ANTHROPOLOGY · STUDY GUIDE

Exam 6 Study Guide

This guide covers chapters 11 and 12. You will see why “art” is a local Western category, how other peoples judge beauty, what expressive culture does, how performance and body marking carry meaning and why authenticity is a claim rather than a property. Then you will separate disease, illness and sickness, learn to ask for an explanatory model, sort healing systems, follow patients across medical pluralism and see why structure often matters more than belief in global health. Read the “what to know” paragraphs, copy the tables by hand and try each worked case with the steps covered. Finish each chapter with its ten self-test items, then use the cram sheet.

WHAT THIS GUIDE COVERS

- Chapter 11 · expressive culture and its four criteria, Yoruba and Abelam aesthetics, Gell’s technology of enchantment, the functions of art, Merriam, Blacking, Feld, Parry and Lord, the social skin, tattoo and scarification, identity, tourist art, repatriation and revitalization.
- Chapter 12 · disease, illness and sickness, explanatory models, cultural concepts of distress, naturalistic and personalistic etiologies, healers and symbols, Kleinman’s sectors, biomedicine as culture, structural violence, syndemics, outbreaks and the cultural body.

CHAPTER 11

Art and Expressive Culture

Read it in full: **Chapter 11 in the textbook**. Practice it in the lab: **Is It Art?** and **What Art Does**.

What to know

The English word **art** carries recent, local assumptions: objects made for contemplation, signed by an individual genius, kept in a museum and separate from religion, politics and work. That bundle formed in Europe after the Renaissance and hardened with public museums and the art market. The Yoruba, the Abelam and the Kwakwaka’wakw make sophisticated objects and judge them in

rich vocabularies, but of skill, efficacy, propriety, ancestry and effect. Anthropologists therefore say **expressive culture**: visual form, music, dance, verbal art, dress, body marking, festival and play.

A cross-cultural definition has four parts: **skill** (made well by a standard someone can state), **form** (deliberate pattern), **affect** (meant to do something to the viewer) and **evaluation** (a community judges it). Nothing requires uselessness, individual authorship or a frame. The untranslatability of "art" is itself a finding.

The first job is emic. Robert Farris Thompson recorded Yoruba art criticism: a sculpture should sit at a **midpoint** between abstraction and lifelikeness, be visible and legible, have **luminosity**, stand straight and above all show **coolness**, composed calm. Anthony Forge ("Learning to See in New Guinea") found that Abelam initiation teaches **seeing**, not meanings. Boas's *Primitive Art* (1927) held that pleasure in form is universal and styles must be read historically, never as evolutionary rungs.

Alfred Gell (*Art and Agency*, 1998) asked what art **does**. His **technology of enchantment** reads Trobriand kula canoe **prowboards** as dazzle: their superhuman-looking virtuosity unsettles a trading partner and loosens his grip on his valuables. Sally Price (*Primitive Art in Civilized Places*, 1989) showed museum labels erasing non-Western makers' names, and James Clifford criticized MoMA's 1984 "Primitivism" show for erasing histories and colonial routes.

Geertz ("Art as a Cultural System") argued art makes a community's sensibility visible to itself. Expressive culture does concrete work, often several jobs at once: ritual efficacy (Diné sandpainting), solidarity (Mbuti *molimo*), status and rank (Northwest Coast crests at the potlatch), political legitimation (Benin brass plaques), socialization (Abelam initiation), land and title (Aboriginal Dreaming designs), persuasion (kula prowboards) and mortuary work (Asmat *bisj* poles).

The Diné sandpainting (*iikaah*), made by a singer (*hataałii*) during Holyway chants such as Nightway, is pressed against the patient and dismantled before sunset; the event was the point. Tlingit and Haida **crests** are lineage property passed matrilineally, validated at the potlatch; Canada's 1884 Indian Act amendment banned the potlatch from 1885 to 1951 and confiscated

regalia. Art tracks political scale: participatory in bands, monumental but not hereditary in tribes (Abelam facades and prize yams build a big man's following), rank-marking in chiefdoms and guild-made and dynastic in states such as Benin. Beware the "hunting magic" reading of cave paintings: it has almost no evidence.

Ethnomusicology studies music in context. Alan Merriam's *The Anthropology of Music* (1964) reads **sound, behavior and concept** together and lists ten functions, many social. John Blacking (*How Musical Is Man?*, 1973) called music "humanly organized sound": no people is unmusical. Steven Feld's *Sound and Sentiment* (1982) linked Kaluli birds, the dead, weeping and song, and the "lift-up-over-sounding" texture modeled on the forest. Turnbull's Mbuti sang the *molimo* for a month or more when the forest had "gone bad."

Mead and Bateson's *Balinese Character* (1942) linked child-rearing, body style and trance in the barong and rangda dramas. Turner's liminality and communitas (*The Ritual Process*, 1969) and his liminal versus **liminoid** distinction (*From Ritual to Theater*, 1982) drive performance analysis. Milman Parry and Albert Lord (*The Singer of Tales*, 1960) showed South Slavic *guslari* **composing in performance** from formulas and typical scenes, which transformed Homeric scholarship. Mande **griots** (*jeliw*) keep the Sunjata epic as charter and precedent; Malinowski called Trobriand myth a **social charter**; Dell Hymes's ethnopoetics recovered lines and verses in Native American narratives.

