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A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent

Margaret Lock and Nancy Scheper-Hughes

> It is well to establish the position of the body from the outset.
> —Samuel Beckett, *The Unnamable*

PROLOGUE: THINKING WITH THE BODY

We wish to suggest at the outset that it is medical anthropology's engagement with the body in context that represents this subdiscipline's unique vision as distinct from classical social anthropology (where the body was largely absent) and from physical anthropology and the biomedical sciences (where the body is made into a universal object). In the history of social anthropology—as in sociology—with a few notable exceptions such as Benthall and Polhemus (1975), Blacking (1977), and Needham (1973), the body made only occasional and cryptic appearances, and most debates about human relations and social life swirled around an analytic gap at the core of the discipline: the absence of the body (Lock 1993a).

Insofar as it was treated at all, the body figured in the writings of social anthropologists and sociologists as a medium on which to inscribe symbols and homologies of the social order. The body "naturalized" the social order, making society and its social categories and hierarchies appear unquestionably real, certain, and existentially given. In many of these early social anthropological monographs in which the body in health and illness appears, the authors were ostensibly studying religion, ritual, witchcraft, comparative modes of thinking, and so on, and they discovered that the body was "good to think with." The best-known examples are undoubtedly E. E. Evans-Pritchard's *Witchcraft, Oracles and Magic among the Azande* (1937), Victor Turner's *Forest of Symbols* (1967) and *Drums of Affliction* (1968), and *Purity and Danger* by Mary Douglas

(1966). Though the body was invoked in these studies, it was conceptualized as little more than a passive participant, part of the domain of the natural sciences but attached to a lively, responsive, nomadic mind, the true agent of culture.

Had social anthropologists taken the study of Durkheim on anomie theory, Marx on alienation theory, or even Freud on conversion hysterias more seriously, or had they anticipated the insights of Foucault or the rise of feminist and literary criticism, they might have participated in the emergence of the body as the primary action zone of the late twentieth century. As it was, however, social anthropology's belated awakening to the theoretical significance of the body came largely through the empirical studies of medical anthropologists laboring in the clinics, hospitals, fields, and factories among people whom sickness, madness, pain, disability, and distress had rendered critically reflexive as well as often negatively and oppositionally situated in relation to a given social and moral order. It was in these "clinics" that medical anthropologists, often criticized by other anthropologists for their lack of theoretical sophistication, developed concepts such as sickness as cultural performance (Frankenberg 1986), body praxis (Scheper-Hughes 1993), local biologies (Lock 1993b), illness as aesthetic object (Good 1994), and body mnemonics (Comaroff 1985; Boddy 1989) in understanding the social and political relations of illness.

TOWARD A CRITICAL-INTERPRETIVE PERSPECTIVE IN MEDICAL ANTHROPOLOGY

A major division in theoretical approach has crystalized over the past twenty years or more within the social sciences around the question of whether "facts" about the world are uncovered or whether, on the other hand, they are produced as a result of interaction between researcher with the subject of research. Much of the work in contemporary medical anthropology, along with the classical social anthropological monographs, falls into the first of these two camps. That is, it is assumed by conventional medical anthropologists that rigorous empirical research will lead to a truthful representation of the objects under study (D'Andrade 1995). While much of this research may be culturally sensitive and designed to show that nonliterate peoples, immigrants, and refugees are rational beings, there is a striking lack of awareness in these "objectivist" studies of the ways in which the culture of science structures the kind of questions asked. As Allan Young pointed out, "Epistemological scrutiny is suspended for Western social science and Western medicine" (1982:260). Whereas one can nurture a cultural analysis of traditional medical systems, biomedicine by virtue of its "scientific" nature is held privileged and exempt from such an analysis. How could an anthropology of religion have developed if Christianity were exempt from cultural analysis and its premises left unexamined and unquestioned? Yet this is precisely what happened to medical anthropology. Critical research on the body, illness, and healing was stymied for many generations by a prohibition against examining, and therefore "bracketing," some of the most essentializing

and universalizing Western epistemological assumptions underlying the theory and practice of biomedicine.

When medicine is exempt from cultural analysis, several assumptions usually follow: that nature and culture are dichotomous categories, that it is possible to understand the natural world logically and rationally through the application of science, and that technological mastery will eventually be obtained over nature including the human body. With respect to health and illness, this objectivist perspective assumes that the entire range of human explanations and practices regarding health, illness, disease, and death, from evil eye beliefs to the chanting of sutras in a temple, can be rendered superfluous through universal education in public health and human biology and through the availability of affordable Western medical care. The objectivists would agree with Susan Sontag that "the most truthful way of regarding illness—and the healthiest way of being ill—is one purified of, most resistant to metaphoric thinking" (1978:3).

Here we wish to advance an alternative theoretical position, one that begins from a recognition of the fundamental epistemological irreconcilability of anthropological and dominant biomedical ways of knowing and seeing. Most anthropological knowledge is fundamentally esoteric (concerned with difference, basic strangeness, and Otherness), local (in the Geertzian sense), symbolic, and doggedly relativist. Much biomedical knowledge remains intrinsically universal, objectivist, and radically materialist/reductionist—the result of its lingering Cartesian heritage. Whereas biomedicine, in theory if not always in practice, presupposes a universal, a historical subject, critically interpretive medical anthropologists are confronted with rebellious and "anarchic" bodies—bodies that refuse to conform (or submit) to presumably universal categories and concepts of diseases, distress, and medical efficacy.

This other side of the theoretical divide is less concerned with orderly explanations and more with the understanding of social life as the "negotiation of meanings" (Marcus and Fisher 1986:26). It is part of a broader movement in which reductionist science as a whole, including biomedicine, has been reappraised as a product of its specific historical and cultural contexts (Lock and Gordon 1988; Mulkay 1979; Toulmin 1982). Here, rather than simply the study of "alternative" medical systems and practices, medical anthropology becomes a much more radical undertaking: the way in which all knowledge relating to the body, health, and illness is culturally constructed, negotiated, and renegotiated in a dynamic process through time and space.

Every attempt is made to avoid a conversion of the dialogue that takes place between informants and the anthropologist into categories that originate in Western medical thought, although ultimately it is usually recognized that it is important to go beyond a position of extreme cultural relativism. Moreover, the anthropologist is highly sensitive to the way in which representation of the other is, in effect, a fiction, a document created out of an ongoing dialogue. Rabinow sums up this approach in the following way: "The ethical is the guiding value. This is an oppositional position, one suspicious of sovereign powers, universal

truths, overly relativized preciousness, local authenticity, moralisms, high and low. Understanding is its second value, but an understanding suspicious of its own imperial tendencies. It attempts to be highly attentive (and respectful of) difference, but is also wary of the tendency to essentialize difference" (1986: 258). To this extent, medical anthropology is no different from the general field of critical-interpretive anthropology. But one ever-present constraining and irreducible fact is rather special to medical anthropology: that of the sentient human body.

Metaphorically, flights of fancy come crashing down in the face of the anguish and pain that often surround birth, illness, and death. The relationship between theory and practice takes on special meaning in such a context. The medical anthropologist is repeatedly studying situations where drama is commonplace and action deemed imperative. Hence, the work of the medical anthropologist rarely stops at an ethnographic description of medical theories and practice but extends willy-nilly into the world of decision making and action. Biomedical technology (some of it equal or superior to traditional therapies) is available to some extent in most parts of the world today. Clearly everyone should have an opportunity to benefit from this technology. One of the biggest challenges for medical anthropology is to come to terms with biomedicine, to acknowledge its efficacy when appropriate while retaining a constructively critical stance. At the same time it is necessary to be critical, at times, of the cultural values and tradition of the societies under study. The webs of culture that people spin and have spun about them are essential for the functioning of humankind in social groups. We cannot strip all metaphor away, as Sontag suggests. However, wherever inequalities and hierarchy are institutionalized, they will of necessity be imposed by means of a dominant cultural ideology, which is likely to inflict a negative self-image, distress, and often ill health on the underprivileged and disenfranchised. Today we have the intellectual freedom and impetus to sort out harmful discourse from that indispensable to the continuity of cooperative social groups. The medical anthropologist must tread lightly between the poles of cultural interpreter and cultural critic, defender of tradition and broker for change.

The task of a critical-interpretive medical anthropology is, first, to describe the culturally constructed variety of metaphorical conceptions (conscious and unconscious) about the body and associated narratives and then to show the social, political, and individual uses to which these conceptions are applied in practice. By this approach, medical knowledge is not conceived of as autonomous but is rooted in and continually modified by practice and social and political change. Medical knowledge is, of course, also constrained (but not determined) by the structure and functioning of the human body. A medical anthropologist therefore attempts to explore the notion of "embodied personhood" (Turner 1986:2): the relationship of cultural beliefs and practices in connection with health and illness to the sentient human body.

