Learning from the Inside Out: A Prairie Quilt for Applied Anthropology[1]

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Abstract:

This paper inquires into how we come to know what we know in applied anthropology. "Experience" and "process" are discussed in relation to ethnographic "findings" and to applied problem-solving. Donald Winnicott's "squiggle game" (1971) is described as both a rich 1) data-generating and –gathering, and 2) collaborative problem-solving methodology. An extended vignette on health, cancer, dying, death, and mortuary rites on the North American Great Plains is presented to illustrate the utility of this approach.

"Man Thinks, God Laughs" (Yiddish proverb)
"But is it anthropology?" (anonymous)

Introduction

Certainly no anthropologist, applied or general, would question the claim that our relationships with those whom we "study" are the foundation of everything we know. Our relationships "in the field" are part of our findings, results, reports, and abstractions. In this paper I call attention to the interplay of the *self* of the medical anthropologist (ethnographic, applied, critical, or clinical), the *subject* of the anthropologist's inquiry, the *process* of the relationship, both interpersonally and intersubjectively (that is, at the unconscious level in both or all participants), and the *data* gathered and interpreted. *We know more than we say*. Our anthropological accounts are often culturally stylized and constricted like folktales and rituals that must be told and performed only one way.

In the day-to-day work of applied anthropologists, what we know and what we do is far more fluid, vital, than what we admit in most of our narrative accounts or discourses. If the content of what we write is dependent on the process of what we do, then any account that omits this process ultimately distorts what we report as data. Our experience, our countertransference (understood in the broadest sense), is a vital part of our data and not merely prefatory to it.

In this paper I present a vignette from my life and fieldwork in the culture(s) of rural Oklahoma, fieldwork which I "apply" during my daily teaching of physicians in the professions of family and preventive medicine, occupational and environmental medicine, and physician associates. These are biomedical disciplines in which I have been teaching and consulting for over two decades. My research spans health-related aspects of wheat farming life, organizational downsizing and managed care, and Oklahomans' adaptation to the April 19, 1995 bombing of the federal building in Oklahoma City.

Boundary Issues

The vignette I offer is not only a story about local culture but can be seen as an exemplar or parable of wider methodological issues. It is the process, not the specific content, that is "generalizable." Just as we interview and observe "them," they interview and observe "us." The gaze works both ways. Just as, via participant observation, we become a part of their lives, the lives we describe and interpret as "other," they become part of our lives (our interpersonal and our inner worlds). We affect one another; the data we gather is intersubjective – soul to soul, unconscious to unconscious – never mechanically objective.

Just as we must situate our personal experience in terms of the theories and practices we espouse and which shape our very perceptions, we must likewise situate our theories and practices in terms of the personal experiences that shape our attraction to them. We must know how our subject engages us: both in terms of how such engagement can be a source of distortion, and a source of correction (Boyer 1993, 1999; Devereux 1967; La Barre 1978; Ogden 1989; Stein 1985). A discourse on process and content in applied anthropology inevitably becomes one on the nature of human boundaries, on empathy and defenses against it, on bodies and embodiment, on intimacy and

distance, and on the location of where the culture we study resides.

Description is not enough to make culturescapes (clinical and otherwise) stand up from the printed page of ink and paper, or out from the computer screen. We need to be able to *evoke* the world to be explained or interpreted (Stein 1997). To say this is not to reduce applied anthropology to "literature" or to "art," but to say instead that a subject or object must be alive enough to be familiar to the reader. Only after that is interpretation, explanation, or practice warranted – and science possible.

Further, much of the lived world we study comes clear as we are doing something (else) with people, not only asking questions or observing. "Doing" engages us, brings us near to the subject. Attention to process helps us clarify content and makes us better able to continuously correct content. Attention to process brings the subject alive to us, thereby allowing us to evoke it for later "usage" in interpretation and in problem-solving. The work of Devereux (1967), La Barre (1978), Boyer (1993, 1999), Stein (1985), and others on the role of countertransference in all understanding offers a foundation for this approach. By exploring the process by which this takes place, we can put life on the catalogue of methodological dry bones that go by such terms as naturalistic and participant observation, open ended and focused interviews, survey research, documentary analysis, life-history-taking, and the like.