Terence Turner's "The Social Skin" (1980), from the Kayapo of Brazil, treats the skin as the frontier between person and society; Kayapo black genipapo and red annatto patterns changed with life stage, and lip discs and ear spools marked maturity. To be unpainted was to be socially unfinished. **Tattoo** comes from Polynesian *tatau* after Cook's 1769 visit to Tahiti. A Samoan *tufuga ta tatau* applies the male **pe'a** (waist to knees) and the female **malu**; abandoning a pe'a is lifelong shame. Maori **ta moko**, grooved with a chisel (*uhi*), encodes *whakapapa*; women's *moko kauae* has been powerfully revived.

Scarification leaves raised patterns. Evans-Pritchard described the Nuer **gaar**, six forehead cuts at male initiation. Paul Bohannan (1956) showed Tiv scar fashions changed over time and were discussed as beauty, with endured pain part of what made them beautiful. James Faris (*Nuba Personal Art*, 1972) found designs keyed to age grade. Temporary marks announce a current state:

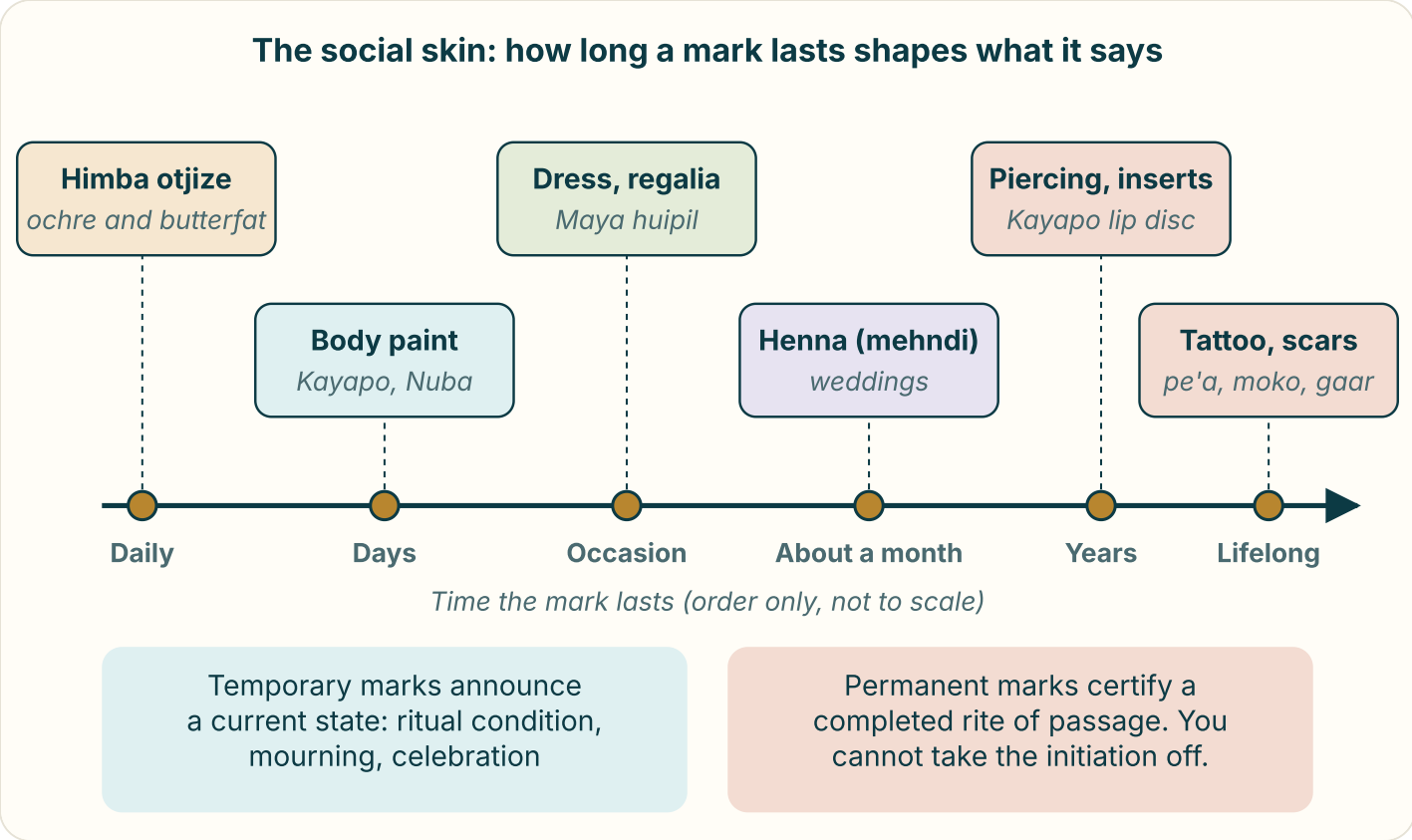
Himba *otjize* of ochre and butterfat daily, Maasai initiates' white chalk designs, bridal mehndi fading over a month. Wodaabe men in the *yaake* and *geerewol* dances wear makeup and are judged by young women, reversing the Euro-American default. Pain is a signal; "mutilation" is a word usually applied to other people's bodies.

