SPECIAL ISSUE: PROCEEDINGS OF A SEMINAR, 14 JULY, 1979

'MAGIC AND MEDICINE'

<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>PAGE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>by Leonn Satterthwait</td>
<td></td>
</tr>
<tr>
<td>MEDICAL MATERIALISM AND CULTURAL SYMBOLS</td>
<td>2</td>
</tr>
<tr>
<td>by John N. Gray</td>
<td></td>
</tr>
<tr>
<td>CAHUILLA MEDICINAL ETHNOBOTANY</td>
<td>10</td>
</tr>
<tr>
<td>by Donna Satterthwait</td>
<td></td>
</tr>
<tr>
<td>IS MEDICINE THE LAW?</td>
<td>15</td>
</tr>
<tr>
<td>by Kenneth Maddock</td>
<td></td>
</tr>
<tr>
<td>MAGIC AND MEDICINE IN THE SOLOMON ISLANDS</td>
<td>26</td>
</tr>
<tr>
<td>by Jim and Margaret Tedder</td>
<td></td>
</tr>
<tr>
<td>SORCERY AND HEALING IN A PAPUAN VILLAGE</td>
<td>33</td>
</tr>
<tr>
<td>by Ian Maddocks</td>
<td></td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>39</td>
</tr>
<tr>
<td>APPENDIX: WANYI MEDICINE</td>
<td>41</td>
</tr>
</tbody>
</table>
MEDICAL MATERIALISM AND CULTURAL SYMBOLS

John N. Gray
University of Adelaide

The title of this seminar directs our efforts towards the understanding of the treatment of illness as it is practiced in societies which do not primarily employ the Western medical paradigm. Paradoxically, the inclusion of 'magic' in the title may inhibit our efforts because of some of the connotations of this word. Our common-sense view is that a magician achieves his success by tricking or deceiving his audience—seeing is not believing. All we have to do is to uncover the techniques of his deception to 'really' understand the rational foundations of his magic. In doing so, we dissolve the magic into an empirical or scientific paradigm of explanation. This, I believe, should not be the guiding rational of our endeavors to understand the medical concepts and practices of other societies.

Instead we should conceive of magic as a formally organized set of practices which can bring about desired consequences through their effect on preterhuman forces or beings. Such a view of magic brings it under the more general rubric of ritual. Accordingly, I see our problem as understanding the nature of illness and explaining the rituals employed by medical practitioners to cure it. I emphasize ritual here because, together with kinship, it has been an historically significant focus of anthropological analysis. Thus our understanding of curing practices which take the form of ritual may be aided by critically bringing such analyses to bear on the problem.

Now, it is quite legitimate to pose a question about ritual in general and ritual curing in particular similar to the one we often pose about a magician's act: How and why does it work? But I think we would trick ourselves if we sought the answer through dissolving ritual curing, reducing it to the scientific and utilitarian logic of the Western medical (scientific) paradigm. This form of explanation I loosely call 'medical materialism'. The perspective of medical materialism affects the way an analyst views the nature of illness and the diagnostic process on the one hand and the efficacy of the curing ritual on the other hand.

If the purpose of a ritual is to cure an illness, our immediate problem is how do we conceive of illness. Is it a biophysical, psychological or sociological disorder? The received wisdom of many years of anthropological research is that people of many non-Western societies view illness as caused by supernatural agents whether these act independently or at the behest of some other human who can control them. In Nepal, where I have done fieldwork, illness is believed to be caused by the malign spirits of people who died unnatural deaths. Such spirits, called bhut-pret, attack by entering the bodies of individuals who walk alone at night or who pass near a cremation area at an inauspicious time. These same spirits can be controlled by human witches who through the use of ritual techniques send them to possess the intended victim. Once inside the victim's body, the bhut-pret cause all kinds of biophysical and psychological symptoms, ranging from fever, body aches, loss of appetite and diarrhea to wobbly knees, quarrelsomeness and hysterical hyperactivity. The Nepalese maintain that such evil witches are usually the wives and mothers of their patrilineage who experience conflicting loyalties to their children and their husbands' extended households, generating jealousy, greed and envy (Gray 1979). What is evident here is that the illness is conceived as encompassing biophysical, psychological and sociological disorders. However, their etiological and diagnostic system interprets the symptoms as indicating that a biophysical or a psychological disorder is caused by a super-
natural pathogenic agency (bhut-pret) acting independently and capriciously or by the evil effects of a witch. Fundamentally, then, illness as defined by the Nepalese is caused by a supernatural agent, and since it is ritual which is the appropriate means of dealing with all supernatural phenomena (be they deities or demons), their curing practices take ritual form. Thus while they recognize biophysical substrates of illness, their meaning, and hence their cure, is grounded in Nepalese conceptions of supernatural forces and their effects on human beings.