In this chapter we will set out a critical-interpretive perspective in which we draw for inspiration upon some facets of general anthropological discourse about

the body. We believe that insofar as medical anthropology fails to consider the way in which the human body itself is culturally constructed, it is destined to fall prey to certain assumptions characteristic of biomedicine. Foremost among these assumptions is the much-noted Cartesian dualism that separates mind from body, spirit from matter, and real (that is, measurable) from unreal. Since this epistemological tradition is a cultural and historical construction and not one that is universally shared, it is essential that we begin by examining this assumption.[1]

THE THREE BODIES

> The body is the first and most natural tool of man.
>
> —Marcel Mauss (1979 [1950]).

Essential to our task is a consideration of the relations among what we will refer to here as the "three bodies."[2] At the first and perhaps most self-evident level is the individual body, understood in the phenomenological sense of the lived experience of the body-self. We may reasonably assume that all people share at least some intuitive sense of the embodied self as existing apart from other individual bodies (Mauss 1985[1938]). However, the constituent parts of the body—mind, matter, psyche, soul, self—and their relations to each other and the ways in which the body is experienced in health and sickness are highly variable.

At the second level of analysis is the social body, referring to the representational uses of the body as a natural symbol with which to think about nature, society, and culture (Douglas 1970). Here our discussion follows the well-trodden path of social, symbolic, and structuralist anthropologists who have demonstrated a constant exchange of meanings between the natural and the social worlds. The body in health offers a model of organic wholeness; the body in sickness offers a model of social disharmony, conflict, and disintegration. Reciprocally, society in "sickness" and in "health" offers a model for understanding the body.

At the third level of analysis is the body politic, referring to the regulation, surveillance, and control of bodies (individual and collective) in reproduction and sexuality, work, leisure, and sickness. There are many types of polity, ranging from the acephalous groupings of "simple" foraging societies, in which deviants may be simply ignored or else punished by total social ostracism and consequently by death (see Briggs 1970; Turnbull 1962), through to chieftainships, monarchies, oligarchies, democracies, and modern totalitarian states. In each of these polities the stability of the body politic rests on its ability to regulate populations (the social body) and to discipline individual bodies. A great deal has been written about the regulation and control of individual and social bodies in complex, industrialized societies. Michel Foucault's work is

exemplary in this regard (1973, 1975, 1979, 1980c). Less has been written about the ways in which preindustrial societies control their populations and institutionalize means for producing docile bodies and pliant minds in the service of some definition of collective stability, health, and social well-being.

The following analysis will move back and forth between a discussion of "the bodies" as a useful heuristic concept for understanding cultures and societies, on the one hand, and for increasing knowledge of the cultural sources and meanings of health and illness, on the other.

THE INDIVIDUAL BODY

How Real Is Real? The Cartesian Legacy

A singular premise guiding Western science and clinical medicine (and one, we hasten to add, that is responsible for its efficacy) is its commitment to a fundamental opposition between spirit and matter, mind and body, and (underlying this) real and unreal. We are reminded of a presentation that concerned the case of a middle-aged woman suffering from chronic and debilitating headaches. In halting sentences the patient explained before the large class of first-year medical students that her husband was an alcoholic who occasionally beat her, that she had been virtually housebound for the past five years looking after her senile and incontinent mother-in-law, and that she worried constantly about her teenage son, who was flunking out of high school. Although the woman's story elicited considerable sympathy from the students, one young woman finally interrupted the professor to demand, "But what is the real cause of the headaches?"

The medical student, like many of her classmates, interpreted the stream of social information as extraneous and irrelevant to the real biomedical diagnosis. She wanted information on the neurochemical changes, which she understood as constituting the true causal explanation. This kind of radically materialist thinking is the product of a Western epistemology extending as far back as Aristotle's starkly biological view of the human soul in *De Anima.* As a basis for clinical practice, it can be found in the Hippocratic corpus (ca. 400 B.C.)[3] Hippocrates and his students were determined to eradicate the vestiges of magicoreligious thinking about the human body and to introduce a rational basis for clinical practice that would challenge the power of the ancient folk healers or "charlatans" and "magi," as Hippocrates labeled his medical competitors. In a passage from his treatise on epilepsy, ironically entitled "On the Sacred Disease," Hippocrates (Adams 1939:355–56) cautioned physicians to treat only what was observable and palpable to the senses: "I do not believe that the so-called Sacred Disease is any more divine or sacred than any other disease, but that on the contrary, just as other diseases have a nature and a definite cause, so does this one, too, have a nature and a cause. . . . It is my opinion that those

who first called this disease sacred were the sort of people that we now call 'magi.' "

The natural-supernatural, real-unreal dichotomy has taken many forms over the course of Western history and civilization, but it was the philosopher-mathematician René Descartes (1596–1650) who most clearly formulated the ideas that are the immediate precursors of contemporary biomedical conceptions about the human organism. Descartes was determined to hold nothing as true until he had established the grounds of evidence for accepting it as such. The single category to be taken on faith was the existence of the thinking being, expressed in Descartes' dictum: "Cogito, ergo sum" ("I think, therefore I am"). He then used the concept of the thinking being to establish "proof" for the existence of God whom, Descartes believed, had created the physical world. Descartes, a devout Catholic, stated that one should not question that which God had created; however, by creating a concept of mind, Descartes was able to reconcile his religious beliefs with his scientific curiosity. The higher "essence" of man, the rational mind, was thus extracted from nature, allowing a rigorous objective examination of nature, including the human body, for the first time in Western history. This separation of mind and body, the so-called Cartesian dualism, freed biology to pursue the kind of radically materialist thinking expressed by the medical student, an approach that has permitted the development of the natural and clinical sciences as we know them today.

The Cartesian legacy to clinical medicine and to the natural and social sciences is a rather mechanistic conception of the body and its functions and a failure to conceptualize a "mindful" causation of somatic states. It would take a struggling psychoanalytic psychiatry and the gradual development of psychosomatic medicine in the early twentieth century to begin the task of reuniting mind and body in clinical theory and practice. Yet even in psychoanalytically informed psychiatry and in psychosomatic medicine, there is a tendency to categorize and treat human afflictions as if they were either wholly organic or wholly psychological in origin: "it" is in the body or "it" is in the mind (Kirmayer 1988). In her analysis of multidisciplinary case conferences on chronic pain patients, for example, Kitty Corbett (1986) discovered the intractability of Cartesian thinking among sophisticated clinicians. These physicians, psychiatrists, and clinical social workers "knew" that pain was "real," whether or not the source of it could be verified by diagnostic tests. Nonetheless, they could not help but express evident relief when a "true" (single, generally organic) cause could be discovered. Moreover, when diagnostic tests indicated some organic explanation, the psychological and social aspects of the pain tended to be all but forgotten, and when severe psychopathology could be diagnosed, the organic complications and indexes tended to be ignored. Pain, it seems, was either physical or mental, biological or psychosocial—never both or something not quite either.

As both medical anthropologists and clinicians struggle to view humans and the experience of illness and suffering from an integrated perspective, they often

find themselves trapped by the Cartesian legacy. We lack a precise vocabulary with which to deal with mind-body-society interactions and so are left suspended in hyphens, testifying to the disconnectedness of our thoughts. We are forced to resort to such fragmented concepts as the "biosocial" or the "psychosomatic" as altogether feeble ways of expressing the many forms in which the mind speaks through the body and the ways in which society is inscribed on the expectant canvas of human flesh. As Milan Kundera (1984:15) observed: "The rise of science propelled man into tunnels of specialized knowledge. With very step forward in scientific knowledge, the less clearly he could see the world as a whole or his own self." Ironically, conscious attempts to temper the materialism and reductionism of biomedical science often end up inadvertently recreating the mind-body opposition in a new form. For example, a distinction between disease and illness was elaborated in an effort to distinguish the biomedical conception of "abnormalities in the structure and/or function of organs and organ systems" (disease) from the patients' subjective experience of malaise (illness) (Eisenberg 1977). While this paradigm has certainly helped to sensitize both clinicians and social scientists to the social origins of sickness, one unanticipated effect has been that physicians now often claim both aspects of the sickness experience for the medical domain. As a result, the illness dimension of human distress is being medicalized and individualized rather than politicized and collectivized (see Scheper-Hughes and Lock 1986; Lock 1978b). Medicalization inevitably entails a missed identification between the individual and the social bodies and a tendency to transform the social into the biological.

