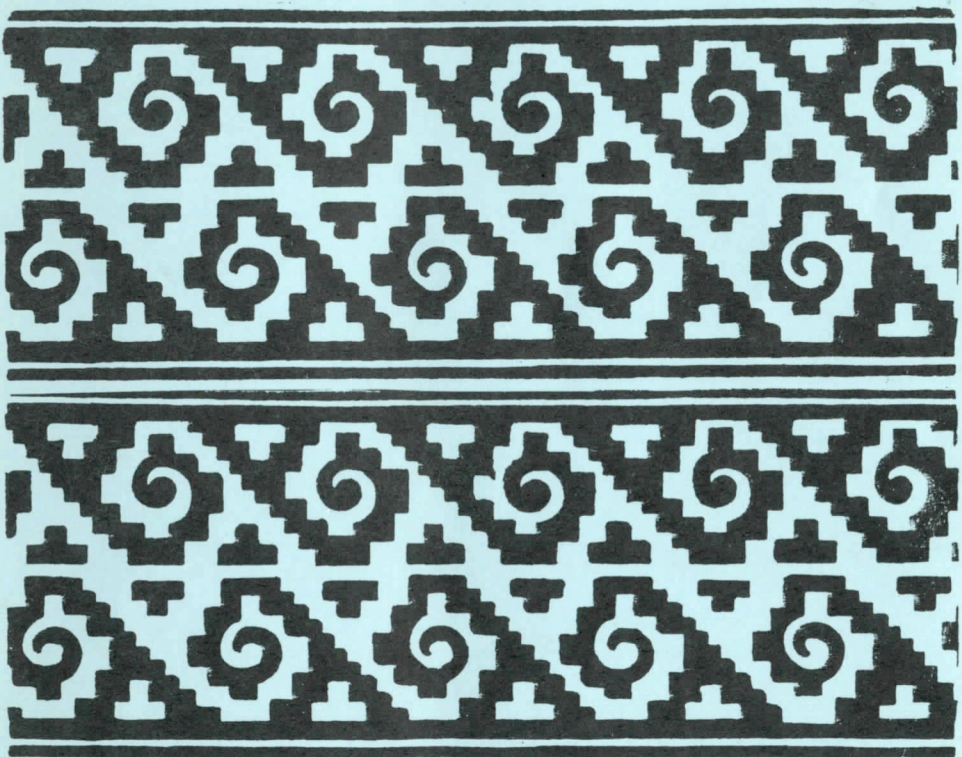


# Southern Anthropologist



*Threads!! (See inside!)*

Volume 26, No. 1, Spring/Summer 1999

## Southern Anthropologist

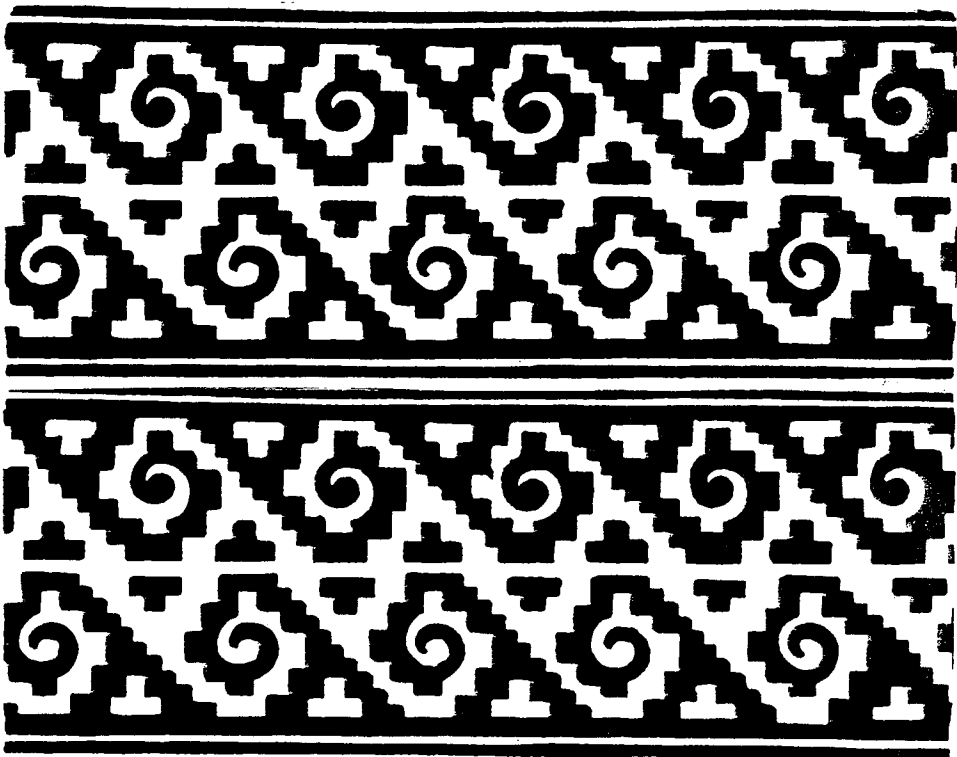
David M Johnson, Editor in Chief  
Department of Sociology & Social Work  
North Carolina A & T State University  
Greensboro, N C 27411

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CHESTERTOWN MD 21620  
199d

# Southern Anthropologist

Editor in Chief

David M Johnson

Department of Sociology and Social Work  
North Carolina A & T State University, Greensboro, N C 27411  
johnsond@ncat.edu

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angrosin@luna.cas.usf.edu

Spring/Summer 1999]

# Southern Anthropologist

Volume 26 Number 1  
Spring/Summer 1999

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The *Southern Anthropologist* is normally published twice a year (Spring and Fall) and is distributed as a benefit to the membership of the Southern Anthropological Society.

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Southern Anthropological Society communications: (dues, subscriptions, and address changes) should be sent to:

Dan Ingersoll  
 SAS Secretary-Treasurer  
 Department of Anthropology and Sociology  
 St Mary's College of Maryland  
 St Mary's City, MD 20686  
 E-mail: [dwingersoll@osprey.smcm.edu](mailto:dwingersoll@osprey.smcm.edu)

[Note: Designs on Front Cover and on "Threads" articles are from Jorge Enciso, *Design Motifs of Ancient Mexico*]

David M Johnson

## Editor's Corner

Welcome to the Spring/Summer 1999 issue of the *Southern Anthropologist*.. This issue contains the prize winning student papers from the Spring meetings in Atlanta, plus what I hope will be the beginning of some discussion "Threads" covering topics of interest to anthropologists (I hope both academic and practicing) worldwide, and concluding with the definitive word on the Hoax of Postmodernism. Read on!

### Threads

Just as we had some lively discussions and disagreements regarding the ideas started by Hans Baer in his "Tripartite Division of Labor in Academe" article several years ago, I hope to start some discussions going in these pages on topics of interest to anthropologists. In this case, with influence from the online discussions held electronically, I am going to call them "Threads" and see if I can get some responses to them, the responses to be printed in future issues of this journal.

The first thread concerns definitions and uses of the *concept of Culture*, which

was a paper presented at the Atlanta meetings by Daryl White and John Studstill. They report that there was wide variation in the responses they got to a survey about the topic, and have distilled some of that material down for this publication, with the hope that others will write in and give their thoughts to supplement what they have now.

The second thread concerns the *characteristics of the Modern Undergraduate*, at least as experienced by David Johnson at his institution, North Carolina A&T State University, a HBCU (Historically Black College or University

for the acronym challenged) where he has taught for 25+ years, and where he reports that he and his colleagues are finding the current generations of students to have significant differences from those in the past, and are struggling to find ways to teach and reach them most effectively. He and I invite responses to his scribbles, including whether others are experiencing similar student characteristics and what ideas they are using to reach them best.

### Feature articles

The feature articles this issue are the winners of the Student Paper competition, as judged by Morgan Maclachlan and his committee. Both papers concern New World Native American groups, and are printed



here in their entirety.

The Undergraduate winner is Erin Finley, whose paper is entitled "Rather than Face that Place Again: Care-Seeking as a Factor in Maternal Mortality Among Mayan Women in Guatemala."

The Graduate winner is Loretta Ann Cormier, whose paper is entitled "Ritualized Remembering and Genealogical Amnesia" which is about Lowland South American Indians

This issue's humor section consists of an imagined TV talk show about "Postmodernism Denounced as Hoax" as reported by Mark Leyner.

#### The future

The Fall issue of this journal may finally see the long-promised paper on the history of anthropology in Florida, along with other material from the meetings, and we hope, responses to our Threads!

If you have other articles you think I might be interested in, please contact me; see below for ways to do this!

#### Keep in touch!

Ways to reach me:

(1) Voice mail at (336) 334-7894 at my office, or (336) 274-7032 at home

(2) E-mail

*Southern Anthropologist Staff:*  
 Editor In Chief: Dr David M Johnson  
 Photography and Graphics: Anthropoid Photographic Enterprises  
 Layout and Computer Work: Gigabyte Johnson  
 Roving Reporters: Herman Nooticks, Wally Balloo

via the Internet at *johnsond@ncat.edu*

(3) My email "handle" to home is: *gigabyte@nr.infi.net*

(4) Office FAX number (336) 334-7197

(5) Surface mail:

David M Johnson, Editor, SAS  
 Department of Sociology and Social Work  
 N C A&T State University  
 Greensboro, N C 27411

If you wish to submit materials to the Anthropologist, my preferences are (in rank order) and if possible in more than one form:

- (1) text of MS Word 5 or earlier file on a Macintosh floppy, along with hard copy
- (2) text or word processor file on 3-1/2" IBM (MS-DOS) disk with hard copy
- (3) e-mail to address above
- (4) fax and/or hard copy

My deadline for the Fall 1999 issue of the Southern Anthropologist is tentatively October 15.

## President's Column

David Johnson

North Carolina A & T State University

### Y2K Problem Solved! What about 2001?

It was with some trepidation that I accepted the gavel of office from (a perhaps overly cheerful?) Daryl White, for I am attempting to step into some very active shoes when I follow him! I appreciate the support of all those who took the time to vote for me, and pledge to do my best for the continuation and betterment of the Society.

#### Y2K Solved!

I am immediately thankful to President-Elect Mark Moberg, who has spearheaded the effort towards next year's meetings, so that the Y2K problem has been solved for the Society: The 2000 meetings will be held in downtown Mobile, Alabama, from 9-12 March, at the Radisson Admiral Semmes. The Key symposium is being organized by Lisa Lefler of the University of Oklahoma, and is entitled "Responsibility and Partnership: Anthropologists Among Southern Indians in the New Millennium." More details will be forthcoming about both, but for right now, put the date on your (new) pocket calendar for next year!

#### The Society 2001 and Beyond

Details and dates for future SAS meetings are still unknown, so if you or any one you know is interested in hosting meetings or organizing a Key symposium, contact me soon!

Beyond the issue of where the Society will meet in the future, there is the issue of who will be attending the meetings, and I want to encourage all of us active members to 'talk up' the benefits of the Society (which include meeting locations closer to the South than the AAA, smaller meetings with fewer concurrent symposia, great student friendliness, a dynamic and exciting Newsletter (ahem!), among others) I hope to do more in the fall to encourage departments who have not sent representatives to do so in the future.

#### Supporters and Threads

Speaking of supporters, I want to mention that Max White of Piedmont College (*mwhite@piedmont.edu*) has assumed the duties of SAS Endowment Treasurer; there is an announcement about the Endowment elsewhere in this newsletter, and I ask

you to consider contributing to it. V Richard Persico of Georgia Southern (richper@gsvms2.cc.gasou.edu) has assumed the duties as Book Exhibits coordinator and was very much in evidence at the Atlanta meetings! Thanks to both of them and to the many others who have been working on behalf of the Society!

In concert with the Editor of this newsletter, I am including a short article on "Student Characteristics" based on my and my colleagues' experience with our undergraduates, and want to see if any parts of it

strike a chord in the readership, especially in terms of ideas about improving teaching in the New Millennium (whenever it officially gets here!).

Again, I thank you for your support, and encourage you to enjoy this fine publication and get others excited about the Society and what we all can do for Anthropology in the South!

If you have ideas or comments, email me at <johnsond@ncat.edu> or send them in care of the Editor.

## SAS Endowment Campaign for Education and Outreach in the South

The Endowment is now in its fifth year of fund-raising toward a \$30,000 goal. The purpose of the endowment is to support student participation in the meetings and the student prize competition, expand the knowledge of anthropology in and of the South and to smaller colleges and universities which do not yet offer courses in anthropology, bring the message of our discipline to minority institutions through a dynamic speakers bureau, encourage minority participation in the field and at our meetings, and reward outstanding scholarship in the anthropology of the South with the annual presentation of an enhanced James Mooney prize. At present the Endowment is about a third of the way to the goal, so your contributions are needed!

**Please take time to make a campaign pledge or donation, and send it to:**

Dr Max E White

Department of Sociology and Anthropology

Piedmont College

PO Box 10

Demorest, GA 30535

email: mwhite@piedmont.edu; Tel: (706) 778-3000 ext 261; Fax: (706) 776-2811

### American Society for Ethnohistory

#### 1999 Annual Meeting

Call for Papers / Notice of Meeting Dates

Mashantucket Pequot Museum and Research Center

Mashantucket, Connecticut

20-24 October 1999

Organized Sessions, Special Events, Speakers, and Papers are encouraged for our 1999 Annual Meeting. Ethnohistorical work concerning any part of the world is welcome, but sessions and papers on the following topics are especially encouraged:

*ethnohistory of northeastern Native Americans; representations of indigenous people and their histories in museum exhibitions; American Indian gaming/gambling and economic history; Indigenous conceptions, presentations, and control of history.*

Individual paper and/or session abstracts of 50-100 words should be typed on the appropriate forms, which will also be available at <http://www.ethnohistory.org> in May 1999. Abstracts must be accompanied by preregistration fees of \$50 (for regular participants), \$25 (for students and retired participants) and postmarked by June 12 1999.

