, in addition to a group's cultural system (Figure IB):

1) The **Physical Environment**, in which the human group resides and that group's cultural system provides a successful exploitation of life sustaining elements, protection against elements which have the potential of threatening life, and finds ways to overcome elements that constrain life sustaining activities. Cultural meaning which influences behavior, including health risk behavior, might be influenced directly or indirectly by environmental elements and/or shared or individual ways of interacting with environmental elements. Environmental factors might affect the incidence of disease in other ways. For example, intestinal parasites, that abound in African environments, are suggested by Feldman (1990) to be possible cofactors in the transmission of HIV.

2) **Real and Perceived Needs** that human groups and individual members have to meet in order to achieve physical and sociopsychological functioning. Such needs are: *organic* (i.e. reproduction, consumption of food, water and other energy sources, waste elimination, disease prevention and cure, protection from hazardous climate conditions, and physical space); *instrumental* (economic, educational/socializing, governance or political and legal, and communal); and *expressive* (**cognitive** [meaning and orderly world view], **affective** [social status and acceptance, being loved or liked, self and group identity etc]; and **communicative** [need to explain, communicate, etc]). Real and perceived needs are very important contributors to the "meaning" that influences behavior, including health risk behavior. It should also be remembered that human individual and groups *prioritize* their needs, and what others such as medical care professionals, health social scientists, government ministries, etc. may interpret as what should be a highly prioritized need for a population, (e.g., birth control) *may not match the "needs hierarchy" of the community targeted by their health program*.

The Cultural Systems Paradigm

3) **Significant Historical Processes and Events** that may be biophysical (e.g. floods, droughts, etc) or sociocultural (coups, wars, new economic or marketing systems, etc.) that either institutionalize or sustain a cultural system, or a part of that system, or result in a "regenerated" or synchronized (new, combined) cultural form. Certain historical events, such as studies that utilized populations in the past for research (e.g. The famed syphilis study in the U.S., or past biological anthropological studies in French speaking Africa) or processes (e.g. traditions of high infant mortality rates) could have contribute to the emergence and persistence of ideas and behaviors that act as barriers to change.

CSP Ethnographic Principle 2: *The Principle of Interindividual and Intergroup Variations in Expression.* This principle simply refers to the fact that while the eight categories of the CSP discussed above are universal as general cultural categories, they are often expressed differently cross-culturally, and even across individuals within the same cultural or community group. For ethnographers, this principle also holds that *it is the job of the ethnographer then is to decipher the specific cultural and individual expressions of these data categories.*

CSP Ethnographic Principle 3. *The Principle of Paradigmatic Flexibility.* This principle holds that conceptual frameworks that inform the study of cultural systems must be flexible, and not rigid, because of the differences in behavioral and ideational expressions across human groups and individuals, as well as intra-individually. The Principle of Flexibility of the CSP suggests that, as a consequence of variations in expressions, while the categories of the CSP *provide a framework for initiating* an ethnographic study, and for the organizing and storing of ethnographic data, the boundaries of these categories are not rigid. In other words, data that is stored in one CSP category at one point in the ethnographic process *may be moved to or shared with another category* as the ethnographer continues to learn his or her host culture. The Principal of Flexibility also holds that the categories of the CSP are not necessarily permanent. In other words, even categories and subcategories have changed from the time that the CSP was first conceptualized; a process that will continue as we learn more about human cultural and individual variations.

CSP Ethnographic Principle 4: *The Principle of the Interrelationship between Socio-cultural Contexts, Processes, and Meaning Systems.* This principle suggests that *if we want to correctly understand why certain behaviors, including health risk and resiliency behaviors emerge and persist in human populations,* then we have to better understand the socio-cultural contexts in which these behaviors occur, the socio-cultural processes of these contexts, and the socio-cultural meaning that these contexts and processes have for those who practice such behaviors. More specifically, the CSP allows us to holistically study:

(1) The **socio-cultural contexts** of *social systems* (households and family, formal and informal networks, organizations, groups, and dyads, and institutions and relationships of the wider community, society, and inter-societal linkages), the *physical environments* occupied by individuals and their significant social systems, and significant individual and commonly shared historical patterns;

The Cultural Systems Paradigm

- (2) The **socio-cultural processes** of the interplay between individuals and their social systems, and the interplay between individuals and their significant social systems to the physical environments they occupy, individual and shared histories, and patterns of need fulfillment; and
- (3) The **socio-cultural meanings** that individuals and their significant social systems apply to social systemic relationships, the physical environments they occupy, individual and shared historical patterns, and patterns of basic human need fulfillment.

