

Paradox, Process, and Mystery: An Exploration of Anthropology and Healing

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This paper examines anthropological studies of healing. It asserts that since healing is not merely a cognitive undertaking, research which addresses only intellectual realms will be incomplete. An abbreviated review of the history of anthropology and healing begins with a summary of the development of medical anthropology and ethnomedicine and continues with a discussion of six topical areas related to research on healing. These are the symbolic, performative, psychological, processual, political-economic perspectives, as well as that of efficacy. The processual nature of healing is investigated, especially in regards to its relationship with ritual. Finally, directions for further research are explored. It is argued that patient-healer relations are central to successful healing interactions, and that the presence and agency of participants can be a point of departure for research. Furthermore, attention to ambiguity, aesthetics, and death is needed in order to situate the practice of healing. A call is made for self-reflective, engaged, meaning-centered research on healing.

I

In a house on a channel of the Orinoco river delta in Venezuela an older man sits in a hammock singing a song. Ten minutes into the song the man moves over to another hammock where a man who has been stung by a sting ray is sitting. As the singer continues his song he alternates between blowing, spitting and massaging the foot and leg of the wounded man. Sometimes he discusses the pain and circumstances surrounding the sting (Briggs 1991).

Sting ray, the one who moves in the river with the incoming tide. Sting ray, the one who moves in the river with the incoming tide, her poison abounds. This one, her poison abounds, abounds and abounds and abounds even more. This one, you scatter, scatter, and scatter even farther. This one, her little poison (offspring), the poison of this one, this one, her little

poisons, her little ones. This one, your little poison (offspring), little poison. Sting ray, the one who truly moves in the river with the incoming tide. Sting ray, the one who moves in the river with the incoming tide, this one's stinging spine, this one's stinging spine, (from there emerges) this one's elongated poison. This one, your elongated, elongated poison. This one, her poisons. This one, your poison. Sting ray, the one who moves in the river with the incoming tide. This one, this one, her (poison) is thick. This one, her [poison] is thick, thick, thick, so very thick. This one your (poison) is thick, thick, thick, ever so thick. This one, her poison (comes from) many barbs on the spine. This one, you poison (comes from) many, many, ever so many barbs on the spine .

In a five-story building in downtown Chicago, Tucson, or Seattle a group of men and women in blue robes, latex gloves, paper caps and masks stand around a table under bright lights. In their hands are various steel instruments including scissors, knife-like objects, tweezers, clamps, syringes, needles and thread.

Healing spirit, fill the leg, the leg of this man, fill it from the leg to the foot, fill it from the foot to the leg, fill his leg right there, down to the skin on sole of your foot,

On the table is a person draped with paper sheets save for the head and the abdomen, which is exposed to reveal a gaping bloody wound. The gowned people have made the wound.

isn't it there (that he was wounded?) to the flesh there, through the flesh, through the skin, that's where the wound was made, that's where the wound was made. That's where you were wounded. (The poison) is thinning out there, thin out there.

In Northern Sumatra a group of eleven people travel in a minibus to a specific spot on a highway. They get out, construct an

altar for offerings, and then one woman begins to sing, soon becoming possessed by spirits. Next to the possessed woman a young man stands holding a white chicken with a cloth over his head. After a while the chicken is released, the offerings are scattered and the party returns to a public beach where they all wash their hair with a pink liquid containing citrus pulp and flower petals (Steedly 1988).

Your pain, your pain, calm it down. Your pain, calm it down. Your pain is calmed, is calmed, calm it down. Your pain, it's going to calm down. Your pain has slackened, calm it down (Briggs 1991:10-11).

All of the above are descriptions of the healing process; each describes a culturally salient healing technique embedded in a sociocultural milieu. What is to be made of these stories? How do we discover what is similar in them and how do we know that what is being described is healing?

This paper is an exploratory discussion, a journey to the edges of what is known about healing. Picture it as half the conversation—seekers wandering the forest: what is most important is what might be said next, what cannot yet be seen through the trees, what might be causing the glow beyond the distant ridge. If there is a central theme, it is the answer to the question “What is healing?” I seek to understand what healing is, might be, always has been. Part monologue, metalogue, chorus, cacophony, pilgrimage;

Beyond the serious and the ludic lies the visionary or mystical, which transcends, perhaps even transgresses both. Here we may be in the presence of our human ontological reality as an uncompleted being- or, rather, a community of beings still in process, still in evolution, still open-ended. (Turner 1992:154)

voices have been pieced together and flung here and there throughout the text. The paper summarizes some ways anthropologists have approached healing, speculates about how the work applies to current method and theory, and then offers a commentary on what has not yet been attempted.

