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Medical anthropology and the problem of belief

Part of the special delight of being invited to give the Morgan Lectures was the opportunity it afforded me to read the work of Lewis Henry Morgan and be reacquainted with his life. Though largely remembered for his masterful ethnography of the Iroquois and his technical kinship writing, Morgan was no stranger to what we might now call applied anthropology. For Morgan, scholarship and activism were closely linked. During the 1840s, when the rapacious Ogden Land Company sought to deprive the Seneca of their land – as Morgan wrote, "[they] pursued and hunted . . . [the Seneca] with a degree of wickedness hardly to be paralleled in the history of human avarice . . . " (quoted in L. White 1959: 4) – Morgan rallied local citizens to the cause of the Indians, and carried the fight to the United States Congress. In recognition for his service, he was adopted by the Seneca, made a member of the Hawk clan, and given the name Tayadaowuhkuh, or "one Lying Across," or "Bridging the Gap," "referring to him as a bridge over the differences . . . between the Indian and the white man."

Morgan's commitment to utilize his knowledge of the Seneca in their behalf has special meaning for medical anthropology. But it is not simply his activism that lends relevance to his work. Morgan played a crucial role in carving out kinship as an analytic domain, and the conceptual problems he faced were similar in intriguing ways to those which face medical anthropologists. Robert Trautmann, in his fine book on Morgan's "invention of kinship" (1987), notes that it may sound odd today to speak of the "discovery" of kinship, since aspects of family and kin relations are everywhere present and part of everyday experience. In reality, Trautmann argues, precisely this everyday quality of kin relations made them resistant to analysis.

> . . . the provisions of the kinship system are everywhere attributed to some immanent order, whether of Nature or of God or some other, which gives it the transparency of that which constitutes "the way things are." Like the air we breathe, it is all around us and we cannot see it. Kinship had to be discovered, and it was discovered through the discordant, noncommonsensical kinship of the cultural other. (Trautmann 1987: 3)

For Morgan, a practicing lawyer, it was his finding, to his great astonishment, that the Seneca attribute descent and prescribe the inheritance of property and office

so differently than we do – that is through females only – that served to "denaturalize" kinship as a domain and "make it available to consciousness" (Trautmann 1987: 4). And it was based upon this recognition that Morgan designated kinship as a *cultural domain*, an aspect of human societies having coherence and structure and thus a domain for systematic research and analysis.

Those of us who would turn anthropological attention to disease and illness face an analogous problem. The elements of observation are readily at hand – in our own encounters with fevers and pains, chronic medical conditions, or life-threatening diseases, and in our experience of the suffering of others. And although we commonly recognize personal and cultural differences in beliefs about disease or in what medical sociologists have called "illness behavior," the sense that disease itself is a cultural domain is strongly counter-intuitive. Disease is paradigmatically biological; it is what we mean by Nature and its impingement on our lives. Our anthropological research thus divides rather easily into two types, with medicine, public health, and human ecology providing models for the study of disease and its place in biological systems, and social and cultural studies investigating human adaptation and responses to disease. It takes a strong act of consciousness to denaturalize disease and contemplate it as a cultural domain.

From the perspective of the late twentieth century, it is difficult to appreciate fully the conceptual problem which Morgan faced in the study of kinship and the human family. It is easy today to be relativist when we consider aesthetics or philosophy or child-rearing in other societies, recognizing that others may have more profound or more interesting ways of understanding the world and organizing social life than we do. Kin systems are part of this social order, and with the important exception of our assumptions about the prohibition of incest, diversity of family relations seems only appropriate, given the distinctive forms of life in which they are embedded. For the Victorians, quite the opposite was true. The Victorians felt the family to be closely linked to the natural order, both biological and moral. Other forms of accounting kin and forming families were felt to be unnatural, abhorrently so.

If we contemplate for a moment our own views of medicine, we may recognize more easily what Morgan faced in his efforts to rethink the human family. We all know, of course, that medical knowledge has advanced rapidly over the past century, that it is progressing at a nearly unimaginable speed today. And we have little doubt that the medical sciences tell us with increasing accuracy about the human genome or the cellular contributions to disease – that is, about human biology, about Nature. This knowledge has yielded ever more powerful therapeutics and resulted in longer and healthier lives. As a consequence, we face a moral imperative to share that knowledge, to provide public health information to those whose beliefs serve them poorly as a basis for healthy behavior, in particular to provide broad public health education for societies with high rates of infant mortality, infectious diseases, and other scourges prominent in populations which have undergone neither the demographic nor educational revolution.

Our views of medicine serve as an apt analogy to Morgan's understanding about the achievements of Victorian society and the family as a dimension of it. Societies are progressive. Change results from increasing knowledge of the order of Nature and increasing conformity of society to that knowledge. Progress occurs through accumulating practical and scientific knowledge, or as Morgan wrote, "man commenced at the bottom of the scale and worked his way up to civilization through the slow accumulations of experimental knowledge" (in Trautmann 1987: 173). For the Victorians, their system of family relations was felt to be such an achievement, a highly evolved realization of the natural order. We in the twentieth century conceive medicine to be a similar achievement.

Morgan was thus confronted with a difficult interpretive dilemma when he found that the Iroquois, whom he so admired, conceived family relations in a manner considered immoral and abhorrent by his contemporaries. His response, ultimately, was to reconceptualize kinship – not simply as a part of Nature, but as a social and cultural domain – and it is in this sense that he "invented" kinship. In developing his analysis, Morgan distinguished "descriptive" kin terms, cultural categories which correctly reflect natural blood relationships, from "classificatory" terms, which do not, thus shaping a debate which has been carried on in kinship studies since that time.

In the course of these pages it will become clear that similar issues are central to the comparative study of illness and medical knowledge. In particular, it is difficult to avoid a strong conviction that our own system of knowledge reflects the natural order, that it is a progressive system that has emerged through the cumulative results of experimental efforts, and that our own biological categories are natural and "descriptive" rather than essentially cultural and "classificatory." These deeply felt assumptions authorize our system of medical knowledge and, at the same time, produce profound difficulties for comparative societal analysis. Just such difficulties lie at the heart of the conceptual problems of medical anthropology. Although evolutionist thinking about kinship systems is hard for us to intuit, making Morgan seem very much a nineteenth-century figure, thinking of systems of medical knowledge as analogies to kin systems makes it clear that the issues raised by Morgan are alive today. Our convictions about the truth claims of medical science rest uneasily with our recognition of our own historicity and our desire to respect competing knowledge claims of members of other societies or status groups. Indeed, the confrontation between the natural sciences and historicism – the view that all knowledge is unavoidably relative to historical context – has been the central issue of philosophy, the sociology of knowledge, and historical studies of science for much of this century. Within anthropology today, I would argue that medical anthropology is the primary site in which these issues are being addressed and investigated.

While studies in medical anthropology share many philosophical issues with kinship studies, including such epistemological dilemmas, they also open onto quite distinctive domains. It was Morgan's great contribution to recognize the extent to which premodern societies are organized in terms of kinship rather than

property relations, thus placing kinship studies at the heart of all studies of social organization. While this analysis is also relevant to social and cultural studies of medical systems, medical anthropology has unique concerns with issues of biology and culture, with human suffering and ritual efforts to manage disorder and personal threat, and thus with the investigation of human experience and the existential grounds of culture. These, as well as the philosophical issues at stake in cross-cultural studies of disease and health care, will be central to the discussion to follow.

