

## 5.3 Superstructure: Medical Anthropology and Psychological Anthropology



## Superstructure: MEDICAL ANTHROPOLOGY

### Overview:

This section covers aspects from the Cultural Materialist theory that relate to Superstructure: the beliefs that support the system. Topics include: Religion, Art, Music, Sports, Medicinal practices, Architecture.

### Medicinal Practices

#### Key Terms & Concepts: Health & Illness

- Medical anthropology
- Applied anthropology
- Health
- Disease
- Illness
- Health system
- Disease theories: personalistic, emotionalistic, naturalistic
- Health system theories: ecological/epidemiological approach, interpretivist approach, critical medical anthropology
- Ethnomedicine
- Ethno-etiology
- Structural suffering
- Culture-bound syndromes
- Community healing
- Humoral healing
- Health specialists

## “What is medical anthropology?”

Medical Anthropology is a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and well-being (broadly defined), the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. The discipline of medical anthropology draws upon many different theoretical approaches. It is as attentive to popular health culture as bioscientific epidemiology, and the social construction of knowledge and politics of science as scientific discovery and hypothesis testing. Medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; micro and macro politics; and forces of globalization as each of these affects local worlds.

### Medical anthropologists study such issues as:

- Health ramifications of ecological “adaptation and maladaptation”
- Popular health culture and domestic health care practices
- Local interpretations of bodily processes
- Changing body projects and valued bodily attributes
- Perceptions of risk, vulnerability and responsibility for illness and health care
- Risk and protective dimensions of human behavior, cultural norms and social institutions
- Preventative health and harm reduction practices
- The experience of illness and the social relations of sickness
- The range of factors driving health, nutrition and health care transitions
- Ethnomedicine, pluralistic healing modalities, and healing processes
- The social organization of clinical interactions
- The cultural and historical conditions shaping medical practices and policies
- Medical practices in the context of modernity, colonial, and post-colonial social formations
- The use and interpretation of pharmaceuticals and forms of biotechnology
- The commercialization and commodification of health and medicine
- Disease distribution and health disparity
- Differential use and availability of government and private health care resources
- The political economy of health care provision.
- The political ecology of infectious and vector borne diseases, chronic diseases and states of malnutrition, and violence
- The possibilities for a critically engaged yet clinically relevant application of anthropology”
- (Source: <http://www.medanthro.net/9/>)

## Explore the Society for Medical Anthropology Website

<http://www.medanthro.net/about/>

## Health & Illness



The U.S. Army – MEDRETE in the Bac Ninh Province of Vietnam.

**Medical anthropology** is the research area within cultural anthropology that marries concepts from biological and cultural anthropology to better understand health and disease among humans. It is one of the fastest growing research areas within anthropology. Some would classify it as part of **applied anthropology**, the fifth (often overlooked) anthropological sub-discipline. Applied anthropologists use anthropological research methods and results to “identify, assess, and solve contemporary problems” (Gezen and Kottak 2014: 240). Applied anthropologists are found in many areas of work, including public health, economic development, forensics, linguistics, and human rights, in both rural and urban settings across the globe. For decades, anthropologists have been studying the interaction of cultural values and norms on health-related issues. In recent years, Western medical practitioners are beginning to use

anthropological data to better understand their multicultural patients' responses to "modern" health care practices.

### Defining Health and Illness

In order to understand the anthropological approach to health and illness, it is necessary to know the definitions of terms related to the topics.

All definitions of health are imbued with moral, ethical, and political implications. Perhaps the broadest definition of **health** is that proposed by the World Health Organization (WHO), defining health with reference to an "overall sense of well-being." By WHO's criteria, only a relatively small percentage of the world's population could be classified as healthy (Glazier and Hallin 2010: 925).

Disease and illness are separate concepts. **Disease** is a condition caused by a pathogen, e.g., bacterium, parasite, or virus, which has been scientifically verified; it is something that can be objectively measured. These can vary by group (e.g., ethnicity and socioeconomic status), geography, incidence, and severity. **Illness** is a feeling or perception of not being healthy. Illness may be caused by disease, but it can also be caused by psychological or spiritual factors and tied to an individual's worldview. **Health systems** include cultural perceptions and classification of health-related issues, healing practices, diagnosis, prevention, and healers (Miller 2011).

### Theoretical Approaches

Anthropologists George Foster and Barbara Anderson, who together with Khwaja Hassan established the field of medical anthropology, identified three **disease theory systems** that explain illness:

1. **Personalistic disease theory:** Illness is due to the action of an agent such as a witch, sorcerer, or supernatural entity, e.g., ancestor spirit or ghost. Healers must use supernatural means to learn the cause and to help cure illness.
2. **Emotionalistic disease theory:** Illness is due to a negative emotional experience. For many Latin Americans, anxiety or fright may cause lethargy and distraction, an illness called *susto*. Psychotherapists are interested in the role emotions play in physical health.
3. **Naturalistic theory:** Illness is due to an impersonal factor, e.g., pathogen, malnutrition, obstruction (e.g., kidney stone), or organic deterioration (e.g., heart failure). Naturalistic theory has its origins in the work of Hippocrates and dominates the pedagogy of modern medical schools.

Donald Joralemon outlines 3 **theoretical approaches that attempt to understand health systems:**

1. **Cultural-constructivist and Interpretive Approach:** "Theoretical perspective in the social sciences in general which analyzes the cultural grounding of ideas and practices, even those which may be considered "objective" (i.e. free from cultural influence)" (Joralemon 2017: 126). Drawing on the

work of Claude Lévi-Strauss, the interpretivist approach examines how community and individual distress is alleviated through healing systems and how illness is defined and experienced. The assumption is that the healing system provides meaning for suffering. “**Interpretive:** theoretical perspective in anthropology in general, and in medical anthropology in particular, which focuses on the meanings that human groups attribute to experiences (e.g., sickness episodes” (Joralemon 2017: 127).

