vergence and focus—in anger the Dry Ridger avoids focusing on the eyes of others—looking to either side of other communicants, whereas, in sickness, he looks at his communicant with in-and-out-of-focus variation. Second, in aspiration presentation: in sickness he engages in intermittent pronounced chest presentation with audible aspiration (usually through the nose). Paralinguistically this is very close to a sigh. In anger, he uses deep, measured, visually perceptible breathing which is usually inaudible.

In Green Valley the situation differs both linguistically and kinesically. A kith and kin community, health is used as a device for establishing interdependent interaction. Ill health is discussed and, in a manner of speaking, "enjoyed." A public affair, any manifestation of physical malaise occasions group diagnosis and comparison of symptoms. Accompanied by extensive verbalization, the kinesics of all communicants are characteristically directed with kinesic area markers. The etiquette of illness even in Green Valley (both of these communities are, after all, American) demands that the viewer initiate verbal discussion of the actor's debility. Thus, the community member introduces a cross-referencing appeal which is sustained until it is responded to by other participants in an interactional scene.

In Green Valley the kinesic illness behavior is characterized by first- to third-degree medial compression of the brows accompanied by first-degree brow raise. The lids sag and there is tensing of the lateral aspects of the orbit plus upper cheek sag. The lips fill and the lower lip falls slightly away from the lower teeth. The neck is out of tonus, often with a forward or forward and lateral thrust. The upper torso sags anteriorly as do the shoulders. Belly may be presented. Arms and hands may hang at the side or move in overslow velocity with lower arm performing any arc at greater velocity than do the hands. Feet drag while walking, or rest anteriorly on heels while sitting. There is, of course, variation in completeness or duration of this quality behavior—but it is my conviction that this variation is a function of the lack of response on the part of the other communicants rather than of the seriousness of the debility represented. This is supported by the fact that as soon as the malaise of the initiator is responded to, the body moves into tonus and a verbal recital of symptoms is accompanied by pointing—touching—rubbing—caressing of the ostensibly involved body parts. Even persons who are apparently (from doctor's diagnosis) quite ill become animated, with eyes in focus—mouth at zero, and body at increased

frequency of response during such conversations. Such activity is intermittently interrupted by "sag and recover," if the responses get "too" general in nature. I am somewhat unsure about this, but it is my feeling that malingering is suspected in this community when the "sick" person does not interrupt his or her performance with sympathy and empathy activity, when the traded symptoms are introduced by other participants in the conversation. An actor's preoccupation with his own health is a signal that his appeal is not simply a statement of illness.

These are neighboring systems and there is some intermarriage between the two groups. With this range of difference, it is easy to see that some misunderstanding arises in an intermarriage situation. It is perhaps of no consequence to this present chapter, but it is interesting to note that Dry Ridge, an economically poorer region than Green Valley, has produced four doctors since 1890 while Green Valley has produced but one.

Further discussion of body-base and body-set must await a more extensive presentation. These examples should serve, however, to illustrate the general propositions concerning the function of this aspect of the parakinesic system as a cross-referencing system. This discussion and these examples may be somewhat misleading for they do not properly underline the point that while we are able to abstract some fairly precise movements as central indicators here, such behavior may congruently or incongruently be modified on the macrokinesic level, which contains kinemorphic constructions, the constituent behavior of which may function on both levels of systematization. Further, our analysis must not omit what is probably the most critical (and least adequately analyzed) level of *parakinesics*. This area includes that behavior which I have termed the *motion qualifiers*, and the kinesic *action* and *interaction modifiers*. Although they in general refer to shorter stretches of behavior than do the base and set cross-referencing systems, these parakinesic qualifiers and modifiers may cover activity as limited as a kinemorph or a single kinemorphic construction or stretches of behavior of such duration as to make us feel that they may ultimately be relegated to the base-set level.

Motion Qualifiers

The stream of body motion behavior has thus far been discussed as though there were a somewhat mechanical all-or-nothing quality