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BOOK REVIEW FORUM [Journal page 121]

on

*Gilbert Lewis's*

*A Failure of Treatment*

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Response to reviews by *Gilbert Lewis*

We are pleased to present the *Journal of Ritual Studies* Review Forum  
Pamela J. Stewart and Andrew Strathern, Co-Editors *Journal of Ritual Studies*

*A Failure of Treatment* (Gilbert Lewis, Oxford University Press, Oxford 2000)

Reviewed by *Martha Macintyre* (University of Melbourne – Australia)  
[Journal pages 122-124]

In his opening chapter, Gilbert Lewis presents a deceptively simple outline of his intentions in writing an ethnography of a man's illness that occurred in a Gnau village in West Sepik Province, Papua New Guinea, during his first fieldwork there in 1968-69. The intervening decades and the anthropological debates that have developed during that time, provide an intellectual depth and distance that enrich his presentation so that the book is both a superb ethnography and a reflective analysis of current debates about the ethnographic study of health and illness. More often than not, his arguments with others are implicit in statements about his own aims, his moral dilemmas and the nature of his engagement with the Gnau people. He writes within the conventions of anthropological representation that stress chronological sequence, eyewitness account and extrapolations of informants' testimonies.

Interpretation is embedded in the sequential structure of the work and the detailed descriptions of events. As with his previous book, *Day of Shining Red: An essay in understanding ritual*, Lewis eschews schematic representations of ritual performance and includes apparently extraneous actions, activities and responses so that the dramatic character of a ritual is paradoxically heightened and muted as we are made aware of the diverse ways that people participate, engage, simply observe or go away and attend to other tasks. In many respects this attention to the complexity of a ritual enactment within the world of everyday existence is what makes the book so compelling. People come and go, participate in the rituals and then depart to work in their gardens, and so provide the social grounding for the various attempts at expelling the misfortune that afflicts both Dauwaras and the village through his illness. Lewis is concerned with the performance of healing rituals in the broad social frame; '...not drama in the sense of fiction or contrivance' but 'part of the stuff of life' (p.4) for all those who are present.

His critiques of some theoretical approaches within medical anthropology are sometimes oblique and rarely adversarial, in the sense of delineating the arguments of others in order to negate or qualify them. They are nonetheless pointed. He is unapologetic about his humanism and his rationalist interest in the underlying comparative project of social anthropology. He explains his medical interventions and the ethical imperatives that inspire them. He defends the 'use and validity of biomedical categories' (p.11) as relevant in another culture providing that the assumptions and constraints are acknowledged and the distinctions between the disease and the socially constructed human response to it are recognised. In this study Lewis is mainly concerned with the latter – although his ministrations to villagers with malaria, influenza and various other ailments are regularly demanded. He includes his own treatments and people's reactions to him as integral to his work.

In the opening chapter he presents his case for the elaborate presentation of ethnographic description as the basis for sound generalizations:

*Generalization comes out of the study and comparison of particulars. Social anthropology without observation and the data of ethnography would become fiction, vain theorizing, introspection, or speculative philosophy (p.9)*

No doubt this barbed dismissal of textual approaches that maintain that anthropology is inherently 'fictional', or of those theoretical orientations that require authorial introspection and the presentation of abstract argument as the authentic object or proper end of the study of other cultures, will enrage some. But Lewis also shows himself as a masterful storyteller, and his presence within the text as the introspective commentator is as reflexive as any postmodernist could require. Lewis is a protagonist in this ethnography and his questions constantly lead the inquiry. Neither he, nor the reader, can forget that he has a double engagement with Dauwaras' illness. He sometimes attempts to explain symptoms or relieve pain as a medical doctor. He intervenes in order to relieve the man's suffering, giving him analgesics and drugs to help him rest. He identifies the increasing social isolation of the ill man as both a personal and social reaction to an illness that persists and apparently defies diagnosis – either in medical terms or according to the explanatory models of Gnau culture.

Given the title of the book and the opening discussion about the reasons for writing about events that occurred thirty years previously, there is an almost elegiac quality to the reconstruction of the various treatments that were tried and failed. This is not a linear exploration of 'hierarchies of resort'; it is a compelling exploration of belief, hope and the social actions taken by a specific set of people. Dauwaras' illness extends over eight months and his slow descent to death provides the dramatic trajectory of Lewis' narrative. At first the symptoms seem almost trivial – soreness in a leg joint – so that the patient's adoption of a rather extreme 'sick role' is puzzling. The progress of the illness, the shifting sites of pain and the man's increasing withdrawal from normal activity and social interaction are the intriguing stuff of cross-cultural comparison. As Lewis predicts in his introduction, I could not stop myself from asking, "What is wrong with him?" and seeing the illness itself as some peculiar, culturally specific phenomenon that did not conform to Western patterns of illness. Dauwaras' willingness to try, or submit to, a range of treatments – traditional and modern – in the village and at a mission hospital, made him a 'convincing' patient. Yet the absence of obvious inflammation in his legs and his almost wilful immobility made the illness and its possible cause mysterious.

The healing rite of the spirit *Malyi* was a last resort and the decision to perform it taken after many other interventions had proven unsuccessful. This ritual is the dramatic core of the book. The concentrated effort of the people of Rait in making the spirit manifest in an elaborate *tumbuan* figure and their attention to 'getting things right' enables the reader to comprehend the cultural importance of the rite. The explanations of division of labour elucidate the symbolic and social significance of the long performance. Construction is entirely men's business and it is done under the supervision of recognized experts. The secrecy from women and the necessity that the spirit appear, beautiful and frightening, before an admiring audience is paramount. But the secrecy is itself an enactment – for women are well aware that the *tumbuan* is man-made and an empty shell until the various men get inside it to perform the various dances and ritual confrontations that are to effect Dauwaras' recovery.

Lewis' depiction of the dramatic force of the dancing, singing and healing rites is crosscut by his attention to the other events that take place during the same period. Women have to feed the participants. People go off to work in their gardens. Other people are ill and the talk about *minmin*, a new form of sorcery that has been preoccupying the people of Rait for the previous months, continues. One woman, Maka, is possessed by a spirit; men return from their contract labour away on coastal plantations. The events that surround the *Malyi* rite reaffirm the continuity of everyday life and the embeddedness of the ceremony in the whole of social existence.

Lewis observes that "The broad outlines of the imagery and symbolism of the performance were intelligible without requiring a great deal of esoteric explanation"(p157). Their intelligibility rests not only in the clarity of the actions and the restorative purpose of the ritual, but in Lewis' portrayal of the villagers as choreographers and actors in the events. *Malyi* very obviously embodies the 'collective conscience' of Rait as the village struggles with a series of disasters, and the intensity of the ritual preparation reflects the hope that people have that Dauwaras will be restored to health. The spirit's presence in the village serves to substantiate communal prestige as well as promote garden productivity and successful hunting. *Malyi*'s ambiguity, as both the source of affliction and the (unreliable) agent of healing in Dauwaras' case, is counterbalanced by the spirit's unequivocal potency in conferring prosperity and abundance. Indeed, the spirit's visit to the village is managed entirely by the men of the community who not only make the *tumbuan* but take it in turns to 'be' the spirit, dancing and interacting with the villagers and Dauwaras. As Lewis notes, the sequence of confrontations seems to lead inexorably towards the transformation of the ill man and his reincorporation into village life. The failure of the rite is a tragedy for Dauwaras and his kin, but those who have put so much work into it accept this lack of efficacy. Belief in *Malyi*'s regenerative potency remains.

While the *Malyi* ritual is central to the narrative, this did not strike me as a book that is primarily a study of ritual. Ritual itself is an ambiguous entity, as Lewis demonstrated in his earlier book on the subject. It is the people who participate, direct and interpret or explain the sequence and its meanings to the anthropologist who make it a significant event. The strengths of this book lie much more in the contribution it makes to medical anthropology and the social anthropology of human relationships. In focussing on a single person's experience, Lewis manages to illuminate the web of social relations and

the emotions that generate and sustain them. Dauwaras' withdrawal from the life of the village, his misery and gradual detachment from life itself, are made more poignant by his wife's continuing care and his kin's regular visits. Hope and anxiety, isolation and attachment are major themes that are explored as individual and social emotions. Lewis explores the ways that these emotions construct the experience of illness.

My reading was undoubtedly affected by the fact that it was the only book I had as I moved around Papua New Guinea, working on an aid project. I read it in small planes looking down at the sorts of villages that are described in the book, sitting in grimy sheds on airstrips and in guesthouses in towns. I was constantly struck by the wonderful evocation of place and mood, and the ways that Lewis managed to convey the experience of living in a village. The mixture of stoic pragmatism and intense determination to effect change that makes the observer ponder motives and actions; the matter-of-fact dealings with spirits and highly improbable causes of death, that seem so baffling at first encounter and yet can be rendered comprehensible – this is the stuff of compelling ethnography.

The life of villagers in the West Sepik has changed since 1969 – but many of the same health problems remain, and the responses that Lewis observed then persist today. Chronic illness, death from injury, infant mortality and epidemics of contagious disease are still part of the everyday life of most Papua New Guinean villagers. Epidemiological and medical studies abstract diseases from their social and cultural context and often reduce the complexities of social response to acceptance of biomedicine or non-compliance with its interventions. Lewis' study is a superb example of the depth of understanding that can be achieved through ethnographic presentation of the experiences of health and illness in a community. He wears his methodology on his sleeve – referring constantly to fieldnotes and taped conversations, unanswered questions and vivid descriptions of walks through the forest or everyday events in the village. His occasional impatience with some people and his sympathy for others confirm his emotional engagement with the Rait people as individuals with whom he lives. There are textual critiques of anthropological representation that would see these as tropes or devices, deployed merely to establish authenticity or an 'authoritative voice'. Lewis' presence in the text, as questioning subject, scholarly commentator and acute observer, ensures that the interpretative lens is always transparent. From the outset he situates his work outside current debates about representation, stressing the practical implications of an understanding of social action, individual choice and strategies of intervention (p.14) for those who want to improve the health of Papua New Guineans. Lewis manages to convey an integrated, holistic image of Gnau culture and society without making people ciphers. He locates people as individuals in a social and physical landscape. He depicts people in ways that enable us to understand the social forces that mould them and the reasons for their actions. The tragedy of Dauwaras' death provides no catharsis. The treatment failed and people still believe in the power of Malyi. The grounds for hope have not altered.

The concluding chapter further chips away at the idea of ethnography as an ahistorical artifice, a creation with neatly constructed beginnings and ends. Two decades of criticism directed at the timelessness of ethnography and the mythic omniscient anthropologist might have directed Lewis to write historically – but there is a sense in which it seems simply to be due to a commitment to honest presentation of intrinsically interesting material. He acknowledges the partial nature of his narrative, the loose ends that defy completion. Returning to Rait seventeen years later, Lewis discovers that Dauwaras is now diminished – he is a memory, a name, an ancestor. The explanatory stories of his death seem to have transmuted in ways that have little relation to those offered before. The meanings of his illness then are preserved in the text, but they have been destabilised by time. In spite of its apparent adherence to traditions of ethnographic writing, *A Failure of Treatment* is an astonishingly innovative work. It is also a major contribution to Medical Anthropology.

***A Failure of Treatment***

(Gilbert Lewis, Oxford University Press, 2000)

Reviewed by ***Borut Telban***

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[Journal pages 125-130]

The writings of Gilbert Lewis have always been very dense. Dense either in terms of given ethnographic information or in terms of the density of his arguments. One may look at his *Day of Shining Red* (1980) that fits within the latter category while the present volume fits more in the former. *A Failure of Treatment* is a long ethnographic case study of illness and death of Dauwaras, a man from Watalu hamlet of Raut village, West Sepik Province, Papua New Guinea. It is based on his first fieldwork from December 1967 till November 1969.