2. “**Ecological (ecological/evolutionary)** theoretical perspective in Medical anthropology which analyzes the adaptive relationship between human groups and the biotic and nonbiotic environments they inhabit” (Joralemon 2017: 126). This approach aims to produce data that can be used by public health programs by focusing how the interaction of the natural environment and culture can cause health problems and influence their spread through a population. This perspective tends to draw on evolutionary theory and adaptation.

3. “**Critical Medical Anthropology:** theoretical perspective in medical anthropology which stresses the importance of political and economic structures, especially global capitalism, on the health of human populations (also known as the political economy of health)” (Joralemon 2017: 125). Critical medical anthropologists draw on the theories of Marxism to examine how health systems are impacted by structural elements, e.g., social inequality, political economy, global media, etc.

4. “**Applied Medical Anthropology:** application of anthropological theories and methods to health interventions, for example, in international and domestic health projects” (Joralemon 2017: 125). Applied anthropologists may use any of the above theoretical stances, but the difference is, they use the skills of anthropology to address a health related issue or problem.

## Ethnomedicine

The cross-cultural study of health systems is called **ethnomedicine**. It goes beyond examination of health systems to look at such things as the impact of globalization on the health system as well as cultural concepts of the body and disability and the use of plants and animals within the health system. Early ethnomedicine studies focused on the health systems of indigenous peoples across the globe. More recently Western biomedical practices are identified as an ethnomedicine and included in the scope of ethnomedicine studies.

All people try to understand the cause of illness and disease. The cross-cultural study of specific causal explanations for health-related problems is called **ethno-etiology**. Ethno-etiological studies of migraines demonstrate that in the Bahia area of Brazil, migraines the causal explanation of migraines is certain types of winds. In the U.S., biomedical explanations for migraines include emotional stress, sensitivity to certain chemicals and preservatives in food, excessive caffeine, menstrual periods, skipping meals, changes in sleep patterns, excessive fatigue, changing weather conditions, and numerous medical conditions such as hypertension, asthma, and chronic fatigue syndrome.

**Structural suffering**, or social suffering resulting from poverty, famine, conflict, and forced migration, is a focus of ethnomedicine and medical anthropology in general. Frequently, structural suffering is related to **culture-bound syndromes**, which are psychopathologies (suite of signs and symptoms) restricted to certain cultural environments. Witiko is a culture-bound syndrome found among indigenous peoples of Canada. The symptoms include an aversion to food accompanied by depression and anxiety. The witiko spirit, which is a giant human-eating monster, eventually possesses the afflicted individual causing the person to act of cannibalism and homicide. Studies indicate that witiko is an extreme form of starvation anxiety (Martin 2012). Other examples of culture-bound syndromes that are not necessarily to structural suffering include:

- Amok afflicts males in Indonesia, Malaysia, and Thailand. The term means 'to engage furiously in battle.' Symptoms include wild, aggressive behavior. The afflicted first withdraws or broods then attempts to kill or hurt another person until they are restrained, exhausted, or killed. The condition is caused by loss of either social or economic status, a loved one, or a real or perceived insult (Gomez 2006).
- Anorexia nervosa is a culture-bound syndrome associated with affluent industrial societies. It is an eating disorder characterized by self-starvation. Affecting primarily women, anorexia nervosa is associated with cultures that place excessive value on female thinness. Contributing factors include over-controlling parents and socially, economically upwardly mobile family, early onset of puberty, tallness, low self-esteem, depression, and some illnesses like juvenile diabetes.
- Hwa-byung, meaning fire disease, occurs in Korea. Eastern medicine relates its cause to an imbalance between yin (negative force) and yang (positive force) or between ki (vital energy) and hwa (illness with properties of fire). Western biomedicine attributes it to incomplete suppressed anger or projection of anger into the body. Symptoms include feelings of frustration, anxiety, guilt, fear, humiliation, hatred, depression, and disappointment. Physical manifestations are many, including palpitations, indigestion, dizziness, nausea, constipation, pain, insomnia, and more. Individuals suffering from hwa-byung may be abnormally talkative, short-tempered, absent-minded, paranoid, and have suicidal thoughts (Park 2006).
- Latah has been found predominantly in Malaysia, but similar syndromes occur in the Philippines (mali-mali), Burma (yaun), and among indigenous peoples in Siberia (myriachif) and Japan (imo). Caused by a sudden shock, e.g., death of a loved one, or fright, the individual enters a dissociative, highly suggestible state where they readily follow the commands of others. They often suffer from echolalia when they compulsively repeat what others say, or echopraxia when they mimic the actions of others. Socially inappropriate behaviors are common with this syndrome, including touching or hitting others, saying sexually explicit things, and singing out loud (Legerski 2006).

## Healing & Healers

In the Western biomedical approach to healing, **private healing** is the norm; oftentimes only the patient and the professional health practitioner(s) is/are in the room. In other health systems

community healing or humoral healing are common. The **community healing approach** considers social context critical for the healing process. Healing practices take place in front of the whole community and often involve their participation. One example is the healing dance of Ju/hoansi foragers of the Kalahari. Several times a month, the healing dance is performed to draw on the collective energy of the participants. Men, and sometimes women, dance around a circle of women who sit around a fire, clapping and singing. Healers draw on the spiritual energy of the dancers and singers to enhance their consciousness. During this period of enhanced consciousness, healers can heal those in need (Miller 2011).

**Humoral healing systems** use a philosophy centered on the idea that heat and coolness imbalances in the body cause disease. Coolness causes death in some Chinese, Indian, and Islamic cultures while in others such as the Orang Asli in Malaysia heat is the culprit. Food and drugs are used to offset these imbalances.



A Tsaatan shaman in northern Mongolia prepares for a ceremony. Khovsgol Province, Mongolia.

