# Chapter 5
# The Ritual Effect: The Healing Response to Forms and Performs

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This story is about a tribesman who gets sick and, despite all rituals and natural remedies, his illness becomes worse. He goes to a clinic in a big city for the first time. When he arrives at the clinic, he is confronted with a myriad of technical and showy words, which he has never heard before and does not know the exact meaning of: “Doctor…, Specialist in…, Faculty member of…, Fellowship in…”.

After entering the clinic, he sees the secretaries and patients in a suspended mysterious waiting room as a special space for registration. Finally, it is his turn and the secretary leads him in to the practice room. He sees the doctor with a white coat behind a desk sitting with a more or less dignified, superior posture. His gaze is felt-penetrating and deep. Evidently, it seems that he can see the underlying events beyond the physical and mental boundaries and interprets even patient’s meaningless signs; finally, somebody who knows the problem and how to fix it. After several questions and examinations with mysterious instruments and additional diagnostic rituals in a laboratory, involving radiology, the wise man decodes the natural signs, usually in a deep silence. After some short comments, he writes some special jargon on a piece of paper and gives the tribesman a coded treasure map; he remembers that their witchdoctor writes such spells when they get sick. It is the same ancient way for healing.

In this moment, the tribesman feels relaxed and relieved of his symptoms without any reason. Full of hope at the prospect of finding a solution, he goes to a pharmacy to have his prescription decoded. Then he receives his *pharmacon*, a special set of tablets, ampoules, syrups, etc. The tribesman has to use these drugs at determined times every day and he should perform these rituals carefully…

From this viewpoint, a surgical operation, psychotherapy or an acupuncture session could be seen as healing rituals. A tribesman can consider all of them as different types of neoshamanistic ceremonies for healing. He may not care about their unknown contents and chemophysical elements.

At first sight, it may seem meaningless and illogical, but this thinking model could be acknowledged as a structuralistic analysis of medical practice, which is

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focused on the effect of the forms of healing rituals and contexts instead of ingredients and contents. It is not so common in biomedicine, but it is a very well -known approach in the humanities. Various clinical procedures can be analyzed as communicative forms and rituals, which can change the energy-information flow and biopsychosocial responses.

Many experimental studies show the significant effect of healing rituals on physiological procedures such as wound healing (Hall 2011). Thus, the rituals, by their bodily -spatial and verbal suggestions, can change our psychosomatic responses (Krimayer 2004; Boudewijnse 2006).

On the other hand, plenty of open -label placebo studies uphold the pure for mal and ritual aspect of the therapies without any direct or indirect suggestion. In this method, there is no chemophysical effective agent, and no expectation to receive such therapies, because patients are informed that they are using a placebo (see, e.g., Sedgwick 2014; Kaptchuk et al. 2010; Day and Williams 2007). It seems that this pure ritual effect could be seen as an estimated ingredient of the placebo effect, and of course medical practice. To understand these amazing phenomena, we should first know a bit more about rites as perfomative metaphors and the elements and dynamisms of them. After wards, we can consider the role of rites in healing procedures.

## 5.1 The Function of Rituals

Rituals are a feature of all human societies, large and small, modern and traditional. They are an important part of the way that any social group celebrates, maintains and renews the world in which it lives, and the way it deals with the dangers and uncertainties that threaten the world (Helman 2000).

Rituals represent symbolic actions that restructure meaning and create situations which participants aim to control (Lévi-Strauss 1969; Choi 2003). Turner (1968, 1969) explains two basic functions of rituals: an expressive function and a creative function. In its expressive aspect, a ritual portrays certain key values and cultural orientations in a symbolic form, that is, it expresses these basic values in a dramatic form, and communicates them to both participants and spectators. In its creative aspects, rituals actually create or recreate the categories through which man perceives reality – the axioms underlying the structure of society and the laws of the natural and moral orders. It therefore restates, on a regular basis, certain values and principles of a society and how its members should act vis-à-vis other men, gods and the natural world. It helps to recreate the collective view of the world in the minds of the participants.

Both expressive and creative aspects indicate a transmission from the inside out, or from idea to matter. As Turner (1982) indicates, rituals of birth, death, marriage, seasonal changes, initiation, and healing are all indeed the vitas of passage or transition. In a similar way, rituals are transitional objects in a potential space (Winnicott 1971) which connect internal mental processes to external social processes

(Boudewijnse 2006), the ways in which we can control our drives (Gay 1975), develop our individuality in relation with the "other" (See Jung 1968) and a symbolic, adaptive response to reality.