Information, events, names of people and places are packed or squeezed together, not giving a reader much opportunity to take a breath and to relax. Lewis continues to have in his books tables of contents with short sentences telling about main events, themes, and subjects addressed in individual chapters, something that characterized the writings of Malinowski, his predecessors as well as his students but is today rarely found. Because of his density of data a four page chronology (with dates of individual events) and eight pages of analytical table of contents (with short sentences describing events) are very useful. They structure the events in a linear chronology and the best thing for a reader is to read each chapter first in its chronological contents and immediately after in the analytical table of contents. This made me think that chronology and analytical table of contents – that is two tables of contents at the beginning of the book – could be merged (also to avoid repetitions) which would work better for a reader who is just beginning to grasp information about names, dates and events. There are places where many names of people appear so close in sentences that a reader cannot follow anymore. It would help if there were a table (or several ones) of all the people mentioned in the book with their hamlets and villages including important kin relations (instead of two summaries of the contents).

Anyone who had spent several years doing anthropological research in Papua New Guinea should appreciate this ethnography and should be able – through extreme familiarity with relationships and practices – to reflect upon his or her own experiences and ethnographic data. This book is for those who enjoy ethnographic detail, details in relationships, descriptions of how various social tendencies operate in practice, intricacies of obligations and involvements. As it is easier to discuss generalisations, theoretical issues and interpretations than dense ethnographic description (especially if the writer is the sole authority on a particular community), I will try to address some other issues explicit or implicit in the ethnography that seem relevant to the anthropology of illness in general.

I would like to focus on three issues in this review: first, the ethnography as presented by Lewis; second, the importance of recognizing ontological, phenomenological and cosmological aspects of a life-world such as the one of the Gnau; and third, the possibility of understanding the individual-social-political body of a Gnau person (or any other) as a cultural-biological-social being, or to put it in more accessible language, how culture and social relationships – and interpretations based on them – are embodied through the central nervous system (CNS), and how this culturally and socially determined perceptual and interpretative CNS reflects back on views and practices of the people. This could be a step further in understanding illness and death among different communities. All these three issues, however, do not represent a critique of the book, which in my opinion beautifully achieves its aims, but rather a bone on which I would like to nibble after reading the book.

## Ethnography

In *A Failure of Treatment* we are presented with an almost novel-like account of Lewis's arrival to Rautit village (Chapter 2) combined with a vivid, contextual and detailed description of the surroundings, houses, things and animals, food stuff, betel nuts and tobacco and people doing their ceremonial activities such as sending away the spirit of a dead woman. There are other places that are written in quite novelistic style: a description of arrival to the Health Centre at the Mission station of Anguganak (p. 85) or in the Epiloque (pp. 244-249). There are places where we are faced with almost poetic ethnography, as for example the author's description of morning activities in Chapter 4.

Because the central event of illness and death of the main actor Dauwaras is presented as a long case study (as it actually took place) or a social drama, other events are interwoven, raising multiple questions of causes, circumstances, coincidences and relations. The ethnography also shows how an ethnographer learns things while doing fieldwork. This book is a kind of a biographical ethnography (which could not be comprehended and presented without the sensibility of the author and his implicit and sometimes explicit autobiographical presence). It is a biography of Dauwaras within his social and cultural context. Therefore, there is no link to other Sepik or New Guinean societies, no comparison with other similar illness conceptualisations. Everything is written in past tense – and indeed it is about the past – and as such it is almost nostalgic for the author, the people, and the reader who has lived through similar experiences in Papua New Guinea.

A long time has passed since this illness and death took place in Watalu hamlet. It is true that this is a historical account of a particular place and time. But my view is that although I started my first fieldwork in New Guinea almost 20 years later, the practices, perceptions, views, expressions, explanations – not to say the phenomenology of existence – which sprang out from this book's detailed observation and description are regardless of all so called social changes still present and prevalent among the majority of Sepik societies and their life-worlds. Therefore this 34 years old ethnography of a particular place and time raises and answers many questions about peoples' deeds in the present not only among the Gnau but among other New Guinean and especially Sepik communities as well. The ethnography presents us with a web of ontological, intersubjective, cultural, ecological and other threads interwoven in every individual who has lived her or his life in a life-world packed with spirits (such as Malyi for example), *minmin* sorcery, kin obligations, inter-village disputes, illness and death. It is because of this socio-cultural complexity that each person's illness (and the choice of treatments) is unique, and not because of individuality as such.

I would disagree (as Lewis does) with all those who see ethnographies simply as texts, or those who in their deconstructive efforts deny any possible objectivity or even other people's cosmology (i.e. their own "grand theory"). What we have here, regardless of the fact that we read ethnography of a particular place and time, is an enormous amount of practices familiar to many people living in New Guinea as well as to all those who did their ethnographic studies in the area. Moreover, there are three things that I would like to emphasize regarding all those rejecting objectivity of ethnographic data and the possibility of grand theories: first, many of the critics are not prepared to spend part of their life doing long-term fieldwork (more so in a very remote areas); second, they are not prepared (or able) to penetrate deeper and deeper into people's conceptualisations ("grand theories") and understandings of their life-worlds; and third, they often reject other people's conceptualisations of their life-worlds (regardless of people's generational attachment to their own place) seeing them as unreal and imagined. Those who argue for all-valid subjective interpretation actually impose the views of their own social, cultural and political environments on others (for the empiricist critique of interpretive approaches see Lett 1997). Therefore, despite their call for everyone's freedom, their arguments become just another form of imperialism, colonialism, and imposition of their own values on people living in different life-worlds.

Lewis draws a distinction between three approaches or aims of research: the clinical case record (biomedical), illness narrative (closer to documentary genre) and ethnography of illness (other perspectives included, difference between facts and interpretations, objective even if incomplete). Clinical case record is selective, impersonal (cultural and social dimensions of a person and his or her illness are seldom taken into account), and the proposed treatment follows a medical scheme (and not a socio-cultural one, not to say ontological and cosmological). An illness narrative is primarily subjective, concerned with one person's experience (see for example Robert Murphy's *The body silent*, 1990, as an example of autobiographical

illness narrative). Ethnography of illness includes also other people's perspectives not only those of a sick person, and in such a way enables events and facts to be seen from different angles.

While in the West the sick are removed from society and live within their own "local moral worlds" (as Kleinman would say) among small-scale societies the moral world of the sick is not removed from a broader morality of the village. Every illness affects not only a sick person and his family, but also the community at large. Intervention is real; it is a social act and not a detached representation or interpretation of illness. Intersubjectivity not only means a daily contact between people and physical closeness, but also relationships that grow out of obligations and involvements of the past; these latter are strong but not necessarily visible on the surface.

### **Cosmology**

People are not only social but also cosmological beings. The cosmological dimension, seen as a complex oneness of life and death, of male and female, of older and younger, of living and spirits (see Telban 1998), would enable us to explain (not in Western terms of theory, episteme, and so on) why certain practices were performed at certain times, why interpretations took these or those directions, why "belief" in sorcery exists and even why sorcery is conceived in the first place. Lewis not only shows the strength of social ties but also reveals how they are interwoven, the importance of dreams, the interaction of events through time, spirit revelations, and divinations for understanding the causes of illness and the choices of treatments. His extended case method leads us towards an understanding of cosmology-in-practice but less so towards a general cosmology-in-abstract (which would in my opinion help us to better understand the Gnau's life-world and embodiment of their existence). While people's explanations and interpretations from the perspective of cosmology-in-practice may seem strange, debateable with many contradictory views of individuals and groups – this is life as lived, spirits are in action, fear of sorcery is present most of the time – from the perspective of Gnau cosmology they all seem plausible, justified, understandable and even objective and true. Though facts and interpretations may seem not to fit together it is because they are not looked at from the same cosmological perspective of which they are nevertheless a part.

Let me give some examples, the first helping to understand the others. People in all small-scale societies have some kind of marriage rules and preferences but in practice they are often not followed or achieved. This latter situation is marriage-in-practice while the former is a goal, it is marriage-in-general, marriage-in-abstract, marriage as it should be. This ideal situation is the one that people would like to achieve as it would, from the perspective of marriages, complete the cosmological circle and enable the oneness of their life-world. Such abstractions are representations of reality but not reality itself. People are at pains to continually correct all wrongs and mistakes to come closer towards the best possible life-world that nevertheless is just an unsuccessful copy of their cosmological ideal.

There are several other practices, typical for other parts of New Guinea too, where human intervention is required. One of these practices is related to cutting off and separating two things that should be separated in order to achieve a beneficial effect (like cutting off an umbilical cord to achieve separation between mother and child). There are many examples of this: sending off the spirit or killing it, throwing the nettle leaves used in treatment over the cliff edge, cutting the vine holding the spirit of a sick person, washing and purifying, and many similar practices trying to sever attachments and cut the connections between bad/ill (spirits causing illness) and good/healthy. The liminal period of being sick has to end with a sharp cut. In cosmological oneness there are two domains that articulate with each other: the one of the living and the other of the dead, of people and spirits.

In another practice extraction of "arrowheads" from the sick body during a healing ceremony is objectification of illness, a proof of someone being shot by a spirit or sorcery. Yet another practice is divination when the bamboo strikes the garamut. In the dark it seems that the bamboo moves by itself. Is there a spirit in the bamboo swinging a bamboo pole, as the Gnau claim (and many other Sepik communities, see Telban 2001), or is there a man who holds it and moves it? Are these practices simply tricks, symbolic enactments, persuasive psychological devices? Aren't all these questions coming from a different life-world? From a cosmological perspective, where everything is materialized, these are unquestioned proofs of someone being attacked by spirits and of the possibility of communication with them. For the people it is true. Because

the healer performs this practice in a way that aims towards improvement of health of a sick person, and this is his quality, he is a healer (and not everyone can be). Because a man is able to hold bamboo in a particular way – so that spirits can enter it – he is the holder of bamboo and is responsible for bamboo divination. It is because of the way the healer and the diviner behave and coordinate their social relationships including those with spirits (and these are then referred as the expert's special skills) that they are accepted as masters of their work (a healer, a diviner). If they questioned themselves with the above questions they would not be experts of particular practices. A healer in his expert position is allowed to hide "arrowheads" in his hands and use them (show them as body extractions) whenever he feels like it. No one jokes with such practices; to the people, and equally to the experts, spirits are part of their cosmology. It is people's own socio-cultural neurohermeneutic system (see below), which perceives, interprets, reasons, and feels about their life-world and such practices.

### **Explaining the efficacy of treatments**

In several places Lewis addresses the importance of social feelings, stimulation and discouragement, care, neglect, isolation, hope, pain, anxiety, food avoidance, dirt and so on when dealing with illness. And he emphasizes action. People everywhere make interventions to achieve effects. This is causality. Causation belongs to reality. The practices performed on behalf of a sick person focus on particularities expecting to cause an effect – a person to recover. If this effect is not achieved it is a failure of intervention.

I recently read Stephen Reyna's *Connections: Brain, Mind, and Culture in a Social Anthropology* (2002), and thought that there may be useful suggestions on how to overcome radical culture vs. nature and social vs. biological dichotomies and try to move a step further in explaining such vague terms as placebo, nocebo, psychosomatic etc. So how could we penetrate deeper into placebo? Placebo (from latin *placere*, to please) is cultural environment and social relationships beneficially organized for patient's recovery. It is cultural and social aspects of the body getting better. To emphasize words such as suggestion, shock, hope, commands, moral direction, faith, and emotions shows that we are quite confident that something is going on with the patient but it does not really explain how healing works.

