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978-0-521-41558-3 - Medicine, Rationality, and Experience: An Anthropological Perspective

Byron J. Good

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Biomedicine is often thought to provide a universal, scientific account of the human body and illness. In this view, non-Western and folk medical systems are regarded as systems of “belief” and subtly discounted. This is an impoverished perspective for understanding illness and healing across cultures, one that neglects many facets of Western medical practice and obscures its kinship with healing in other traditions. Drawing on his research in several American and Middle Eastern medical settings, Professor Good develops a critical, anthropological account of medical knowledge and practice. He shows how physicians and healers enter and inhabit distinctive worlds of meaning and experience. He explores how stories or illness narratives are joined with bodily experience in shaping and responding to human suffering. And he argues that moral and aesthetic considerations are present in routine medical practice as in other forms of healing.

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presented at
The University of Rochester
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Harvard Medical School



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Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore,
São Paulo, Delhi, Dubai, Tokyo, Mexico City

Cambridge University Press
The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by Cambridge University Press, New York

www.cambridge.org

Information on this title: www.cambridge.org/9780521415583

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First published 1994

A catalogue record for this publication is available from the British Library

Library of Congress Cataloguing in Publication Data

Good, Byron.

Medicine, rationality, and experience: An anthropological
perspective / Byron J. Good.

p. cm. - (The Lewis Henry Morgan lectures: 1990)

Includes bibliographical references and index.

ISBN 0 521 41558 6 (hardback). - ISBN 0 521 42576 X (pbk.)

1. Medical anthropology. 2. Social medicine. I. Title.

II. Series.

GN296.G66 1994.

306.4'61 - dc20 92- 45254 CIP

ISBN 978-0-521-41558-3 Hardback

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Foreword

Byron Good delivered the Lewis Henry Morgan Lectures on which this book is based in March, 1990. This marked the twenty-eighth year in which the Lectures were offered to the public by the Department of Anthropology at the University of Rochester. As I write, the thirty-first Lectures are less than two months away. The Lectures were launched under the leadership of the Department's founding Chair, Professor Bernard S. Cohn, with generous support from the Joseph R. and Joseph C. Wilson families. For twenty-eight years, from 1964 through 1991, the Editor of the Lectures was Professor Alfred Harris. The first five published volumes in the series were Meyer Fortes' *Kinship and the Social Order*, Fred Eggan's *The American Indian*, Robert McC. Adams' *The Evolution of Urban Society*, Victor Turner's *The Ritual Process*, and Ward Goodenough's *Description and Comparison in Social Anthropology*.

The Lectures serve in part as a memorial to Lewis Henry Morgan, a prominent Rochester attorney as well as a founder of modern anthropology. Morgan was never dependent on the perhaps dubious pleasures and rewards of an academic position in mid-nineteenth century America. Nevertheless, as Professor Harris noted in his Foreword to Meyer Fortes' inaugural Lectures, Morgan was connected with the University of Rochester from its beginning. A major early benefactor, he left the University money for a women's college as well as his manuscripts and library. Until the creation of the Morgan Lectures, however, the only memorial to him at the University was a residence hall wing named in his honor.

The Morgan Lectures, the published volumes as well as the public lectures in Rochester, also are the site of a complex series of intersecting and overlapping conversations. Most importantly, of course, the Lecturer addresses other anthropologists and scholars in a variety of allied fields on his or her own behalf. The Lectures also provide an opportunity for the Department – undergraduates, graduate students and faculty alike – to engage in close interaction with scholars working on a wide range of problems in our discipline, many of which we cannot hope to represent in a single department. Ideally, their work challenges as well as complements our own. Through its selection of Lecturers, the Rochester

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Department of Anthropology is able to convey its sense of the growing points of the discipline as a whole. Here our audience is both local and international, anthropological and interdisciplinary. First through the public lectures in Rochester and then through the published volumes, the Lectures serve as a forum in which scholars from a variety of disciplines and members of the public may meet to discuss matters of general as well as academic interest.

