



The Appeal of Experience; The Dismay of Images: Cultural Appropriations of Suffering in Our Times

Author(s): Arthur Kleinman and Joan Kleinman

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The Appeal of Experience; The Dismay of Images: Cultural Appropriations of Suffering in Our Times

ORIENTATION

SUFFERING IS ONE OF THE EXISTENTIAL GROUNDS of human experience; it is a defining quality, a limiting experience in human conditions.¹ It is also a master subject of our mediatized times. Images of victims of natural disasters, political conflict, forced migration, famine, substance abuse, the HIV pandemic, chronic illnesses of dozens of kinds, crime, domestic abuse, and the deep privations of destitution are everywhere. Video cameras take us into the intimate details of pain and misfortune.

Images of suffering are appropriated to appeal emotionally and morally both to global audiences and to local populations. Indeed, those images have become an important part of the media. As “infotainment” on the nightly news, images of victims are commercialized; they are taken up into processes of global marketing and business competition. The existential appeal of human experiences, their potential to mobilize popular sentiment and collective action, and even their capability to witness or offer testimony are now available for gaining market share. Suffering, “though at a

Arthur Kleinman is Maude and Lillian Presley Professor of Medical Anthropology, Chairman of the Department of Social Medicine, and Professor of Psychiatry at Harvard Medical School; and Professor of Anthropology at Harvard University.

Joan Kleinman, a sinologist, is Research Associate, Medical Anthropology Program at Harvard University.

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distance,” as the French sociologist Luc Boltanski tellingly expresses it, is routinely appropriated in American popular culture, which is a leading edge of global popular culture.² This globalization of suffering is one of the more troubling signs of the cultural transformations of the current era: troubling because experience is being used as a commodity, and through this cultural representation of suffering, experience is being remade, thinned out, and distorted.

It is important to avoid essentializing, naturalizing, or sentimentalizing suffering. There is no single way to suffer; there is no timeless or spaceless universal shape to suffering. There are communities in which suffering is devalued and others in which it is endowed with the utmost significance. The meanings and modes of the experience of suffering have been shown by historians and anthropologists alike to be greatly diverse.³ Individuals do not suffer in the same way, any more than they live, talk about what is at stake, or respond to serious problems in the same ways. Pain is perceived and expressed differently, even in the same community.⁴ Extreme forms of suffering—survival from the Nazi death camps or the Cambodian catastrophe—are not the same as the “ordinary” experiences of poverty and illness.⁵

We can speak of suffering as a social experience in at least two ways that are relevant to this essay: 1) Collective modes of experience shape individual perceptions and expressions. Those collective modes are visible patterns of how to undergo troubles, and they are taught and learned, sometimes openly, often indirectly. 2) Social interactions enter into an illness experience (for example, a family dealing with the dementia of a member with Alzheimer’s disease or a close network grieving for a member with terminal cancer). As these examples suggest, relationships and interactions take part, sometimes a central part, in the experience of suffering.⁶ Both aspects of social experience—its collective mode and intersubjective processes—can be shown to be reshaped by the distinctive cultural meanings of time and place. Cultural representations, authorized by a moral community and its institutions, elaborate different modes of suffering. Yet, local differences—in gender, age group, class, ethnicity, and, of course, subjectivity—as well as the penetration of global processes into local worlds make this social influence partial and complex.

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It is this aspect of suffering that this essay addresses by way of an analysis of the cultural and political processes that contribute to professional appropriations of suffering, processes that have important moral implications. To what uses are experiences of suffering put? What are the consequences of those cultural practices for understanding and responding to human problems? And what are the more general implications of the cultural appropriations of suffering for human experience, including human experiences of suffering?

PROFESSIONAL APPROPRIATIONS OF THE IMAGES OF SUFFERING:
PHOTOJOURNALISM AND PUBLIC HEALTH

Image I.



Source: Kevin Carter, *The New York Times*, 26 March 1993. © 1993 by Sygma.

This photograph won a Pulitzer Prize for *The New York Times*. In the April 13, 1994 issue of the *Times*, there was a full-page advertisement taken out by the *Times*' owners in recognition of

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the three Pulitzer Prizes that it won that year. The *Times* described this award-winning picture in the following way:

To *The New York Times*, for Kevin Carter's photograph of a vulture perching near a little girl in the Sudan who has collapsed from hunger, a picture that became an icon of starvation.

When the photograph first appeared, it accompanied a story of the famine that has once again resulted from political violence and the chaos of civil war in the southern Sudan.⁷ The *Times*' self-congratulatory account fails to adequately evoke the image's shocking effect. The child is hardly larger than an infant; she is naked; she appears bowed over in weakness and sickness, incapable, it would seem, of moving; she is unprotected. No mother, no family, no one is present to prevent her from being attacked by the vulture, or succumbing to starvation and then being eaten. The image suggests that she has been abandoned. Why? The reader again is led to imagine various scenarios of suffering: she has been lost in the chaos of forced uprooting; her family has died; she has been deserted near death in order for her mother to hold on to more viable children. The image's great success is that it causes the reader to want to know more. Why is this innocent victim of civil war and famine unprotected? The vulture embodies danger and evil, but the greater dangers and real forces of evil are not in the "natural world"; they are in the political world, including those nearby in army uniforms or in government offices in Khartoum. Famine has become a political strategy in the Sudan.⁸

The photograph has been reprinted many times, and it has been duplicated in advertisements for a number of nongovernmental aid agencies that are raising funds to provide food to refugees. This is a classic instance of the use of moral sentiment to mobilize support for social action. One cannot look at this picture without wanting to do something to protect the child and drive the vulture away. Or, as one aid agency puts it, to prevent other children from succumbing in the same heartlessly inhuman way by giving a donation.