There is no space here to enter into the details of Reyna's argument and into the complexity of CNS of which interpretive understanding (from past experiences) is an inseparable part. Reyna calls it neurohermeneutics. The neurohermeneutic system (or loosely speaking the entire CNS) is the connector, linking the past with the present, social and cultural with biological. Among the Gnau it is called *wuna'at* (thinking centre). This *wuna'at* is also physical and not just an idea or soul or reason or emotion. It is memory, interpretation, understanding, and feeling. This is just like CNS with its trillion of linkages, millions upon millions of neuronal connections which is the most complex structure in the known universe (Reyna 2002: 108, 110). In such a conceptualisation hermeneutics is no longer merely the interpretation of texts or symbols. Rather, it is about how humans interact with reality (ibid.: 112). Cultural neurohermeneutics show why different people with the same neurohermeneutic systems (i.e. processes) do different things leading to different effects (even more so if they are from different cultures). So any neurohermeneutics is a cultural neurohermeneutics (ibid.: 114).

Reyna argues that social ties are "strings" relating people who are in a close contact, which reveals the social and cultural dimension of CNS. So we are all so called "string beings". In other words, body is an aspect of society and culture and vice versa. Bad/sick "community" (relationships) and bad/sick culture mean bad/sick body and vice versa. The Gnau tried everything to help Dauwaras: from potions and herbs to changes in his residence and rituals, starting with small ones and continuing with a large and more important Malyi ceremony. Even a catechist came to pray for him, hanging some crucifixes on chains round his bed. At the same time people did not do certain things that could make Dauwaras' illness worse (food taboos, avoidance of certain places, avoidance of certain contacts and practices, though the youths did hold a modern dance despite many objections). People tried to find causes of illness (disputes, fighting, wrongdoings) among their own social relationships that were part of Dauwaras' life as well. Bad relationships (with spirits of the dead, for example) and bad practices relating people in a bad manner had to be cut off. This was not only on a symbolic level but also on the level of trillions of neurons carrying and transmitting social and cultural causes of illness. The bad transmission had to be stopped in order to cure a sick person. The neurons, synapses,

transmitters of the CNS (i.e. neurohermeneutic system) in case of a failure of treatment continue to act in terms of illness and not in terms of recovery. A sick person feels this – in this case Dauwaras – and hope turns into desperation and hopelessness.

Anthony Forge once wrote that for the Abelam “all death, except that of infants, is due to either ‘the spear by day’ or ‘the spear by night’” (1970: 259). The first refers to direct physical violence and the second to sorcery. Violence has always been part of Papua New Guinean life-worlds. Moreover, warrior-killing practices were part of cosmology, most visibly articulated during initiations, and people felt the urge to practice homicide. Violence was intrinsic to human sociality and sorcery was – and at many places still is – just one dimension of it. To be a sorcerer and to practice sorcery in the abstract is bad, but in actual life it is morally neutral. Since “there is no authority that can punish evil, the agreement that sorcery is bad is irrelevant to political life” (ibid.: 258). Sorcerers are often treated not only with caution but with respect and they are important men “in the competition for influence and prestige that is the essence of the political system in the highly egalitarian New Guinea societies” (ibid.).

Durkheim’s theory of knowledge recalled by Lewis is a theory of belief that recognized why certain ideas in society should seem more compelling and others less; why some might be hard to change and others easy. Lewis’s book provides all necessary data to delineate degrees of people’s conviction and doubt. By recognizing that social relationships become part of CNS, we could say that beliefs are cultural and social aspects of the neurohermeneutic system (“collective belief”) with idiosyncratic differences between individuals (“private knowledge”). Social sciences and ethnographic works such as Lewis’s have for a long time provided an enormous amount of proofs for social and cultural causes of illness, but neurologists neglected their writings and left culture and society out of their discussions – just as anthropologists left out the relevant issues in neurobiology and neurology.

Let us return to the Gnau. We could say that the category and knowledge about *minmin* sorcery and other local malevolent beings and practices was part of Dauwaras’ perceptual neuronal culture. His memory made an interpretation of this life-world while the ethnographer’s – whose neurohermeneutic system does not recognize this kind of sorcery – did not. With this life-world interpretation in people’s memory their prefrontal cortex (PFC) retrieved from their procedural neuronal culture what to do if a person was as sick as Dauwaras. So they decided to stage a rite called after the spirit Malyi. These healings, as Lewis emphasizes (when talking about hope) produce pleasant feelings of relaxation, pleasant feelings in the world of sensations in general. The practices performed, the singing, chanting and uttering of spells, the use of archaic language, spitting betel juice or water, extracting magical “arrowheads”, the use of nettles and special herbs, could retrieve perceptual neuronal cultural memories that spells, the rite of Malyi and some other practices have a very special (not to say “supernatural”) power to cure.

Lewis talks about the possible effectiveness in restructuring the patient’s attitude to himself and his illness and his hopes. But how? This is just a speculation – though most probably a valid one – but without any proof, without any material confirmation (we should not forget, however, that the Gnau also have many material confirmations – of spirits, sorcery etc. – regardless of how weird they may seem to a Western eye). Lewis offers comparison with certain therapies and explanations used in alternative, complementary and behaviour therapies (“drama therapy”, “cognitive restructuring”, “abreaction” – the release of repressed experience or emotion, “desensitization” – making strange into familiar, “wish fulfilment”, “positive assertion”, “confession”, “sensory deprivation”, “catharsis”, “group support”, and so on). These therapies, however, do not offer any real answers to the question how but are more or less methods (psychotherapies and sociotherapies) used to address so called psychopathic and sociopathic causes and having psychosomatic and sociosomatic beneficial effects on a sick person. All these practices prove that there has to be a connection between the social and physical, between the cultural and biological; at least in terms of how we are connected to the world and what connects us.

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*A Failure of Treatment*

(Gilbert Lewis, Oxford University Press, 2000)

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[Journal pages 131-133]

In Gilbert Lewis' last book (1980, 223) on understanding ritual he writes that "in any reductive analysis a great deal of the particular must be lost." In the book under review there is little "reductive analysis" and I can assure you that little of the "particular" has been lost. It is both the book's strength and weakness. A consummate fieldworker, Lewis has given us a study that is particularistic in the extreme. Following in overweening detail the chronology of the fatal illness of Dauwaras, a Gnau man of Papua New Guinea he knew well and liked, Lewis, who is a British trained physician and ethnographer, has produced a tour de force "ethnography of an illness" (p. 1). Although curing rituals are a significant part of Dauwaras' story, the book is not a contribution to ritual studies per se, hence my comments will be directed to the work as an ethnography.

Most of the book is a "diary of events" (p. 3) concerning the vicissitudes of Dauwaras' illness. It is a dogged and seemingly exhaustive description of events both directly and, more alarming to the reader, tangentially related to his worsening health through time. In the light of today's anthropological publishing, it is a remarkable book driven neither by theory nor fashionable jargon but is an unabashed discursive ethnographic account of one person's sickness. The British helped invent the ethnographic method and its product, the ethnography, and Lewis is bringing that celebrated tradition into the 21<sup>st</sup> century with bravado. If ever there was an ethnography in the strict sense of the word, this is it.

Eschewing the interpretative stance of thick description, Lewis' dense description of Dauwaras' illness is basically empiric and interlarded with numerous unfamiliar names, indigenous terms (184 Gnau terms and 66 Pidgin English terms), places, dates, and treatments. Occasionally the prose, so permeated with these myriad details, is daunting and will prevent some readers from engaging with Lewis' account. As for someone like myself who worked with the Wape people a couple of days walk West of the Gnau, many of the details were intrinsically fascinating as they informed and augmented my comparative understanding of the Wape although, even for a factoid junkie like myself, my tolerance for gratuitous minutiae was definitely challenged. In some ways it was like reading a friend's field notes.

In Lewis' account, which begins in December 1967 and continues with interruptions until 1985, there are many voices but all are filtered through his understanding or appreciation of what each is doing or saying. Most of the players are but names, and confusing names at that, with a minimum of social placement and personality information. Some of the events are peopled with numerous named individuals who seem significant only for their presence; not unlike a movie extra given a screen credit simply for being there, an unlikely happening in that genre.

The strength of Lewis' account then is not in cultural portraits of the individuals involved--Dauwaras and to a lesser extent his wife excepted--but rather in presenting the events and actions he witnessed or participated in related to Dauwaras' illness. In writing the book, Lewis (p. 244) tells us that "one of my explicit intentions was to show the interactions of events." There is no question that he has succeeded in showing the interconnectedness of village life, but it is done in a purely descriptive fashion and readers are left on their own to make the connections. For anyone who has lived in a New Guinea village this is not an impossible task but the neophyte might find the experience a bit bewildering. This is part of the downside of the text's pervasive empiricism that is pursued to the relative neglect of generalizing from or interpreting the extensive and culturally provocative descriptive material.

Lewis, however, is aware that his text is crammed with observational information and acknowledges his difficulty in deciding about exclusions. He (p. 244) forthrightly admits that "so many details are in a sense irrelevant but are also part and sometimes witness to the situations. Inevitably as I read over what I have written, I think one minute it is overstuffed with names, the next, that it needs more about this person or more to explain about divinations or something else." As a fellow ethnographer, I can empathize with Lewis' dilemma about what to exclude but, too frequently, I regretted his indulgent response.

This appreciation of the particular is a British custom of long standing. One of its most distinguished early practitioners and the founder of the modern inductive method was Francis Bacon, the 17<sup>th</sup> century statesman and philosopher. Bacon's name—to some unjustly—has been identified with the collection of data for data's sake and characterized as the “Baconian fallacy.” Even the redoubtable Bertrand Russell (1945,545) has observed in his discussion of Bacon that “the mere multiplicity of facts is baffling.” But the ethnographer, unlike more experimentally oriented scientists, cannot be faulted for having too much data. Has any ethnographer returned from the field feeling that he had a surfeit of information? I doubt it. As Margaret Mead used to tell her fieldwork methods class at Columbia, “everything is grist for the anthropologist's mill;” the more data one has collected, the more problems one can tackle. The methodological problem in writing an ethnography is which data do you select for the task at hand.

One of the reasons it was difficult for Lewis (p. 244) to be more selective in his presentation of data was his “hope of describing how things *really* were” (my emphasis) while ruefully acknowledging the impossibility of such a task. By definition, an ethnographic account is a descriptive endeavor (Kroeber 1923,6). If one is describing string figures or post marital residence patterns, the parameters of the task are rather well circumscribed. However, when the task is to describe a man like Dauwaras' final illness, the sociocultural parameters are wide and in frequent flux as family, friends and a variety of therapeutic practitioners intervene to sustain and heal him even as the victim himself seeks aid in different locales. All the facts relevant to his illness that the shadowing ethnographer has recorded are candidates for his published ethnographic account. For the sake of an authentic rendering of the cultural and personal complexity of his friend Dauwaras' tragic plight, Lewis wants to include them all, or at least as many as he can. Under the weight of so much information, the thrust of Dauwaras' tragic story is slowed; occasionally it even sinks out of sight. What might have been a riveting sociocultural account of a dying man's illness instead is a kind of shaggy dog ethnography crammed with data and long asides ranging from garden descriptions, walks through the forest, hanging out in sago groves, the kinship ties of secondary characters, to a divination ceremony for a dead child, to name but a few.

As an ethnographic text, what are we to make of Lewis' *A Failure of Treatment*? In his introductory chapter Lewis distinguishes among three types of health oriented texts, viz., (1) a biomedical or clinical case record, (2) an illness narrative, and (3) an ethnography of an illness. According to Lewis (p. 7), a physician's clinical case record that “summarizes complaint, investigation, treatment proposed,” is very selective and somewhat impersonal. An illness narrative (p. 8) relates “how things seemed to the person who lived through them and reacted . . . . The standpoint is individual, psychological, and cultural rather than social.” In contrast to the above, an ethnography of an illness, the monograph Lewis decided to write, can include a variety of viewpoints yet it too, as Lewis acknowledges, is still only a partial picture.