In other words, rituals are spatial -bodily metaphors in which intentions and emotions are translated into the form of gestures, movements, postures clothing, makeup, icons, chemical (e.g. smoking, eating), and physical (e.g. drumming, dancing, singing, biting, whispering) procedures. According to Parkin (1992), each ritual is a bodily journeying and a symbolic passage to a new desirable condition which connotes.

Each part of the body, each movement in space, body orientation, and the relation with others ' bodies is a metaphor which can express emotions and ideas, and communication with the self, the other and the whole (see Halprin 2003). These bodily disciplines can change our mental activities. Rossano (2011, p. 40) defines a ritual as an attention -getting, formalized and invariantly ordered sequence of behaviors designed to convey particular meaning (see also Bell 1997; Rappaport 1999).

From a developmental standpoint, modern cognition emerged as a byproduct of the mental requirements for successful ritual performance -sustaining attentional focus, increasing working memory, inhibiting pre -potent responses, and retaining calm equanimity in the face of distracting, even threatening signals. In short, rituals made us human (Rossano 2011, p. 51).

Indeed, the ritual is a performative, stereotypic, and metaphoric language, which tries to translate mind to body, self to other, past to present, and heaven to earth. The power of rituals may come from these symbolic functions and the way it can integrate our intra/inter/transpersonal fields. Many great anthropologists and semioticians explain the semiotic, synthetic, linguistic, and pragmatic views of rituals.

Kreinath (2006) introduces a set of characteristics of sign processing among rituals. The combination of different types and amounts of each variable in a particular context determines the uniqueness of dynamics and effects of rituals. He states:

> The signs in ritual have to show by their usage that they follow their own logic and composition and thereby unfold their own dynamic and efficacy, which can be ascribed to them… with regard to a set of seven distinctive features:
>
> 1. *Sequentiality*, that is, how ritual acts and utterances are related to one another in a particular way and function therefore as specific vectors and not as abstract variables;
> 2. *Regularity*, that is, how the rules that inherently regulate the performance of ritual acts and utterances configure the respective pattern in the ritual performance, in terms of self-similarity;
> 3. *Referentiality*, that is, how ritual acts and utterances constantly indicate themselves by referring back to their respective contexts;
> 4. *Formality*, that is, how ritual performances indicate that they are based on particular modes of action and utterance by embodying themselves and becoming similar to themselves and sensitive of, and dependent upon, the contexts that they generate;
> 5. *Temporality*, that is, how ritual acts and utterances exist only in the present moment of their performance by mirroring their actual presence in that they create their own frame of reference;
> 6. *Dynamics*, that is, how every interplay among participants, which presupposes their agency to choose intentionally between options, configures reciprocal patterns of interaction and relation among them (as those who act and on whom is acted), which

change over the course of ritual performance and have irreversible consequences for the outcome of the ritual performance; and

7. *Efficacy*, that is, how the performance of ritual acts and utterances establishes and transforms the (symmetrical and asymmetrical) relations among the participants by determining the differences and similarities between them in charging or discharging their agency. (pp. 429–470)

Now, it is more clear that when we talk about, for example a healing ritual, it is not exclusively about a superstitious, ethnic, compulsive, and/or historical matter, but a current pervasive phenomenon by a vast variety of types and effects. We are still communicating with others and changing ourselves by the embodied language of rituals in birth, death, marriage, and healing. These goal-directed, interactive, stereotypic behaviors by any origin – historical or natural events, and/or science and technology – could induce plenty of biopsychological responses. We should be aware of the ritual effect, and we can use this metaphoric language systematically to optimize its functions.

By reviewing the different aspects, elements, and effects, we can conclude the functions of rituals as follows:

1. Developing working memory
2. Sustaining attentional focus
3. Bodily expression of intentions and emotions
4. Inhibiting pre-potent responses
5. Altering state of consciousness
6. Inducing a cathartic transition
7. Increasing suggestibility
8. Including verbal suggestions
9. Spatial-bodily metaphors
10. Role playing
11. Establishing psychosocial identity
12. Integrating intra/inter/transpersonal fields

A glance at the list discloses the biopsychosocial dynamisms of rituals. By contemplating these functions, we can imagine how a combination of these dynamisms among a certain ritual can change our mood, beliefs, behaviors and/or psychophysical procedures. It is not hard to understand why we perform rites to form our life.