Barth's boundaries are marked by expressive culture: dress, textile, hairstyle, genre. Maya women's **huipiles** place a wearer's town at a glance, which made traje a liability during the armed conflict. Hobsbawm and Ranger's *The Invention of Tradition* (1983) includes the clan tartan; invented does not mean fraudulent. Nelson Graburn's *Ethnic and Tourist Arts* (1976) took tourist art seriously: Guna **molas**, Inuit prints at **Kinngait** (Cape Dorset) and Western Desert acrylics begun at **Papunya** in 1971, where painters over-dotted restricted designs. Authenticity is a claim made for an audience; ask who controls the design, who is paid and whose name is on it.

NAGPRA (1990) requires federally funded US institutions to inventory and return remains, funerary items, sacred objects and cultural patrimony; the **Benin Bronzes**, looted by a British expedition in 1897, are being returned to Nigeria. **Cultural appropriation** disputes (war bonnets as costume, moko on products) turn on ownership and standing. **Revitalization** rebuilt Northwest Coast pole carving, and artists such as The Halluci Nation fold powwow drum into club music. **Salvage anthropology** assumed authentic culture ended at contact; Boas's historical particularism undoes that premise. Change is not decay.

LOCK THESE IN

- Expressive culture: skill, form, affect, evaluation. "Art" as a separate category is Western and recent.
- Emic aesthetics: Yoruba midpoint, luminosity, coolness (Thompson); Abelam learn to see (Forge).
- Gell: what art does; kula prowboards as a technology of enchantment.
- Functions: ritual efficacy, solidarity, rank, legitimation, socialization, land, persuasion, mortuary.
- Merriam: sound, behavior, concept. Blacking: humanly organized sound. Feld: Kaluli.
- Parry and Lord: composition in performance. Griots and Sunjata. Myth as charter.
- Social skin (T. Turner): permanent marks certify rites; temporary marks announce states.
- Authenticity is a claim; NAGPRA (1990), Benin Bronzes (1897), revitalization. Change is not decay.



The social skin. Ordered from the briefest to the most lasting mark, body art splits into two kinds of message: what state a person is in now, and what transition a person has completed for good.

Western assumptions versus cross-cultural reality

Assumption	Reality	Case
Art is for contemplation	Most objects do work: heal, persuade, legitimate	Kula prowboards; sandpaintings
Art is permanent	Many forms are ephemeral on purpose	Sandpainting gone by sunset
Art has one named creator	Authorship may be collective or inherited	Northwest Coast crests
Art is separate from religion and politics	Form is often their medium	Benin brass plaques; bisj poles
Fine art outranks craft	A local Western folk category	Textiles, pottery, tattoo

Performance and its scholars

Genre	What to attend to	Landmark study
Music	Sound, behavior, concept; who may perform	Merriam (1964)
Song and lament	Poetic form producing emotion; place and the dead	Feld, Kaluli (1982)
Communal singing	Solidarity; repair after crisis	Turnbull, Mbuti molimo
Dance and trance	Body technique, child-rearing, temperament	Mead and Bateson (1942)
Ritual drama	Liminality, communitas	Turner (1969)
Epic singing	Formula, theme, composition in performance	Lord (1960), guslari
Praise and genealogy	Hereditary specialists; precedent	Mande griots, Sunjata
Myth telling	Charter for land and rank	Malinowski (1926)

Body art, identity and ownership

Item	Meaning	Example
Tattoo	Permanent pigment; endurance, genealogy, service	Samoan pe'a and malu; ta moko
Scarification	Raised pattern; initiation completed	Nuer gaar; Tiv beauty scars
Body paint	Ritual state, age grade	Kayapo, Nuba
Otjize	Daily ochre and butterfat; Himba identity	Northwestern Namibia
Huipil	Town-specific weaving; identity marker	Highland Guatemala
Tourist art	Genuine genre with makers and markets	Molas, Kinngait prints, Papunya acrylics
NAGPRA	Return of remains and sacred objects	1990, United States
Benin Bronzes	Looted 1897; being returned	Nigeria
Salvage anthropology	Record "vanishing" cultures	Premise undone by historical particularism

Worked cases

WORKED CASE 1 · APPLYING THE FOUR-PART DEFINITION

In the fictional town of Morva, women weave reed mats for daily use. Elders judge each mat aloud at the harvest market, praising tight, even patterns and mocking loose ones, and girls train for years to earn praise. A visitor says, "These are tools, not art." Test the mats against the definition of expressive culture.

STEP 1 · SKILL

Years of training and a stated standard (tight, even): yes.

STEP 2 · FORM

Deliberate pattern: yes.

STEP 3 · AFFECT

The mats are meant to win praise and impress: yes.

STEP 4 · EVALUATION

Shared, teachable, arguable public judgment: yes.

VERDICT

They are expressive culture. Usefulness does not disqualify them; that requirement is a Western fine-art assumption.

WORKED CASE 2 · MEANING OR DOING?

A fictional coastal people carve elaborate, glittering shields that warriors carry to peace negotiations. Elders say the shields “make the other side forget their anger.” How would Gell analyze them?

STEP 1 · CHANGE THE QUESTION

Ask what the shields do, not what they mean.

STEP 2 · TECHNOLOGY OF ENCHANTMENT

Their virtuosity is meant to dazzle and unsettle the other party, like kula prowboards.

STEP 3 · EMBEDDED IN EXCHANGE

The art is instrumental, working inside a system of negotiation.

STEP 4 · EMIC CHECK

The elders’ own words already describe an effect, so the emic and Gell’s etic reading agree.