Unfortunately, Lewis does not sketch out in any detail his view regarding what an “ethnography of illness” would entail but he does tell us what he disapproves of. Centering his discussion (p. 8-10) on a critique of what some (although he does not) might call a postmodern approach including “the skeptical positions of the strong relativist or of the deconstructivist . . . theories of textual incoherence, the hypothesis of a world inaccessible to direct knowledge, perception as an active process of selective representation, . . . and applying doubt to the possibility of objective knowledge.” He also believes that to discard the distinction between facts and interpretation, or to assume that everything is interpretation, is to deny the possibility of error, making moot the importance of “examining the patient, or in going to the field, or to the records, or the laboratory to look, if that were so” (p. 10).

Yet in taking such a strong positivist position regarding knowledge, it is ironic that Lewis has written what might be read as an experimental postmodern ethnographic text; a radical text that forsakes conventional ethnographic categories of analysis to create a flow of fragmented and disordered, even contradictory, discourse and events that epitomize the ambiguities in human existence, all distinguishing features of postmodernism (Mitchell 1992,35-37). The text's only anchoring notion is Dauwaras' illness. From Lewis' wide open and roving perspective, it is a fluxion of diagnoses, cultural attitudes, local events, therapeutic interventions, locales, times and persons. His own role and perspective within the text shifts from the observer recording Dauwaras' indigenous and missionary diagnoses and treatments to that of the compassionate physician directly intervening in the medical care of his friend.

To adequately appreciate *A Failure of Treatment*, it should be read as an extended appendix to Lewis' (1975) masterful work, *Knowledge of Illness in a Sepik Society: A Study of the Gnau, New Guinea*, in which Lewis' focus is on their recognition and diagnosis of illness. In this study, Lewis' (1975,331) emphasis is on how the Gnau view illness and he does not "analyse their treatment of illness with equal care." Although treatment is mentioned in passing throughout the text and in four short case histories, it is in the present book that by following a single case, he can provide a fuller account of Gnau diagnosis *and* treatment.

Lewis' account is reflexive to the extent that he mentions his personal involvement as Dauwaras' sometime medical therapist and, occasionally, his feelings regarding the indigenous care he is receiving. He is less forthcoming regarding Dauwaras' hospitalization at the missionary hospital. Although he identifies all of the indigenous participants in Dauwaras' treatments by name, the missionary medical personnel, for unknown reasons, remain exotically anonymous. Nor does he provide the same detailed accounting of the setting and treatment provided. While acknowledging Western style medical interventions during Dauwaras' illness, they seem not to interest him as much as the indigenous ones. This is regrettable as his commentary as both a physician and ethnographer comparing the efficacy and indigenous perception of the two forms of therapeutic intervention could have been illuminating.

One of the factors that prompted Lewis to develop this ethnography was his interest during his late 1960's field work in Victor Turner's (1957) book *Schism and Continuity in African Society*. There Turner developed his notion of "social drama" as exemplified in detailed studies of crisis situations and, to that extent, the book becomes the stimulus for Lewis' account of Dauwaras' illness. But Turner was also interested in the analysis of these crisis situations "to see beneath the surface of social regularities into the hidden contradictions and conflicts of the social system (p. 4). Lewis attempts no similar analysis from his extensive data nor does he give the reader an overall sense of what he has learned about health, illness, ritual, Gnau society, or the ideas presented in the introductory chapter.

Perhaps I am being unfair to Lewis who simply wanted to tell Dauwaras' story. If his story had been shaped by a more literary sense of a narrative style that hewed to the social drama unfolding, I could accept the story *qua* story. But it is also unlikely that it would be the subject of a Book Review Forum for the *Journal of Ritual Studies*. However, when that story is presented as an ethnography of illness brimming over with rich data that begs for analysis and interpretation, my expectations for authorial insights are raised and, when not forthcoming, my disappointment is apparent. But as a postmodern experimental ethnography--although Stephen Tyler (1984) might disagree--I think it is a great success.

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*A Failure of Treatment* (Gilbert Lewis, Oxford University Press, Oxford 2000.)

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[Journal pages 134-139]

The question of whether a treatment has failed must turn on what you think was being treated. Most obviously and immediately it's a body, but there seems to be more than one conception of "body" running through Gilbert Lewis's extraordinarily detailed, illuminating, and compassionate account of the demise of Dauwaras. I'd say that Doctor Lewis was treating a *psycho-soma*, and that his Gnao friends were treating something I'll call, for sake of contrast, a *socio-soma*. This of course is my way of appropriating the topic and bending it to my own current fixations. I'll try to explain what this distinction means, and why I think it is of more than passing interest.

The importance of Gilbert Lewis's narrative of one man's illness, the range of treatments applied, and his eventual death, extends far beyond the domains of anthropology and the comparative study of medicine. The description is thoroughly circumstantial, numerous threads being traced out into the events, relationships and other lives that encompassed Dauwaras. Reaching back thirty years, the book dwells on the ways in which the passage of time alters the construction of events, but the actuality is sustained by precise case-notes, composed in the tradition of medical science, with the doctor's own interventions punctiliously recorded. But the text is carried along by a flow of recollected emotion, a poetic intensity which is a hallmark of Lewis's writing. (The pictures have turned out dark and muddy, a sorry contrast to the vivid clarity of the text with its frequent evocations of color and texture.) His participation in the course of events is thoroughly evident, but without the fussy reflexivity of other recent attempts to "write culture". He does not say, and may not wish to say, what part his own grave illness may have played in the writing of this book.

Lewis's view of the illness and treatment of Dauwaras is clinical - he uses his own professional training to the full in the making of this ethnography. He applies his medicine, on his terms, whenever he is allowed. It is his creed and his credential, his conversational gambit, his interpretive viewpoint. He has been intensely concerned to understand all aspects of Gnao medical practice, ritual and etiology, but shows no interest in "becoming" a Gnao medical practitioner. He tells us explicitly what he thinks was wrong with Dauwaras (pp. 99-101), but his own awareness of the speculative qualities of all diagnosis and the pragmatics of treatment makes him keenly empathetic to the efforts of this small community to find a cure. He is impressed by the huge collective endeavor of the *Malyi* ritual performed for Dauwaras, and he is frustrated by his own laborious ministrations - massaging and catheterizing Dauwaras, giving him injections and pills. But he does not doubt the universal applicability of his own medicine, and looks for links between it and Gnao medical practices. Like us, they respond to symbolism, placebo effects, and the suggestions of others (pp. 166-9). Lewis also evokes explanations of the "alternative therapy and complementary therapy... practised in Europe and America" to account for what may be going on in the *Malyi* rituals: "cognitive restructuring," "positive assertion," "group support," etc. (pp. 184-5). "The broad outlines of the imagery and symbolism of the performance were intelligible without requiring a great deal of esoteric explanation" (p. 157). Lewis's account makes so much about the Gnao seem commonsensical - even the oddities of gesture (much spitting), or habit (those mysterious penis shells) and ritual practice. He even has feelings about the logic which might make some piece of ritual action "work" better.

Nevertheless, in his ethnographic explorations of Gnao ritual, medicine and etiology, Lewis emphasizes the mutability of meaning, in ways which make a great deal of sense to me. Understandings (of ritual purpose and practice, for example) change over the course of a person's life.<sup>1</sup> Normative regularities are latent rather than explicit, and are focused pragmatically by contingencies. The Gnao don't think as dichotomously as we do, as between belief and disbelief, or the literal and symbolic - or, I would hazard, between life and death. This book dwells on how the treatment process shifts according to the scale and gravity of events as these develop. From a stumble to a death, this is traced with exceptional clarity from one afflicted knee to the other, to a whole body, and from thence to a wider community.

Coming to grips with Dauwaras's ailment extends from slapping the joint with nettles to major communal therapy on the scale of *Malyi*.

Lewis evokes textbook theory very sparingly, and then only to underscore some basic attitudes. Like all the best ethnography, his account draws the reader into the interpretive process (which I assume is a motive for the present review process.) The bait in Lewis's narrative is the word "Failure" - right up there in the gloomy title of his book. It's as candid a value judgement as any we're likely to find in any piece of ethnography. The judgement is rooted in Lewis's medicine, although the book probes very diligently the question of whether the Gnau would agree or disagree with him, and on what grounds. For Lewis, the body is a palpable entity, liable to physical accident and to the predations of the *mind*: a psycho-soma, conditioned by a cultural environment. The clinical judgment is clear enough. Dauwaras's agony was pitiful, a life was lost, people (including Lewis himself) felt bereaved. The illness and efforts to cure it end in death. In dwelling on "failure" Lewis is perplexed by the tension between his own professional determination not to lose a patient, and the Gnau community's resignation to the loss of a loved and respected person to forces beyond their control.

There seems to be nothing physically wrong with Dauwaras, apart from his game leg. It is difficult, for Lewis and us, to fathom what Dauwaras is thinking and feeling, but he is convinced from the start that he has been struck by *Malyi*. Under intense ritual pressure *Malyi* disclaims responsibility. Eventually, the community becomes resigned to Dauwaras's fate: he has succumbed to the murderous sorcery *minmin*, a new piece of wickedness in the land. When all has been done, the patient is - partly on his own insistence - left alone. "As Sicknes is the greatest misery, so the greatest misery of sicknes, is solitude" says John Donne. Dismayed by Dauwaras's isolation, closeted in the darkness of his hut, Lewis visits him regularly, and converses with him. As a good social anthropologist Lewis is well aware that the illness is embedded in the patient's social context, but he is disappointed that at this stage the community does not rally round the afflicted to administer social psychotherapy. Dauwaras dies, and in the fullness of time, the epidemic of *minmin* plays itself out when everyone knows how to do it and how to avoid it.

At this point, Lewis's medical story ends in failure. But the Gnau tale continues. In Gnau terms, death is the end of Dauwaras's body (*matilden*), and with it the end of the two other constituents of a living person: *wuna'at* - consciousness and the capacity to think, which are seated at the solar plexus; and *malauda*, the shady reflection of self you see in pools, and which flits around in dreams. Death leaves things that greatly concern Lewis (and us) behind - a life, a personality, a consciousness. Dauwaras lingers as memories for the bereaved, but he does not persist as spiritual entities of the sort which clutter our understandings of individual mortals. At death a new metaphysical entity - *gelputi*, the ghost - comes briefly into being. It doesn't seem to have very much, morally or personally, to do with the old Dauwaras everyone knew. Nor do people have a very clear idea about what it does, other than feel justifiably aggrieved. In seventeen-year retrospect it is thought to have embarked on a devastating round of revenge on the suspects in Winalum village; ten years before, this was thought to have been sorcery perpetrated by Dauwaras's nephew on his behalf. The Dauwaras of fond memory gradually fades, and his identity merges with *malet*, "the collectivity of the lineage dead" in its timeless, depersonalized unity (p. 37). In this perspective, Dauwaras transcends his illness and is (re)incorporated in the flesh and blood of his family.

Non-Melanesianists enter discussion of these perceptions at their peril. Bodies are linked, we have been told, to partible and composite personalities in complicated ways.<sup>2</sup> Identity and its various psychic appurtenances do not have the bodily centre of gravity with which we (and, for example, South Indians) are familiar.<sup>3</sup> Our own folk epistemologies can accommodate easily enough the Gnau notion that "a spirit can be in many places at once" (p. 67), but the idea that a *body* could be in more than one place at a time is alien to our way of thinking. Our modern infatuation with individuality may still allow the possibility of a grand communion of souls in the great hereafter, but the idea of a grand convergence of *bodies* is not in our conceptual repertoire.<sup>4</sup> As an Africanist, I find aspects of this other, socio-centric perception of the body interestingly familiar. In African ethnography, and apparently among the Gnau, the elision of body and community is expressed in the substance of the lineage. The issue which Lewis's account of the treatment of Dauwaras helps to bring into focus for me is whether we should interpret this socio-soma as

"merely metaphor," or as an actuality to which we happen to be epistemologically unsympathetic. I suspect that most ethnographers have not given the matter much thought.