The photograph calls for words to answer other questions. How did Carter allow the vulture to get so close without doing something to protect the child? What did he do after the picture was taken? Was it in some sense posed? Inasmuch as Kevin Carter

chose to take the time, minutes that may have been critical at this point when she is near death, to compose an effective picture rather than to save the child, is he complicit?

Those moral questions particular to Carter's relationship (or nonrelationship) to the dying child were only intensified when, on July 29, 1994, a few months after the Pulitzer Prize announcement, *The New York Times* ran an obituary for Kevin Carter, who had committed suicide at age thirty-three. That shocking notice of his death, written by Bill Keller, the *Times*' Johannesburg correspondent, as well as a longer article by Scott Mac Leod in *Time* magazine on September 12, reported Carter's clarifications about how he took the photograph and what followed:⁹

...he wandered into the open bush. He heard a soft, high-pitched whimpering and saw a tiny girl trying to make her way to the feeding center. As he crouched to photograph her, a vulture landed in view. Careful not to disturb the bird, he positioned himself for the best possible image. He would later say he waited about 20 minutes, hoping the vulture would spread its wings. It did not, and after he took his photographs, he chased the bird away and watched as the little girl resumed her struggle. Afterwards he sat under a tree, lit a cigarette, talked to God and cried. He was depressed afterward. . . .He kept saying he wanted to hug his daughter.¹⁰

The *Times*' obituary ends with a section entitled "The Horror of the Work," in which Jimmy Carter, Kevin's father, observes that his son "Always carried around the horror of the work he did." Keller implies that it was the burden of this "horror" that may have driven Carter to suicide. The article by Scott Mac Leod in *Time* shows that Kevin Carter had lived a very troubled life, with drug abuse, a messy divorce, deep financial problems, brushes with the police, and was a manic-depressive. We also learn that he had spent much of his career photographing political repression and violence in South Africa, and that he had been deeply affected by the shooting of his best friend and coworker, Ken Oosterbrock, for whom, he told friends, he "should have taken the bullet."¹¹ His suicide note, besides mentioning these other problems, comes back to the theme of the burden of horror: "I am haunted by the vivid memories of killings and corpses and anger and pain. . .of starving or wounded children, of trigger-happy madmen, often police, of killer executioners. . . ." ¹²

From Scott MacLeod we also learn that Carter had been present at the execution of right-wing paramilitary men in Bophuthatswana; much to his annoyance he had missed the master image snapped by his colleagues of a white mercenary pleading for his life before being executed—a picture that also was reprinted by newspapers around the globe. The article in *Time* reports that Carter was painfully aware of the photojournalist's dilemma:

“I had to think visually,” he said once, describing a shoot-out. “I am zooming in on a tight shot of the dead guy and a splash of red. Going into his khaki uniform in a pool of blood in the sand. The dead man's face is slightly grey. You are making a visual here. But inside something is screaming, ‘My God.’ But it is time to work. Deal with the rest later. . . .”¹³

Time magazine's writer discovered that some journalists questioned Carter's ethics: “The man adjusting his lens to take just the right frame of her suffering. . . might just as well be a predator, another vulture on the scene.” Scott MacLeod notes that even some of Carter's friends “wondered aloud why he had not helped the girl.”¹⁴

It is easy to moralize about how Carter's professional success was a result of his failure to act humanely. To balance the account, we need to remember that many photographers and journalists have been killed this year covering some of the more violent political conflicts around the world. “Hardly career advancement,” cautioned Bill Kovach, Curator of Harvard's Nieman Foundation, in response to an earlier version of this paper. Kevin Carter's career is as much a story of courage and professionalism as it is a tale of moral failure. Moreover, the photograph he created provided political testimony and drove people to act. Photojournalists, like Kevin Carter, contribute to a global humanitarian effort to prevent silence. That is a considerable contribution.

Having learned about Carter's suicide, the prize-winning image, an anonymously public icon of suffering at a distance, becomes part of close experience. Kevin Carter is transformed from a name on the side of the photograph to a narrative, a story that is plotted with a classic example of Joseph Conrad's depiction of Africa as the heart of darkness, the site of social horror. Carter becomes a subject in the cultural story his photograph helped

write by being transformed, infected more than affected, by what he had to bear.

But what of the horrors experienced by the little Sudanese girl, who is given neither a name nor a local moral world? The tension of uncertainty is unrelieved. Only now, with the story of Carter's suicide, the suffering of the representer and the represented interfuses. Professional representation as well as popular interpretations would have us separate the two: one a powerless local victim, the other a powerful foreign professional.¹⁵ Yet, the account of Carter's suicide creates a more complex reality. The disintegration of the subject/object dichotomy implicates us all. The theories of a variety of academic professions may help explain how Carter got us into this situation of bringing the global into the local, but they fail to explain how we will get ourselves out of the moral complexities he has intensified for us by projecting the local into the global.¹⁶ We are left only with the unsentimentalized limits of the human condition—a silence seemingly without meaning, possibly without solace. And still the world calls for images: the mixture of moral failures and global commerce is here to stay.¹⁷

Without disputing the photograph's immense achievement, it is useful to explore its moral and political assumptions.¹⁸ There is, for example, the unstated idea that this group of unnamed Africans (are they Nuer or Dinka?) cannot protect their own. They must be protected, as well as represented, by others. The image of the subaltern conjures up an almost neocolonial ideology of failure, inadequacy, passivity, fatalism, and inevitability.¹⁹ Something must be done, and it must be done soon, but *from outside* the local setting. The authorization of action through an appeal for foreign aid, even foreign intervention, begins with an evocation of indigenous absence, an erasure of local voices and acts.