## 5.2 Rites of Healing

Healing is a lifeworld recreating process. In the course of the healing process we should reframe our illness, our future and our self. Turner (1969) has examined the forms and meanings of ritual symbols, particularly those used in healing rituals. Each symbol has a wide range of associations for those taking part in the ritual. It tells them something about the values of their society, how it is organized and how it views the natural and supernatural worlds. This restatement of basic values is

particularly important in times of danger and uncertainty when people feel that their world is threatened by misfortunes such as an accident, famine, war, death, severe interpersonal conflicts, or illness (Helman 2000). Therefore, a disaster like an illness pushes the afflicted person to draw a new lifeworld by performing healing rituals. Many anthropologists and psychologists find a great deal of similarities between rituals and therapies, specifically psychotherapies. In this part, we will focus more on the mutual relation of ritual and healing, rituals as healing procedures, and healing procedures as rituals.

Boudewijnse (2006, pp. 129–130) reviews the relation between ritual and treatment in three fields: first, the usefulness of a "ritual" in psychotherapeutic treatments. In the case of problematic mourning processes, for instance, the wholesome effects of designing and practicing personal rituals of transition are emphasized (Aune and Demarinis 1996). Secondly, the similarities between (religious) rituals and therapy are addressed; the therapeutic session as a ritual setting on one hand and the religious ritual as a therapeutic setting on the other. Thirdly, the importance of family rituals in patient management is emphasized (Imber-Black et al. 1988). Therefore, rituals could be held as biopsychosocial therapies and all different types of the therapies could be studied as healing rituals.

Rituals also create an opportunity for important work to be done independent of a therapist. They create a process for growth and healing that depends on the clients' energy and commitment to growth. This is a resource of a therapeutic process that empowers the client and gives him a tool that can be used throughout life, perhaps instead of returning to the therapist (McMillan 2006, p. 31).

As we discussed before, the cathartic and transformative effects are common in the various types of rituals, but these properties are more tangible in the healing rituals. The forms and meanings of the healing rituals and symbols are arranged around a journey from "being ill" to "being healthy". It is a metaphoric voyage through mind, body, space, time, and of course others.

Helman (2000, p. 164) explains healing rituals as social transitions by which an "ill person" is transformed into a "healing person". For instance, a patient admitted to hospital, leaves his/her normal life behind and enters a state of limbo characterized by a sense of vulnerability and danger. Their clothing is removed and replaced by a uniform of pajamas or a nightdress. In the ward, they are allocated a number, and transformed into a "case" for diagnosis and treatment. Later, when they have recovered, they regain their own clothes and rejoin their community in the new social identity of either a "cured" or a "healthier" person. Van Gennep (1960) explains three stages of separation, transition and incorporation, as illustrated in Fig. 5.1.

In the biomedical frame of reference, these procedures are introduced as formal and pragmatic measures relied o n scientific axioms and rules, but from an anthropological point of view, these healing rituals are based upon the biomedicine's web of belief and work as performative, metaphoric suggestions which determine responses of both the healers and those being healed.

Individual doctors employ the potent symbols of medical science (such as a white coat or a stethoscope) in their rituals of healing in the same way that non-

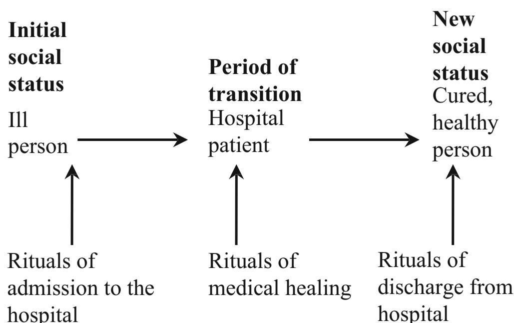


**Fig. 5.1** Hospitalization as a ritual of social transition (Form Van Gennep 1960)

western healers employ certain religious symbols or artifacts (such as certain plants, a talisman, divination stories, holy tents, or statuettes) that also symbolize powerful healing forces (such as gods, spirits or ancestors). In this way, the use of these symbols brings the wider values of the society directly into the doctor -patient interaction. Ritual symbols can be “decoded” only by looking at the context in which they appear. For example, a white coat worn in a hospital setting has a different range of associations from one worn by a supermarket employee. Some of these associations are a license to practice medicine, authority to take a patient’s history, examine their body, prescribe treatments, also cleanliness, emotional and sexual detachment, reliability efficiency, and a familiarity with suffering and death (Helman 2000, pp. 157–159). Thus, each element should be interpreted in the whole story of healing.