In the deep cultural sincerity of the midliminal moment, we have an evanescent, fascinating, but fearful glimpse, not merely of our nakedness when divested of manifest order but also of our still unformed clay, our radically unfinished state—

Healing is not an intellectual pursuit. Appendices to this paper include incense, tape recordings of possession cult ceremonies, songs by a campfire, or conversations soft and deep in the dark with stars.

—a view of ourselves, indeed, all of us frères et soeurs humains, as liminal in the very nature of things: pedomorphic, infantile, rudimentary, more homologous with axolotls than with salamanders. Then we know it would be inauthentic to declare ourselves or any of our works perfect, whole, rounded off, anywhere near attaining closure (Turner 1992:154).

Better yet would be an invitation to walk on Good Friday at midnight in the procession at Barrio Libre: Heads bowed, we follow barefoot women, aged and mourning, as they wail in the night while old men mumble prayers and candles flicker. Above you looms the freeway, at your feet are dogs, plastic spoons and pop cans. It's cold, and shivering the tears come. What losses do you mourn? Or are these tears of joy?

*Your pain has slackened, I'm going to calm it down.
Your pain has slackened, I'm going to calm it down.
Your pain, calm yourself down, has calmed itself, has
been calmed, calm down (Briggs 1991:11).*

The old Navajo invites you to dance, and quickly you learn the step, shuffling in a circle while attempting to be invisible.

To become sa'a naghái bik'e hózhó is to become complete, and perhaps to become more than you were before. It is not a return to the same person (Farella 1984:102).

Sip from the gourd offered at Chamula, is it soup or *chicha*? Metaphors you don't belong to pick you up and carry you and then the world has changed. Healing is like this sometimes. Other times you go to the drugstore and get aspirin or cold medicine, the herbalist gives you tea, the Ayurvedic physician prescribes patent remedies and oil to massage the head.

Your pain has calmed itself, has been calmed, calm down right now. Your pain, your pain detach it. Your pain, you have detached it, it has detached, calm down right now. Your pain, you have detached it, it has detached, I'm going to calm it down. Your poison, encapsulate it. Your poison, I shall encapsulate it
(Briggs 1991 10-17).

The point is that healing cannot only be examined from a cognitive perspective. There are many vantage points: cliffs, endless deserts, canyons, mountains of understanding as well as rivers that lead to the ocean. There must be more than journal citations, detailed descriptions and insightful analyses of practice, theory and process.

Emergency Room physician: *Healing is ... part of the mystery, amazing. I would not say that I was the healer even if I took care of somebody— No I didn't really cause the healing, the healing's much greater than what I can do* (Miller and Quintero 1990:15).

Healing is a journey into what is liminal—to discuss it we must be willing to put ourselves in that space. Some presentiment, some sense of the current running underneath the attempt to discover and document, something left over after the ceremony is over, must be what feeds the fire and moves us across the page.

The subjunctive mood is thus seen as both having and indicating power, and as ruling a domain of "as if," located in a past that is somehow not the historic past, and in a place where no one lives and works when the rites are done— and that is often burned, broken, dug

up, or otherwise demolished or neutralized at ritual's end (Turner 1992:153).

Doubts, conflicting voices and echoes offer a challenge, yet may affirm our current understandings. Sometimes juxtaposition and interruption facilitate integration or foster meaning, and sometimes all that multiple voices achieve is further confusion and obfuscation.

*Here there is all the ambiguity one finds later in art...
(Turner 1992:153).*

If we look at intentions—why we persist in attempting to explain what goes on during illness and healing, how we sit with ambiguity, how we express what we aren't quite sure we really saw—then we may find meaning in action.

*You see they preach faith and they preach surrender,
but I wanted clarity. You could say that faith and
surrender were necessary to maintain the search for
clarity. But I have tried to avoid the sort of faith that
would cover up the gaps in the clarity (Bateson
1979:232).*

*Treating something as belief can result in a rather
passive acceptance and recording of anything that is
reported. Examining something as fact requires an
active participation in understanding and discovering
meaning (Farella 1984:9).*

II

Anthropologists have long been fascinated with healing. Indeed, the study of healing rituals and texts dates back to the very inception of the discipline, with the list of people who studied healing systems reading like a Who's Who of anthropology: Frazer, Tylor, Boas, Turner, Evans-Pritchard, Malinowski, Lévi-Strauss, Reichard, Kluckhohn, Douglas, van Gennep, Bateson and so on.

Other thinkers were also engaged in this early research, most notably Durkheim, Levy-Bruhl, and even Marx.

By the polite indication of an oracular verdict from the relatives of a sick man to the witch who has made him sick both the life of the sick man and the life of the witch are saved. Hence the Zande aphorism, 'The blower of water does not die' (Evans-Pritchard 1976:44).

At first anthropologists were primarily concerned with describing what appeared to be exotic and elaborate ritual processes. The early ethnologists included religious systems in their meticulous recording of tribal cultures, with notions of health and illness usually subsumed under this label. Healing was not the focus, and what usually took place was a construction of the Other through a documentation of what was different. Ritual was a highly visible activity through which the obvious eccentricities and bizarre practices of so-called primitives could be noted.