Contact: Shepard Krech III, Department of Anthropology, Brown University, Box 1921, Providence RI 02912; Shepard\_Krech-III@brown.edu

#### Recipients of the Society's

**Erminie Wheeler-Voegelin and Robert F. Heizer Awards are as follows:**

For the best book-length work in ethnohistory, the 1998 Erminie Wheeler-Voegelin Prize was awarded to Cynthia Radding (University of Illinois at Urbana-Champaign), for her book, *Wandering Peoples. Colonialism, Ethnic Spaces, and Ecological Frontiers in Northwestern Mexico, 1700-1850*, published by Duke University Press, Durham NC in 1997.

For the best article in the field of ethnohistory, the 1998 Robert F. Heizer Prize was awarded to Ruth Wallis Herndon (University of Toledo) and Ella Wilcox Sekatau (Narragansett Tribe) for their article, "The Right to a Name: The Narragansett People and Rhode Island Officials in the Revolutionary Era" published in *Ethnohistory* 44(3):433-462 (1997)

For additional information, please contact

Ann McMullen, Secretary/Treasurer, American Society for Ethnohistory, Milwaukee Public Museum

800 West Wells Street, Milwaukee WI 53233

414-278-2786/annmcm@mpm.edu



## ***Discussion Thread: Culture Concept***

### **SURVEY OF THE CULTURE CONCEPT**

**John D. Studstill and Daryl White**

Spelman College

In the spring of 1998 we mailed a very short, three question survey to people on the SAS mailing list (whom we knew were teachers) inquiring about how they teach the concept of culture. We reported results in a session at the annual SAS meeting in Decatur, Georgia, and a lively discussion ensued. With the publishing of these results in the Southern Anthropologist, we hope to begin a discussion that will continue in future issues of this newsletter.

Out of approximately 50 questionnaires we received back 20. The respondents were nearly all well-established anthropologists with a median teaching experience of 25 years.

**Question One** asked for the *definition of culture used in class*. The replies fell into seven categories. Despite differences in emphasis, 17 of the 20 responses fell into the first four quite similar and overlapping categories; the remaining 3 were different enough to form 3 separate categories of their own. We have labeled them as follows:

<i>Type of Definition</i>	<i>Number of Responses</i>
eclectic	9
cognitive/material	3
cognitive/biological	3
systems model	2
cognitive/symbolic	1
biological	1
postmodern	1
<b>Total</b>	<b>20</b>

The largest group, the eclectic category, included responses that either simply said things like, "I use an eclectic model," or that listed several definitions or sources of definitions that cut across two or more of the other types. One person wrote, "I'm eclectic, use a generic version of Tylor's definition; I follow Marvin Harris but am more eclectic than Harris likes."

The cognitive/material category included responses that specifically mentioned both material and cognitive type variables, for example, "culture is ideas and the products of ideas; products may be material or behavioral."

The cognitive/biological type focused attention on ideas or cognitive models

as adaptive systems based on human biological inheritance. One respondent wrote that culture is "information that is learned and through which humans meet their biological needs, place meaning on their experiential world and generate socially appropriate behaviors. I emphasize the biological origins of the capacity for culture."

What we call the systems model particularly used terms like "sociocultural system" and emphasized the interrelatedness of at least three aspects of this system such as material, social and cognitive.

The last three types only had one proponent each: the Cognitive type mentioned only mental variables as adequate to define culture; the Biological definition defined culture almost totally in terms of reproductive success, i.e., "a historically shaped system of human inventions that facilitates a breeding population's survival and reproduction in particular environments"; and finally, perhaps the most unusual definition we called Postmodern since it defined culture as the "processes by which social relations come to be defined and modified, changing power relations, political economy and symbolic relationships." Its sources were more associated with the field of Cultural Studies (Antonio Gramsci, E.P. Thompson and the "Birmingham School"), but anthropologists Eric Wolf and Edmund Leach were also mentioned. Moreover, this professor particularly men-

tioned the need to avoid "reifying" the culture concept, which we take to mean: keep it fluid by not making it too concretely defined by reference to either cognitive rules, social institutions or material variables. In short, this seems close to a post-modernist definition, a view reinforced by its reference to several of the luminaries of the "cultural studies" movement. It appears to be attempting a rather severe critique of the traditional definitions represented by our other seven types, while at the same time using terms that single out specific features of cultures or sociocultural systems included in more traditional definitions.

In summary, apart from the post-modern definition, these definitions tended to focus on aspects or levels of a cultural system rather than on processes or the genesis of the system. These were views of culture as a structural concept. They included reference to four main levels or aspects of culture or the sociocultural system. They were the cognitive/symbolic, the material/technological, the social/behavioral and the biological/ecological. Some of the responses included references to other definitions that taken together included all four aspects. However, none of the definitions in our survey actually included all four levels in a comprehensive way, and as noted, two definitions emphasized only one of these four aspects. The postmodernist example, of course, seemed genuinely suspicious of all attempts to

objectively define the concept of culture, and certainly of a structure-oriented model.

**Question Two** asked respondents to identify the sources of the definitions they used, the following four sources were cited 3 times: E.B. Tylor, Leslie White, Marvin Harris, and Kroeber/Kluckhohn. Clifford Geertz was mentioned twice and the following were cited once: Homer Barnett, Spradley and McCurdy, Ward Goodenough, Johnson and Selby, the Birmingham School, Antonio Gramsci, E.P. Thompson, Edmund Leach, Eric Wolf, P.T. Harris and R.T. Moran, and Irving Goffman.

**Question Three** asked about the difference between the terms culture and society. To this question we received the most curious responses. One person said "its the same difference as between work and labor." Another said, simply: "aaaugggh" which we take to mean, "iiieeyyy." In short, several agreed that there is little or no difference between the two concepts, however, most agreed that one distinction seems to be that "culture" often

suggests something in people's heads, whereas "society" connotes the people themselves, the groups they live in, or their behavior. One saw culture as the products of human activity "either ideas or material products" whereas society was the organization of people in groups. In other words, when a distinction is made at all, "culture" partakes more of the cognitive and/or cultural products, whereas "society" suggests social organization and people living in groups. The answers to this particular question may well offer support to the tendency to combine these two closely related terms into one concept, namely, the "sociocultural system."

In the process of working on this survey we discovered deep differences between us, particularly concerning post-modernism. In a future Southern anthropologist issue we will present a dialogue about post-modernism and the growing field of cultural studies. In the meantime, we invite your responses.

Send your respnses to: Daryl White, Dept of Sociology, Spelman College, Box 247, Atlanta, GA 30314, or email: [dwhite@spelman.edu](mailto:dwhite@spelman.edu), or send them to the Editor for forwarding.



## Discussion Thread: Students

### Observations about Students & Class Size

David M Johnson

NC A&T State University

*The following are some comments I have circulated recently concering some of my observations (and frustrations!) with our undergraduate students and what happens when class sizes get bigger. I welcome feedback from others as to whether these characteristics are idiosyncratic to my institution or arefound more generally.*

#### 1. General characteristics:

##### 1.1 What, me read?

Students don't read; when something is read, it is read minimally to get what is needed to take an exam (i.e., for multiple choice questions)

The only time I can be sure something has been reviewed by (most/many?) of the students (see 2 below) is when I go over it in class after assigning it as reading. Sometimes it is read if I say it will be on the next exam, but usually that reading is minimal and encompasses only what will be on the next exam, especially if the exam is multiple choice type exam. Reading for broad overview or synthesis of several books/articles seems to be virtually impossible for most students.

##### 1.1b Did you see?

Conversely, students are quite visually sophisticated in the conventions and practices of commercial TV, and speak quite readily and often about the latest talk shows and what is discussed there. They are also quite good at producing videos for group reports or role plays that mimic the structure and content of commercial TV, even including fades, dissolves, and even commercials! Some of the best student presentations have been ones they videotaped beforehand and brought to class for their project reports.

##### 1.2. Working comes first

For many students, when there are discussions about scheduling, it becomes clear that their first priority is making money so they can get the good things in life—cars, beepers, apartments, attention from others, clothes. In many cases they are working several jobs to get the money they want for these things. Their first priority, in other words, is not education, but consumer items. In this way they echo the images and messages beamed at them from radio and TV about what the priori-

ties should be for an American, and that is to CONSUME!

*1.3. I want it my way when I'm ready.*

True to the fast food commercial, students often want to take courses when they want to take them and whatever sequence they want, with the timing seeming to be dictated by their work schedules. As mentioned above under "Scheduling," education is not their first priority, and this causes continual headaches for faculty who are trying to advise them on scheduling, for in many cases the hours and days they will be available are severely restricted ("I can't take anything after 4 PM because I work, and Saturday field trips are out because I work," for example) with the result that they often do not take the pre-requisites for certain required major courses since the courses were not taught at a time when the student chose to be available.

This disregard for prerequisites is often tied to a desire to graduate in the minimum time frame (a trend increasingly stressed by the administration, which wants them to graduate in 4 years regardless of their other commitments) and especially to be able to march during the Commencement ceremony when their peers are marching (and sometimes their family is going to show up to watch them march!) As a result, the Senior year is often stressful on their advisors, who are pressured to cut deals and

offer special courses so the students can get everything done on time. This stress can also be felt during the Junior year, when many student majors surface in the department for almost the first time and connect to an advisor, who goes over their schedule and tries to deliver the bad news about their failure to follow critical sequences.

I say "surface" during the Junior year, for in many cases students will not come for advising until then, or will still be listed as belonging to another major even though they have been taking courses in our major and will tell their friends they are one of our majors. Until this time, they will take classes on campus and be students, but will not be known to faculty, and in many cases apparently advise themselves from the University handbook, so we faculty do not meet them or have a clear picture that they are our majors until late in their academic career.

*1.4 Shadow with out the Substance*

To follow the TV analogy further, when performances are seen on TV and other media, even if they are sports that are done immediately, what is not shown is the amount of work and drill that the top practitioners must do in order to perform well on stage or in front of the camera. In academia, people are regarded to some extent more highly if they have degree acronyms after their names. What is not shown is the hard work gone through to get the degree.

What many students seem to have picked up on is the desire for the degree without understanding (or being interested in) the work needed to complete it. This desire leads many students to want to cut as many corners as possible to get the degree and march at commencement; they want to cast a big shadow, but don't want to work for the substance to cast it with..

This trend ties in with the increasing credentializing of American society, whereby employers want employees to have Bachelor's and in some cases advanced degrees as prerequisites for jobs, in some cases jobs that were handled adequately by those with high school diplomas in the past. In other words, students want the jobs and higher pay that goes with the degrees but don't seem to want to actually work for the degree.

This desire for the product (a degree) without the process seems to be tied in with two behaviors that have been much commented on by faculty this semester. One is the cheating that goes on during exams and some homework exercises when they are not carefully proctored by the instructor, and the other is the failure of students to keep textbooks and notes from courses they have completed.

The cheating is not a new phenomenon, of course, although sometimes the brazen quality to it takes me aback (and has led to increasing sets of rules for class behavior designed to counter it). The dis-

carding of texts seems to be tied into a general incomprehension on the students' part that their education is designed to be cumulative, rather than a set of courses that are taken to get them out of the way. This attitude is most notable now that our department has instituted a comprehensive "Exit Exam" for seniors, on which we test them on material from their entire career in the department.

By the time they become seniors, most of our majors have long since sold their textbooks back to the bookstore and tossed their class notes and papers, and seem to have only the vaguest recollection of material covered when they were Freshmen and Sophomores. When I do a review session for my Introductor Statistics class, which they were supposed to have taken as Sophomores, many of the seniors give me a blank look when I talk about the 'mean, median and mode' as though they were hearing it for the first (and unfamiliar!) time.

The idea that we as faculty have designed a sequence of courses that cumulate, so that each builds on the other, does not seem to make any sense to many students, even assuming they have followed the sequence, which may not be the case (see discussion above!)

*1.5 I'm not responsible*

Another part of American culture that students exemplify is their refusal to take responsibility for at least some of their

actions and locate the reasons for failures to study or turn in assignments to outside influences. For example, one student showed up in my class about 1/3 of the way through the semester and wanted special favors to get him up to speed in the class; he admitted that he had been on campus before that time, but said he had not attended earlier because "they screwed up my registration and I couldn't get into your class before this." This comment illustrates both that the student didn't seem to think about attending class until and before he was adequately registered, and also that foulups in the administration building are the source of many headaches for faculty.

## 2. Variation

One of the salient features of groups of students is their tremendous variation in preparation, capabilities and willingness to study. This variation runs at the high end from students excellent by any standard, who can follow lectures and other class discussion, have studied the materials and can discuss it and add their own thoughts, to those at the other end in terms of achievement, who don't read and usually don't come to class, but may show up for exams. This variation seems to be more pronounced in (a) large classes, especially (b) introductory ones. where I end up talking to the 5 to 10 who are paying attention, while the rest are talking among themselves or are absent. In my recent Sociology 300 class, out of a

nominal 44 or so enrolled, about 30 were present on a typical day.