Medicine is largely about storytelling in which interpretations, narratives, metaphors, and symbols are fundamental tools of the trade (Charon 2001; Montgomery 1991). Ill persons experience meaning in their illnesses; they see themselves as characters in a life narrative, and they approach medicine as a vast network of healing symbols (Coulehan 2003).

The meaning of a healing technique is related to the clinical context; like a word to a sentence, the clinical setting to the medical model. We need a clinical narratology in order to realize the systemic properties of each therapeutic element. From this structuralistic viewpoint, the rationales and documents behind the efficacy of each therapeutic measure are less important than how each element can work in a certain set of therapeutic elements.

In the study of literary works, structuralism and its science of signs is distinguished by its rejection of those traditional notions, according to which literature “expresses” an author ’s meaning or “reflects” reality. Instead, the “text” is seen as an objective structure activating various codes and conventions independent of author, reader, and external reality. Structuralist criticism is less interested in interpreting what literary work s mean than in explaining “how” they can mean what they mean, that is, in showing what implicit rules and conventions are operating in a given work (see Baldick 2008). Thus, a simple sign such as a white coat or a

diagnostic procedure in the clinical context can obviously induce plenty of healing suggestions and there is no need to explain that such healing signs and therapeutic metaphors saturate the text of therapy.

## 5.3 Medical Systems as Embedded Therapeutic Metaphors

The metaphor in itself is figurative and bodily, and in fact is the base of the language; the hieroglyph of mind which forms and changes our lifeworlds (see Lakoff and Johnson 2003). Obviously, rituals as verbal-bodily-spatial therapeutic metaphors can change attention, memory, and healing expectation, and create a deep impression of the possibility of being healthy. The explanatory model, preparation phase and performance of a ritual can semiotically change health belief, behavior, and psychoneuroimmunologic responses by their direct and indirect suggestions. Krimayer (2004) emphasized that healing rituals and other symbolic actions can thus have effects on physiology, experience, interpersonal, interaction and social positioning. The comparative study of healing systems has shed light on the universal elements of healing as well as culture-specific features.

The great diversity of systems of medicine is reflected in the comparable diversity of models and metaphors for healing. As mentioned, healing involves a basic logic of transformation from sickness to wellness that is enacted through culturally-salient metaphorical actions. At the heart of any healing practice are metaphorical transformations of the quality of experience (from feeling ill to wellness) and identity of the person (from afflicted to healed). The metaphoric logic of specific modalities of healing often follows the associated model of affliction (Ibid). Where illness is understood as the result of mechanical of physical injury, specific physical measures may be taken. When the spirit comes to dwell within or possess the afflicted, it must be exorcized (Goodman 1988).

Healing rituals are associated with old traditions and ethnomedicine but biomedicine, despite its powerful experimental support and its no time-no space narrative (Wilce 2007), is also linked to non-experimental beliefs and some culture-bounded rituals. Many theoretical and medical anthropologic studies properly explore the myths and rituals of biomedicine (see, e.g., Focault 1975; Kleinman 1989).

Krimayer (2004) sums up that different traditional and modern healing systems rely on their core beliefs, explanatory models, and the interventions (see Table 5.1). We can add biomedicine to this list as a widespread western system which is based on two paradoxical western theories; reductionism and mind-body dualism. In this system, the disease is basically a chemophysical malfunction and the related psychosocial phenomena are considered as epiphenomena (Wulff et al. 1986). It can be predicted that the biomedical practice would be seen as a chemophysical intervention. Thus, in the next part we will focus more on the metaphors and myths of the modern medical discourse.

