

BOOK REVIEW

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THE DEFECTIVENESS OF SYMBOLS OR THE SYMBOLS OF  
DEFECTIVENESS? ON THE CULTURAL ANALYSIS OF  
MEDICAL SYSTEMS

Review of

*Illness and Healing among the Sakhalin Ainu: A Symbolic Interpretation*, Emiko  
Ohnuki-Tierney, Cambridge University Press, 1981.

If symbols are polysemic signs which condense diverse references, then so-called "symbolic analysis" in anthropology has come to index a contingent array of distinct analytical modes and assumptions. As Basso and Selby have noted, the study of "meaning" might have become integral to the anthropological project, but it does not yet rest upon even minimal consensus as to necessary and satisfactory analytical principles (Basso and Selby 1976:2). Geertz has characterized anthropology as a science marked less by a perfection of consensus than by the increasing "precision with which we vex each other" (Geertz 1973:29). Yet at the center of the cluster of perspectives which type themselves in some sense as "symbolic" analyses, a confusing mix of theoretical motives obtains, notwithstanding the emergence of a seemingly uniform discourse in terms of "symbol", "semantic" and other concepts drawn from semiotic theory (c.f., Silverstein 1976). While the actual use of such concepts in cultural analysis has been anything but consistent, their mere currency seems to have been sufficient to convince many of the emergence of a viable analytical field. Debate about underlying confusion has, in fact, been anything but "precise".

Indeed, in modern anthropology, the study of culture as a "system of symbols and meanings" has served to describe such distinct analytical modes as hermeneutics, structuralism, semiotics and even, at times, ethnoscience — i.e., a large proportion of the intellectual spectrum of modern social science and philosophy. Yet the theoretical assumptions which underlie these modes differ fundamentally on basic issues, such as the nature of meaning, its location within the fabric of human social and cultural life, and the manner in which it is to be systematically apprehended. Such essential distinctions as that between "interpretive" and "formalist" modes of explanation underlie this diversity. In short, the notion of "symbolic analysis" at present lacks any real discriminatory power, for it refers simultaneously to a range of theories and methods rooted in irreconcilable assumptions about human beings as the constructors and purveyors of meaning.

That such paradigmatic discord should exist in modern anthropology is neither surprising nor necessarily unfruitful; it is an expression of more thoroughgoing conceptual divisions which underlie the social sciences in general, the product of our own cultural history (c.f., Foucault 1970; Giddens 1979). What is dangerous, however, is that such real theoretical differences be ignored or misunderstood, or be masked by apparently unifying but imprecise terminologies, such as that of modern cultural analysis. For it is only by understanding the basis of these real divisions that our insight may be advanced.

The unsystematic use of the terms of symbolic analysis in current anthropological discourse suggests that theoretical fundamentals remain inadequately thought out. And this is particularly evident in a sub-field such as medical anthropology, whose very legitimacy as an intellectual domain has been relatively short lived (Ohnuki-Tierney *op. cit.*: 2; Comaroff 1981: 367). By definition, the category "medical anthropology" implies that the parent discipline comprises a certain sort of intellectual morphology, one which corresponds to a notion of society as the sum of substantive and functionally discrete "sub-systems", modelled after Western institutional forms. Like the anthropology of political, legal and religious systems, the anthropology of medicine expresses what is, at base, a Western essentialist view of the world, for its focal phenomena are frequently assumed to have certain universal, intrinsic qualities. They may thus be unproblematically and justifiably separated from their socio-cultural contexts for the purposes of description and comparison (Comaroff 1981: 367ff). This tends to presume the existence of a concrete and universally identifiable locus of observation (the "medical system") and a neutral theoretical focus ("ethnomedicine").

The fallacies of this sort of arbitrary selection, and the decontextualized comparison that follows, have duly been noted in mainstream anthropology (Leach 1961; c.f., Comaroff 1981: 367); and, with the decline of the classic functionalism of which it was largely a product, there has developed a new kind of socio-cultural holism, entailing a move from what Saussure would term "essences" to "relations". Social and cultural phenomena come to be viewed as deriving significance not from arbitrary, external definition, but from their position within total systems of elements, whose "logic" or structured relation determines meaning. Hence the flourishing of "systems" theories of a different order from those of functionalist analysis, expressing a heightened concern with the distinction between indigenous "cultural" and external "analytical" realities (of which the widely invoked "emic/etic" distinction was one index). Hence, too, the loosely unifying concern with "culture as a systems of symbols" (Geertz 1966; Schneider 1968). But, while this shift may indeed have been tangible, there remains considerable disagreement as to its basis implications: where, in fact, is "system" and "coherence" located? In analytic models, formal

generative structures or the “informal logic” of everyday activity? What is the scope of the social field embraced by a symbolic system? And is it “system” or “systems”? If symbols are indeed the prime objects of our study, how are they identified, and how do they operate as vehicles of ordered meaning?