By this maxim they refer to the action of a witch when he blows from his mouth a spray of water on the fowl's wing which has been placed at his feet by the messenger of a deputy. When the witch blows water on the wing he 'cools' his witchcraft. By performing this simple rite he ensures that the sick man will recover and that he will himself escape vengeance (Evans-Pritchard 1976:44).

The relationship of ritual to healing was largely overlooked, with the interplay between healing and religion noted but not investigated. Accounts of healing privileged ritual practices and were generally limited to descriptions of the practices of "witch doctors" and sorcerers, patient testimonials, and the documentation of odd "beliefs." Only recently have we begun to question (to the advantage of all) the myopic effects of this unabashed colonial gaze.

When we have studied the religion or world view of others, we have operated on the assumption that the

religion is of a different and lesser order of knowledge than the level of analysis we are employing to study it.

If, for example, we set out to study the "beliefs" of another people, we are presupposing that the object of study is not factual. Since belief is of a lesser order of knowledge than is fact, the statement "This is what the Navajos believe" presupposes, first, that these people are very likely mistaken and, second, that I as an outside observer can in some sense distinguish what is "fact" from what is questionable (Farella 1984:5).

During this period, in which I am including the first sixty or so years of this century, there was a proliferation of material on ritual and ceremony with a focus on structure and symbol. There was also a developing interest in witchcraft, magic, and the dynamics of mental, physical, and spiritual well-being.

As the discipline matured, and as anthropological theory began to self-reflexively wrestle with the interpretation of humankind's multifaceted behaviors, there began to be more focus on the healing arts. This investigation gradually grew into medical anthropology and ethnomedicine, so-called "subfields" of cultural anthropology. That the study of healing has its roots in ritual, magic and witchcraft, I contend, continues to have an impact on the directions research takes today.

Important to this discussion is the placement of healing in the research areas of both ethnomedicine and medical anthropology. Yet wherever we locate it as a subject of study, we find that healing is more easily defined by what it is not than by what it is. It is not medicine, it is not a particular system, it is not even curing. Rather, healing can be said to be a process of change whereby an individual moves from a state of perceived illness, loss or alienation to a state of perceived well-being or health. It is evocative. It is felt, not learned. Whereas curing implies a physical closure, healing is not limited to biological relief of disease. It entails the construction of identity and the creation of meaning around themes of inclusion and coherence. Patients "heal" into death, alcoholism is a "divine malady," the disabled become special instead of condemned.

Observe that we speak of a man contracting a disease, maybe through carelessness. Then the illness sets in, and from that instant it affirms itself and is now an actuality, the origin of which receded more and more into the past. It would be cruel and inhuman if one were to continue to say incessantly, "This instant thou, the sick man, art contracting this disease"; that is, if every instant one were to resolve the actuality of the disease into its possibility. It is true that he did contract the disease, but this he did only once; the continuance of the disease is a simple consequence of the fact that he once contracted it, its progress is not to be referred every instant to him as the cause; he contracted it, but one cannot say that he is contracting it (Kierkegaard 1941:149).

Many researchers began the study of healing by defining what it is not, and this led to a wide range of research about what constitutes illness, sickness and disease. As a result, there has been a proliferation of definitions of health and sickness along a number of continuums (Fabrega 1974 and 1975, Foster 1978, Kleinman 1980 and 1986, Young 1981).

Anthropological investigations of healing consist of many theoretical orientations, with concepts of efficacy, the use of medicines, notions of identity, agency, and embodiment, as well as problems of subjectivity being central to all. There is also a separate discussion concerning the anthropology of the body (Scheper-Hughes and Lock 1987). Clearly, the field is wide and this discussion does not intend to be comprehensive. Instead, a brief review of six major areas of concern is presented in order to simplify and situate the discussion in Section III. These I have labeled performance, psychology, process, efficacy, the symbolic and the political-economic. The paradigms are merely heuristic devices and must not be seen as separate domains since there is much overlap among them.

Symbolic

Symbolic healing has been described as a type of healing which synthesizes mind and body through the use of myth and

symbol. An 'ontological shift' (Dow 1986:66) takes place in which the patient and healer negotiate a shared meaning and recreate the world. Lévi-Strauss posits that the manipulation of symbols corresponds to a physical manipulation: an "oscillation" between mythological and physiological realms where "the healer provides the myth and the patient performs the actions" (Lévi-Strauss 1963:201).

