

Introduction

Divinity, Disease, Distress

Roland Littlewood and Rebecca Lynch

The four lectures that the anthropologist W. H. R. Rivers delivered to the Royal College of Physicians in 1915–16 were published after Rivers's death by his literary executor, G. Elliot Smith, professor of anatomy at University College London (and the leader of the anthropological school of 'diffusionism'). The resulting 1924 book has some claims to be the founding text of medical anthropology. Its title – chosen by Elliot Smith – was *Medicine, Magic and Religion*,¹ reflecting the idea that sickness and misfortune could no longer be considered in themselves as individual experiences: to make analytical sense of them the scholar had to take into account the way societies conceived of external events and human agency in their local worlds, including the natural world, along with the exploration of human action and human misfortune, causality and the influence on these of the ultrahuman world of gods, spirits and other extrahuman agents. In short, one had to comprehend the whole local cosmology to understand individual and collective misfortune in their proper context – and how societies responded through their shared and individual institutions.

The social anthropology of sickness and health has always been concerned with religious cosmologies: how societies make sense of such issues as prediction and control of misfortune and fate; the malevolence of others; the benevolence (or otherwise) of the mystical world; how human life may match some overarching ultrahuman principle; all this in terms of local understanding and explanations of the natural and ultrahuman worlds – as organized ritual (or other) practice, and as principles of social order and organization. With the increasing secularization of

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contemporary Western societies, sickness and religion may seem to have drifted apart, yet the understanding of particular patterns of illness and misfortune still relies on general worldviews, whether they are those of naturalistic determinism or supernatural agency. Understandings of global warming or other disasters, AIDS and modern social pathologies still include certain understandings of chance and determinism, pathology and health as the fundamental building blocks of disparate world views. And all (universal at least) religions provide not only an account of extramundane beings and our ultimate justification, with prescriptive norms for social life, but also some account of the nature of humans and how they function. A theology tells us what a person is, how people differ, how and why they act, and are motivated, a theory of uniformity and difference, of reason and instinct. It offers schemata for agency, causality, influence and control; how appetites, emotions and cognitions arise, what they signify – in other words, a practical, everyday psychology. And in that, a cosmology appears particularly relevant for looking at what we call mental illness.

The culturally constructed nature of mental illness categories is well known and the work presented here covers a range of experiences that in Euro-American cultures are likely be classified as mental health issues. Locating these experiences within the environment in which they occur, with a focus on cosmologies, places understandings of them within a wider schema of local understandings, including religious ideas, revealing not only how these experiences are viewed immediately, but also how they might be incorporated into a wider worldview. Often linked to extrahuman experiences and concepts of the spiritual, these experiences may raise questions about, and illustrate alternative concepts of, agency, control and the self.

But why do we here group these understandings under the term ‘cosmology’: why not under ‘ontology’, ‘philosophy’ or ‘psychology’, or indeed ‘religion’? There are levels at which these concepts overlap, suggesting the fundamental understandings of a culture, the ways of thought that categorize, link and conceptualize agents and actions in a wider worldview. Such a worldview may include human and nonhuman agents, beyond the world to the wider cosmos. While the notion of cosmologies contains elements of these understandings (religious understandings, psychological concepts and philosophical ideas and knowledge contributing to a cosmology), instead the term ‘cosmology’ tries to define a wider, less consistently elaborated set of ideas. Cosmologies are not fixed and unchanging notions but often made up of patchy concepts, polythetic fragments, sometimes contradictory, not always acted upon and not always clearly defined within the culture itself – Lévi-Strauss’s ‘floating signifiers’. They may

change over time, differ by groups within a population and be influenced by new information and new categories of thought.

Over the last few years, a series of weekly research seminars at the Medical Anthropology Centre, University College London, have addressed these issues. A selection of the more significant papers from these seminars is presented here; they address, we believe, basic conceptualizations of the world that lie beneath our customary understandings of sickness and health: in short, our cosmologies, whether Western or other. The chapters cover a range of ethnographic areas, including modern communities expressly founded on certain notions of well-being and illness, and they examine notions of personhood, agency, uncertainty and power, among other questions. In so doing, the contributors seek to contextualize these understandings within the wider cultural understandings found in these areas, linking these concepts to the wider social fabric. The chapters illustrate how cosmological ideas emerge from, and contribute to, wider cultural life and the intertwining of medical and religious ideas. Indeed, the study of cosmologies bridges the areas of medical anthropology and the anthropology of religion, relevant to both and suggesting a resistance to the separation within the study of societies between what is the domain of 'religion' and what is the domain of 'medicine'.