Lewis has remarked on those unexpected flashes of insight into other people's ideas "the sudden transparency granted in a chance gesture or remark".<sup>5</sup> In his *Day of Shining Red* he describes how, after long residence among the Gnaou, he is startled when a friend remarks that the bell bird which is a signature memory of the place for Lewis, is actually the self-same bird that sang for his grandfather long ago.<sup>6</sup> How could he, Lewis, have assumed so safely that he and the Gnaou had the same general understanding of mortality?<sup>7</sup> I was similarly perplexed a long time ago in Uganda, when I was informed that a small boy in the household in which I was living "was his grandfather". Despite their insistence, I rationalized that what they really meant that Lukoho was *like* his grandfather. I'm sure I felt that such notions of reincarnation were "pre-scientific" - quaint, but irrelevant. I was more interested in other things, but of course I now regret not having pursued the matter as diligently as, for example, Kopytoff: "The Western ethnocentric conviction that 'ancestors' must be separated from living 'elders' conditions the cognitive set with which we approach African data and theorize about them".<sup>8</sup>

The plot thickens when the teknonymous grandparent and grandchild are alive at the same time. I now think that a more sympathetic interpretation can be found in the obvious fact that the child and his grandfather were separated by *growth*, rather than by body or personality: in the seamless trans-generational cycle of life, one was coming and the other was going. Their coincidence in individual bodies is *our* conceptual dilemma rather than theirs. I find this other view of embodiment illuminating, given the conceptual confusion heaped on the topic by Cultural Studies in recent years. I now like to imagine *life* as something that occurs *between* people, and which is not confined within the individual corporeal trajectory from conception to brain death. We don't reproduce ourselves, communities do that. This makes it easier to imagine our bodies and all their psychic appurtenances as common property - which seems to me a more generous view of who and what we are.

For the Gnaou, and I suspect many other peoples around the world, there is a socio-soma which matters greatly in the treatment of illness, but which is lost in our western medical fixation on a psycho-soma. It is not so much Lukoho's duplicitous body that troubles us, as the implication of a split *mind* (and its attendant metaphysical properties - personality, spirit, etc.) The Cartesian mind is integral - it can't be shared and it doesn't function as parts. To be a person is to have a mind of one's own. When we say we are "in two minds" we don't mean it literally, although that may be how we feel: we imply that we are confused. The physical coordinates of that unitary mind are in *a* body - perhaps more specifically *a* brain - not several of these. Descartes labored mightily to explicate this connection, providing much grist for the western philosophical mill. It is often said that modern scientific medicine was made practicable by the Cartesian split: the detached, rational mind working analytically on other people's bodies. We can't assume that Gnaou diagnosis and treatment proceed from the same, or even broadly similar assumptions. But it does raise the question of whether the ambivalence which Lewis feels about the treatment of Dauwaras and its failure derives from his own central concern with a psycho-soma - an enminded body.

Lewis told me recently - in a conversation which was unfortunately very brief - that he believed the "mind-body split" to be universal. No doubt if we had had time to talk, we could have clarified what each of us understood by this. My worry is not that Gnaou fail to make some sort(s) of physical / metaphysical distinction, but that it doesn't correspond with our own. The prevalent post-Cartesian version of dualism gives the psychic entity a discrete, superior and transcendent relationship to the body; knowable certainty can only be of the mind, not of the body; ideas are to be trusted, feelings not; normatively, things mental are more valuable than things physical. Detached from the spatio-temporal confines of the body, the psychic entity is discrete from the processes of generation, growth and decay. I don't think you have to be a devout relativist to reckon that these are not universal cognitive categories. They have proved very useful to us, but as I have argued elsewhere our commitment to these categories has been at the expense of understanding many other things, most significantly the relationships between feeling, meaning, and morality.<sup>9</sup>

The irony of the Cartesian separation of mind and body is that it is *not* predicated on the indivisible, indubitable, unitary "mind" as Descartes asserted. It is the *body*, in all its palpable, integral "there-ness"

which allows us to imagine our individuality, in its pervasively modernist forms. While anthropologists have enthusiastically recognized different configurations of "mind" in exotic contexts, the definition of this metaphysical entity has always rested unthinkingly on universalist assumptions of a discrete, unequivocal, palpable *body*. The "psychic unity of mankind" is predicated on this immutable bodily shell, the container for an infinitely variable mind tutored by an infinitely variable meta-mind of "culture". Little wonder that this looks tautologically nonsensical from almost any physical perspective on being human.

In sum - I am now more than ever skeptical that either "dualism", or assumptions of the superordinate status of "mind", are adequate for understanding how peoples in other cultures treat illness or perform rituals. And of course, this skepticism extends to how we ourselves deploy Cartesian categories in our medicine, and elsewhere. Although the famous split is the basis of modern thought, its implications are wholly unresolved and imperfectly understood - the most cursory reading of recent philosophical debates will make that clear. It may have served our own knowledge system well enough (we have to have *some* intellectual categories) but there are many signs it has become a straightjacket. One of the current pieties of anthropology is that ethnography can enlighten us - but not, it seems, by changing a cognitive category as fundamental as the human mind. After all, anthropological understandings are themselves predicated on this cardinal distinction - "culture" as a sort of meta-mind - and to dismiss it at this late stage would put our professional meal-ticket in jeopardy. The assumption is now being sorely tested in the feuds (all of them Cartesian in their premises) about the material and the ideal, which pit academics in almost every discipline against each other.

I wonder if all this sheds some light on the ambiguity of *Malyi*, as both cause and cure of illness: a link between the body in its ephemeral and vulnerable individual manifestations, and its perdurable and curative collective mode. Lewis notes that "rites on this scale have multiple purposes" - initiation, propitiation of harvests, and of course the sheer dramatic entertainment of it all. Plainly, something much larger than Dauwaras was going on - but what? We are, of course, in an area of ritual function which anthropologists have found very difficult to understand. Lewis feels that the social complexity of the treatment "did not do much to mitigate the central disappointment - knowledge of Dauwaras's state, the despair and the pity of it" (p. 181). It did, however, have "some power to make them believe" (p. 185). Occasionally someone gets cured, and the testimony of that positive case is enough to sustain faith in the practices. And the theatrical assertion of public knowledge helps to overcome private doubts. But I don't think Lewis intends us to imagine that the Gnau efforts at treatment were, in the final analysis, a comforting exercise in self-delusion.

All these speculations make good psycho-somatic sense, supposing that the prime concern of the *Malyi* "singsing" is to restore Dauwaras to health. Other puzzling aspects of the ritual make better socio-somatic sense, for example the inclusion of other agendas in the *Malyi* cycle. This seems to be more than mere opportunism (several rituals for the price of one). It looks like a synergetic build up of power, the focusing on a more general object of treatment, an imperative of social scale rather just achieving scale economies. Lewis hints that Dauwaras's "singsing" for *Malyi* may have been less effective because, despite the six dramatic "confrontations", not enough other social business was going on. The fabrication of the *Malyi* mask as a collective effort, which in the masquerade literally incorporates and is animated by a sequence of actors whose several "real" identities are barely disguised, also suggests a striving to make the community unitary, palpable, and answerable. This is something more than the evocation of a Durkheimian "*Malyi-is-us*" metaphor. It looks like a huge collective effort to come directly to grips with the transcendent *body* of which Dauwaras has become an afflicted member.

A ritual may be botched, but the power of the socio-somatic assumptions on which it rests is undiminished. The awful truth, which Lewis picks up and which resonates with my own limited experience of such things, is that the adults who dress up and do these things are desperately unsure of themselves. Even more so than western doctors, Gnau people are obliged to pick their way pragmatically through the uncertainties, conjectures and confusions of the illness. Food is a prime concern. Talking about maturation in an earlier book, Lewis remarks that "In the middle phase of life, progressive experience and sequence are the main themes - leaving rather blank, open or casual the association that people may choose to find in explanation of some [food] rule; or they find none" (1980: 164).

Dauwaras's extreme faddishness comes across as a fearful indecision about bodily throughput. Better eat nothing (or cornflakes, cocoa and other exotica administered by the white man) than the wrong thing.

In the face of such lamentable ignorance, collective power and knowledge must be invoked in their widest moral authority. "Spirits" (in nature, and the ancestors) know things; we don't. Jacqueline Rabain in her book (1979) on the Wolof of West Africa evokes beautifully the contrast between the certainty which we presume to be "out there" in the cosmos, and our pitiable ignorance as mature, earthbound adults. It's our lot to turn the great wheel of life, a physical agony of having babies, scrutinizing them for traces of re-emergent ancestors, laboring to feed the family, burying the dead. Life is a pragmatic pickle, a struggle to do the right thing for all those alive and dead who matter, facing the fateful consequences of the obligation and responsibility to *act*. This is how Dauwaras was eulogized: a great hunter, "a hard worker who could get other people to work, generous, a man who welcomed strangers" (p. 223). This medial position in the life process is also evoked by LaFleur's account (1992) of the ignorance of Japanese grownups, excluded by the privilege of being alive from the knowledgeable domain of the gods and buddhas. They are mocked by their infants and the elderly, whose cosmic talk reaches the ears of earthstruck adults only as babble.

It's modernity that insists on categoric divisions, and puts sharp edges around things like life/death. For most humans, such contrasts may be painful enough, but as Lewis has been at pains to explain, the categoric shifts are usually more gradual, less extreme. That makes it easier to understand someone as simultaneously alive and dead, or in two bodies, or in different places at the same time. For sure, the transition precipitated by bodily decay may be ambivalent and dangerous, but as we know, rituals can handle that. The period of uncertainty can surely be a nuisance: having to smoke-dry the deceased and put them on a shelf at home until you're sure they have really moved over.<sup>10</sup>

The inferences for treatment of an illness may likewise elude our understanding. The "patient" may be something *physically* more inclusive than a particular embodied person as *we* perceive it. The object is not the psycho-soma of a discrete individual; she or he is not an island, but "a peece of the continent, a part of the maine". I think John Donne, always fascinated by other places and peoples, might have empathized with this other socio-somatic sort of imagination: who can remain impassive when we know that any man's death is "passing a peece of himselfe out of this world"?<sup>11</sup> When treatment moves out from knee to man to community, the loss of Dauwaras might be seen as a transposition, essential to the communal recovery. Could this be the understanding Lewis discovered in conversation with his Gnau friends seventeen years later? A readjustment of "body," painful at the time but no longer so encumbered by memories of the man. But not exactly a "Failure."

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### Endnotes

1. See especially Lewis 1986.
2. See especially Marilyn Strathern 1988.
3. See Busby 1997.
4. There may be faint intimations of this in the biological science which ties humans into a single genetic stock.
5. Lewis 1986 note 10 p 434.
6. Lewis 1980: 136.
7. It turns out that similar ideas about the immortality of birds linger in our own cultural heritage...
8. Kopytoff 1971: 136.
9. Robertson 1996, 2001.
10. This, I believe, is a custom of the Anga of Papua New Guinea.
11. Reading Gilbert Lewis's monograph I was often reminded of John Donne's *Meditations upon our humane condition* as he struggled with the serious illness that befell him in the winter of 1623, the bells of Saint Paul's ringing in his ears. Donne's remarkable memoir of the progress of his illness, cosmic in its philosophical range but pre-Cartesian in its fusion of thought and feeling, is a reminder of how much this putatively "metaphysical" writer was concerned with the predicament of what we might now call "embodiment". His timeless account of the anguished centrality of the body and the frailty of its ties with humanity are in contrast with the practised objectivity of modern medical science.

*A Failure of Treatment* (Gilbert Lewis, Oxford University Press, Oxford 2000.)