Mind-body dualism is related to other conceptual oppositions in Western epistemology, such as those between nature and culture, passion and reason, individual and society—dichotomies that social thinkers as different as Emile Durkheim, Marcel Mauss, Karl Marx, and Sigmund Freud understood as inevitable and often unresolvable contradictions and as natural and universal categories. Although Durkheim was primarily concerned with the relationship of the individual to society, he devoted some attention to the mind-body, nature-society dichotomies. In *The Elementary Forms of the Religious Life* Durkheim wrote that "man is double" (1961[1915]:29), referring to the biological and the social. The physical body provided for the reproduction of society through sexuality and socialization. For Durkheim society represented the "highest reality in the intellectual and moral order." The body was the storehouse of emotions that were the raw materials, the stuff, out of which mechanical solidarity was forged in the interests of the collectivity. Building on Durkheim, Mauss wrote of the "dominion of the conscious [will] over emotion and unconsciousness" (1979[1950]:122). The degree to which the random and chaotic impulses of the body were disciplined by social institutions revealed the stamp of higher civilizations.

Freud introduced yet another interpretation of the mind-body, nature-culture, individual-society set of oppositions with his theory of dynamic psychology: the individual at war within himself. Freud proposed a human drama in which nat-

ural, biological drives locked horns with the domesticating requirements of the social and moral order. The resulting repressions of the libido through a largely painful process of socialization produced the many neuroses of modern life. Psychiatry was called on to diagnose and treat the disease of wounded psyches whose egos were not in control of the rest of their minds. *Civilization and Its Discontents* may be read as a psychoanalytic parable concerning the mind-body, nature-culture, and individual-society oppositions in Western epistemology.

For Marx and his associates the natural world existed as an external, objective reality that was transformed by human labor. Humans distinguish themselves from animals, Marx and Engels wrote, "as soon as they begin to produce their means of subsistence" (1970:42). In *Capital* Marx wrote that labor humanizes and domesticates nature. It gives life to inanimate objects, and it pushes back the natural frontier, leaving a human stamp on all that it touches.

Although the nature-culture opposition has been interpreted as the "very matrix of Western metaphysics" (Benoist 1978:59) and has "penetrated so deeply . . . that we have come to regard it as natural and inevitable" (Goody 1977:64), there have always been alternative ontologies. One of these is surely the view that culture is rooted in (rather than against) nature, imitating it and emanating directly from it. Cultural materialists, for example, have tended to view social institutions as adaptive responses to certain fixed, biological foundations. M. Harris (1974, 1979) refers to culture as a "banal" or "vulgar" solution to the human condition insofar as it "rests on the ground and is built up out of guts, sex, energy" (1974:3). Mind collapses into body in these formulations.

Similarly, some human biologists and psychologists have suggested that the mind-body, nature-culture, and individual-society oppositions are natural (and presumed universal) categories of thinking insofar as they are a cognitive and symbolic manifestation of human biology. R. E. Ornstein (1973), for example, understands mind-body dualism as an overly determined expression of human brain lateralization. According to this view, the uniquely human specialization of the brain's left hemisphere for cognitive, rational, and analytic functions and of the right hemisphere for intuitive, expressive, and artistic functions within the context of left hemisphere dominance sets the stage for the symbolic and cultural dominance of reason over passion, mind over body, culture over nature, and male over female. This kind of biological reductionism is, however, rejected by most contemporary social anthropologists, who stress instead the cultural sources of these oppositions in Western thought.

We should bear in mind that our epistemology is but one among many systems of knowledge regarding the relations held to obtain among mind, body, culture, nature, and society. For example, some non-Western civilizations have developed alternative epistemologies that tend to conceive of relations among similar entities in monistic rather than in dualistic terms. Representations of holism in non-Western epistemologies in defining relationships between any set of concepts or principles of exclusion and inclusion come into play. Representations of holism and monism tend toward inclusiveness. Two representations

of holistic thought are particularly common. The first is a conception of harmonious wholes in which everything from the cosmos down to the individual organs of the human body is understood as a single unit. This is often expressed as the relationship of microcosm to macrocosm in which the relationship of parts to the whole is emphasized. A second representation of holistic thinking is that of complementary (not opposing) dualities in which contrasts are made between paired entities within the whole. One of the better-known representations of balanced complementarity is the ancient Chinese yin-yang cosmology, which first appears in the *I Ching* somewhat before the third century B.C. In this view, the entire cosmos, including the human body, is understood as poised in a state of dynamic equilibrium, oscillating between the poles of yin and yang, masculine and feminine, light and dark, hot and cold. The tradition of ancient Chinese medicine acquired the yin-yang cosmology from the Taoists and from Confucianism a concern with social ethics, moral conduct, and the importance of maintaining harmonious relations among individuals, family, community, and state. Conceptions of the healthy body were patterned after the healthy state. In both there is an emphasis on order, harmony, balance, and hierarchy within the context of mutual inter-dependencies. The health of individuals depends on a balance in the natural world, and the health of each organ depends on its relationship to all other organs. Nothing can change without changing the whole (Unschuld 1985).

Islamic cosmology, a synthesis of early Greek philosophy, Judeo-Christian concepts, and prophetic revelations set down in the Qur'an, depicts humans as having dominance over nature, but this potential opposition is tempered by a sacred worldview that stresses the complementarity of all phenomena (Jachimowicz 1975; Shariati 1979). At the core of Islamic belief lies the unifying concept of Towhid, which Shariati argues should be understood as going beyond the strictly religious meaning of "God is one, no more than one" to encompass a worldview that represents all existence as essentially monistic. Guided by the principle of Towhid, humans are responsible to one power, answerable to a single judge, and guided by one principle: the achievement of unity through the complementarities of spirit and body, this world and the hereafter, substance and meaning, natural and supernatural, and so on.

The concept in Western philosophical traditions of an observing and reflexive "I," a mindful self that stands outside the body and apart from nature, is another heritage of Cartesian dualism that contrasts sharply with a Buddhist form of subjectivity and relation to the natural world. In writing about the Buddhist Sherpas of Nepal, Robert Paul suggests that they do not perceive their interiority or their subjectivity as "hopelessly cut off and excluded from the rest of nature, but [rather as] . . . connected to, indeed identical with, the entire essential being of the cosmos" (1976:131). In Buddhist traditions the natural world (the world of appearances) is a product of mind, in the sense that the entire cosmos is essentially "mind." Through meditation, individual minds can merge with the universal mind. Understanding is reached not through analytic methods but

rather through an intuitive synthesis, achieved in moments of transcendence that are beyond speech, language, and the written word.

The Buddhist philosopher Suzuki (1960) contrasted Eastern and Western aesthetics and attitudes toward nature by comparing two poems, a seventeenth-century Japanese haiku and a nineteenth-century poem by Alfred Tennyson. The Japanese poet wrote:

> When I look carefully
> I see the nazuna blooming
> By the hedge!

In contrast, Tennyson wrote:

> Flower in the crannied wall,
> I pluck you out of the crannies,
> I hold you here, root and all, in my hand,
> Little flower—but if I could understand
> What you are, root and all, and all in all,
> I should know what God and man is.

Suzuki observes that the Japanese poet, Basho, does not pluck the nazuna but is content to admire it from a respectful distance; his feelings are "too full, too deep, and he has no desire to conceptualize it" (1960:3). Tennyson, in contrast, is active and analytical. He rips the plant by its roots, destroying it in the very act of admiring it. "He does not apparently care for its destiny. His curiosity must be satisfied. As some medical scientists do, he would vivisect the flower" (Suzuki 1960:3). Tennyson's violent imagery is reminiscent of Francis Bacon's description of the natural scientist as one who must "torture nature's secrets from her" and make her a "slave" to mankind (Merchant 1980:169). Principles of monism, holism, and balanced complementarity in nature, which can temper perceptions of opposition and conflict, have largely given way to the analytic urge in the recent history of Western culture.

Person, Self, and Individual

The relation of individual to society, which has occupied so much of contemporary social theory, is based on a perceived "natural" opposition between the demands of the social and moral order and egocentric drives, impulses, wishes, and needs. The individual-society opposition, while fundamental to Western epistemology, is also rather unique to it. Clifford Geertz has argued that the Western conception of the person "as a bounded, unique . . . integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgment, and action . . . is a rather peculiar idea within the context of the world's cultures" (1984:126). In fact, the modern conception of the individual self is of

recent historical origin, even in the West. It was only with the publication in 1690 of John Locke's *Essay Concerning Human Understanding* that we have a detailed theory of the person that identifies the I or the self with a state of permanent consciousness that is unique to the individual and stable through the life span until death (Webel 1983:399).

Though not as detailed perhaps, it would nonetheless be difficult to imagine a people completely devoid of some intuitive perception of the independent self. We think it reasonable to assume that all humans are endowed with a self-consciousness of mind and body, with an internal body image, and with what neurologists have identified as the proprioceptive or sixth sense, our sense of body self-awareness, of mind-body integration, and of being-in-the-world as separate and apart from other human beings. David Winnicot regards the intuitive perception of the body-self as "naturally" placed in the body, a precultural given (1971:48). While this seems a reasonable assumption, it is important to distinguish this universal awareness of the individual body-self from the social conception of the individual as "person," a construct of jural rights and moral accountability (LaFontaine 1985:124). *La personne morale,* as Mauss (1985[1938]) phrased it, is the uniquely Western notion of the individual as a quasi-sacred, legal, moral, and psychological entity whose rights are limited only by the rights of other equally autonomous individuals.

