

ANTH224 Notes

WEEK 1:

Freud - conflict and suffering are the inevitable outcome of living in society

Ian Hacking - creating kinds of people, theoretical underpinning where the different kinds are different

Mad: refers to psychosis (including schizophrenia) and serious disturbances (particular mania)

Bad: refers to "antisocial personality" disorder in adults, "conduct disorder" in children and adolescents.

Also, criminality, addiction, homelessness...

Sad: refers to depressive disorders and through inference, anxiety disorders

- Interlinked groups of people and the people can be variable
- Refers on social standing
- Same behaviors are looked at differently by different cultures e.g. white and black people shooting

Three levels of analysis:

1. The individual - biologically, social structure, identity, basically what makes you different from another person.
2. The social - relationships between individuals, different from cultural. Formal and informal social structures like institutions, systems of authority and punishment, family, schools. Larger forms that are external but powerfully constrain our behaviour.
3. The cultural - traditions, values, beliefs, behaviors. Set of more or less shared meanings like morals, dispositions, inhibitions, rules and behaviors etc.

Meaning: "the act of giving some particular significant to some particular form of experience..."

We know the norm, and we know we think differently about it.

- Depression is a psychiatric diagnostic category, institutional response suffering in a certain type of way. We think it's an illness but for most of us any significance brings a different meaning. For depression it might be storm clouds that roll through then pass.

Anthropology is the *scientific and humanistic* study of human diversity. It concerns itself with all aspects of the human condition, *past, present and future* and with biology, society, language and culture.

In this respect, it is *holistic, comparative and cross-cultural*.

Holistic refers to the study of the whole of the human condition: past, present, future, biological, cultural, social, language.

An integrative perspective (look for how things go together).

Comparative: what is universal, what is common or rare, why do variations occur...?

Making the strange familiar and the familiar strange.

Culture: distinctly human traditions and customs that govern behaviour and beliefs that are transmitted over generations through learning

Society: a population of humans characterised by patterns of relationships between individuals that share a distinctive culture or institutions.

The "Ethnographic Method"

A descriptive lens: based on participant in the culture, observation and interviews. Not just studying people but studying with people.

Emic: the "insider's point of view" (local understandings, ethno theories, explanations, social context, what it connects to, etc....)

Etic: the "outsiders point of view" (explanations, analysis, integration of emic perspectives into Western explanatory models)

Case study: LeRoy "Twitching Epidemic"

- 15 girls, high school in LeRoy, New York
- "Mystery illness": ticks, involuntary movements and vocalizations (looks like Tourette's)
- By June 2012, most were 80-90% cured
- Doctor's baffled
- Stress comes out in the body in some form, and this was the form

Search for physical cause:

- Anti-vaxxers said it was a HPV vaccine - girls never got that vaccine
- Environmental toxins? Spilled some toxins that caused these neurological disorders - it was 26 years earlier so no toxins around
- Psychiatrists: conversion disorder and mass psychogenic illness - basically what hysteria used to be.
- Conversion disorder: Some sort of psychic distress is being converted into bodily symptoms
- Mass psychogenic illness: one person does something crazy and the whole class does the same thing
- Anxious - nausea, sweaty, loss of appetite. Mind and body are not that separated as we think they are.
- Secondary gains and the "sick role": Highly scheduled kids and you go to college after that and live alone, tremendous pressure at a highly transitional stage of their lives.

Primary gains

- Positive internal motivations/reinforcements linked to display of symptoms
- Can be hard to determine, but linked to feelings such as stress relief, avoidance of anxiety, satisfaction of desires to rebel, resist, etc.

Secondary gains

- Positive external motivations/reinforcements linked to display of symptoms (e.g. chucking a sickie, getting sick taps into external rewards)
- Allows person to tap into social rewards and dispensations granted to the "sick" (i.e. can miss work, get disability, avoid prison, stay at home, etc.)

Interpretation:

- Social context
- Biology vs psyche
- Disorder of experience
- "Culture-Bound" syndrome
- Complexity!
- Culturally patterned
- Emic and Relativistic approach (to start with...)

Idioms of distress: a way to give voice - unconsciously - to tensions and conflicts that can't be communicated any other way (and to tap into social resources that "get you off the hook" by entering a socially-agreed upon "sick role")

WEEK 2:

Freud:

- Important intellectual theorist
- Internal complex processes create us

Three basic tenets of the Freudian worldview

1. Unconscious motivation

- Rejecting the claim of why we're doing what we're doing
 - E.g. 18 year old decide you want to get married but there are many more reasons like you want to marry because you want to get back at an ex, they look like your dad
 - Lots of factors influencing your behaviour
 - Nothing that happens in the mind is random but these puzzling expressions are the direct chain of underlying thoughts
2. Psychic determinism
 - Type of determinism that theorises that all mental processes are not spontaneous but determined by the unconscious or pre-existing mental complexes
 - Freud assumes that all our mental and behavioural responses are caused by unconscious trauma, desires or conflicts
 3. Psychodynamics (conflict, defense etc.)
 - Dynamic interactions between the id, ego and the superego
 - Attempts to explain or interpret behaviour or mental states in terms of innate emotional forces or processes
- We're driven by impulses we're not aware of
 - We have rare access to the introspect side of our minds