In the 1960s, it was something of an embarrassment to be identified as a medical anthropologist. Medical anthropology was largely a practice discipline in those days, shaped by a group of pioneering anthropologists – Benjamin Paul, George Foster, Charles Erasmus, Hazel Weidman, and others – committed to putting anthropology at the service of improving the public health of societies in the Third World. Social theory was largely peripheral to this discipline, and given the splendid debates among structuralists, ethnoscientists, symbolic anthropologists, linguists, and ethnolinguists, all committed to rethinking cultural studies, medical anthropology seemed a kind of poor cousin. Since that time there has been an explosion of interest and activities in this field. In 1957, Ben Paul assembled the names of 49 American anthropologists with experience in public health; today there are more than 1,700 members of the Society for Medical Anthropology. More importantly for its place in the field, the diverse issues that concern medical and psychiatric anthropologists have moved ever closer to the center of the discipline, and have become ever more prominent in the social sciences and humanities at large. Discussions of culture and representation have increasingly turned to the analysis of illness representations, from popular medical knowledge to social representations of diseases such as AIDS (see Farmer and B. Good 1991 for a review). Medical institutions have become key sites for the analysis of power and domination, and feminist studies have drawn on medical phenomena to explore the gendered representation of women's bodies, birthing and reproduction, and the relation of these to changes in the division of labor.[1] Theoretical and applied work, though still in tension, increasingly nourish one another, and vigorous theoretical debates have developed, which have relevance throughout anthropology. Indeed, as I will argue, current concerns in medical anthropology today and the phenomena to which it attends have the potential to play a special role in revivifying aspects of our larger discipline.

Over the last decade, my own work – much of it carried out in collaboration with my wife, Mary-Jo DelVecchio Good – has addressed the theoretical and substantive issues in medical anthropology in ways which frame the questions addressed in the Morgan Lectures. First, I have attempted to situate medical anthropology in relation to a set of philosophical debates about the nature of language, subjectivity, and knowledge.[2] I have argued that our philosophical presuppositions, whether explicit or implicit, play an important role in formulating the research program in our field. And I have tried to demonstrate that

medical anthropology provides an extremely interesting vantage from which to address these very debates.

More specifically, I have explored the idea that a view of scientific language as largely transparent to the natural world, a kind of "mirror of nature," which has been an important line of argument in philosophy since the Enlightenment, has deep affinities with biomedicine's "folk epistemology" and holds a special attraction for the medical behavioral sciences. I have argued, however, that this conception of language and knowledge, referred to in our writings as the "empiricist theory of medical language,"[3] serves poorly for either cross-cultural research or for our studies of American science and medicine. Those who employ it are led to formulate problems in terms of belief and behavior, and often reproduce our common-sense views of the individual and society. After years of teaching and carrying out research in medical settings, I am more convinced than ever that the language of medicine is hardly a simple mirror of the empirical world. It is a rich *cultural language*, linked to a highly specialized version of reality and system of social relations, and when employed in medical care, it joins deep moral concerns with its more obvious technical functions.

In place of a medical social science focused on belief and behavior, a number of medical anthropologists have pursued theoretical and analytic studies more in keeping with this view of medical language, giving special attention to illness meanings and experience. My own work has advanced a view of illness as a "syndrome of experience," "a set of words, experiences, and feelings which typically 'run together' for members of a society" (B. Good 1977: 27). Drawing on research on popular illness categories in Iran and from American medical clinics, our work has explored the diverse interpretive practices through which illness realities are constructed, authorized, and contested in personal lives and social institutions. In this view, what philosopher Ernst Cassirer called "the formative principles" by which life worlds are constituted and organized become a predominant focus of attention.[4] Such a perspective requires an understanding of language and experience counter to that in much of the medical social sciences, and frames a quite different set of issues.

Medical anthropology has thus come to be a site for joining debate of critical social, political, existential, and epistemological issues. To use a metaphor suggested to me by Amélie Rorty, medical anthropology has become our discipline's "London," a metropole where diverse voices engage in substantial matters of the day. Many of the central concerns of anthropology are clearly present in the issues we face – the role of the biological sciences as both instrumental reason and soteriology in contemporary civilization; the efficacy of symbolic practices in the constitution of experience and the production and reproduction of social worlds; the human body as both the creative source of experience and the site of domination; and efforts to place renewed understanding of human experience at the heart of our discipline. The Morgan Lectures, and their elaboration in this text, were conceived as a contribution to this larger project.

The view of medical anthropology I have briefly outlined here has been criticized from several perspectives in recent years. For example, in an essay published in *Current Anthropology* in 1988, Carole Browner, Bernard Ortiz de Montellano, and Arthur Rubel argue that the excitement generated by medical anthropology in the early 1970s and its hope for "uniting theory and practice in a new health science at once cumulative, comparative, integrative, and methodologically sound" has gone largely unfulfilled. Instead, they argue, medical anthropology has followed a "particularistic, fragmented, disjointed, and largely conventional source." Citing specifically the work of Allan Young, Byron and Mary-Jo Good, and Arthur Kleinman, they go on: "This is because most medical anthropologists are mainly interested in issues of meaning and in the symbolic and epistemological dimensions of sickness, healing, and health . . . " (p. 681). They conclude their indictment (p. 682) with a quote from Professor Joseph Loudon, a physician and anthropologist:

> A supposedly empirical discipline which gets unduly concerned about epistemological worries is in danger of losing its way. . . . there are certainly some aspects of social anthropology [including at least some areas of ethnomedicine] where external categories of more or less universal reference are available which, if used with reasonable caution, make possible comparative analysis over time and space. . . .

Following this critique, Browner and her colleagues outline a research program for medical anthropology, counter to the "meaning-centered" approach, that focuses on "cross-cultural comparative studies of human physiological processes," which are "essentially the same species-wide" and can serve as external referents necessary to prevent cross-cultural research from degenerating into pure relativism.

This essay represents a current debate within medical anthropology. It should be clear already, however, that it points toward much more fundamental issues. At stake is not only the question of the place of biology in the program of medical anthropology, a question I take very seriously, but a critique developed within medical anthropology over the past decade of biomedicine and the research paradigm of the behavioral sciences of medicine. At stake also are various debates in anthropology today about how we conduct cultural studies and ultimately about what kind of human science anthropology should be. And lying beneath these debates are opposing views of how historicism – the view that "human understanding is always a 'captive' of its historical situation" (D'Amico 1989: x) – can come to terms with the natural sciences, particularly in cross-cultural research. With all due respect to Professor Loudon, a medical anthropology that ignores epistemological worries is certain to reproduce important dimensions of conventional knowledge in an unexamined fashion.

The chapters of this book will explore several specific dimensions of the larger project I outlined above, all addressing the nature of language, subjectivity and social process in cross-cultural studies of illness and human suffering. I begin with an examination of the concept "belief" in anthropology. Specifically, I will argue

that "belief" is a key analytic term within the empiricist paradigm, and that this concept is linked to a set of philosophic assumptions in a way that is far from obvious. I hope to show that the emergence of "belief" as a central analytic category in anthropology was a fateful development, and that use of the term continues to both reflect and reproduce a set of conceptual difficulties within modernist anthropology. If by the end of this chapter, I can raise serious questions for my readers about that favorite collection of odd job words of Anglo-Americans – "believe," "belief," "beliefs," "belief systems" – my first goal will have been achieved.