For substantive sub-fields like medical anthropology, this general shift in the nature of socio-cultural analysis has posed a central challenge. For while it detracts nothing from the viability of constructs and practices concerned with healing, it does imply that their “meaning” lies in their *relation* to the socio-cultural systems that encompass them, rather than in intrinsic properties of the phenomena themselves (c.f., Worsley 1982). And this creates something of a conflict for a substantively delimited sub-field, for it dictates that any viable sub-domain of anthropological knowledge must first be a mode of dealing with the logic of whole systems. And this is precisely what medical anthropology has not generated, for the most part (c.f., Hopper 1979). Perhaps because of its relative youth, the sub-field has not developed an explicit concern with this problem. Yet, what has been said of “legal anthropology” seems applicable to the study of “medicine”:

... paradoxically, ... while the area usually labeled “legal anthropology” may yield insights of the greatest theoretical importance to the discipline at large, it is doubtful whether it should exist at all as a generic field of study. (Comaroff and Roberts 1981: 3)

Many practitioners of medical anthropology might well feel this statement to be extreme, but it speaks to the salience of understanding the features of everyday life — “medical” or otherwise — as products of encompassing socio-cultural systems, not of *a priori* functional assumption. Moreover, the kind of understanding that we bring to bear upon such phenomena — i.e., how we explain observable socio-cultural features, whether concerned with healing or anything else — must be subject to some reflection. For the nature of such explanation is as much a product of prior theoretical assumption as of features intrinsic to the empirical context; and the notion that the mode of explanation will be dictated by essential ethnographic realities (a quite frequent assumption in medical anthropology; c.f., Comaroff 1978) leads only to analytical confusion. In the light of such confusion, and of a continuing stress upon “essences” rather than “relations”, it is not surprising that writers have by and large failed to respond to Kleiman’s call for a focus upon “medicine’s symbolic reality” (1973). Indeed, there has as yet been only modest success in understanding medicine as culture, in our own society or any other (c.f., Taussing 1980a).

In this light, *Illness and Healing among the Sakhalin Ainu* is both timely and illustrative, for by intent, and through its own limitations, it throws these key problems into relief. The author clearly recognizes that medical anthropology has failed to bring its concerns into relation with those at the core of the

discipline; and she sets about rectifying this by attempting to prove that an “ethnomedical study can make a significant contribution to anthropological theories” (p. 3). The aim is to base an evaluation of “theories in symbolic anthropology, structuralism, linguistic anthropology and medical anthropology” in an account of the Ainu “medical system in its entirety” (p. 1). The book, then, is ambitiously conceived, and it is also clearly and concisely written. Ohnuki-Tierney does not assume that a focus upon ethnomedicine implies a mode of analysis; in fact her problem is the quest for an explanatory framework capable of dealing adequately with the phenomena in hand. Thus the fact that the book ultimately fails to talk theory in a really coherent manner, or to generate an integrated account of the Ainu “medical” or socio-cultural system, requires some explanation. I suggest that in exploring the shortcomings of this often very fine account, we may learn something both of the malaise of current medical anthropology, and of the area of general theory to which its practitioners increasingly turn for insight – that of “symbolic analysis”.

#### THE PROBLEM OF DEFINING THE ANALYTICAL FIELD

One of the implications of defining medical anthropology as a substantive domain has been that its practitioners frequently rely on implicit, ethnocentric assumptions in the selection of the relevant observational field. Such selection of social field, while widely regarded as unproblematic in anthropological inquiry, is in fact a consequential theoretical issue (Comaroff 1982: 144); for it is a function of prior analytic assumptions about the elements and forces implicated in an adequate understanding of any given social phenomenon. As Ohnuki-Tierney notes at the outset, our aim in anthropological analysis is to develop models that “generate . . . concrete behaviors in their infinite varieties” (p. 4). To this end, we seek the underlying structures and principles which give form to the more tangible features of the everyday world. And, as I have noted, such structures have widely come to be conceived of in terms of relations, or “relations among relations”, defined, as Munn has put it “from the inside out” rather than from the “outside in” (Munn 1974: 597).