I rehearse all of this for two reasons. The first is to honor the work of my predecessors. It is a considerable privilege and responsibility to take up the legacy of Professors Cohn and Harris and their distinguished Lecturers. The second is to make clear that my appreciation of Professor Good's book is necessarily partial and incomplete.

Medicine, Rationality, and Experience is a large work. As Morgan "discovered" or "invented" kinship as a cultural domain and an object of anthropological investigation, so Good here finds a definition of illness, providing medical anthropology with an object of study and a program of research. For Good, illness is an aesthetic rather than a biological object. His approach is interpretive rather than positivist.

Annie Dillard observes in *The Writing Life* that

When you write, you lay out a line of words. The line of words is a miner's pick, a woodcarver's gouge, a surgeon's probe. You wield it, and it digs a path you follow. Soon you find yourself deep in new territory. Is it a dead end, or have you located the real subject? You will know tomorrow, or this time next year . . .

The writing has changed, in your hands, and in a twinkling, from an expression of your notions to an epistemological tool.

With observations such as this in mind, I say advisedly that Good "finds" a definition of illness. This outcome is prefigured in Good's earlier work and in the first chapters of this one, but one of the charming features of this book is that it provides glimpses of the way in which its final destination emerged after much hard work. On the opening page of chapter 7, Good writes that

Shortly after I finished writing the last major chapter of this book – on the narrative representation of illness – a former professor of mine asked what I had discussed in the Morgan Lectures. I replied that I was developing a theory of culture and illness from the perspective of aesthetics, examining how illness is formulated as an "aesthetic object." I later thought back on what I had said with considerable anxiety, because with the exception of reviewing some of the literature on narrativity the book hardly addresses the issue of aesthetics at all. Furthermore, this surely represents a small part of what this book has been about and a very partial way of conceiving a program for medical anthropology. Nonetheless, my rather offhand comment suggested an interpretation of where I had emerged after nearly two years of work on this project, and may serve as the starting point for work to come (p. 166).

We have in this volume the record of a difficult voyage of discovery.

By my reckoning, Good's argument may be divided into two parts. The first, chapters 1 through 3, consists of preparatory work. Here Good severs the subordinate relationship of medical anthropology to medicine and biology and cuts its

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moorings in positivist epistemology. Medical science, he argues, is in part an ideological formation. It does not mirror nature in any direct way and cannot provide the foundations for a medical anthropology concerned with experience and comparison. Instead, a meaning-centered approach is required, one which recognizes that the language of medicine is a “*cultural language*” (p. 5) and a historical formation.

In the latter part of chapter 1, Good argues that, in spite of the many advances in medical diagnosis and therapy, the notion that medical science mirrors nature rests on a culturally specific distinction between knowledge and belief. In medical practice, public discourse and much anthropological writing, the other is regarded as holding culturally determined beliefs, often erroneous, while “we” have attained objective, empirical knowledge. Patients may have beliefs about their illnesses; doctors have knowledge. As Good observes, however, following Wilfred Cantwell Smith, our current concept of belief as something held to be true without certain knowledge is itself historical in character, arising in English usage only in the last three centuries. In earlier usage, belief had to do not with propositions but with activity, being loyal to or loving. Specific to our own culture, our modern concept of belief may be badly misleading when applied to other times or other places. At the same time, our conception of scientific knowledge as an objective mirror of nature has come to be less convincing. In some quarters, at least, it, too, is seen to be shaped by culturally specific practices.

Good pursues the conflict between positivist and interpretive epistemologies in chapters 2 and 3. Chapter 2 provides a broad overview of medical anthropology in the twentieth century. It is focused on contrasting representations of illness, their epistemological presuppositions and their implications for programs of research. A preliminary account of writings about concepts of illness and healing from before the Second World War grounds the discussion in mainstream anthropological concerns. The greater part of the chapter is devoted to an account of debates among representatives of the continuing “*empiricist tradition*,” cognitive and “*meaning-centered*” approaches, and “*critical*” medical anthropology in the period since the 1950s when medical anthropology emerged as a distinct subfield of anthropology concerned with work in international public health. The divergent theories of knowledge inherent in these competing positions are not, Good argues, mere philosophical window dressing. They have important consequences for programs of research and for the ways in which anthropologists interact with and write about the people they study and with whom they live. In Good’s view an interpretive or meaning-centered approach that remains “*conversant with critical theory*” is essential if medical anthropology is to comprehend the claims of medical science and biology while still recognizing “*the validity of local knowledge in matters of sickness and suffering*” (p. 63).