In the pages that follow, I explore several dimensions of an alternative theoretical framework for the comparative study of illness and medical practices. In particular, I discuss issues which have little prominence in an anthropology framed in terms of belief: the anthropology of experience and what we can learn from studies of human suffering; studies of interpretation and its constituting role in social process; and critical analyses of medical discourse and the institutional and societal relations in which they are embedded. The overall text of this book, as of the Morgan Lectures upon which it is based, is thus organized not around a particular piece of ethnographic work – although I will present data from research in Iran, Turkey, and American medicine – but is designed to explore a set of theoretical issues in the field.

Science, salvation, and belief: an anthropological response to fundamentalist epistemologies

I begin with "an anthropological response to fundamentalist epistemologies" because of my intuition that there is – quite ironically – a close relationship between science, including medicine, and religious fundamentalism, a relationship that turns, in part, on our concept "belief." For fundamentalist Christians, salvation is often seen to follow from belief, and mission work is conceived as an effort to convince the natives to give up false beliefs and take on a set of beliefs that will produce a new life and ultimate salvation. Ironically, quite a-religious scientists and policy makers see a similar benefit from correct belief.[5] Educate the public about the hazards of drug use, our current Enlightenment theory goes, heralded from the White House and the office of the drug czar, get them to believe the right thing and the problem will be licked. Educate the patient, medical journals advise clinicians, and solve the problems of noncompliance that plague the treatment of chronic disease. Investigate public beliefs about vaccinations or risky health behaviors using the Health Belief Model, a generation of health psychologists has told us, get people to believe the right thing and our public health problems will be solved. Salvation from drugs and from preventable illness will follow from correct belief.

Wilfred Cantwell Smith, a comparative historian of religion and theologian, argues that the fundamentalist conception of belief is a recent Christian heresy (Smith 1977, 1979). I want to explore the hypothesis that anthropology has shared

this heresy with religious fundamentalists, that "belief" has a distinctive cultural history within anthropology and that the conceptualization of culture as "belief" is far from a trivial matter.

A quick review of the history of medical anthropology will convince the reader that "belief" has played a particularly important analytic role in this subdiscipline, as it has in the medical behavioral sciences and in public health (see chapter 2 for more details). Why is there this deep attachment to analyzing others' understandings of illness and its treatment as medical "beliefs" and practices, and why is there such urgency expressed about correcting beliefs when mistaken? To begin to address this issue, I first describe in a bit more detail the general theoretical paradigm that frames what I have referred to as the "empiricist theory of medical knowledge." I will indicate its relationship to the intellectualist tradition in anthropology and to debates about rationality and relativism, showing how the language of belief functions within the rationalist tradition. At the end of this chapter, I review recent criticisms that have shaken the foundations of this paradigm, criticisms that suggest the need for an alternative direction in the field. This discussion will serve to frame the constructive chapters that follow.

The language of clinical medicine is a highly technical language of the biosciences, grounded in a natural science view of the relation between language, biology, and experience (B. Good and M. Good 1981). As George Engel (1977) and a host of medical reformers have shown, the "medical model" typically employed in clinical practice and research assumes that diseases are universal biological or psychophysiological entities, resulting from somatic lesions or dysfunctions.[6] These produce "signs" or physiological abnormalities that can be measured by clinical and laboratory procedures, as well as "symptoms" or expressions of the experience of distress, communicated as an ordered set of complaints. The primary tasks of clinical medicine are thus diagnosis – that is, the interpretation of the patient's symptoms by relating them to their functional and structural sources in the body and to underlying disease entities – and rational treatment aimed at intervention in the disease mechanisms. All subspecialties of clinical medicine thus share a distinctive medical "hermeneutic," an implicit understanding of medical interpretation. While patients' symptoms may be coded in cultural language, the primary interpretive task of the clinician is to decode patients' symbolic expressions in terms of their underlying somatic referents. Disordered experience, communicated in the language of culture, is interpreted in light of disordered physiology and yields medical diagnoses.

Medical knowledge, in this paradigm, is constituted through its depiction of empirical biological reality. Disease entities are resident in the physical body; whether grossly apparent, as the wildly reproducing cells of a cancer, or subtly evident through their effects, as in the disordered thoughts and feelings of schizophrenia or major depression, diseases are biological, universal, and ultimately transcend social and cultural context. Their distribution varies by social and ecological context, all medical scientists agree, but medical knowledge does not. Medical theories reflect the facts of nature, and the validity and rationality of

medical discourse is dependent upon the causal–functional integration of biological systems.

One central goal of the pages that follow is to develop an alternative way of thinking about medicine and medical knowledge, a theoretical frame that challenges this common-sense view while still accounting for our conviction that medical knowledge is progressing, and one that serves us better as a basis for cross-cultural comparisons. To do so, it is important to recognize the epistemological assumptions of this common-sense view, and to appreciate its power.

The empiricist theory of medical language is grounded in what philosopher Charles Taylor calls "the polemical, no-nonsense nominalism" of Enlightenment theories of language and meaning.[7] For seventeenth-century philosophers such as Hobbes and Locke, the development of a language for science required a demystification of language itself, showing it to be a pliant instrument of rationality and thought, as well as the emergence of a disenchanted view of the natural world. The development of such a natural philosophy and the attendant theory of language required the separation of "the order of words" from "the order of things," in Foucault's terms (1970), the freeing of the order of language and symbols from a world of hierarchical planes of being and correspondences present in Renaissance cosmology. What we must seek, Francis Bacon argued, is not to identify ideas or meanings in the universe, but "to build an adequate representation of things" (Taylor 1985a: 249). Thus, theories of language became the battle ground between the religious orthodoxy, who conceived "nature" as reflecting God's creative presence and language as a source of divine revelation, and those who viewed the world as natural and language as conventional and instrumental.[8]

What emerged was a conception of language in which *representation* and *designation* are exceedingly important attributes. Such a position was bound to a view of knowledge as the holding of a correct representation of some aspect of the world, and an understanding of the knowing subject as an individual who holds an accurate representation of the natural world, derived from sense experience and represented in thought. Meaning, in this paradigm, is constituted through the referential linking of elements in language and those in the natural world, and the meaningfulness of a proposition – including, for example, a patient's complaint or a doctor's diagnosis – is almost solely dependent upon "how the world is, as a matter of empirical fact, constituted" (Harrison 1972: 33). Although this view has been widely criticized by now, it continues to have broad influence in philosophy, psychology (in particular cognitive psychology and artificial intelligence research), in the natural sciences, and in Western folk psychology. It is associated with an understanding of agency as instrumental action, and with utilitarian theories of society, social relations, and culture as precipitates of individual, goal-directed action (Sahlins 1976a).[9]

This broad perspective has the status of a kind of "folk epistemology" for medical practice in hospitals and clinics of contemporary biomedicine. A person's complaint is meaningful if it reflects a physiological condition; if no such

empirical referent can be found, the very meaningfulness of the complaint is called into question. Such complaints (for example of chronic pain)[10] are often held to reflect patients' beliefs or psychological states, that is subjective opinions and experiences which may have no grounds in disordered physiology and thus in objective reality. "Real pathology," on the other hand, reflects disordered physiology. Contemporary technical medicine provides objective knowledge of such pathology, represented as a straight-forward and transparent reflection of the natural order revealed through the dense semiotic system of physical findings, laboratory results, and the visual products of contemporary imaging techniques. And "rational behavior" is that which is oriented in relation to such objective knowledge.