To the outsider, this raises an analytic problem. We, like the Nepalese, are only aware of the symptoms as these are reported by the patient. One of the ambiguous consequences of Freudian psychoanalysis for an anthropologist studying illness and curing is that it might make us wonder whether an illness is really biophysical or psychosomatic. A medical materialist perspective finds either of these 'causes' sufficient as an etiological explanation of illness. Loss of appetite or fever is a physical, symptomatic manifestation of either an organic pathogen or an unresolved Oedipal complex. Hyperactivity is the result of improper metabolism or a traumatic childhood experience. The problem here is that the nature of the symptoms themselves may be a result of a socially-organized process of definition (Kapferer 1979b). Also, the specific content of the symptoms is interpreted and reported by the patient in socially-learned and culturally meaningful terms:

In 'physical' illness as well as 'mental' ones, symptoms are shaped in ways that cannot be explained by biophysical causes. In Western society, as in traditional ones, the sick person learns to perform this 'superfluous' or 'subjective'...symptomatic behaviour in the same way that he acquires his knowledge of behaviour that his society judges appropriate to other social identities (Young 1976).

Thus the anthropologist who makes conclusions about the scientific causes of illness, whether these are biophysical or psychological, from patient-reported symptoms subverts his analysis at the very start. Symptoms confront the patient and his community as problematic phenomena to which they attribute meaning. The attribution of meaning is what we call diagnosis. Through the diagnostic process the community links the symptoms to biophysical, psychological, sociological and ultimately to supernatural forces.

Medical materialistic forms of defining illness dissolve the meaning of the symptoms, as conceived by the patient and his community, by reducing it to biophysical or psychoanalytic pathogens. Thus the analysis of the ritual cure is of necessity arid because it cannot explain why the ritual as a whole works. This is so for several reasons. First, because the illness identified from the patient-reported symptoms, if not defined within the community's etiological framework, may be mis-diagnosed by the anthropologist. Second, even if the illness is correctly identified within the Western medical paradigm, the ritual cure is not organized by or relevant to such an etiological framework. Consequently, either the whole ritual cure or parts of it will appear superfluous (and 'magical' in its pejorative connotation). Finally, the anthropologist may not be able to judge if the ritual worked at all because symptoms significant to the community may disappear as a result of the ritual cure while those significant to the observer remain.

The point I am making here is not a new one in anthropology. If we are to understand both illness and its cure, we must do so within the medical paradigm of the participants. And in many other societies, medical disorders are defined as supernaturally-caused and the ritual cure must treat that definition if it is to be efficacious. Beliefs about the supernatural causation of illness can and probably do affect the biophysical functioning of the
Body; similarly biophysical disorders are interpreted as effects of supernatural intervention. Either way, the patient, curer and community often find the meaning of the illness in prehuman forces or beings.