All this implies that the social field relevant, say, to the understanding of a healing rite or a concept of affliction cannot be assumed, *a priori*, to be the “medical system” as discrete domain of institutions and meanings. For tracing the cultural value and generative roots of such phenomena, wherever they might lead in a socio-cultural formation, is the basis of our task. Indeed, in each case, the very viability of the “medical system”, both as ethnographic and as analytic category, needs serious questioning. Thus, while it is true, as Ohnuki-Tierney and others have pointed out (p. 2), that earlier generations of ethnographers regarded healing as part of “religion”, we must be careful, in now claiming this

as an exclusively "medical" domain, not merely to be replacing one outworn, functionalist label with another. For advance in our comparative understanding of such phenomena can only proceed by way of their indigenous meaning, which frequently entails no dichotomy between "religion" and "healing," or between such processes as are "symbolic/expressive" and "instrumental/pragmatic". All too often, the criteria for labelling phenomena "medical" are inadequately spelled out in terms of native logic, leading one to the uncomfortable conclusion that it is implicit, ethnocentric notions of biophysical reality and instrumental efficacy that are at work (c.f., Young 1981). This results in the excision of polysemic elements from their socio-cultural contexts, so that their symbolic effectiveness, their role in tying healing practice to ideological and material formations, is eclipsed. For healing in all cultures works with potent symbolic media, and in manipulating the afflicted human body it both expresses and constructs fundamental ontological categories (Young 1976; Comaroff 1978). But to reduce this complex constitutive process to medical instrumentality is to miss the point entirely, despite the fact that the healing motive might be quite explicit in the minds of the participants themselves.

For current orthodoxies (structuralist, materialist, perhaps now semiotic) all assert in different ways that the perceptible features of human societies must be understood as the product of embracing, *unitary* systems. And, whether or not one accepts the kind of determinism that each, in its way, asserts, this unitary logic has come to replace the divisible social morphology of functionalist thought. Thus the concept of the "sub-system" has come to be viable only in a very specific sense, as heuristic focus, rather than as substantive entity explicable in terms of its own *internal* logic. Yet the danger of eclipsing the first mode of abstraction with the second, of lapsing into analytical involution, is ever-present in the treatment of "medical systems", as Ohnuki-Tierney's account illustrates. For at several points in her text the author's rich insight into the Ainu material seems to conflict with her attempt to delimit her focus to the neat bounds of ethnomedicine. This leads her to some seemingly contradictory statements:

A brief survey of the domain of Ainu illness immediately highlights several theoretical and methodological issues. First, it is uncertain whether the phenomena of illness are clearly separated from other phenomena (p. 37).

Now if the phenomena of illness are not discrete, what is the basis for identifying the "domain of illness" in the first place, except our own institutional morphology, with its implicit assumptions about "health", biophysical "disease", and "illness"? But anthropologists have demonstrated *ad nauseam* the dangers of assuming that these categories are translatable into the classifications of other cultures (c.f., Janzen 1978: 191; Janzen and Prins 1981: 431ff), and the ethnographic rationale for so delimiting "illness" from other possible and more

inclusive categories ("misfortune" or "affliction") is not adequately spelled out for the Ainu. One becomes increasingly wary in this, as in many other ethnomedical accounts, of the validity of the imposed analytical scope. Ohnuki-Tierney, for instance, centers her book on the domain of "Ainu medicine in its entirety" (p. 3), which she abstracts, for the most part, from the encompassing socio-cultural order. She then holds to have found "intriguing parallels" between the classificatory principles that govern the perception of "minor illness" and those that govern the spatial classification of the universe which, as she says, is "one of the most basic perceptual structures" (pp. 5; 136). But the question then arises: in what sense, other than the author's abstraction, is the "medical system" at all distinct from the inclusive structures which order the classification of the universe? Why should the classification of this "domain" (whose discreteness is not adequately established in ethnographic terms) be seen to "parallel" central generative structures, rather than realize them as part and parcel of what is an encompassing and pervasive socio-cultural system? Again, such reification of social phenomena precludes arriving either at their symbolic significance or their generative basis, thereby robbing our model building exercise of any real power.