WORKED CASE 3 · READING A BODY MARK

In a fictional valley, boys receive three cheek scars at the end of a long initiation, and girls wear red clay in their hair during mourning. Read both marks.

STEP 1 · PERMANENCE

The scars are permanent; the clay is temporary.

STEP 2 · THE SCARS

A permanent mark applied at the end of the liminal phase certifies a completed rite of passage, like the Nuer gaar. It cannot be taken off.

STEP 3 · THE CLAY

A temporary mark announces a current state, mourning, like body paint or mehndi.

STEP 4 · FRAMEWORK

Terence Turner’s social skin: the surface of the body is a public statement of status.

WORKED CASE 4 · THE AUTHENTICITY QUESTION

A cooperative of fictional mountain weavers starts selling small framed panels to tourists, using chemical dyes and new motifs. A collector says the panels are “not authentic.” Reframe the question.

STEP 1

Techniques always change; steel tools and trade beads are centuries old.

STEP 2

Much celebrated art was made for outside patrons and trade.

STEP 3

Ask instead: who controls the designs, who is paid, whose names are on the panels, what rights travel with them.

STEP 4

Like Guna molas and Kinngait prints, tourist art is a genuine genre with real makers.

TRAPS PEOPLE FALL INTO

- **Requiring art to be useless.** Most expressive objects do work.
- **Assuming permanence matters.** Sandpaintings are destroyed by design.
- **Treating crests as free designs.** Northwest Coast crests are lineage property.
- **Reading cave art as hunting magic.** There is almost no evidence; resist single-key explanations.
- **Thinking epic singers recite memorized text.** They compose in performance from formulas.
- **Calling scarification mutilation.** The word is usually applied to other people’s bodies; pain is part of the message.
- **Asking “is it authentic?”** Ask who controls it, who profits and whose name is on it.
- **Treating change as decay.** Living traditions absorb new tools and markets.

Chapter 11 self-test · ten items

1. Why do anthropologists prefer “expressive culture” to “art”?

A. Most societies make no skilled or patterned objects at all
B. The Western category of art does not fit most societies
C. Only museums can decide what counts as art
D. Expressive culture means only music and dance

B. The Western category of art does not fit most societies Many languages have rich aesthetic vocabularies but no category of art set apart from life.

2. Which quality did Yoruba critics prize above all in a carved face, according to Thompson?

A. Exact photographic likeness
B. A rough, deliberately unfinished surface
C. Coolness: composed, controlled calm
D. Bright colors that shock viewers

C. Coolness: composed, controlled calm Yoruba criticism also prizes midpoint mimesis, legibility, luminosity and straightness.

3. Forge concluded that Abelam initiation teaches

A. a code that explains each painting
B. how to sell paintings to outsiders
C. how to see the paintings
D. the names of each painter

C. how to see the paintings The paintings communicate in a register not reducible to words.

4. Gell’s analysis of kula prowboards treats art mainly as

A. a technology that produces effects
B. a hidden code to be decoded
C. decoration with no real purpose
D. a carved record of past wars

A. a technology that produces effects The boards dazzle trading partners and loosen their grip on valuables.

5. What happens to a Diné sandpainting after the ceremony?

A. It is sold to a museum for display
B. It is dismantled and carried out before sunset
C. It is kept inside the hogan for a year
D. It is copied onto the singer’s ceremonial robe

B. It is dismantled and carried out before sunset The event, not the object, was the point.

6. Merriam’s model reads music on which three levels?

A. Melody, rhythm and harmony
B. Singer, audience and instrument
C. Myth, ritual and law
D. Sound, behavior and concept

D. Sound, behavior and concept Each level feeds back into the others.

7. Parry and Lord showed that South Slavic epic singers

A. memorized fixed texts word for word
B. could not sing the same story twice
C. wrote their songs down before singing
D. composed in performance from formulas

D. composed in performance from formulas The same song told twice differed in wording yet stayed "the same song."

8. The English word tattoo comes from

A. the Polynesian word tatau
B. a Maori word for a chisel
C. a Latin word for a mark
D. a Samoan word for a mallet

A. the Polynesian word tatau It entered English after Cook's 1769 voyage reached Tahiti.

9. In the Wodaabe geerewol, who displays and who judges?

A. Young men display; young women judge
B. Young women display; male elders judge
C. Elders display; children judge
D. Everyone displays; no one judges

A. Young men display; young women judge It reverses the Euro-American default of women adorning and men appraising.

10. At Papunya in 1971, why did some painters over-dot their designs?

A. To save on expensive paint and canvas
B. To shield restricted knowledge from outsiders
C. To copy the European style of painting called pointillism
D. To make the paintings cheaper to produce

B. To shield restricted knowledge from outsiders Some ceremonial designs were not for outsiders to see.

CHAPTER 12

Medical Anthropology

Read it in full: **Chapter 12 in the textbook**. Practice it in the lab: **Disease, Illness, Sickness** and **Medical Pluralism: The Patient's Path**.

What to know

Following Arthur Kleinman and Allan Young, medical anthropology splits one English word into three. **Disease** is the practitioner's object, defined by a professional system (a staged tumor). **Illness** is the sufferer's experience and belief. **Sickness** is the social fact: how a society recognizes, funds, stigmatizes or ignores a condition. They come apart: hypertension can be disease without illness; chronic pain can be illness without demonstrable disease; HIV in the early 1980s was disease and illness before it gained recognition as sickness.