## 3. Some Conclusions

Some thoughts that I have to try and maximize student strengths and minimize their weaknesses is as follows; I am hoping that others will add to my observations, fill in their own, and make constructive additions/revisions.

Possibilities include:

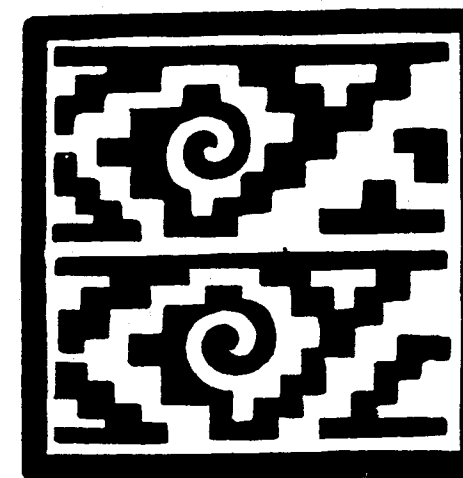
- limit classes to 25 or fewer students; the larger they are, the less that can be done because of the variation and indifference. (I know, I know! Given that mine is an FTE driven institution, the probability that this will happen is Zip!)
- do class projects and reports that involve video reports that can be modeled after what is seen on TV.
- have backing from the administration to force students to follow prescribed course sequences and not be able to dodge the consequences of their behavior or failure or follow the rules. (But see comment about class sizes above: if a prospective student shows up with money for tuition, the administration will do almost anything to keep the money...and the student!)

Some answers may also lie with what I call the "cultural models" for behavior, as seen on TV and in communities, and their impact on performance as students. Certain behavioral modalities are reinforced

on TV especially trash TV talk shows, and these seem to both reflect common role models in the community as well as possibly reinforce them. I leave this analysis for others!

I welcome comments from other faculty at other institutions to see if my

observations apply to students at their locations, and whether they have any suggestions for teaching methods to let us survive the "Zip's" (or whatever the next decade will be called!). Write or email your comments to the Editor of this esteemed publication, Please!



Winning Entry 1999 SAS Undergraduate Student Paper Competition

## Rather Than Face That Place Again

### Care-seeking as a Factor in Maternal Mortality Among Mayan Women in Guatemala

by Erin Finley

Emory University

It was dusk in Antigua, Guatemala. A Mayan woman named Louisa pounded on the wooden door of a midwifery clinic, called Ixmucane after a Mayan goddess. She was in labor, had been for some hours, and when she was admitted into the clinic, said that she had just come from the nearby National Hospital. She went there, where obstetric care is free, when she began labor. Her husband was away working, she was alone and had no money. She knew the midwifery clinic through a friend, and, months before, had made two prenatal visits there before money became too scarce and she realized she could not afford the clinic's prices. In the hospital, however, she had just seen four women in a row examined on the same bloody stretcher, and, as she waited, she grew increasingly terrified, finally fleeing down the road to Ixmucane. Her family lived many hours away in the rural town where she was born, and she did not feel that she could face the hospital alone. The American midwife, Jenna Houston, who lives above the clinic, let her in and delivered her baby that night, finally charging her only 500 Quetzales (about US\$ 85).

The story above was told to me by Jenna, the midwife described, during time I spent making observations in her clinic last summer. However, the story is more than one of a frightened woman and a compassionate midwife. Some 72 percent of indigenous Mayan women in Guatemala, most of whom live in rural areas far from either a hospital or a clinic like Ixmucane, go to a *comadrona*, a traditional birth attendant (TBA), for obstetric care (MotherCare 1997). In a country that has the third highest rate of maternal mortality in the Western

Hemisphere, *comadronas* are often the most accessible and affordable health-care providers for pregnant women. These *comadronas* save lives; Mayan maternal mortality rates drop from 3,539 deaths of 100,000 live births, among women who have only their families to attend them, to 146.3 out of 100,000 when a *comadrona* is present (Kestler 1995). Recent studies have suggested that *comadronas* are generally able to recognize the early warnings of complications in pregnancy during the period of traditional prenatal care, which begins between the fifth and the seventh month of pregnancy, but have also reported that many Mayan women would knowingly undertake even a risky labor with a *comadrona* rather than seek out more medically advanced care at one of the thirty-five National Hospitals (Kestler 1995). Thus, of all the factors contributing to high rates of maternal mortality among the indigenous Mayan population, problems related to the process of care-seeking are among the greatest. This, then, is the question under discussion: why is it that Mayan women in Guatemala so rarely give birth in the hospital, even when there may be acknowledged dangers in doing so?

#### A Brief Look at Guatemala: Setting and Fieldwork

Guatemala has a population of 9 million people, 42 percent of whom are considered indigenous Mayans and 58 percent of whom are considered *Ladinos* (Lang and Etkin 1997). The distinction is less racial than cultural, for *Ladinos* may be descended from any mixture of European and Mayan ancestors; a *Ladino* may be effectively defined as anyone who speaks Castilian Spanish, wears western

clothing, participates in the dominant culture, and has severed any familial ties to indigenous communities (Smith 1995; Wilson 1995). There is a strong class dichotomy between the primarily urban *Ladino* and the primarily rural agrarian Mayan; 71 percent of the total population lives in poverty, but among the rural population, the percentage rises to 84 percent (Early 1982; Lang and Etkin 1997).

In terms of maternal mortality, the most at-risk population within Guatemala is the rural Mayan population, primarily because of poverty and the difficulty of access to health services. According to a 1993 INCAP/MotherCare study, 95 percent of maternal deaths, both in and outside of the hospital, were caused by hemorrhage, sepsis, or eclampsia, all conditions which are difficult to treat in a non-hospital setting. However, few women from this highly at-risk population give birth in hospitals. In 1995, 88 percent of Mayan births occurred in the home (MotherCare 1997).

A program called MotherCare was begun in 1989 as a privately funded offshoot of the WHO Safe Motherhood Initiative (Kwast 1995). Originally intended for development in the five countries of Bolivia, Guatemala, Indonesia, Nigeria, and Uganda, MotherCare is a community-based project that undertook to reduce maternal and neonatal mortality in accordance with a WHO-designed 'maternity care pyramid' (Kwast 1995). Divided into three layers, the pyramid allocated the largest percentage of births to be handled at the Health Post/Community Level by traditional birth attendants (TBAs), and slightly more complicated births to be handled by professionally-trained midwives at more fully equipped Health Centers (Kwast 1995). The apex of the pyramid was intended to care, at the level of the District Hospital, for those mothers and neonatals requiring one of the also WHO-designated eight Essential Obstetric Functions (EOF): surgical obstetrics, anesthesia, medical treatment, blood replacement, manual procedures and monitoring of labor, management of women at high risk, family planning support, and

neonatal special care (Kwast 1995). The MotherCare project in Guatemala, therefore, has focused primarily on improving communication and referral services between Mayan *comadronas* and the *Ladino* doctors and nurses who staff hospitals. By doing knowledge, attitude, and practice (KAP) studies and holding workshops and open-hospital days intended to introduce *comadronas* to the hospital facilities and to open the lines of communication between *comadronas* and hospitals, MotherCare has aimed to improve the rate of *comadronas'* referrals of their patients to the hospital. In keeping with the WHO plan,

MotherCare has reinforced the idea that *comadronas* are capable of taking care of the vast majority of births, but has worked to make *comadronas*, Mayan communities, and hospital staff more comfortable with *comadronas'* referral of women who show signs of certain pre-identified complications during pregnancy.

The ethnographic material in this paper was collected during six weeks spent last summer in Antigua, Guatemala. I spent time daily observing at a Women's Health center and midwifery clinic, Ixmucane, run by an American Obstetrics/Gynecology Nurse Practitioner and Nurse-Midwife, Jenna Houston, and a German-born, Guatemalan-trained midwife, Hannah Friewald. Limited by time and language, I was unable to collect birth histories from women directly. However, as well as allowing me to observe interactions with patients in the birthing room, both Jenna and Hannah were generous enough to share care-seeking stories from their extensive experience in dealing with women in Guatemala. As

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the stories retold here are second-hand, and, in a few cases, are the stories of women I have not met, I have changed all names.

During my time in Guatemala, I was also fortunate enough to spend time with Elena Hurtado, a Guatemalan *Ladina* woman who has directed much of the MotherCare Project in Guatemala, and Anke Hemmerling, a German medical resident working in the obstetrics ward of the nearby National Hospital at San Felipe. Both women were immensely helpful in providing additional information and perspective.

*The Economics of Care-Seeking: Transportation and Finances*

As a result of the fact that so many of the complications that occur in pregnancy and labor are unpredictable, having access to appropriate care in the case of an emergency is crucial (Lang and Etkin 1997). Transportation, insufficient finances, social cost-analysis, the willingness of both a woman and her family to go to the hospital if it becomes necessary, multiple factors are taken into consideration every time a woman finds herself pregnant or goes into labor. For indigenous women, especially those living in extremely rural areas, getting to hospitals or doctors for prenatal care or for labor itself may be an impossibility. Transportation through the mountains is difficult; there is almost no transportation available after dark. In rural areas, very few people have cars or trucks. The most common forms of transport are the overcrowded American schoolbuses that, huge baskets of goods tied to the roof and three or four people (plus small children) to a seat, wend their way through most of the country. Needless to say, these buses run on schedules that go unaffected by any woman's need to get to the hospital, and would provide little speed or comfort even in a case of fortunate timing. Even for those with transport, traveling after dark has been, at least up until the time of the peace treaties in December 1996, liable to attract too much attention, whether from guerrillas or Guatemalan army forces (Hurtado 1998). Elena

Hurtado, *consultura* on the MotherCare/Guatemala project, has said that MotherCare would like to respond to this by creating social prestige incentives for community members with boats or trucks to provide emergency transport for women in need, through bumper stickers saying, "I Save Women's Lives" or awards given at a community ceremony (Hurtado 1998). Other than a little propaganda at the community level, however, MotherCare has not been able to do much with regards to this.

Part of the trouble with seeking out prenatal or emergency care, however, remains financial. For a woman to make a prenatal visit to a medical facility, she may have to walk all day to a clinic that may or may not have the capacity even to take her blood pressure; she may have to pay the doctor or nurse, purchase any recommended medication, and return home. On top of the charges for medicine and being seen at the clinic, she will likely have lost a day's wages, plus added charges for food and lodging if she is forced to wait in line for several hours at the clinic, as often happens, and cannot get home by dark. (Lang and Etkin 1997; MotherCare 1993). These economic obstacles may be insurmountable for a family who may make only 200-300 Quetzales (about \$36-\$50) per month, already insufficient wages for a large family's basic subsistence.

Transport and finances may be the most concrete factors affecting how much and what type of care a pregnant woman receives. Unfortunately, these are also factors that, short of a total overhauling of Guatemalan patterns of land and wealth distribution, are unlikely to change dramatically in the short term. Therefore, it is the social and cultural factors behind the type of a care a woman receives that has been the focus of the most attention from MotherCare/Guatemala.

Keeping this in mind, I will look at a number of case histories of individual women, mostly stories I was told by Hannah Friewald, one of the midwives at Ixmucane, and will analyze how care-seeking was influenced in each of their cases. It

should be kept in mind, however, that the women described are atypical of the at-risk population because they did have social, geographic, and financial access to a facility like Ixmucane. The stories are valuable, despite inconsistencies with the probable experiences of poorer, more rural women, because they reflect many of the same decision-making processes and provide insight into how these processes are enacted, and what their final outcomes may be.

*Considering Social-cost Analysis*

As an example of the type of social and cultural factors I intend to discuss, let us briefly look at how an Mayan woman named Lesbia came to have her first baby at Ixmucane. Though she and her husband both had good jobs in Guatemala City, and therefore had both geographic and financial access to any of the several National Hospitals in the metropolitan area, her mother-in-law did not want be understood from a more historical standpoint, for many of the issues of discrimination and indigenous mistrust of hospitals take on a new *dimension* when we recall the historical repression of Mayan peoples by Ladino authorities, the numerous attempts made to Lesbia that she have her baby at Ixmucane. Lesbia, in doing so, was able to respect both her mother-in-law and great-aunt's inputs by birthing at the clinic.

The situation might not have been so easily negotiated, however. If the child were not Lesbia's first, and she herself had wished to give birth in the hospital, she might have encountered resistance from her family on behalf of Dona Cristina, who might be offended that her niece did not want her in attendance. This type of social-cost analysis, to use Foster's phrase (Foster 1978), plays a particularly large role in the negotiation of care for women living in small rural communities, as community ties are strong and interpersonal relations must be negotiated within a small social space.

To look at another example, we can examine the experience of Maura, an indigenous woman

Hannah told me about, though I never met her myself. She was from Santa Catalina, a Mayan town on Lake Atitlan, and had her first daughter, a girl, as the result of a rape she did not realize had made her pregnant until the beginning of her three-day labor. The attending *comadrona* repeatedly told Maura that she was going to die. The baby was finally born, in perfect health, but Maura was not anxious to have any more children.

Following this first birth, Maura married an American man named Doug who brought her to Hannah when they became aware she was pregnant again. This

time, guided by Hannah, Maura read and talked a lot about labor before the time came so that she would be more prepared,

but the second labor proved no shorter than the first. Throughout the second three days, Hannah retells, Maura's family sat watching TV in the living room of her house, and her mother hovered over Hannah, horrified that a *gringa* should be so near the coming infant. The mother, who believed deeply in shamanism and black magic, repeatedly passed eggs around Maura and Hannah, intending to ward off the evil eye. Between her mother's palpable fear and her own past experience, Maura was terrified throughout her labor, and this may have contributed to its lengthy duration. Maura finally got down on all fours and gave birth, but it was three weeks before she began to take an interest in her child.