Time was when debate over "medicine as an ethnographic category" was justly vigorous (Glick 1967; Lewis 1975). In more recent years, this issue has frequently been taken to be unproblematic, the solution being seen to lie in the popular distinction between "disease" and "illness" (Fabrega 1972; Eisenberg 1977). Ohnuki-Tierney does not take this version of the "emic/etic" dichotomy at face value; she notes that both Western medical practice and biomedical constructs of disease are "cultural transformations" (p. 33). Yet she does not push the implications of this critique far enough, to the point where she questions the very terms of the dichotomy, implying as it does that culture "transforms" what is a stable and universal core of biophysical realities. For both "illness" and "disease" as concepts are in fact "transformations" of our own Western epistemology, whose very categories are powerfully reinforced by the forms of our own ethnomedical system (c.f., Taussig 1980; Comaroff 1982; Young 1982). Thus Ohnuki-Tierney stops short of the crucial question: how is it possible to identify "illness as viewed by the people themselves" (p. 33) in a way which frees us (as much as this is possible) from our own ethnocentric assumptions about biophysical individualism, unifactorial etiology, empirically perceived efficacy, ideal and material dichotomies, and so on?

#### THE RELATIONSHIP OF "THOUGHT" AND "ACTION"

Instead of confronting such issues, which bring us back to the vital question of how we identify viable categories in the observation of other cultures, Ohnuki-

Tierney deals with “ethnomedical” observation in terms of the distinction between “rationalist” and “empiricist” methodologies (p. 34). But in so distinguishing the structure of ideas (derived from “language and informant statement”) from the observation of behavior, she merely reproduces dichotomies that *create* the problems she seeks to confront. For it is surely by transcending the dualism between disembodied thought and mindless action that we are likely to advance our insight beyond the confines of our own surface ideology (c.f., Sahlin 1978). Yet the complementary use of such decontextualizing modes as ethnoscience and a rather unreflecting, commonsense empiricism is quite widespread in medical anthropology; and this precludes considering the interrelation of thought and action, and of personal experience and socio-cultural form, both of which seem prerequisites for adequate “symbolic” analysis. Now the drawbacks of unreflective empiricism – behavioral observation inadequately informed by cultural insight – need not be rehearsed before an anthropological audience, although, of course, its dangers are ever at hand. The question here is whether such dangers are in any way mitigated by the cognitive formalism of such a method as ethnoscience. The latter entails the eliciting of folk taxonomies or cognitive maps from the lexemes of native languages, and has been subject to cogent criticism in the general literature (Burling 1968; Silverstein *op. cit.*). Essentially, taxonomies of “nominal lexical items” (Silverstein *op. cit.*: 52) are nothing more than that – disembodied classifications of terms, whose meanings remain nominal, telling us nothing of their pragmatic use, their polysemic quality, their cultural significance. Ohnuki-Tierney in fact acknowledges something of this (p. 154), but claims that such analysis makes the useful contribution of showing that “only some culturally significant features” are “amenable to lexical analysis” (*ibid.*). Yet she never shows how this is relevant to the project in hand – how the fact that “habitual” illness seems susceptible to such analysis where “metaphysical” illness is not, helps us understand the relationship between these cultural categories. Here, as in much analysis of this kind, methods appear to get in the way of ethnographic insight, representing more of a commentary upon themselves and features of the scientism of the thought that generates them than an advance in cultural insight. In general, the ethnocentrism of unreflective empiricism can only be compounded by the decontextualized nominalism of such ethnoscience.

In fact, inappropriate methods seem to wrestle with ethnographic sensitivity in the Ainu account: as a result, indigenous systems of thought and action fail to emerge as a dynamic unity; the Ainu as living, sentient beings disappear under the weight of taxonomic description and methodological musing. In part, this stems from the author’s desire to make a *theoretical* contribution, which she seems to feel necessitates setting analytical discourse apart from the dictates of ethnographic description. This is mistaken, in my view. Anthropology, like the

rest of social science, has made its most valuable theoretical contributions in the painstaking attempt to understand particular phenomena or clusters of phenomena. In this sense, it is an empirical project: theoretical assumption and the logic inherent in the data exist in mutually determining relationship. Its mode of argument is classically “grounded”, and programmatic stipulation is not its main stock in trade. Indeed, central analytical foci in modern anthropology are more properly described as “methodologies” in the European sense (i.e., where theoretical assumption and mode of analysis are taken unitarily, Giddens 1975) than as “theories” capable of critical evaluation outside of the context of use. And this is particularly true of the modes addressed by Ohnuki-Tierney – i.e., ethnoscience and structuralism. In fact, had the author measured the heuristic value of current analytical tenets more consistently against the demands of the Ainu system as system, and less in terms of disembodied comparative examples, both theory and ethnography would have benefited. For in the discussion of data drawn from the accounts of Turner, Ardner, Douglas, Rosaldo et al., the Ainu material seems to take second place. Ainu illness categories are not brought into systematic relation to the forms of everyday social action; and politico-economic and cosmological dimensions, of which we receive mere glimpses, are not given a role in the constitution of healing forms and processes. Ainu constructs of time and space (sensitively developed by the author elsewhere: 1972; 1973) as well as the dynamics of history (relegated in the main to the appendix) are peripheral to the argument. Yet had all of this been taken as part of her analytical field, the author would have been able to ask much more searching questions, both of the methods of symbolic anthropology, and of the theoretical assumptions on which these rest.