At this point in the argument, I sometimes feel I have painted myself into a corner. How can such a view be disputed? This is precisely what we mean by medical *knowledge*, and we should all be grateful that medicine has progressed as far as it has in identifying disease mechanisms and rational therapies. In later chapters, especially in chapter 3 where I examine how medical students come to inhabit this specialized world of medical knowledge, I argue that the empiricist theory hides as much as it reveals about the nature of everyday clinical practice and the forms of knowledge that guide it, and I develop an alternative approach to conceptualizing the nature of medical language. In the remainder of this chapter, however, I want to examine the extent to which the medical social sciences and some forms of anthropology share with medicine this empiricist theory of knowledge and outline some of the difficulties that arise for cross-cultural studies because of this.

Rationality and the empiricist paradigm in anthropology

The empiricist paradigm is most clearly represented by the intellectualist tradition in anthropology, which was prominent in Britain at the turn of the century and reemerged under the banner of Neo-Tylorianism in an important set of debates about the nature of rationality during the 1970s.[11] Although I can only briefly address some aspects of this debate, even a cursory examination will indicate how the rationalist position flows out of the "Enlightenment" tradition of anthropology, demonstrate the critical role of "belief" in this paradigm, and suggest why it has had such power within medical anthropology.

A central issue in the rationality debate has been discussion of the problem of "apparently irrational beliefs" (for example Sperber 1985: ch. 2). How do we make sense of cultural views of the world that are not in accord with contemporary natural sciences, it is often asked. Do we argue that members of traditional cultures live in wholly different worlds, and their statements are true in their worlds, not ours, or even that they cannot be translated intelligibly into our language? Advocates of a typical rationalist position hold that such relativism is essentially incoherent, and have often argued either that seemingly irrational statements must be understood symbolically rather than literally or that they represent

a kind of "proto-science," an effort to explain events in the world in an orderly fashion that is a functional equivalent of modern science. The crucial interpretive problem, for this tradition, is how to answer a question stated explicitly by Lukes (1970: 194): "When I come across a set of beliefs which appear *prima facie* irrational, what should be my attitude toward them?" Given our claims that other forms of thought are rational, how do we make sense of beliefs that are obviously false?

For much of this debate, Evans-Pritchard's *Witchcraft, Oracles and Magic among the Azande* (1937) serves as the primary source. This book was the first and is arguably still the most important modernist text in medical anthropology. It has had enduring influence because of the wealth of the ethnography and the richness of its interpretation of witchcraft as an explanation for illness and misfortune. Which anthropologist can think of cultural responses to misfortune without conjuring the image of Evans-Pritchard's young lad stubbing his toe and blaming witchcraft for its failure to heal, or of the granary collapsing? To these misfortunes, the Zande explanation was clear. "Every Zande knows that termites eat the supports [of the granaries] in course of time and that even the hardest woods decay after years of service," Evans-Pritchard reports. But "why should these particular people have been sitting under this particular granary at the particular moment when it collapsed?" Thus, although practical reasons explain the immediate causes of illness and misfortune, the Azande turn to witchcraft to answer the "why me?" question, to find an underlying cause in the moral universe and a response that is socially embedded and morally satisfying.

The Azande text has been the key for the rationality debate for another reason. Evans-Pritchard in this text was explicitly empiricist, and his work provided examples that serve as paradigmatic challenges to relativism. Take, for example, his analysis of the Zande autopsy to investigate witchcraft, which appears as a substance in the intestine of a witch. Since witchcraft is inherited by kin, an autopsy may be performed on a deceased kinsman to determine whether others bear the unwanted substance. Evans-Pritchard (1937: 42) describes the scene:

> Two gashes are made in the belly and one end of the intestines is placed in a cleft branch and they are wound round it. After the other end has been severed from the body another man takes it and unwinds the intestines as he walks away from the man holding the cleft branch. The old men walk alongside the entrails as they are stretched in the air and examine them for witchcraft-substance. The intestines are usually replaced in the belly when the examination is finished and the corpse is buried. I have been told that if no witchcraft-substance were discovered in a man's belly his kinsmen might strike his accusers in the face with his intestines or might dry them in the sun and afterwards take them to court and there boast of their victory.

Evans-Pritchard's (1937: 63) interpretation of this dramatic scene is telling.

> It is an inevitable conclusion from Zande descriptions of witchcraft that it is not an objective reality. The physiological condition which is said to be the seat of witchcraft, and which I believe to be nothing more than food passing through the small intestine, is

> an objective condition, but the qualities they attribute to it and the rest of their beliefs about it are mystical. Witches, as Azande conceive them, cannot exist.

He goes on immediately to argue that although mistaken, the Zande views serve as a natural philosophy and embrace a system of values which regulate human conduct. They are, however, mystical. "Mystical notions," he argues in the book's introduction (p. 12), are those that attribute to phenomena "supra-sensible qualities," "which are not derived from observation" and "which they do not possess." "Common-sense notions" attribute to phenomena only what can be observed in them or logically inferred from observation. Though they may be mistaken, they do not assert forces that cannot be observed. Both are distinct from "scientific notions." "Our body of scientific knowledge and Logic," he says (p. 12), "are the sole arbiters of what are mystical, common-sense, and scientific notions."

Evans-Pritchard assumes in this account that the meaning of Zande "medical discourse" – whether of witchcraft, oracles, or "leechcraft" – is constituted by its referential relationship to the natural order as reflected in empirical experience. Analysis in the rationality literature follows from this assumption; it frames Zande beliefs as propositions, then questions the verifiability and the deductive validity of their inferences. Since we know that witches cannot exist empirically, it is argued, the rationality of Zande thought is called into doubt. It follows that the anthropologist must therefore organize analysis in response to the following kinds of questions. How can a set of beliefs and institutions which are so obviously false (propositionally) be maintained for such long periods of time by persons who in much of their lives are so reasonable? How could they possibly believe that, and why haven't their beliefs progressed, that is come to represent the natural world more correctly? Do such beliefs imply that the Zande have a different "mentality" or different psychological or logical processes than we? Do they simply divide up the common-sense and religious domains differently than do we (as Evans-Pritchard responded to Lévy-Bruhl)? Are some societies simply organized around views that are reasonable but wrong?

Not altogether obvious in Evans-Pritchard's text is the juxtaposition of "belief" and "knowledge." The book is devoted largely to Zande mystical notions – witchcraft and sorcery – and ritual behaviors, such as resort to the poison oracle. One chapter, however, entitled "Leechcraft," is devoted to their common-sense notions of sickness. The language of "belief" and "knowledge" mirror this distinction. The book begins: "Azande *believe* that some people are witches and can injure them in virtue of an inherent quality . . . They *believe* also that sorcerers may do them ill by performing magic rites with bad medicines . . . Against both they employ diviners, oracles, and medicines. The relations between these *beliefs* and rites are the subject of this book" (p. 21; my emphasis). On the other hand, the Leechcraft chapter argues: "Azande *know* diseases by their major symptoms" (p. 482). "The very fact of naming diseases and differentiating them from one another by their symptoms shows observation and common-sense

inferences" (pp. 494–495). Thus, the book is organized around a distinction between those ideas that accord with objective reality – and, I might add, with the medical practice of deriving diagnoses from symptoms – and those that do not; the language of knowledge is used to describe the former, the language of belief the latter. Evans-Pritchard's text transcends its empiricist formulation, in particular because of the subtlety of its analysis of Zande reasoning and the location of witchcraft in Zande social relations, but it makes explicit many of the assumptions found more generally in the rationality tradition and shared by much of the medical social sciences.

