Abstract

Increasingly since the 1980s, social scientists concerned with refugees have actively incorporated anthropological methodology into their research. Extending this movement to health issues, this thesis inspects policies which have largely left the applicability of the western biomedical paradigm unexamined. This is set within the wider ethnographic study of Bhutanese people living in United Nations co-ordinated care in Nepal. Accommodated in densely populated camps, the community faced the effects of rapid transition, transformation and dislocation. This research explores the impact of this new environment on health through its basis in relationality, identifying the sites and ownership of power in camp relations; suggesting that the social form of health care is of equal importance to the medical content. In contrast to current development rhetoric, the barriers to achieving refugee participation often lie in the very organised structures and spaces designed to facilitate care. In outlining the many difficulties of importing western health care provision, this research illustrates the resourcefulness of the Bhutanese motivated by their own concepts of well-being. This tracery reveals the consequences of the logical differentiation made between religion and illness by relief agencies. Refugees manipulate explanations of illness utilising several systems in tandem; exerting control beyond the medical domain to their domestic advantage, showing that agility between ontological perspectives need not be a dissonant experience. Despite the emphasis placed on allopathic models by agencies, cognitive schemata have greater resistance to change than current theories suggest. The comparative data demonstrates the potentially disruptive nature of agency intervention in the refugee context, revealing the need for a new understanding of refugees’ own patterns of maintaining social well-being. While previous studies of refugee communities have focused on the dependency syndrome that centres on the individual, the analysis reveals that this line of argument conceals the adaptive strategies and resilience of refugees.