That this was not the task set in the volume is unfortunate, for in passing we glean fascinating data and sharp insight, never really put to work in any cumulative argument. The Ainu, for instance, oppose wet/dry and sea/land in several (though by no means all) of their categories of affliction, and we are told that land and water form the basic “spatial dyad” of the universe (p. 58). Also, the human body “provides the prototype for the image of space”, its head seen to be resting in the mountains, its legs stretched toward the sea (*ibid.*). The domestic hearth is the dynamic fulcrum where spatial, social and spiritual dimensions run together; it is the locus of healing rites which play upon the body with the products of mountain, land and sea. Now such data cry out for systematic interrelation and exegesis, especially in the context of an account which has been labelled a “symbolic interpretation”. But, largely because of the rigid dichotomy between “conceptual” and “behavioral” modes and persisting interest in techniques of analysis in their own right, these relations in the data are not pursued. We are merely told that the opposition chill/wet – non-chill/dry does not appear to extend to the classification of food and medicine (p. 59). Yet in other contexts,



not susceptible to taxonomic treatment, we encounter again the division of sea, land and mountain, of demon (sea-cave) human (land) and superhuman (mountain), and of aquatic animals, land animals and bears (which are the sacred inhabitants of the mountain forests). Fluid matter, solid substance and spirit seem to emerge constantly as categories in the logic of etiology and therapy. Images which signify affliction and substances that effect healing seem again to invoke such classification: amphibious animals and those of the mountain forests threaten human viability; salt water enables human mediators to call forth superhuman power.

Now this order seems, in turn, to be implicated in the classification of gender and the organization of power and production: men wrest products from sea and mountain forests by means of quintessentially *social* action which, especially in the case of mountain bear hunts, is highly valued (116ff). Women, in contrast, exist in a more symbiotic and ongoing relationship with the extra-social realm. While they routinely transform nature and spirit for social ends, this vital constituting function is relatively devalued, being seen as peripheral to the essentially public and fully social exercise of male authority and skill (*ibid.*). Women are most frequently the mediators of superhuman and natural forces in the shamanistic rites which reconstruct bodies, personal and social. They are concerned with the relationship between the social and the extra-social, and thus seem doomed never themselves to enjoy the status of fully social beings (p. 172). Men however, inhabit the securely social world of public ritual, political-legal action and daring assault on mountain and sea; they control and maintain what the women have transformed. Now in such a context, healing seems to link bodily crisis with a classificatory order and a set of implicated power relations. In the liminal world of sickness, healing rites rehearse, redress and hence ultimately reproduce cultural categories and relations of inequality.

In order to tease out the relational order which underlies Ainu perception and practice, their conceptual structures need to be brought into relation with the organization of social action. Again, Ohnuki-Tierney does not do this with any consistency. The fascinating final chapter, which deals with shamanistic practice among related Ainu groups, remains unintegrated with the conceptual analysis which forms the body of the work. And, while one final sentence at the end of the text suggests a systematic relationship between the experience of affliction, the classification of the perceptible world and the structure of power relations (p. 181), this should have served as the point of departure, not conclusion. Instead, the central thrust of the analysis is the reduction of the elements of the Ainu world to a set of global and rather grossly applied binary oppositions (sacred/profane; nature/culture). These are discussed at some length in relation to currently fashionable debates about culture, nature, gender, the sacred and anomaly, at the end of which the author justifiably concludes that the indigenous

significance of these categories is always a matter of specific cultural constitution (p. 118ff). Yet in the process, she never really questions the value of such gross conceptual oppositions in arriving at a viable understanding of the socio-cultural system *qua* system. And it is not surprising that with such a set of decontextualizing binary instruments, she fails to arrive at “mechanisms that facilitate the organization of diversity” (p. 119).