Kleinman's **explanatory model** is anyone's account of a condition's cause, timing, mechanism, course and treatment; clinicians have one too, merely institutionally backed. *Patients and Healers in the Context of Culture* (1980) offered simple questions (what do you call it, what caused it, why now, what do you fear most, what treatment should you receive) that reshaped clinical interviews. Biomedicine is strong at **how** and weak at **why me, why now**; Evans-Pritchard's Azande granary and Geertz's **problem of suffering** show other systems answering that first.

Emic categories cut the world differently. **Susto** in Latin America is soul loss after fright; Arthur Rubel and colleagues found people with susto had worse outcomes, including higher mortality,

than controls. Mark Nichter's **idiom of distress** names the culturally available vocabulary for suffering. The DSM-5 replaced "culture-bound syndrome" with **cultural concepts of distress** and a Cultural Formulation Interview. Other examples: *nervios*, Korean *hwa-byung* (fire illness of swallowed anger), Chinese *shenjing shuairuo* (neurasthenia, which Kleinman showed carried politically unsafe distress) and Hmong *qaug dab peg*. Anne Becker tracked disordered eating rising in Fiji after television arrived.

Anne Fadiman's *The Spirit Catches You and You Fall Down* follows Lia Lee, a Hmong child in California with severe epilepsy. Doctors saw a seizure disorder and an unfollowed regimen; the family saw *qaug dab peg*, a mark of spiritual distinction, and doctors who would not explain. Nobody asked the other what they thought was happening. An unelicited explanatory model does not disappear; it works unseen.

George Foster and Barbara Anderson split **ethnomedicine** into two etiologies. **Naturalistic**: impersonal imbalance, as in humors, hot and cold, *qi* or the three Ayurvedic doshas (vata, pitta, kapha). **Personalistic**: the deliberate act of an agent such as a witch, sorcerer, offended ancestor or spirit. Most people hold both. Hot-cold classifications matter clinically: a patient may refuse a "hot" medicine for a "hot" condition and look merely noncompliant.

Shamans (from Evenki) are part-time, called and work in trance for individual clients; priests hold a full-time office acting for the whole community, which needs chiefdoms and states to pay for it. Lévi-Strauss's 1949 essays: "The Sorcerer and His Magic" retells **Quesalid**, a Kwakwaka'wakw man from Boas's texts who trained as a healer to expose fraud and found his patients recovered; "The Effectiveness of Symbols" reads a Guna chant for obstructed labor as giving pain a shape. Symbols do work in bodies, the ancestor of Daniel Moerman's **meaning response**. Frazer's homeopathic and contagious magic and Malinowski's uncertainty argument explain the logic of healing.

Healing roles track political scale: part-time healers supported by generalized reciprocity in bands (Ju/'hoansi *n/um*), diviners and **cults of affliction** in tribes, priest-healers fed by redistribution in chiefdoms, licensed professions paid by market and taxes in states. Turner's Ndembu combined matrilineal descent with virilocal residence, a source of chronic tension; the **Ihamba** ritual sought a dead hunter's tooth that would not come out until kin aired their grudges. The doctor treats a

disturbed set of social relationships. Ethnobotany delivered aspirin (willow), quinine (cinchona), vincristine and vinblastine (rosy periwinkle) and artemisinin (Tu Youyou, Nobel 2015, from Ge Hong's cold-water *qinghao* method); biopiracy raises questions the San Hoodia agreement and the Nagoya Protocol try to answer.

Medical pluralism, put on the map by Charles Leslie's *Asian Medical Systems* (1976), is normal. Kleinman's three **sectors**: **popular** (self, family, internet; an estimated 70 to 90 percent of episodes begin and end here), **folk** (herbalists, bonesetters, birth attendants, healers) and **professional** (licensed; in India also Ayurveda and Unani). Patients follow a **hierarchy of resort**, often in parallel: home remedy, pharmacist, folk healer, clinic and back. India's AYUSH ministry and China's integration (the barefoot doctors) recognize traditional systems; the WHO's **Alma-Ata Declaration** (1978) counted traditional practitioners in the workforce.

Biomedicine is itself a cultural system: the body as machine, the autonomous patient, initiations such as dissection and residency. Byron Good studied how students learn to see; Foucault named the **clinical gaze** and **biopower**; Emily Martin found menstruation described as failed production and fertilization as a romance ("The Egg and the Sperm," 1991); Margaret Lock's *Twice Dead* showed brain death resisted for decades in Japan. Kleinman and Peter Benson (2006) warned that trait checklists breed stereotyping and urged a mini-ethnography: ask what is most at stake for the patient and family.

Paul Farmer, co-founder of Partners In Health, showed that **structural violence** (Galtung, 1969) explains the spread of TB, HIV and cholera better than patient beliefs. Haitian women's supposed fatalism about AIDS followed forced migrations and survival relationships. His team treated multidrug-resistant TB in Carabayllo, Peru with community health workers, directly observed therapy and food, forcing the WHO to revise guidelines and reprice drugs. Nancy Scheper-Hughes's *Death Without Weeping* described mothers on the Alto do Cruzeiro withholding attachment under extreme scarcity and hunger medicalized as *nervos*.