In Rivers's book, he makes some attempt at an overall classificatory schema for what would become medical anthropology, but he notes this has to be forced and partial. Medicine, magic and religion are just abstract terms that refer to process, which, in different societies, may be separated out or more usually entangled together. As he had noted in his *History of Melanesian Society* (1914: 1),² 'It is hopeless to obtain a complete account of any department without covering the whole field.' He argues that as naturalistic explanations are generally lacking in small-scale societies, these three are particularly connected with each other. With the recent growth of the medical anthropology of Euro-American biomedicine, with its technical procedures, logic, research processes and personnel, we might downplay the suprahuman, but we are still concerned with questions of fate, accident and theodicy. Is the cosmos fair? Is it indifferent? And what place does an absconded god still play in it? Are we responsible? Many of Rivers's questions in 1924 are still pertinent: Is 'treatment' a logical reversal of 'causation'? Is the cause attributed to a transgression of local norms or does it just come from some malevolent fate, neglectful of human experience or indeed its actual enemy? Do all sicknesses have some ultimate logic or is there a local category standing for 'it just happens, that's the way things are'? How do systems of healing such as Western biomedicine or the Ayahuasca religions of Brazil pass beyond their original starting points to then become available for other societies?

In the first chapter, 'Why Animism Matters', David Napier recommends to us the value of an animist cosmology. Taking his starting point from Tylor's nineteenth-century suggestion that the travels of the self in sleep, dreams and trance constitute the origins for religion, Napier argues that this animist intersection of self, nature and universe makes for a more useful perception of ourselves in the world of disease. Criticized by monotheism and its monothetic scientific successors, a modern animist enchantment of nature would replace the self as a component of the outside world, now on equivalent terms with other animated external bodies. He argues the advantages in divination and in understanding creativity, in conceptualizing the 'basic' social unit of a given community and even for a legal system that attributes agency to 'accidents'. Criticizing the psychoanalytical shift from objects to mechanisms, Napier points to Jung, the therapist who might have (but never did) become central to a deep ecological anthropology, relaying the present over the past. At a point when 'universal' (i.e. Western) reason threatens to subsume human action and human rights, the importance of other modes of thought is surely significant.

Rodney Reynolds's chapter on the Black Christ of Portobelo (northern Panama) centres on its role in miraculous healing, that is points when the deity suspends the processes of the natural world and intervenes in favour of one of its votaries; just like Panama itself, an illness is both a crossroads and a potential passage. Beyond the immediate ethnic association with its blackness, the Black Christ here evokes a transvalorized provincial obscurity, local criminality and, symbolically, death and rebirth. We might note the association by Langston Hughes and W. E. B. Dubois of a Black Christ with Black American suffering. Various local Panamanians give us different accounts of the Portobelo statue's appearance in the healing arena, in which it has now become a centre for pilgrimage.

The cognitive and behavioural aspects of severe mental illness, along with the general incapacity of psychopharmaceuticals to cure it, do much to locally favour divine explanations. Two chapters here consider misfortune and the ultrahuman in rural Ghana. Ursula Read describes how the new Pentecostal 'prayer camps' extend and compete with traditional ancestral shrines in treating severe mental illness whilst competing locally against 'fetish priests', and against Islamic healing as well as the state psychiatric facilities. The power of each of these is confirmed by successful miracle stories, while being subject not only to empirical discrediting but to local tales of excessive moneymaking, deception and sexual licence. Yet, as Evans-Pritchard noted in Sudan in the 1930s, scepticism towards individual healers in no way undermines faith in others. The translation of the local gods into Christian demons does not affect a considerable