Healing is generally done through a combination of informal methods, e.g., self-diagnosis and treatment, and formal treatment using a healing specialist. There are many different types of healing specialists:

- Shamans and shmankas,
- Midwives,
- Bonesetters,
- Doctors,

- Nurses,
- Dentists,
- Chiropractors,
- Herbalists,
- Psychiatrists and psychologists, and
- Acupuncturists.

All healing specialists go through similar process to become specialists. First there is the selection process. In most cases, the candidate must show some aptitude. In an indigenous society it might be an ability to connect with the supernatural realm. In cultures reliant on the Western biomedical approach, candidates must past entry exams and academic courses to become specialists. Training from seasoned healing specialists is a key component for all those who wish to become healing specialist whether in the form of apprenticeship with a shaman to formal training in a medical school. Training can be arduous both physically and mentally no matter the type of training. Once training is complete, the candidate earns a medical degree in the Western biomedical system. In indigenous societies, initiation rituals are performed. Once this certification process is complete, the healing specialist can adopt the raiment of the professional healer, e.g., the white coat of the medical doctor. Payment is generally expected for services rendered. What constitutes payment is highly variable, from salaries to livestock.

**Explore:** Learn more about the anthropologists

Claude Lévi-Strauss: <http://www.egs.edu/library/claude-levi-strauss/biography/>

## Placebo Affect

### Watch: The Placebo Affect (from CBS 60 minutes)

<http://www.cbsnews.com/videos/the-placebo-effect/>  
(7:27)

In this study by Ted Kaptchuk, he explains that a placebo is an inert substance ( a fake pill or “sugar pill”), and the symbols and rituals associated with it may relieve some illnesses. In most pharmaceutical trials, they test actual drugs by having a group receive the real pill and another

that receives a fake pill, but neither group knows which pill they receive, and in some cases people who receive the fake pill improve. But in Kaptchuk's study, he told his subjects they were getting a fake pill, yet 60% still felt relief from their symptoms of Irritable Bowel Syndrome (IBS). The placebo can activate neurotransmitters, and produce dopamine in the brain that ease pain. When patients believe in their medications, they just may feel better.

Think about the societies we have discussed that use healers such as Shamans or Chanters, and how the placebo effect might explain their usefulness for healing illness.

If you have time, and are interested, there is a very interesting documentary about a Hmong Shaman available on the Citytech Library database Kanopy:

The Split Horn: The Life of A Hmong Shaman in America (59 minutes)

<http://citytech.kanopystreaming.com/video/split-horn-life-hmong-shaman-america>

If there is time, we may do an in-class exercise related to the book, The Spirit Catches You When You are Down. There is a shorter article:

Fadiman, Anne "The Spirit Catches You and You Fall Down": Epilepsy and the Hmong" *Supplement: Epilepsy and Quality of Life*, S3-S8, 2000. (Available on EBSCO and Blackboard)

# Psychological Anthropology

## Explore the Society for Psychological Anthropology Website

<http://spa.americananthro.org/welcome-to-the-spa/>

## What is Psychological Anthropology?

“Psychological anthropology is an interdisciplinary subfield of [anthropology](#) that studies the interaction of [cultural](#) and [mental processes](#). This subfield tends to focus on ways in which humans' development and [enculturation](#) within a particular cultural group—with its own history, language, practices, and conceptual categories—shape processes of human [cognition](#), [emotion](#), [perception](#), [motivation](#), and [mental health](#). It also examines how the understanding of cognition, emotion, motivation, and similar psychological processes inform or constrain our models of cultural and social processes. Each school within psychological anthropology has its own approach.<sup>[1][2]</sup>

### History

Psychological Anthropology has been interwoven with anthropology since the beginning. [\[further explanation needed\]](#)

Wilhelm Wundt was a German psychologist and pioneer in folk psychology. His objectives were to form psychological explanations using the reports of ethnologists. He made different contracting stages such as the 'totemic' stage, the 'age of heroes and gods', and the 'enlightened age of humanity'. Unlike most, Wundt believed that the mind of both 'primitive' and civilised groups had equivalent learning capabilities but that they simply used that capacity in different ways.

Though intimately connected in many ways, the fields of anthropology and psychology have generally remained separate. Where anthropology was traditionally geared towards historical and evolutionary trends, what psychology concerned itself with was more ahistorical and acultural in nature.<sup>[how?]</sup> Psychoanalysis joined the two fields together.<sup>[citation needed]</sup>

In 1972 Francis Hsu suggested that the field of culture and personality be renamed 'psychological anthropology'. Hsu considered the original title old fashioned given that many anthropologists regarded personality and culture as the same, or in need of better explanations. During the 1970s and 1980s, psychological anthropology began to shift its focus towards the study of human behaviour in a natural setting.<sup>[citation needed]</sup>

## Schools

### Psychoanalytic anthropology

This school is based upon the insights of [Sigmund Freud](#) and other psychoanalysts as applied to social and cultural phenomena. Adherents of this approach often assumed that techniques of child-rearing shaped adult personality and that cultural symbols (including myths, dreams, and rituals) could be interpreted using [psychoanalytical](#) theories and techniques. The latter included interviewing techniques based on clinical interviewing, the use of projective tests such as the [TAT](#)<sup>[3]</sup> and the [Rorschach](#), and a tendency towards including case studies of individual interviewees in their ethnographies. A major example of this approach was the Six Cultures Study under John and Beatrice Whiting in [Harvard's Department of Social Relations](#). This study examined child-rearing in six very different cultures (New England Baptist community; a Philippine barrio; an Okinawan village; an Indian village in Mexico; a northern Indian caste group; and a rural tribal group in Kenya).<sup>[4]</sup>

Some practitioners look specifically at mental illness cross-culturally ([George Devereux](#)) or at the ways in which social processes such as the oppression of ethnic minorities affect mental health ([Abram Kardiner](#)), while others focus on the ways in which cultural symbols or social institutions provide defense mechanisms ([Melford Spiro](#)) or otherwise alleviate psychological conflicts ([Gananath Obeyesekere](#)).<sup>[5]</sup> Some have also examined the cross-cultural applicability of psychoanalytic concepts such as the [Oedipus complex](#) ([Melford Spiro](#)).<sup>[6]</sup>

Others who might be considered part of this school are a number of scholars who, although psychoanalysts, conducted fieldwork ([Erich Fromm](#)) or used psychoanalytic techniques to analyze materials gathered by anthropologists (Sigmund Freud, [Erik Erikson](#), [Géza Róheim](#)).