The failure to relate “cognition” and “action” in this kind of analysis imposes constraints upon a further set of issues, with which Ohnuki-Tierney is very concerned — the role of “emotion” and sensory perception (c.f., pp. 147–8). Now it is in the interrelation of thought and action that conceptual categories come into dialectical relationship with the material world. Here, in the domain of personal experience, is the site of value, perception and motivation — here culture is actualized, and action conceptualized. It is here that we must pursue the operation of “emotion” and “sense”. Recent studies, such as those of Turner (1980) and Fajans (forthcoming), have cogently demonstrated that the perception of “beauty” and the experience of “shame” are neither disembodied “mentefacts”, nor subjective states unconstrained by socio-cultural forces. The apprehension of the world and the experience of affect are collectively constituted within the person as “cultural subject” in the course of everyday life (Turner *op. cit.*). They are very much the appropriate objects of anthropological analysis, when this is done within a framework that permits them to take their rightful place within coherent socio-cultural systems. Indeed, as central aspects of personal experience, their consideration is vital if “symbolic analysis” is not to be reduced to static idealism. Here again, Ohnuki-Tierney realizes the problem but does not permit herself the means to resolve it: while she emphasizes the fact that Ainu perception of their world is multisensory (p. 148), and shows us how fundamental oppositions (sea/wet — land/dry) organize certain dimensions of such perception, she finds herself at a loss to extend this to a more systematic approach (pp. 147; 150). Here again, an unquestioning adherence to the surface categories of our own culture sets apart not only thought and action, and mind and matter; it also separates “cognition” from “emotion” and “sensory perception”. Now, while these are, in many senses, viable distinctions in Western theories of knowledge, their reification as “things apart” often robs us of the realization that they are also seamless dimensions of human experience, itself indistinguishable from “knowledge” in many non-Western cultural schemes (c.f., Lienhardt 1961). In Ohnuki-Tierney’s own description, the attempt to retain this three-fold division of human thought often breaks down. Would that it had been permitted to do so more consistently, so that she might have pursued some of the really suggestive lines in recent discussion of the constitution of perception: that it is the particular property of symbols to present ordered meanings and shared values in *direct sensual form*, rather than in statements *about* them

(Munn *op. cit.*: 593 and below, p. 000). This property of symbols, moreover, is realized within the context of social action. I shall return to this below. Here I wish to stress that, while a coherent theory of symbolic process is vital to the author's stated concerns, this is precluded by her prior analytical assumptions.

#### A MALAISE OF SYMBOLS OR SYMBOLS OF MALAISE?

As I have suggested, none of these problems is unique, either to this study, or to the cultural analysis of "medical" systems, although I have tried to indicate why they might be so clearly evident in this sub-field at the present time. I have also noted how the Ainu study reflects the kind of theoretical discord that characterizes the area of the discipline commonly referred to as "symbolic analysis"; to which Ohnuki-Tierney, like many others, has turned for her own analytical framework. Here we face the real implications of our collective failure to "vex" each other with "precision" — i.e., to make explicit the real and thoroughgoing differences that underlie superficially similar terminological usages and statements of purpose. Ohnuki-Tierney again is by no means naive in respect of these issues: here and elsewhere (Ohnuki-Tierney 1981) she both distinguishes and seeks to reconcile the modes of ethnoscience, structuralism and symbolic interpretation. But the fact is that her analysis remains eclectic in the negative sense — i.e., unintegrated and unsystematic — and this suggests that she fails to grasp adequately the distinct theoretical assumptions that *underlie* these approaches, themselves so irreconcilable as to preclude a neat synthesis based upon a division of analytical labor.

The author states that she "risks" a "compromise between Geertz and the approaches he opposes," a synthesis she dubs as "meaningful thick description" (p. 11). She seeks the "skeletal framework or structure" that underlies such rich surface forms. But very different analytical implications underlie Geertzian cultural interpretation, and the more formal modes employed here — ethnoscience (utilized in the presentation of data in Chapters 2–5) and Anglo-French structuralism (employed in Chapters 6 and 7). Thus the description of "habitual" illness and "body classification" in the early part of the book comes to us not as thick description, but as precoded ethnoscientific taxonomy, only minimally integrated with the wider Ainu scheme. In this sense, one cannot have one's cake and eat it: for Geertz, what "thickens" description is the pursuit of meaning in the "informal logic of everyday life". And what reduces ethnoscience accounts to skeletal leanness is the prior assumption that meaning resides in formally structured vocabularies, whose identification shortcircuits the analysis of manifest social and symbolic phenomena. Any compromise between these two positions requires the careful consideration of the relationship between surface forms and constitutive structures, and also of the very nature of ethnographic

inference; and this has to be done *before* a synthesis of analytic modes is attempted.