Reviewed by *Harvey Whitehouse* (Professor of Anthropology, Queen's University Belfast)  
[Journal pages 140-141]

This book presents previously unpublished ethnographic data gathered by Gilbert Lewis as part of his doctoral research in 1968-9 among the Gnau of Rait village, West Sepik Province, Papua New Guinea. It describes complex webs of social activity and cultural meaning surrounding the protracted illness of a man in his late thirties, Dauwaras. Lewis details Dauwaras' responses and those of others around him to his illness, and he describes closely various attempts made to effect a cure. In doing so, Lewis constructs a rich and gripping chronological portrait of his field research, the personalities of Rait villagers, and the trials and tribulations of their everyday lives. *A Failure of Treatment* provides an exemplar, a gold standard for ethnographic observation and report, as well as being an exceptionally engrossing narrative.

One of the most striking features of Lewis' ethnography is his dogged pursuit of details that implicit or casual inference might easily overlook. Lewis conducts his search for intentional meaning in an explicit and measured fashion. He presents us with a *process* of understanding rather than merely its asserted conclusions. By allowing the reader to inspect the subtle nuances of Rait villagers' acts of communication and expression, Lewis invites us to join him in the evaluation of possible lines of interpretation, rather than merely to defer to the ethnographer's interpretive authority. It might be tempting to gloss this quality as a kind of 'reflexivity'. Lewis does indeed strive to write himself and his family into the narrative, whenever their presence or actions have noteworthy effects on the lives of people in Rait. But Lewis' reflexive stance is merely one aspect of what might be most accurately described as a thoroughgoing *empiricism*. That, more than anything else, is what makes Lewis' ethnography 'exemplary'. Those, like me, who read ethnography in hopes of learning about the rich diversity of human mental life and social behaviour will be hard-pressed to find a better example of ethnographic writing than this. Others looking for fashionable philosophizing, moralistic agonizing, or stylistic virtuosity might be disappointed. That is not to say that the book lacks aesthetic appeal. Lewis aims at clarity and precision rather than at literary flourish and inspiring metaphor, and yet there is a distinctive eloquence and, at times, even a poetic quality to his writing style. More movingly still, every part of the tragic tale that Lewis relates is suffused by an empathy for those concerned that is neither sentimental nor understated.

In some ways Lewis misses (or deliberately avoids?) opportunities to capitalize rhetorically on the book's most important and original accomplishments. At a time when models of excellence in qualitative research methodology and ethnographic writing are badly needed, *A Failure of Treatment* provides a scarce and valuable resource. Lewis may have been aware of that but does not make explicit his intention to pass on skills of observation and documentation. He does not, for instance, compare and contrast his approach in any systematic way with other styles of ethnography, a process that would undoubtedly have been instructive for both students and fellow researchers. A similar isolationism is apparent in the theoretical/analytical sections of the book. Lewis highlights some of the differences between his descriptive aims and those that have inspired clinical case histories in medicine and case narratives in social/cultural/medical anthropology. Various debates in social theory are touched upon but not systematically pursued in the closing sections of several chapters. The bibliography is correspondingly short and contains only a smattering of anthropological works (mostly written before 1970). And yet it is clear that this book could have been used as the launching pad for a major critique of contemporary anthropological theory and methodology. As Lewis observes (pp 4-5):

Generalization comes out of the study and comparison of particulars. Social anthropology without observation and the data of ethnography would become fiction, vain theorizing, introspection, or speculative philosophy.

Much anthropology has become *all* those things, but Lewis stops short of saying so and, further, explaining how and why this should change.

Lewis is clearly not out to stir up trouble or to evangelize. His book teaches us a great deal, but

mainly by example. It ought to qualify as a contemporary classic in ethnographic writing, but it leaves it to the reader to appreciate why, and to imagine how works of this kind might be emulated and developed in years to come.

Response to Reviews of **A Failure of Treatment**

Review Forum, **Gilbert Lewis** (St John's College, Cambridge)

[Journal pages 142-151]

Thank you for the time and thought you have put into your perceptive (and generous) responses to the book. Certainly as I was writing it, I did hesitate about the place to give or not to give to discussion of theory. The lack of more explicit theory seems to strike you in different ways. So I would like to explain my decisions further and take up some of the comments you have made about the ethnography, and about treatment and ritual, as well as the place of theory.

My chief aim was to give an account of someone's serious illness and of responses to it. Dauwaras's illness had been distressing and revealing. But in my thesis (published as *Knowledge of Illness in a Sepik Society* 1975) I scarcely used my detailed notes on it. The thesis was about the recognition and diagnosis of illness and local understandings of causation. It had a conventional academic face. I tried to analyse all the illness that occurred in one village for over a year; I reported survey results, compared their views on diagnosis and cause with mine, counted the distribution of cases and did tests of significance. But it did not convey much, I thought, of what the field experience had been like. And I left out treatment (as Mitchell notes); I hoped the recent book would do something to fill that gap. Perhaps as others have with theirs, looking back over my own thesis, I felt a twinge of conscience over failing as witness to the place, the people I had known, that particular field experience.

The recent book is written in memory of Dauwaras, to tell his story as fully and effectively as I can and portray how other issues were tangled up in his illness, how different hopes flickered or went out. For his circle, the questions were what to do; how to know what would help, who should decide. I tell it as a story unfolding in sequence. The immediate concern (both for the people in the village and myself then) was to identify what was significant. Something hidden or apparently trivial might be important. To tell the story of those uncertainties as the record of how things unfolded, almost a diary, is true to life. Necessarily it also records my own uncertainties and involvement as a learner – the process of fieldwork - unevenly acquiring experience and more familiarity with people in that community, their language, responses and ideas. I could not plan events. The illness of Dauwaras and the performance of the Malyi rites, large-scale, community wide, happened then, once only; I had to observe, record and understand as best I could. I hoped an account of this might also be of interest as example of the process of trying to do fieldwork and reach some understanding (to go with others which have thrown light on it, as for instance Robertson 1978, Mitchell 1978, Whitehouse 1995). It is also meant to help make my position clear if someone wishes to assess how the information was obtained. A standpoint constrains what can be seen; position and perspective imply slant, partial view, limitations as well as openings. I mean viewpoint both literally – visually - and intellectually. I can see the justice of Robertson's comments on my interpretative standpoint, my medical creed and credential. I think an ethnography of illness should describe the social setting of an illness, not just as the experience of the sick person or the problem set for the doctor or healer, but also including the actions and views of other participants and observers. Their views may change, each may contribute something to the whole picture. Another theme which I hoped would emerge through the diary-narrative form has to do with pace and timing in relation to events, a theme highly pertinent to treatment, judgements about causal association, risk and urgency. Questions of timing (in prospect and retrospect) run through the story, touching on the decisions about intervention, diagnosis, cause and coincidence, as well as evaluations of treatment, how soon it should work. Chapter 10, for example, brings out the contrast of intense reactions to acute crisis in Maka's case with Dauwaras's long isolation and the drawn out pacing of his treatment. The singling out in illness can take contrasting acute and chronic forms, a crowd urgently gathering round the person versus isolation of the sick man, alone in darkness.

The book documents a complex ritual performance. Malyi is by local standards a big collective rite, an example of a type of ritual in the area (identified by McGregor 1975) in which someone's illness seems to be the trigger or catalyst for a major collective effort. Having been allowed to see Malyi close up, I felt I could describe how it was performed in some detail. The dearth of descriptions of particular performances of major ritual in Papua New Guinea, after F.E. Williams's magnificent lead (1940) - and despite all the

museum collections of 'ritual' artefacts – has no doubt partly reflected lack or loss of opportunity. Reports of what local people say they used to do, accounts or procedural instructions elicited by interview, do not match direct observation. Certainly some outstanding eye-witnessed studies later came to retrieve the situation (e.g. R.A. Rappaport 1967, A. and M. Strathern 1971, F. Barth 1975, A.F. Gell 1975, E. Schieffelin 1976, D. Tuzin 1980) but there is still a need for more. I had seen how the ritual was put on to persuade the spirit Malyi to spare Dauwaras and bring other benefits to the people of the village. The staging, imagery, sequence, pacing, and narrative symbolism were made fairly plain by people's explicit discussion as they performed it or explained it to me. The diversity of hopes for benefit, the ambivalence of need to bring the spirit near and be recognised by it but fear of its glance or sudden strike, the mixture of knowing what to do but not knowing for sure if all had been done well enough – all this made its performance exciting, uncertain and exhausting. In *Day of Shining Red* (1980), I emphasized some of the problems of ritual interpretation – trying to distinguish between the views of actors and observer, identifying stimulus and interpretative or perceptual responses. I was interested by expression in ritual and variations in understanding and interpretation according to the local respondent's age, gender and experience; intended versus involuntary expression; emotion, gesture and meaning. I had been influenced by Gombrich (1960) and Mounin (1970) on the understanding of expression and symbolic communication, by the reasoning used by Hinde (1975) and Tinbergen (1953) to interpret non-verbal behavioural responses and animal communication, by Taplin's guide (1978) to performance and the patterned devices in classical Greek tragedy. People at Rauti (the village) talked a lot about how to do the ritual and argued with interest over details of procedure but they rarely went in for much discussion of its meaning or symbolism. I looked for intention – who or what sent the message? Awareness - who received it? Was it meant to be secret or controlled knowledge? Did alternative interpretations of meaning indicate the respondents' different access, experience or interest? Or reflect the intrinsic unclarity of the message, its absence or ambiguity? On what authority should one meaning be preferred over others? Certainly with rituals where there are sacred or ancient texts and written history about them, it is obvious that earlier meanings and messages have often been disputed or lost or changed over time, e.g. with regard to the Eucharist. I do not think this is the same as taking a postmodernist perspective. If there was supposed to be a correct interpretation, and people seek to recover the original intention or meaning, questions of tradition and interpretation turn into questions about authority - whom (person) or which (text) to choose. With Gnaou ritual, questions could not be posed like that – i.e. in terms of recovering some putatively 'true', 'original' or 'right' meaning. Instead I was concerned with how people made various claims to know how to do it, what it was for or what it meant, the empirical evidence for agreement or variety in how they responded and what they knew. I had focussed in *Day of Shining Red* on the Gnaou puberty rites for both girls and boys because I saw them performed a number of times and could compare the comments of young people and older men and women. The Malyi ritual was different from the puberty rites in scale and complexity of performance.

Robertson begins with the just observation that whether a treatment has failed must turn on what you think was being treated and he then develops an arresting interpretation of treatment aimed perhaps at a socio-soma rather than a psycho-soma. My sense of a failure of treatment stemmed from the medical focus I had which was fixed on the individual patient (as psycho-soma). But the local Gnaou people's response of resignation to loss might derive, Robertson suggests, from a different sense of the relationship (elided) between individual and community or collectivity: 'The "patient" may be something *physically* more inclusive than a particular embodied person as *we* perceive it'. He sees the treatment as having moved out from knee to man to community. The aims behind the different treatments certainly changed as people's ideas about why Dauwaras was worsening changed. But I think Robertson means something more subtle about how Gnaou people may understand the relations between mind, body, collectivity and person. I can think of clear cases in which individual misfortune is seen as the result of collective wrongdoing; the individual's illness or misfortune can be remedied only by treating the collectivity; the individual's illness is (more or less) a sign of something rotten in the state. A most vivid ethnographic example of this is Turner's account (1967) of the healing of Kamahasanyi by Ihembi, an Ndembu doctor in practice. Ihembi repeatedly applies sucking horns to Kamahasanyi's back, with each application again demanding that his kin and neighbours bring further hidden grievances or resentments out into the open.

