

KROEBER ANTHROPOLOGICAL
SOCIETY, 100(1): 87-94

Good-enough Ethnography: Reflections on Becoming a Medical Anthropologist

David Eaton, California State University, Chico

Medical anthropologists examine human lives with special attention to their vulnerability, suffering, and mortality. How are we to think and act amidst often difficult or unspeakable circumstances, when we know our work is both important and inadequate?

In my own research in equatorial Africa, conducted mainly in the Republic of Congo, these questions have posed themselves at every turn. I've attempted to make sense of how people inhabit and understand the complex terrain of HIV and AIDS. In so doing, I've returned often to ideas that Nancy Scheper-Hughes developed in *Death Without Weeping*, her 1992 study of the violence of everyday life in Pernambuco, Brazil.

In this essay, I focus especially on what Scheper-Hughes calls "good-enough ethnography": her distinctive vote of confidence in one of our discipline's most fundamental methods. I look closely at Scheper-Hughes' explication of this approach to fieldwork in *Death Without Weeping*, drawing also on my own experience as one of Scheper-Hughes' doctoral advisees at the University of California, Berkeley (UCB). I describe how in my field research I found myself recognizing similar contexts of social relationships and settings of ethics that confirmed for me the value of these methods. I conclude with reflections on how these understandings of ethnography help us find specific, existentially open, and committed ways forward in contemporary anthropology.

I came to the joint UC Berkeley/UC San Francisco (UCSF) medical anthropology doctoral program in 1989 from a master's degree in international population and family health at UC Los Angeles (UCLA). After field studies in Rwanda and in Zaire (now Democratic Republic of Congo), I conducted my dissertation research on HIV and AIDS mainly in the Republic of Congo, in its capital Brazzaville and in forest societies of its northern Sangha region. I had earlier taught high school in Kenya, and had explored research opportunities in Kiswahili-speaking East Africa, including Tanzania. But in the early 1990s I'd chosen to work further westward, in the Congo basin and in Cameroon, because I found myself drawn powerfully to this region's complexity and vitality of musics, fashions, and political imaginations. There again I found myself involved in worlds where modern categories have historically failed to capture much of what is most important in social life and personal experience.

In the Republic of Congo, as in Cameroon and in Zaire, I was of course a visitor, a stranger to be understood and incorporated in ways unfamiliar to me and at times beyond my control. "Look, there goes a poor one!" I heard people say in Brazzaville. "I'm not a *patron*," I tried to explain to one employee of an internationally funded national park project deep in the northern forest. "You will be tomorrow," he replied. *Of course* I was under suspicion. Was I a returned ancestor? Or a mercenary, a commando?

– after all, I walked like one. Or was I there, as was rumored of conservation biologists, to get my cut of the traffic in ivory, gold, or perhaps “red mercury,” a mysterious substance alleged to be used in nuclear weapons? “I get a bad feeling when I see people like you arriving,” said one man, frowning with anxious concern, as I travelled into the interior.

In these communities, though, I was seen in many other ways as well. At times – and often appropriately – I was a lightning rod for concerns about AIDS, through my outspoken participation in frequent workshops at clinics, logging camps, churches, and schools. As Ronnie Frankenberg observed in 1957 of his own role in his ethnography in *Village on the Border*, I was placed in positions that Congolese could not occupy without serious consequences to their social position. *Ye motowasida* – “He’s a man of AIDS,” people would say in Lingala as I walked by, and the questions came – Was I giving injections? Where did AIDS come from, after all? And was it not Americans who were spreading it in Africa?

Most of my personal relationships grew in domains separate from these institutions and occasions, in some modest shelter from the public gaze that often constituted me as *mundele*, a word for white person that does not share its noun class with the word for human being. I came to know hundreds of persons through the constant interchange of daily life, in the ethnographic project of listening, observing, writing, and reflecting day after day. “*Nous sommes trop sociables*” [We are terribly sociable], Congolese would tell me, insisting that “human relations are everything.”

In these settings, problems of AIDS were mingled with those of other afflictions in a heterogeneous human-centered world open to diverse ways of “questioning misfortune.”¹ The precarities and dangers of human life and sociality – especially in intimate and family relationships – were understood through many means, which I have written about elsewhere (see, for example, Eaton 2008). The fertility of Congolese expressive culture on these topics never ceased to astonish me.