In sum, I am making a plea for greater attention to the internal and intersubjective processes and experiences in our accounts (Powdermaker 1967; Behar 1997). Part of the answer to the question about projects and consultations, "What did you do?" is supplied by answering the further question, "What is (was) it like to be you?"

Process, Knowledge, Narrative, and Responsiveness

Alfred Kroeber once wrote of culture: "*perhaps how it comes to be* is really more distinctive of culture than what it *is*" (1948: 253). I believe this holds equally for how we come to know in relation to what we then claim to know. There is an intimacy to our knowing – but we mostly report only the knowing, the "findings," abstracted into a noun and form called "knowledge." How do we "collect" data? "Participant observation" (and cognate ethnographic concepts) is often too global an abstraction. We are, in fact, thrown into situations in which we might (or might not) notice data. Both the situations and the data often feel as if they are bestowed *ex gracia*, not by our deliberate daisy picking and examining. What are the processes, the experiences, that crystallize in what we often reify as "the data," or as "the consulting method?" This, then, is a study in going from the "how" of knowing and doing, to the "what" of coming to know.

When we write our accounts, we say that, via fieldwork and interpretation, we got from A to B. But what was the Odyssey? How did we get there? Methodology is closer to magic and further from science than we admit (Philip Bock, personal communication, 1998). We go to the field, gather data via certain qualitative and quantitative code words, analyze our data, write up our reports, and publish the results. What takes place in us, and between us and those whose lives we study, is part of our data. What takes place inside us is a vital part of what we do and what we know. Where we are in the story is part of the story. Our personal experience is part of the ethnographic subject. Our personal experience is part of the subject. The question is what we do with that fact (Devereux 1967).

Consider health, sickness, aging, dying, death, and mortuary rites. These are the collective subjects of an extended vignette below. Had I wanted to do so, I could have gotten away with -- as in a crime -- with setting the stage for my findings by saying that: 1) a key "informant" whom I had known for seventeen years became afflicted with cancer, and later died; 2) that via participant observation I had the opportunity to understand that process closely; and 3) that, at the time of his death, because the clergyman officiating at his funeral was new to the church and had not known what "the key informant" was like prior to the illness, the informant's wife asked me to write a eulogy and FAX it to the minister, who read most of it at the funeral. Further, 4) at the funeral, later on the drive to the cemetery for burial, and still later back at his church for a post-funeral meal, I learned A, B, and C about Oklahoma prairie culture that I would not have learned otherwise.

These all are true in a narrow, factual, sense. But stripped of the context of the man's (and his family's) long relationship with me, the story not only lacks

contextual breadth and depth, but the story itself becomes false simplicity (Whitehead 1925). It didn't happen that way! Its poignancy, its essence, is gone. Worse, we might not even miss these, because we can see only as much as our theories and methods allow us (or as much as we allow them). For instance, I might abstract from experience that "it all happened that way," but the abstraction itself stylizes what happened according to a scholarly or clinical aesthetic (that is, the way a story *should* be told, and what *belongs* in a story) that falsifies and distorts what it supposedly reports. The abstraction replaces the experience, *becomes* the experience.

The current popularity of narrative (and more broadly, "qualitative") approaches notwithstanding, what makes one ethnographic account more than "just a story," even if an interesting story? What makes it real data? What makes it methodologically and theoretically salient? What, in short, makes it good applied anthropology – and thus good science? If a story can illumine more than itself – if it can serve as a lighthouse for a culture if not the human condition – then it is good medical anthropology. The best story can tell us *how we learn* as much as it tells us *what we learn*.

Life-defining events or moments of turning occur to us "in the field" – sometimes when "their" lives deeply affect "our" lives, and the reverse. These liminal or boundary-breaking times offer us uninvited insights into the culture that we otherwise would not have had, provided that we do not rush to our favorite abstractions the way we flee to our defenses.

Somewhere on the voyage to the elusive "what really happened" (whether positivistic or Leopold von Ranckean) we navigate the Scylla of "narrative truth" and the Charybdis of "historic truth" (Spence 1984). Anthropology -- general, medical, and applied alike -- is the poorer the more the *process* of learning about another's culture is subtracted from the *contents* of what we learned. The observer or consultant's inner experience is not the foe of comprehending the outer world; it is both its very best and very worst tool.