Because many American social scientists during the first two-thirds of the 20th century had at least a passing familiarity with psychoanalytic theory, it is hard to determine precisely which ones should be considered primarily as psychoanalytic anthropologists. Many anthropologists who studied personality ([Cora DuBois](#), [Clyde Kluckhohn](#), [Geoffrey Gorer](#)) drew heavily on psychoanalysis; most members of the "culture and personality school" of psychological anthropology did so.

In recent years, psychoanalytic and more broadly psychodynamic theory continues to influence some psychological anthropologists (such as [Gilbert Herdt](#), [Douglas Hollan](#), and [Robert LeVine](#)) and have contributed significantly to such approaches as [person-centered ethnography](#)<sup>[7]</sup> and [clinical ethnography](#).<sup>[8]</sup> It thus may make more sense to consider psychoanalytic anthropology since the latter part of the 20th century as more a style or a set of research agendas that cut across several other approaches within anthropology.

See also: [Robert I. Levy](#), [Ari Kiev](#).

## Culture and personality

Personality is the overall characteristics that a person possesses. All of these characteristics are acquired within a culture. However, when a person changes his or her culture, his or her personality automatically changes because the person learns to follow the norms and values of the new culture, and this, in turn, influences the individual's personal characteristics. <sup>[citation needed]</sup>

## Configuralist approach

This approach describes a culture as a personality; that is, interpretation of experiences, guided by symbolic structure, creates personality which is "copied" into the larger culture. Leading figures include [Ruth Benedict](#), [A. Irving Hallowell](#), and [Margaret Mead](#).

## Basic and modal personality

Major figures include [John Whiting](#) and [Beatrice Whiting](#), [Cora DuBois](#), and [Florence Kluckhohn](#).

## National character

Leading figures include sociologist [Alex Inkeles](#) and anthropologist [Clyde Kluckhohn](#).

## Ethnopsychology

Major figures: [Vincent Crapanzano](#), [Georges Devereux](#), [Tobie Nathan](#), [Catherine Lutz](#), [Michelle Zimbalist Rosaldo](#), [Renato Rosaldo](#), [Charles Nuckolls](#), [Bradd Shore](#), and [Dorinne K. Kondo](#)

## Cognitive anthropology

Cognitive anthropology takes a number of methodological approaches, but generally draws on the insights of [cognitive science](#) in its model of the [mind](#). A basic premise is that people think with the aid of [schemas](#), units of culturally shared knowledge that are hypothesized to be represented in the brain as networks of neural connections.<sup>[9]</sup> This entails certain properties of cultural models, and may explain both part of the observed inertia of cultural models (people's assumptions about the way the world works are hard to change) and patterns of association.<sup>[10]</sup>

D'Andrade (1995) sees the history of cognitive anthropology proper as divisible into four phases. The first began in the 1950s with the explicit formulation of culture as knowledge by anthropologists such as [Ward Goodenough](#)<sup>[11]</sup> and [Anthony Wallace](#). From the late 1950s through the mid-1960s, attention focused on categorization, [componential analysis](#) (a technique borrowed from structuralist linguistics), and native or folk systems of knowledge ([ethnoscience](#) e.g., [ethnobotany](#), [ethnolinguistics](#) and so on), as well as discoveries in patterns of [color](#) naming by [Brent Berlin](#) and [Paul Kay](#). During the 1950s and 1960s, most of the work in cognitive anthropology was carried out at Yale, University of Pennsylvania, Stanford, Berkeley, University of California, Irvine, and the [Harvard Department of Social Relations](#). The third phase looked at types of categories ([Eleanor Rosch](#)) and cultural models, drawing on schema theory, linguistic work on metaphor ([George Lakoff](#), [Mark Johnson](#)). The current phase, beginning in the 1990s, has seen more focus on the problem of how cultural models are shared and distributed, as well as on motivation,<sup>[12]</sup> with significant work taking place at UC San Diego, UCLA, UC Berkeley, University of Connecticut, and Australian National University, among others.

Currently, different cognitive anthropologists are concerned with how groups of individuals are able to coordinate activities and "thinking" ([Edwin Hutchins](#)); with the distribution of cultural models (who knows what, and how people access knowledge within a culture: [Dorothy Holland](#), [A. Kimball Romney](#), [Dan Sperber](#), [Marc Swartz](#)); with conflicting models within a culture ([Naomi Quinn](#), [Holly Mathews](#)); or the ways in which cultural models are internalized and come to motivate behavior ([Roy D'Andrade](#), [Naomi Quinn](#), [Charles Nuckolls](#), [Bradd Shore](#), [Claudia Strauss](#)).<sup>[13]</sup> Some cognitive anthropologists continue work on ethnoscience ([Scott Atran](#)), most notably in collaborative field projects with cognitive and social psychologists on culturally universal versus culturally particular models of human categorization and inference and how these mental models hinder or help social adaptations to natural environments.<sup>[14]</sup> Others focus on methodological issues such as how to identify cultural models.<sup>[15][16]</sup> Related work in [cognitive linguistics](#) and [semantics](#) also carries forward research on the [Sapir–Whorf hypothesis](#) and looks at the relationship between language and thought ([Maurice Bloch](#), [John Lucy](#), [Anna Wierzbicka](#)).<sup>[17][18]</sup>