Modern psychologists and psychoanalysts (Winnicot among them) have tended to interpret the process of individuation, defined as a gradual estrangement from parents and other family members, as a necessary stage in the human maturation process (see also Johnson 1985; DeVos, Marsella, and Hsu 1985:3–5). This is, however, a culture-bound notion of human development and one that conforms to fairly recent conceptions of the relation of the individual to society.

In Japan, although the concept of individualism has been debated vigorously since the end of the last century, the Confucian heritage is still evident today in that it is the family that is considered the most natural, fundamental unit of society, not the individual. Consequently, the greatest tension in Japan for at least the past four hundred years has been between one's obligations to the state and one's obligations to the family.

The philosophical traditions of Shintoism and Buddhism have also militated against Japanese conceptions of individualism. The animism of Shinto fosters feelings of identification with nature, and many of the techniques of Buddhist contemplation encourage detachment from earthly desires. Neither tradition encourages the development of a highly individuated self.

Japan has been repeatedly described as a culture of social relativism, in which the person is understood as acting within the context of a social relationship, never simply autonomously (Lebra 1976; Smith 1983). One's self-identity changes with the social context, particularly within the hierarchy of social relations at any time. The child's identity is established through the responses of others; conformity and dependency, even in adulthood, are not understood as

signs of weakness but rather as the result of inner strength (Reischauer 1977: 152). But one fear haunts may contemporary Japanese: that of losing oneself completely, of becoming totally immersed in social obligations. One protective device is a distinction made between the external self *(tatemae)*—the persona, the mask, the social self that one presents to others—and a more private *(honne)*, that "natural" hidden self. Clifford Geertz has described a similar phenomenon among the Javanese and Balinese (1984:127–28).

Kenneth Read argues that the Gahuku-Gama of New Guinea lack a concept of the person altogether: "Individual identity and social identity are two sides of the same coin" (1955:276). He maintains that there is no awareness of the individual apart from structured social roles and no concept of friendship, that is, a relationship between two unique individuals that is not defined by kinship, neighborhood, or other social claims. Gahuku-Gama seem to define the self, insofar as they do so at all, in terms of the body's constituent parts: limbs, facial features, hair, bodily secretions, and excretions. Of particular significance is the Gahuku-Gama conception of the social skin, which includes both the covering of the body and the person's social and character traits. References to one's "good" or "bad" skin indicate a person's moral character or even a person's temperament or mood. Gahuku-Gama seem to experience themselves most intensely when in contact with others and through their skins (see also LaFontaine 1985:129–30).

Such sociocentric conceptions of the self have been widely documented for many parts of the world (see Shweder and Bourne 1982; Devisch 1985; Fortes 1959; Harris 1978) and have relevance to ethnomedical understanding. In cultures and societies lacking a highly individualized or articulated conception of the body-self, it should not be surprising that sickness is often explained or attributed to malevolent social relations (that is, sorcery), to the breaking of social and moral codes, or to disharmony within the family or the village community. In such societies therapy, too, tends to be collectivized. The !Kung of Botswana engage in weekly healing trance-dance rituals that are viewed as both curative and preventive (Katz 1982). Lorna Marshall has described the dance as "one concerted religious act of the !Kung [that] brings people into such union that they become like one organic being" (1965:270).

In contrast to societies in which the individual body-self tends to be fused with or absorbed by the social body, there are societies that view the individual as comprising a multiplicity of selves. The Bororo (like the Gahuku-Gama) understand the individual only as reflected in relationship to other people. Hence, the person consists of many selves: the self as perceived by parents, by other kinsmen, by enemies, and so forth. The Cuna Indians of Panama say they have eight selves, each associated with a different part of the body. A Cuna individual's temperament is the result of domination by one of these aspects or parts of the body. An intellectual is one who is governed by the head, a thief governed by the hand, a romantic by the heart, and so forth.

Finally, the Zinacanteco soul has thirteen divisible parts. Each time a person

"loses" one or more parts, he or she becomes ill, and a curing ceremony is held to retrieve the missing pieces. At death the soul leaves the body and returns to whence it came—a soul "depository" kept by the ancestral gods. This soul pool is used for the creation of new human beings, each of whose own soul is made up of thirteen parts from the life force of other previous humans. A person's soul force and his or her self is therefore a composite, a synthesis "borrowed" from many other humans. There is no sense that each Zinacanteco is a "brand-new" or totally unique individual; rather, each person is a fraction of the whole Zinacanteco social world. Moreover, the healthy Zinacanteco is one who is in touch with the divisible parts of himself or herself (Vogt 1969:396–374).

While in the industrialized West there are only pathologized explanations of dissociative states in which one experiences more than one self, in many non-Western cultures, individuals can experience multiple selves through the practice of spirit possession and other altered states of consciousness. Such ritualized and controlled experiences of possession are sought after throughout the world as valued forms of religious experience and therapeutic behavior. To date, however, psychological anthropologists have tended to "pathologize" these altered states as manifestations of unstable or psychotic personalities. The Western conception of one individual, one self effectively disallows ethnopsychologies that recognize as normative a multiplicity of selves.

Body Imagery

Closely related to conceptions of self (perhaps central to them) is what psychiatrists have labeled body image (Schilder 1970 [1950]; Horowitz 1966). Body image refers to the collective and idiosyncratic representations an individual entertains about the body in its relationship to the environment, including internal and external perceptions, memories, affects, cognitions, and actions. The existing literature on body imagery (although largely psychiatric) has been virtually untapped by medical anthropologists, who could benefit from attention to body boundary conceptions, distortions in body perception, and so on.

Some of the earliest and best work on body image was contained in clinical studies of individuals suffering from extremely distorted body perceptions that arose from neurological, organic, or psychiatric disorders (Head 1920; Schilder 1970 [1950]; Luria 1972). The inability of some so-called schizophrenics to distinguish self from other or self from inanimate objects has been analyzed from psychoanalytic and phenomenological perspectives (Minkowski 1958; Binswanger 1958; Laing 1965; Basaglia 1964). Oliver Sacks (1973[1970], 1985) also has written about rare neurological disorders that wreak havoc with the individual's body image, producing deficits and excesses, as well as metaphysical transports in mind-body experiences. Sacks's message throughout his poignant medical case histories is that humanness is not dependent on rationality or intelligence—that is, an intact mind. There is, he suggests, something intangible,

a soul force or mind-self that produces humans even under the most devastating assaults on the brain, nervous system, and sense of bodily or mindful integrity.

While profound distortions in body imagery are rare, neurotic anxieties about the body, its orifices, boundaries, and fluids are quite common. S. Fisher and S. Cleveland (1958) demonstrated the relationship between patients' "choice" of symptoms and body image conceptions. The skin, for example, can be experienced as a protective hide and a defensive armor protecting the softer and more vulnerable internal organs. In the task of protecting the inside, however, the outside can take quite a beating, manifested in skin rashes and hives. Conversely, the skin can be imagined as a permeable screen, leaving the internal organs defenseless and prone to attacks of ulcers and colitis.

Particular organs, body fluids, and functions may also have special significance to a group of people. The liver, for example, absorbs a great deal of blame for many different ailments among the French, Spanish, Portuguese, and Brazilians, but to our knowledge only the Pueblo Indians of the Southwest suffer from "flipped liver" (Leeman 1986). The English and the Germans are, by comparison, far more obsessed with the condition and health of their bowels. Allan Dundes takes the Germanic fixation with the bowels, cleanliness, and anality as a fundamental constellation underlying German national character (1984), while Jonathon Miller writes that "when an Englishman complains about constipation, you never know whether he is talking about his regularity, his lassitude, or his depression" (1978:45).

Blood is a nearly universal symbol of human life, and some people, both ancient and contemporary, have taken the quality of the blood, pulse, and circulation as the primary diagnostic sign of health or illness. The traditional Chinese doctor, for example, often made his diagnosis by feeling the pulse in both of the patient's wrists and comparing them with his own, an elaborate ritual that could take several hours. Loudell Snow (1974) has described the rich constellation of ethnomedical properties attached to the quality of the blood by poor black Americans, who suffer from "high" or "low," fast and slow, thick and thin, bitter and sweet blood. Uli Linke (1986) has analyzed the concept of blood as a predominant metaphor in European culture, especially its uses in political ideologies, such as during the Nazi era. Similarly, the multiple stigmas suffered by North American AIDS patients include a preoccupation with the "bad blood" of diseased homosexuals (Lancaster 1983).