In fact, more than one "subjectivity" is always at play: the observer's and the observed -- who is also an observer/interpreter. Those whom we study, study us at the same time. It is in that intermediate intersubjective space that learning about another person's world takes place. We are never mere recording instruments. We also speak and feel. The ethnographic accounts we write are never mere dictations. They are dances of mutual responsiveness -- or they are dead. Often, those whom we "study" redeem us of our motivated ignorance and naivete.

"Squiggling" in the Holding Environment: Play as Applied Anthropology Methodology

Here, I draw upon an approach developed by pediatrician-psychoanalyst Donald W. Winnicott (1965, 1971) called "squiggling," one that I shall use to describe how I have come to see my "field" relationships that culminate in "findings" and in "problem-solving." The approach helps to answer the question: "What do you do as an applied ethnographer? How do you 'work'?" Futher, Winnicott's work extends and gives greater precision to the ethnographic model of clinical teaching and supervision I developed nearly two decades ago (Stein 1982). Further, I find Winnicott's "squiggle game" a cogent metaphor (not a mere technique) for fieldwork, applied or pure.

Originally, the squiggle game consisted of Dr. Winnicott and his patient (a child) taking turns in creating together a line drawing on paper. "In this squiggle game I make some kind of an impulsive line-drawing and invite the child whom I am interviewing to turn it into something, and then he makes a squiggle for me to turn into something in my turn" (1971, 16). Unrehearsed, unintruded-upon playful reciprocity is at the core of the game, and I believe they also occupy the core of authentic clinical medical anthropology. Verbal "squiggling" is heir to the non-verbal "squiggling" of mother-infant intimacy, of play, and of play-therapy (Boyer 1999; Stein 1996).

L. Bryce Boyer, a respected psychoanalyst, has extended this approach to the use of words with adults in therapy. In the "intersubjective play between analyst and analysand, a generative space is available to each through which new understanding and conceptualizations can emerge, the creativity to which Winnicott often refers" (1999, 233).

> Winnicott (1958, 1965) has stressed the need of the analyst to be able to allow the existence of potential space in which creativity can occur, and Bion (1962) the need for the analyst to enter into

> a "reverie," allowing a similar development. I find my most exhilarating and productive periods when working with regressed patients to occur during those unusual occasions when, while in the state of reverie to which I believe Bion to refer, I quite comfortably and spontaneously play what I conceive to be a verbal version of Winnicott's (1971) "squiggle game" with the patient. At such times the analysand and I have become subjective objects to one another. We do not use pencils but instead create our "drawings" verbally when the patient's and therapist's associations are obviously contaminated with one another. Then they meet in that potential space in which creativity can occur, enacting an intensification of the squiggle game. (Boyer 1999, 228)

Like Winnicott's, my attention is directed more to process than to content, or rather, to content via and served by this process. Whatever name we give it, central to the work of all applied anthropologists is (ideally) an *approach* that pediatrician-psychoanalyst Donald W. Winnicott (1971) playfully called the "squiggle game," a game that in turn takes place in the safe context of a "holding environment" -- that is, a symbolic heir to the mother's physical embrace, her holding the infant and holding onto -- containing -- her infant's overwhelming despairs, rages, and terrors. The adult holding environment of social roles and institutions is (ideally) heir to the earliest infant-mothering dyad in which the baby's anxieties can be safely held, contained, absorbed, and lovingly processed (rather than contaminated with persecutory anxiety and its terrors of annihilation; Winnicott 1965). Squiggling is an overarching form of relatedness in that environment: of projecting, of processing, of returning to another what one has processed, of internalizing what one has received, and so on.

Behind our household surveys, open-ended and focused interviews, naturalistic and participant observation, and use of various documentary and "material" culture, we squiggle via words and stories and gestures with those who tell us their story and with our various colleagues (Boyer 1999; Stein 1996). Further, from the viewpoint of Gregory Bateson's (1972) theory of logical types, the "squiggle game" within the "holding environment" is emotionally meta- to (that is, superordinate to, inclusive of, of a higher order) all other elements or functions: that is, the official tasks we do and the techniques we use.