**Table 5.1** Some common systems of healing

| | Region | Theory of affliction | Healing practices |
|---|---|---|---|
| Aurveda | Indian subcontinent | Imbalance of elements or humours (dosas) | Diet, Purification, medicines |
| Chiropractic | Europe and north America | Misalignment of spinal column | Physical manipulations |
| Christian healing | Americas | Moral error, sin; demonic possession | Prayer, restitution; demonic exorcism |
| Divination | | Offending spirits or ancestors | Offering or propitiation |
| Homeopathy | Widespread (orig. Northern Europe) | Life force out of balance | Administration of homeopathic remedies |
| Islamic medicine | Widespread (orig. possession by spirit allows propitiation Middle East) | Disturbance of heart as centre of spiritual, emotional and physical | Recitation of Quran |
| Naturopathy | Europe and North America | Experience Weakened state of body | Strengthen body through diet, cleansing, 'natural' remedies |
| 'New age' (e.g. aromatherapy, Crystal healing, light therapy, Polarity therapy, Reiki) | Europe and North America | Energy imbalance | Use of materials and manipulations to 'rebalance' energy possession by spirit allows propitiation |
| Possession Cults (e.g. Candomble, Zar) | Widespread (Africa, Asia, South America) | Offending spirits or ancestors | |
| Psychotherapies | Widespread (orig. Europe) | Psychological conflict or maladaptive learning (behavioural, cognitive) | Corrective relationship, re-learning (through exposure, and cognitive or behaviour modification), insight shamanic healer travels to spirit world and with aid of spirit helper (usually an animal), redresses wrong |
| Shamanism | Hunter-gatherer peoples | Offending spirits, magical attack, accident | |
| Traditional Chinese Medicine | East Asia | Imbalance in energy (chi'i, Ying/yang) or in five phases (air, earth, wind, fire, water) | Herbal and other medicines, diet, moxibusion, acupuncture |
| Unani medicine | Indian subcontinent Middle East | Imbalance in humours or life force | Herbal or mineral medicines |

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## 5.4 Cultural Contexts and Healing Metaphors

It seems that each medical model could be considered as a sign system organized around one or more core metaphors. All the concepts, relations, actions and roles are generated by these metaphors. For example, "fighting the disease" is a common metaphor in biomedicine which has its roots in nineteenth century and inspired by dealing with microbial factors and these days it involves non-communicable diseases. Some medical expressions like "struggle with cancer" or "fighting with depression" are seen in the topics of several articles, books, and also as title of social institutions. Even the more diplomatic expressions such as "coping with diabetes" are based on the war metaphor but with less hope on winning and of course more emphasis on surviving. All these metaphoric descriptions show that there is an animistic image of disease in modern medicine. We imagine diseases as negative entities instead of the name of categories, and consider them as enemies instead of types of natural disorders. We do not have anything named cancer, depression or diabetes, but we have adaptive or maladaptive responses to cancerous, depressive and diabetic states. Obviously, the shamanistic mentality is still working in the core of modern medicine.

In the "fighting the disease" metaphor, treatment gives power to the warrior (e.g., serum therapy, vitamins, immune enhancer drugs, and rehabilitation), kills the enemy (e.g., antibiotics and cytotoxins), suppresses enemy (e.g., sedatives and immunosupressores), or drives the enemy out (e.g., chelation therapy and surgery).

There are also some metaphors in the popular health discourse which can affect the healing process. For example, "illness as punishment" is very common, especially in chronic and life threatening conditions. Many educated patients never confess that they have such a mythic-religious belief, but this metaphor is still much more influential than has been admitted.

It can be a reason for resisting recovery, because the patient feels that they deserve punishment. Each metaphor evokes its associated network and emotions. For instance, cancer is an obscene, unspeakable and shameful condition; the disease closely related to sin or guilt. Because of their metaphors, especially the first, people who suffer from cancer experience isolation and shame. They do not talk about their illness. They delay seeking medical care and their friends and family shy away from them. In *Illness as Metaphor*, Sontag (1978) also examined the nineteenth century cultural beliefs about tuberculosis and found that they, too, detracted from a "true", that is scientific understanding, of the disease. 10 years later, with *AIDS as Metaphor* (Sontag 1988), the author extended her anti-metaphorical analysis to HIV/AIDS, which she claimed had largely replaced cancer as the unspeakable disease in our society because it was associated with homophobia and believed to be a punishment from God (Coulehan 2003).