At its simplest, symbolic healing is any sort of healing endeavor which uses symbols to induce transcendence of the illness, ultimately to such an extent that a cure is affected. Symbols are often thought to operate on a subconscious level, but this is in question. What constitutes a symbol is another area of contestation. Symbols can be words, movements, objects; even medicines convey negotiated cultural meanings. Important to this approach is the evocative and multivocal nature of symbols. The work of researchers interested in symbolic healing has been an effort to uncover symbols and to articulate their various functions and meanings. The research question has been how and why does symbolic healing work? Symbolic healing is an outgrowth of the study of myth and ritual as regards healing, and has done much to set the stage for current understanding of healing as a process. Contemporary researchers would do well to incorporate the symbolic approach into their study of all healing systems (Csordas and Kleinman 1990).

Performance

A result of the early preoccupation with ritual and healing in ceremony is a focus on the performative features of healing. Here we have the intersection of ritual, religion, and drama with sickness and healing. Victor Turner has been the leader in this area of research, first with his attention to the structure of ritual, and subsequently with the investigation of drama and metaphor in ritual (Turner 1974 and 1985). His work is not primarily concerned with healing but does provide valuable insight into the processes associated with healing. Other anthropological accounts of possession, trance, and healing ceremonies as well as those of ritual and *rites de passage* are also concerned with the role performance has in facilitating transformation and transcendence.

*Yet in the social and natural worlds as we know them
both vijñāna and prajñā are necessary for scientific*

theories, poems, symphonies, for intuition and reasoning or logic. In the area of social creativity—where new social and cultural forms are engendered—both structure and communitas are necessary, or both the "bound" and the "unbound" (Turner 1974:52).

The study of performance, and the attempt to determine what is and what is not performance, provides clues that offer directions and perspectives for understanding healing practices.

Contemporary examples of this sort of research and healing are works by Davis-Floyd on hospital birth as an American rite of passage (1992), Roseman's work with the Senoi (1988, 1990), as well as Desjarlais' work on emotion (1992).

*She did not die She did
She did not do what dying does
What does Dying do?
Did Dying do itself to Her?
What did she Do? It was not Done.
She did not die, she did not do it.
How could she do it, let it be done?
She did not Die. She did.
It did and she did too.
What does Dying do?
Where did she go? What did she Do?
She is not here, she did not Go.
She did not Die. She did (Miller 1986).*

Psychology

The psychological perspective attempts to situate mind/body distinctions. Included are notions of identity and selfhood, as well as the dynamics of relationships between individuals and between an individual and her or his illness. Another feature of this area involves conceptualizations of the healing force and investigations into how the mind may influence physiology. In anthropology, interest began with the Boasians' focus on culture and cognition. In the attempt to find reason for the apparent success of ritual and

ceremonial healing, psychological theory was invoked. Obeyesekere and Stein, both anthropologists/psychologists who conduct this type of research, systematically link illness behavior with psychological analyses (Obeyesekere 1985, Stein 1985). Bateson (1979) has also hinted at psychological explanations in his discussions of the "unity" of mind and body, relationships between spirit and nature, form and function, and cybernetics and disease. Studies of placebo effectiveness are also included in this domain. Is their therapeutic effect biological (taking the placebo), social (receiving a treatment), or psychological (believing in the treatment)? (Moerman 1983).

Emergency Room physician: Now what kind of influence you have physiologically, or mentally, over the healing of something, is, is an area of great speculation in my own mind (Miller and Quintero 1990: 14).

With the advent of so-called "holistic" approaches to medicine and health, and the increasing popularity of self care and alternative medicine, the negotiation of the boundary between mind and body is ripe for further research. Increasingly, a relationship between thought and perception and biological states of illness and well being is being acknowledged, yet little has been done to determine the ways in which these associations are expressed through healing practices.

Finally, this perspective also includes the development of the anthropology of self and the way identity figures into processes of sickness and healing. Orientations which privilege insight and meaning as regards the creation and negotiation of a self-concept in the face of disease have recently begun to consider healing of the mind as essential to healing of the body. The ideology of self is compelling but it should not exclude the physical, sensual, and embodied experience of self.

Process

The consideration of healing as a process incorporates the dimension of time. Questions raised here include accounts of the frequency and duration of healing in an attempt to frame the healing episode. How long does healing take? Is the patient healed as soon as the ceremony is over? If not, when? When does healing

begin? Does healing involve a disappearance of symptoms or is there another level of awareness motivating decisions to be "healed"? This frame can be extended to include the self, resulting in questions such as who is being healed? Does the identity change over time, and if so, how?

Various decision-making strategies must be examined in order to view healing as a process. Included here are the therapy management group (Janzen 1978) and the hierarchy of resort framework (Romanucci-Ross 1976). The inclusion of time has been a recent development, primarily limited to descriptive accounts of who is involved in seeking therapy and what the steps are. Another aspect of time and illness is the way in which illness affects the perception and experience of the passage of time. This research informs and contextualizes the process of healing, but more is needed. Longitudinal studies that document cycles of health and illness, and the interdependence of healing with other sociocultural influences, would be welcome.