## Psychiatric anthropology

While not forming a school in the sense of having a particular methodological approach, a number of prominent psychological anthropologists have addressed significant attention to the interaction of culture and mental health or mental illness (Jenkins and Barrett 2004), ranging through the description and analysis of [culture-bound syndromes](#) (Pow-Meng Yap, [Ronald Simons](#), Charles Hughes);<sup>[19]</sup> the relationship between cultural values or culturally mediated experiences and the development or expression of mental illness (among immigrants, for instance more particularly) ([Thomas Csordas](#), [George Devereux](#), [Robert Edgerton](#), Sue Estroff, [Arthur Kleinman](#), [Roberto Beneduce](#), [Robert Lemelson](#), Theresa O'Neil, [Marvin Opler](#)); to the training of mental health practitioners and the cultural construction of mental health as a profession ([Charles W. Nuckolls](#), [Tanya Luhmann](#)), and more recently to the cultural creation of a "pharmaceutical self" in a globalizing world (Jenkins 2011). Recent research focuses on specific relationships between History, conscience, cultural Self and suffering (Roberto Beneduce,

Etnopsichiatria. Sofferenza mentale e alterità fra Storia, dominio e cultura, 2007). Some of these have been primarily trained as psychiatrists rather than anthropologists: [Abram Kardiner](#), [Arthur Kleinman](#), [Robert I. Levy](#), [Roberto Beneduce](#), [Roland Littlewood](#). Further research has been done on genetic predisposition, family's contribution to the genesis of psychopathology, and the contribution of environmental factors such as tropical diseases, natural catastrophes, and occupational hazards.<sup>[20]</sup>

(Source: [https://en.wikipedia.org/wiki/Psychological\\_anthropology](https://en.wikipedia.org/wiki/Psychological_anthropology))

## Explore the work of Douglas W. Hollan

<http://www.anthro.ucla.edu/faculty/douglas-w-hollan>



“I am a cultural and psychological anthropologist whose primary focus is on how social experience affects health

(including mental and emotional health), emotions, empathy, embodiment, and different states of consciousness and non-consciousness (including sleeping and dreaming).

Using person-centered interviews and observation, I am particularly interested in how emotional health and well-being are conceptualized in different times and places, and the extent to which these conceptualizations feed into the experience of health and well-being per se.

I am currently co-director of the [FPR \(Foundation for Psychocultural Research\)-UCLA Culture, Brain, Development, and Mental Health Program](#), which attempts to integrate ethnography and neuroscience in the study of global mental health issues.”

## Watch video presentation: “Hearing Voices in Accra and Chennai: How Culture Makes a Difference to Psychiatric Experiences” by Tanya Luhrmann (21:49)

<http://cbdmh.org/portfolio-item/hearing-voices-in-accra-and-chennai-tanya-luhrmann/>

Tanya Marie Luhrmann is an American psychological anthropologist and the video presentation looks at Schizophrenia in different countries (October 20, 2012).

“Americans (in San Mateo)

- use diagnostic label
- voice mean you are crazy, means mental illness
- voices are unknown
- voices are violent, positive experience rare

Accra (Africa):

- Does not mean you are crazy, didn't identify in terms of diagnosis of mental illness
- Central idiom “spiritual attack” witchcraft preferable
- Know the voices
- Primarily good voices, mostly God, God controls
- More relational “they keep me company”

Chennai (South Asia)

- Low diagnosis salience
- Hear kin, often good and bad
- Positive voices
- Some voices playful
- Talk about sex, embarrassing.

Why these differences?

Luhmann's Hypothesis: That they express different local ideas about the mind and self which direct the way people pay attention to mental events:

American: mind is a place and it is private.

South Asia: mind is a process and it is responsive to social influence, must be calm.

Africa: mind is a substance whose moral quality is causal, must be good.

Hearing Voices Movement:

Learning to respect the voice, or have a relationship with voices to create a more benign outcome.

These phenomena are shaped by cultural location in ways that might be salient to treatment and outcome."

**Watch** video presentation: "When God Talks Back" TEDxStanford by Tanya Luhmann (14:04)

<https://www.youtube.com/watch?v=DloTO-SwFZA>

Look at how Tanya Luhmann's research has expanded and changed. She is still looking at "voices" but in this research, she explores the Evangelical relationship with God, and how people learn to talk and listen to the voice of god.

## CULTURAL EXAMPLE: HORTICULTURAL SOCIETY

### Cultural Example: A look at a Horticultural Society: Asmat

We will be seeing a film in class to give an example of Superstructure and a Horticultural Society.

Film: "The Asmat of New Guinea: A Case Study in Religion and Magic" (27:40)

<https://www.youtube.com/watch?v=EdVnMRT1vZY>

## Before going over the film questions, review the outline for horticultural societies

Source: Pope Fischer, Lisa

General characteristics of **Horticultural Societies**

### I. INFRASTRUCTURE

#### **1. Mode of Production**

- A. Horticulture, Slash & Burn or "swidden": small family subsistence gardens with some foraging.
- B. May be some domesticated animals.
- C. Tropical environment: soil poor/thin topsoil
- D. Fallow period -- letting the soil "rest" for 5-7 years
- E. Increase in intensification -- use of some technology to raise carrying capacity.
- F. Greater Competition for land
- G. Mode of consumption small
- H. Mode of exchange: reciprocity, redistribution, trade.

