



## B10: Two Other Strange Tribes: The "Teh" and the "Moh" in America by Sharon Deevey

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Leininger's (1) amusing and enlightening comparison of the cultures of nursing and medicine has always been one of my favorite short pieces in the nursing literature. Her description of "two strange tribes" uses the perspective of anthropology to comment on aspects of our lives which we take so much for granted that we assume they are "natural" or "real" or "inevitable". In the discussion which follows, I have used Leininger's approach to study the cultures of two other strange tribes which exist in twentieth century Nacirema society – the "Teh" and the "Moh" tribes.

The Teh tribe and the Mon tribe were initially distinguished primarily by their bedroom activity but have developed quite separate cultures within the same region. The Teh tribe claim never to discuss their bedroom activity openly, and indeed, tend to turn pink when bedroom words are spoken aloud. Nevertheless, they have many customs and rituals which proclaim their bedroom activities to other tribes. The women drape themselves in white when they are particularly satisfied with their bedroom activity. They also apply pieces of metal to their fingers and change their names and their titles to express their satisfaction. They carry with them paper images of their bedroom partner and of the Little Tehs which are born as a result of Teh bedroom activity. Teh chiefs grant satisfied Tehs significant privileges and property rights on one condition: Tehs must agree to pretend that no other tribes exist in the region.

The Moh tribe, in contrast, are much more private about their bedroom activity, and rarely discuss their bedroom partners in public places. They gather in hidden places where they dance and talk with great hilarity about the complexities of life and language, for the Mohs know that things are only sometimes what they seem. Occasionally Mohs will try to copy The rituals, especially when they get tired of being ignored. Sometimes Mohs make tentative efforts at cross-cultural communication with individual Tehs who appear more sophisticated than most.

However, because Mohs are indistinguishable in appearance from Tehs, Tehs are sometimes frightened and hostile if they discover a Moh in their midst. To prevent this discomfort and danger to themselves, Mohs have learned to avoid communication with Tehs, especially about anything related to bedroom activity.



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Mohs do laugh among themselves when The chieftains seem so unaware of their own Teh customs which make Teh bedroom activity so apparent.

In many ways the Teh and the Moh tribes are quite similar. They participate in similar tribal survival activities of food-gathering, socializing, creative expression, and travel. But as is true for a number of minority cultures, an elaborate Moh culture has developed in response to exclusion from majority culture. The Moh have created their own churches, music, libraries, boutiques, holidays, and publications. Their language reflects specific customs and assumptions not shared by the Teh culture. Moh people travel on vacation to sections of the region like San Francisco and Provincetown that are known to be Moh-user-friendly. Like the North American Indian tribes who signaled to each other with smoke, Moh people use several signals (like the labrys, the double gender sign, the pink triangle, and the color purple) to locate other members of the tribe. Moh people refer to each other as "family" or "choir members" or "members of the committee."

In general both tribes accommodate to their different ways without concern. The minority Moh tribe does not, however, control as many resources as the Teh tribe - and in one aspect of their lives the Moh people have particular difficulty. The Mohs do not have their own institutions for healing, or aging, or dying. They depend during these vulnerable times on the Teh people to provide what are called "health care services".

Often Moh people try to disguise themselves as Teh people if they are sick, or aging, or dying, but such hiding makes their situation worse because they are then separated from their usual customs and their true family. Of course, all Moh people have developed some skills in appearing to be what they are not, just to survive in hostile Teh environments. Most Moh people keep many disguises in their closets. Some disguises are worn when they go to work in Teh factories, and some they wear when they go to visit distant Teh cousins in the land where they were born. Some students of Moh and Teh culture are initially puzzled to learn that most Moh people were raised as youngsters in Teh families. The Moh people have accepted that their gods and goddesses had some special reason for making them Moh, in the midst of Teh. They realize that the complex rituals of "coming out" as Moh have strengthened their courage, resilience, and flexibility both as individuals and as a culture.

A few Moh people specialize in disguising themselves and provide great entertainment for the Moh people. These individuals are called "drag queens". They are Moh who can not only pass for Teh, but sometimes a Moh male can even be



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mistaken for a Teh female, to the amusement of their audiences. Moh people do not, however, think it is funny when Teh people demand that ALL Moh people pretend they are Teh.

Sometimes in their health care institutions, Teh people experience symptoms of Aibohpomoh Syndrome, which they believe to be a highly communicable problem which develops only in the presence of Moh individuals. Symptoms include rapid circular movements and shortness of breath, similar to those seen in the dance of the whirling dervishes. A few Teh experience even more embarrassing symptoms. Like those afflicted with Tourette's Syndrome (who curse uncontrollably), some unfortunate Teh providers shout out "queer" and "faggot" and "bull dyke" and point emphatically at Moh people who come seeking assistance. In this condition Teh health care providers are of course completely unable to assist Moh people with their problems. The Moh people recognize these symptoms of Aibohpomoh Syndrome, for many of them have experienced it themselves in their youth.

In more isolated corners of the region, some Teh people think that the only reason Moh people ever get sick is because they aren't Teh. As a result of this ethnocentric ignorance, some Tehs try to change Moh people into Teh copies (also called clones or Xeroxes) instead of taking care of their illnesses. Fortunately this barbaric practice happens only in the least developed parts of the region.

Recently some of the males of the Moh tribe have gotten sick with a virus called HIV that causes AIDS. Some Moh elders, and even some wise Teh leaders, say this tragic epidemic means it is time to confront the denial and cruelty of the Teh tribes toward the Moh people. But many of the Moh people are afraid to come out without their disguises. Most of them just pray that they will never get sick.

Scholars in many disciplines (2,3) are fascinated by the Moh and the Teh tribes and have begun to document and describe the similarities and differences between these two thought-provoking cultures. Nurses have always been leaders in providing quality care to people of all cultures. As the nursing profession becomes more aware of recent scholarly studies of the Moh and Teh peoples, nurses can incorporate this new transcultural research and theory into their nursing practice.

1. Leininger, M., The two strange tribes -The gnisrun and the enicidem in the United States. Human Organization, 1976, 35(3), 253-61.
2. Epstein, S., Gay politics, ethnic identity: The limits of social constructionism. 1987, 17(3-4), 9-54.
3. Weinrich, J.D. Sexual Landscapes: Why we are what we are. New York: Charles Scribner's Sons, 1987.



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