Chapter 3 is the first ethnographic chapter of the book. (Here as elsewhere Good discusses material gathered jointly with his wife, Mary-Jo Good, also a distinguished medical anthropologist.) A fascinating preliminary report on a study of Harvard Medical School’s New Pathway to General Medical Education, the

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chapter uses Ernst Cassirer's theory of symbolic forms to construct a picture of medical practice as embedded in culture, "a symbolically mediated mode of apprehending and acting on the world" (p. 87). Medical students enter the world of medicine, Good contends, by participating in a distinctive set of what Marilyn Strathern might call knowledge practices, "specialized ways of 'seeing,' 'writing,' and 'speaking'" that "formulate reality in a specifically 'medical' way" (p. 71). This ethnographic account serves as a bridge between the two parts of the book. Looking backward, it provides evidence in support of the claim, developed in the first two chapters, that medicine is embedded in culture. Looking forward, it is a first concrete illustration, using relatively familiar materials, of an interpretive approach that takes as its "analytical focus the 'formative processes' through which illness is shaped as personal and social reality . . ." (p. 66).

The second part of the book, chapters 4 through 6, consists of a series of ethnographic analyses, using material gathered in Iran, Turkey, and the United States. Together, these analyses give substance to Good's suggestion that medicine is a symbolic form and to his proposal for an interpretive approach to medical anthropology.

In chapter 4, Good applies the notion of semiotic networks to a Boston woman's account of her difficulties with rectal bleeding and to the account of digestion in Galenic-Islamic humoral medicine. This amounts to a sustained attack on the notion that medical terms in different cultures or in different segments of a single culture have a common reference to biological facts external to culture that can provide a basis for comparison and translation. Their meaning derives instead, Good shows, from their place in dense semiotic networks. Medical terms have meaning "in relation to a field of signs" (p. 112). They have as much to do with experience, gender and society as with biology. Their interpretation requires attention to the complex array of conceptual systems in which they participate as well as to the practices through which these systems are enacted and reproduced.

Good has been concerned with the analysis of semiotic networks since 1977 and the approach has been widely emulated in medical anthropology. Chapters 5 and 6 push the interpretive perspective into fresh territory. Like chapter 3, chapter 5 proposes a phenomenological account of the construction, and destruction, of lifeworlds. But, where chapter 3 focused on medical students, chapter 5 revolves around a Boston man's moving account of his life with chronic pain and is concerned with the experience of illness. Here Good suggests that medical anthropology "can bring method to the cross-cultural investigation of illness experience" (p. 134) by examining the phenomenology of these experiences, the ways in which they are narrated and the rituals employed to reconstruct the world that suffering has unmade.

Chapter 6 extends the analysis of the representation of illness in narrative, now focusing on Turkish informants' accounts of seizure disorders. Two aspects of the analysis in this chapter strike me as particularly interesting. Good draws upon Wolfgang Iser's theory of reading to argue that the "formative practices" that

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shape illness and illness experience are inherently social. For Good the meaning of illness is constructed through narrative practices in which sufferers, their families and other associates, and healers all participate. Like the meaning of a text, the meaning of an illness narrative, itself often the complex product of multiple authors, lies neither in the text itself nor in the reader/hearer but is a social product. It is socially distributed. Good draws upon Jerome Bruner to argue that illness narratives succeed by “subjunctivizing reality” (p. 153). Narratives are not closed accounts but endorse alternative perspectives and alternative readings, both retrospectively, looking toward the origins of suffering, and prospectively, looking toward the possibility of cure or alleviation of suffering.