Mother's milk assumes new cultural and symbolic meanings wherever subsistence economies have been replaced by wage labor. Scheper-Hughes (1992: 316–326) found that culture of breast feeding unraveled over a brief historical period in northern Brazilian sugar plantation society, including poor women's beliefs in the essential "goodness" of what comes out of their own "dirty," "disorganized," and "diseased" bodies compared to what comes from "clean," "healthy," "modern" objects, like cans of Nestlé's infant formula and clinic hypodermic needles and rehydration tubes. In terms of the "bricolage" that governs family formation in the shantytowns of Brazil, the ritual that

creates social fatherhood relocates baby's milk from mother's breasts, disdained by responsible, loving women, to the pretty cans of powdered milk formula (bearing corporate and state warnings about the dangers of the product that these illiterate women cannot read) carried into the homes by responsible, loving men. Paternity is transacted today through the gift of "male milk," that is, powdered milk. Father's milk, not his semen, is his means of conferring paternity and symbolically establishing the legitimacy of the child. Similarly Farmer (1988) has discussed the relationship between moral order and concepts of spoiled milk and bad blood in Haiti.

In short, ethnoanatomical perceptions, including body image, offer a rich source of data on both the social and cultural meanings of being human and on the various threats to health, well-being, and social integration that humans are believed to experience.

THE SOCIAL BODY

The Body as Symbol

Symbolic and structuralist anthropologists have demonstrated the extent to which humans find the body "good to think with." The human organism and its natural products of blood, milk, tears, semen, and excreta may be used as a cognitive map to represent other natural, supernatural, social, and even spatial relations. The body, as Mary Douglas observed, is a natural symbol supplying some of our richest sources of metaphor (1970:65). Cultural constructions of and about the body are useful in sustaining particular views of society and social relations.

Rodney Needham, for example, pointed out some of the frequently occurring associations between the left and that which is inferior, dark, dirty, and female, and the right and that which is superior, holy, light, dominant, and male. He called attention to such uses of the body as the convenient means of justifying particular social values and social arrangements, such as the "natural" dominance of males over females (1973:109). His point is that these common symbolic equations are not so much natural as they are useful, at least to those on the top and to the right.

Ethnobiological theories of reproduction usually reflect the character of their associated kinship system, as anthropologists have long observed. In societies with unilineal descent, it is common to encounter folk theories that emphasize the reproductive contributions of females in matrilineal and of males in patrilineal societies. The matrilineal Ashanti make the distinction between flesh and blood that is inherited through women and spirit that is inherited through males. The Brazilian Shavante, among whom patrilineages form the core of political factions, believe that the father fashions the infant through many acts of coitus, during which the mother is only passive and receptive. The fetus is "fully made," and conception is completed only in the fifth month of pregnancy. As

one Shavante explained the process to David Maybury-Lewis, while ticking the months off with his fingers: "Copulate. Copulate, copulate, copulate, copulate a lot. Pregnant. Copulate, copulate, copulate. Born" (1967:63).

Similarly, the Western theory of equal male and female contributions to conception that spans the reproductive biologies from Galen to Theodore Dobzhansky (1970) probably owes more to the theory's compatibility with the European extended and stem bilateral kinship system than to scientific evidence, which was lacking until relatively recently. The principle of one father, one mother, one act of copulation leading to each pregnancy was part of the Western tradition for more than a thousand years before the discovery of spermatozoa (in 1677) and the female ova (in 1828) and before the actual process of human fertilization was fully understood and described (in 1875) (Barnes 1973:66). For centuries the theory of equal male and female contributions to conception was supported by the erroneous belief that females had the same reproductive organs and functions as males, except that, as one sixth-century bishop put it, "theirs are inside the body and not outside it" (Laqueur, 1986:3). To a great extent, talk about the body and about sexuality tends to be talk about the nature of society.

Of particular relevance to medical anthropologists are the frequently encountered symbolic equations between conceptions of the healthy body and the healthy society, as well as the diseased body and the malfunctioning society. John Janzen (1981) has noted that every society possesses a utopian conception of health that can be applied metaphorically from society to body and vice versa. One of the most enduring ideologies of individual and social health is that of a vital balance and harmony such as are found in the ancient medical systems of China, Greece, India, and Persia, in contemporary Native American cultures of the Southwest (Shutler 1979), and also the holistic health movement of the twentieth century (Grossinger 1980). Conversely, illness and death can be attributed to social tensions, contradictions, and hostilities, as manifested in Mexican peasants' image of the limited good (Foster 1965), in the hot-cold syndrome and symbolic imbalance in Mexican folk medicine (Currier 1969), and in such folk idioms as witchcraft, evil eye, or "stress" (Scheper-Hughes and Lock 1986; Young 1980). Each of these beliefs exemplifies links between the health or illness of the individual body and the social body.

The Embodied World

One of the most common and richly detailed symbolic uses of the human body in the non-Western world is the personification of the spaces in which humans reside. The Qollahuayas live at the foot of Mt. Kaata in Bolivia and are known as powerful healers, the "lords of the medicine bag." They "understand their own bodies in terms of the mountain, and they consider the mountain in terms of their own anatomy" (Bastien 1985:598). The human body and the mountain consist of interrelated parts: head, chest and heart, stomach and viscera, breast and nipple. The mountain, like the body, must be fed blood and fat

feelings, wishes, and actions of others, including spirits and dead ancestors. The body is not understood as a complex machine but rather as a microcosm of the universe.

As Manning and Fabrega note, what is perhaps most significant about the symbolic and metaphorical extension of the body into the natural, social, and supernatural realms is that it demonstrates a unique kind of human autonomy that seems to have all but disappeared in the modern, industrialized world. The confident uses of the body in speaking about the external world convey a sense that humans are in control. It is doubtful that the Colombian Qollahuayas or the Desana or the Dogon experience anything to the degree of body alienation, so common to Western civilization, as expressed in the schizophrenias, anorexias, and bulimias or the addictions, obsessions, and fetishisms of life in the postindustrialized world.

The mind-body dichotomy and body alienation characteristic of contemporary society may be linked not simply to reductionistic post-Cartesian thinking but also to capitalist modes of production in which manual and mental labors are divided and ordered into a hierarchy. Human labor, thus divided and fragmented, is by Marxist definition "alienated." E. P. Thompson discusses the subversion of natural, body time to the clockwork regimentation and work discipline required by industrialization. He juxtaposes the factory worker, whose labor is extracted in minute, recorded segments, with the Nuer pastoralist, for whom the "daily timepiece is the cattle clock" (Evans-Pritchard 1940:100), or the Aran Islander, whose work is managed by the amount of time left before twilight (Thompson 1967:59).

Similarly, Pierre Bourdieu describes the "regulated improvisations" of Algerian peasants, whose movements roughly correspond to diurnal and seasonal rhythms. "At the return of the Azal (dry season)," he writes, "everything without exception, in the activities of men, women and children is abruptly altered by the adoption of a new rhythm" (1977:159). Everything from men's work to the domestic activities of women, to rest periods, and ceremonies, prayers, and public meetings is set in terms of the natural transition from the wet to the dry season. Doing one's duty in the village context means "respecting rhythms, keeping pace, not falling out of line" (1977:161) with one's fellow villagers. Although, as Bourdieu suggests, these peasants may suffer from a species of false consciousness (or "bad faith") that allows them to misrepresent to themselves their social world as the only possible way to think and to behave and to perceive as "natural" what are, in fact, self-imposed cultural rules, there is little doubt that these Algerian villagers live in a social and a natural world that has a decidedly human shape and feel to it. We might refer to their world as embodied.

In contrast, the world in which most of us live is lacking a comfortable and familiar human shape. At least one source of body alienation in advanced industrial societies is the symbolic equation of humans and machines, originating in our industrial modes and relations of production and in the commodity fet-

ishism of modern life, in which even the human body has been transformed into a commodity. Again, Manning and Fabrega capture this well: "In primitive society the body of man is the paradigm for the derivation of the parts and meanings of other significant objects; in modern society man has adopted the language of the machine to describe his body. This reversal, wherein man sees himself in terms of the external world, as a reflection of himself, is the representative formula for expressing the present situation of modern man" (1973: 283).

We rely on the body-as-machine metaphor each time we describe our somatic or psychological states in mechanistic terms, saying that we are "worn out" or "wound up" or when we say that we are "rundown" and that our "batteries need recharging." In recent years the metaphors have moved from a mechanical to an electrical mode (we are "turned off," "tuned in," we "get a charge" out of something), while the computer age has lent us a host of new expressions, including the all-too-familiar complaint: "my energy is down." Our point is that the structure of individual and collective sentiments down to the "feel" of one's body and the naturalness of one's position and role in the technical order is a social construct. Thomas Belmonte described the body rhythms of the factory worker: "The work of factory workers is a stiff military drill, a regiment of arms welded to metal bars and wheels. Marx, Veblen and Charlie Chaplin have powerfully made the point that, on the assembly line, man neither makes nor uses tools, but is continuous with tool as a minute, final attachment to the massive industrial machine" (1979:130). The machines have changed since those early days of the assembly line. One thinks today not of the brutality of huge grinding gears and wheels but rather of the sterile silence and sanitized pollution of the microelectronics industries to which the nimble fingers, strained eyes, and docile bodies of a new, largely female and Asian labor force are now melded. What has not changed to any appreciable degree is the relationship of human bodies to the machines under twentieth-century forms of industrial capitalism.