Efficacy

The notion of efficacy has to do with measurement. How is healing measured? Anderson (1992) provides a neat review of the limitations of anthropological research in this area and argues for a linking of ethnomedical and biomedical perspectives. However, the applicability of biomedicine as a "gold standard" against which to judge other forms of therapy and treatment is problematic (Kleinman and Gale 1982). The issue becomes further complicated, not only by the dimension of time as noted above, but also by the subjectivity of both patient, healer, and researcher. Who has the authority—

In this world of epistemic murk whose effect in the body is so brutally felt, the cure also comes forth as something murky and fragmented, splintering, unbalanced, and left-handed. The hands of the curer are powerful and gentle, they wring evil from the body, while the song in its riot of stopping and starting and changes of pace is without destiny or origin, circling that body, rustling and darting, tripping up disorder in its own disorderliness (Taussig 1987:12.).

—to determine that healing has taken place? The patient? The healer? The patient's body? The household, kin, community? Who is invested in whether or not the healing has been effective? Where is the meaning negotiated, and according to what power dynamics? (See Etkin 1988, Finkler 1981, Laderman 1987.)

These questions speak to the need to take into consideration the cumulative and multiple effects of the interactions between healer and patient, healing and time, healing and physiology, healing and thought. Each paradigm can be seen as a window through which to view part of the process.

What has happened is that the basic premise underlying our research on the religion of others—that we must “respect” their beliefs—has produced unquestioned literal interpretations that can be treated only as if they were beliefs, for from our perspective, they cannot be fact. It creates the native in the image that we presupposed that he would fit (Farella 1984:8).

Political-economic

In the past twenty years perhaps the most innovative work to develop in the field of anthropology and healing is research that fits together bits and pieces of history and ethnography to provide a reflective, productive perspective on the ways political, economic, sociocultural and healing systems reflect and co-construct states of well being and sickness. Numerous researchers (Adams 1992, Boddy 1989, Comaroff 1985, Frankenberg 1989, Nash 1979, Nichter 1990, Taussig 1987 and 1980) have demonstrated the connections between global and local states of mind and body. History and assumption have been called into question, and a postmodern perspective that attempts to decenter the hegemonic biomedical ideology has opened up a wider vision of healing. Included are notions of agency, the construction of self, dynamics of gender relations, and negotiations of power between patients and healers.

*In what does the healing power of wildness lie?
... Wildness also raises the specter of the death of the
symbolic function itself. It is the spirit of the unknown*

and the disorderly, loose in the forest encircling the city and the sown land, disrupting the conventions upon which making and the shaping function of images rest. Wildness challenges the unity of the symbol, the transcendent totalization binding the image to that which it represents. Wildness pries open this unity and in its place creates slippage and a grinding articulation between signifier and signified. Wildness makes of these connections spaces of darkness and light in which objects stare out in their mottled nakedness while signifiers float by. Wildness is the death space of signification (Taussig 1987:219).

Ritual becomes "historical practice" (Comaroff 1985), medical discourse becomes a tool of oppression (Martin 1987), possession becomes resistance (Ong 1983), and herbs are evidence of hegemony (Lock 1990). What each of these accounts demonstrates is a new awareness of context and influence. Healing, or the healing system, becomes not only a site for the articulation of shared cultural meaning; it also becomes a focal point for social control and cultural reproduction (Zola 1978). Biopower (Foucault 1980) is enforced at the level of the body and impacts disease, therapy, treatment, and healing.

It is at times when the body is most vulnerable in sickness that fundamental conceptions of the social order and the meanings of tradition are brought into question. It is during sickness that the meaning of traditions are challenged by alternatives of the present. Sickness episodes thus emerge as illustrations not only of the changing social world in which patients live, but also of the history which helped to shape that world. Reading the narratives of sickness entails understanding the historical constitution of the "healthy body" and the way discourses of the self are generated and reconstituted over time (Adams 1992:181).

If sickness is a reflection of social and moral order the question must be asked: Can an individual be healthy in a sick society? Are

some kinds of healing more “healthy” than others? What sorts of strategies are available to the patient, to the healer? In these sorts of rapidly changing contexts, attention must be given to process, power dynamics, and flexible therapies—in sum, to the way in which healing is situated in time, place and person. Is healing constant?

Medicine ends up, therefore, as a total science, whose structure is essentially that of a bag of tricks. Within this science there is extraordinarily little knowledge of the sort of things I'm talking about; that is, of the body as a systematically cybernetically organized self-corrective system. Its internal interdependencies are minimally understood. What has happened in that purpose has determined what will come under the inspection or consciousness of medical science.