Not surprisingly, the Ainu materials presented from an ethnoscience perspective lack the essential qualities of adequate ethnographic description — a sense of the embeddedness of particular phenomena in social processes and cultural matrices, and a minimal concern with the “native’s point of view”.

Ohnuki-Tierney’s “structuralist/symbolic” discussion of metaphysical illness and healing rituals is richer. Here the rather different dictates of structuralist notions of meaning are introduced, and we confront cosmological categories, and informative (if brief) accounts of ritual practice. The description is not yet thick; structuralist accounts at their best might abstract their analytical models from rich ethnographic materials, but they routinely get away with much less. They might not by-pass observable cultural phenomena in the same manner as the methods of ethnoscience, but their ethnographic data, unlike those of Geertz, remain a means to an end.

Given the rather different mode of descriptive analysis pursued in this section of the book, it is difficult to tell how much this shift expresses or creates ethnographic discontinuities. At this point, the confusing implications of the distinct analytic modes used side by side in the study become clear. In the discussion of “habitual illness”, the preoccupation with principles of taxonomy preclude the author’s consideration of broader constituting forces, those whose logic might operate across the broad spectrum of all affliction and in the world of social action beyond. The scope of ethnoscience can yield no such generalizable principles beyond the distinction between the “lexical” and the “non-lexical”. To extend this dichotomy into the domain of the non-taxonomic the author falls back on the distinction between the “sacred” and the “profane”. Non-habitual, “non-lexical” illness becomes “metaphysical” in contrast with habitual, taxonomic illness. This dichotomy now precludes the quest for wider systemic relations — the use of bears, plants and fish to image and act upon “habitual illness” is said to be “non-religious”, and therefore not relatable to the natural symbols that signify “metaphysical illness” (p. 45). Because such natural elements are also not principles of taxonomic classification in respect of “habitual” illness, no attempt is made to examine their interrelation as part of a system, either in respect of such illness or beyond. Instead, then, of exploring the position of such plants and animals in a wider classificatory order which might encompass both man and spirit, they are explained on a case by case basis as instances of “obvious analogy” (*ibid.*).

If classic structural analysis proclaims one thing, it is the integral and all-encompassing form of cultural classification. Structuralist orders might play upon such dualisms as sacred/profane, but only as a relation within an encompassing order of relations. Indeed, such holistic concepts of classification have

made it possible for us to recognise how widely values of “power” and “danger” in the non-human world stretch beyond the functionalist definition of religion as “belief in spiritual beings”, and how the very form of “metaphysical domains” expresses the logic of the wider systems that contain them. Yet it is difficult for Ohnuki-Tierney to follow the dictates of such a structuralist vision of system; and this is because her heavy reliance upon cognitive techniques and her primary focus on the “medical system” separate the phenomena under discussion from the broad context that gives them meaning.

In short, the heuristic value of the kind of synthesis attempted here must remain questionable on the basis of the analysis presented. There is no real evidence that the methods of ethnoscience might expand the capacities of structuralism, or serve as a corrective to its built-in limitations — its static idealism, and its inability to deal with experience and with all types of social process. The further compiling of analytical approaches alike sharing a focus on collective conception can serve only to compound their related insufficiencies. From such a basis, symbolic analysis is cut off from an engagement with practice, value, intent and power — i.e., from vital features implicated in the process of signification, and signification *is* a process, in healing as elsewhere.

This does not mean, of course, that analytical synthesis is neither possible nor necessary. Ohnuki-Tierney is correct: these matters call for urgent attention, and deserve to be handled with a creative flair that is disrespectful of conventional methodological boundaries. But in constructing bold syntheses we must be careful not to perpetuate unwarranted demarcations in our own thinking, those which hamper our continuing attempt to correct the lens of ethnocentrism that always mediates our perception of other cultures. We must avoid tacking together perspectives that reinforce each others biases. As I have stressed, we need to seek methods that enable us to *grasp* the essential unity in thought and action; we need also to acknowledge the interplay between individual and collectivity, between personal perception and practice, and the socio-cultural order. Such a synthesis, however, requires going outside the confines of the corpus of “symbolic anthropology” as presently constituted. We must venture into analytic domains whose primary focus is upon action, power, process and material forces, domains which, in their present separation from “symbolic analysis”, suffer from an inverse form of reductionism.