It seemed to me that despite the extraordinary range of Congolese imaginations of health and affliction, some of their qualities were familiar to me from Scheper-Hughes’ approaches to ethnography, especially as theorized in *Death Without Weeping*, and from the modes of analysis she developed through her collaboration with her Brazilian friends and interlocutors. In particular, I found Congolese ways of knowing marked by several attributes emphasized in her own interpretations: a profound valorization of embodied experience; a probing skepticism of human self-performance; a sensitivity to immanent worlds not fully comprehensible through daily social life and institutions. Further parallels of special importance to medical anthropology seemed evident in a pervasive sense of existential interdependence, and in the disjunctures between experience and representation that characterized Congolese response to HIV and AIDS.

I’d first had the chance to work with Scheper-Hughes in 1988, when I came to Berkeley and UCSF from UCLA’s School of Public Health for a term as an exchange student. That fall I took her course “Introduction to Medical Anthropology” with Lesley Sharp as our graduate student instructor. On the strength of that experience, I went on to join the UCB/UCSF doctoral program in medical anthropology. Scheper-Hughes was then finishing *Death Without Weeping*. It is this work of hers which has influenced me most

profoundly over the years, as perhaps it has others, in part because I have taught the book often in courses I've offered since then.

Early in the book, Scheper-Hughes cites C. Wright Mills' dictum – “Methodologists, get to work!” (1992:23). Declaring herself weary of formalistic evasions and postmodern critiques, she calls instead for engagement with other human beings through what she calls “good-enough ethnography” (28). This means using “our ability to listen and observe carefully, empathically, and compassionately” in “acts of solidarity” and the “work of recognition” (28).

Referents for this phrase emerge later in the book when she discusses Erik Eriksson's concept of “good-enough holding,” and D. W. Winnicott's extensions of this into “good-enough mothering.” Winnicott, for his part, argued that basic assurance and competence on the part of a mother are usually sufficient for normal infant trust and maturation. Although he saw a lack of good-enough holding in early life as a cause of many developmental problems, his ideas were intended to support “ordinary mothers” in their “natural tendencies,” and to reassure them that a child's well-being did not depend on them being paragons of mothering virtues.

Scheper-Hughes found Winnicott's ideas “refreshing,” *but* – and this is a key argument of the book – “based on an overly optimistic view of the *infant's* adaptiveness” (360), generalizing specific life conditions of the children he studied in mid-twentieth century Britain. Theorizing the “modernization of child mortality” in the underdeveloped world, she shows how dangerous infancy actually is in the *Alto* of “Bom Jesus” – translatable as “the heights of Good Jesus” – as Scheper-Hughes chose to allegorize the shantytowns of Timbauba, Pernambuco. Under the murderous conditions of the *Alto*, many infants did not survive “lapses of attention and care” on the part of their mothers, who were often themselves struggling for health and survival. Obviously, “good-enough mothering” was problematic in a place where, as one woman cited by Marilyn Nations and Linda Anne Rebhun said, “it's easy enough for *anyone* to die” (Nations and Rebhun 1988: 175, emphasis added; quoted in Scheper-Hughes 1992: 361).

Just as surely also, then, our ethnography is *not* good enough in a thousand ways in relation to the oppressed and the unlucky – among them the host of us already dead, as Paul Farmer, among others, has emphasized (Farmer 2004: 307). In what senses then might it be good enough?

We could begin by noting Scheper-Hughes' citation of Wittgenstein (1992: 172) that the most difficult things to see are those which are taken for granted. Thus, among our first priorities in medical anthropology is simply to recognize suffering through our ethnography. Scheper-Hughes, satisfied neither with exploring “the politics of epistemic murk” (Taussig 1987:xii) or working within “areas of moral clarity” (Farmer, cited in Kidder 2004:101), writes that our task is to “[articulate] standards for... a moral and an ethical reflection on cultural practices” (22). And the urgent need to find ways to problematize accepted circumstances and conventions in relation to suffering makes medical anthropologists – like those of us also in public health or theology – more than physicians' *manqués*.