If problems arise with medical materialism in the definition and diagnosis of illness, we should not be surprised that analogous problems ensure in the explanation of how and why a ritual cure is efficacious. Medical materialistic analyses of ritual curing attempt to uncover the rational and scientific foundation of its effectiveness. One form such explanations take is to demonstrate that the drugs used during the ritual have significant pharmacological action of biophysical pathogens causing the illness (Vogel 1970). One problem here is that neither the patient nor the community conceive the drugs to be a more efficacious aspect of the healing process than song and dance (Moerman 1979). For the participants in the ritual, the meaning of the 'potions' is not to be found in their scientific pharmacology but in their linkage to the prehuman forces causing the illness. Song, dance, and trance as well as medicinal drugs are organized by the ritual into a meaningful complex of symbols. It is this structured form of meaning which is at the foundation of its effectiveness. Mary Douglas levels a similar criticism at explanations of ritual avoidances which focus on their hygienic, disease-preventing consequences:

It is true that there can be a marvelous correspondence between the avoidance of contagious disease and ritual avoidance. The washings and separations which serve the one practical purpose may be apt to express religious themes at the same time. So it has been argued that their rule of washing before eating may have given the Jews immunity in plagues. But it is one thing to point out the side benefits of ritual actions, and another thing to be content with using the by-products as a sufficient explanation. Even if some of Moses' dietary rules were hygienically beneficial it is a pity to treat him as an enlightened public health administrator rather than as a spiritual leader (1966:41).

The problem here is methodological as well as conceptual. One abstracts from the curing ritual's context those aspects which can be proven to be scientifically effective, thereby subverting their meanings for the participants and reducing the whole ritual to its pharmacology. An offshoot of such methodological and explanatory reductionism is the application of ethnoscientific methods to analysis of medicinal plants. While it may be useful as a first step to construct a logical cognitive paradigm of a society's medicinal plants, such a procedure of necessity involves their abstraction from the meaningful ritual context. The meanings of the medicinal plants as revealed in the alleged cognitive structure are non-contextual and thus may bear little resemblance to their meanings as organized by the ritual context. Such analytic procedures, therefore, cannot explain the plants' effectiveness. In addition, not all plants or animal-based potions can be shown to have pharmacological utility and not all ritual cures involve medicinal drugs. Thus we must question the validity of such selective and reductionist methodologies for explaining how and why curing rituals as a whole work.

Analogous problems can be found with medical materialistic explanations of ritual which we recognize as treating psychological and psychosomatic diseases. Again we should note that improper definition of illness necessitates an inadequate explanation of its cure. The typical form these analyses take is to find in the ritual therapeutic techniques recognized by Western psychiatrists. Dance, comedy, drugs are seen as culturally specific
techniques of abreaction, arousal of faith, heightening of self-esteem, catharsis, and suggestion (Frank 1961; Kiev 1964; Prince 1964; Sargent 1957; Obeyesekere 1975). Such analyses often negate the richness, complexity and meaningfulness of the ritual by implying that it works by a 'placebo effect', that is, "psychological relief provided by a substance that is inert or a treatment that is non-specific to the illness" (Kennedy 1973:1178). The point is however, that if we understand the participant's definition of the illness, then nothing in the ritual need be a placebo since it is specific to the illness as it is socially and culturally defined. Further, even if we admit that a curing ritual produces such psychoanalytic effects as abreaction, catharsis or an openness to suggestion, in order for these curative processes to be produced the ritual must be meaningful to the patient and/or audience in which these psychological processes are seen to occur. Song, dance, comedy, drama and possession, all aspects of curing rituals in many societies, now take on a crucial role since it is the meanings emergent from their organization in the performance of a ritual which constitute their effectiveness. This leads us, then, not to reduce aspects of curing rituals to their scientific biophysical or psychological substrates, but to treat the ritual as a culturally significant performance. That is, we should treat the ritual as a symbolic phenomenon.

Another trend in the explanation of ritual curing is less materialistic, but it still suffers some of these same problems. I am referring to the explanation of illness and curing in terms of sociological conflicts and tensions in the community (Marwick 1965; Middleton and Winter eds. 1963). As told by anthropologists, illness is 'really' a reflection of social conflicts in the community and the cure works by relieving such social tensions, thus re-establishing equilibrium and confirming social norms. Lieban (1973:1034) points out that in this type of analysis 'medical phenomena become the means of understanding social phenomena rather than vice versa'. But we should not be deceived by the magic of our functional and utilitarian logic into thinking that the unintended consequences of a ritual cure (relieving social tension) are a sufficient explanation. As quoted above, Douglas made the same criticism of medical materialism. If we accept that ritual curing works because it is symbolic and meaningful within the medical paradigm of the patient and his community, then the unintended and unrecognized consequences of the ritual cannot explain its efficacy.