Non-Western and nonindustrialized people are "called upon to think the world with their bodies" (O'Neill 1985:151). Like Adam and Eve in the Garden, they exercise their autonomy, their power, by naming the phenomena and creatures of the world in their own image and likeness. By contrast, we live in a world in which the human shape of things (and even the human shape of humans with their mechanical hearts and plastic hips) is in retreat. While the cosmologies of nonindustrialized people speak to a constant exchange of metaphors from body to nature and back to body again, our metaphors speak of machine-to-body symbolic equations. O'Neill suggests that we have been "put on the machine" of biotechnology, some of us transformed by radical surgery and genetic engineering into "spare parts" or prosthetic humans (1985:153–54). Lives are saved, or at least deaths are postponed, but it is possible that our humanity is being compromised in the process.

THE BODY POLITIC

The relationship between individual and social bodies concerns more than metaphors and collective representations of the natural and the cultural. They are also about power and control. Mary Douglas (1966) contends, for example, that when a community experiences itself as threatened, it will respond by expanding the number of social controls regulating the group's boundaries. Points where outside threats may infiltrate and pollute the inside become the focus of regulation and surveillance. The three bodies—individual, social, and body politic—may be closed off, protected by a nervous vigilance about exits and entrances. Douglas had in mind witchcraft crazes, including the Salem trials, contemporary African societies, and even recent witch-hunts in the United States, to which we must now add the current concern about ritual abuse of children. In each of these instances, the body politic is likened to the human body in which what is "inside" is good and all that is "outside" is evil. The body politic under threat of attack is cast as vulnerable, leading to purges of traitors and social deviants, while individual hygiene may focus on the maintenance of ritual purity or on fears of losing blood, semen, tears, milk, or even one's life.

Threats to the continued existence of the social group may be real or imaginary. Even when the threats are real, however, the true aggressors may not be known, and witchcraft or sorcery can become the metaphor or the cultural idiom for distress. Shirley Lindenbaum (1979) has shown, for example, how an epidemic of kuru among the South Fore of New Guinea led to sorcery accusations and counteraccusations and attempts to purify both the individual and collective bodies of their impurities and contaminants. Leith Mullings suggests that witchcraft and sorcery were widely used in contemporary West Africa as "metaphors for social relations" (1984:164). In the context of a rapidly industrializing market town in Ghana, witchcraft accusations can express anxieties over social contradictions introduced by capitalism. Hence, accusations were directed at individuals and families, who, in the pursuit of economic success, appeared most competitive, greedy, and individualistic in their social relations. Mullings argues that witchcraft accusations are an inchoate expression of resistance to the erosion of traditional social values based on reciprocity, sharing, and family and community loyalty. She suggests that in the context of increasing commoditization of human life, witchcraft accusations point to social distortions and disease in the body politic generated by capitalism.

When the sense of social order is threatened, boundaries between the individual and political bodies become blurred, and there is a strong concern with matters of ritual and sexual purity, often expressed in vigilance over social and bodily boundaries. For example, in Ballybran, in rural Ireland, villagers were equally guarded about what they took into the body (as in sex and food) as they were about being "taken in" (as in "codding," flattery, and blarney) by outsiders, especially those with a social advantage over them. Concern with the

penetration and violation of bodily exits, entrances, and boundaries extended to material symbols of the body: the home, with its doors, gates, fences, and stone boundaries, around which many protective rituals, prayers, and social customs served to create social distance and a sense of personal control and security (Scheper-Hughes 1979).

In addition to controlling bodies in a time of crisis, societies regularly reproduce and socialize the kind of bodies that they need. Body decoration is a means through which social self-identities are constructed and expressed (Strathern and Strathern 1971). T. Turner developed the concept of the "social skin" to express the imprinting of social categories on the body-self (1980). For Turner, the surface of the body represents a "kind of common frontier of society which becomes the symbolic stage upon which the drama of socialization is enacted" (1980:112). Clothing and other forms of bodily adornment become the language through which cultural identity is expressed.

In our own increasingly "healthist" and body-conscious culture, the politically correct body for both sexes is the lean, strong, androgenous, and physically fit form through which the core cultural values of autonomy, toughness, competitiveness, youth, and self-control are readily manifest (Pollitt 1982). Health is increasingly viewed in the United States as an achieved rather than an ascribed status, and each individual is expected to "work hard" at being strong, fit, and healthy. Conversely, ill health is no longer viewed as accidental, a mere quirk of nature, but rather is attributed to the individual's failure to live right, to eat well, to exercise, and so forth. We might ask what it is our society wants from this kind of body. Lloyd DeMause (1984) has speculated that the fitness-toughness craze is a reflection of an international preparation for war. A hardening and toughening of the national fiber corresponds to a toughening of individual bodies. In attitude and ideology, the self-help and fitness movements articulate both a militarist and a social Darwinist ethos: the fast and fit win; the fat and flabby lose and drop out of the human race (Scheper-Hughes and Stein 1987). Robert Crawford (1980, 1984), however, has suggested that the fitness movement may reflect instead a pathetic and individualized (also wholly inadequate) defense against the threat of nuclear holocaust.

Rather than strong and fit, the politically (and economically) correct body can entail grotesque distortions of human anatomy, including in various times and places the bound feet of Chinese women (Daly 1978), the sixteen-inch waists of antebellum southern societies (Kunzle 1981), and the tuberculin wanness of nineteenth-century romantics (Sontag 1978). Crawford (1984) has interpreted the eating disorders and distortions in body image expressed in obsessional jogging, anorexia, and bulimia as a symbolic mediation of the contradictory demands of postindustrial American society. The double-binding injunction to be self-controlled, fit, and productive workers and to be at the same time self-indulgent, pleasure-seeking consumers is especially destructive to the self-image of the American woman. Expected to be fun-loving and sensual, she must also remain thin, lovely, and self-disciplined. Since one cannot be hedonistic and

controlled simultaneously, one can alternate phases of binge eating, drinking, and drugging with phases of jogging, purging, and vomitting. Out of this cyclical resolution of the injunction to consume and to conserve is born, according to Crawford, the current epidemic of eating disorders (especially bulimia) among young women, some of whom literally eat and diet to death.

Cultures are disciplines that provide codes and social scripts for the domestication of the individual body in conformity to the needs of the social and political order. Certainly the use of physical torture by the modern state provides the most graphic illustration of the subordination of the individual body to the body politic (Foucault 1979). The history of colonialism contains some of the most brutal instances of the political uses of torture and the "culture of terror" in the interests of economic hegemony (Taussig 1984, 1987; Peters 1985). Elaine Scarry suggests that torture is increasingly resorted to today by unstable regimes in an attempt to assert the "incontestable reality" of their control over the populace (1985:27).

The body politic can, of course, exert its control over individual bodies in less dramatic ways. Foucault's (1973, 1975, 1979, 1980c) analyses of the roles of medicine, criminal justice, psychiatry, and the various social sciences in producing new forms of power-knowledge over bodies are illustrative in this regard. The proliferation of disease categories and labels in medicine and psychiatry, resulting in ever more restricted definitions of the normal, has created a sick and deviant majority, a problem that medical and psychiatric anthropologists have been slow to explore. Radical changes in the organization of social and public life in advanced industrial societies, including the disappearance of traditional cultural idioms for the expression of individual and collective discontent (such as witchcraft, sorcery, rituals of reversal, and travesty), have allowed medicine and psychiatry to assume a hegemonic role in shaping and responding to human distress.

In all, Foucault has explored the "negativity" of the body, particularly the *destructive* effects of power relations on the socially and politically constituted body. In "Body/Power" Foucault (1980c:55) dismisses the conventional social anthropological notion of the body as socially constituted through a convergence of wills: "The phenomenon of the social body is the effect, not of social consensus, but of the materiality of power operating on the bodies of individuals." He demonstrates this most forcefully in his histories of medicine and psychiatry with their overproduction of medicalized bodies and psychologized and defeated sexualities (Foucault 1980a, 1980b).

The "Foucauldian body," as the nexus of power struggles originating in the "state" of things, is readily transferred to critically interpretive medical anthropology, where the body in question is more often afflicted, alienated, and suffering than it is ecstatic, decorated, and affirming. The Foucauldian question—"What kind of body does society want and need?"—has stimulated a great deal of critical thinking in contemporary medical anthropology.