How one "squiggles," and how, in turn, one performs specific role tasks (e.g., participant observation, interviewing, consulting, data analysis, writing and revision for publication, teaching) is affected by his or her own countertransference (Devereux 1967; La Barre 1978; Bion 1959; Kernberg 1976; Stein 1985; Boyer 1993; Ogden 1989, 1997 a and b). That is, a person's unconscious response can constrict vision and distort understanding, or it can give the observer greater access to ones own inner life and thereby to comprehending others. How we "squiggle" with another (and with ourselves) is what we do with our own anxiety (Devereux 1967; Winnicott 1971).

Specific roles, tasks, and units of study come and go. For instance, over my career some of these have included internal consultant, coordinator, mediator, catalyst, facilitator, manager, and "our shrink." They are part of the ever-changing substance (content) of the squiggle game and the day-to-day work of doing applied anthropology. But they are not its essence, which is intersubjective process. Now, I am aware that all "games" have rules. Winnicott, however, insists that his squiggle game does not. Rather, the rules emerge and are constantly created, discarded, and replaced, rather than being permanently imposed from the outset. They emerge. Is not all our brief and longitudinal fieldwork in applied anthropology a kind of continuous "squiggling" with those from and with whom we learn – of seeing, and of being shown how to see anew? We begin with "rules;" we learn, create, modify "rules" as we work together.

In "squiggling," we do not merely end up at a different external *place* from where we had imagined we would go – as if we were on a map that at least is constant. In "squiggling" we often do not end up with even the *kind* of data we thought we should be after. Strictly speaking, we neither lead nor follow. We trust our own and others' "free associations" and further "amplifications" (Lawrence 1998). In 1982, I described my ethnographic style of clinical teaching as "leading by following" (Stein 1982). Today I would say that the method is, in fact, largely "squiggling."

From the outside, the verbal squiggling of psychotherapy, of fieldwork, or consulting, may appear jagged rather than smooth: nonsensical, ridiculous, even "crazy" (Boyer 1993, 1999). In fact, an anthropologist colleague recently admonished me to

drop the notion of "squiggling," since it sounded silly, juvenile, more like "giggling," than like a method to be taken seriously. But from the inside of the intersubjective dialogue at the heart of squiggling, the conversation feels like the Budapest or Hungarian string quartets playing Beethoven. To the extent to which we can trust the intersubjective dialogue at the heart of the squiggle, we will be led to creative, often astonishing, data and problem-solving outcomes.

I realize now what I wish I had known all along. "Doing" applied anthropology is squiggling together in a place in space and time that is safe, that is in the sanctuary of a holding environment. In the squiggling together is the learning about culture, the teaching, and the healing. And as applied anthropologists, our own professional concerns about form, identity, theory, and method are part of this squiggle. They inform the kinds of metaphorical lines we draw on the ethnographic "worksheet." Squiggling is how we gather data, how we teach, problem-solve, and serve as culture-brokers. In squiggling, we are not only a part of the data we "collect," but we know it. In fact, I find Winnicott's squiggle game to be a cogent metaphor for how we work, and not merely another fieldwork technique in some methodological bag.

Elsewhere (Stein 1996) I have discussed how I will often: a) write a "clinical" or "organizational" poem in response to a difficult or emotionally gripping case; b) give the poem to physician colleagues; c) "squiggle" with the poem and other official clinical information in discussions with the physicians; then d) arrive at some more integrative understanding of the patient, the physician, the larger organizational and educational system – and of how to proceed clinically. What began for me a decade ago as a whim has turned into a major tool for clinical teaching and for applied medical ethnography. The process is an adult form of largely verbal squiggling.