Suffering is presented as if it existed free of local people and local worlds. The child is alone. This, of course, is not the way that disasters, illnesses, and deaths are usually dealt with in African or other non-Western societies, or, for that matter, in the West. Yet, the image of famine is culturally represented in an ideologically Western mode: it becomes the experience of a lone individual.²⁰ The next step, naturally, is to assume that there are no local institutions or programs. That assumption almost invariably leads to the development of regional or national policies that are im-

posed on local worlds. When those localities end up resisting or not complying with policies and programs that are meant to assist them, such acts are then labeled irrational or self-destructive. The local world is deemed incompetent, or worse.

This may seem too thoroughgoing a critique. Clearly, witnessing and mobilization can do good, but they work best when they take seriously the complexity of local situations and work through local institutions. Moral witnessing also must involve a sensitivity to other, unspoken moral and political assumptions. Watching and reading about suffering, especially suffering that exists somewhere else, has, as we have already noted, become a form of entertainment. Images of trauma are part of our political economy. Papers are sold, television programs gain audience share, careers are advanced, jobs are created, and prizes are awarded through the appropriation of images of suffering. Kevin Carter won the Pulitzer Prize, but his victory, substantial as it was, was won because of the misery (and probable death) of a nameless little girl. That more dubious side of the appropriation of human misery in the globalization of cultural processes is what must be addressed.

One message that comes across from viewing suffering from a distance is that for all the havoc in Western society, we are somehow better than this African society. We gain in moral status and some of our organizations gain financially and politically, while those whom we represent, or appropriate, remain where they are, moribund, surrounded by vultures. This “consumption” of suffering in an era of so-called “disordered capitalism” is not so very different from the late nineteenth-century view that the savage barbarism in pagan lands justified the valuing of our own civilization at a higher level of development—a view that authorized colonial exploitation. Both are forms of cultural representation in which the moral, the commercial, and the political are deeply involved in each other. The point is that the image of the vulture and the child carries cultural entailments, including the brutal historical genealogy of colonialism as well as the dubious cultural baggage of the more recent programs of “modernization” and globalization (of markets and financing), that have too often worsened human problems in sub-Saharan Africa.²¹

Another effect of the postmodern world’s political and economic appropriation of images of such serious forms of suffering

at a distance is that it has desensitized the viewer. Viewers are overwhelmed by the sheer number of atrocities. There is too much to see, and there appears to be too much to do anything about. Thus, our epoch's dominating sense that complex problems can be neither understood nor fixed works with the massive globalization of images of suffering to produce moral fatigue, exhaustion of empathy, and political despair.

The appeal of experience is when we see on television a wounded Haitian, surrounded by a threatening crowd, protesting accusations that he is a member of a murderous paramilitary organization. The dismay of images is when we are shown that the man and the crowd are themselves surrounded by photographers, whose participation helps determine the direction the event will take.²² The appeal of experience and the dismay of images fuse together in Kevin Carter's photograph, and in the story of his suicide. The photograph is a professional transformation of social life, a politically relevant rhetoric, a constructed form that ironically naturalizes experience. As Michael Shapiro puts it,

. . . representation is the absence of presence, but because the real is never wholly present to us—how it is real for us is always mediated through some representational practice—we lose something when we think of representation as mimetic. What we lose, in general, is insight into the institutions and actions and episodes through which the real has been fashioned, a fashioning that has not been so much a matter of immediate acts of consciousness by persons in everyday life as it has been a historically developing kind of imposition, now largely institutionalized in the prevailing kinds of meanings deeply inscribed on things, persons, and structures.²³

This cultural process of professional and political transformation is crucial to the way we come to appreciate human problems and to prepare policy responses. That appreciation and preparation far too often are part of the problem; they become iatrogenic.

PATHOLOGIZING SOCIAL SUFFERING

When those whose suffering is appropriated by the media cross over to places of refuge and safety, they often must submit to yet another type of arrogation.²⁴ Their memories (their intimately

interior images) of violation are made over into *trauma stories*. These trauma stories then become the currency, the symbolic capital, with which they enter exchanges for physical resources and achieve the status of political refugee. Increasingly, those complicated stories, based in real events, yet reduced to a core cultural image of *victimization* (a postmodern hallmark), are used by health professionals to rewrite social experience in medical terms. The person who undergoes torture first becomes a victim, an image of innocence and passivity, someone who cannot represent himself, who must be represented. Then he becomes a patient, specifically a patient with a quintessential *fin de siècle* disorder (i.e., posttraumatic stress disorder).²⁵ Indeed, to receive even modest public assistance it may be necessary to undergo a sequential transformation from one who experiences, who suffers political terror to one who is a victim of political violence to one who is sick, who has a disease. Because of the practical political and financial importance of such transformations, the violated themselves may want, and even seek out, the re-imagining of their condition so that they can obtain the moral as well as the financial benefits of being ill. We need to ask, however, what kind of cultural process underpins the transformation of a victim of violence to someone with a pathology? What does it mean to give those traumatized by political violence the social status of a patient? And in what way does the imagery of victimization as the pathology of an individual alter the experience—collective as well as individual—so that its lived meaning as moral and political memory, perhaps even resistance, is lost and is replaced by “guilt,” “paranoia,” and a “failure to cope”?

There is an uncomfortable irony here. There is an uncanny and unnecessary correlation between the aesthetics of murder in Guatemala, Rwanda, and Bosnia and the way in which those deaths are reported in the news. We are shown close-ups of limbs blown off by mortars and landmines. In low intensity warfare directed at terrorizing populations, people are not just killed; they are hacked into pieces, blown up, torn apart, burned, and broken. And all the details are dramatically displayed for us. Thus, the cultural capital of trauma victims—their wounds, their scars, their tragedy—is appropriated by the same popular codes through which physical and sexual violence are commodified, sold in the cinema, mar-

keted as pornography, and used by tabloids and novelists to attract readers. Spectacular forms of trauma from abroad hold another significance as well: they consume our interest and deflect attention from routinized misery at home.