But the body of Foucault's imagining is still, to a great extent, a body devoid

of subjectivity and lacking the experience of power and powerlessness. What is missing is the existential, lived experience of the practical and practicing human subject. Foucault's negative notion of the body leaves us with a project that is essentially "self-defeating" in that it ignores the lived experience of the body-self. It is this dimension, the self-conscious, often-alienated individual and collective experiences of the body-self that critically interpretive medical anthropology returns to anthropology in the form of the "mindful body." It does so through the pressure exerted by its very subject matter: suffering bodies that refuse to be merely aestheticized or metaphorized. In returning the missing, subjective body to the center of their inquiries, critical medical anthropologists invert the Foucauldian question to ask: "What kind of society does the body need, wish, and dream of?"

BODY PRAXIS

When illness and distress are conceptualized as conditions that occur to real people as they live out their lives in the context of specific social and cultural milieus, it becomes easier to envision distress as just one of the numerous everyday forms of resistance to what for many is the oppressive and monotonous daily round of labor and service. James Scott has pointed out that most subordinate classes throughout history have rarely been afforded the "luxury of open, organized political activity" (1985:xv). This argument can, of course, readily be extended to the situation of the majority of women. Political activity is in fact positively dangerous for most people; nevertheless, those who are relatively powerless put up a remarkable assortment of resistance, including "foot dragging, dissimulation, desertion, false compliance, pilfering, feigned ignorance, slander, arson, sabotage, and so on" (Scott 1985:xvi), to which we would add those types of institutionalized behavior that appear with great frequency in medical anthropological writings: accusations of witchcraft, sorcery, or the evil eye, gossip, the use of trance or organized rituals of reversal, and fantasy play. Physical distress and illness can also be thought of as acts of refusal or of mockery, a form of protest (albeit often unconscious) against oppressive social roles and ideologies. Of all the cultural options for the expression of dissent, the use of trance or illness is perhaps the safest way to portray opposition—an institutionalized space from which to communicate fear, anxiety, and anger because in neither case are individuals under normal circumstances held fully accountable for their condition (Boddy 1988, 1989; Lewis 1971; Comaroff 1985).

Of course, not all illness episodes are recognized as having political significance; mere ailments thought to be of no significance are recognized everywhere. Gilbert Lewis tells us, for example, that the Gnau of New Guinea say of some illnesses: "They just come," "he is sick nothingly," "he died by no purpose or intent" (Lewis 1975:179). The reductionistic, mechanistic explanations characteristic of mainstream biomedicine routinely ignore the social origins of illness problems (Taussig 1980a), and so too do the explanations often made

use of in the traditional medical systems of East Asia where a hypothesized imbalance of the body is said to originate in a lack of personal vigilance (Lock 1980).

If, however, one starts with a notion of "bodily praxis," of someone living out and reacting to his or her assigned place in the social order, then the social origins of many illnesses and much distress and the "sickening" social order itself come into sharp focus. It is then possible to interpret incidents of spirit possession in multinational factories in Malaysia, for example, as part of a complex negotiation of reality in which women factory workers are reacting by bringing production to a halt through the use of possession (Ong 1988). Or again, a traditional interpretive approach would perhaps lead one to believe that Japanese adolescents who refuse to go to school, who lie mute and immobile in their bed all day, often medicated, are reacting against pressures of the Japanese school system or the aspirations of their parents. A critical-interpretive analysis, in contrast, indicates that this situation is part of a much larger national concern about modernization and cultural identity of which the school system, parental values, and the culturally constructed form of resistance of the children is only one small part (Lock 1988b). The experiences of women in connection with menstruation, childbirth, and menopause and the variety of ways in which they either embrace, equivocate about, or downright reject dominant ideologies in connection with these life-cycle events provide other telling examples of the dynamic, contested relationship between the three bodies, in connection with the politics of reproduction and aging (Lock 1993b, 1993c; Martin 1987). Similarly, the large body of research on nerves in medical anthropology can be interpreted not merely as a culturally constituted idiom for the expression of individual distress but also as a dominant, widely distributed, and flexible metaphor for expressing malaise of social and political origin and for negotiating relations of power (Lock 1990; Van Schaik 1989; Scheper-Hughes 1988).

Apart from anarchic forms of street violence and other forms of direct assault and confrontation, illness somatization becomes a dominant metaphor expressing individual and social complaint. A limitation, however, of the conventional somatization model is that while it pretends to advocate an indissoluble unity of mind and body, individual and social bodies, and of nature and culture, it has, in practice, failed to overcome the dualisms of biomedicine (Kirmayer 1988). Illnesses are understood as the subjective, transparently psychological manifestation of real, identified physical diseases, or else they are nothing at all, except perhaps the illusory traces, figments of imagination, and "bits of undigested beef" Charles Dickens attributed to the apparition of the ghost of Scrooge's dead partner, Marley. But if mind and body are truly one, as even the most conventional medical anthropologists assert, then *all* diseases and bodily distress, without exception, are and must be psychosomatic because all are "somatized" as well as "mentalized." But here medical anthropology has rarely lived up to the full strength of its convictions and has not been prepared to support so radical and consequential a thesis.

In referring to the "somatic culture" of the displaced and marginalized sugarcane workers of northeast Brazil, Scheper-Hughes (1992) has suggested that theirs is a social class and a culture that privileges the body and instructs them in a close attention to the physical senses and to the language of the body as expressed in symptoms. Here she follows the lead of Luc Boltanski (1984), who has argued that somatic thinking and practice is frequently found among the working and popular classes who extract their subsistence from physical labor. Boltanski noted the tendency of the French working classes to communicate with and through the body so that, by contrast, the body praxis of the bourgeois and technical classes appears impoverished.

Among the agricultural wage laborers living on the hillside shantytown of Alto do Cruzeiro, in the plantation zone of Pernambuco, Brazil, who sell their labor for as little as a dollar a day, socioeconomic and political contradictions often take shape in the "natural" contradictions of angry, sick, and afflicted bodies. In addition to the wholly expectable epidemics of parasitic infections and communicable fevers, there are the more unexpected outbreaks and explosions of unruly and subversive symptoms that will not readily materialize under the microscope. Among these are the fluid symptoms of *nervos* (angry, frenzied nervousness): trembling, fainting, seizures, hysterical weeping, angry recriminations, blackouts, and paralysis of face and limbs. These nervous attacks are in part coded metaphors through which the workers express their dangerous and unacceptable condition of chronic hunger and need and in part acts of defiance and dissent that graphically register the refusal to endure what is, in fact, unendurable, and their protest against their availability for physical exploitation and abuse at the foot of the sugarcane. And so rural workers who have cut sugarcane since the age of seven or eight years will sometimes collapse, their legs giving way under an *ataque de nervos* (a nervous attack). They cannot walk, they cannot stand upright; they are left, like Oliver Sacks (1984), without a leg to stand on.

The nervous-hungry, nervous-angry body of the cane cutter offers itself as metaphor and metonym of the nervous sociopolitical system and for the paralyzed position of the rural worker in the current economic and political disorder. In "lying down" on the job, in refusing to return to the work that has overdetermined their entire lives, the cane cutters' body language signifies both surrender and defeat. But one also notes a drama of mockery and refusal. For if the folk ailment *nervos* attacks the legs and the face, it leaves the arms and hands intact and free for less physically ruinous work. Those who suffer from nervous attacks press their claims as sick men on their various political bosses and patrons to find them alternative work—explicitly "sitting-down" work: arm work, not clerical work, for these men are illiterate.

The analysis of *nervos* does not end here, for nervous attack is an expansive and polysemic form of disease. Shantytown women, too, suffer from *nervos*—both the *nervos de trabalhar muito*, the "overwork" nerves from which male cane cutters suffer, and also the more gender-specific *nervos de sofrir muito*,

the nerves of those who have endured and suffered much. Suffers' nerves attack those who have endured a recent, especially a violent, tragedy. Widows of husbands and mothers of sons who have been abducted and violently disappeared are prone to the mute, enraged, white-knuckled shaking of suffers' nerves. Here Taussig's (1991) linking of the "nervous system," anatomical and sociopolitical, is useful. One could read the current "nervousness" of shantytown residents as a response to the nervous and unstable democracy emerging in Brazil after more than twenty years of repressive, military rule. Many vestiges of the military state remain intact, and on the Alto do Cruzeiro, the military presence is most often felt in the late-night knock on the door, the scuffle, and the abduction of one's husband or teenaged son.