The cultural use of my clinical and prairie poetry -- and hence of cultural squiggling -- extends beyond any official, clinical, didactic relationship I have with faculty and resident physicians. It is an example, perhaps, of cultural diffusion. But from and toward whose culture? Several years ago, clinical colleagues and friends – from physicians and nurses to secretaries and transcriptionists and social workers – told me that they had put prairie poems I had written or published on their office bulletin boards. A regional health education newspaper (*AHEC News*, based in Enid, Oklahoma) has regularly published my poems in its quarterly newsletter for a half-dozen years. They recognized themselves, their world, their work, and their sense of place, in my evocations (Stein 1997). Even though I am not "from" here, they keep telling me that I write and evoke prairie life as if I were "from" here. They give me their world, their affection, their respect, and I seem to be unable *not* to give it in return. What, then, is "here" or "there?" How do we go about understanding the process and structure of cultural boundaries from that prospect? Certainly the poetry is mine (I wrote it), but in fact, it is ours. It is our "squiggle" writ large. If their recognition of themselves in my poetry is still sometimes puzzling, it is nonetheless a fact. My (our) prairie poetry has found its way to *manna* (a regional literary journal), *Oklahoma Today* (the state magazine), *The Journal of Family Practice*, *Journal of Medical Humanities*, and the Oklahoma *AHEC Newsletter* (Area Health Education Centers), among others. Something takes place that transcends facile sociological categories of "acculturation" ("I have learned their culture.") or "assimilation" ("They have structurally incorporated me.").

All my work as an applied anthropologist can be construed as an on-going squiggle game conducted within the safety (and sometimes the danger) of the holding environment. Such an image helps me answer the question: How do I do my work as an applied anthropologist with health professionals, patients, and their families? Put differently, stumbling, serendipity, and squiggling are methods of knowing embedded in "participant observation."

Vignette: On Being Asked to Write a Eulogy for a Prairie Friend -- Or, Whose Culture Are We Talking About?

Among the abiding interests of both theoretical and applied anthropology are death and dying, mortuary rites, chronic illness and its meanings, religion and health beliefs, the symbolism of disease, family adaptation to illness, cancer, aging, and so forth. In July 1995, one of my closest Oklahoma friends, Jim Shaklee (his actual name), died of or with cancer (lymphomas). For nearly twenty years he and his family had been willing to teach me about Oklahoma culture virtually from the inside out. They came to treat me as if I were Oklahoman, as if I belonged and were

not some unwelcome, highbrow outsider bent on changing them. Jim Shaklee was a retired postal carrier, a gifted wood craftsman, a fellow pipe-smoker, and the husband of a long-time medical assistant, Ramona Shaklee, who functioned as a nurse at the Family Medicine residency-training site in Enid. Jim Shaklee taught me much about rural male Oklahoma culture. Across the supposed cultural divide, he also taught me about being a man and standing up for oneself.

Jim and his family stretched me toward facing sickness and death in ways I could never have done alone. They helped me to help them, and in the process to understand them better. Over three years later now, I remain in awe of how a medical anthropologist who usually studies and strives to understand other people's ways of dying and meanings of sickness, came to be asked to help them prepare for Jim's death, and even to write much of the funeral eulogy. What is "emic" (inside) and what "etic" (outside)? Where are the cultures, Ramona's and mine?

I am neither of Dutch, German, rural Great Plains, nor Oklahoman cultural ancestry. I do not meet the blue ribbon standard of being "from here": having had a relative homestead Oklahoma in one of the late nineteenth century land runs. The Shaklees and other Oklahomans as well did not suddenly "forget" or erase my Jewishness, my Yankee-ness, and my origins in the American northeast. I was not suddenly and magically "structurally assimilated." A moment of cultural transcendence, on both our parts, took place. It has happened here many times in response to my "prairie poetry" even though I am not "from here." It becomes unclear who is recognizing whom.

Jim's wry and laconic Euro-American prairie humor could quickly size up a situation and demote the arrogant. He made an art form of understatement. He stood thin and tall, even when he walked into the clinic to show off to me the "target marks" on his shaved skull readied for brain radiation therapy. He also taught me about the unexpected terrors of high technology biomedicine. Once an employee at Los Alamos Scientific Laboratory, he had worked in tight crawl spaces and feared that he had been exposed to heaven-knows-how-much radiation. Now, decades later, he became terrified at the thought of lying still on a narrow gurney while being "exposed" again to X-rays in the confining space of a CAT scan. Only his wife's presence at the test gave him sufficient assurance to let me follow through with it. I learned much about "transference" from such a "routine" (from the biomedical side of it) event as this.