My suggestion which arises out of this brief critique of medical materialism is that we should consider curing practices in whichever society we are studying as ritualistic in the sense that they are symbolic and meaningful. To me, there are three aspects of the nature of ritual which I think would prove fruitful to our efforts towards understanding how and why rituals work. Firstly, by asserting that rituals are primarily symbolic and meaningful, I am stressing that the distinctive nature of ritual lies in its structuring of ideas in relation to action. In everyday life, in our rounds of practical activities, ideas and actions are inseparable. While ideas cannot be said to determine our actions, actions are made meaningful in relation to ideas. Conversely, ideas take on significance and specific form as we see them manifest in our activities (Kapferer 1979b; Geertz 1966). In ritual, however, our ideas about the nature of the world, and thus our subjective experience of it, are epitomized. Ritual disentangles the complex embeddedness of ideas and actions of everyday life. As Kapferer argues, ritual 'asserts the primacy of ideas and...they are made to dominate action' (1979b:2). This is evident in the ritual form itself in which the activities of the ritual are structured according to our ideas about it. The activities of our marriage ritual take place according to the structure of ideas we have about how a
marriage should proceed. Thus the actions and material objects of ritual are symbolic of, dominated by and are meaningful in terms of the ideas which organize them. This should give us a clue to the explanation of why and how curing rituals work. Ritual actions have the power to cure illness, as it is conceived by the community, by re-organizing the ideas of which they are symbolic such that the patient and the audience experience the supernatural forces in a non-pathogenic relationship to themselves. In Nepal this would consist of the victim of bhut-pret possession experiencing the driving out of the spirit and/or the neutralization of the witch's curse. We should not confine such explanatory logic to non-Western medical practices. Moerman (1979) cites a study which concludes that coronary by-pass surgery is most effective in reducing the subjective symptoms (the reported pain of the patient) while it is only 20 percent effective in improving objective ventricular function - the biophysical cause.

But it certainly does matter how such a procedure works, or more significantly, why the surgeon thinks - is convinced - it works for this is what he tells the patient...Here is a cosmic drama, following a most potent metaphorical (symbolic and meaningful) path. The patient is rendered unconscious. His heart, source of life, wracked with pain, is stopped! He is, by many reasonable definitions, dead. The surgeon restructures the heart, and the patient, Christlike, is reborn (Moerman 1979:64; author's emphases, my brackets).

The activities of the surgeon-curer which are dominated by a body of ideas (medical theory) serve not only to re-structure the heart of the patient, but more importantly to re-structure his ideas about his illness.

The second aspect of ritual is that it is not essentially utilitarian in a material of practical sense. Langer (1976) makes the point that rituals, like art, are primarily a medium for the expression of ideas. By this she means that our ritual activities are an attempt to organize our ideas about the world and thus gain insight into ourselves and that world. Like art, it is a means of reflecting upon ourselves and the ideas with which we experience the world. This essential nature of ritual, however, does not mean that we cannot put such activities to material and utilitarian usage. The problem arises when we mistake these utilitarian usages for the nature of ritual. It is so easy to project our understanding of occupational activities onto ritual activities viewing them as essentially means to a material and practical end. Marshall Sahlins (1976) has recently argued that even our own utilitarian view is a set of ideas with which we organize our activities. That is, it is our utilitarian ideas of reality which give meaning to our activities. Our activities are not inherently utilitarian; rather this is how we attribute meaning to them. The practical goals toward which our behaviour is organized are themselves symbolically structured.

Culture is not merely nature expressed in another form. Rather the reverse: the action of nature (e.g. biophysical and psychological processes) unfolds in terms of culture; that is, in a form no longer its own but embodied as meaning. Nor is this a mere translation. The natural fact assumes a new mode of existence as a symbolized fact, its cultural development and consequences now governed by the relation between its meaningful dimension and other such meanings, rather than the relation between its natural dimension and other such facts (Sahlins 1976:209; brackets mine).