*If you allow purpose to organise that which comes under your conscious inspection, what you will get is a bag of tricks— some of them very valuable tricks. It is an extraordinary achievement that these tricks have been discovered: all that I don't argue. But we still do not know two-penn'orth, really, about the total network system. Cannon wrote a book on *The Wisdom of the Body*, but nobody has written a book on the wisdom of medical science, because wisdom is precisely the thing that it lacks. Wisdom I take to be the Knowledge of the larger interactive system—that system which, if disturbed, is likely to generate exponential curves of change (Bateson 1972:433).*

III

What meaning do historical perspectives on the study of healing have in regards to contemporary research and theory in ethnomedicine? They indicate where to go next; they expose what has not yet been done. They define the problem by illustrating what has been achieved.

As for the shaman, despite his solidity and caring he is

also a strategic zone of vacuity, a palette of imageric possibility (Taussig 1987: 444).

A central issue in anthropology and healing has to do with universals—stated bluntly, are there any? What can be said about healing and healers in general? Is a universal approach useful? Typically, anthropologists have dealt in description and comparison of particulars. Predictably, this has led to an acknowledgment of the multiple and varied nature of healing and definitions of health and sickness. A contemporary focus is upon process and specificity—the ways in which a particular healing technique articulates and mediates cultural tensions. Most recently, as noted above, has been the demonstration of the way these healing systems and techniques are embedded in and reflect local and global power relations and structures. The attention to universals may in fact obscure these levels of influence, yet obsession with detail is equally unsatisfactory. What is needed are analyses which incorporate underlying principles and provide insight into the dynamics of interaction between patient and healer.

The grace that is the health of creatures can only be held in common (Berry 1990:9).

Studies on efficacy and risk are valuable but limited by a preoccupation with the biomedical standard. The single-minded intent of proving whether or not a “bizarre” healing technique or substance is “really” effective or puts an individual unnecessarily at risk does not further our understanding of healing. What might be more helpful is attention focused on the perception of both efficacy and risk by patients and healers. Measures of the success of any given therapy must be extended to include the patient’s felt needs as well as longitudinal effects of treatment.

In healing the scattered members come together (Berry 1990).

The perspectives of the patient, effects of treatment over time, as well as negotiation of the healing event by patient and healer are subjects for future research which may prove to be promising.

What they have in common is the attention to process as well as form. Healing begins to be seen as dependent not only upon context and culture, but upon the sorts of relationships constructed by the patient and between the patient and healer, the patient and community. The context of healing becomes a dialogic construction of mutual realities. If healing is interactional, then to what extent must success depend upon shared understanding or some mutual creation of meaning?

In their coming together, bringing misfortune to a head, healer and patient articulate distinct "moments" of knowing such as the noumenal with the phenomenal and do so in a socially active and reactive process that also connects quite distinct forces of flux and steadiness, humor and despair, uncertainty and certainty (Taussig 1987:463).

The problems of meaning and shared understanding are not new, as evidenced by studies on doctor-patient communication (Waitzkin 1984, Frankel 1985, Roter and Hall 1989), but to examine their construction from the patient's point of view is. I assert that the patient's contribution to the healing process is as essential as that of the healer, and ultimately, that both healer and patient must acknowledge the limits of their knowledge and experience.

Though the patient and the healer work together to generate as much information as possible about the illness, and though they come together in relationship in order to participate in a known process, certain parts of what actually takes place are unknowable. The acknowledgment and acceptance of the fact that everything cannot be known, and that after the systems of knowledge have been used one has to defer to this further realm of mystery, magic, faith or "religion" is shared by the healers. In a sense, one could make the assumption that in order to function as a healer, one has to be able to incorporate the realm of possibility and mystery into a way of thinking. The resulting dissonance then becomes expressed in an

ambivalence to assume full responsibility for the healing process since the process itself seems, at times, other worldly, unpredictable and enigmatic (Miller and Quintero 1990:14).

The healing interaction, in order to succeed, depends upon a mutual co-construction of agency where the patient assumes the healer has the power to heal and the healer assumes the patient has the ability to heal. It is through this mutual interaction that healing ensues. This hypothesis could be tested by following the relationships of patients and healers over time, with particular regard to notions of agency, trust, storytelling, responsibility, identity, and discourse.

I think we can assume that the physical efficacy of the midwife's words is due, in part, to the agency she attributes the laboring woman, and conversely, to the agency the laboring woman assigns to the midwife. Put simply and stated paradoxically, the commands will only achieve their desired effect if the laboring woman believes the midwife knows the command will work and if the midwife believes the woman knows the command will work. Efficacy is a result of a mutual entextualization of the language. The power of the words is reflective of the co-creation of context between midwife and patient. In a sense, each gives the other agency to make a change (Miller 1994:20).