#### **2. Mode of Reproduction** -- THIS IS A SMALL SCALE SOCIETY

- A. 40-500, this is still a small population but bigger than foragers
- B. Female infanticide (related to Male supremacist complex) will later create a shortage of marriageable adult women, and limit birth rates.
- C. Warfare will contribute to male death rates.
- D. Indulgent parenting but strong socializing

### II. STRUCTURE

#### **1) Domestic Economy**

- A. Tend to be unilateral.
- B. Societies vary from monogamous and polygamous forms of marriage with patrilocal, matrilineal, and avunculocal post marriage residence patterns.
- C. Group Together for Defense: Kinship maintains group and defensive alliances
- D. Rites of Passage – create bonds within groups and families
- E. Not as egalitarian -- see beginning of stratified society
- F. Gender Division of Labor—gender hierarchy
  - i) women contribute but they are not equal.
  - ii) Kinship organization may determine a woman's status.
  - iii) Postmarital residence could be a factor. In matrilineal systems, women are better off with matrilineal patterns because the men are dispersed. With avunculocal patterns the women are dispersed. Matrilineal patterns are more likely in societies where food is abundant and there is little competition over food, less warfare, and no surplus.
- F. "Male Supremacist Complex" – allows for male preference in families, shortage of marriageable adult women.
- G. Budget Fund: moderate – allocated within family and extended to community as needed – sometimes in the form of community events and feasting. Creates solidarity and alliances.

## 2) Political Economy

- A. Territoriality can contribute to need for defense.
- B. Prestige Economy Individually motivated toward prestige to create social bonds (Redistribution)
- C. Feasts used to lower violence, create solidarity (commensality)
- D. Endemic warfare (1/4-1/3 males die)
- E. Clear signs of leadership but limited power
- F. Types of social groups: Age-based work groups, Gender-based work groups
- G. Political organization: Tribes/clans to chiefdom
- H. Leadership Headman/Headwoman, Bigman/ Big woman, Chief (Redistribution)

## III. SUPERSTRUCTURE

- A. Totemism - ancestor worship. Belief that descended from a common ancestor. A totemic community is divided into clans that are named after a totem or animal ancestor. There are taboos related to the totem.
- B. Witchcraft - continuation of animism. Use of supernatural force to cause evil.
- C. Beliefs about pollution & purity
- D. Rites of passage/ rites of solidarity - to mark the passing from one stage of life to another, such as puberty rites of passage to mark the transition from child to adult.
- E. communal -- values and practices that emphasize the community.
- F. Elaborate ceremonial life.
- G. Individualistic cults, shamanistic cults, communal cults.
- H. Architecture: More sedentary, more elaborate shelters, and greater social cohesiveness. They are usually circular for protection but also for creating social community. They are not meant to last forever.
- I. Sharing, community bonding, alliances, and prestige are important values.

\* Basic similarities:

Small-scale society, semi sedentary with longer ties to the land (not as flexible), constant feelings of threat associated with chronic warfare. Status based on special skills as warrior or shaman, # of wives, and giving feasts. Prestige based on what you give away.

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## Film Questions

### FILM: Faces of culture: The Asmat of New Guinea: A Case Study in Religion and Magic

AN ORIGIN MYTH FROM THE ASMAT:

In the beginning, according to Asmat myth, Nesoipits, the man of the womb, persuaded his own brother, Beweripits, to behead him. As his head fell free, the stars spilled out to fill the universe. It then came to pass that Fumeripits, carver of wood, drowned while canoeing down a great river. Har, the great tailed eagle, found the corpse and by pressing embers against it brought him back to life. Re-born he built a great lodge. He filled it with the figures of men and women that he

carved from trees and when the work was done he began to play the sacred drum. Slowly the wood became flesh and the figures living men and women.

#### REVIEW OF HORTICULTURAL SOCIETY:

Horticulture (Example: Yanomamo from the Tropics in Brazil & Venezuela; The Kayapo of Brazil; the Asmat of New Guinea; the Kawelka of New Guinea, Iroquois, Machigenga, Samoa)

Horticultural societies are typically found in tropical environments that have plenty of rain but poor topsoil. Like Foragers this is a land extensive strategy and they may hunt and gather, but unlike foragers they plant subsistence gardens, are semi-migratory, and use more labor to obtain food. They may have small-domesticated animals and increased ties to the land. Redistribution strategies may take the form of feasts. Community bonding and alliance building are adaptive strategies for a society that is often riddled with constant warfare, fear, and threat. **Witchcraft** (causing supernatural harm) is an extension of **animism** (the belief that spirits are in the environment).

#### BRIEF DESCRIPTION OF ASMAT:

The Asmat are a horticultural society from New Guinea where they hunt, gather, and plant Sago palm groves, which they depend on for food. They live along rivers that go into the Arafura Sea. There are 70,000 Asmat that live in villages as small as 35 up to 2,000. This society used to have a lot of warfare that has since been outlawed. Based on the above myth, the Asmat believe that the spirits of their dead relatives will not rest until an enemy has been captured, beheaded, and eaten.

The Biss ritual re-enacts the myth in a three-month ceremony entailing woodcarving, feasts, dancing, and singing. It is a funeral ceremony, yet also a purification ritual as they rid the village of spirits that may cause illness. This is a **humeral healing** system as they restore order and balance to rid illness (which is seen as an imbalance). A special artist/shaman carves the bis poles for the ceremony singing and chanting to bring the dead relatives spirit to inhabit the effigy pole. The film interviews a man called Agope, who is a special wood carver who sings (in the form of an “illocutionary” act) so that the spirit of the dead will embody the wooden pole.<sup>1</sup> These poles are displayed in front of the men’s house during the day, and put to rest inside at night. The dance in front of the poles is a mock battle between the men and women. They must kill an enemy, behead him, and eat the brains in order to properly instill the dead relative’s spirit into the pole. Today this part of the ceremony has been outlawed and causes some concern for those who believe the spirits of their loved ones’ will not be properly put to rest. After a big feast often of wild boar, grubs, and sago, the poles are taken to the Sago Palm gardens. As poles decay they appease the spirits of the Palms to encourage growth. (**Animism** is the belief that there are spirits in the natural environment – in this case the Asmat believe the Sago Palm is a warrior). At the end of the ceremony the poles are put into the rivers, as the myth suggests, and this marks the dead spirits of one’s relatives’ travel to the afterworld.