Topographical model of mind

- Cs. - Conscious
 - Thoughts and perceptions
- Pcs. - Proconscious level
 - Memories
 - Stored knowledge
 - Fears
 - Doubts
- Ucs. - Unconscious level
 - Selfish motives - aggression
 - Socially unacceptable desires

Traumduetung

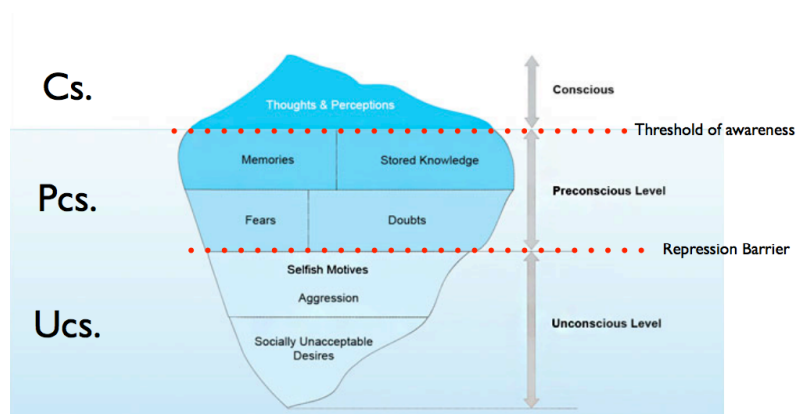
- A dream is a highly manifested thoughts, desires and wishes that can only be expressed through this distorted form

The structure of a dream

1. Manifest content
 - The dream elements that are remembered upon waking
 - What you wake up and can tell someone else
 2. Latent content
 - The censored thought that gave rise to the dream; has been disguised and hidden by the manifest content
- Process of free talking gives rise to associated train of thoughts

Counter pressure: something pushing back down, notion of repression

Topographic model:



Conscious mind consists of everything you are aware of at any given moment (e.g. your present perceptions, memories, thoughts, fantasies and feelings)

Preconscious mind consists of anything that can be readily made conscious through an act of recall or perception (e.g. the memories you are not at the moment thinking about but can readily bring to mind, feelings that are readily evoked in the course of experience, etc....)

Unconscious mind is the largest portion of mind. It includes all the things that are not available to awareness. We need to distinguish between two kinds of "unconscious":

1. Cognitive unconscious
2. Dynamic unconscious

Two types of unconscious

1. Cognitive unconscious

All information processing and perception that occurs outside of conscious awareness (e.g. schemas, mental models, basic perception, etc.)

- You don't consciously process anything when you serve to miss or when you see a snake or when you see something that attracts or repels you

2. Dynamic unconscious

All those ideas that we actively maintain out of awareness. Why? Because they do not "fit" with the mass of ideas that constitute our conscious sense of self

- A realm of ideas, affects, fantasies, etc. that are too dangerous (= anxiety) to admit into awareness
- "a colony of exiled ideas..." actively maintained out of awareness = repression

For Freud, the dynamic unconscious consists of "drives" - powerful instinctual forces that press for expression and must be countered by a "counter-pressure from above"

- Can only enter Cs, in disguised form (such as dreams, symptoms, compromise formations, etc.)

The topographic model (Ucs-Pcs-Cs)

Conscious vs unconscious

- Not a "place" in the mind but a quality of awareness that was distributed throughout
- Shift from "the unconscious" to "unconscious"
- Shift from idea of Ucs as a localised zone to idea that unconsciousness as a quality of mental content that can occur anywhere in the system

The stages of psychosexual development

- Oral stage (birth - 18 months) - weaning
- Anal stage (18 months - 3-4 years) - toilet training (compulsive, anal, tight ass)
- Phallic stage (3-4 years - 5-7 years) - sexual identity (aggressive fantasies about getting rid of dad because they want mum but dad is in the way)
- Latent stage (5-7 years - puberty) - learning (punishment, castration)
- Genital stage (from puberty on) - genital intercourse

Table 1.1: Freud's stages of psychosexual development

Name	Age	Principal task
Oral stage	Birth – 18 months	Weaning
Anal stage	18 months – 3-4 years	Toilet-training
Phallic stage	3-4 years – 5-7 years	Sexual identity
Latent stage	5-7 years – puberty	Learning
Genital stage	From puberty on	Genital intercourse