For Maura, the original experience with a *comadrona* had been a negative one, compounding

*On top of the charges for medicine and being seen at the clinic, she will likely have lost a day's wages, plus added charges for food and lodging if she is forced to wait in line for several hours at the clinic, as often happens, and cannot get home by dark.*

the already horrific circumstance of bearing a child out of rape. It is not surprising, then, that her husband, who as an American would likely be more comfortable seeing her in Western-trained hands anyway, encouraged her to seek out Hannah for the birth of a second child. However, in this case, the fear felt by Maura's mother at seeing a *gringa* near her daughter in itself added to the difficulty of the birth. (Though this term usually applies only to Americans, Hannah's German birth was a slight consideration to a mother concerned more essentially by the presence of a white foreigner.) Maura, at her husband's instigation, went against her mother's wishes in having Hannah attend her, and bore the social cost of doing so.

*Comadronas' concerns: Why do Traditional Birth Attendants (TBAs) hesitate to refer?*

MotherCare has shown in several studies that *comadronas* commonly attribute their unwillingness to refer women to the hospital to one or more of a long list of reasons: they do not know (*conocer*) the hospitals, they do not know the doctors, the doctors and nurses do not speak any of the thirty-one indigenous languages, they do not like the way the doctors and nurses at the hospitals treat them, they are scolded, they are yelled at, they are not allowed to stay with their patients, they fear for their patients in the hospital (MotherCare 1997, 1993). Hannah and Jenna, based upon their experiences with indigenous *comadronas*, also suggested to me that there were issues of payment and pride involved; if a *comadrona* sends her client to the hospital, she receives no pay, and also risks losing future customers to another *comadrona* with a better record of successful home deliveries.

Lesbia, who I mentioned previously, gave birth at Ixmucane because her mother-in-law did not want her going to the hospital, and because her great-aunt, Dona Cristina, a *comadrona*, could not legally attend a first birth. In this case, Dona Cristina knew Jenna and Hannah, and felt comfortable handing over

her authority to them. Had Dona Cristina not felt she was at risk of losing her license, she would have cared for Lesbia's birth herself. It is interesting to note, given the lack of rural infrastructure throughout most of Guatemala, that Dona Cristina felt so responsible to legalities. The very fact that she was concerned with the possibility of losing her license suggests that the MSPAS may be penetrating more effectively into the network of *comadronas* than has been the case up until recently (though Zacatapejal, the department Lesbia's family is from, has been more of an exception than the rule in the activity of its licensing program). It could, however, also suggest that Dona Cristina's professionalism was apt to be judged by her community, and that she therefore was careful with the MSPAS license that gave her added authority.

As for knowing the hospitals, *comadronas'* concerns with sending their clients and going themselves to unknown hospitals reflect several things. First of all, hospitals have a terrible reputation among many indigenous communities for being places of death and danger. During the period of civil war, it became publicly known that the IGSS (the Guatemalan Social Security-funded system of health clinics) had undertaken a mission to curb indigenous populations by anesthetizing and sterilizing unsuspecting women who came for care (Wilson 1995). Doctors also have a reputation for sexually abusing their indigenous female patients; though this may stem, at least in part, from a long history in which Mayan women were commonly taken as mistresses, conveniently lacking the power to lay claims or obligations on their *Ladino* lovers (Wilson 1995). It is also possible, however, that some reports of sexual abuse have reflected problems of exaggeration or misunderstanding as much as of molestation. Without devaluing women's testimonies (or perhaps even *machista* husbands' protectiveness), it does not seem farfetched that, to a woman in whose culture female modesty has an extremely high value, the near-nudity and bodily invasion of a thorough gynecological

examination might be misconstrued as an inappropriately sexualized encounter. In any case, reports of sterilization and sexual abuse are only extreme cases of a general Mayan mistrust of *Ladino* doctors and hospitals. The prevailing fears operate on less horrific but equally influential fears of being 'badly treated.'

This fear of 'bad treatment' seems to be relatively broad and vaguely defined, but is commonly implied or explicitly stated to be the result of *Ladino* discrimination against Mayas. Louisa fled the National Hospital at San Felipe because, according to her report, she saw four Mayan women examined on the same bloody stretcher. Rosa, whose story I will discuss later on, gave birth to her fourth child with Hannah because, giving birth to her third child in a private hospital, she was screamed at and repeatedly put at the end of a long line, and because the doctors and nurses refused to explain anything to her. While accepting that these women were most certainly not treated as well as they should have been at the hospital, it does seem appropriate to point out that, given the sheer numbers of women who pass through the understaffed OB/GYN wards of that National Hospital, this abrupt treatment may be the result of logistical overload as much as discrimination. A ward may see 100-150 births per week, all of which must be dealt with by the one or two doctors and two or so residents, most of whom lack extensive experience, on duty at a given time. A *comadrona* who sees an average of 2-3 births a month will probably have days in which to give a laboring woman her complete attention; because of this, she may find it easier to provide good maternal care, complete with the appropriate social support and politesse (Lang and Etkin 1997).

This fear of bad treatment, however, points to the fact that, to a large extent, the role of the *comadrona* is itself inherently more social than is the role of the hospital doctor. *Comadronas* are members of a community whose position it is to provide social support as well as technical expertise to pregnant

women. For example, in Mayan communities there is a great emphasis placed on the susceptibility of a fetus to the desires and cravings of the mother (Wilson 1995; Zur 1998). A man or woman should not eat in front of a pregnant woman without offering her food, lest her child miscarry or be marked, by an infection or a birthmark, from her unfulfilled craving. Drunkenness should not be exposed before a pregnant woman, in case her child become an alcoholic. In the same way, a woman about to give birth should not be mistreated, at the risk of her child showing some defect. *Comadronas'* stated reluctance to refer patients to a hospital they do not know well or do not trust is thus consistent with a more general cultural protection of pregnant women; a portion of their role is to protect a woman from unnecessary discomfort, whether physical or emotional. (This role of the *comadrona* as a provider of social support during labor should not be underestimated. Research done in the United States, where labor and birth are more medicalized processes, which would suggest a lesser cultural value placed on the notion of social support during labor, has shown that primiparous women accompanied through hospital labor by a doula, a female labor support person, have shorter labors, 50 percent fewer caesarean sections, less need for pain medication and epidural anesthesia, and greater success with breastfeeding (Northrup 1998)).

*Comadronas*, whether *Ladino* or Mayan, also believe that they are accompanied by spirits during every birth they attend; it is these spirits who direct them in their actions. (Cosminsky 1982). Their actions then, are guided by greater hands than their own, and *Ladino* doctors may not be so wisely guided. On a less encouraging note, many indigenous *comadronas* seem to espouse a fatalistic view of health based upon the wisdom imparted to them; if a woman is going to die, she's going to die, for God and/or the spirits have decreed it (Lang and Etkin 1997; Wilson 1995. C.f. Wilson for a detailed description of religious practice among Q'eqchi' Maya).

Some of this restraint on the part of *comadronas* may additionally stem from a sixty-year history of only partially successful traditional birth attendant training programs in Guatemala (MotherCare 1997). Lang and Etkin, in their fieldwork with Mayan *comadronas*, noted that *comadronas* would often describe their practices as though taken straight from a TBA training text, and then proceed to do altogether differently when actually attending a birth. While carefully narrating to the *gringa* nurse-midwives what they know to be the 'right answers,' they would proceed to act exactly as they always had (Lang and Etkin 1997). Jordan (1989) observed the same behavior among Mayans in Yucatan. Often assumed in TBA training programs as in many other types of International Health educational interventions, and a common cause for their criticism, is that *comadronas* are "empty vessels," with no beliefs or practices of their own (CITE). To put it more bluntly, TBA-training programs in Guatemala, as elsewhere, have ultimately assumed that *comadronas* care to learn what trainers seek to teach them, and that they will, in a moment of crisis, put more faith in the knowledge taught to them by strangers than in what they have learned in a lifetime of experience. This is not said to suggest TBA training programs have been pointless, for Western medicine is held as the highest standard throughout much of the world, and oftentimes *comadronas* are eager to learn biomedical techniques because there may be an increase in community prestige associated with the claim to such knowledge. However, there is no guarantee that *comadronas* trust new techniques enough to call on them at the moment when a woman's life may be in danger. Equally, it is not to say that *comadronas* will not pick and choose among what aspects of a training program fit with their previously held beliefs, or that they will not apply these selectively within the context provided by their prior knowledge. A *comadrona's* wisdom is felt to be God-given, and is often passed down as family tradition. Understanding this, it is easier to under-

stand why a *comadrona* of some status in her own community would be hesitant either to accept the teachings of outsiders or to enter into interactions with the hospital, where her practices and her wisdom are not only devalued but may be blamed for causing a patient harm.

Doctors and nurses, according to the same MotherCare studies that have detailed *comadronas'* concerns, freely admit that they often find *comadronas* very hard to deal with. Both doctors and nurses complain that a *comadrona*, who may be offended or anxious at being kept away from their client once she is admitted to hospital care, gets in the way. They sometimes yell at *comadronas*, or scold them, because *comadronas* keep their patients until they are half-dead before bringing them in, or try for too long to save them with their own medicines and techniques (sometimes as dangerous as oxytoxics), and hospital staff are charged with trying to undo the damage of the long delay or inappropriate treatment on top of any complications the referred woman may already be facing. Hospitals have a reputation for killing indigenous women, hospital staff rejoinder, because *comadronas* wait too long before referring women to the hospital. Any chance an endangered woman might have had has often been lost to the delay.

#### *Gender Issues in Referral*

To assign the guilt of late referrals or non-referrals to the hospital or to *comadronas* alone would be to overly simplify the case-seeking process, even for a woman whose *comadrona* refers her to the hospital may not get to the hospital. Transportation and finances may make it impossible, but even when these are available, she or her husband or some other member of her family may decide she will stay at home. When MotherCare began implementing its community education programs, it originally directed its classes on birth and delivery to women alone (Hurtado 1998). One of the issues raised in these classes was that of what would be done in case of an

emergency; women were encouraged to plan before they went into labor what they would do in case of complications. Women in the classes, however, responded by requesting that the classes be made open to their husbands and such exercise aimed at them, since husbands are generally the ones responsible for whether or not a woman goes to the hospital.

The health-care decision-making process, then, involving husbands as it does, is integrally tied to gender issues within Mayan society. Voices which have spoken out of Mayan communities, though there have been relatively few, have noted the 'complementarity' of men's and women's roles in the division of labor and in household decision-making (Smith 1995; Wilson 1995; Menchu 1982). However, both alcoholism and domestic abuse have been identified as common problems among the Maya, especially following *la violencia*, the period of violence beginning in the late 1970s (Zur 1998). Always, too, there is the pride of having an *aneca*, a wife who is pregnant every year; high numbers of children born to individual women and a short space between them bear their own risks of complications stemming from exhaustion of the reproductive body. Also, the emphasis placed on women's modesty and adherence to traditional community values, as well as the protectiveness of indigenous husbands, all reflect the fact that, as Mayan men are increasingly in contact with *Ladino* society, *machismo* is more and more an influence in Mayan communities (Hurtado 1998; Smith 1995; Wilson 1995; Menchu 1982). The implications of this are somewhat alarming, given that reproduction, and reproductive knowledge, is considered to be solely a feminine concern in Mayan society. Richard Wilson (1995) tells a story in his book *Maya Resurgence in Guatemala* in which he makes a congratulatory comment to a man about his wife's pregnancy; obviously embarrassed, the man shrugged his shoulders and replied, "I dunno." The man was not disavowing his own part in the event, but was uncomfortable being asked to make conversation about it. One can only imagine the difficulty

of negotiating a trip to the hospital with a husband who may or may not be convinced that there is danger, and who is making his judgment based upon, as MotherCare has documented among most Mayan men, a limited knowledge of birth complications. (MotherCare 1993) If transportation is difficult, if he perceives the trip as too expensive, if he is concerned that his wife will be badly treated or he is upset with the thought of her being exposed to the eyes of strange men, all these things must be weighed against his perception of the his wife's actual danger. In situations where it is the husband or some other male member of the family who makes the ultimate care-seeking decisions, a Mayan man's lack of knowledge about the risks of childbirth may be the greatest factor endangering a woman's life.

*Also, the emphasis placed on women's modesty and adherence to traditional community values, as well as the protectiveness of indigenous husbands, all reflect the fact that, as Mayan men are increasingly in contact with Ladino society, machismo is more and more an influence in Mayan communities.*

#### *The Concerns of Women: Discrimination as a Factor in Care and Care-seeking*

Earlier I took a brief look at the common report from Mayan women and *comadronas* of receiving "bad treatment" at hospitals, from both doctors and nurses, but I should re-emphasize that this bad treatment is usually explained in the literature as *Ladino* discrimination against Mayas. The same has been said during the narration of stories. Louisa assumed, when she fled the hospital, that she was yelled at and that examinations were carried out so carelessly because she and the other women in the

ward at the time were all Mayan. Lesbia's mother-in-law did her best to keep Lesbia away from the hospital because she felt that, as a Mayan woman, she would automatically be treated badly.