Had western medicine been incorporated into the patients' cultural expectations, they would need to arrange a "Sing" in order to address the more narrative dimensions of the illness, that is, to re-experience themselves as part of a meaningful story. A number of writers have looked beyond the day-to-day language to discover

**Table 5.2** Medical metaphors

| | |
|---|---|
| **War metaphor**<br>Disease is the enemy. Physician is a warrior captain. Patient is a battleground. | **War statements**<br>"I treat all my patients aggressively…" "He's a good fighter."<br>"The war on cancer." |
| **Parental metaphor**<br>Disease is a threat or danger. Physician is a loving parent. Patient is a child. | **Parental statements**<br>"She's too sick to know the truth…" "We don't want him to lose hope." |
| **Engineering metaphor**<br>The disease is malfunction.<br>Physician is an engineer or technician.<br>Patient is a machine. | **Engineering statements**<br>"He's in for a tune-up."<br>"Something's wrong, doc… you fix it." "We need to ream out your plumbing." |

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the basic models or metaphors we use when thinking about medicine (Sontag 1988; May 1983). There are several such metaphors that to a large extent generate our vocabulary of the patient-physician relationship. Table 5.2 lists three of the most prominent and some of their implications.

It is clear that metaphors and even mythic thinking are still alive and influential in the folk, popular and professional health sectors. We must be aware of their functions and we should sometimes enlighten, reframe or deconstruct them, and sometimes we can use them consciously in our explanations and healing rituals. The relative demise of paternalism (which at least implied a human, caring interaction) has accompanied the rapid advance of engineering and war metaphors, both of which tend to objectify and dehumanize the patient (Coulehan 2003).

To clarify the ritual aspects of the diversity of medical systems, we will present different cases which are engaged in different types of therapies, one modern (a psychiatric visit), traditional (an acupuncture session), and/or shamanistic. In the case reports, we will highlight the direct and metaphoric suggestions of each therapeutic technique by neglecting the mechanisms and effectiveness of them. Therefore, we continue our narratological approach and focus on the healing power of the forms of therapies:

A friend of yours who has been suffering from migraine headaches tells you that he no longer experienced headaches after 3–4 sessions of acupuncture, and he strongly urges you to try it. After that, you go to an acupuncture practitioner. In the office, you see some Chinese icons showing Meridian's cobweb network. From the traditional viewpoint of Chinese medicine, this network provides bioenergy (Qi) for feeding organs and each obstruction in them can cause disturbances in the related organ's function. You also observe diagrams of hands, feet and the whole body with the place of each organ depicted on them. These plans show you the acupoints of the organs that, when motivated, re-stimulate the flow of bioenergy restoring healthy function of the organ. When healthy, our inner energy circulation is in coordination with universe, and female– male energies (Yin and Yang) are in equilibrium (see Wiseman et al. 1993).

When you meet the practitioner, he greets you and smiles. After taking down your medical history and performing a physical exam, he tells you about the points on the axioms of Acupuncture and prepares you for the start of the treatment. If you accept trying this treatment, it means that you, to some degree, believe these suggestions:

- There is an existential and energic connection between human and galaxy.
- There is a living matrix that relays energy and information, and forms natural functions of the body.
- The cause of your disorder is an obstruction of one or more energic flows.
- Injecting a needle in your acupoints eliminates these obstructions.
- By these stimulations, energetic equilibrium and also the natural function of organs will be restored.

By administering needle injections and the feeling of subtle electric currents in your body, the aforementioned suggestions become activated and, in addition to bioenergetics pulsations, these psychosomatic inductions can change gate-control of pain, vasomotor reactivity and the other automatic responses (ibid).

Although the surgical processes are clear and of course mostly irreplaceable, it is not exempt of mysterious inductions and therapeutic metaphors. The efficacy of sham surgeries (Moseley et al. 2002) could be due to implicated suggestive beliefs such as the cause, control, consequences and meaning of disorders. For instance, the metaphor of "removing the matter of illness from the body" is an ancient feature of healing and very easy to believe. All of the points stated above used to explain the curative process and healing belief systems can be written in the form of a hypno-therapeutic script.

We now come to our second example:

> I have identified your suffering. I have diagnosed it frequently before…Your depression is a chemical disorder in your brain. The drug you will consume will manipulate your brain in order to increase electrochemical coordination. At this time the light will return to your brain and life again. You will be happy and all things will find meaning again.