Jim's – and their – ongoing medical history was part of our friendship, and part of my ongoing education into prairie culture. For at least two years in succession, Jim and Ramona (and later, Ramona alone) agreed to come as guest presenters to my Friday family medicine behavioral science seminar for residents and faculty, and to talk with us about the experience of cancer, of living with cancer, of adapting to cancer and to the treatments' "side effects," of the disease and therapy's effects on family life, and so on. Even when Jim's body could hardly move of his volition, his eyes "said" worlds, and he managed to convey with his wit that he was still very much "there." Jim and Ramona Shaklee navigated in many cultural worlds – and taught me much about the "cultural brokerage" I wished to practice. By example, they helped teach me how to teach and to negotiate cross-cultural dialogue.

Let me put this in a technical language: Jim and Ramona helped me to foster the holding environment and "squiggle" between prairie, biomedical, organizational, and anthropological worlds that allowed the tasks of clinical teaching and practice to be accomplished. In the process, they (and we) created what Useem, Donoghue, and Useem (1963) and Scott-Stevens (1987) called a "third culture," one occupied by persons-in-the-middle who help to create and sustain a common culture between immigrant and host, patient and biomedical cultures. Useem, Donoghue, and Useem were writing about cross-cultural administration, and Scott-Stevens was writing about foreign consultation in technology transfer between nations. But their approaches were similar – and similar to what the Shaklees and I were doing in our professional roles in the "medical" or "health care" domain.

Initially, we were each from distinctly different cultural systems. Eventually, we came to encompass many systems (Stein 1987). What happened in our friendship and work together corresponds to the kind of squiggling described by Scott-Stevens for technology transfer: "As a broad generalization, it can be stated unequivocally that *when a common culture existed between foreign consultants and [local] counterparts, the transfer of technical knowledge took place*; regardless of whether or not a program for its

implementation was present" (1987, 132, emphasis in original). The personal became part of the professional, the technical. The subjective became crucial to the achievement of the practical.

Jim died at home, in the care of his wife, his adult children, his adoring neighbors, and hospice. The hospice nurse who attended his last moments was Janet Cordell, R.N., the head nurse at the Enid Family Medicine Clinic – where I have taught virtually every Friday since 1978. Ramona had tried caregiving alone until the strain of lifting and bearing Jim's weight came close to disabling her. She then sought outside help, including hospice. I had worked in Enid, Oklahoma, since the pre-hospice days and had seen Janet Cordell serve as one of the pioneers in "normalizing" the fact of death in the medical community. Moreover, Janet Cordell and the Shaklees were friends outside the clinic. Janet Cordell's immediate supervisor and mine, L.W. Patzkowsky, M.D., had been medical director of the clinic from 1980-1990 and had been (to my knowledge) the first physician in the Enid (and more widely, northwest Oklahoma) region to endorse the notion of "comfort care" at home for the dying rather than "aggressive care" in the hospital.

Who, here, was inside, and who was outside whose culture? Regional, professional, religious? Us/them, emic/etic, distinctions became unclear, and at times obtrusive. Moreover, the changes within one family took place within the context of changes in the wider medical community and culture -- such as the introduction of hospice, which involves the culture-shaking transformation of attitudes toward death and toward those who are dying.

Jim Shaklee's death forced thoughts and feelings about cultural boundaries and identity on me. It forced me to inquire into the nature of this thing called "clinical medical anthropology" that I do for a paycheck and a vocation. Without the priestly sacrament of robes, his family had blessed my infant son Zev. Zev had sat in Jim's lap even late into his illness. When Ramona Shaklee, Jim's wife, telephoned to tell me that Jim had died -- and I had known them throughout their seven-year struggle with cancer and for nearly a decade before -- I wondered aloud to her on the phone, how I would explain to my bosses that I needed to get away for the day and drive 100 miles northwest to his funeral. She needed no time to think a reply: "Tell them you had a death in the family." Suddenly "fictive kinship" came home to roost. It was not someone else's. It was now mine -- and from within, not without. It was as much a bond of sentiment as it was one of structure. With equal suddenness, cultural "otherness" was not a remote, unbridgeable phenomenological chasm. It was as intimate as any consanguineal "kinship" in my life had been.