Scheper-Hughes' argument is that ethnographic fieldwork is essential in this process – as she has written, her own research in Timbauba in the 1980s made her

realize how much she had “failed to see and understand while totally immersed in practical activities” (14) two decades earlier in her work for the Pernambucan Health Department. *Death Without Weeping* shows us how her judgment was transformed by this fieldwork, through dialogues, confrontations, modest successes, and shattering failures. We should not fail to note also, however, the university-based scholarship that so powerfully shapes many of the analyses in *Death Without Weeping*, and the crucial role of long-term reflection in the book’s composition.

The “good-enough ethnography” that she proposes, then, is not a grail, or a chimera, or a competition. It is an encouragement, a vote of confidence – perhaps our most crucial tool in our efforts to use our situations to recognize and witness suffering, to refuse to legitimate it, and to find our own forms of meaningful work in relation to it, however we define this.

In *Death Without Weeping*, Scheper-Hughes wrote that she sought these ends through an *antropologia-pé-no-chão* (24) – an anthropology “with its feet on the ground” – perhaps appropriate for someone who once told me she can find flying in airplanes overwhelming because of “the clouds rushing by!!” Such an anthropology, it’s worth emphasizing, finds its center in embodied persons who must balance conflicting roles, who have stances in the world. And a love of persons and of the expressive uniqueness of individual character shines through all her work.

Yet at the same time, Scheper-Hughes has rarely strayed far from the Goffmanesque “as-if-ness” and irony of such stances and embodied self-presentations.² The ethnographer’s careful witnessing can not only help keep his or her “feet on the ground” but can also reveal absurd, fantastic, and distorted components of self-conception and social interaction. The potentially devastating expressions and consequences of these all-too-human circumstances – in ridicule, labeling, scapegoating, and neglect, in primal scenes of exclusion and rejection, in depression, suicide, madness, and starvation – are central themes in her published work, beginning with her pioneering studies of mental illness in western Ireland and in Boston.

Indeed, throughout *Death Without Weeping*, as the title implies, we inhabit, explore, and attempt to understand the disjunctures between actual suffering on the one hand, and conscious experience and existing social institutions on the other. Scheper-Hughes is our guide in this “pre-cultural” space of mutual existence, a space she sees as the ground of ethics, citing Emmanuel Levinas. By virtue of being born, she writes, each of us has been thrown into this world. But not all of us make it or stay for long. *Death Without Weeping* begins, of course, with Scheper-Hughes recollection of catching in her hands a “slippery, blue-gray thing” (1992:1) that is an infant stillborn from a mother’s womb.

The setting of ethics that Scheper-Hughes proposes – within a space of interdependence “prior to culture” (1992: 22) – loomed crucially in the circumstances I came to know through my own fieldwork. For many of the people I spoke with in the Congo, for example, acknowledging the existence of AIDS implied recognizing the possibility – usually unverifiable – of their own infection (Eaton 2008). Without access to antibody testing, their only evidence that they might be infected was if they or their infant developed symptoms. This enormous implication complicated all discussion and

changed the stakes of identity: accepting the existence of AIDS meant entering a state of uncertainty of one's own fate. Sexually active adults found themselves – and still find themselves – forced to risk their lives and the lives of their partners if they want to have children – and having children was “the purpose of life,” as more than one person described it to me.³

Scheper-Hughes' interpretive emphasis on embodied experience was also central in Congolese thought on HIV and AIDS, as on most illness and well-being. In North Congo, shared senses of the body, sustained within family and clan networks, had implications not only for celebration, pleasure, and the exchange of wealth, but also for the experience of illness and the ontology of affliction. The grounding of AIDS within the suffering of an individual body was inevitably extended into social relations, through solidarity and care as well as through suspicion and accusation.

Scheper-Hughes' often-ironic probing of human self-performance also found its counterpart in Congolese genres of social critique and often-Rabelaisian humor. Congolese skepticism of the disinterestedness of personal relationships often extended more generally, I would argue, to moral discourses of solidarity, collective goodwill, benevolence, and to the legitimacy of the institutions that promulgated them. The theater of everyday life was congenial to hyperbolic and often entertaining gestures that situated responsibility (or lack thereof) in the larger conjunctures of the time. “*C'est la crise*” (It's the [economic and political] crisis) and “*Manque de moyen!*” (Lack of means!) I heard again and again, not without a certain irony which at times verged on the absurd. “*Mais c'est la misère!*” (But it's [obviously] misery [here]!) I remember being told expansively one afternoon by a few young men as they sat around, relaxed and drinking fresh palm wine in a forest clearing, looking to engage me in conversation. “*Tudois nous aider*” (You have to help us) they continued generously, as if this was self-evident to any reasonable person.