In order to push the limits of our knowledge, the concepts of medicine, symbol, and words must be added to the questions. To what extent do both words and medicines function as symbols in the negotiation I am talking about? Both words and medicines—and here I am talking about the full range of substances used in the curing process including pharmaceutical drugs as well as cow dung, spit, ash, leaves, and roots—have been described as having both actual and symbolic effects. Although many of the substances and words used in healing ritual have been described, I think the next step involves a perspective in which their symbolic and biological functions are seen to coalesce (Nichter 1990). What is the

overlap between the physiological, metaphorical, metonymical (Tambiah 1985) and symbolic uses of words and substances, and indeed, is it useful to attempt to document these distinctions? Why do words heal in some instances and not others? Is there a relationship between what is said about a medicine and the way it affects the cure? Is there a way to describe how medicines function that does not privilege either the biological or so-called symbolic orientation to healing? How do context and association fit into this scheme?

In healing the scattered members come together
(Berry 1990).

Regarding methodology, there is the basic question of how to study healing. Theoretical and philosophical problems include subjectivity, agency, and moral identity as well as logistical problems. Does one study healers or patients? Is the unit of analysis the clinic, the ceremony, ritual, a specific type of illness, a particular system of healing, or a certain practitioner? (All, of course!) Is the household an appropriate location from which to examine the day-to-day negotiations of health and illness over time? If so, is it ethical to stand by and observe people suffering in their homes? In clinics?

One strategy would be to look at an individual's perspective over time. Begin with one point of view and move to the household, family, community, nation, and globe. If there is a center, if there is a place where healing occurs, if it can be articulated, then we must seek it in the lives of fellow human beings. We must seek it through relationship and interaction, and we do this best on the ground, barefoot, instead of remaining at the level of abstraction.

If we are on the edge of postcivilization, then our next step must take account of the primitive worldview which has traditionally and intelligently tried to open and keep open lines of communication with the forces of nature (Snyder 1974:107).

Abstraction may lead to an understanding of essence, but it does not give us detail and compassion. Can we know what healing is without reflecting on emotion, passion, and pathos?

Though the concepts of knowledge and mystery may seem to contradict each other, in fact, they must be perceived as functioning together in an intricate dialectical relationship, each helping to define and explain the other. This relationship allows for an integration and synthesis which creates the space to achieve and understand the process of healing (Miller and Quintero 1990:19).

It seems to me that those of us who use healing as a focal point for investigating the pattern and process of decentering and recentering the self in the context of culture are on the edge of an abyss. The abyss is the ambiguity and fuzzy logic of pain and suffering. Our discoveries lie within the interstitial spaces of life where meanings are generated in silence, pain, ceremony, and ecstatic release.

But where do we separate mind from body, and where is awareness located? Pain is where the awareness locates itself. Healing occurs in the space of awareness (Miller 1992).

The problem confronting anthropologists who attempt to research and write about healing is what Marcus and Fisher have called the crisis of representation (1986:8) and what motivated Rosaldo's discussion of subjectivity, truth, and border crossings (1989). We are negotiating the chasm between form and process, truth and belief, fact and fiction, and health and illness. To avoid either relationship or process in the effort is, as Bateson suggests, to get stuck in addiction (form) or adaptation (process) (1979:192). Either choice is a denial or inflexibility which leads inevitably to death of the individual or extinction of the species.

But a culture that alienates itself from the very ground of its own being—from the wilderness outside (that is to say, wild nature, the wild, self-contained, self-informing ecosystems) and from that other wilderness, the wilderness within—is doomed to a very destructive behavior, ultimately perhaps self-destructive behavior (Snyder 1974:106).

Healing systems take us beyond the binary perspective. They are recursive, mapping a path through and beyond the paradox of either/or. They show us that we can't get to the kind of knowing we need through the mind alone, or through the body alone. Healing is a process of integration, of accepting paradox, and that is why, frequently, it is associated with words such as balance and wholeness.

A part of my task in understanding what was taught has to do with finding meaning and accepting change in the ideas I came to value. It is again a point of self-reference; the essential notion in the teachings is the acceptance of process. A part of this knowledge is that the context which bounds it must change, and with it the teachings themselves. A part of understanding this concept includes seeing it as a part of that teaching and accepting it. It is, of course, paradoxical. If you accept the philosophy, you must accept that the present ideas will no longer exist (Farella 1984:19).

Healing is a form which changes shape according to the needs of those who are being healed. That healing often occurs in ceremony and ritual makes sense because ritual offers synthesis and coherence; it acknowledges possibility and difference and provides community. To be healed one must accept the possibility that there is no healing. Ritual is pathway, not wisdom; it is opportunity, not cure.

It is an enchanting and empowering notion that, in striking contrast to what we might call the scientific model of healing and sickness on which the university training of doctors is now based, folk healers and shamans embark on their careers as a way of healing themselves. The resolution of their illness is to become a healer, and their pursuit of this calling is a more or less persistent battle with the forces of illness that lie within them as much as in their patients. The cure is to become a curer. In being healed he is also becoming a healer (Tausig 1987:444).