In its own way, the narrative strategy that Good uses in *Medicine, Rationality, and Experience* also is socially distributed and subjunctivizes reality. As Good argues in chapter 2 and repeats in the concluding chapter, chapter 7, medical anthropology is heteroglossic, the socially distributed product of a multiplicity of perspectives and voices. This is necessarily so, he argues, for “[d]isease and human suffering cannot be comprehended from a single perspective” (p. 62). His purpose is not to eliminate the medical model but to carve out a distinct approach for an interpretive anthropology. If, as he suggests, “[m]edical anthropology’ is a kind of oxymoron” (p. 176), an impossible combination of positivist and interpretive epistemologies, the cyborg monster is nevertheless essential to cross-cultural understanding. The course of future research remains open.

Though Good adheres to matters having to do with illness and healing, the implications of his engagement with biological reductionism in its medical stronghold will reverberate across the spectrum of anthropology. Several elements of his argument have close analogs in other areas of the discipline, but the vigor with which he deploys them in the face of the dominant medical and belief/behavior models is exciting.

Like medical anthropology, the Lewis Henry Morgan Lectures as an on-going series are socially distributed, heteroglossic and subjunctivizing. Any attempt to discern an overall direction in such a series is always provisional. Nevertheless, it is worth noting some of the parallels between this work and the last two volumes in the series, Stanley Tambiah’s *Magic, Science, Religion, and the Scope of Rationality* and Marilyn Strathern’s *After Nature: English Kinship in the Late Twentieth Century*. With Tambiah, Good emphasizes the historical character and cultural embeddedness of science and rationality. With Strathern, Good denies that society and culture are constructed out of elements external to themselves. As kinship, according to Strathern, is not constructed upon the facts of biological connection so, for Good, illness, suffering, and healing cannot be reduced to the biology of organisms.

ANTHONY T. CARTER, *Editor*
The Lewis Henry Morgan Lectures

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Preface

This book consists of the Lewis Henry Morgan Lectures, which were delivered during March 1990 at the University of Rochester, and substantially revised and expanded during the subsequent two years. Having honored me by the invitation to deliver the lectures, members of the Department of Anthropology increased my debt beyond measure by their hospitality during the two weeks of my visit. I owe special gratitude to Professor Al Harris, who ably organized the Morgan Lectures for many years, and to Professor Tony Carter, who has now taken on that responsibility. To the faculty, graduate students, and others in the University community who were my hosts and engaged me in discussion, I offer my sincere thanks.

This book represents an effort to work through a set of ideas with which I have struggled for more than twenty years. During 1964–65, I spent a year as an undergraduate student at the University of Nigeria. I returned with a sense of the profound inadequacy of describing the world of my Ibo and Yoruba classmates in a manner that gave privilege to my own views of reality. It was that experience that led me to the comparative study of religion, and then to the study of anthropology. It was also that experience that provided the intuitive grounding for my intellectual engagement with symbolic anthropology at the University of Chicago.

When I turned my attention to medicine, eventually taking a teaching position in the Department of Psychiatry at the University of California, Davis, I began to confront the epistemological questions implicit in the position I intuitively held. Can we seriously contemplate an epistemological – and ethical – stance that does not privilege the knowledge claims of biomedicine and the biomedical sciences? If we accept such claims, what are the consequences for how we represent illness and healing in other cultural traditions? How do our analyses subtly reproduce and legitimize our own common-sense knowledge of medicine and the social world in which we live? On the other hand, if we deny the foundational claims of biomedicine, what alternative ways of thinking and writing are available to us?

This set of questions lies at the heart of much of what I have written during the past fifteen years. And it is this set of issues which I address in as coherent a fashion as I am able in this book. I attempt to show that our views of language,

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meaning, and knowledge are subtly present in nearly all that we write in anthropology, and that medical anthropology is a key site in our discipline to address some of the most difficult – and exciting – issues that we face today.