She continued with a request, one that I could not refuse and that needed to be carried out immediately. Their Methodist minister, who would officiate at the church funeral and graveside, was a young man who had not known Jim in the years before Jim's brain tumor, radiation, and chemotherapy. He had not known Jim the storyteller, the Jim who had hobnobbed with atomic scientists at Los Alamos, the Jim who could crack a joke one minute and the next minute deliver a pithy homily on the excesses exercised by some self-aggrandizing authority figure.

Further, she continued, although the family knew husband, father, and sibling Jim from before the cancer and the treatment had robbed him of his quick tongue and his agile hands, they could not put it into words for their minister. Would I, she asked, write something and FAX it to the funeral home by the next day – or something like that? Would I, in other words, give some of them the words they could not find to match their experiences, and give others among them words that could somehow evoke experiences they could not have had? Where is "text" and "context" in this hermeneutic? To whom, to whose culture, do the words I sent her belong? Whose story, narrative, emplotment?

I could not say "No" to her request, nor did I have any idea of how what I wrote might be used. It turns out that the minister read most of it two days later in his eulogy at the church, and Ramona took the liberty of FAXing it to many of her relatives and friends all over the United States (So much for the notion of purely "local culture," even in rural, agricultural America). "That was our Jim," they told me of my portrait.

My role could not have changed more over the years: from when Ramona and I worked as clinical colleagues fifteen years before, to her request that I now serve as historian and articulator of a man whose character and whose rural culture I greatly admired, and of a family who had made me feel at home in this world.

When, following the funeral, many people in the funeral party drove back to her family's church for a meal, she insisted that my wife and I sit with her and her "immediate family." "We grew you up," she said to me during a more recent visit – a statement steeped in her transference and in my own countertransferential incompleteness that drew the best from her and from Jim in order in turn to draw the still unborn best from me (Searles 1975) and to further serve our clinical work and our friendship. Sometimes a clinical medical anthropologist learns his or her roles by being emotionally stretched to grow into them.

One learns as one goes along how better to be clinical, theoretical, and interpretive as an applied anthropologist – and how things hang together or explode apart in human families and larger groups. I had not planned to conduct a study of community response to funerals by attending that of my friend. But the twenty or more mile funeral cortege from the Willow View United Methodist Church in Enid, Oklahoma, to the cemetery outside Pond Creek, Oklahoma, provided a cultural lesson in the nature of prairie community that was awesome to behold. Along the entire route led by the hearse, the driver of every single automobile, pickup truck, and larger vehicle had pulled over to the side of the road, stopped, and waited respectfully as the entire funeral party passed. Here this respect is a still-living "survival" of the rural South and West. One man who had been part of a highway maintenance crew mowing roadside weeds, stopped his mower, got off, and took off his baseball cap as a sign of respect as the funeral procession passed by.

I cannot know how many of these folk had known Jim or Ramona Shaklee personally. (In fact, Jim had asked to be buried in the cemetery where three generations of his wife's relatives lay, rather than near his own family in a different town.). I surmise that relatively few knew exactly whose funeral it was, or where the long train of cars was headed.

That day in July 1995, when I went to my friend's graveside service, I learned about yet another exception to the rule of personal and nuclear family autonomy and self-reliance. Alongside the renowned resilient toughness and stoic bravura – locally called "true grit" – is a sweetness and respectfulness as difficult to fathom from the outside as it is to articulate about it. (Prairie "grit" is perhaps a cultural functional equivalent to the "Sabra" self-image of many Israeli pioneers: a cactus with a thick, prickly, tough hide and a sweet, soft, vulnerable core.) The sweetness is said mostly by gesture, and rarely with words. If someone dared to put it into words, it would be denied if not denounced. Occasions such as these teach me about the interior of prairie medicine and about how to practice my vocation as a clinical medical anthropologist.

Conclusions: The Stitch of a Prairie Quilt

About two years before Jim died, Ramona began a huge quilt for me. She teases me now that I had been haranguing her for one for years. She made it in their living room, where Jim sat, increasingly immobile. Little Zev would play inside it, making a wrapping or tent of it – to our worried chagrin. Three years after Jim's death, around my fifty-second birthday, Ramona came up to the Family Medicine clinic bearing the fruits of her work. She and I unfolded it on the conference table. Members of the clinic staff – many of whom had known Ramona and Jim – came by to look and express their admiration. It was splendid. It was soft. It was vast. It was hers. It was finished.