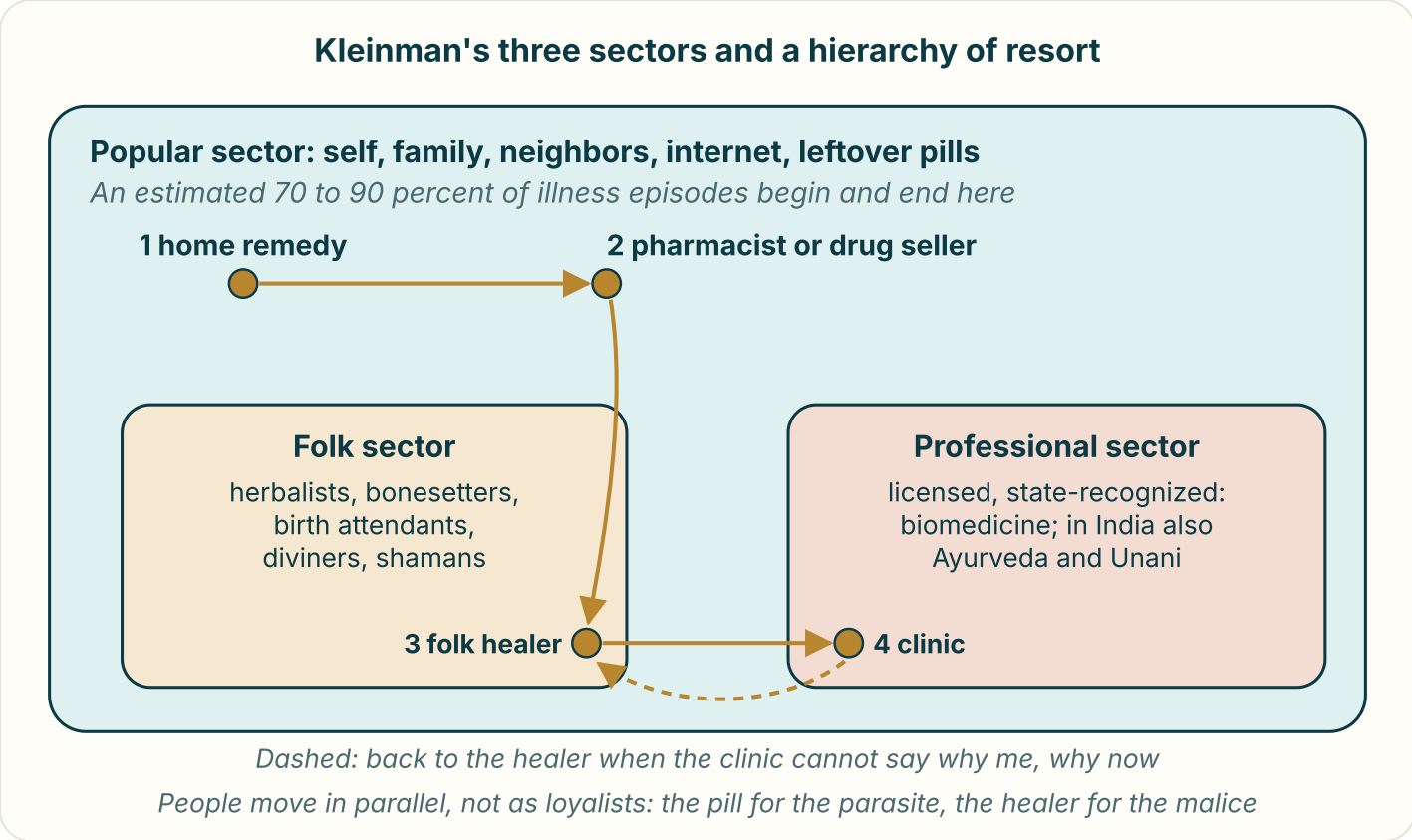
Merrill Singer's **syndemic** names conditions that cluster through shared social conditions and worsen each other; the founding case is **SAVA** (substance abuse, violence and AIDS). In the 2014 to 16 West African Ebola epidemic, sealed-bag removals drove families to hide cases; anthropologists helped design "safe and dignified burials" (Paul Richards). Barry and Bonnie

Hewlett documented the Acholi *gemo* epidemic protocol in Uganda's 2000 to 01 outbreak. The 2003 to 04 Kano polio boycott, rooted in documented past abuse, paused vaccination about a year and spread polio to more than a dozen countries. Metzl and Hansen's **structural competency** (2014) asks what options a person really had.

Marcel Mauss's "Techniques of the Body" (1934) showed walking, digging and giving birth are learned; Bourdieu called the trained dispositions **habitus**. **Embodiment** means culture becomes flesh, including how pain is expressed. Scheper-Hughes and Lock's "The Mindful Body" (1987) separated the **individual body-self**, the **social body** and the **body politic**. Douglas: dirt is matter out of place. Robbie Davis-Floyd read American hospital birth as a rite of passage, and Brigitte Jordan's *Birth in Four Cultures* named **authoritative knowledge**. Lock's **local biologies** compares Japanese *kōnenki* with North American menopause: fewer hot flashes reported in her Japanese sample.

LOCK THESE IN

- Disease (practitioner), illness (sufferer), sickness (society). Failures live in the gaps.
- Explanatory models (Kleinman); biomedicine answers how, others answer why me, why now.
- Cultural concepts of distress replace culture-bound syndrome: susto, nervios, hwa-byung.
- Naturalistic versus personalistic etiologies (Foster and Anderson); most people hold both.
- Symbols do work in bodies (Lévi-Strauss, Quesalid); Ndembu doctor treats relationships (Turner).
- Three sectors: popular (70 to 90 percent), folk, professional; hierarchy of resort.
- Biomedicine is a cultural system: clinical gaze, metaphors, Lock's two deaths.
- Structural violence (Farmer), syndemics (Singer), structural competency; three bodies; local biologies.