Rosa, too, has a story of discrimination, placed in the context of a life that has been, in its periods of extreme poverty, perhaps more like the lives of Guatemala's most at-risk women. A Mayan woman from Comalapa, she was kidnapped by guerillas when she was sixteen, and early on bore two girls by unknown fathers. When her present husband, a Dutchman named Marcus, found her, she and her two children were living out in the rural areas, badly undernourished. She bore her third child, who is five or six now, at a private hospital, precisely because Marcus feared she would be discriminated against at a public hospital. Even in the private hospital, however, she was repeatedly put at the end of a long line of other patients. Despite the fact that Rosa's body had been badly weakened during the years of malnourishment and that labor was very difficult for her, both doctors and nurses refused to explain anything to her, and screamed at her while she was laboring on the delivery table.

Against a backdrop of stories like Rosa's, and those like that of the IGSS and its program of forced sterilization, it is no wonder that widespread suspicions of discrimination fail to dissipate. On the other hand, the type of conditions Anke Hemmerling, an OB/GYN ward resident at the National Hospital in San Felipe, describes working under as a care-provider in the hospital prompt one to wonder if, at least to some degree, fears of discrimination may reflect the problem of bad care, as a result of poor training or poor conditions, as much as issues of class and race. Anke notes that there are few differences in the medicine she observed being practiced at San Felipe and that she was taught during her medical school training in Germany, pointing instead to a debilitating lack of resources and the bureaucratic and attitudinal snarls which accompany insufficiency. She describes a scene in which doctors and nurses

constantly scramble to function under an overload of patients who are commonly functioning with compromised health anyway, amidst a scene of missing equipment, overwork, too little training, and inadequate funding. Looking at another woman's experience may help to provide another perspective on this point.

Maria is the American-born daughter of Guatemalan *Ladino* parents, now in her mid-thirties. She has lived in San Francisco for most her life, excepting brief sojourns working and studying in Madrid, and holds a prominent position as a civil attorney. Her husband grew up in Guatemala, but fled the country with his family some years ago because their names had made it onto the State's list of political enemies. Both Maria and her husband are well-educated and well-off financially. I first met Maria at Ixmucane during one of her prenatal visits. She and her husband had decided to have their baby in Guatemala, because both have remaining family in the country and retain strong ties there despite living in the U.S. I liked Maria very much when I met her, she is a strikingly articulate and intelligent woman, and we talked at some length about how she wanted to bring her child into the world. She had invested a lot of time in studying the birth process and natural childbirth; her desire for the latter had brought her to choose Ixmucane for her delivery rather than any of the hospitals in Guatemala City, where a number of her cousins are doctors.

When Maria went into labor, both Hannah and Jenna predicted an easy birth for her, since she is a

tall woman with broad shoulders and hips. However, after three hours of serious pushing with no progress, Jenna discovered that the lip of the cervix had become swollen and was blocking any further movement of the fetus down the birth canal. Jenna manually retracted the lip once, but was unable to do so a second time when the lip came down again and made further progress impossible. The doctor who serves as Ixmucane's back-up in case of emergencies

failed to respond to repeated phone calls and pages, and so Maria was transferred by car to Esperanza, a private birthing center an hour away, in order to receive an IV drip of pitocin and an epidural.

Despite the fact that Esperanza is one of the most expensive, and supposedly best, birthing centers in Guatemala, Jenna was very upset with the care that Maria received. As Jenna reports the scene, there was no drip regulator on the pitocin Maria was given, and the drip was administered at a rate some twenty times higher than that called for in either American Medical Association guide. Even at Esperanza, pitocin was improperly administered, which is itself, given the hospital/*comadrona* conflict over oxytocics, probably the most ironic of the mishaps at Esperanza. But basic resuscitation? In a clinic where, in opposition to the hospital, two doctors can attend one patient, surely the ability to provide basic resuscitation should be standard.

#### *The Impact of History: Cultural Mistrust and Conflicts of Identity*

"As a Guatemalan, you know that I could not tell them the full truth of what is being done to our people, for fear no one would believe me. How could I tell of watching a soldier bayonet my aunt in the stomach, rip out her four-month-old fetus, and smash it against a house post? How could I speak to them of our children waking up screaming in the middle of the night, beyond comforting, and of our nightly prayers to God for justice in our land."

From *Unfinished Conquest*, by Victor Perera (1998)

"I'm still keeping my Indian identity a secret. I'm still keeping secret what I think no-one should know. Not even anthropologists or intellectuals, no matter how many books they have, can find out all our secrets."

From I. Rigoberta Menchu, *An Indian Woman in Guatemala*, by Rigoberta Menchu (1982)

Up until this point, we have primarily considered the concerns of individuals or family groups: *comadronas'* worries over receiving payment or husbands' fears for their wives' modesty, even a woman's own fears for the economic stability of her family. But the issues of care-seeking should also be understood from a more historical standpoint, for many of the issues of discrimination and indigenous mistrust of hospitals take on a new dimension when we recall the historical repression of Mayan peoples by *Ladino* authorities, the numerous attempts to assimilate Mayans into *Ladino* culture, and the way these two problems erupted into attempted genocide in the recent civil war.

The push for indigenous assimilation into *Ladino* culture has been a prominent part of Guatemalan history since colonization. Like other Latin American countries, however, colonization never really ended in Guatemala. Although the nation achieved Independence from Spain in the middle of the last century, the ruling class still claims Spanish roots and denies any Mayan heritage. The colonizers never truly went home, they were merely incorporated. As a result, much of the treatment of Mayas has borne the stamp of colonial-style oppression; from 1876-1935, for example, it was illegal to wear the hand-woven clothing that, bearing its community-specific patterns and embroidery, particularly marks Mayan identity (Wilson 1995). Despite periods of relative respite, the relations between Mayan communities and the *Ladino* political, municipal, and military authorities have not been any more genial in the past fifty years. There have been three major periods of forcible repression since the 1950s, beginning following the coup which overthrew the social reform-oriented President Arbenz in 1954 (Green 1989). The previous ten years had been hopeful for Mayas, some land reforms had been introduced and some Mayan leaders had emerged to

protest the brutal treatment of Mayas working on *Ladino*-owned plantations (*fincas*). Following Arbenz's overthrow, some 4000 people were murdered by the military in the space of a few years, mostly supporters of Arbenz and his predecessor Arevalo. Socialist and Mayan movements went underground, but when Mayan support began to gather for the incipient guerilla movement in the 1960s, the government cracked down again, and 6000-8000 peasants were killed between 1966-68 (Green 1989). Estimates for casualties, primarily Mayan, from the civil war between guerillas and the Rios Montt regime in 1982-3 vary widely, from tens of thousands to a hundred thousand killed, but the intent was unabashedly and admittedly all-out genocide (Wilson 1995). Thousands of Mayan men and women fled the country, and though the massacres became less frequent as the 1980s progressed into the 1990s, the truce ending the conflict was only signed in December 1996. The torture and disappearance of thousands of people has been recorded in graphic detail, as have the "re-education" camps the Guatemalan military sent thousands of refugees through in the mid-eighties; and the forced recruitment of some 20% of young Mayan men into the same army factions which went out to massacre whole villages (Zur 1998). Between the violence of recent history and the ethnic separation staunchly maintained between Mayans and *Ladinos*, there has been little common ground upon which for the two to meet. Rigoberta Menchu, speaking out against political repression in 1982, said that she had not known that there were "good" *Ladinos*, as poor and exploited as Mayans and who were not government supporters, until she reached adulthood and left her community to do work organizing for the Socialist movement (Menchu 1982). Although her work has recently undergone criticism, the extraordinary social and cultural gap between *Ladinos* and Mayans has been repeatedly documented (Zur 1998; Wilson 1995; Smith 1995; Perera 1993). The story she told may not have been as it was presented, but the truths

of the brutality described have been corroborated time and time again.

Given that both National Hospitals and *comadrona*-training programs, however well-meaning, are *Ladino* institutions, this history is hardly separable from either care-seeking decision-making or the process of *comadronas* making patient referrals to the hospital. On one level, the repression Mayans have faced at the hands of *Ladinos* throughout their mutual history, but particularly in recent decades, has been gruesome to the extreme, hardly paving the way to a relation of trust between the falsely dichotomized groups. When a Mayan woman is taken to the hospital, she is moving from a community of relative security into the authoritative space presided over by the same social group who may have killed her kin, forced her family to flee and resettle, or been responsible for the kidnapping and army service of an older brother forced into violence against his own community. When a Mayan husband or other family member makes the decision to transport a woman in danger to the promise of better care, he or she does so in full awareness that any hope of salvation is balanced by the indelible memory of a horrific and recent past. Equally, a *comadrona* may accept the wisdom of training programs, but she does so knowing full well that her training is sponsored by the same Ministry of Health that allowed the IGSS to practice forced sterilization. I have tried to balance the rumors of discrimination, sexual abuse, and death in hospitals with a deeper look into how those rumors might have developed at least in part around innocent issues of cultural miscommunication or hospital inefficiencies, but that is the luxury of an academic viewpoint created without the benefit of a shared and appalling past. For Mayans seeking care, and for the *Ladinos* who treat them, the mistrust and hatred that has been the standard of inter-group interaction is not so easily dismissable. The civil war is over, one might argue. Yes, but not two-and-a-half years ago.

During this century, moreover, have flourished both essential Mayan mores and more deliberate Mayan cultural revival movements. It is unclear what exactly may be 'revived', since Mayan identities have traditionally been based more around individual communities than around Mam, Q'eqchi', Kachikel, Quiche or other common-language identities. However, recent political movements have begun to redefine these language-bounded groups as ethnic identities proper (Wilson 1995). The result of this has been that, even among those Mayan forced to be in economic or other contact with *Ladinos* on a daily basis, much value is placed on holding onto tradition at all costs, on not accepting technology or other tools which might be harbingers of a seepage of *Ladino* culture into Mayan ways. The point to emphasize here is that traditional indigenous culture, while only recently involved in creating specific ethnic identities in response to state ethnocidal policies of the late 1970s and early 1980s, has felt for a long time (likely since the first assimilation policies were implemented over 120 years ago) that to accept help from *Ladinos* was to accept an onslaught to a Maya's very identity, as dangerous a threat to their whole way of life as was individual *Ladinoization*. This helps to explain also *comadronas'* and patients' discomfort that hospital staff only rarely speaks any Mayan languages, and hospital staff's contempt that 90% of Mayans people in Guatemala are monolingual in a Mayan language. This language barrier, despite its obvious problems for communication, marks a far greater cultural divide.

Rigoberta Menchu spoke out of the worst part of the civil war, and nearly twenty years ago, and the terrors of cultural extinction may have slackened somewhat as the state's ethnocidal tendencies have faded. But no political situation of generations has ever passed without marking its children, no matter on what side they stood. To assume this could happen in Guatemala, merely in the face of a toddler-aged treaty, would be an act of

almost painful optimism.

#### *Conclusions: Negotiating Authority and Social Cost*

There are two ways in which I think it is important to understand this problem of maternal care-seeking, both of which require placing personal and organizational action within their larger political economic contexts. Firstly, it seems crucial to broaden Foster's notion of social cost-analysis as it was used earlier in the paper. Foster's use of the term is important in its original meaning because of the emphasis it places upon personal decision-making about the coming infant. The mother, who believed deeply in shamanism and black magic, repeatedly passed eggs around Maura and Hannah, intending to ward off the evil eye. Between her mother's palpable fear and her own past experience, Maura was terrified through Mayan identity. Although negotiations of gender and community or family issues may be key factors in the care-seeking process, it is necessary to understand both micro and macro levels of social cost-analysis in order to create a full picture.

Secondly, looking at care-seeking leads to a realization that the provision of care in Guatemala reflects global processes of international aid and the acquisition and passing-on of biomedical expertise. Brigitte Jordan (1989) has defined the phrase 'authoritative knowledge,' as "the knowledge which, in a particular context, is seen as important, relevant, and consequential for decision-making." This notion also conveys the presence of hierarchies of knowledge, in which knowledge systems are controlled and awarded relative prestige by the dominant political bodies or ethnic groups with which they are associated. One example of authoritative knowledge is Western biomedicine, which has attained prestige and general acceptance throughout the world, despite the continued existence of less authoritative "ethnomedical" systems, the very term for which indicates a peripheral identification with ethnicity rather than, as for biomedicine, with life

itself. The hierarchies of knowledge systems create justifications for one-way processes of transmission, such that dominant knowledge systems may push their knowledge outward to the periphery, without accepting a return flow from the periphery to the core (See also Bourdieu 1977). The political implications of such knowledge hierarchies touch on every aspect of inter- and intra-hierarchy trust, communication, and negotiation.

Keeping this in mind, we can observe the ways in which Mayans go about care-seeking and see why, upon entering the confines of the hospital, they may well feel stripped of all forms of cultural, political, and intellectual authority. Equally, we can understand how the roles of doctors and hospital staff have been understood by the biomedical system. Jordan recounts a story in which, while showing a group of Mexican doctors a video of how Mayan *comadronas* were able to turn fetuses in breech presentation using external massage, she asked the doctors why they might do a cesarean section upon a woman rather than trying external version. They replied in shock, "Since we are doctors, we don't do that." (Jordan 1989) Having gained the authority awarded to them by the prestige of the knowledge system in which they were trained, these doctors knew there was no need for them to question previous assumptions of what doctors do or do not do. Similarly, Guatemalan doctors and nurses have expressed frustration that Mayans are too often illiterate, do not follow instructions, do not come into the hospital for proper prenatal care, and want to have too many people in the hospital with the laboring woman. From the doctors' point of view, their role as doctors is secure; for them, it is the Mayans who are unaware of their responsibilities as patients.