The aesthetization of child sexual abuse is another case in point. Appearing in *The New York Times* of April 9, 1993 was a picture of a child prostitute in the red-light district of old Dhaka, Bangladesh. The prepubescent girl is shown bare-chested, wearing a Lolita smile, a tousled adult hairstyle, many bangles on her arms, earrings, and a necklace. Behind her small, thin figure looms someone who appears to be her brothel-keeper, grim, mustached, one hand near his groin. Behind them are the filthy walls of an alley; another prostitute or a customer stands off to one side. The accompanying story is titled, "The Sex Market: Scourge on the World's Children." Outside the context of a major newspaper, this picture would qualify as child pornography. The purpose of the picture and the accompanying story is to expose the degradation of child prostitution, a phenomenon greatly increasing in the era of AIDS. But the picture simultaneously appeals, probably not entirely without intention, to a prurient sensibility. It is clearly not enough to picture a child's body for sale; the picture needs to recreate the atmosphere of sexual desire. Thus, the media, by the success of its artistry, gets caught up in the very processes it seeks to criticize.

We now turn to explore a different form of the transformation of social suffering. In recent years, experts in international health and social development, for very appropriate reasons, have sought to develop new ways of configuring the human misery that results from chronic disease and disability. Faced with the problem of increasing numbers of cases of chronic illness—diabetes, heart disease, cancer, asthma, depression, schizophrenia—as populations live long enough to experience degenerative diseases and other health conditions of later life, health professionals have realized that mortality rates are unable to represent the distress, disablement, and especially the *cost* of these conditions. Therefore, they have sought to construct new metrics to measure the suffering from chronic illness, which in medical and public health argot is called "morbidity." These metrics can be applied, the experts claim, to measure the burden of suffering in "objective" terms that can enable the just allocation of resources to those most in need.²⁶

One metric of suffering recently developed by the World Bank has gained wide attention and considerable support.²⁷ *Image II* describes what the World Bank's health economists mean by the term Disability Adjusted Life Years (DALYs). *Table 1* shows the result of the application of DALYs to measure the cost of suffering from illnesses globally. It emphasizes the significant percentage of loss in DALYs due to mental health problems. This finding, one would suppose, should help make the case for giving mental health problems—suicide, mental illnesses, trauma due to violence, substance abuse—higher priority so that greater resources can be applied to them. In fact, the cost of mental health problems are placed by the World Bank in the discretionary category so that the state is not held responsible for that burden. This is a serious problem that requires fundamental change in the way suffering from mental health problems is prioritized by the World Bank. But here we ask a different question: What kind of cultural representation and professional appropriation of suffering is this?

Image II. Disability Adjusted Life Years

The World Bank's estimates of lost years of quality life hinges on the concept of Disability Adjusted Life Years (DALYs), which is a measure of the burden produced by specific diseases; it combines the impact of the premature deaths and of the disablements that result from those diseases. In taking death at a given age into account, the number of *years of life lost* is evaluated by using the expectation of life remaining at that age to individuals in low mortality countries. Years of life do not have the same value throughout the life span; thus, most people value a year in their twenties as worth three or four times what a year in the eighties is worth. This differential evaluation is taken into account in the calculation. To measure the disability resulting from disease, each surviving year is modified according to the expected *duration* and *severity* of the disability. Duration is simply the years (or fractions thereof) that the disability lasts. Severity represents the comparative disadvantage of a given handicap on a scale from 0, for perfect health, to 1, for death. For example, expert panels have rated blindness at a severity of 0.6, and disease of the female reproductive system at a severity of 0.22. Losses from death and disability are combined. In calculating DALYs, the formula takes into account the age at which the specific disease is acquired, the years of life expectancy lost (and the relative value of those years), and the years compromised by handicap.

Source: Robert Desjarlais et al., *World Mental Health: Problems and Priorities in Low-Income Countries* (New York: Oxford University Press, 1995), 295.

Table 1. Distribution of DALY Loss by Cause and Demographic Region, 1990 (percent)

Cause	World	Sub-Saharan Africa	India	China	Other Asia & Islands	Latin America & Caribbean	Middle Eastern Crescent	Former Socialist Economies of Europe	Established Market Economies
Population (millions)	5,267.0	510.0	850.0	1,134.0	683.0	444.0	603.0	346.0	798.0
Noncommunicable diseases	42.2%	19.4%	40.4%	68.0%	40.1%	42.8%	36.0%	74.8%	78.4%
Neuropsychiatric disease	6.8	3.3	6.1	8.0	7.0	8.0	6.6	11.1	16.0
Cancer	5.8	1.5	4.1	9.2	4.4	6.2	3.4	14.8	19.1
Nutritional deficiencies	3.9	2.8	6.2	3.3	4.6	4.6	3.7	1.4	1.7
Cerebrovascular disease	3.2	1.5	2.1	6.3	2.1	2.6	2.4	8.8	6.3
Ischemic heart disease	3.1	0.4	2.8	2.1	3.5	2.7	1.8	13.7	10.0
Pulmonary obstruction	1.3	0.2	0.6	6.6	0.5	0.7	0.6	1.6	1.7
Other	18.0	9.7	18.5	23.6	17.9	19.1	18.7	23.4	26.6
Injuries	11.9%	9.3%	9.1%	16.7%	11.3%	16.0%	13.0%	16.6%	11.9%
Motor vehicle	2.3	1.3	1.1	2.3	2.3	5.7	3.3	3.7	3.6
Intentional	3.7	4.2	1.2	6.1	3.2	4.3	6.2	4.8	4.0
Other	5.9	3.9	6.8	9.3	5.8	6.0	4.6	8.1	4.3
Communicable diseases	45.8%	71.3%	50.3%	25.3%	48.6%	42.2%	51.0%	8.6%	9.7%
Tuberculosis	3.4	4.7	3.7	2.9	6.1	2.5	2.8	0.6	0.2
STDs & HIV	3.8	8.8	2.7	1.7	1.6	6.6	0.7	1.2	3.4
Diarrhea	7.3	10.2	9.6	2.1	8.3	5.7	10.7	0.4	0.3
Vaccine-preventable childhood infections	5.0	9.6	6.7	0.9	4.5	1.6	6.0	0.1	0.1
Malaria	2.6	10.8	0.3		1.4	0.4	0.2		
Worm infections	1.8	1.8	0.9	3.4	3.4	2.5	0.4		
Respiratory infections	9.0	10.8	10.9	6.4	11.1	6.2	11.6	2.6	2.6
Maternal causes	2.2	2.7	2.7	1.2	2.5	1.7	2.9	0.8	0.6
Perinatal causes	7.3	7.1	9.1	5.2	7.4	9.1	10.9	2.4	2.2
Other	3.5	4.6	4.0	1.4	3.3	6.8	4.9	0.6	0.5
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DALYs (millions)	1,362.0	293.0	292.0	201.0	177.0	103.0	144.0	68.0	94.0
Equivalent infant deaths (millions)	42.0	9.0	9.0	6.2	6.5	3.2	4.4	1.8	2.9
DALYs per 1000 population	259.0	575.0	344.0	178.0	260.0	233.0	286.0	168.0	117.0