CSP Ethnographic Principle 5. *The Principle of “Holism” in Meaning Systems.* For some when they view the boxes and arrows found in Appendix 2, Figures 2a and 2b, they think that these structures imply causal relationships in the traditional epidemiological or functionalist sense. There are general relationships between the CSP categories. For example, ideational systems are the mental predispositions that lead to certain behaviors. Social systems also contribute to the expressions of certain ideations and behaviors, through the processes of socialization and social feedback to the individual to enculturate and practice the ideations and behaviors preferred by the group. Also, people may not be able to carry out certain types of practices, without the tools or technology to carry out such behaviors (e.g. the relationship between food producing technologies and the food producing behavior). Similarly in the Human Ecosystem (Appendix 2, Figure 2B), there is a symbiotic relationship between the cultural system and the physical environment in that the environment has some influence over the direction that a cultural system may progress, and the cultural system influences the way that the environment is exploited or endured. People must meet their needs within the confines of their environment, and their culture enables them in their capacity to do that. The cultural system, in particular its social structural and ideational components, along with environment may influence their perception of (perceived) needs. However, the intention of the boxes and arrows within the visual illustration of the CSP is not to imply causal relationships. The intention is to suggest that when people are providing *explanatory models from their cognitive systems*, these components can be located within the categories of the CSP, and that these components are *interrelated and systemic*. Figure 2c may be a more accurate illustration of the CSP categories, but is more difficult to follow than the representation in Figures 2A and 2B. The visual illustration of the CSP is also meant to imply that *the relationships between these categories vary across cultural groups, and may vary across individuals within the same cultural groups*. What is implied here is that while researchers and scientists separate peoples’ cognitive or meaning systems into separate little components for ease of analysis, for the people themselves, these models are systemic or holistic.

Other Functions of the CSP and Examples of CSP Categories

Existing publications on the use of the CSP in applied ethnographic research are those referring to the NHLBI and Russell Sage supported food research that I carried out in North Carolina in the late 1970s and 1980s (Whitehead 1984; 1992; Whitehead and Williams, 2002). However, the paradigm has been used since then to inform the design and implementation of most of the other two dozen applied ethnographic projects that Whitehead has been involved in since this work. The CSP was crucial to my being able to design and effectively carry out the rapid team ethnography project in Cameroon (Whitehead 1986). It has been the conceptual framework used to implement most CuSAG projects, including drug trafficking, violence, and incarceration studies (Whitehead 2000;

The Cultural Systems Paradigm

Whitehead, et al 1994; Kaljee et al 1995), AIDS and STD related ethnographies (Whitehead 1997), and community and cultural assessment technical assistance projects (Whitehead 2000, 2002). For example, the CSP has been used in helping program planners in the development of project goals and objectives, and Program Technical Manual (PTM) has been developed to facilitate this activity. Similarly, the CSP has been used in assisting program planners and community assessment researchers in selecting the research methods that might be used in a community or cultural assessment effort.

CuSAG members have also found the CSP helpful in interpreting the readings of other anthropologists and ethnographers who take a holistic approach to understanding whatever social issue that they are investigating. That is, when one reads the work of applied anthropologists in particular, we find examples of holism, although holism may not be mentioned in the text of their writings. As such, we have found the eight general categories of the CSP as a helpful aid the understanding and analysis of the writings other anthropologists and ethnographers. To demonstrate this point, we will focus on the work of a few ethnographers/anthropologist to show the presence of the eight general categories of the CSP in their writings. **[This Section has to be further developed].**

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The Cultural Systems Paradigm