Considering the role of MotherCare, we should note that all International Health programs, by their very interventionist nature, enter upon a program's initiation into pre-existing hierarchies of authority, power, and politics. However, they also bring with them the authority of biomedicine and

their own knowledge hierarchies. If these particular hierarchies and the assumptions they are based upon mesh well with those of the participatory host groups, the program will be likely to succeed. If not, the program is likely to be one more in a long line of interventions which have failed to have any long-term value because of colossal gaps in cultural communication (c.f. Hancock 1989).

MotherCare has made progress in its championing of hospital referral in Guatemala by convincingly positioning itself as a bridge between *Ladino* and Mayan ethnicities and knowledge systems. Rather than accepting the assumed authoritative stance that Mayan women *should* go to the hospital to give birth, because it is "safer," MotherCare has allowed the authoritative stance to be challenged by the fact that Mayans going to the hospital do not necessarily *feel safe* at all. Authority and trust have not failed to be issues for hospital staff or for Mayans, but, if MotherCare's self-reported statistics are truly indicative, *comadronas'* hospital referrals have gone up by 396 percent, due primarily to their persistent workshops aimed at improving communication between *comadronas* and hospital staff (Schieber and Delgado 1993).

Ultimately, Mayan women's care-seeking has been shaped by culture, economics, politics, and a brutal history. The care available to them today continues to be determined by, not only national, but global political hierarchies, in which dominance is established by politics, economics, and technological advancement. As Guatemala's economy improves, and the civil war moves farther into the past, it may be that the status quo creating the high rate of maternal mortality will change. Until then, projects like MotherCare, which lost its funding this year, and other health organizations in Guatemala must make do by trying to understand the contextual sum of what guides Mayan health decision-making. Possibilities for improvement might include hospitals taking stock of their own ability to improve maternal outcomes by initiating rational

and humble evaluations of relevant aspects of Mayan knowledge systems. In the end, however, it may be a very long time before Mayan women's birth histories change dramatically, for the cultural gaps run so deep that, once having experienced a hospital care that may not sound terribly strange to American ears, many seem to feel almost anything is better than the utter vulnerability of having to face that place again.

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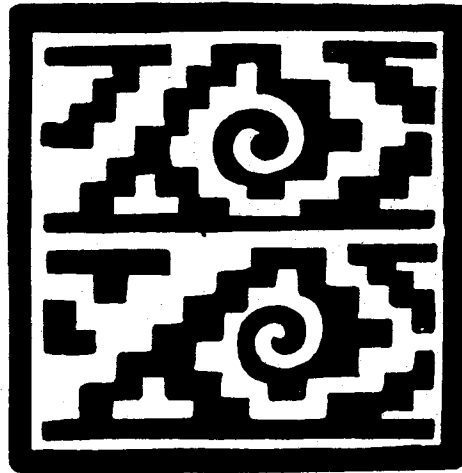
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### Winning Entry

### 1999 SAS Graduate Student Paper Competition

## Ritualized Remembering and Genealogical Amnesia

by Loretta Ann Cormier

Tulane University

Genealogical amnesia is a widespread phenomenon among Lowland South American Indians. It is generally explained in terms of alliance theory in that a shallow depth of recall of forebears facilitates the manipulation of kin relationships to increase potential marriage or sexual partners. For the Guajá Indians of the Eastern Brazilian Amazon, reclassification of kin relationships is clearly important in understanding the significance of genealogical amnesia, but it is not a complete explanation. Genealogical amnesia is also fundamental in understanding Guajá religion. Remembering dead ancestors is not a mundane activity, but rather a sacred activity which takes place in ritual contexts. The objective of this paper is to describe the importance of genealogical amnesia in alliance formation, to demonstrate the integration of genealogical amnesia into the religious life of the Guajá people, and to explore the implications of the Guajá evidence for other groups with genealogical amnesia.

### GENEALOGICAL AMNESIA DESCRIBED

Genealogical amnesia is a term used to describe the markedly shallow depth of recall of forebears which is frequently found among cultures of Lowland South America. The earliest use of the concept was by J.A. Barnes (1947) who gave the term "structural amnesia" to the difficulty observed in some African groups with unilineal descent in tracing ancestors outside of their direct lineage. For example, he described the matrilineal Lamba as able to trace female lines four to five generations while the male line could be traced only one to two generations and the patrilineal Nuer and Tallensi were able to trace the male line back multiple generations, but lacked the same ability with the

female line.

Geertz and Geertz (1964) used the term "genealogical amnesia" in place of Barnes' "structural amnesia" in describing the shallowness of the genealogies obtained among the Balinese people. Although Geertz and Geertz traced the origin of their use of the term to Barnes, the Geertzes' meaning of the term is clearly different in describing a global inability to recall rather than selective memory of ancestral members of one's descent group. The Geertzes' meaning of genealogical amnesia is how the term is now applied in describing the phenomenon in Lowland South America.

The genealogical amnesia of the Guajá is extreme. No one is able to recall the names of the deceased in the second ascending generation and most of the Guajá have difficulty recalling the names of deceased members of the first ascending generation, including the names of their own parents. The Guajá have no taboos on the names of the dead and informants were generally cooperative in attempting to recall names. The typical response when asked about a deceased

*The genealogical amnesia of the Guajá is extreme. No one is able to recall the names of the deceased in the second ascending generation and most of the Guajá have difficulty recalling the names of deceased members of the first ascending generation, including the names of their own parents.*

parent was to gesture upward and state "*aho iwabe*," meaning that the person had gone to the sky home of the dead ancestors, which they considered to be a sufficient explanation.

Through painstaking efforts with multiple informants who had partial memories of names of distant relatives as well as FUNAI (the Brazilian Indian Agency) historical documents, it was possible to construct a more in-depth genealogical record. However, such a genealogy is neither a meaningful nor an appropriate means of understanding how the Guajá kinship system operates. Individual Guajá do not possess this type of genealogical information and do not rely on genealogical depth beyond the first ascending generation to trace their relationships to each other. To understand the relevance of kinship ties among the Guajá, they must be understood in terms of what information is available from ego's generation and the living members of the first ascending and descending generations. The Guajá are not at all unique in this respect, as shallow genealogies are a common characteristic of Lowland South American groups. Perhaps one must be an alliance theorist in Lowland South America because analysis of historical descent is unlikely to be culturally valid for many of these cultures.

#### AMBIGUITY IN PATERNITY

While genealogical amnesia truncates reckoning of ancestors vertically, beliefs about paternity function similarly in creating ambiguity horizontally. Like many other Lowland South American groups such as the Gê-speaking Suyá (Seeger 1981), the Arawakan-speaking Mehinacu (Gregor 1974), the Chapacuran-speaking Pakaa Nova (Vilaça 1992) and the Tupi-Guarani-speaking Tapirapê (Wagley 1983), the Guajá believe that the fetus develops from the accumulation of semen. This has a number of consequences for the Guajá. First, men have a tremendous obligation to provide their semen to pregnant women so that infants will grow and develop properly. The pregnant female is then the

most important sexual object for men. Women as well have a strong incentive to have frequent sexual relations during their pregnancy. The result is that women usually have more than one sexual partner during their pregnancies and for the Guajá this means that while individuals have only one birth mother, they may have several men that are considered to be their true, biological fathers because they have contributed the semen necessary for the infant's growth and development. The Guajá believe that females have no role in conception or fetal development other than being the container that houses the semen the men provide.

Beliefs regarding paternity are clearly reflected in Guajá ideas about consanguinity. Brothers linked through the same father have the same designation as male parallel cousins linked through father's brother, *harpihar\**, as do females to their female patrilateral parallel cousins. Same-sexed siblings linked through the mother, but not the father, receive the *harpiana* designation, which translates roughly as "false same-sexed sibling". In addition, the children of a male are his consanguines while the children of a female are her affines.

Despite the belief in paternally linked consanguines, it would be inaccurate to classify the Guajá as having a patrilineal system. The problem is that there is no "line." When an individual has multiple fathers who have multiple fathers, more of a network is created than a clear-cut "line." Viveiros de Castro has called a similar construction among the Achuar "patri-oriented" (1992:13). Further, no terminological distinction in either terms of reference or address are made in the second ascending generation between FF and MF or FM and MM. All are grandfathers (*tam-*) and grandmothers (*iari*). Descent, as far as it can be considered a culturally valid construct at all here, rather than being traced vertically, is traced horizontally across fathers and

*\*[Editor's Note: due to limitations in character sets, italicized terms in this article may not be phonemically accurate.]*

alternate pathways in the web of paternal links that are used to classify kin relations.

Additionally, although the notion of consanguinity is valid for the Guajá, it does not extend into the descent groups characteristic of unilineal systems. The closest group assemblage resembling a descent group would be the same-sex siblings, *harpihar*. However, the *harpihar* are not strictly a genealogical descent group for two reasons. The first is that it is an ego-centered group. Among the Guajá, it is accurate to say that typically, even same-sexed siblings do not share the same kin universe. It is uncommon for two individuals to share exactly the same set of fathers because mothers change sexual partners frequently. Thus, the *harpihar* group varies from individual to individual. The second important point is that the "biological" category of *harpihar* is subsumed under the sociological category of *har*. The *har* "brothers" or "sisters" can be maternal or paternal same-sexed siblings, opposite-sexed sibling's spouses, or anyone with whom an individual has an equivalent "sibling-like" relationship.

Generally, residence overrides descent to some extent among the Guajá. The term of address is more strongly related to residence than it is to genealogy. Same-sexed individuals in the same household who are either of the same age or who fill a similar social role, tend to refer to each other with the same-sexed sibling term of address, *har*. While the term *har* properly refers to a maternal or paternal same-sexed sibling, it is used to refer to anyone who in some way acts like a same-sexed sibling. Thus brothers-in-law who co-reside and are in a cooperative relationship with each other may call each other *har* rather than the typical brother-in-law term of address, *ia*. Another example involves a case of a grandmother and granddaughter pair who were married to the same man simultaneously. They referred to each other as *har*, rather than using grandmother and granddaughter terms of address because their relationship to each other as co-wives had an equivalence similar to that of sisters.

Changes in the term of address between two individuals due to marriage ties and co-residency is a clear source of ambiguity in the kinship system. The social relationship established through the residence pattern may take precedence over time as the actual genealogical links become less important or are forgotten. Rivière (1969: 65) described a similar phenomenon among the Trio stating, "co-residence can be as binding as the ties of genealogical connexion and in Trio thought they are not truly distinguished."

#### GENEALOGICAL AMNESIA AND ALLIANCE THEORY

Genealogical amnesia has been interpreted in terms of alliance theory in that it is believed to serve as a means of reclassification of individuals as potential marriage or sexual partners. While the evidence seems to support genealogical amnesia as facilitating reclassification for marriage for the Guajá, the converse is also true. That is, genealogical amnesia, as well as ambiguity in relations, is used to create social distance.

#### *Reclassification of Kinship Relations for Alliance Formation*

Perhaps what is most important in Barnes' "structural amnesia" is not so much what is forgotten but what is remembered and why. For example, Sahlins (1961) classic work on the patrilineal Nuer and Tallensi described the segmentary lineage as a means of socio-political organization and territorial expansion. Here, the structural amnesia of the matrilineal links is the other side of structural recall of patrilineal links. Although thus far it has been argued that genealogical amnesia relates to the lack of importance of descent in Guajá social organization, there is also the possibility that the inability to recall one's ancestors may itself have a function as much as the ability to recall ancestors has a function in other societies. Specifically, genealogical amnesia

likely functions to allow more flexibility in reckoning kinship relations in order to establish alliances.

Several naming practices in Lowland South America as well as in other areas seem to foster genealogical amnesia and often facilitate the reclassification of relatives. One is the outright taboo on the names of the dead, such as is practiced by the Mundurucú (Murphy 1956) and the Yanomamö (Chagnon 1977). Another common practice is teknonymy, the naming of parents after the children. Teknonymy is associated with genealogical amnesia and is seen in a number of Lowland South American groups such as the Araweté (Viveiros de Castro 1992), the Ka'apor (Balée 1994), the Mehinacu (Gregor 1974), the Mundurucú (Murphy 1956), the Sirionó (Holmberg 1969), and the Yanomamö (Chagnon 1977) as well as in other parts of the world such as Bali (Geertz and Geertz 1964), Borneo (Needham 1954), and China (e.g. Feng 1936). Teknonymy is a reversal of descent in that identity is constructed through one's descendants rather than through one's ancestors. Teknonymy restricts the retention of genealogical information because the names of forebears are merged with those of the living. In Bali, Geertz and Geertz (1964) specifically argue that teknonymy acts in conjunction with genealogical amnesia to allow for flexibility of membership in Balinese corporate kinship groups. Balée (1994) has argued that teknonymy reinforces the marriage bond among Ka'apor parents, which also suggests that it has an important role in alliance formation.

Inherited names and multiple names are practices also found in Lowland South America that facilitate genealogical amnesia and the reclassification of relatives through either having single names applying to multiple individuals or having single individuals with multiple names. In both, naming practices make it difficult to recall individuals by name alone. For example, the Mehinacu of the Upper Xing' inherit names from the grandparents or other collateral relative in addition to practicing teknonymy (Gregor

1974). The Suyá of Mato Grosso have inherited name sets that may involve up to forty-four names for a single individual (Seeger 1981). Seeger also describes frequent reclassification of relatives by the Suyá. Outside of the natal household, the Suyá reclassify any sexual partner as a "spouse" including the patrilineal cross-cousin, who in this Omaha system is a classificatory mother.