Three sectors, one patient. Most illness never leaves home. When it does, people move between folk and professional care in parallel, choosing by cost, distance, suspected cause and past results.

Disease, illness, sickness

Term	Whose reality	Example
Disease	The practitioner's; a diagnostic system	"Stage II adenocarcinoma"
Illness	The sufferer's; lived experience and meaning	"A weight in my chest since my brother died"
Sickness	The society's; recognition, stigma, money	Who gets disability status or research funds

Cultural concepts of distress

Concept	Where	Emic account
Susto	Latin America	Soul loss after a fright
Nervios / ataque de nervios	Latin America, Caribbean	Nerves overwhelmed by loss or conflict
Hwa-byung	Korea	Fire illness from swallowed anger and injustice
Shenjing shuairuo	China	Weakness of the nerves (neurasthenia)
Qaug dab peg	Hmong communities	“The spirit catches you and you fall down”

Key terms and thinkers

Term	Meaning	Thinker or case
Explanatory model	Account of cause, timing, course, cure	Kleinman
Idiom of distress	Vocabulary through which suffering is expressed	Nichter
Naturalistic etiology	Impersonal imbalance	Humors, qi, doshas, hot and cold
Personalistic etiology	Act of an agent	Witch, ancestor, spirit
Cult of affliction	Sufferers become the specialists	Tribal healing
Hierarchy of resort	Order of moves among healing options	Often parallel
Clinical gaze / biopower	Trained medical seeing / governing through health	Foucault
Structural violence	Harm from social arrangements	Galtung; Farmer
Syndemic	Interacting conditions from shared social causes	Singer; SAVA
Structural competency	Ask about real options before blaming belief	Metzl and Hansen (2014)
Three bodies	Body-self, social body, body politic	Scheper-Hughes and Lock (1987)
Authoritative knowledge	The way of knowing that counts in a setting	Jordan
Local biologies	Culture and biology loop into different bodies	Lock; kōnenki

Worked cases

WORKED CASE 1 · SEPARATING DISEASE, ILLNESS AND SICKNESS

A fictional farmer, Tomas, has high blood pressure found at a free screening. He feels fine and stops his pills. His neighbor, Ana, has crushing fatigue that no test explains, and her employer calls it “all in her head.” Sort the three terms for each.

STEP 1 · TOMAS

He has **disease** (measured hypertension) without **illness** (he feels nothing), which is exactly why adherence is poor.

STEP 2 · ANA

She has **illness** (lived suffering) without demonstrable **disease**.

STEP 3 · SICKNESS

The employer’s dismissal shows **sickness** withheld: no social recognition, so no support.

STEP 4 · CLINICAL LESSON

Both cases fail in the gaps between the three, not in a wrong prescription.

WORKED CASE 2 · ELICITING AN EXPLANATORY MODEL

A fictional patient, Mrs. Ruiz, has diabetes but skips insulin. Instead of repeating instructions, a clinician uses Kleinman’s questions. Show how.

STEP 1 · NAME AND CAUSE

Ask what she calls the problem and what caused it. She says it began after a frightening car crash: she links it to susto.

STEP 2 · TIMING AND FEARS

Ask why it started when it did and what she fears most: she fears insulin will “use up” her strength.

STEP 3 · OPTIONS

Ask about real constraints, structural competency: the clinic is two buses away and she has no fridge for insulin.

STEP 4 · WHAT IS AT STAKE

Ask Kleinman and Benson’s question: what matters most to her and her family now.

RESULT

The plan can now address fear, meaning and logistics, not just “noncompliance.”

WORKED CASE 3 · NAMING THE ETIOLOGY

Classify: (a) a fever blamed on eating “cold” fruit while overheated; (b) a stroke blamed on a jealous co-worker’s curse; (c) a cough treated with antibiotics while the family also visits a diviner to learn who sent it.

STEP 1

(a) impersonal imbalance: **naturalistic**.

STEP 2

(b) the act of an agent: **personalistic**.

STEP 3

(c) both at once: the pill for the germ, the diviner for the malice. This is **medical pluralism** in a hierarchy of resort.

LESSON

Asking the family to choose asks them to abandon half of what they need.

WORKED CASE 4 · CULTURE OR STRUCTURE?

A fictional health report says women in a poor district "do not finish TB treatment because of fatalistic beliefs." Reanalyze with Farmer.

STEP 1 · CHECK THE OPTIONS

Ask about pills, food, transport and follow-up before blaming belief.

STEP 2 · STRUCTURAL VIOLENCE

Poverty and inequality may place these women in harm's way without any single perpetrator.

STEP 3 · THE EVIDENCE

In Peru and Haiti, community health workers, directly observed therapy and food support produced high cure rates for MDR-TB.

STEP 4 · CONCLUSION

Do not culturalize a structural problem: culture matters, but it is rarely the binding constraint.