Healing offers direction but not always solution. As anthropologists involved in the study of healing our task is not to provide mere literal descriptions or to document the dialectic—this has been done well enough. What is left is to jump in the abyss. Only by attempting to heal and be healed ourselves (personally and professionally) may we provide an understanding of synthesis and integration which articulates the paths patient and healer travel.

It makes you wonder, *thought M. Darbedat*, where responsibility begins, or rather, where it ends. *In any case, he was always analyzing himself too much, always turned in on himself. But was it a cause or effect of his sickness? (Sartre 1948:24)*

Where we position ourselves is not as crucial as the fact that we confront the limitations of our discipline in face of the task at hand, and then engage anyway.

Thus, the essence of the stance of wisdom for these men ["retired" medicine men] was to realize their ignorance and to learn to accept the inevitability of most of what happens. To be wise is to do nothing—but to have actively chosen this passivity (Farella 1984:16).

Yet how is this achieved? As academicians, are we able to actively choose a passive stance such that the wisdom and process of healing are revealed? What must be observed?

In health the flesh is graced, the holy enters the world (Berry 1990).

What must we participate in? Two perspectives, discussed by both Bateson and Turner at the end of their lives, may help. They spoke of aesthetics as being another element of healing, of beauty and elegance as essential features of any healing experience.

*Grave men, near death, who see with blinding sight
Blind eyes could blaze like meteors and be gay,
Rage, rage against the dying of the light.*

I think we must look more deeply at the relationship between aesthetics and healing (Roseman 1990, Desjarlais 1992). And we must not fear to engage the spirit.

I am making the same question bigger. The sacred (whatever that means) is surely related (somehow) to the beautiful (whatever that means). And if we could perhaps say how they are related, we could perhaps say what the words mean. Or perhaps that would never be necessary (Bateson 1979:235).

Any attempt to document the existence of such a relationship is a beginning, and should lead to further discovery in this area. However, it is important that aesthetics not be mistaken for order.

Yet wildness is incessantly recruited by the needs of order (and indeed, this is one of anthropology's most enduring tasks and contributions to social order.) But the fact remains that in trying to tame wildness this way, so that it can serve order as a counterimage, wildness must perforce retain its difference. If wildness per se is not credited with its own force, reality, and autonomy, then it cannot function as a handmaiden to order. The wildness here at stake tears through the tired dichotomies of good and evil, order and chaos, the sanctity of order, and so forth. It does not mediate these oppositions. Instead, it comes down on the side of chaos and its healing creativity is inseparable from that taking of sides (Taussig 1987:220).

The relationship between death and healing must also be considered. The idea that death may be a healing should enter into our research. We should open to the possibility that there may be an association between death and beauty which involves silence.

Healing embodies death, wildness, beauty, and power. Healers are universally acknowledged as wielding the power to kill as well as to heal. How do we manage to trust ourselves to people who have such power?

*Wild men who caught and sang the sun in flight,
And learn, too late, they grieved it on its way,
Do not go gentle into that good night.*

Anthropologists have typically shied away from the meaning of the relationships between life, healing, beauty, and death. Ritual descriptions have addressed these connections, but the resulting texts seem to hold understanding and integration at arm's length.

To be complete is to be sa'a naghái bik'e hózhó, The person who is ill is not described this way. In [Enemyway], for example, he is sa'naghái until the completion of the ceremony, at which time he "becomes sa'a naghái bik'e hózhó again." But to be "sa'a naghái bik'e hózhó again" is not necessarily to be the same individual again. Transitions are in a sense rebirths, but the other side of the coin is that they are partial deaths.... To survive a serious illness is to approach death and be reborn.... To become sa'a naghái bik'e hózhó is to become complete, and perhaps to become more than you were before. It is not a return to the same person (Farella 1984:101-2).

My opinion is that the Creatura, the world of mental process, is both tautological and ecological. I mean that it is a slowly self-healing tautology. Left to itself, any large piece of Creatura will tend to settle toward tautology, that is, toward internal consistency of ideas and processes. But every now and then, the consistency gets torn; the tautology breaks up like the surface of a pond when a stone is thrown into it. Then the tautology slowly but immediately starts to heal. And the healing may be ruthless (Bateson 1979: 228).

Anthropologists then, in order to discover what healing is, must not fear what is ruthless. We must be true skeptics in our

interactions with the world we observe, each other, and ourselves. If we can be open to suffering as well as rapture, beauty and death, healing and terror—as tropes and as cures—then perhaps we can discover not only what healing is, but where meanings become embodied and inscribed.

*As noted, the question is how to find meaning in the
loss of something that is highly valued
(Farella 1984: 21).*

*Knowing that nothing need be done, is where we begin
to move from (Snyder 1974:102).*

*Do not go gentle into that good night
Rage, rage against the dying of the light
(Dylan Thomas).*

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