Scheper-Hughes had shown in *Death Without Weeping* that “good-enough ethnography” could reveal immanent worlds not fully evident in daily social life. This too had its parallels in Congolese imaginations, populated as they often were with conceptions of occult forces which shaped well-being and affliction and which could often only be recognized and diagnosed by clairvoyant seers in esoteric rituals (Eaton 2006). Further, as I note above, Scheper-Hughes' approach to medical anthropology emphasizes the disjunctures and contradictions between discourse and experience in relation to affliction. I came to recognize this too as a key element of my own sense of Congolese predicaments, in which the volubility of modern medicine coexisted with seeming silences about AIDS in other domains of public life.

Scheper-Hughes proposed that medical anthropologists should seek to articulate “standards for... a moral and an ethical reflection on cultural practices” (22). This indeed was a challenge that often preoccupied me during my fieldwork: in conversations with friends at risk, interviews with people living with AIDS, debates in cafés and bars, workshops in schools and logging camps, consultations with outreach groups, and projects and correspondence with regional, national, and international institutions of many kinds. How should I understand what I was learning about Congolese societies and their relation to HIV and AIDS? How did my ethnography problematize accepted circumstances and conventions, and how did this inform my evolving choice and

action? When should I speak out, when to keep silent? What should I say and write, and to whom and when? What should I do?

My own answers to these questions emerged over time, and have been developed in publications and other work stemming from my research. For the purpose of this paper, in its brief consideration of the power and relevance of Scheper-Hughes' notion of "good-enough ethnography," I've only touched the surface of a few contexts that I explore in depth elsewhere. The reader, if interested, can look to some of these other projects for more fully developed interpretations.⁴

As for myself, I know I'll return to Scheper-Hughes' work⁵ for more clues as to how to think ethically amidst such heterogeneity and epistemological complexity. I say so knowing that decades of specialized study have brought me into enough familiarity with Equatorial African life that I can see how much I have learned, how little I understand, and how often my earlier impressions and judgments were inadequate.

As I reflect on how much my thought has been shaped by the settings of my fieldwork, I conclude that the regional specificity of anthropological interpretation is often undervalued – a situation exacerbated by the recent demise of area studies. I would say that much of the most thoughtful and insightful ethnographic work in anthropology published in English and French in Equatorial Africa is not widely known or easily accessible to non-specialists in the region. Why should it be? After all, although anthropologists share a discipline, our own intellectual traditions insist we ourselves are the result of our own experiences, including our homes in the field and the communities with whom we come to live. It is good to remember the inherent pluralism of ethnographic field study itself, despite the often-standardizing constraints of institutions that authorize and support it. Any fieldwork, as a living process, becomes one of innumerable distinct destinies and ways of being in the world around us.

It is difficult enough to develop insights that can be shared beyond regional concerns, across anthropological communities, and even within the English language. Medical anthropology is especially problematic. "Medicine" and "anthropology" are endlessly contested and permeable terrains. Not only are there irreconcilable and productive tensions in any particular approach, but speaking effectively to more than a few of the constituencies under the umbrella of medical anthropology at any given time may be even less plausible than is often supposed.

What then is the place of "good-enough ethnography" within this matrix of possibility, within this unimaginably vast scope of such human experience and knowledge? Perhaps we may recognize and distinguish this particular contribution to medical anthropology as one of the visionary contributions Scheper-Hughes has made to a revitalization of a catholic humanism – with a small "c," for the most part – concerned with suffering and its recognition. It is part of an existential and committed anthropology that incorporates critical thought from many quarters within the institutions and cataclysms of modernity – without succumbing, as it were, to its potential transvaluation of all values. It is a mode of witnessing, a constructive engagement, and a reflexive practice.

Death Without Weeping, and Scheper-Hughes' work more generally, is testimony to the power of ideas generated in large part through this practice. This work, these

ideas, and this practice have shaped the generation of medical anthropology in which I came of age. And, as Scheper-Hughes suggests near the end of *Death Without Weeping*, in her discussion of death's presence in carnival: "the awful [awe-full] thing is that nothing is ever forgotten" (1992: 504)⁶.