Among Euro-American prairie folk throughout the North American Great Plains, quilts are special. People do not make them for just anyone. They require a lot of time, trouble, dedication, and sheer space. I do not refer to the popularization and commoditization of quilts and quilt making, as in ubiquitous craft-arts fairs at urban shopping malls. I refer to the quilt as a family heirloom, as a gift that "belongs" to generations as soon as it is bestowed upon anyone. Ramona made and gave me her quilt in that spirit, not "as if" I were family. In the midst of wrenching personal, family, and cultural discontinuity, Ramona stitched a quilt of continuity. One day – either she or I said – it would be Zev's. The quilt would stay in the family, in the culture. We didn't need to explain cultural boundaries to each other. At the place where the love between us met, the boundaries became insignificant.

I said to her that, more than anything, I wished that Jim could be here to see it. Ramona's eyes filled with tears. She was wearing a denim jacket. She turned around and showed me the quilt-square on the back. "I saved one square for myself," she said. My own eyes became tearful. What profound symbolism, I thought, but did not need to say. She was giving me a piece of her life she had allowed herself to complete. She also kept a part of the same prairie quilt for herself. The

quilt was a link, and a testament to brokenness. A quilt itself is made from small, distinct, separate squares. It takes considerable effort and time to bring them and keep them together.

Sometimes a prairie quilt is just a quilt. Sometimes it is much more: for instance, a "material culture" metaphor for much of prairie life, health, sickness, healing, dying, and resilience. Sometimes a prairie quilt is simultaneously "material culture" and metaphor for the very ethnographic process that led to its making. Sometimes, for this clinically applied anthropologist, it is metaphor for knowledge and knowing, and for the gift of intimacy sewn into both.

Sometimes what we know cannot be said in familiar, conventional forms. Sometimes it cannot even be said. It must be sewn. And we must be grateful. It is cultural text, and as Winnicott might have said, we *may* not say entirely to whose culture it belongs. It is in the transitional, ever-potential space where healing occurs.

What does all this "mean" for applied anthropology? It helps us to locate our work spatially. Our work – theoretical, clinical, critical – takes place at the intersection of many worlds: professional, lay, folk, and our own. Our work consists of endless serious squiggling at a place that is never fixed (Buber 1958). That is why our work is always process.

"Not rational choices but embodied practices express the poetics of suffering," writes Arthur Kleinman (1996, 287) of a *medical* anthropology attuned to interior worlds. This paper has, I believe, illustrated Kleinman's vital point with respect to *any applied anthropology*. The process is in fact a *double* embodiment. We learn about others (and "otherness") not by being on-lookers, but by our own reciprocal embodiments in the clinic and in the field (La Barre 1978). Kleinman's point holds not only for what we *learn*, but also for how we come to *know* in the first place. As we work and learn, we "squiggle" together in line drawings, in conversations, in consultations, in focus groups, in designing surveys and projects, in facilitating strategic plans -- and in making arrangements for funerals.

Ultimately, what we can know as applied anthropologists depends on how we come to understand – and, in turn, how we participate in -- the poetics of all living and decision-making. We stand to learn more about prairie quilting than we had ever bargained for. Because we discover that we learn from the inside out.

Notes

1. This essay is based on a paper presented at a Panel of the Society for Medical Anthropology, "Medical Anthropology in and of the Clinic: A Conversation in Search of Theory, Form and Identity in Clinical Anthropology," Suzanne Heurtin-Roberts, Ph.D., and Howard F. Stein, Ph.D. Co-Chairs/Organizers, 18 November 1995, Washington, D.C. My thanks to Dr. Gay Becker and to Dr. Suzanne Heurtin-Roberts for persevering in encouraging me to bring this essay to fruition. This paper has been read by Ms. Ramona Shaklee, whose world I have tried to evoke.

2. Howard F. Stein is currently the President of the High Plains Society for Applied Anthropology. He is also a Professor in the Department of Family and Preventive Medicine, University of Oklahoma Health Sciences Center, 900 NE 10, Oklahoma City, OK 73014 USA.

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