#### FILM QUESTIONS:

##### INFRASTRUCTURE:

##### **Mode of Production (Environment, Technology, Forms of Exchange)**

- 1) How would you describe the environment that these people live in?
- 2) How do the Asmat people survive? How do they obtain food and shelter?
- 3) What type of tools (technology) did the Asmat people use?

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<sup>1</sup> Please note that the Asmat’s wooden poles are **not** totem poles. Totem poles are carved from peoples of the Pacific Northwest.

4) (Consumption pattern) What type of items/goods do the Asmat have (horticulturists) compared to the Dobe Ju'Hoansi (Foragers)?

5) How did they obtain these items?

#### **Mode of Reproduction (Demography: birth rates, death rates, migration)**

1) What is the population size (population density) compared to foragers? If they are a semi-migratory society, how might this impact the size of the population (especially compared to Foragers who are migratory)?

2) How healthy were the Asmat? What might cause illness in this society? What form of healing practices do you think they rely on and how is this reflective of the infrastructure?

3) What are some things that might affect the size of the population in horticultural societies?

4) How does warfare impact the population's size? What does this have to do with female infanticide?

#### **STRUCTURE**

##### **Domestic Economy (Kinship organization, marriage patterns, descent , division of labor)**

1) What form of marriage pattern do we see in this society? And who has the most spouses?

3) How is division of labor divided along gender or status lines?

4) What types of gender division do you see?

5) Describe examples that illustrate the importance of kinship in this society?

##### **Political Economy (Dealing with conflict & control, Forms of leadership, Warfare)**

1) Does this look like the egalitarian society that we saw with the San (Foragers)? Do we see examples of stratification or status?

2) Does a woman have any power in this society?

3) Describe the "leader" of the group?

4) Do you see any examples of conflict? Do you see any signs of political activity? What were the ways they used to create group cohesion?

5) Why do they tend to have chronic warfare? How might chronic warfare affect other aspects of their society (including infrastructure, structure, and superstructure)

#### **SUPERSTRUCTURE(Values that support the society: Religion, Music, Art, architecture, sports,etc.)**

1)What were some examples of artistic expressions?

2)What role does the artist play in this society? Is it simply art for art's sake or does it relate to religion?

3) Describe examples of how cultural expressions can reinforce or reflect the society's values and beliefs. For example, if the world is seen as a hostile place (due to chronic warfare- political economy), how might this impact their belief system and practices? Why did the Asmat dance? Why did they make wood carvings of their dead relatives?

4) What kind of belief system did they have? Do they have a religion?

5) In the film, in what way was Magic can be used to explain the inexplicable or to control the uncontrollable?

6) Magic relies on the "law of similarity," law of contagion," or analogically related pairs. Can you give illustrative examples of these principles from the film?

5) What is a myth? How is the myth of Femero Ipitz reinacted in the Bis ceremony?

6) Why do they "attack" the sago palm tree? How is this reflective of "animism"?

7) What type of houses did they live in and how might they create a sense of community?

8) How does the origin myth illustrate the ways superstructure supports the Infrastructure?

# FINAL EXAM

## Key Terms for Superstructure

### Religion

**Animism:** “Belief in souls and doubles” (Kottak 2010: 449, 337).

**Communal Religions:** “Wallace’s typology, these religions have –in addition to shamanistic cults – communal cults in which people organize community rituals such as harvest ceremonies and rites of passage” (Kottak 2010: 451, 347).

**Rituals:** “Behavior that is formal, stylized, repetitive, and stereotyped, performed earnestly as a social act; rituals are held at set times and places and have liturgical orders” (Kottak 2010: 460, 340). (Sport as ritual)

**Rites of passage:** “Culturally defined activities associated with the transition from one place or stage of life to another” (Kottak 2010: 460, 341).

--**Preliminal:** Old identity/pre transition stage.

-- **Liminal:** “The critically important marginal or in-between phase of a rite of passage” (Kottak 2010: 456, 341)

**Communitas:** “Intense community spirit, a feeling of great social solidarity, equality, and togetherness; characteristic of people experiencing liminality together” (Kottak 2010: 451, 343).

--**Post liminal:** New identity/post transition stage.

**Magic:** “Use of supernatural techniques to accomplish specific aims” (Kottak 2010: 456, 339).

**Mana:** “Sacred impersonal force in Melanesian and Polynesian religions” (Kottak 2010: 456, 338).

**Monotheism:** “Worship of an eternal, omniscient, omnipotent, and omnipresent supreme being” (Kottak 2010: 457, 347).

**Polytheism:** “Belief in several deities who control aspects of nature” (Kottak 2010: 459, 347).

**Revitalization Movements** “Culturally defined activities associated with the transition from one place or stage of life to another” (Kottak 2010: 460, 341). (Example: Cargo Cults):

**Cargo Cults:** “Postcolonial, acculturative, religious movements common in Melanesia that attempt to explain European domination and wealth and to achieve similar success magically by mimicking European behavior” (Kottak 2010: 450, 351).

**Shaman:** “A part-time religious practitioner who mediates between ordinary people and supernatural beings and forces” (Kottak 2010: 460, 346).