#### *Reclassification of Kinship Relations for Alliance*

##### *Dissolution*

In addition to reclassification of kin relations for the purpose of alliance formation, among the Guajá, kinship relationships are also used to increase social distance and to dissolve alliances. Here, the ambiguity of kinship relations allows reclassification to serve as a negative sanction and as a means of social control.

The Guajá, who traditionally lived in foraging bands, still lack any true authority or leadership position although they have increasingly been living a more settled existence in villages established by the FUNAI. Elder men, and to a lesser extent, elder women, are given respect, but they have no real authority and the Guajá lack a formal mechanism for punishing the violators of norms. Generally, the Guajá avoid conflict with each other. It is extremely rare to see overt disagreements among individuals or even the expression of negative emotions of any kind. A similar reluctance to express strong negative emotions was also noted among the closely linguistically related Kagwahiv (Kracke 1978). Teasing and joking however are quite common among the Guajá and seem to be one mechanism for decreasing social tensions.

The Guajá also use the flexibility in reckoning kinship relations to decrease social contact and social obligations with norm violators, thereby decreasing social tensions. For example, one individual in the Guajá community displayed many antisocial behav-

iors and had committed murder and attempted murder within the group. When collecting kinship information, many Guajá claimed to either not have a kinship tie with this individual or they stated they did not know how they were related to him although they had no problem in stating their relationship to the individual's close relatives such as his brother, wife and children. Further, the individual could name his kinship ties to most of the Guajá who were claiming not to have or know their relationship to him. While there was no outright ostracism of the man, alternative kin classification served as a negative sanction. It allowed many of the Guajá to sever their kinship links to him and decrease social tensions by increasing social distance.

#### **GENEALOGICAL AMNESIA BEYOND ALLIANCE THEORY**

In the Guajá case, and very likely in other groups as well, genealogical amnesia and ambiguity in kin relationships are closely tied to their religious life. Although dead ancestors are important in Guajá belief system, the nature of their ritual association itself may inhibit their recall. Remembering ancestors is not a mundane activity for the Guajá, but is most culturally relevant for them in two contexts: the *karawara* ceremony and in dreams. Some background on the Guajá conception of the self in space and time will elucidate this further.

##### *Individual Plurality*

In addition to ambiguity in the kinship classification of others, Guajá self-perception is inherently ambiguous in that they perceive themselves as both singular and plural entities. Singularly, an individual consists of a body, *ipatera*, and a spirit, *hatikwáyta* which represents a form of mind-body or spirit-body dualism in that the *ipatera* is considered separable from the *hatikwáyta* in dreams, in ritual, and in death. Plurally, the Guajá believe that multiple past versions of themselves, which are also *hatikwáyta*, exist in the

*iwa*, their celestial home, and are believed to lead largely independent existences from them.

While the *hatikwáyta* is considered to perfuse the physical body, its greater importance is in its representation of past images of the self. It can perhaps be best described as the "remembered self" and is the image represented in dreams, memories, and in photographs, but not in reflected images. Mirror images reflect the individual in the present time, but the images of dreams and memories are interpreted as outside of the mundane world and outside of the here and now, and thus are considered to be spiritual. Photographs then, like memories, are recognized as representations of the past and as such are *hatikwáyta* images while mirror reflections represent the present.

The Guajá *hatikwáyta* conception conforms to the classic description of animism by Tylor in the temporal duality of the self which can exist simultaneously in two places through the dream experience (Tylor 1958 [1871]). Interestingly, one of the chief criticisms Durkheim advanced against Tylor's description of animism was that Durkheim believed that although a "double" of one's self could be believed to travel in space in dreams, an individual would not be able to believe that they were traveling in time,

"Very often, our dreams refer to past events; we see again what we have seen or done while awake, yesterday, day before yesterday, during our youth, and so on; such dreams are common, having a rather large place in our nighttime life. But the idea of a double cannot account for them. Even if the double can transport itself from one point to another in space, it is not clear how the double could go back through the stream of time. How could a man, however primitive his intellect, believe when he awakes that he has just been present at, or actually taken part in, events that he knows happened at a different time? How could he imagine that he had lived a life

while sleeping that he knew was long since past? It would have been much more natural for him to see those renewed images as what they really are: memories like those he has in daytime, but of special intensity" (Durkheim 1995 [1912]: 53).

Apparently, the Guajá do just that: the dream experience is related to one's life in the past. The irrationality of such a relation for Durkheim involves interpretation in terms of a linear conception of time. However, the Guajá do not have an entirely linear conception of time. They believe that they simultaneously exist in both the here and now as well as in the past. Memories have a physical reality, but are also sacred in nature. Thus, remembering the dead is a spiritual activity that is appropriate for spiritual contexts.

In addition to the *hatikwáyta*, there is another spiritual aspect to the Guajá individual that comes into being at the moment of bodily death called the *aiy*. Upon death, the *hatikwáyta* separates from the body and goes to the *iwa* to remain forever while a malevolent, earth bound spirit is created which eats the living. While all life forms have *hatikwáyta*, *aiy*, is characteristic only of Guajá human beings. The *aiy*, are cannibals that prey upon the Guajá eating both their *ipatera* and *hatikwáyta* and are considered the ultimate cause of most pain, illness, and death. They are said to stay with their own corpse during the day and then roam near the village at night where they are frequently seen by the Guajá and are a source of much worry and concern. The *aiy*, have the same appearance as the individual did in life, and when seen, they are referred to by their first names if their death was recent. When a death or severe illness occurs, the Guajá will often attribute it to a specific *aiy*, that many will claim to have seen near the victim. Eventually, the individual names of the *aiy*, are forgotten.

It is tempting to compare the simultaneous, independent existence of multiple versions of the self

in Guajá cosmology with Everett's many-worlds interpretation of quantum mechanics which posits infinite parallel universes (see Gribben 1984). However, the Guajá conceive of only one *iwa* that houses the past life form versions. In addition, although logically, a separate past life form could exist for every past point in time, it would be a mistake to interpret their experience in this linear way. While they do say, "*yaha hai iwabe*," "there are many of me in the *iwa*," these images of past selves and others do not have an *a priori* existence, but are generated from the experiences of memories and dreams rather than from a principle of infinite selves.

#### Dreaming and the *Karawara* Ritual

The dream experience appears to be the basal experience from which the spiritual life of the Guajá is founded. The *karawara* ritual is in a sense, a wakened dreaming or a dramatization of the dream experience where it is reenacted in a conscious and controlled way to meet specific ends. The behavior displayed by participants resembles sleepiness more than a trance state. No mind-altering substances are used. The ritual is in a sense all-purpose in that it is the ceremony where healing takes place, dead ancestors and past versions of the self and others are visited, requests are made of the divinities for success in hunting, and the divinities are consulted regarding marriage arrangements.

The *karawara* ceremony takes place several nights a week during the dry season and involves the entire community. The men dress symbolically as birds with headbands and armbands made from toucan feathers and vulture down applied to their bodies. The specific dress makes them appear like the *karawa* divinities as well as the dead and past selves who also dress in this manner in the *iwa*. Past forms of women also dress in feathers in the *iwa*, although the women on earth do not wear feathers for the ceremony.

Another important element in the ceremony is the *tachai* hut which is a small thatched structure just big

enough for one person to stand inside. The men take turns entering the *tachai* during the ceremony and when they exit, they burst through the door as though they had just landed back on earth. While the *tachai* provides a transitional space or a portal between the earthly world and the *iwa*, and solves the visual contradiction of seeing the individual when he is supposed to be in another place, the *tachai* is not essential for going to the *iwa*. Some men leave and go to the *iwa* without entering the *tachai* at all. So while it is a tool that probably is very useful in achieving the *iwa* experience, it is not essential to it.

Spirit possession also takes place during the *karawara* ritual as the divinities enter the bodies of the men while their spirits have traveled to the *iwa*. While spirit possessed, the men will blow on others to heal them or aid them in some way. For example, a man may blow on his wife to relieve pain or fever, or to assist her in finding tortoises, which are associated with female fertility. Only the *karawa* divinities are involved in spirit possession. Dead ancestors are said to be unable to ever return to earth because it causes them great physical pain. This would seem to reinforce the inappropriate context for dead ancestors in the day to day lives of the Guajá, consistent with their genealogical amnesia.

Although only the men actually travel to the *iwa*, the women and children are also involved in the ceremony. The wives of the men assist in applying the feathers for the ceremony and sing throughout the ceremony as do the men. Although this is a sacred ceremony, the atmosphere is surprisingly casual. Although children also sing, they are also often observed playing, laughing, and running between the dancers with the young boys often imitating the men.

Women encounter the *iwa* only during their dreams. Although it is often difficult to see overt status differences in gender in the day to day life of the Guajá, the exclusion of women from travel to the *iwa* during the *karawara* ritual is rather dramatic because it largely excludes women from access to the past and from access to the divinities and their power.

Women are not believed to actually go to the *iwa* in their dreams. Their dream visions involve seeing through the eyes of others. In dreams, they either see the *iwa* through the eyes of one of their own past *hatikwáyta* or see the *iwa* through being spirit possessed by a divinity. This always makes female encounters with the divinities and ancestors passive while male encounters are active. It is interesting to compare this with the structuralist domestic/public sphere dichotomy research popular in gender and anthropology in the 1970s (e.g. Chodorow 1974, Ortner 1974, and Rosaldo 1974). One of the major criticisms of associating women with a domestic, inside space and men with a public, outside space was that it was inappropriate for many nomadic and foraging peoples where a permanent women's space simply did not exist (e.g., Leacock 1978 and Lamphere 1993). The Guajá however, do practice gender segregation in their spiritual space, if not in the forest, as women are confined to the earth while men have access to the sky and the earth, which means the both sacred realm as well as the mundane, and to the past as well as the present.

When men sleep, their *hatikwáyta* travels to the *iwa* and interacts with past forms and the divinities. Dreaming presents some danger for a man since he is having an experience similar to dying in the flight of his *hatikwáyta* from his body. An important responsibility of a wife is to hold her husband in the hammock and to sing during the night as a kind of homing device for the men so that they can find their way back to the earth. It is quite a remarkable custom in that periodically all through the night, various women can be heard singing in an extremely loud, high soprano voice, and it is amazing sleep is possible at all under such conditions.

#### The Enhanced Past

Historical events are conceptualized differently than the permanent past life forms that live independently in the *iwa*. The *iwa* is more about past persons than it is about past events and is a place of sacred-

ness rather than of history. The past forms are not historical forms because individuals are transformed into a sacred state when they move from the world of the here and now on earth to the world of past forms in the sky. Past selves are enhanced in the *iwa* where everything is considered to be good and beautiful and there is no pain or suffering. For example, there was a three year old child who survived a snake bite the previous year. The father stated that although younger versions of his daughter exist in the *iwa*, that none of them had ever been bitten by a snake. The *iwa* is not the historical past, but a sacred transformation of remembered persons who lead a continued existence.

Life forms in the *iwa* are described with the relative age term of *p'a*. *P'a* means both relatively younger as well as beautiful while the term *imána* means relatively older. So an older sibling would be *imána* and a younger sibling would be *p'a*. However, the Guajá describe the *iwa* as *p'a* while the earth and forest here are *imána*. At first, this seems contradictory because the *iwa* holds the past forms. But, the *iwa* does not so much represent the past in a time line where life that has existed longer is older, but rather, the *iwa* contains the earlier versions, the younger and more beautiful life forms, and thus is *p'a* relative to earth life and time.

The *iwa* also acts as a cultural filter. Although life in the *iwa* is enhanced, it does not include items that are not traditionally Guajá, even if these items are extremely useful or highly desired by the Guajá. For example, the Guajá are becoming increasingly dependent on the domesticated plants that have been recently introduced to them. However, no domesticated plants or animals appear in the *iwa*. The Guajá also view many Western items that have been added to their lives as extremely useful such as metal tools, western clothing, and guns, but none of these appear in the *iwa*.

The *iwa* is where the Guajá look in order to understand both their past and their future. Visiting the *iwa* during the *karawara* ritual provides a

glimpse into what the Guajá can expect in the afterlife. It should be considered that it may be a distortion to associate the *iwa* with the future at all. The *iwa* may more reflect a "beforelife" than an afterlife since the dead are transformed into earlier, more beautiful versions of themselves. Death represents the last of the *hatikwáya* past forms as the last version of the individual separates from the physical body and continues its existence in the *iwa* in an enhanced state. However, the continued existence of the past versions does suggest that the future is associated with the *iwa*, although it's meaning cannot be simply glossed with the Western conception of future.

#### DISCUSSION

Genealogical amnesia is characteristic of Guajá religious life as well as their kinship system. Guajá kinship and religion are similar in their ambiguity in the construction of individual identities. However, the temporal distinction between the sacred past and the mundane present situate dead ancestors outside of the day to day kinship interactions which is consistent with genealogical amnesia and the exclusion of ancestors from kinship reckoning. Interestingly, Mehinacu responses to genealogical questions are often, "I'm not from mythic times" (Gregor 1985: 62), which is similar to the Guajá response of "he went to the *iwa*." What is being communicated is more than a simple lack of knowledge. The Guajá are communicating an inappropriate context for the question, such as, I do not know because that person is in the place of the remembered dead, while I am in the earthly present.