If Evans-Pritchard's work on the Azande is the classic modernist text on witchcraft and illness, Jeanne Favret-Saada's *Deadly Words. Witchcraft in the Bocage* (1980), first published in French in 1977, is surely the classic post-modernist ethnography on the topic. Favret-Saada's ethnography is a first-person account of her effort to investigate witchcraft in rural France. In the early months of her work, villagers referred her to a few well known healers who were often interviewed by the press, but the peasants themselves refused to discuss the matter with her. Witchcraft? Only fools believe in that!

> "Take an ethnographer," she begins (1980: 4). "She has spent more than thirty months in the Bocage in Mayenne, studying witchcraft . . . 'Tell us about the witches', she is asked again and again when she gets back to the city. Just as one might say: tell us tales about ogres or wolves, about Little Red Riding Hood. Frighten us, but make it clear that it's only a story; or that they are just peasants: credulous, backward and marginal . . .
>
> "No wonder that country people in the West are not in any hurry to step forward and be taken for idiots in the way that public opinion would have them be . . . "

The book is an account of how she eventually found her way into the discourse of witchcraft. She was taken ill, beset with accidents, and sought the aid of a healer in the region, an unwitcher. She began to interview a man and his family, whom she had met when the man was a patient in a mental hospital. As they told her the details of his illness and who they suspected might be responsible, she realized that they saw her as a healer and now expected her to act on their behalf. Why else would she ask about such matters so explicitly? Only the powerful would dare to ask such questions.[12] Simply by asking about their difficulties, she was seen to be entering into their struggle with an enemy wishing them harm, a life and death struggle in which she was now an advocate for their interests. Witchcraft, she came to see, was a battle of powerful wills, a fight to the death, a fight through the medium of spoken words. One could only talk about witchcraft from an engaged position – as one bewitched, as a suspected witch, or as one willing to serve as unwitcher. To engage in talk was to enter the struggle.

In Favret-Saada's account, the language of belief, the position of the ethnographer, and assumptions about the relation of culture and reality are radically different than in Evans-Pritchard's text. Science for Favret-Saada is not the arbiter between the empirically real and the mystical, as for Evans-Pritchard, but one of several "official theories of misfortune," backed by powerful social

agencies: the School, the Church, the Medical Association. Language is not a set of neutral propositions about the world, which the ethnographer judges to be more or less empirically valid, but the medium through which vicious and life-threatening power struggles are engaged. The world of illness and witchcraft only opens to the ethnographer as she enters the discourse. And much of the text turns on ironic reflections on "belief" – the peasants' claims not to believe in witchcraft, even as they seek the help of the unwitcher; the mocking view of the authorities about those who do believe; and Favret-Saada's juxtaposition of the meaning of belief in her text and in that of Evans-Pritchard. For many ethnographers, as for the French press, the question is whether the peasants really believe in witchcraft, and if so, how they can hold such beliefs in today's world. But for those attacked by a sorcerer, for those peasants – and Favret-Saada herself – whose very lives were at stake, *belief* in witchcraft is not the question. How to protect oneself, how to ward off the evil attacks producing illness and misfortune, is the only significant issue to be addressed.

Much has changed in the world of anthropology between that of 1935 colonialist Africa and contemporary post-colonialist ethnography. Evans-Pritchard's confident positioning of himself as observer and arbiter of the rationality of the native discourse is largely unavailable to us today. And throughout the history and sociology of science, the confident recording of science's progress in discovering the facts of nature has also given way. I will return to these issues as the discussion proceeds, but the juxtaposition of Evans-Pritchard's and Favret-Saada's texts brings into focus the role of "belief" as an analytic category in the history of anthropology and in the study of such phenomena as witchcraft, provoking several questions. Why has the discussion of others' beliefs come to be invoked increasingly with irony? What is the role of belief in the empiricist paradigm, and why has that position begun to give way? Where does the disjunction between "belief" and "knowledge," which I noted in *Witchcraft, Oracles, and Magic* and which serves as the basis for Favret-Saada's irony, come from? Why "belief," and what is at stake here?

The problem of belief in anthropology

Rodney Needham's *Belief, Language and Experience*, published in 1972, is the classic examination of the philosophy of belief by an anthropologist. Needham explores in great detail assumptions about belief as mental state, asking whether philosophers have formulated this with adequate clarity to allow us to use the term in cross-cultural research, and asking whether members of other societies indeed experience what we call "belief." After an extraordinary review, he concludes both that philosophers have failed to clarify "the supposed capacity for belief" and are unlikely to do so, and that evidence suggests the term may well not have counterparts in the ethnopsychological language of many societies. Needham's analysis suggests that Evans-Pritchard's claim that the Azande believe some people are witches may be a less straightforward description of the mental states

of Zande individuals than we usually presume. For the moment, however, I want to focus on another dimension of belief as anthropologists have used the term in cultural analysis.

Mary Steedly, an anthropologist who worked with the Karobatak people in Sumatra, tells how when she was beginning fieldwork she was often asked a question, which she understood to mean "do you believe in spirits?"[13] It was one of those embarrassing questions anthropologists struggle to answer, since she didn't, personally, but respected and wanted to learn about the understandings of persons in the village in which she worked. After stumbling to answer the question for some months, she discovered her questioners were asking "Do you trust spirits? Do you believe what they say? Do you maintain a relationship with them?" Any sensible person believes in their existence; that isn't even a meaningful question. The real question is how one chooses to relate to them.

Anthropologists often talk with members of other societies about some aspect of their world which does not exist in ours and which we are comfortable asserting is not part of empirical reality. How is it that "belief" has come to be the language through which we discuss such matters – the Zande witches, or the three humors wind, bile, and phlegm in Ayurvedic medicine, or the four humors of seventeenth-century European and American medicine? Moreover, why have we in Western civilization given such importance to beliefs, such importance that wars in Christendom are fought over beliefs, that church schisms and persecutions and martyrdom revolve around correct belief? How is it that belief came to be so central to anthropological analysis, and what is implied by the juxtaposition of belief and knowledge?

By far the richest discussion of the history of the concept belief is to be found in the writing of Wilfred Cantwell Smith, the historian of religion, whose lectures when I was a graduate student set me to thinking about these matters. In two books completed during the late 1970s, Smith explores the relation between "belief" and "faith" historically and across religious traditions. He sets out not to compare beliefs among religions, but to examine the place of belief itself in Buddhist, Hindu, Islamic, and Christian history. Through careful historical and linguistic analysis, he comes to the startling conclusion that "the idea that believing is religiously important turns out to be a modern idea," and that the meaning of the English words "to believe" and "belief" have changed so dramatically in the past three centuries that they wreak profound havoc in our ability to understand our own historical tradition and the religious faith of others.

The word "belief" has a long history in the English language; over the course it has so changed that its earlier meanings are only dimly felt today (Smith 1977: 41–46; 1979: 105–127). In Old English, the words which evolved into modern "believe" (*geleofan*, *gelefan*, *geliefan*) meant "to belove," "to hold dear," "to cherish," "to regard as lief." They were the equivalent of what the German word *belieben* means today (*mein lieber Freund* is "my dear or cherished friend"), and show the same root as the Latin *libet*, "it pleases," or *libido*, "pleasure." This meaning survives in the Modern English archaism "lief" and the past participle

"beloved." In medieval texts, "leve," "love," and "beleue" are virtual equivalents. In Chaucer's *Canterbury Tales*, the words "accepted my bileve" mean simply "accept my loyalty; receive me as one who submits himself to you." Thus Smith argues that "belief in God" originally means "a loyal pledging of oneself to God, a decision and commitment to live one's life in His service" (1977: 42). Its counterpart in the medieval language of the Church was "I renounce the Devil," belief and renunciation being parallel and contrasting actions, rather than states of mind.