These are just a part of the inductions which someone receives after visiting a psychiatrist with a biological approach; a short visit, the prescription of a drug and finally the daily rituals of taking prescribed drug. Most of these inductions will be received after accepting a clinical setting. If the personal web of belief is compatible with the healing belief system, subsequently the compliance, illness behavior, and psychoneuroimmunologic response will be more facilitated and synergetic.

A person for whom energy flow and energy equilibrium metaphor is more believable than the chemical metaphor may prefer to go to an energy healer and will have more compliance and more effective meaning response.

As to how the responses to these therapeutic metaphors differ among peoples, it can be different among various cultures, because each culture has its own web of beliefs and each web of belief resonates the relevant health and illness behaviors, and therapeutic metaphors. Each culture and subculture, as a set of narrative beliefs and behaviors, can facilitate certain habits, epigenetic functions (see e.g. Wallace

and Wallace 2011, Cheruch 2009, Rossi 2002) and psychological responses (see e.g. Rebhun 2004). Therefore, even being a member of a cultural group can facilitate related culture-bound responses. Performing rituals is the active feature of membership. Thus, performing a healing ritual would actualize our membership, and at the same time facilitate the transformation to a healthy person.

Levi-Strauss (1967) argued that the transformations of healing involve a symbolic mapping of bodily experience onto a metaphoric space represented in myths and rituals. The narrative structure of the ritual then carries the participants into a new representational space, and with this movement, transforms their bodily experience and social position. Dow (1986) builds on Levi-Strauss's account to suggest that symbolic healing involves mapping a personal problem onto a collective rhythmic world through emotionally charged symbols. The emotion evoked by the symbols then insures that manipulating the symbols within that mythic world will lead to corresponding transformations of patients ' illness experiences (as cited in Krimayer 2004).

As mentioned before, changes in cognition, emotion, and behavior occur during the healing, initiation, and action. In this period, we perceive – directly and indirectly – suggestions from explanation, perception, and performance. These inductions, like hypnotherapeutic interventions, can prompt modulations in the mind and body. This pattern could be more or less considered as an archetypical model for healing. When we introduce ourselves as a member of a culture and/or subculture, it means that some of our responses are epigenetically facilitated to some extent. We accept an explanatory and management model, and our compliance, health behavior, expectations and bodily responses will be subsequently modified.

For example, among the Navajo, all serious illnesses are thought to result from disharmony. To become sick, a person has somehow fallen out of harmony with himself, his family, his clan, and the network of relationships that constitute the Navajo way. To be healed is to have that harmony restored (Explanatory suggestions). In order to accomplish this, the patient first has to consult a diagnostician who, by means of hand trembling or other forms of divination, establishes the cause of the illness (Preparation suggestions). The diagnostician then prescribes an appropriate ceremony or "Sing" which consists of storytelling, chanting, sand painting and other elaborate rituals that may go on for three to nine days (Performance suggestions).

It implicates that by accepting a membership, we receive the explanatory suggestions; that is, we receipt a set of beliefs related to various situations and modes. When we encounter the mentioned situation or mode, the associated beliefs are initiated; the hypnotic procedure which will be accomplished by preparation and performance trials.

The therapeutic metaphors can change the semiosis through the molecular, cellular, personal, familiar and social fields.

The compatibility of these membership, preparation and performance metaphors with the personal factors such as temperament, attributional style and coping strategies can resonate placebo responses. For example, I suggest you to take this case scenario into consideration:

Naser was a 19 year-old boy and a freshman. He had been suffering from tonic clonic attacks since he was 16. He lived on *Qeshm* Island in the Persian Gulf. In the manner of the ethnic beliefs of his local culture, he had suffered from a kind of possession by non-organic creatures called *Zar*. In line with the neighbors' advice, his parents took him to two witch doctors (Babazar and Mamazar) and they held a *Zar* therapy ceremony for him. The boy and his family reported that after visiting the witch doctor, the intensity and frequency of his attacks had decreased for 2–3 weeks but they came back again and after a few weeks the frequency had increased to every day. The boy went to a neurologist following the advice of his classmate and after taking a physical exam and examining his medical history and EEG, the doctor made the diagnosis that he had juvenile myoclonic epilepsy. The doctor explained the disease and assured him that his disease is caused by his abnormal electrochemical brain discharge that led to abnormal motional and cognitive functions. The physician prescribed him *Lamotrigine*, which controls and stabilizes neural cell activity by sodium channel inhibitions. Because he did not have enough money to buy his drugs, it took some weeks before he was able to purchase them. Interestingly, his anxiety and troubled thoughts about the illness were quelled and his attacks even stopped. Afterwards, his seizures were controlled completely by using the drug.