Source: Adapted from World Bank, *World Development Report 1993: Investing in Health* (New York: Oxford University Press, 1993), 27.

This metric of suffering was constructed by assigning degrees of suffering to years of life and types of disability. The assumption is that values will be universal. They will not vary across worlds as greatly different as China, India, sub-Saharan Africa, and North America. They will also be reducible to measures of economic cost. That expert panels rate blindness with a severity of 0.6, while female reproductive system disorders are evaluated at one third the severity is surely a cause for questioning whether gender bias is present, but more generally it should make one uneasy with the means by which evaluations of severity and its cost can be validly standardized across different societies, social classes, age cohorts, genders, ethnicities, and occupational groups.

The effort to develop an objective indicator may be important for rational choice concerning allocation of scarce resources among different policies and programs. (It certainly should support the importance of funding mental health programs, even though as it is presently used in the World Bank's *World Development Report* it does not lead to this conclusion.) But it is equally important to question what are the limits and the potential dangers of configuring social suffering as an economic indicator. The moral and political issues we have raised in this essay cannot be made to fit into this econometric index. Likewise, the index is unable to map cultural, ethnic, and gender differences. Indeed, it assumes homogeneity in the evaluation and response to illness experiences, which belies an enormous amount of anthropological, historical, and clinical evidence of substantial differences in each of these domains.²⁸ Professional categories are privileged over lay categories, yet the experience of illness is expressed in lay terms.

Furthermore, the index focuses on the individual sufferer, denying that suffering is a social experience. This terribly thin representation of a thickly human condition may in time also thin out the social experience of suffering. It can do this by becoming part of the apparatus of cultural representation that creates societal norms, which in turn shapes the social role and social behavior of the ill, and what should be the practices of families and health-care providers. The American cultural rhetoric, for example, is changing from the language of caring to the language of efficiency and cost; it is not surprising to hear patients themselves use this rhetoric to describe their problems. Thereby, the illness experience, for some,

may be transformed from a consequential moral experience into a merely technical inexpediency.

This slow transmutation of experience is what Czeslaw Milosz, himself a refugee from political violence, presses us to come to grips with in taken-for-granted cultural processes of representation in the popular culture that infiltrate the ordinary practices of living:

Almost every day, Public Television airs nature programs mainly for young people. About spiders, fish, lizards, coyotes, animals of the desert or of alpine meadows, and so on. The technical excellence of the photography doesn't prevent me from considering these programs obscene. Because what they show offends our human, moral understanding—not only offends it, but subverts it, for the thesis of these programs is: You see, that's how it is Nature; therefore, it is natural; and we, too, are a part of Nature, we belong to the evolutionary chain, and we have to accept the world as it is. If I turn off the television, horrified, disgusted by the images of mutual indifferent devouring. . . is it because I am capable of picturing what this looks like when translated into the life of human society? But the children, those millions of young minds, are they able to watch this with impunity since they don't associate anything with the blind cruelty of Nature? Or, without realizing it, are they being slowly and systematically poisoned by those masters of photography who also do not know what they are doing?²⁹

DALYs and other economic indexes of health conditions have their appropriate uses, of course. We need to formulate health and social policy with respect to priorities for limited resources. We need valid economic indexes of illnesses and their social consequences. DALYs can be useful in health-care reform and public health planning. Yet, economic indexes should not become, as they seemed in much of the recent debate on health-care reform in the United States, the only authorized construction of suffering for policy and programs. These economic measures need to be complemented by narratives, ethnographies, and social histories that speak to the complex, even contradictory, human side of suffering. Absent this other side, the economic measurement of suffering leaves out most of what is at stake for peoples globally.

ABSENT IMAGES: THE POLITICAL RHETORIC OF OPPRESSION

It is necessary to balance the account of the globalization of commercial and professional images with a vastly different and even more dangerous cultural process of appropriation: the totalitarian state's erasure of social experiences of suffering through the suppression of images. Here the possibility of moral appeal through images of human misery is prevented, and it is their absence that is the source of existential dismay.

Such is the case with the massive starvation in China from 1959 to 1961. This story was not reported at the time even though more than thirty million Chinese died in the aftermath of the ruinous policies of the Great Leap Forward, the perverse effect of Mao's impossible dream of forcing immediate industrialization on peasants. Accounts of this, the world's most devastating famine, were totally suppressed; no stories or pictures of the starving or the dead were published.