Smith (1977: 44) sums up his argument about the change of the religious meaning of "belief" in our history as follows:

> The affirmation "I believe in God" used to mean: "Given the reality of God as a fact of the universe, I hereby pledge to Him my heart and soul. I committedly opt to live in loyalty to Him. I offer my life to be judged by Him trusting His mercy." Today the statement may be taken by some as meaning: "Given the uncertainty as to whether there be a God or not, as a fact of modern life, I announce that my opinion is 'yes'. I judge God to be existent."

Smith argues that this change in the language of belief can be traced in the grammar and semantics of English literature and philosophy, as well as popular usage. Three changes – in the object of the verb, the subject of the verb, and the relation of belief and knowledge – serve as indicators of the changing semantics of the verb "to believe." First, Smith finds that grammatically, the object of the verb "to believe" shifted from a person (whom one trusted or had faith in), to a person and his word (his virtue accruing to the trustworthiness of his word), to a proposition. This latter shift began to occur by the end of the seventeenth century, with Locke, for example, who characterized "belief" along with "assent" and "opinion" as "the admitting or receiving any proposition for true, upon arguments or proofs that are found to persuade us . . . without certain knowledge . . . " (Smith 1977: 48), and was firmly represented by the mid-nineteenth century in John Stuart Mill's philosophy. In the twentieth century we have seen a further shift as beliefs have come to mean "presuppositions," as in "belief systems."

A second shift has occurred in the subject of the verb "to believe," from an almost exclusive use of the first person – "I believe" – to the predominant use of the third person, "he believes" or "they believe." In anthropology, the impersonal "it is believed that" parallels the discussion of culture as belief system or system of thought. This change in subject subtly shifts the nature of the speech act involved – from existential to descriptive – and alters the authorization of the speaker, as I will discuss in a moment with reference to the use of belief as an analytic category in anthropology.

Third, Smith observes that an important and often unrecognized change has occurred in the relation of belief to truth and knowledge, as these are historically conceived. Bacon wrote in 1625 of "the belief of truth," which he defined as the "enjoyment of it," in contrast to the inquiry or wooing of truth and the knowledge

or presence of truth. Belief maintains its sense here of holding dear, of appropriating to oneself that which is recognized as true. By the nineteenth century, however, "to believe" had come to connote doubt, and today it suggests outright error or falsehood. Knowledge requires both certitude and correctness; belief implies uncertainty, error, or both. Thus, I can report that a student of mine *believes* Lewis Henry Morgan to have been a professor of the anthropology department in the University of Rochester, but anyone who has studied Morgan's life *knows* that this was never so. Smith's favorite illustration of the juxtaposition of belief and knowledge is an entry in the Random House dictionary which defined "belief" as "an opinion or conviction," and at once illustrates this with "*the belief that the earth is flat*"! Indeed, it is virtually unacceptable usage to say that members of some society "believe" the earth is round; if this is part of their world view, then it is knowledge, not belief!

Smith goes on to argue that our failure to recognize this shift in meaning has led to mistranslation of texts in the Christian tradition and ultimately to "the heresy of believing," the deeply mistaken view that belief in this modern sense is the essence of the religious life rather than faith. *Credo*, in the Latin, is literally "I set my heart" (from Latin *cordis* or heart [as in cordial] and **-do* or **-dere*, to put). *Credo in unum Deum* was correctly translated in the sixteenth century as "I believe in one God," when it meant "I formally pledge my allegiance to God," Whom we of course all acknowledge to be present in the world. Today, it is a mistranslation, suggesting that the Credo consists of propositions the veracity of which we assert. This is historically inaccurate and profoundly misrepresents the traditional ritual acclamation. Equally importantly, for the comparativist, the misplaced focus on beliefs as the primary dimension of religious life has led to mistranslations and misunderstandings of other religious traditions, and in Smith's view, to the great failure to explore the *faith* of others in their historical and communal contexts, even to make faith a central category in comparative research.

Smith's argument about the importance of placing the study of faith rather than beliefs at the center of comparative and historical studies of religion has important implications for the study of illness experience, some of which will become apparent in later chapters. My interest at this time, however, is the place of "belief" in the history of anthropology, and what the use of the term tells us about the anthropological project. In what way does Smith's analysis of belief relate to the use of the term in anthropological writing? What is the history of believing in anthropology? How is the use of "belief" related to the epistemological assumptions of anthropologists?

From my initial explorations, it would appear that the term "belief" as it is employed in anthropology does indeed connote error or falsehood, although it is seldom explicitly asserted. A quick scan of the typical volumes on an anthropologist's shelf will provide many examples. My own favorite, paralleling Smith's discovery in the Random House Dictionary, comes from Ward Goodenough's little book, *Culture, Language and Society* (1981). In a discussion

of "propositions" and the nature of reasoning cross-culturally, he provides the following example from the German ethnologist Girschner, to illustrate the "reasonableness" of members of other cultures.

> Consider, for example, the following comment by a Micronesian navigator, defending his *belief* that the sun goes around the earth (Girschner, 1913 . . .)
>
> I am well aware of the foreigner's claim that the earth moves and the sun stands still, as someone once told us; but this we cannot *believe*, for how else could it happen that in the morning and evening the sun burns less hot than in the day? It must be because the sun has been cooled when it emerges from the water and toward setting it again approaches the water. And furthermore, how can it be possible that the sun remains still when we are yet able to observe that in the course of the year it changes its position in relation to the stars? [emphasis added] (Goodenough 1981: 69).

Quite reasonable, even if mistaken: that is how the beliefs of others seem to be.

The juxtaposition of belief and knowledge is most evident in the intellectualist writing of turn-of-the-century British social anthropology. An example from a classic text in medical anthropology will be particularly instructive. W. H. R. Rivers' *Medicine, Magic and Religion* was published in 1924, the first major comparative study of medical systems by an anthropologist–physician.[14] The book is designed to show how concepts of disease vary cross-culturally, but focuses largely on beliefs about causation of disease. Rivers uses "believe" largely in the third person or impersonally; the object of belief is almost exclusively propositions; and these propositions are, from Rivers' point of view, counterfactual. For example, he writes (1924: 29):

> Thus, in Murray Island, in Torres Straits, disease is believed to occur by the action of certain men who, through their possession of objects called *zogo* and their knowledge of the appropriate rites, have the power of inflicting disease. Thus, one *zogo* is believed to make people lean and hungry and at the same time to produce dysentery; another will produce constipation, and a third insanity.

His attitude is made clear several pages later, when he discusses the rationality of such beliefs. "From our modern standpoint we are able to see that these ideas are wrong. But the important point is that, however wrong may be the beliefs of the Papuan and Melanesian concerning the causation of disease, their practices are the logical consequence of those beliefs." This view is conveyed more subtly, however, and with far more profound implications at the end of the book. The conclusion is devoted to illuminating the role of belief in the practice of Western medicine. Whereas in earlier chapters of the book, the word "believe," along with "ascribe," "regard," and "attribute," appears on nearly every page of discussion of the medical concepts of others, the word "believe" does not appear in the final fourteen pages of the book. Here the word "knowledge," and cognates "recognize," "realize," "acknowledge," and "awareness," are used to describe Western medicine. Rivers could not have more clearly stated his judgment.