At last the treatment is successful: the source of his suffering, the hunter's tooth, comes out when the sucking horn is removed. In Rautit, occasionally hunting failure was attributed to hidden strife or resentments within the immediate community and a rite of public avowal or confession was tried in remedy. Would these count as socio-somatic treatments in the sense that the confession by others of wrongs, or the outing of grievances, make another person better? Treatment of the social body affects the individual body. Perhaps there is also a remote parallel in the work of the South African truth and reconciliation commission. For Dauwaras, there was also the day (p.189-90) when everyone was called to a kind of collective divination to see if it could be perhaps the spirit of someone's relative that was afflicting him and all those present spat water in a spray to counter that.

Actions taken by relatives or others can affect a given individual's success or wellbeing. This idea is not mysterious or strange: we think other people's actions (e.g. as with bad driving or smoking and passive smoking), or treatments done to others (e.g. to treat tuberculosis, disease-carriers or alcoholic partners), may have significant effects on a different person's somatic and psychic state. It is a sort of socio-somatic relationship. But I think Robertson means by socio-soma something different from that and more unfamiliar. At Rautit, for instance, I heard a mother's brother ask his sister's children to stay at home while he went to catch bats nesting in a hole in a tree on his land: they said, if the children scattered, the bats would have scattered by the time he climbed up to get them. Did they think there was a nexus of cause and effect or just symbolic parallels between his sister's children's movement, the bats in the tree-hole on his land and the hunter's success? How seriously did they mean it? We are tempted to think about such a question in 'either/or' terms. Perhaps often with beliefs, the answer may depend on circumstances, or be given with more or less conviction by different individuals. Some show hardly any interest (on pp.195-7 I develop that point with regard to attitudes towards healing).

In the course of following all the things that were done to try to get Dauwaras better, and for some other people ill during that time, I encountered quite a wide variety of the different methods used in Gnaau treatment and diagnosis. I describe many of these so that the book includes not just the most complex responses to illness but more everyday ones as well. The treatments range from nursing and sympathy gatherings (pp.78-80), social eclipse (p.112) and food avoidances (p.98), poultices, herbs and nettle-rubbing counter-irritation, through spittings and spirit appeals (pp. 125-7), magical 'arrow-extractions'(p.195), to collective organised ritual. The amount of time, effort and emotion invested in different treatments varies greatly. The dramatic enacting of an explanatory theory of the cause and cure of his illness (in the Malyi rites) can be seen as an elaborate way of arousing hope, a form of focussing using visual and verbal suggestion to 'make-(them)-believe', supported by collective persuasion and positive assertion (pp. 166, 182-5). But such methods are not necessarily successful. I wanted to convey what it was like with its drawn-out pace and doubts as well as the emotional responses of those involved. A lot has been written on persuasion, suggestion, hypnosis, placebo, psychological therapies and faith healing to suggest why such treatments are followed and may help. I allude to some of the explanatory theories by terms they use – cognitive restructuring, abreaction, modelling, incubation, confession, moral direction, sensory deprivation, catharsis, desensitization, reinforcement, operant conditioning, habituation (p.184-5), but without identifying and pursuing their widely scattered literature. I try to get at some of the difficulties and ambiguities of studying attitudes to literal belief in the efficacy of treatment, the actions done and the objects shown, by taking the example of Gnaau magical 'arrow-point extraction' treatments (pp.194-7).

As for literal or figurative belief, I would certainly agree with Robertson about our tendency to put things too often and too simply as sharp dichotomies or dualisms – either/or, one or the other. People may believe in something more or less strongly, accept some contradiction between their reason and their feelings, 'hope against hope'. The Rautit people clearly did vary the frame of time and circumstance within which to look for an explanation of Dauwaras's illness; the focus did move about from knee to man to community. His illness was the trigger to put on Malyi's rites in the hope of healing him by them. His encounters with Malyi in the rites, the appeals and the release acted out with the masked figure of Malyi, conveyed in vivid imagery a conception of the cause and nature of his affliction and how it might leave him. At the time no one lost sight of that purpose to heal him. But it was clear that the whole community also hoped for other benefits to come from putting on the rites (see p.115 and the photograph

of people crowding in to be introduced to the mask and recognised by the spirit). When I considered whether it was a failure (pp.181-5), I tried to point out some of the issues from collective as well as individual points of view. But I thought that the satisfactions of having celebrated Malyi's ritual on such a scale did not mitigate most people's sense of disappointment – knowledge of Dauwaras's despair and wretched state (p.191, 193, 196-7). Although performing Malyi's ritual was a complex social responsibility and associated with several aims and hopes, the salient aim of this performance had been to make Dauwaras better. Their hopes were intensely focussed on him but the rites had not been enough (p. 164, 167). Yes, the ritual was both a social celebration honouring Malyi and an attempt to make Malyi take his illness away (a treatment). It could succeed as a completed social and ritual performance but fail as treatment. At the time they keenly felt the lack of success as treatment after all that had been done (p.193). I was then shaken to find out about the failure of an earlier ritual to alleviate Dauwaras's elder brother Kanti. That earlier ritual had been referred to, so I thought, as successful – public opinion implied it must have worked as treatment, a collective retrospective view outweighing the direct private knowledge of Kanti and his closest kin. In hindsight, things can change. I put in the section (pp.244-9) about the stilled snapshot effect of ethnography to analyse the sense of hiatus between my cherished memories and the place when I returned a few years later. I thought I could pick up the threads of people's lives where I had left them, the stories and relationships, and find out what had happened next. But of course things don't stay fixed, people's relationships and problems move on, their interests change. The same questions did not matter to them as they had before. It is too easy to imagine things held in an illusory ethnographic present, made up of the pictures and experiences I had tried to write about in the intervening years.

Opinions about success or failure in treatment, as Robertson says, depend on aims. It is not just a matter of completing the ritual. Consider the meanings of 'caring for', 'curing', 'healing', 'treating' or 'managing' illness? What different aims are set – patching up or perfection? To give support or comfort? To repair or remove (e.g. by surgery)? To remedy (e.g. with herbs or drugs)? To alleviate the symptoms? To preserve or restore function? To make whole again? To rehabilitate or enable someone to keep a job? To help someone adjust to loss or disability? To protect others? To prevent spread? To change habits, environment or life-style so as to come to terms with disability, threat or misfortune? To do something? Anything, to show you care? Even from a conventional medical point of view, such a variety of aims does not make it simple to answer in black or white about the value or success of treatment. Even from a conventional medical point of view, treatment is not always determined or assessed simply in terms of the individual sufferer's body-mind.

The question of efficacy is inevitably a tangled one. Coming to anthropology after medicine, I was disposed to question beliefs in efficacy. I had seen some of the medical history of how difficult it is to tell if a treatment makes a difference. Expectations depend on diagnosis and prognosis – what would have happened if nothing had been done? In Book II, chapter 37, in the essay 'On the resemblance of children to their fathers', Montaigne ends with various reflections on physicians and why we are so credulous. Galen tells us that a leper happened to be cured by drinking some wine out of a vessel into which a viper had crept by chance. This prompts Montaigne to wonder how physicians could ever find their cures: 'But in most of the other experiments to which they say they were led by fortune, and had no other guide but chance, I find it impossible to believe in the progressive course of their investigation. I imagine a man looking at the endless number of things around him, plants, animals, metals. I cannot think where to make him begin his experiments...' (And then he thinks of an imaginary case, that of an elderly Frenchman of a melancholic temperament who is afflicted with epilepsy and the question is, how did the physician discover that it could be cured by a preparation of elk's horn to be applied to the finger, in winter and at the conjunction of Venus and Saturn?) 'Besides, supposing this proof to have been perfect, how many times was it repeated? How often was this long bead-roll of chances and coincidences strung anew, to infer a certain rule therefrom? Should it be inferred, by whom? Among so many millions there will be but three men who trouble about recording their experiments; will chance have lighted upon just one of these three? What if another or even a hundred others have had the contrary experiences? We might perhaps see some daylight if all the reasonings and all the decisions of men were known to us; but that three witnesses, and those three doctors, should lord it over mankind is against reason' (Montaigne 1927

(1580), 235-6). Montaigne was far-seeing. In order to go beyond anecdotal case reports and the uncontrolled assertions of authority, and assess the quality of evidence for efficacy, to overcome the risks of bias and involuntary placebo influences, clinical medicine has only rather lately come to the design of randomised controlled clinical trials, 'double-blinding', and the 'meta-analysis' of clinical trials ( British Medical Journal 1998, Kaptchuk 1998, Yoshioka 1998). Critical examination of what others accept, or what seems to be effective, depends in the end on systematic doubt as a principle of method, testing opinions and theories by controlled experiment. This has become the expected method of approach because it is so difficult for anyone to disentangle their hopes and expectations from what they see and what they think is happening in response to treatment (Lewis 2002:18-20).

But it is far easier to be sceptical of other people's beliefs than one's own. I know I retain too much of the medical scepticism I was taught towards assertions of efficacy, especially when about non-medical new or strange or mysterious treatments. To explain why other people continue to use their own modes of treatment, many anthropologists are generously inclined to speculate on their possible social, psychological, or physical, benefits. I tried something like that (in discussing suggestion and persuasion p.166 and possible parallels with alternative therapies and the theories behind certain behaviour therapies p.184) but I did so briefly, sharply aware that Dauwaras had not got better - that this was what I might have said to explain success. I think of it as the problem of explanations for the Indian rope trick: ingenious speculation that runs ahead of knowing exactly what took place or whether anything at all really did. A distinguished physiologist, W.B.Cannon, suggested the mechanisms which might lie behind voodoo death; but what is really hard is to obtain any empirical observations on 'voodoo death' of the kind needed to support or invalidate his suggestions (Lewis 1977). Indeed, with 'voodoo death', there is the problem of observing at first-hand even one such case. I have sympathy with Telban's call to try to bring social and biological explanations closer together but, if this is to concern, say, the specific methods or findings and theories current in neurology and neurophysiology, and data collected in the field by ethnographers, there are enormous unfilled gaps. What observations would the ethnographer have, or need to find, to make a pertinent contribution? Not just in relation to the nervous system, or to theories about suggestion and the autonomic nervous system. In every domain, there are questions about the data appropriate to a particular hypothesis or theory. Think of something that any ethnographer might witness in the field working, say, in Africa or in Melanesia – for example, a toddler who causes alarm with a very high fever: a short illness, the local people do something to treat the child and it gets better. A ritual? A cure? A miracle? Chance? But what can the ethnographer say? Was the fever from malaria, a middle ear infection, something in the urinary or the respiratory tract, meningitis, a virus? What was it that they gave or did? How could that have made a difference? Would the child have got better anyway? From a biomedical perspective, those are the sort of questions that would be asked. But there also questions about what they were trying to do, the effects on the child's parents and family of the efforts to organise the treatment and carry it out. The problem for the medical anthropologist, trained as a social anthropologist, is choosing what to investigate: given his or her competence and training, what is it feasible, apt and possible to do? Occasionally the decision might of course be driven by the special nature of the case, its seriousness or practical urgency (e.g. with kuru or AIDS). Ethics of field involvement run right through these questions too.

In the ethnography of a particular case, we hope for accurate observation. The experimental methods of clinical science typically involve numbers, the control of variables and tests of hypothesis. Empirical observation in ethnography has rather more in common with the study of events in history or the observational approach of natural history. Questions of relevance, accuracy and selection apply to the descriptions and the interpretation of significant connections (see for example, Carr 1964 on causation in history). Statements of opinion, feelings and intentions may also be matters of fact for the record and relevant. I argued that we should be discriminating but not despair of objectivity, accuracy and fact: to assert there is no difference between facts and interpretation helps to do away with the distinction between fact and fiction, truth and error. 'The Cretan says all men are liars'.