An internal report on the famine was made by an investigating team for the Central Committee of the Chinese Communist Party. It was based on a detailed survey of an extremely poor region of Anwei Province that was particularly brutally affected. The report includes this numbing statement by Wei Wu-ji, a local peasant leader from Anwei:

Originally there were 5,000 people in our commune, now only 3,200 remain. When the Japanese invaded we did not lose this many: we at least could save ourselves by running away! This year there's no escape. We die shut up in our own houses. Of my 6 family members, 5 are already dead, and I am left to starve, and I'll not be able to stave off death for long.³⁰

Wei Wu-ji continued:

Wang Jia-feng from West Springs County reported that cases of eating human meat were discovered. Zhang Sheng-jiu said, "Only an evil man could do such a thing!" Wang Jia-feng said, "In 1960, there were 20 in our household, ten of them died last year. My son told his mother 'I'll die of hunger in a few days.'" And indeed he did.³¹

The report also includes a graphic image by Li Qin-ming, from Wudian County, Shanwang Brigade:

In 1959, we were prescheduled to deliver 58,000 jin of grain to the State, but only 35,000 jin were harvested, hence we only turned over 33,000 jin, which left 2,000 jin for the commune. We really have nothing to eat. The peasants eat hemp leaves, anything they can possibly eat. In my last report after I wrote, “We have nothing to eat,” the Party told me they wanted to remove my name from the Party Roster. Out of a population of 280, 170 died. In our family of five, four of us have died leaving only myself. Should I say that I’m not broken hearted?³²

Chen Zhang-yu, from Guanyu County, offered the investigators this terrible image:

Last spring the phenomenon of cannibalism appeared. Since Comrade Chao Wu-chu could not come up with any good ways of prohibiting it, he put out the order to secretly imprison those who seemed to be at death’s door to combat the rumors. He secretly imprisoned 63 people from the entire country. Thirty-three died in prison.³³

The official report is thorough and detailed. It is classified *neibu*, restricted use only. To distribute it is to reveal state secrets. Presented publicly it would have been, especially if it had been published in the 1960s, a fundamental critique of the Great Leap, and a moral and political delegitimation of the Chinese Communist Party’s claim to have improved the life of poor peasants. Even today the authorities regard it as dangerous. The official silence is another form of appropriation. It prevents public witnessing. It forges a secret history, an act of political resistance through keeping alive the memory of things denied.³⁴ The totalitarian state rules by collective forgetting, by denying the collective experience of suffering, and thus creates a culture of terror.

The absent image is also a form of political appropriation; public silence is perhaps more terrifying than being overwhelmed by public images of atrocity. Taken together the two modes of appropriation delimit the extremes in this cultural process.³⁵

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Our critique of appropriations of suffering that do harm does not mean that no appropriations are valid. To conclude that would be

to undermine any attempt to respond to human misery. It would be much more destructive than the problem we have identified; it would paralyze social action. We must draw upon the images of human suffering in order to identify human needs and to craft humane responses.

Yet, to do so, to develop valid appropriations, we must first make sure that the biases of commercial emphasis on profit-making, the partisan agendas of political ideologies, and the narrow technical interests that serve primarily professional groups are understood and their influence controlled. The first action, then, is critical self-reflection on the purposes of policies and the effects of programs. We take that to be a core component of programs of ethics in the professions. Perhaps a more difficult action is to lift the veil on the taken-for-granted cultural processes within which those policies and programs, no matter how well intended, are inevitably, and usually unintentionally, taken up and exploited. The idea that the first impulse of social and health-policy experts should be to historicize the issue before them and to critique the cultural mechanisms of action at hand goes against the grain of current practice. Nonetheless, that is a chief implication of our analysis. The starting point of policymakers and program builders needs to be the understanding that they can (and often unwillingly do) do harm. Because that potential for harm lies latent in the institutional structures that have been authorized to respond to human problems, that work behind even the best intentioned professionals, "experts" must be held responsible to define how those latent institutional effects can be controlled.

Humanizing the level at which interventions are organized means focusing planning and evaluation on the interpersonal space of suffering, the local, ethnographic context of action. This requires not only engagement with what is at stake for participants in those local worlds, but bringing those local participants (not merely national experts) into the process of developing and assessing programs. Such policy-making from the ground up can only succeed, however, if these local worlds are more effectively projected into national and international discourses on human problems. (This may represent the necessary complement to the globalization of local images. Perhaps it should be called the global representation of local contexts.) To do so requires a reformulation of the

indexes and instruments of policy. Those analytic tools need to authorize deeper depictions of the local (including how the global—e.g., displacement, markets, technology—enters into the local). And those methodologies of policy must engage the existential side of social life. How to reframe the language of policies and programs so that large-scale social forces are made to relate to biography and local history will require interdisciplinary engagements that bring alternative perspectives from the humanities, the social sciences, and the health sciences to bear on human problems. The goal is to reconstruct the object of inquiry and the purposes of practice.

Ultimately, we will have to engage the more ominous aspects of globalization, such as the commercialization of suffering, the commodification of experiences of atrocity and abuse, and the pornographic uses of degradation.³⁶ Violence in the media, and its relation to violence in the streets and in homes, is already a subject that has attracted serious attention from communities and from scholars.³⁷ Regarding the even more fundamental cultural question of how social experience is being transformed in untoward ways, the first issue would seem to be to develop historical, ethnographic, and narrative studies that provide a more powerful understanding of the cultural processes through which the global regime of disordered capitalism alters the connections between collective experience and subjectivity, so that moral sensibility, for example, diminishes or becomes something frighteningly different: promiscuous, gratuitous, unhinged from responsibility and action.³⁸ There is a terrible legacy here that needs to be contemplated. The transformation of epochs is as much about changes in social experience as shifts in social structures and cultural representations; indeed, the three sites of social transformation are inseparable. Out of their triangulation, subjectivity too transmutes. The current transformation is no different; yet perhaps we see more clearly the hazards of the historical turn that we are now undertaking. Perhaps all along we have been wrong to consider existential conditions as an ultimate constraint limiting the moral dangers of civilizational change.