This juxtaposition of what others believe to what we know is not only true of intellectualist writers such as Tylor, Frazer, and Rivers. Close reading of the

Evans-Pritchard text I have been discussing shows that he uses "belief" and its cognates to far greater analytic advantage than his predecessors, focusing on the coherence of a set of ideas. "All their beliefs hang together," he writes (1937: 194), "and were a Zande to give up faith in witch-doctorhood he would have to surrender equally his belief in witchcraft and oracles." The study of folk "logics" is an important part of the repertoire of cultural analysis, and Evans-Pritchard was a master of this genre. Nonetheless, his analysis framed culture as beliefs, and these were juxtaposed to knowledge – grossly in the introduction of the book, then in a subtle and nuanced way throughout this classic text.

The subtle or explicit representation of belief and knowledge as disjunct continues to be found in anthropological writing up to the present time. It is most explicit in rationalist writing and subsequent discussions of relativism. A final example from Dan Sperber's book *On Anthropological Knowledge* (1985), which proposes to "outline an epistemology of anthropology" (p. 7), will illustrate. The central chapter in the book is entitled "Apparently Irrational Beliefs." It begins with an extract from Sperber's field diary during his research in Ethiopia, when an old man, Filate, comes in a state of great excitement to tell Sperber that he has learned of a dragon – "Its heart is made of gold, it has one horn on the nape of its neck. It is golden all over. It does not live far, two days' walk at most . . . " – and asks him if he will kill it. Since Sperber had respect and affection for old Filate, and since Filate was too poor to drink and was not senile, Sperber was left to puzzle how such a person could actually believe in dragons and about how to reconcile his respect for Filate with "the knowledge that such a belief is absurd."

Sperber's analysis of this problem leads him directly to the usual arguments about the nature of rationality. How are we as anthropologists to interpret cultural beliefs – be they about dragons or the role of witchcraft in causing illness – that are "apparently irrational," that is, not in accord with how we know the empirical world to be? Are such beliefs to be taken as literal or "symbolic"? If they represent literal claims about the nature of the empirical world, why have such systems not given way in the face of empirical experience? In Evans-Pritchard's words, why do the Azande practitioners not "perceive the futility of their magic" (1937: 475)? And what is the alternative? A strong relativist claim that the Azande world and ours are incommensurable, that so different are they that we cannot translate between our world and theirs? Sperber follows through these arguments; he ridicules the view that the mind "actively creat[es] its universe" (Mary Douglas 1975: xviii), as deriving from a "hermeneutico-psychedelic subculture" (Sperber 1985: 38), and develops a detailed analysis of different types of propositional beliefs. In the end, he concludes that old Filate's belief was only "semi-propositional" and was "not factual," that is, that it was not a kind of belief intended to really represent the way the world is and not clear enough to be stated in propositional terms that could be falsifiable. Thus his solution is that the old man really didn't believe in the dragon after all, that it was only a kind of fantasy to entertain himself and ultimately the anthropologist.

My intent is not to join the rationality debate and the technical issues it raises

here, although these questions serve as the stimulus for many of the concerns of this book, nor to speculate on old Filate's motives. Here my intention is to raise meta-level questions about the role of "belief" in anthropology. How does it happen that the "apparently irrational beliefs" provide the paradigmatic problem for a central tradition in anthropology? Any human science, historical or anthropological, must deal with problems of translation, of differing world views and understandings of reality, of course. But how does it happen that "irrational beliefs" becomes the central, paradigmatic issue?

Surprisingly, there seems to be little analysis of the history of the concept "belief" in anthropology.[15] It is constantly employed, a kind of Wittgensteinian "odd job word," but often used with little self-consciousness.[16] The word almost never appears in indexes, even when it is employed throughout a text, and thus its use is not easy to trace. It is beyond the scope of this discussion to attempt such a history, but a brief review of anthropological texts suggests several hypotheses.

First, the juxtaposition of "belief" and "knowledge" and the use of "belief" to denote (or at least connote) counter-factual assertions has a long history in both anthropology and philosophy. This is contrary to what might be expected for both disciplines – for anthropology, because our primary goal has been to make understandable other societies in a non-judgmental way; for philosophy, because much of modern epistemology is designed to investigate the grounds for true belief.

Second, belief as an analytic category in anthropology appears to be most closely associated with religion and with discussions of the so-called folk sciences. "Belief" is most closely associated, that is, with cultural accounts either of the unknowable or of mistaken understandings of the "natural world," where science can distinguish knowledge from belief. In medical anthropology, analysis of "beliefs" is most prominent in cultural accounts of those conditions (such as infectious diseases) for which biological theories have greatest authority, and least prominent for those forms of illness (for example psychopathology) for which biological explanations are most open to challenge.

Third, the term belief, though present throughout anthropological writing, appears with quite varied frequency and analytic meaning in different theoretical paradigms. For example, it seems far less central in American anthropology, with its background in nineteenth-century German historicist theorizing, than in British social anthropology, in particular in the rationality literature.

Fourth, the representation of others' culture as "beliefs" authorizes the position and knowledge of the anthropological observer. Though differing in content, anthropological characterizations of others' beliefs played a similar role in validating the position of the anthropologist as the description of native religious beliefs did for missionaries. However, the rising concern about the position of the anthropologist vis-à-vis members of the societies he or she studies has produced a "crisis" in ethnographic writing (Marcus and Fischer 1986: 8) and a generalized epistemological hypochondria,[17] and this change in the relationship of anthropologist to the "Other" can be traced in the increasingly self-conscious and ironic uses of the term "belief."[18]

Fifth, despite such post-modern hypochondria in some regions of the contemporary social sciences, the term "belief" and its counterparts continue to be important odd job words not only in the cognitive sciences, where culture is closely linked with states of the mind, but in fields such as the medical social sciences, where the conflict between historicist interpretations and the claims of the natural sciences is most intense. Examination of the concept thus has special relevance for medical anthropology.

These are rather crude hypotheses, which will require further research to elaborate and to verify or reject. However, they reflect my conviction that it was fateful for anthropology when belief emerged as a central category for the analysis of culture. This formation of anthropological discourse was linked to the philosophical climate within which anthropology emerged, a climate in which empiricist theories and sharp conflicts between the natural sciences and religion were prominent. It was also rooted in anthropologists' traditional relations to those they studied, framed by the superiority of European and American science and industrial development and by the colonialist context of research. Given the semantics of the term, that is the *meaning* "belief" had taken on by the late nineteenth century and continues to have in the twentieth century, the analysis of culture as belief thus both reflected and helped reproduce an underlying epistemology and a prevailing structure of power relations.

A shaking of the foundations

Anthropology's greatest contribution to twentieth-century sociology of knowledge has been the insistence that human knowledge is culturally shaped and constituted in relation to distinctive forms of life and social organization. In medical anthropology, this historicist vision runs headlong into the powerful realist claims of modern biology. Enlightenment convictions about the advance of medical knowledge run deep, and although faith in medical institutions has given way to some extent, medicine is a domain in which "a salvational view of science" (Geertz 1988: 146) still has great force.[19] No wonder that discussions of "the problem of irrational beliefs" so often cite medical examples.[20]

Nonetheless, the foundations for a comparative, cross-cultural study of illness, healing and medical knowledge which is based in the empiricist paradigm have been profoundly shaken in recent years. Geertz concludes his chapter on Evans-Pritchard in *Works and Lives* (1988), noting that the confidence that shines through Evans-Pritchard's writing, as well as through Lévi-Strauss's *Tristes Tropiques* (1955), is simply not available to ethnographers today. Our relationships with those we study have changed profoundly, and our confidence in our own view of reality, even in the claims of the natural sciences to simply represent the empirical world, has been seriously undermined. This change is represented by increasingly ironic reflections on terms such as "rationality" and "belief" in anthropology, feminist studies, and the sociology of science, and by the proliferation of new approaches in medical anthropology.