The attraction of Turner's analysis (1957) of the social drama was its use of an extended case method in which events were followed as they happened. Inevitably choice and chance come in and may interfere with rules or plans or expectations. General rules or principles have to be interpreted or adapted to fit

circumstances. Interactions between events may throw light on the strength and relative priority of different rules or principles and goals. Such interactions and accidents are also part of the stuff of historical analysis and interpretations of causation in history. For example, the departure of Wanukei as Tuawei's betrothed was triggered by developments in Dauwaras's illness (p. 81-4), the whole question of that marriage (pp.57-60, 65-6, 72-4) punctuated the early phases of his illness. The gathering for the night divination of Sunikel's drowning precipitated their decision to fetch Dauwaras back from the mission hospital for the Malyi ritual (p. 95-6). Telban and Mitchell point out the need for more commentary and explicit analysis of the general rules or principles which lie behind their choices. What was striking in Turner's book (1957) *Schism and Continuity* was its combination of general and particular: the first half meticulous statistical analysis of residence patterns, rules and social structural principles; the second half a study of process in particular social dramas, how rules worked out against contingency. My chapter 2 on 'Arrival' was meant to introduce the area, chapter 3 on 'The people in a hamlet' to provide basic information on the kinship and residence arrangements of the main characters, chapter 4 'Paths and gardens' to describe their daily life and subsistence patterns. Those chapters were meant to set the scene and provide general information, while preserving the overall narrative structure of the book. The problem of commentary, general and particular, kept recurring. One solution I considered was to insert headed sections of commentary or analysis, either as I went along or at the end or as long footnotes. I wrote a number of commentary sections, which I rejected, on subjects such as identity, kinship and place origins, marriage rules and procedure, classifications of the person and developmental stages. They grew too long and distracting: they were different in style from the ethnography. I did leave some brief commentary sections, for example on plant materials in ritual (p. 106), the media and vocabulary of treatment (pp. 125-8), persuasion and hope (pp. 166-8), belief in efficacy, etc. They were kept short, dealing with immediate particulars rather than identifying references and trying to assess theories and literature. I wondered whether they should be printed in a different type-face to signal that they were commentary rather than ethnography. The analytical table of contents might serve, I hoped, as a guide to find the contents and themes, and sometimes as an indicator of the interpretative commentary I had in mind. For instance: 'The sixth confrontation – 'cutting the cord'. The vivid imagery of severing a tie and release, its explicit symbolism. According to the plot of the ritual, he should have been ready for release. The enactment of an outcome they hoped for, but Dauwaras was worse. Social influence and persuasion – in theory to encourage hope. The sick person's suggestibility. Debility and isolation. The shocks and pacing of confrontation. Decisions taken in uncertainty. The arousal of hope; placebo effect. Disappointment; to identify oneself with failure. Dauwaras in despair. Hope now to be abandoned' (p. xviii).

The choice seemed to be between the ethnography, telling the story, and going into theory and analysis in detail. What preoccupied me was the representation in writing of what I had observed and the hope that the state of the facts would speak for itself if I could do this well enough. In telling stories, people in Raut did not always say what a character thought or felt, or offer commentary on him, instead they might just describe what he did: 'she asked him to eat the food; he sat', i.e. he refused her offer. The story-teller expresses no opinion and makes no comment. 'His role is limited to selecting the events and translating them into language; and this is done in the conviction that every event, if one is able to express it purely and completely, interprets itself and the persons involved in it far better and more completely than any opinion or judgement appended to it could do. Upon this conviction...Flaubert's artistic practice rests' (Auerbach 1968:486). The tiny detail of observation, sometimes apparently of no relevance or interest, may be significant as witness to a situation. The object described, the cough, the tiny detail, plays a central role in capturing the particularity and actuality of the situation or the emotion. Wanukei's sago flour lying scattered on the path by Maluna was that kind of detail: he had gone in the dark to the water-hole to smash the bamboos she had filled for Tuawei in sympathy with her and anger at Tuawei for rejecting her. Over the next few days, the white powder was gradually trodden into the path by the feet of passers-by (p.83).

The central difficulty about this is the problem of selection, perception and relevance. To one reader it may come over as embedded interpretation, to another as an unanalysed mass of discursive empirical detail. Macintyre reads me just as I hoped I would be read, Mitchell rather as I feared I might be. I was

sharply aware of the density of detail and the difficulty for a reader of discriminating all the unfamiliar names, people, places, things and actions that had become so well-known to me. Whitehouse suggests that I might have tried to deal more directly with theory and current critical debates. He, as Macintyre and other readers do, recognises the barbed stance I take in Chapter 1 against some current critical theory and the strongly sceptical positions of extreme relativists and deconstructionists. In that chapter I also commented on the differences between the medical case history, narratives of illness and ethnographic accounts of illness, and the question of insights deriving from participant experience and practical intervention. But Whitehouse wishes I would challenge theory more openly.

I cannot imagine a better bait to hook me onto theory than Robertson's sparkling reinterpretation and reflection on the Gnau body and person and the comparative issues he brings up. These were indeed themes which strongly lured me. Robertson goes into the perilous Melanesian territory of bodies 'linked, we have been told, to partible and composite personalities in complicated ways. Identity and its various psychic appurtenances do not have the bodily centre of gravity with which we... are familiar'. He notes how the Gnau words for 'body', 'mind', 'shadow', 'ghost', 'spirit' make distinctions differently from the English words; how the memory of an individual mortal fades and his identity as 'ghost' will merge eventually with 'spirit' (*malet*) in the sense of 'the collectivity of lineage dead', a timeless, depersonalised unity. That blurred boundary between ghost and spirit, the possible elision of body and community (as socio-soma) in therapeutic aim, the African linking of 'ancestors' and living 'elders', the identification he encountered in Uganda of grandson and grandfather both alive - these lead him to discuss and criticise our Cartesian dualistic assumptions.

The boundaries between life and death may not be as sharp as we like to think. In the first week of my return to Ruit in 1975, an old man was very ill with pneumonia, he was unrousable, dehydrated. To his family, he was 'dead' (*binag*), inert (Lewis 1975: 136-7), comatose. Children were scared to pass close by the hut where he lay for fear his 'ghost' (*gelputi*) would strike them. However, with rehydration and penicillin, he recovered slowly. Some time later, he talked to me of his experience, what he had seen of the place of the dead and how, as he had approached it, he saw dead members of his family standing watching him; they waved at him to go back. The Gnau verb for being sick (*neyigeg* - he is sick) makes an implicit connection between serious sickness and the threat of dying (*neyig* - he will die) (Lewis 1975:136-9). It is always difficult to translate terms satisfactorily and capture their exact nuances of meaning. In my first book, I discussed the Gnau terminology for the distinctions and attributes of human beings and spirits in general (1975:156-161), their concept of a person's centre of vitality, thought and emotion - *wuna'at* - the centre of consciousness (1975:208-14), the problem of identities and distinctions among spirits (1975:164-9), the different modes by which people come to know about a spirit and form a mental image or a concept of it (1975:169-80). A human being (*matilden*) has a body, substantial, the whole body (*matilden*) which is buried in the ground after death, and a shadow (*malauda*) which can be seen but is insubstantial as are the *gelputi* 'ghost-shade', the *malet* spirit and the *belyi'it* spirit. I explained there more precisely how the boundaries blur or merge between shade, dead spirit as individual, ancestor or lineage collectivity, and great ritual spirit. I noted that they know living people by sight, shadow by sight. The ghost-shade of an individual is remembered for a while as a person but with time memory of the individual fades, those who once knew him die, and the person becomes just a name placed on a genealogy, one of the ancestors (*maleg*, plural of *malet*). Eventually names are forgotten and ancestors merge forgotten into the lineage collectivity - *malet* in the singular, associated with lineage history and myth. *Malet* is also the Gnau word for 'myth' or 'story' and the general word for 'spirit'. *Belyi'it* is also the Gnau word for 'ritual song' as well as 'great spirit'. 'The time I took to understand ... reflects the difficulty I had in grasping the concept that a spirit and a myth, or a spirit and a ritual song, are in some sense the same thing' (Lewis 1975:159, 160 for the diagram of this). The word identity of 'myth' or 'song' and 'spirit' in Gnau reminded me of the 'dreaming' among Australian aborigines in which a power, cause or force is verbally identified with some class of actual human experience, roughly narrative and abstract, something composed of mental images, sounds and meanings. The Gnau localise vitality, thought and emotion in the *wuna'at* and refer to it to explain states of lowered vitality (illness), altered consciousness and also madness. The mechanism of displacement from a proper location explains for them its pathology. For the Gnau localisation is a clear attribute of consciousness while for our folk

concept this is not so in quite the same way. 'Our thought and language are imbued with the duality of mind and body; our intellectual traditions include subtle, bewildering debate of the relation between consciousness, self-awareness, the individual's spirit or soul and its link to or independence of the body. The duality of mind and body is not shown in Gnao language as it is in English... The wuna'at has no link to spirit or soul' (Lewis 1975:211).

I quote this to mark my general agreement with Robertson in his scepticism about the Cartesian mind-body split, dualism and assumptions of the superordinate status of mind as universal cognitive categories, or as adequate for understanding how peoples in other cultures treat illness or perform rituals. When in the very brief conversation Robertson refers to, I said to him something like that I believed the 'mind-body split' to be universal, I think I had something rather different in mind from what he supposed. In medical anthropology and much other writing, the distinction between mind and body is almost routinely attributed to Descartes; as if he invented and established dualistic thinking. Some anthropologists write as if non-Western peoples were free from the traps of dualistic thinking. But the contrast and opposition of flesh and spirit has a wider and much longer history than that. What about philosophers from Plato onwards and all the multitude of peoples who have views on the nature of the soul or spirit or thought, their differences and relationships to the body? From Tylor onwards, anthropologists wrote about specific people's ideas of soul, spirit or spirits and their interactions with matter and bodies. The problem is the variety, and sometimes the vagueness, of what different writers mean by mind-body dualism and embodiment (Astuti 2001, Scheper Hughes and Lock 1987, Strathern 1996). There are many matters to clarify when people invoke dualism and Descartes. Is the question one about the history of ideas: exactly what did Descartes argue and mean (Williams 1978)? Do his ideas correspond, or not, to the current views of some particular group, e.g. medical practitioners or neuroscientists, African farmers, Gnao gardeners, Radio 2 listeners? Has Descartes's thought played some part directly or indirectly in their thinking or their work (Damasio 1995)? Does it influence the ways in which those who study such groups interpret their views? Or are the questions at root philosophical ones about Descartes's method of doubt, his subjectivism, the logic and coherence of his arguments, the validity of views he put forward on extended, unthinking substance and unextended, thinking substance, the question of causal relations between mind and body? Or questions arising from the implications of his views: Are persons bodies? Is bodily identity always a necessary condition of personal identity (Williams 1973, Damasio 2000)?

As this litany of questions may suggest, pursuit of theory in this field rapidly gets into deep waters. In my limited ethnographic focus, nonetheless I wanted to make an implicit point about characterisations of the Melanesian person. It is to do with portraying a unique individual whom I got to know, along with others, as against theorising or generalising about the person. In generalising, we are bound to select and cut out details, we move away from the individual towards an identification of the type. In that sense, 'Melanesian person' as type contrasts with 'individual' rather as the concept of a kind of 'disease' contrasts with the particular case of 'someone's illness'. The type is a conceptual abstraction of selected attributes; it risks turning into a caricature. The memory of Ruth Benedict's *Patterns of Culture* (1934) makes me feel uncomfortable about generalising about the Melanesian person or Melanesian feelings about self and body. The better you know someone, the less easy it is, I think, to see him or her as a type. I used the metaphor of distance for familiarity and understanding: far away you only see the outline, as the person comes closer the better you see the detail, the person becomes someone you can recognise. With time too as with distance, individuality diminishes, the memory of someone fades, they become impersonal, undifferentiated, forgotten. Perhaps this will only suggest I am infatuated with individuality.

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