The epidemic of *nervos, sustos* (fright sickness), and *pasmos* (paralytic shock) signifies a state of alarm, of panic. The people of the shantytown, thrown into a state of nervous shock, set off the alarm, warning others in the community that their bodies and their lives are in danger. The epidemics of *nervos* among the wives and mothers of the politically disappeared is a form of resistance that publicizes the danger, the fright, the "abnormality of the normal," while not exposing the sufferers to further political reprisals. The political nature of illness and the communicative subversive body remains an only partly conscious, and thereby protected, form of protest. One can hardly reduce this complex, creative, somatic, and political idiom to the vapid biomedical discourse on patient "somatization." Whatever else illness is, and it is many different things—an unfortunate brush with nature, a fall from grace, a social rupture, an economic contradiction—it is also, at times, an act of refusal. The refusal can express itself in various ways: a refusal to work, a refusal to struggle under self-defeating conditions, a refusal to endure, a refusal to cope. This is the case with the nervous collapse of those paralyzed sugarcane cutters who have had enough and reached the end of their rope.

Refusal is available, however, for shaping and transformation by doctors and psychiatrists into symptoms of "diseases" such as PMS (premenstrual syndrome), depression, or attention deficit disorder (Martin 1987; Lock 1986a; Lock and Dunk 1987; Rubenstein and Brown 1984). In this way, exhaustion, misery, rage, and school phobias can be recast as individual pathologies rather than as socially significant signs (Lock 1988b, 1988c). This funneling of diffuse but genuine complaints into the idiom of sickness has led to the problem of medicalization and the overproduction of illness in contemporary advanced industrial societies. In this process, the role of doctors, social workers, psychiatrists, and criminologists as agents of social consensus is pivotal. As Kim Hopper (1982) has suggested, health professions are predisposed to "fail to see the secret indignation of the sick." The medical gaze is, then, a controlling gaze, through which active (although furtive) forms of protest are transformed into passive acts of breakdown.

The debate as to how cultural categories can best be subsumed under biomedical categories of disease becomes a red herring in a critical-interpretive

approach. The transformation of a culturally rich form of communication into the individualizing language of physiology, psychology, or psychiatry is inappropriate. What is crucially important for the medical anthropologist is to demonstrate the way in which polysemic constructs such as *nevra, solidao, hara,* stress, and menopause and the language of trance, ritual, dreams, carnival, and so on can be made use of in order to facilitate the bringing to consciousness of links between the political and social orders and physical distress. If this form of communication that keeps body metaphorically linked to both mind and society is reduced to the "truthful" language of science, then one of the most impressive "weapons of the weak" (Scott 1985) is rendered useless in the struggle for relief from oppression. Similarly, a culturally relativistic approach that relies exclusively on local explanations or narratives is inadequate because involved actors are often unable to distance themselves and take a reflexive stance about their own condition. Not only oppressors but the oppressed are likely to accept their lot as natural and inevitable, even when human social relations are grossly distorted and unjust. A critical-interpretive approach seeks to go beyond a culturally sensitive presentation to reveal the contingency of power and knowledge in both their creation of and relationship to the culturally constructed individual body.

While the medicalization of life (and its political and social control functions) is understood by critical medical social scientists as a fairly permanent feature of industrialized societies (Freidson 1972; Zola 1972; Roth 1972; Illich 1976; deVries et al. 1982) few medical anthropologists have yet explored the immediate effects of medicalization in areas of the world where the process is occurring for the first time (but see Nichter 1989), although an old Kabyle woman explained to Bourdieu (1977:166) what it meant to be sick before and after medicalization became a feature of Algerian peasant life:

> In the old days, folk didn't know what illness was. They went to bed and they died. It's only nowadays that we're learning words like liver, lung . . . intestine, stomach . . . , and I don't know what! People only used to know [pain in] the belly; that's what everyone who died died of, unless it was the fever. . . . Now everyone's sick, everyone's complaining of something. . . . Who's ill nowadays? Who's well? Everyone complains, but no one stays in bed; they all run to the doctor. Everyone knows what's wrong with him now.

An anthropology of relations between the body and the body politic inevitably leads to a consideration of the regulation and control not only of individuals but of populations and therefore of sexuality, gender, and reproduction—what Foucault (1980b) refers to as biopower.

The medicalized body is not simply the result of changing medical knowledge and practice; neither is it simply the product of medical self-interest. A medicalized body represents more than an individual body, for it is also a manifestation of potent, never settled, partially disguised political contests about how

aging and rebellious bodies should be managed. The female body, as is well known, is frequently targeted for control, and one recent manifestation of this phenomenon is the aggressive medicalization of female aging, particularly in North America, evidence of which is the creation of a new population characterized as "postmenopausal" women. As the baby boomers age, increasingly the postmenopausal woman is targeted as a potential burden on the health care system, and it is now recommended by the gynecological associations of the United States and Canada that virtually all women should, as they enter middle age, imbibe powerful hormone replacement therapy daily, for the rest of their lives, in order to feed their "estrogen-depleted" bodies. Thus, it is assumed, they will avoid contracting major diseases twenty or thirty years down the road. No extended controlled trials have been conducted with this medication, the effects of long-time usage are not known, and furthermore, the existence of simple cause-and-effect associations between estrogen levels, heart disease, and osteoporosis is hotly debated (Lock 1993c). Moreover, increased risk for cancer is implicated from extended medication use, which also produces unpleasant side effects in many women. The perpetration of this debate depends on the vulnerable "postmenopausal" woman whose body is classed as "unnatural." Older women have been described in both the biological and gynecological literature as "cultural artifacts," where it is argued that menopause is evolutionarily nonadaptive (Lock 1993b). The bodies of young women are set up as the gold standard, to which postmenopausal women must be returned with medical help. Cooperation with this regime, offered in terms of "risks" and "benefits," is regarded as socially responsible. Clearly the addiction to youth, characteristic of much North American culture, ensures that many people are willing to cooperate; indeed, they seek out medical help to counter the process of aging. For a small proportion of women, the physical distress associated with menopause is such that use of medication is entirely appropriate; however, the experiences of these women are increasingly taken as representative of the population at large. Menopause is constructed as a universal fact, a dismal time that augurs badly for the future; the postmenopausal body becomes a synedoche for middle-aged women in all their variety, who are reduced to potential burdens on society (Lock 1993b). In comparing female middle age in Japan and North America, Lock found that "local biologies" have contributed historically and in contemporary times to both subjective experience and discourse production (Lock 1993b), indicating that the biopolitics of normalization and control and the construction of vulnerable populations is an exceedingly complex process, which must be interpreted in context.

We would like to think of medical anthropology as providing the key to the development of a new epistemology and metaphysics of the body and of the emotional, social, and political sources of illness and healing. If and when we tend to think reductionistically about the mind-body, it is because it is "good for us to think" in this way. To do otherwise, that is, employing a radically different metaphysics, would imply the "unmaking" of our own assumptive

world and its culture-bound definitions of reality. To admit the "as-ifness" of our ethnoepistemology is to court a Cartesian anxiety: the fear that in the absence of a sure, objective foundation for knowledge, we would fall into the void, into the chaos of absolute relativism and subjectivity (see Geertz 1973a: 28–30).

We have tried to show the interaction among the mind-body and the individual, social, and body politic in the production and expression of health and illness. Sickness is not just an isolated event or an unfortunate brush with nature. It is a form of communication—the language of the organs—through which nature, society, and culture speak simultaneously. The individual body should be seen as the most immediate, the proximate terrain where social truths and social contradictions are played out, as well as a locus of personal and social resistance, creativity, and struggle.

NOTES

1. This chapter is not intended to be a review of the field of medical anthropology. We refer interested readers to a few excellent reviews of this type: Landy (1983a); Worsley (1982); Young (1982). With particular regard to the ideas expressed in this chapter, however, see also Comaroff (1985), Csordas (1994), Devisch (1985), Estroff (1981), Good (1994), Good and Good (1981), Hahn (1985), Helman (1985), Kleinman (1986, 1988b); Laderman (1983, 1984), Lindenbaum and Lock (1993), Low (1985a), Morgan (1993b), Nichter (1981), Obeyesekere (1981), and Taussig (1980a, 1984).

2. Mary Douglas refers to "The Two Bodies," the physical and social bodies, in *Natural Symbols* (1970). More recently John O'Neil has written *Five Bodies: The Human Shape of Modern Society* (1985), in which he discusses the physical body, the communicative body, the world's body, the social body, the body politic, consumer bodies, and medical bodies. We are indebted to both Douglas and O'Neil and also to Bryan Turner's *The Body and Society: Explorations in Social Theory* (1984) for helping us to define and delimit the tripartite domain we have mapped out here.

3. We do not wish to suggest that Hippocrates' understanding of the body was analogous to that of Descartes or of modern biomedical practitioners. Hippocrates' approach to medicine and healing can be described only as organic and holistic. Nonetheless, Hippocrates was, as the quotation from his work demonstrates, especially concerned to introduce elements of rational science (observation, palpation, diagnosis, and prognosis) into clinical practice and to discredit all the "irrational" and magical practices of traditional folk healers.