Several aspects of the empiricist paradigm relevant to comparative medical studies have become especially problematic, pushing our field in new directions. First, positivist approaches to epistemology and the empiricist theory of language have come under sustained criticism in philosophy, the history and sociology of science, and anthropology. Whichever authors one invokes – Thomas Kuhn, Michel Foucault, Paul Feyerabend, Hilary Putnam, Richard Rorty, or a generation that grew up with these figures – older theories of the relationship between language and empirical reality now seem dated. Rationality and relativism no longer neatly divide the field. Increasingly, social scientists and philosophers have joined in investigating how language activities and social practices actively contribute to the construction of scientific knowledge.[21]

In this philosophical climate, medical anthropologists face the task of investigating how cultures with their unique forms of social practice – "illness behavior," the activities of diagnostic and healing specialists, healing rites – formulate reality in distinctive ways, and how knowledge claims and the meaningfulness of language are organized in relation to these distinctive forms of reality. Claims that biomedicine provides straightforward, objective depictions of the natural order, an empirical order of biological universals, external to culture, no longer seem tenable and must be submitted to critical analysis. And for this, the empiricist theory of medical language with its focus on representation will not do; it must give way to alternatives.

Second, the normative dimensions of the empiricist paradigm seem increasingly unacceptable. It is not that any of us doubt that the biological sciences have made astounding advances in understanding human physiology, but we are no longer prepared to view the history of medicine as a straightforward recording of the continuous discovery of the facts of nature. Given the rapidity of change of scientific knowledge, as well as subaltern and feminist critiques of science and its authority, claims to "facticity" have been seriously undermined. The role of science as arbiter between knowledge and belief is thus placed into question. Critical analysis has replaced celebration as the idiom of the history and sociology of science.

It is a special irony, worth noting, that Evans-Pritchard and Rivers both used the archaic term "leechcraft" to distinguish the empirical aspects of a society's medical knowledge from its mystical beliefs. From today's vantage, leeching seems hardly more empirical than mystical, and it is a reminder of the hazard of using categories from today's rapidly changing medical knowledge as a basis for judging the empirical validity of claims of others.

For medical anthropology, the inadequacy of using contemporary clinical practices and biomedical knowledge as the norm for comparative studies can be illustrated in several ways. The analysis of healing activities of other societies as "protoscience" or primitive forms of current subspecialties – as primitive surgery or folk psychotherapy – is now largely discounted, at least when made explicit. On the other hand, comparative studies organized in terms of categories and practices current in biomedicine – for example, cross-cultural analyses of "diagnosis"

understood to be the interpretation of physical symptoms of the individual who is ill – are more common. Such analyses are, however, as likely to be misleading as revealing (see B. Good and M. Good 1981). "Diagnosticians" in many societies seldom inquire about symptoms, and the sufferer is often not even present when diagnostic inquiries are made. Instead, the social field or the spiritual world is often the subject of "diagnostic" inquiry. Thus, grounding cross-cultural analysis on practices current in contemporary biomedicine may produce findings more artifact than real. Perhaps even more important, given the rich cultural frames for conceiving human suffering in many of the societies we study, holding up our own biological language of illness and care as the norm seems profoundly inadequate.

Third, the place of the ethnographer as objective, scientific observer – both in research and in ethnographic texts – seems less and less available to us today. Evans-Pritchard could assume such a position in his writings on the Azande only by ignoring his own relation to the colonial authorities. Favret-Saada (1980: 10) suggests that even Evans-Pritchard, while conducting field research, could situate himself outside of Zande witchcraft discourse – beyond possible charges of being a witch himself, for example – only because the Azande granted him the title "Prince without portfolio," which served as a kind of exemption from the claims of the discourse and thus protected him. Whatever the case for Evans-Pritchard and witchcraft, the position of today's anthropologist is increasingly contested. When carrying out research in Iran in the 1970s, we could only enter religious discourse as potential converts, participate in political discourse by assuming some position in relation to the Shah's struggle for legitimacy as well as the religious and secular resistance to his rule, or engage in medical discourse as potential actors. In medical anthropology, arbitrating between belief and knowledge suggests positioning ourselves within what Favret-Saada calls "the official theories of misfortune," backed as they are by powerful social agencies. Finding a stance both as researcher and in the ethnographic text is thus increasingly difficult. The position implied by the language of belief is often untenable.

Finally, a variety of more technical analyses of belief suggests problems with the empiricist program, challenging the utility of "belief" as an analytic category, even questioning the existence in other societies of "beliefs" in our sense of the word.[22] A view of culture as propositional, mentalistic, voluntaristic, and individualistic – for example, of medical beliefs as rational propositions about the world, held in the minds (or brains) of individuals, and subject to voluntary control – is an elaboration of a particular folk psychology; such a view reproduces an ideology of individualism that matches poorly with much of what we know about the real world. When invoked in studies of "stress" or "care-seeking," for example, rational behavior and the "responsibility" of individuals is privileged at the expense of social constraints and intersubjectivity.[23] Finally, the myth that we can deduce beliefs from "sincere assertions," from statements people make to us about what they really think, presumed in much of the philosophical literature, ignores what is obvious to anthropologists – that all discourse is pragmatically located in social relationships, that all assertions about illness experience are

located in linguistic practices and most typically embedded in narratives about life and suffering.[24]

Thus, despite powerful authorization by biomedicine and the biological sciences, the empiricist program in medical anthropology is deeply problematic. I will be arguing in the following pages that how we situate ourselves in relation to the underlying theoretical issues at stake here is extremely important for how we conceive a program for medical anthropology. How we situate our research in relation to biomedical categories and claims, the nature of authority we grant to biological and medical knowledge, the problems we see as central to the field, and the way we define the project in which we are engaged are all strongly influenced by our stance on these issues. More than this, I am convinced that medical anthropology is one of the primary sites within anthropology where alternative responses to the confrontation between historicism and the natural sciences are being worked out.

Although I have focused largely on epistemological issues in this first chapter, I want to foreshadow the argument to come by noting that all medicine joins rational and deeply irrational elements, combining an attention to the material body with a concern for the moral dimensions of sickness and suffering. In his Marett Lecture in 1950, Evans-Pritchard argued that "social anthropology is a kind of historiography" that "studies societies as moral systems . . . " In all societies, even in the modern world with overarching moral orders no longer intact, serious illness leads men and women to confront moral dimensions of life. It is after all a central task of "the work of culture" to transform human misery into suffering, and to counter sickness with healing.[25] Biomedicine, as other forms of healing, is of special interest because it combines the empirical or natural sciences with this primal task. It is thus both the privilege and the obligation of medical anthropology to bring renewed attention to human experience, to suffering, to meaning and interpretation, to the role of narratives and historicity, as well as to the role of social formations and institutions, as we explore a central aspect of what it means to be human across cultures.