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and housing crises of the nation’s inner-city neighborhoods. In the same way, the story of this group of homesteaders is emblematic of emergent community-based organizations around the country that also seek to effect social change. For example, in detailing the specific financial and bureaucratic pitfalls facing the homesteaders and the ideological tensions (particularly between private and collective ownership) that emerge within the group over time, von Flaschel reveals the current limits and future potentialities of poor people’s movements.

Von Hassell’s work stands out for her nuanced understanding of human vulnerability and strong grasp of theory. Despite the contradictions that inevitably catch up with the group and the tensions and weaknesses that plague it, von Hassell anticipates the significance of the effort: “For the remaking of America’s inner-city landscapes... homesteading on the Lower East Side offers a compelling conceptual building brick” (p. 187).

Considered together or individually, these three books constitute powerful social critique not likely to get a hearing in official policy circles. Given the nature of these works, it is no wonder that anthropologists are not called upon by the nation’s leadership to counsel on social problems. This makes it all the more important that they be placed on reading lists for courses in social theory, social movements, studies in class, gender, race and ethnicity, and urban anthropology. Less understandable is why anthropologists working in the United States struggle so to be heard by colleagues within the discipline. Considering the quality of the contribution, it is high time the discipline make more room for their scholarship.

From Margin to Center: From Medical Anthropology to Cultural Studies of Science

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These three powerful works represent, invent, and reinvent important currents in contemporary medical anthropology but also move beyond it. They confirm the field’s maturation and its growing transformation into the cultural studies of science (CSS). Arthur Kleinman’s body of work, some of which is adumbrated in an appendix of his text, already represents a veritable river of innovation. From this river have developed many streams, including some work of Robert Hahn considered here. (Two chapters of his text were originally written with Kleinman.) Kleinman has greatly influenced others such as Allan Young, who has himself influenced Kleinman. Each of the works considered here clearly articulates its author’s view of things medical, scientific, and cultural. Collectively, they make a significant contribution to the cultural constructivist medical anthropology (CCMA) (A. D. Gaines, ed., Ethnopsychiatry, SUNY Press, 1992). Constructivist work engages folk and professional medicines, their illness experiences, and the sciences that the professional medicines practice as problematic cultural/historical, creative accomplishments.

The present texts do not represent incremental, ostensibly atheoretical additions to the normal medical or medical anthropological science that increasingly fills the pages of today’s journals. In a comment on such work, Kleinman notes this “thinning out” of scholarship in medical anthropology (p. 4). None are “quick reads” or literary equivalents of sound bites productive of the superficial “take-away messages” ubiquitous in medical discourse. These books represent complexity with thoughtful critiques and engagement with theory. Each seeks to analyze medicine as science (theoretical and applied) in psychology, psychiatry, phenomenology, sinology, international health, biomedical ethics, epidemiology, medicine, and obstetrics. But each also seeks at some level to change those applications and related practices. The intellectual richness and the descriptive thickness of these texts can scarcely be communicated in a brief review such as the present one. Only a broad overview of their commonalities and differences and some implications for CSS and medical anthropology can be presented here.

In the early 1980s, this reviewer envisioned CCMA as transforming the field, as interpretivist sorts would inevitably concern themselves with the sciences that medicine applied and with issues that were earlier considered in the history and philosophy of medicine and in the social studies of science (SSS). (Indeed, this
reviewer now teaches courses in CSS in the context of a medical anthropology program.) In Kleinman's concluding chapter, he notes that studies in the anthropology of science, a disciplinary version of CSS, are clearly a major direction for strong medical anthropological works. These three books meet and exceed my early expectations for the development of CSS.

Critical in this regard is the echoing in all of the works under consideration of a point made in CCMA as part of the establishment of the "new" ethnopsychiatry and ethnomedicine (Gaines 1992). That is, new studies must consider many issues that are extramedical, including notions of self and related aspects of cultural psychologies, the nature of rationality and logic in medical sciences, suffering and violence, experience, and chronicity. Central to such concerns is the close consideration of the historical processes from which and through which identity, experience, and difference are made, remade, and transformed. These issues are taken up in the books at hand and largely successfully so.

Receiving less attention in the three volumes but equally important to the new ethnomedicine, however, are issues of comorbidity, aging, gender, and, for the United States especially, scientific and medical racism (Gaines 1992; Gaines, "Race and Racism," in Encyclopedia of Bioethics, Macmillan, 1985). As CCMA's five tenets suggest (Gaines 1992), medical anthropological work should be simultaneously (to use passé disciplinary distinctions) historical, literary/discursive, symbolic/hermeneutic (anthropological and psychoanalytic), social psychological, biographical, and phenomenological. This multilevel view of realities, medical or otherwise, sees realities as problematic, complex, local constructions.

In the new CSS in medical-anthropology-in-the-making, these foci merge and serve to unmake both medicines and the sciences they practice. These three books contribute substantially to that deconstructive process and represent fairly major shifts in their authors' theoretical stances. In them we see substantial moves away from universalistic and positivist assumptions related to biology, cognition, economy, and psychology. Such change is explicit only in Kleinman's self-reflective opening chapter, but it runs through all three of the books.