At the end of this century it has for the first time become possible to see what a world may be like in which the past, including the past

in the present, has lost its role, in which the old maps and charts which guided human beings, singly and collectively, through life no longer represent the landscape through which we move, the sea on which we sail. In which we do not know where our journey is taking us, or even ought to take us.³⁹

ENDNOTES

¹This essay is drawn from a larger project concerning the social experience of suffering. Readers may wish to read Arthur Kleinman and Joan Kleinman, "Suffering and its Professional Transformation," *Culture, Medicine and Psychiatry* 15 (3) (1991): 275–301; Arthur Kleinman, "Pain and Resistance," in Mary-Jo DelVecchio Good et al., eds., *Pain as Human Experience: Anthropological Perspectives* (Berkeley, Calif.: University of California Press, 1991), 169–97; Arthur Kleinman et al., "The Social Course of Epilepsy in China," *Social Science and Medicine* 40 (10) (1995): 1319–330; Arthur Kleinman and Joan Kleinman, "How Bodies Remember: Social Memory and Bodily Experience of Criticism, Resistance, and Delegitimation following China's Cultural Revolution," *New Literary History* 25 (1994): 707–23; and Arthur Kleinman, *Writing at the Margin: Discourse Between Anthropology and Medicine* (Berkeley, Calif.: University of California Press, 1995).

²Luc Boltanski, *La Souffrance a Distance* (Paris: Metailie, 1993).

³On the heterogeneity of meanings and modes of suffering, see, for example, John Bowker, *Problems of Suffering in Religions of the World* (Cambridge: Cambridge University Press, 1970); Veena Das, "Moral Orientations to Suffering," in L. C. Chen, N. Ware, and A. Kleinman, eds., *Health and Social Change* (Cambridge, Mass.: Harvard University Press, 1994), 139–67; Arthur Kleinman, *The Illness Narratives: Suffering, Healing and Human Experience* (New York: Basic Books, 1988); Arthur Kleinman and Byron Good, eds., *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder* (Berkeley, Calif.: University of California Press, 1985); Paul Farmer, *AIDS and Accusation: The Geography of Blame in Haiti* (Berkeley, Calif.: University of California Press, 1992); T. N. Madan, "Living and Dying," in T. N. Madan, ed., *Non-renunciation Themes and Interpretations of Hindu Culture* (New Delhi: Oxford University Press, 1987), 118–41; Phillipe Ariès, *The Hour of Our Death*, trans. Helen Wever (New York: Knopf, 1981); Piero Camporesi, *Bread of Dreams: Food and Fantasy in Early Modern Europe*, trans. David Gentilcore (Chicago, Ill.: University of Chicago Press, 1989); Carlos Ginzburg, *The Cheese and the Worms: The Cosmos of a Sixteenth-Century Miller*, trans. John and Anne Tedeschi (New York: Penguin Books, 1980); Ivan Morris, *The Nobility of Failure: Tragic Heroes in the History of Japan* (New York: New American Library, 1976); and Ann F. Thurston, *Enemies of the People: The Ordeals of the Intellectuals in China's Great Cultural Revolution* (New York: Knopf, 1987).

⁴See DelVecchio Good et al., eds., *Pain as Human Experience: Anthropological Perspectives*; David Morris, *The Culture of Pain* (Berkeley, Calif.: University of

California Press, 1991); and Elaine Scarry, *The Body in Pain* (New York: Oxford University Press, 1985).

⁵Lawrence Langer, *Holocaust Testimonies: The Ruins of Memory* (New Haven, Conn.: Yale University Press, 1993); Nancy Sheper-Hughes, *Death Without Weeping: The Violence of Everyday Life in Brazil* (Berkeley, Calif.: University of California Press, 1993); and Pierre Bourdieu, ed., *La Misere du Monde* (Paris: Editions du Seuil, 1993).

⁶Kleinman and Kleinman, "Suffering and its Professional Transformations."

⁷*The New York Times*, 26 March 1993, A3.

⁸Jean Dreze and Amartya Sen, *Hunger and Public Action* (New York: Oxford University Press, 1991), show that famines in sub-Saharan Africa occur as a result of political disorder, not crop failure per se.

⁹Bill Keller, "Kevin Carter, a Pulitzer Winner for Sudan Photo, is Dead at 33," *The New York Times*, 29 July 1994, 138; Scott MacLeod, "The Life and Death of Kevin Carter," *Time*, 12 September 1994, 70–73.

¹⁰*Time*, 12 September 1994, 72.

¹¹*Ibid.*, 73.

¹²*Ibid.*

¹³*Ibid.*

¹⁴*Ibid.*

¹⁵For this view of the "taking" of victimized social subjects by the more powerful photographer, "a privileged observer"—the "eyes of power" idea—see W. J. T. Mitchell, *Picture Theory* (Chicago, Ill.: University of Chicago Press, 1994), 288, 324, 365, 420–21. Mitchell also introduces the fundamental moral issue of the relationship between representation and responsibility. See *Ibid.*, 421–25.

¹⁶On the dilemmas for cultural analysis of globalization, see Ulf Hannerz, "Mediations in the Global Ecumene," in Gisli Palsson, ed., *Beyond Boundaries: Understanding Translation and Anthropological Discourse* (Providence: BERG, 1993), 41–57; and Ulf Hannerz, "When Culture is Everywhere: Reflections on a Favorite Concept," *Ethnos* 58 (1993): 95–111.