Thus to explain curing rituals purely in terms of their pharmaco-
logical, psychotherapeutic and sociological practical effects is to dissolve their essentially meaningful nature. That they do have practical consequences I do not deny, but these consequences will not explain why they are produced by the ritual. The meaning of the curing ritual is not a result of its utilitarian effects, rather the effects are a result of the ritual's meaning.

Thirdly, Langer (1976) points out two different ways in which symbolic systems may be structured. One way, epitomized by language, consists of symbols (words, in this case) whose meanings are relatively independent of their context. We string words together in a sentence such that their meanings combine to produce a message. To be sure, the meanings of words is to some extent dependent on their context, but the fact that we can write a non-contextual dictionary of the words of a language indicates their relative independence of context. Let me emphasize that such 'discursiveness' is a characteristic of everyday and scientific language use and does not apply as strongly to its use in artistic forms such as drama, literature, poetry or song. Ritual, like art, structures symbols differently. Here the meaning of a symbol is largely determined by its context. The musical chord, the ballet movement, the curve or colour of a painting has no meaning in and of itself, but only in the total context of the artistic production. We cannot construct a dictionary of colours, lines, chords, or ballet movements. The art form has meaning as a totality and its constitutive symbols gain their meaning only in their relation to that totality. Further, the art form attempts to organize and express our experience of the world in ideas that give such experience meaning. Such 'presentational' forms of symbolism often express experiences which are difficult to translate into discursive language. For example, with language we can name the emotion 'love', but through art we can experience it, reflect upon it, and gain insight into it. If we accept that ritual tends towards presentational form, then we can more clearly see the problems with medical materialistic explanations and ethnoscientific analyses of ritual which abstract the pharmacologically and psychotherapeutically significant practices out of their ritual context. By doing so, these methodologies cannot even begin to explain the curative effects of those objects and activities because their meaning and their consequent efficacy are dominated by the ritual as a whole and the ideas expressed by it.

What I am advocating is a view of ritual curing practices which focuses on them as meaningful, symbolic and artistic forms in which ideas dominate action. It is here that we should concentrate our efforts towards understanding the power of ritual to cure illness. For curing rituals are powerful; they do cure. Their power emerges from the ability of curers to transform the patient's experience of his illness and its causes. Curing activities as they are performed consist of the manipulation of symbols which effect a re-structuring or transformation of the patient's and the audience's ideas (Levi-Strauss 1963; Turner 1964; Munn 1969). We must not forget that curing rituals are performed and, as such, they constitute a process. If performance were not a crucial part of the cure, then all that would need to be done is for the patient to read or hear a description of the ritual's rules and the meaning of its symbols for the cure to be produced. The performance itself consists of a processual organization and reorganization of ideas and a drawing of the patient's and audience's experiences into its flow (see Kapferer 1975, 1977, 1979a; and Geertz 1973).

The performance of curing rituals changes our minds and leads us to change our behaviour (Fernandez 1971, 1974) so that it is meaningful in relation to our transformed perception of the illness. But what of the 'real' biophysical pathogenic agent which might have caused all the problems in the first place. Biologists, philosophers and psychologists are still puzzling
over the Cartesian dualism of mind and body. No precise link between our subjective and meaningful ideas on the one hand and our objective biophysical processes on the other hand has been agreed upon, though few doubt that there is an intimate connection. Given that there is a connection, the efficacy of any curing practices, whether they be seen as ritualistic or scientific, can never be explained without understanding how they are meaningful to the patient and his community. If this be the magic of medicine, so be it.

References

Douglas, M.


Fernandez, J.


Frank, J.


Geertz, C.


Gray, J.N.


Kapferer, B.


1979a Ritual process and transformation of context. Social analysis 1:3-19.

1979b A celebration of demons. Forthcoming.

Kennedy, J.G.


Kiev, A. (ed)


Langer, S.K.


Levi-Strauss, C.


Lieban, R.W.


Marwick, M.

1965 Sorcery in its social setting. Manchester: Manchester University Press.