While these texts are considerable achievements, some problems remain. One problematic area is the expressed unitary notions of European and/or European American cultures and medicines. In fact, the dominant culture in the United States is that of a numerical minority. This attitude indicates a lack of progress toward "deracializing" notions of culture and geography and toward the implications of the recognized pluralism of professional medicines as noted in the new "ethnology of biomedicine" (Gaines 1992).

Kleinman's collection is the most distinctive and personal statement of the three. It is both study and reflection, a theoretical/intellectual autobiography placed in dialogue with recent developments in medical anthropology. It updates us on his thought and on developments in the field. As such, it contributes to intellectual history and to CSS as chronicle but also reveals a major sociomedical scientist's changing views. Most important is his abandonment of the universalistic notion of biology seen in his earlier work (e.g., his somatization papers, illness/disease distinction, and clinical cases). The notion of "local biology," (Gaines 1992, 1995) is needed here to make the next step. Another shift Kleinman discusses is his move away from a view of culture as homogeneous to one cognizant of the variety of cultural spaces of and from which various voices speak and contest.

Kleinman's intellectual project and the spaces his research have occupied have been in the margins of medicine (i.e., psychiatry as marginal medical practice), of anthropology (i.e., medical anthropology), and of social science (as a sinologist in a Eurocentric academic world), hence his title. He sees that margins after Victor Turner, are liminal (and therefore, transnational), creative phenomena with great promise. Through his career, Kleinman has placed marginal elements in dialogue with one another and, through that dialogue, connected elements that were once separated by traditional intellectual boundaries.

After the introductory chapter, Kleinman considers aspects of the culture of biomedicine, including its specificity, the anthropology of bioethics (a more inclusive term than biomedical ethics, which includes nonmedical, environmental issues), and a critique of notions of objectivity in international health. In part 2 Kleinman writes alone and with sinologist Joan Kleinman and others. They analyze human suffering as social experience, expanding upon Kleinman's notion of "suffering." Malaise is considered not in terms of disease model but in terms of the broad space of social suffering in which the body is mediator between individual and collective experience. "Affect, then, need to be examined as the bodily nexus of social relations, moral, and political connections" (pp. 13–14). Feeling is simultaneously an embodiment of social circum stances and a social projection of bodily experiences.

In chapter 5, on suffering, Kleinman takes critical medical anthropology (CMA) to task. He points up, has this reviewer ("Ethics and Methods in Medical Anthropology," AAA Annual Meeting paper, 1992), that a view of power and hegemony fails to attend to loc: constructions of life and world and even denies the validity. Its view also makes cooperative research in possible. Further, the silencing of local voices pose
an insoluble ethical dilemma for CMA that is generated by its epistemology and the voices it privileges.

In the concluding chapter, Kleinman presents an appreciative in-depth review of important recent medical ethnographies (including Young’s, then unpublished), which he terms the “new wave” of medical ethnographies. It is in such texts that Kleinman finds the strong work of medical anthropology which is increasingly excluded from the field’s journals, site of what may now be referred to as the ancienne vague of medical anthropology. He considers and lauds the difficulty in classifying genre-bending works. The chapter witnesses the vigor and boundary-breaking nature of new work.

Robert Hahn’s book has a dual goal: to explore ways of conceiving sickness and healing in which the reality of Western medicine is not assumed, and then to return with new knowledge to reflect on the nature of biomedicine. Initially, Hahn explores the range and dimensions of the universe of sickness and the classification of its forms. He formulates a definition of sickness as “a condition of the self unwanted by its bearer” (p. 14). But we do know that sickness experience is complex and may have positive cultural value. Sickness even may be actively sought and the illness experience displayed like a badge of courage.

Seeking universality, Hahn argues for common interrelated aspects of sickness. He considers how one compares sickness in different cultural traditions and concludes that the biomedical conception of sickness as purely biophysiological malfunction confuses conditions with their causes. He argues for definitions of sickness that employ biographical attributes.

It is noteworthy that all three authors regularly invoke notions of self as central to the medical and science issues engaged but assume both a single culture and self-concept as extant in the West. For Young and one of his principal influences, philosopher of science Ian Hacking, a single Western cultural psychology of the unconscious is also assumed. In contrast, much work shows that there are distinctive European cultures and, hence, distinct notions of self within Europe and, by extension, in the United States, among “whites,” a term that only pretends to label a culture. Implicated here is a traditional and ubiquitous, but ultimately racialist, equation in science of a fictive biological group with a putative specific culture (Gaines 1995).

Hahn goes on to propose that individual stories of sickness are critical. This proposal is somewhat similar to Kleinman’s emphasis on illness narratives, but Kleinman and Young both see much less universality, if any at all, than does Hahn. Illness experiences cannot be reduced to diagnostic labels, professional or folk; they are unique configurations of experience.

Hahn reprints his important insights on culture-bound syndromes and also considers “three theories of sickness and healing.” A more fruitful contrast employs epistemologies and consequent methodologies (Gaines, “Cultural Constructivism,” in Pfeifferer and Bibeau, eds., Anthropologies of Medicine, Vieweg, 1991). Hahn somewhat misrepresents cultural theory as homogenizing cultures; it is now clearly accepted that, as Kleinman says, there are specific voices and those voices come from “somewhere.” Knowledge is not equally shared in a culture wherein knowers have distinct and distinctive vantage points constructed by that culture’s notions of affinity and difference.