TRAPS PEOPLE FALL INTO

- **Using disease, illness and sickness interchangeably.** Practitioner, sufferer and society each see different things.
- **Thinking only patients have explanatory models.** Clinicians have them too.
- **Treating susto as a mislabeled etic disease.** Emic categories cut reality differently and predict real outcomes.
- **Calling it a culture-bound syndrome.** The DSM-5 term is cultural concept of distress.
- **Expecting patients to pick one system.** Hierarchies of resort run in parallel.
- **Saying biomedicine has no culture.** It is a cultural system with metaphors and rites.
- **Blaming beliefs for structural problems.** Ask about options first: structural competency.

- **Treating cultural competency as a checklist.** Kleinman and Benson warned it breeds stereotypes.

Chapter 12 self-test · ten items

1. A man has high blood pressure on every reading but feels completely well. He has

A. illness without disease
B. sickness without disease
C. disease without illness
D. illness and sickness only

C. disease without illness Disease is the practitioner's object; illness is the sufferer's experience.

2. Kleinman's explanatory model is

A. anyone's account of a condition's cause, course and cure
B. the official diagnosis written in a patient's chart
C. a statistical model of how a disease spreads through a region
D. a list of cultural traits for each ethnic group

A. anyone's account of a condition's cause, course and cure Clinicians have one too; theirs is institutionally backed.

3. What did Rubel and colleagues find about people identified as having susto?

A. They had no measurable health problems
B. They had measurably worse outcomes than controls
C. They recovered faster than controls
D. Their condition matched one etic disease exactly

B. They had measurably worse outcomes than controls The category tracked real distress even without a clean etic label.

4. Illness blamed on an offended ancestor reflects which etiology?

A. Naturalistic
B. Biomedical
C. Humoral imbalance
D. Personalistic

D. Personalistic Personalistic etiologies blame a purposeful agent.

5. What lesson does Lévi-Strauss draw from Quesalid?

A. All healers are deliberate frauds
B. Only plant medicines can heal
C. Patients recover regardless of the healer
D. Symbols can do real work in bodies

D. Symbols can do real work in bodies Quesalid learned the trick to expose it, yet his patients recovered.

6. Turner said the Ndembu ritual doctor treats

A. only the physical body of the single patient
B. a disturbed set of social relationships
C. the angry ancestors directly, through sacrifice
D. the village food supply and the harvest cycle

B. a disturbed set of social relationships The tooth would not come out until kin aired their grudges.

7. In Kleinman’s scheme, where do most illness episodes begin and end?

A. The folk sector
B. The professional sector
C. The hospital emergency room
D. The popular sector

D. The popular sector An estimated 70 to 90 percent never leave self and family care.

8. Lock’s *Twice Dead* compared views of

A. brain death in North America and Japan
B. menopause in Fiji and in Brazil
C. epilepsy among Hmong families in California
D. malaria in Ghana and India

A. brain death in North America and Japan Same physiology, different deaths.

9. A syndemic is

A. conditions that cluster from shared social causes and worsen each other
B. one infectious disease spreading quickly across several countries
C. a disease that has no social or economic causes of any kind
D. a single patient who has two illnesses with no link between them

A. conditions that cluster from shared social causes and worsen each other Singer’s founding case is SAVA.

10. Why did early Ebola burial bans backfire?

A. The virus does not spread from people who are near death
B. Families hid the sick and the dead, and spread rose
C. Burials had no real role in local social life
D. Health workers refused to follow the new rules

B. Families hid the sick and the dead, and spread rose Safe and dignified burials worked by preserving what mattered.

ONE PAGE

Cram sheet

Everything from chapters 11 and 12 in one place. Cover the right column and see if you can rebuild each row.

Art and performance: who said what

Thinker	Idea
Thompson	Yoruba midpoint, luminosity, coolness
Forge	Abelam initiation teaches seeing
Boas (1927)	*Primitive Art*: styles read historically
Gell (1998)	Technology of enchantment; art does things
Price (1989) / Clifford	Museum erasure / MoMA “Primitivism” (1984)
Merriam (1964)	Sound, behavior, concept
Blacking (1973)	Humanly organized sound
Feld (1982)	Kaluli; lift-up-over-sounding
Parry and Lord (1960)	Oral-formulaic composition
Terence Turner (1980)	The social skin
Graburn (1976)	Tourist art as a genre

Medical anthropology: who said what

Thinker	Idea
Kleinman	Explanatory models; popular, folk, professional sectors
Nichter	Idiom of distress
Foster and Anderson	Naturalistic and personalistic etiologies
Lévi-Strauss (1949)	Quesalid; the Guna birth chant
Leslie (1976)	Medical pluralism
Foucault	Clinical gaze; biopower
Martin	Medical metaphors; “The Egg and the Sperm” (1991)
Lock	*Twice Dead*; local biologies
Farmer	Structural violence; MDR-TB in Peru and Haiti
Singer	Syndemic; SAVA
Scheper-Hughes	*Death Without Weeping*; nervos
Metzl and Hansen (2014)	Structural competency

Dates and numbers

Item	Value
Potlatch ban	1885 to 1951 (Indian Act amendment 1884)
Cook reaches Tahiti	1769 (tatau to tattoo)
Benin Bronzes looted	1897
Papunya acrylics begin	1971
NAGPRA	1990
Alma-Ata Declaration	1978
Popular sector share	About 70 to 90 percent of episodes
Ebola, West Africa	2014 to 16
Kano polio boycott	2003 to 04; about a year lost

Dr. Garg Learning · CC BY-SA 4.0