**Taboo:** “Prohibition backed by supernatural sanctions ” (Kottak 2010: 461, 338).

**Witchcraft:** Causing supernatural harm from a distance. (See also “Witchcraft accusations”, 346)

**Worldview:** Way of seeing the world and your place in it. Can reflect cultural perspective.

religion:

Ways that religion can change:

Conversion:

Syncretism:

Nativism:

religious specialists:

A. Individualistic cults

B. shamanistic cults

C. communal cults

D. ecclesiastical cults – priests and priestesses

E. Other specialists (diviners, palm readers, witches)

**\*superstructure:** (This portion of the universal pattern deals with the things that support the Infrastructure in terms of values and beliefs. Cultural values or worldview can be expressed in art, music, religion, architecture, religion / belief systems, etc. This is the major focus of this section’s material)

### Applying Anthropology

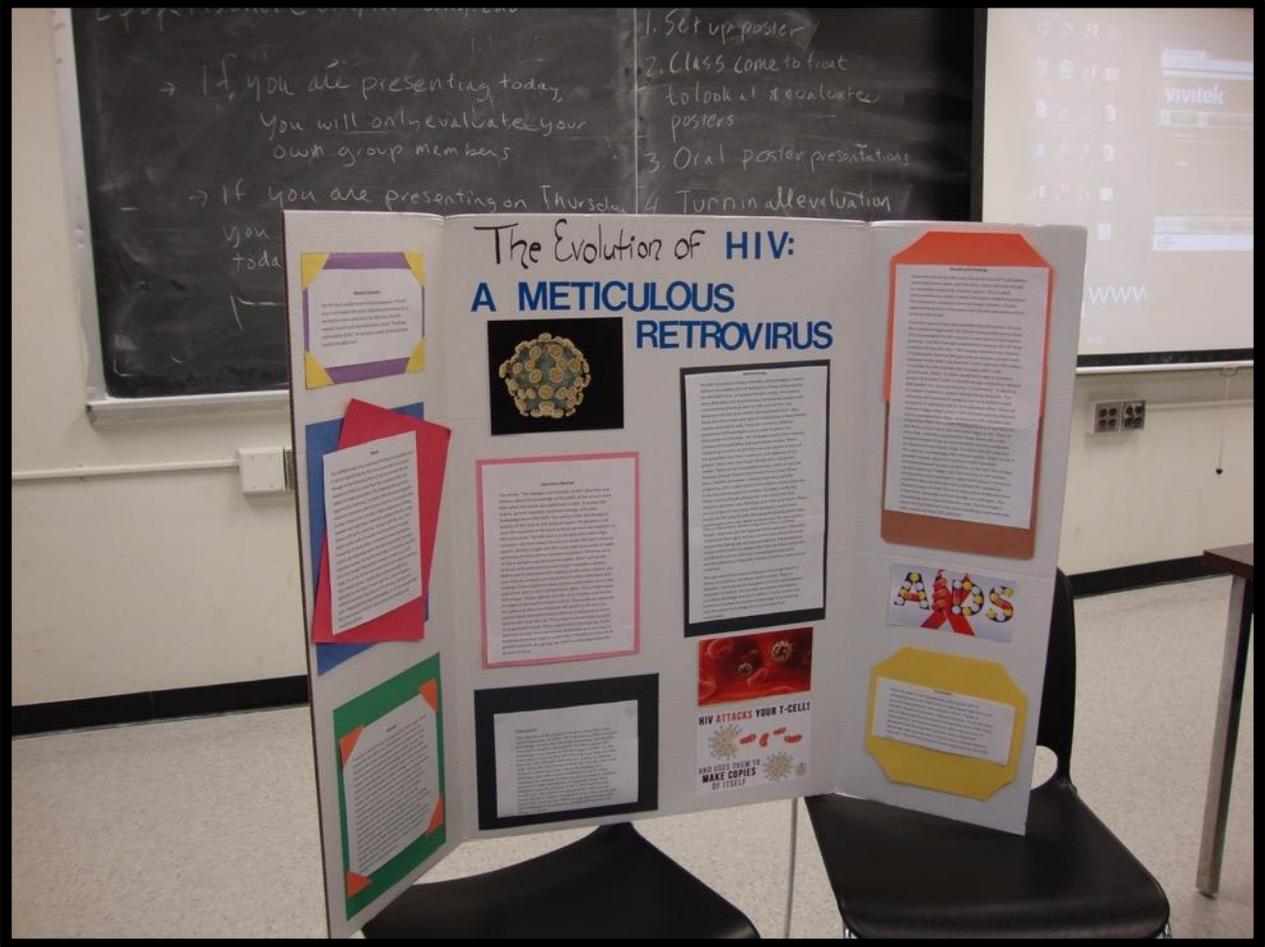
**Applied Anthropology** “The application of anthropological data, perspectives, theory, and methods to identify, assess, and solve contemporary social problems” (Kottak 2010: 450, 18, 405).

**Medical Anthropology:** “Unites biological and cultural anthropologists in the study of disease, health problems, problems, health care systems, and theories about illness in different cultures and ethnic groups” (Kottak 2010: 456, 416).

## Essay Questions

1. Define cultural materialism
2. Identify and describe each part of the universal pattern
3. Pick one type of society (Foragers, Pastoralists, or Horticulturalists) and describe how the ***Superstructure*** of that society reflects the values that support that society. You can use information presented in the films, lecture and/or the general outline of the societies. ***Explain how the value you describe supports the other aspects of the universal pattern (how things found in "Superstructure" reflect aspects of the "Structure" and "Infrastructure.")***

# Final Research Projects:



# Summary Outline of chapter

Outline:

## **UNIT FIVE: Superstructure: Medical Anthropology**

Defining Health and Illness

Theoretical Approaches

Healing and Healers

Placebo Effect

Psychological Anthropology

Cultural Example: A look at a Horticultural Society: Asmat

Outline of Horticultural Societies

Film Questions

Key terms for Superstructure:

Presentation of Poster Projects (Week 14)

### **Final Exam**

Short Essay:

- 1) Define Cultural Materialism.
- 2) Describe each part of the Universal pattern
- 3) Describe the "Superstructure" of one of the societies we discussed (your choice: Forager, Pastoralist, Horticultural) using illustrative examples from the films. As the theory of Cultural Materialism emphasizes the "Infrastructure," you must explain how the "Infrastructure" sets the pattern for the "superstructure."

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<https://courses.candelalearning.com/anthropologyx15x1/chapter/key-terms-concepts-health-illness/>

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