In chapter 4, Hahn considers the role of society and culture in sickness and healing, and the construction of medical realities, and revisits his work (with Kleinman) on the placebo phenomenon. He moves on to explore the relationship between anthropology and epidemiology, positing a strong complementarity. In “Biomedicine as a Cultural System,” Hahn elaborates on notions developed by himself and this reviewer in books that named and contributed to the formulation of the anthropology of biomedicine (Gaines and Hahn, eds, Physicians of Western Medicine, theme issue of 1982, Culture, Medicine and Psychiatry). Next, the author looks at values in and of the practice in medicine.

It is noteworthy that all three books reviewed here raise bioethical issues. Kleinman considers it specifically in “The Anthropology of Bioethics,” where he rightly calls for the study of bioethics rather than seeking a role that anthropology might play within mainstream bioethics. Young, too, considers ethical issues in the construction of the moral dimension of posttraumatic stress disorder (PTSD).

Chapter 7 reprints Hahn’s essay on an internist from our book (Hahn and Gaines, eds., Physicians of Western Medicine, Kluwer, 1985), while chapter 8 reprises his study of obstetrics texts and their expressed notions of women and society. The next chapter examines the experiences of physicians when they become patients. The last chapter argues for an “anthropological medicine,” his prescription for the “troubled profession” of medicine. With reference to values, the changes he advocates would entail development of a new communitarian biomedical ethics. The key problem is the conflict of such an ethical tradition with the (Protestant) individualism that implicitly dominates contemporary U.S. biomedical ethics.

Young’s long-awaited study of the construction of PTSD gives us a rich, CSS look at the sciences of psychology and psychiatry and a rare ethnography of PTSD itself. This is an important and singular work. It is simultaneously a major contribution to CSS, medical anthropology, psychiatry, and medical
history and serves as a model for future professional ethnomedical studies as well as those of specific nosological entities.

Young begins his illuminating analysis with an outline of the "discovery" in the last century of a new form of memory, that is, traumatic (and pathogenic) memory. Despite psychiatric writers' insistence on discerning PTSD in early accounts from Gilgamesh to Shakespeare, Young shows that PTSD results from the development of a new self concept in the West (a new version of only the northern European Protestant self, to be sure) in which there is thought to be an unconscious memory; the knower has secrets kept from the self. Young brilliantly explodes the notion that PTSD is unitary or timeless. Rather, it is a local cultural construction that "is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented by various interests" (p. 5).

Divided into three parts, the book first delineates the development of traumatic memory from the analogy with physical trauma in the last century. Its emergence in the 1890s represents a conjoining of nervous shock (from the 1860s) and vaguely defined forms of forgetting called "repression and dissociation" from the 1790s. Young ties together a number of strands of interest, research, and assertion, including voodoo death, railway accidents, the virtual epidemic of war trauma victims from World War I, and the work of Charcot, Freud, and Janet.

Part 2 of Young's book focuses on the transformation of the traumatic memory and traumatic neuroses during the postwar years, during which little attention was focused on war neuroses. It was not until 1941 that Abram Kardiner, who became part of the culture and personality school in anthropology, published the first systematic account of war neuroses in the United States. Additional steps in the ultimate creation include the development of a systematic classification in psychiatry (i.e., DSM III), which appeared in 1980 and contained PTSD. This material is followed by a detailed analysis of the construction of the entity through the use of various forms of medical and scientific reasoning and disease classification. PTSD appears as the cultural elaboration of a pathogenic secret of memory in which a cultural theory of time is necessary to create the distinctiveness of its symptoms.

In part 3, Young turns from a cultural-historical CSS approach to an ethnographic one, examining the practice of PTSD by analyzing its diagnosis, its putative biology, and daily life and talk on a PTSD ward. He shows how difference and, hence, pathology are constructed with little or no evidence or facts through clinical practice and the application of forms of rationality and changing theories of person and time. Young concludes with a review of theories from the now-dominant biological approach in psychiatry, which, he suggests, overwhelmed the analytic approaches he considered and reduced terror and trauma to faulty brain chemistry. Simultaneously, there has been an expansion of inclusion criteria for PTSD in the DSM IV (1994) which "bring PTSD back home" by defining domestic, as well as battle, experiences as traumatic. In evidence here is an aspect of U.S. medicine's "local biology," the local constructions of human biologies (Gaines, "Medical/Psychiatric Knowledge . . .," in Ethnomedicine, 1992; Gaines 1996).

Each book reviewed here can be expected to exert considerable influence on a variety of interrelated fields in term of their theoretical and ethnographic contributions. While Kleinman holds that his work (and by extension that of Hahn and Young) is at the margins, the quality and complexity of these books indicates that boundaries and borders have shifted such that these works are to be considered central, not marginal, to strong medical anthropology and move us more toward a promising, encompassing enterprise, the cultural studies of science.