Perhaps not surprisingly, the book turned out to be different than it would have been had I written it a decade earlier, when I first jotted down an outline for a similar text. The ensuing years have seen important developments in interpretive studies, on the one hand, and the rise of diverse forms of critical analysis, on the other, all influencing how we think and write today. In the course of preparing the lectures and elaborating the manuscript, I found myself struggling to reformulate many of the issues about which I have previously written. It is my hope that the text may provoke a similar struggle for at least some of those who read it.

This book includes the core of the lectures, augmented by several additional chapters. Chapters 1, 3, and 5 were presented as the first three Morgan Lectures, and have been revised for this text. Chapters 2, 4, and 6 have been added to fill out the argument. Chapter 7 grew out of my reflections for the concluding lecture, but is largely rewritten.

Given the history of this project, I want to acknowledge a number of individuals who have contributed to my thinking and to this book in particular. Present throughout this text are the voices of several of my teachers: Wilfred Cantwell Smith, who taught the comparative study of religions at Harvard Divinity School; Raymond Fogelson, who first introduced me to medical anthropology and provided enormous support during my graduate years; Clifford Geertz, whose seminar on the theory of culture at the University of Chicago put me to work on many of the issues addressed here; Victor Turner, whose energy and ideas about social drama, narrative, and experience inspired a generation of Chicago students; and Lloyd Fallers, a gentle scholar and my advisor, who died while I was in the field.

Present also are the voices of my colleagues at Harvard, the graduate students and post-doctoral fellows with whom I have been privileged to work, a small group of visiting scholars from Tanzania and Kenya who read and commented on the text, and a larger group of colleagues in the field with whom I have discussed these issues over the years. At Harvard, Leon Eisenberg, Stanley Tambiah, Bob and Sarah LeVine, Nur Yalman, Dan Goodenough, and Allan Brandt deserve special thanks. Students (and former students) who have taken my graduate seminars on theory in medical anthropology have discussed many of the issues of this book with me, quietly criticizing my formulations and influencing me immeasurably. Though I am certain to omit names that deserve mention, Terry O'Neill, Paul Brodwin, Eric Jacobson, Lawrence Cohen, Paul Farmer, Jim Kim, Anne Becker, Linda Hunt, Lindsay French, Michael Nathan, Julia Paley, and David Attyah are among them. Of special importance have been conversations with fellows in the Harvard program, including Peter Guarnaccia, Janis Jenkins, Tom Csordas, Cheryl Mattingly, Linda Garro, David Napier, and Bob Desjarlais; the latter three made extensive comments on parts of the text. Among my colleagues, Allan Young, Charles Leslie, Ronald Frankenberg, Amélie Rorty,

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Steve Fjellman, Gilles Bibeau, Ellen Corin, Vincent Crapanzano, Mariella Pandolfi, Debra Gordon, Margaret Lock, Mitzi Goheen, Hank Herrera, Ayala Gabriel, Don Pollock, Unni Wikan, Atwood Gaines, and Rick Shweder have each made unique contributions to this manuscript and to the ideas developed here. To all of these friends and colleagues, my thanks.

I owe special appreciation to Martha MacLeish Fuller for help in preparing the manuscript and proof-reading the text.

It is difficult to convey the extent to which my thinking on the issues addressed in this book has been influenced by my friend and colleague Arthur Kleinman. Since 1970 we have been engaged in dialogue about matters that concern both of us deeply. Arthur's own work and our many conversations have stimulated my thinking and tested my ideas, and his editorial comments on the text have improved its quality. No expression of my appreciation is adequate.

Finally, I acknowledge with gratitude the constant presence in this book of my wife and colleague, Mary-Jo DelVecchio Good. Mary-Jo has collaborated with me on all of the research discussed in the following pages; the data are hers as much as mine, and many of the interpretations derive from her insights and are reflected in our joint publications. The ideas I discuss here have evolved in a conversation with her that has lasted more than twenty-five years. Whatever depth and insight I am able to muster in this text grow out of that conversation. Mary-Jo sustained and encouraged me throughout the preparation of the Morgan Lectures and has read and commented on every page of this manuscript. It is to her that I dedicate this book.