¹⁷Stanley Cavell writes that philosophical knowledge is ultimately disappointing because it is incapable of decisively sorting out such "ordinary" human complexities. Stanley Cavell, *In Quest of the Ordinary* (Chicago, Ill.: University of Chicago Press, 1988), 88, 147, 149; he goes on to assert, in Stanley Cavell, *A Pitch of Philosophy* (Cambridge, Mass.: Harvard University Press, 1994), 116, "the world calls for words, an intuition that words are, I will say, world-bound, that the world, to be experienced, is to be answered, that this is what words are for."

¹⁸The analysis that follows in this section draws on materials, and contains several paragraphs, in Arthur Kleinman and Robert Desjarlais, "Violence, Culture and the Politics of Trauma," in Arthur Kleinman, *Writing at the Margin*, chap. 8; Robert Desjarlais and Arthur Kleinman, "Violence and Demoralization in the New World Disorder," *Anthropology Today* 10 (5) (1994): 9–12; and Arthur

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Kleinman and Robert Desjarlais, "Ni patients ni victimes: Pour une ethnographie de la violence politique," *ACTES De La Recherche en sciences sociales* (ISSN 0355-5322) 104 (1994): 56-63.

- ¹⁹Compare the cover picture of *The Economist* of 23 July 1994, which, in the midst of the Rwandan crisis, is of a frightened Rwandan child. The picture is entitled "Helpless."
- ²⁰On the uses of personification of collective catastrophe in the Western tradition of cultural representation, see Alan Mintz, *Hurban: Response to Catastrophe in Hebrew Literature* (New York: Columbia University Press, 1984).
- ²¹See the chapter on global social change in Robert Desjarlais et al., *World Mental Health: Problems and Priorities in Low-Income Countries* (New York: Oxford University Press, 1995), for a discussion of how the World Bank and the International Monetary Fund's rigorously-applied program of economic restructuring has worsened the health of women in sub-Saharan Africa. This volume also shows how the end of the Cold War and other global, political, and economic changes have often worked either to worsen social and mental health problems or to constrain health and social policy responses to those problems.
- ²²See Alex Webb and David C. Unger, "Taking Haiti," *The New York Times Magazine*, 23 October 1994, 50-53.
- ²³Michael J. Shapiro, *The Politics of Representation: Writing Practices in Biography, Photography, and Policy Analysis* (Madison, Wis.: University of Wisconsin Press, 1988), xii.
- ²⁴The following section draws on materials in Arthur Kleinman and Robert Desjarlais, "Violence, Culture and the Politics of Trauma."
- ²⁵See Allan Young, *The Harmony of Illusion: An Ethnography of Traumatic Memory* (Princeton, N.J.: Princeton University Press, forthcoming); and Allan Young, "Suffering and the Origins of Traumatic Memory," in this issue of *Dædalus*. Recent surveys of populations of people who have experienced political violence report that between 25 and 75 percent experience posttraumatic stress disorder. See the chapter on violence in Desjarlais et al., *World Mental Health: Problems and Priorities in Low-Income Countries*.
- ²⁶Arthur Kleinman, "A Critique of Objectivity in International Health," in Chen, Ware, and Kleinman, eds., *Health and Social Change*.
- ²⁷See World Bank, *World Development Report 1993: Investing in Health* (New York: Oxford University Press, 1993).
- ²⁸See, for example, Sheila Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in America* (New York: Basic Books, 1994); and Morris, *The Culture of Pain*.
- ²⁹Czeslaw Milosz, "The State of Nature: Notes from a Diary," *New York Review of Books*, 11 August 1994, 41.
- ³⁰Central Committee, Chinese Communist Party, *Internal Report, Annals for Feng Yang County*, 1961, 188-91.
- ³¹*Ibid.*

³²Ibid.

³³Ibid.

³⁴See James C. Scott, *Domination and the Arts of Resistance* (New Haven, Conn.: Yale University Press, 1992); and Rubie Watson, "Memory, History and Opposition Under State Socialism: An Introduction," in Rubie Watson, ed., *Memory, History and Opposition Under State Socialism* (Santa Fe, N.Mex.: School of American Research Press, 1994), 1–20.

³⁵It is not only the totalitarian state that makes use of the weight of silence, of course. In the Gulf War, the US media often disregarded Iraqi casualties on the battlefield, and told the story largely from the American perspective, in spite of the fact that there were several dozen Western journalists in Baghdad.

³⁶Ian Palmer, a British military psychiatrist in Rwanda, is reported in *The New York Times* to have said: "A fascination with death has created a voyeurism among Westerners here—the relief agencies, the United Nations and the journalists. . . ." *The New York Times*, 7 November 1994, A4. The *Times*' reporter continues: "Western visitors regularly tour massacre sites where bodies are rotting and still unburied. Visiting diplomats have driven for hours to see bodies washed up in the eddies of the Akagera River on the Tanzanian border." Ibid. This deepening voyeuristic sensibility may be another side of the cultural process we have identified.

³⁷With relation to the Carter picture, see, for example, Richard Harwood, "Moral Motives," *The Washington Post*, 21 November 1994, A25, which offers a defense of the ethical motivation of journalists who report on violence and atrocities, yet still registers the complexity of the moral issue of cultural representation.

³⁸That there are limits to the commercial uses to which images of suffering can be put is shown by the responses, in Germany especially, to Benetton's provocative advertising campaign in which pictures of bodies tattooed with "HIV-positive," a war cemetery, an oil-soaked bird, child labor in South America, and the bloody uniform of a Croatian soldier are used, in a strange paradox even by postmodern terms, to sell clothing. See Nathaniel Nash, "Benetton Touches a Raw Nerve," *The New York Times*, 2 February 1995, D1, 18.

³⁹Eric Hobsbawm, *The Age of Extremes: A History of the World, 1914–1991* (New York: Pantheon, 1994), 16.