As previously mentioned, past, present, and future are not entirely linear concepts for the Guajá and temporal states are bound up with both spatial loci and spiritual states. In Western culture, experiencing the past is a mental activity occurring in this space and time with a locus in the "mind." But for the Guajá, in dreams and in the *karawara* ritual, they leave the place of the physical earth and go to another

place, the *iwa*, and see the dead as well as past versions of themselves and others. In these contexts, remembering is a ritual and a physical activity rather than a purely mental one. This is certainly not to suggest that the Guajá are unable to remember past events outside of dreams and ritual experiences, but rather that remembering in these contexts is conceptualized as being appropriate to these ritual contexts which are viewed as an alternative physical reality.

Viewing the past as having a physical reality is not unique to the Guajá people. In Lowland South America, among the Kagwahiv, the dream experience includes visiting dead relatives and is sometimes considered to represent reality (Kracke 1978). The Tukanoans of the Northwest Amazon reenact a ritual where the longhouse is transformed into ancestral time and the men are transformed into ancestral people (Hugh-Jones 1979; Jackson 1983). Here, the past is occupying a definite physical place that can be accessed through ritual. The Warl (Pakaa Nova) have the concept of *jam* which is an image of the body that has an independent existence that appears in shadows and in dreams (Vilaça 1992). There is a suggestion of the past as a physical reality here as individuals seen in dreams by the Warl are also believed to be the dead.

Outside of Lowland South America, some similarity exists to the dream-time of the Mardu Australian Aborigines. According to Tonkinson (1991), the dreaming or dream-time is a past time when the movements and adventures of the Dream Beings shaped the physical landscape of the Mardu. Although the Dream Beings are now gone, having metamorphosed into celestial bodies or terrestrial features, their life forces remain and continue to affect the daily lives of the Mardu. The Mardu access the residual power of the Dream Beings through ritual and dreams. In dreams, the dream-spirit of a person takes the form of a bird, leaves the body and travels where it may encounter a spirit being. The spirit beings are intermediaries between the residual power of the Dream Beings and the Mardu people.

In addition, spirit essences of the Dream Beings exist throughout the physical environment of the Mardu including some in the form of spirit children that enter women to be reborn as human beings.

Parallels exist in the non-linear conception of time, the animism of the dream experience, and in the bird symbolism. For both the Guajá and the Mardu, the past is not viewed strictly as specific events on time's arrow. Rather, past forms have a continuing existence that is accessed through the dream experience and through ritual. In Mardu dreams, access to the power of the Dream Beings is indirect and is attained through intermediary spirit beings that are able to bridge not only the human world and spirit world, but also past and present. Herein perhaps is the key difference between Mardu and Guajá conceptions of the past. For the Mardu, the past seems to perfume the present in the continuing essence of the Dream Beings throughout their environment and in the transformation of spirit essences into human beings. The Guajá however have spatially segregated the past and present into physical places. Rather than the indirect transfer of spirit essences in Mardu dreaming, the Guajá go to the place of past beings and directly petition the *karawa* or interact with dead relatives.

Temporal as well as individual ambiguity are characteristic of both Guajá kinship and religion. Neither notions of the self nor of one's kinship relations are definite and clear-cut. Individual identity includes a degree of nebulosity when multiple versions of an individual exist in the *iwa* leading independent existences. Similarly, the notion of descent is nebulous with multiple fathers through whom kinship links can be manipulated to form or dissolve social relations based on the needs of the current situation. Despite Guajá kinship reckoning through paternal consanguines, their multiple "biological" fathers, multiple past selves, and the spiritual bifurcation of the dead would be inconsistent with the idea of a shared common substance among members of a descent group. Genealogical amnesia

is more than a lack of knowledge, it is a functional part of Guajá religious and social life.

Genealogical amnesia was shown to function not only among the Guajá, but also among other Lowland South American groups to facilitate the reclassification of kinship relations in alliance formation. Often, it is associated with various other cultural practices that also inhibit recall of ancestors such as teknonymy, taboos on the names of the dead, multiple names, name recycling, and multiple paternal genitors. Further, the Guajá use kinship reclassification as a means of social control which may be a function of genealogical amnesia in other groups as well.

From the Guajá evidence, genealogical amnesia is functionally integrated into the religious life of the Guajá. While such a functional analysis does not tell us the ultimate cause of their genealogical amnesia, it does suggest that alliance formation or dissolution is an insufficient explanation. For the Guajá, remembering the dead is a spiritual activity. As stated before, while it certainly cannot be argued that the Guajá do not remember outside of sacred contexts, it is possible that the association of memory with ritual events to some extent influences the way in which Guajá structure memories, or at the very least, influences the way that they talk about memories. Questions about ancestors are not historical questions for the Guajá, but are of a spiritual nature. An awareness of possible relationships between kinship and cosmology may be of value for anthropologists studying kinship in Lowland South America, as well as in other areas with genealogical amnesia. Although eliciting genealogies may always be difficult in Lowland South America, an awareness of the potential religious significance of genealogical material may aid in forming more culturally appropriate questions.

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## POSTMODERNISM DENOUNCED AS HOAX!

by Mark Leyner

JENNY JONES: Boy, we have a show for you today! Recently, the University of Virginia philosopher Richard Rorty made the stunning declaration that nobody has "the foggiest idea" what postmodernism means. "It would be nice to get rid of it," he said. "It isn't exactly an idea; it's a word that pretends to stand for an idea."

This shocking admission that there is no such thing as postmodernism has produced a firestorm of protest around the country. Thousands of authors, critics and graduate students who'd considered themselves postmodernists are outraged at the betrayal.

Today we have with us a writer - a recovering postmodernist - who believes that his literary career and personal life have been irreparably damaged by the theory, and who feels defrauded by the academics who promulgated it. He wishes to remain anonymous, so we'll call him "Alex."

Alex, as an adolescent, before you began experimenting with postmodernism, you considered yourself - what?

Close shot of ALEX.

An electronic blob obscures his face. Words appear at bottom of screen:

"Says he was traumatized by postmodernism and blames academics."

ALEX (his voice electronically altered): A high modernist. Y'know, Pound, Eliot, Georges Braque, Wallace Stevens, Arnold Schoenberg, Mies van der Rohe. I had all of Schoenberg's 78's.

JENNY JONES: And then you started reading people like Jean-Francois Lyotard and Jean Baudrillard - how did that change your feelings about your modernist heroes?

ALEX: I suddenly felt that they were, like, stifling and canonical.

JENNY JONES: Stifling and canonical? That is so sad, such a waste. How old were you when you first read Fredric Jameson?

ALEX: Nine, I think.

The AUDIENCE gasps.

JENNY JONES: We have some pictures of young Alex. ...

We see snapshots of 14-year-old ALEX reading Gilles Deleuze and Felix Guattari's "Anti-Oedipus: Capitalism and Schizophrenia." The AUDIENCE oohs and ahs.

ALEX: We used to go to a friend's house after school - y'know, his parents were never home - and we'd read, like, Paul Virilio and Julia Kristeva.

JENNY JONES: So you're only 14, and you're already skeptical toward the "grand narratives" of modernity, you're questioning any belief system that claims universality or transcendence. Why?

ALEX: I guess - to be cool.

JENNY JONES: So, peer pressure?

ALEX: I guess.

JENNY JONES: And do you remember how you felt the very first time you entertained the notion that you and your universe are constituted by language - that reality is a cultural construct, a "text" whose meaning is determined by infinite associations with other "texts"?

ALEX: Uh, it felt, like, good. I wanted to do it again.

The AUDIENCE groans.

JENNY JONES: You were arrested at about this time?

ALEX: For spray-painting "The Hermeneutics of Indeterminacy" on an overpass.

JENNY JONES: You're the child of a mixed marriage - is that right?

ALEX: My father was a de Stijl Wittgensteinian and my mom was a neo-pre-Raphaelite.

JENNY JONES: Do you think that growing up in a mixed marriage made you more vulnerable to the siren song of postmodernism?

ALEX: Absolutely. It's hard when you're a little kid not to be able to just come right out and say (sniffles), y'know, I'm an Imagist or I'm a phenomenologist or I'm a post-painterly abstractionist. It's really hard - especially around the holidays. (He cries.)

JENNY JONES: I hear you. Was your wife a postmodernist?

ALEX: Yes. She was raised avant-pop, which is a fundamentalist offshoot of postmodernism.

JENNY JONES: How did she react to Rorty's admission that postmodernism was essentially a hoax?

ALEX: She was devastated. I mean, she's got all the John Zorn albums and the entire Semiotext(e) series. She was crushed.

We see ALEX'S WIFE in the audience, weeping softly, her hands covering her face.

JENNY JONES: And you were raising your daughter as a postmodernist?

ALEX: Of course. That's what makes this particularly tragic. I mean, how do you explain to a 5-year-old that self-consciously recycling cultural detritus is suddenly no longer a valid art form when, for her entire life, she's been taught that it is?

JENNY JONES: Tell us how you think postmodernism affected your career as a novelist.

ALEX: I disavowed writing that contained real ideas or any real passion. My work became disjunctive, facetious and nihilistic. It was all blank parody, irony enveloped in more irony. It merely recapitulated the pernicious banality of television and advertising. I found myself indiscriminately incorporating any and all kinds of pop kitsch and shlock. (He begins to weep again.)

JENNY JONES: And this spilled over into your personal life?

ALEX: It was impossible for me to experience life with any emotional intensity. I couldn't control the irony anymore. I perceived my own feelings as if they were in quotes. I italicized everything and everyone. It became impossible for me to appraise the quality of anything. To me everything was equivalent - the Brandenburg Concertos and the Lysol jingle had the same value. .Y.Y. (He breaks down, sobbing.)

JENNY JONES: Now, you're involved in a lawsuit, aren't you?

ALEX: Yes. I'm suing the Modern Language Association.

JENNY JONES: How confident are you about winning?

ALEX: We need to prove that, while they were actively propounding it, academics knew all along that postmodernism was a specious theory. If we can unearth some intradepartmental memos - y'know, a paper trail - any corroboration that they knew postmodernism was worthless cant at the same time they were teaching it, then I think we have an excellent shot at establishing liability.

JENNY JONES wades into audience and proffers microphone to a woman.

WOMAN (with lateral head-bobbing): It's ironic that Barry Scheck is representing the M.L.A. in this litigation because Scheck is the postmodern attorney par excellence. This is the guy who's made a career of volatilizing truth in the simulacrum of exculpation!

VOICE FROM AUDIENCE: You go, girl!

WOMAN: Scheck is the guy who came up with the quintessentially postmodern re-bleed defense for O.J., which claims that O.J. merely vigorously shook Ron and Nicole, thereby re-aggravating pre-existing knife wounds. I'd just like to say to any client of Barry Scheck - lose that zero and get a hero!

The AUDIENCE cheers wildly.

WOMAN: Uh, I forgot my question.

Dissolve to message on screen: If you believe that mathematician Andrew Wiles' proof of Fermat's last theorem has caused you or a member of your

family to dress too provocatively, call (800) 555-9455.

Dissolve back to studio. In the audience, JENNY JONES extends the microphone to a man in his mid-30's with a scruffy beard and a bandana around his head.

MAN WITH BANDANA: I'd like to say that this "Alex" is the single worst example of pointless irony in American literature, and this whole heart-felt renunciation of postmodernism is a ploy - it's just more irony.

The AUDIENCE whistles and hoots.

ALEX: You think this is a ploy?! (He tears futilely at the electronic blob.) This is my face!

The AUDIENCE recoils in horror.

ALEX: This is what can happen to people who naively embrace postmodernism, to people who believe that the individual - the autonomous, individualist subject - is dead. They become a palimpsest of media pastiche - a mask of metastatic irony.

JENNY JONES (biting lip and shaking her head): That is so sad. Alex - final words?

ALEX: I'd just like to say that self-consciousness and irony seem like fun at first, but they can destroy your life. I know. You gotta be earnest, be real. Real feelings are important. Objective reality does exist.

AUDIENCE members whoop, stomp and pump fists in the air.

JENNY JONES: I'd like to thank Alex for having the courage to come on today and share his experience with us.

Join us for tomorrow's show, "The End of Manichean, Bipolar Geopolitics Turned My Boyfriend Into an Insatiable Sex Freak (and I Love It).

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**[Editor's Note: this article was received via email sent by an Alice Robison, who said Mark Leyner was a student in the English Department at the University of Kansas]**

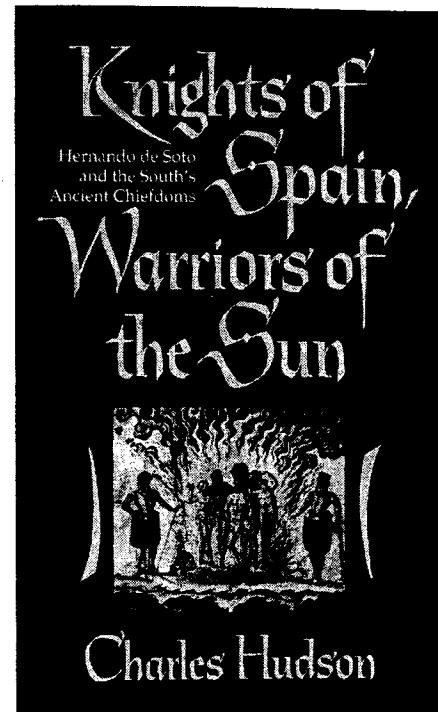
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