Adapted from a talk presented in a session on "On the Margins of the Everyday," convened in honor of Nancy Scheper-Hughes for the AAA annual meetings, San Jose, California, 2006. With thanks to Jason Price and KAS reviewers for their comments and suggestions.

NOTES

¹ As Susan Reynolds Whyte has explored in her fine book with this title, on affliction and healing in rural Bunyole in eastern Uganda (Whyte 1997).

² "But I'm your grandmother...!" I remember her saying this at her home to her daughter's defiant three-year old, leaving the interpretation of this statement to each of us present, and, as it were, hanging in the air. I think also of a photograph of her and Laura Nader protesting the renaming of UCB's Lowie Museum to the Hearst Museum, from scholar (Robert Lowie) to patron (Phoebe Hearst): Laura striding forward, Nancy bemused – but there alongside.

³ The risk involved in procreation was heightened by the common belief that semen is necessary for the proper growth of the fetus and should be acquired by the woman through repeated intercourse during pregnancy (Schoepf 1995:41).

⁴ Eaton (n.d.), for example, theorizes lived experience in sparsely populated and only partly modernized northern Congo, with its congeries of languages, political systems, and modes of subsistence in its still-abundant forest. See also Eaton (2000, 2003, 2008).

⁵ See also, for example, "The Primacy of the Ethical" (Scheper-Hughes 1995), "Ire in Ireland" (2000), and "Parts Unknown: Undercover Ethnography of the Organs-Trafficking World" (2004).

⁶ Here Scheper-Hughes once more includes in quotes this phrase of Winnicott's on the child's experience, included earlier in her book on p. 360, but this time – presumably intentionally – without citation.

REFERENCES

Eaton, David

- 2000 A Brazzaville Friendship. *Ethnography* 1(2):239-256.
- 2003 Understanding AIDS in Public Lives. *In* HIV and AIDS in Africa: Beyond Epidemiology. Ezekiel Kalipeni, Susan Craddock, Joseph R. Oppong, and Jayati Ghosh, eds. 279-290. Oxford: Blackwell.
- 2006 Diagnosing the Crisis in the Republic of Congo. *Africa* 76(1):44-69.
- 2008 Ambivalent Inquiry: Dilemmas of AIDS in the Republic of Congo. *In* Postcolonial Disorders. Mary-Jo DelVecchio Good, Sandra Teresa Hyde,

- Sarah Pinto, and Byron Good, eds., 238-259. Berkeley: University of California Press.
- N.d. Modernizing the Struggle Against AIDS in the Sangha, Northern Congo. Paper presented at Medical Anthropology in Global Africa Conference, University of Kansas, Lawrence, KS, September 17, 2010.
- Farmer, Paul.
2004 An Anthropology of Structural Violence. *Current Anthropology* 45(3).
- Frankenberg, Ronald
1957 Village on the Border: A Social Study of Religion, Politics, and Football in a North Wales Community. London: Cohen and West.
- Kidder, Tracy.
2004 Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World. New York: Random House.
- Nations, Marilyn K., and Linda-Anne Rebhun
1988 Angels with Wet Wings Won't Fly: Maternal Sentiment in Brazil and the Image of Neglect. *Culture, Medicine, and Psychiatry* 12(2):141-200.
- Scheper-Hughes, Nancy
1992 Death Without Weeping: The Violence of Everyday Life in Brazil. Berkeley: University of California Press.
1995 The Primacy of the Ethical: Propositions for a Militant Anthropology. *Current Anthropology* 36(3), 409-440.
2000 Ire in Ireland. *Ethnography* 1(1):117-140.
2004 Parts Unknown: Undercover Ethnography of the Organs-Trafficking Underworld. *Ethnography* 5(1): 29-74.
- Schoepf, Brooke Grundfest
1995 Culture, Sex Research and AIDS Prevention in Africa. *In Culture and Sexual Risk: Anthropological Perspectives on AIDS*. Han ten Brummelhuis and Gilbert H. Herdt, eds. 29-52. Amsterdam: Gordon and Breach.
- Taussig, Michael.
1987 Shamanism, Colonialism, and the Wild Man: A Study in Terror and Healing. Chicago: University of Chicago Press.
- Whyte, Susan Reynolds
1997 Questioning Misfortune: The Pragmatics of Uncertainty in Eastern Uganda. Cambridge; New York: Cambridge University Press.