Some have already attempted such synthesis — albeit from a variety of different starting points. Notable have been the projects of French seminological and materialist analysis, where there has been an explicit search for practical theories of meaning (c.f., Barthes 1967, 1972; Kristeva 1976; Bourdieu 1977). These various approaches share a concern with what has quite aptly been termed “signifying practice” (c.f., Hebdige 1979: 117ff), with the construction, reproduction and transformation of meaning. On first principles, such a concern

would also seem to lie within the unique competence of modern anthropology, with its potential for an holistic approach to the mutual construction of social process and conceptual classification. And if nothing else, such a project would require us, as anthropologists, to define more sharply the specific role of “symbols” and the “symbolic” within the broad domain of the socio-cultural. Several useful pointers exist in the literature: Kleinman, for instance, has suggested that “symbolic reality” “bridges” the socio-cultural and subjective words (Kleinman 1973; 1980: 41). And Munn has spelled out the particular capacity of symbolic media to accomplish this:

In general, the effectiveness of symbols derives from the properties . . . intrinsic to symbolic action: (1) the iconicity of the symbol vehicles (these properties make it possible for symbols to present images or expressive plans of desired ends in direct sensual form rather than merely to make statements *about* them); (2) the actualization of the cultural code of shared meanings in forms external to the subjective experience of the individual; i.e., as parts of objective events within the level of action. (Munn 1974: 593; original emphasis)

In such a conception, the power of symbols lies in their simultaneous capacity to tune individual perception, and to reproduce an objectivized order of cultural categories. Here cognition, emotion and sense are interdependent aspects of personal experience, powerfully constituted by the cultural scheme implicit in the forms of everyday social action — be they the highly codified symbols of healing ritual (c.f., Munn *op. cit.*; Devisch 1977) or the meanings implicit in the presentation and maintenance of the body in ordinary life (c.f., Turner 1980; Barthes 1967; Goffman 1971). From such a perspective, “medicine’s symbolic reality” in our own culture may be seen to turn on the implicit meanings actualized in biomedical practice — in the reproduction of the external legitimacy of “applied science”, and in the subjective experience of its powerfully entrenched values as to the nature of body, the person, and being in the world.

But we have to go beyond a view of the symbolic as concerned with the reproduction of shared categories, and with the construction of subjective perception. For the external socio-cultural order which is mediated by symbols is not one merely of static coherence or internal harmony; meaningful action occurs within historically specific cultural systems, in which particular social formations create contradictions of interest and value, and conflicts of meaning. Polysemic symbolic media may thus speak to ambiguity and disjuncture in the experience of established cultural forms, and meaningful action can intentionally and unintentionally transform shared categories (Hebdige *op. cit.*). The signs of physical disorder frequently serve as the symbols of social conflict, as a score of writers from Evans-Pritchard to Ohnuki-Tierney have attested (Evans-Pritchard 1937). But, while healing might powerfully redress structurally configured discord, it might also provide the vehicles for seeking to reform the sources of disease. Thus, in our own cultural context we need to consider not only how

illness can generate critical consciousness (Sontag 1978; Taussig *op. cit.*; Comaroff and Maguire 1981) but how the attempts to reform healing practice are also attempts to transform the messages its key symbolic media convey (see Guttmacher 1979).

The kind of symbolic analysis I am suggesting here has, as yet, no ready-made framework; it too calls for synthesis. In this respect, a series of converging themes in the literature provide suggestive leads: the concern with semiotic processes that I have noted within certain areas of European materialist sociology, especially as this is indexed in the human body (Barthes 1969; 1972; Hall et al. 1976; Hebdige *op. cit.*); and Foucault's work on epistemological process, both in respect of the signifying role of medicine in the West and the informal structures of domination, quintessentially coded in the human form (1975; 1980). And then there is the socio-historical study of ideology, its relation to "science" and to the social production of knowledge, both medical and other (Williams 1977; Treacher and Wright 1982; Young 1978); the historical structuralism of Sahlin, with its stress upon the dialectics of cultural logic (1981); and the interest, in what is sometimes termed post-structuralist anthropology, in the relationship of social action, signification and consciousness (Taussig 1980b; Turner *op. cit.*; Munn *op. cit.*; Comaroff and Roberts *op. cit.*). And, for our present purposes, the most important single feature of *all* these approaches is the attempt to cut across pervasive dualisms in our own thought and theory — the "social" and the "cultural", "matter" and "symbol", "structure" and "process", and "action" and "thought".

Such are the syntheses that are called for if we are to relate our concern with healing to the systematic insights yielded by our wider discipline. Indeed, it is this kind of project which might lead us from what is presently a malaise of symbols, to a viable concern with the symbols of malaise.

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