As we see here, parallel and consecutive flows of signs in different levels of organization changed the course of the patient's symptoms; the signs such as: "Explaining seizures as possession" or "electrochemical irregularity", "belief in hypnotic rites with drumming and praying by bizarre jabbers" which are supposed to drive the unknown creature out, and/or "belief in the antiepilepsy medicine" which is supposed to promote electrical and neurological balance, and finally "*Lamotrigine* molecules" which can inhibit stimulation by voltage-sensitive-sodium-channel and give more stability to neuron membrane.

In accordance with the history, Naser belongs to at least two subcultures: the traditional (Qeshm culture) and the modern (academic culture). Each of them facilitated compliance and psychophysical response to a medical model, but it seems that the modern belief system was more compatible for him. If he had believed more in the shamanistic model, he might have benefitted from it more like many from his traditional culture.

These days, cultural identity or feeling of belonging to social groups is much more complex than what an authentic Navajo feels. We can recognize several subcultures in a society, and even in a family. This is very important knowledge because each subsystem induces its special set of expectations and prescriptions. Ray (1996) identifies three subsets of American culture that are influencing the demand for health services: Heartlanders, who preserve traditional values; cultural moderns; and cultural creatives, who tend to favor holistic health and health-oriented services. Interestingly enough, one can find different cultural identities even within the same person. We can belong to various cultures of nationalities, media, globalization, professions, religions, and political systems at the same time, and each system – by its special semiosis – could be switched in a certain situation. Usually, in overwhelming and/or chronic conditions, we tend to regress to older and mythic modes of thinking. These phenomena are distinguishable both in individuals (see, e.g., Reich 2013; Sparrow 2014; Cassirer 1946) and societies (see, e.g., Mercer 2011; Corradi 1983). Thus, it is crucial for health delivery systems to consider these cultural subsystems and their related myths, metaphors, and rites in order to optimize

the semiotic effect of the services. The third case study shows the mobility of a person through the different subcultures and how a proper narrative by its accurate therapeutic metaphors can moderate the signs and quality of life.

## 5.5 Conclusion

Each clinical procedure is first and foremost a healing ritual by a formulation of verbal–spatial–bodily metaphors. Even before beginning the behavioral and chemophysical affects, these semiotic agents start working. The healing rituals could be considered as contextual meaning effect in comparison to the placebo studies, which are focused more on the main objects of therapy.

In fact, the healing rituals are sets of therapeutic techniques. A number of healing methods are used including those based on logic, hypnosis, intuition, telepathy, autosuggestion, the interpretation of dreams, and a kind of psychotherapy by encouraging the patient and providing hope of recovery (Stutley 2003). Thus, it is not so difficult to find similarities between ancient healing rituals and modern psychotherapies and psychosomatic techniques. It seems that healing rituals have been gradually purified from their mythic and supernatural assumptions and transformed to more parsimonic and experimental forms.

The metaphors and rites implicate our limitations in the tolerance of reality. A fundamental mechanism in ritual behavior, apparently caused by an innate inability to directly cope with reality, gives rise to an unconscious process of misrecognition (Boudewijnse 2006, p. 126). So we ought to use these metaphors and perform the healing rituals very carefully in order to avoid misleading signs. Sometimes, we must reframe these metaphors to perform them in a more adaptive way. As a result, we need to construct our own realities in order to stand the unbearable lightness of being (see Kundera 1984), but sometimes we must dare to accept the essential meaninglessness of our being and perform our autogenic role based on our hermeneutic liberty.

This is the way of an authentic human being, as Heideggger (1977) addressed, creating our story by recreating our own life's author and vice versa, a way out of a priori myths and rites. By switching to a proactive meaning making, the sign flow can change to a more integrative and adaptive manner.

It seems that we can use the metaphors and rituals in our health system; it would be a shortcut for activating unconscious healing responses. But we also have an enlightening mission to unfold the deception of regressive ways of narrating and healing illness. By accepting our existential responsibility to create our worlds and ourselves, we can create our own healing narratives, metaphors, and rites; an automatic way of formulating semiotic healing cocktails.

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