interchange between the different systems in this pluralistic healing landscape. Medicines are eclectic and may be combined, but the relative inefficacy of modern psychiatry means that divine healing remains an essential alternative for the Kintampo population: 'As for sickness, it is spiritual. God did not create human beings to get sick. . . . [It] is due to Satan power, devil power, evil spirit which enters the person and make them behave that way.' Only with casting out of the spirit through the pastor's prayers can a full and complete recovery be achieved. Pentecostal churches are also significant in rumours of Ghana's *Sakawa* witchcraft as described by Alice Armstrong in her chapter on this recent phenomenon. Although not primarily concerned with healing physical or mental illness, she provides a useful engagement here with the debate on the 'modernity' of African witchcraft. *Sakawa* adepts are young boys who are rumoured to sleep in coffins, take the form of snakes and engage in cannibalism; their spirits enter their computers where they compel victims to release money. The presumed cults are led by pastors or fetish priests and Armstrong's analysis evokes not only modernity and Christianity but questions of Ghana's identity vis-à-vis Nigeria (with its famous '419' internet fraudsters), the problems of educated but unemployed young men and the extended cosmology of space and time that the internet now reveals.

Isabelle Lange in chapter 5 describes the work of a medical missionary ship as it visits Benin and Sierra Leone. The Christian idea of love/charity – which she glosses with the Setswana concept of *botho* – goes through the experience of both the seriously sick African and the visiting missionary. For the former, the congregation, comprised of body, patient and healers, resituates them in a meaningful nonstigmatizing community, 'creating a cycle where faith is healing, and healing becomes faith'. For the missionaries, they see themselves as more able to incorporate challenging and often disfiguring illnesses into their notion of the human, rebalancing the disorder created by illness and misfortune.

The Oregon members of InTouch eschew this sort of personalized deity, but their use of the practice of ritual genital manipulation points us to an attempted control over various types of 'substance use'. In her chapter, 'Addiction and the Duality of the Self in a North American Religio-Therapeutic Community', Ellie Reynolds argues that an 'addiction' is something pleasurable anybody could try once but the more you try it the more difficult it becomes to stop, for the substance takes over your own agency; following E. K. Sedgwick she argues that the substances and actions that become 'addictive' are those that remain as free choice in postmodern consumerism – but behind volition lurks compulsion. In spite of one of her informants apparently substituting her eating disorder with an addiction to sex, Reynolds argues that the central rite of manual

sexual stimulation cannot really become an addiction because it is carried out with a sense of increased control and as an interhuman connection.

David Orr's chapter suggests that the Evangelical Protestant congregations of Peru would seem to offer, compared to the Roman Catholic Church, a particular appeal based on divine healing as well as salvation. And thus a reason for individual conversion might seem to lie in the instrumental seeking of health or at least the cessation of sickness. However, the local Protestant pastors do not seem to go out of their way to advertise their churches for their healing, instead emphasizing their doctrine of spiritual salvation³ or conformity to God's way on earth. Yet the local people who gravitate to these churches tell Orr that a powerful reason for doing so is their success in dealing with alcoholism or other ills. He suggests that we find the search for both this-worldly healing and other-worldly salvation in a deeper cosmology of affliction and theodicy that exists instantiated in the daily life of the people concerned, articulated in this case through such idioms as soul loss.

What of our cosmology when God has gone? As Lynch demonstrates in her chapter, 'Cosmologies of Fear', postreligious modes of thought in the industrialized West have left us with a pervasive 'low intensity fear', which is translated into subjective anxiety: anxiety about economics, and personal debt, anxiety about our children's welfare and about the death of those close to us, about our own death and possible sickness, about the environment and the threat of war. Not so very new then, yet we now seek solace not from the priesthood but from the medical experts who patrol our risk management. The British Medical Journal has recently declared there are no 'accidents': Lynch shows us how a 'cosmology' can be approached not only through a traditional anthropology of social interpretation but additionally through psychiatric clinical data and the theories of academic biomedicine and psychology.

The final chapters nudge us perhaps to a more naturalistic perspective. Roland Littlewood's 'Functionalists and Zombis' argues, against some anthropologists, that empirical evidence for the Haitian *zombi* as a resurrected corpse is rather poor, and that those identified as such by the local population are the wandering chronically mentally ill. Yet local interpretation is that there are differences between the state of 'zombification' and that of severe mental illness. Why the apparent distinction between them? And there are problems with the classic anthropological interpretation of zombi sorcery accusations as preserving immediate social relations (the so-called homeostatic theory). This chapter suggests that both the mentally ill and the identified zombi share a relative absence of agency, marked in the local psychology/cosmology by the sorcerer's removal and retention of the *ti-bon anj*, the principle of agency, awareness and memory,

as opposed to its animating principle (*gwo-bon anj*), which is retained by the hapless individual. The whole zombi complex represents the national history of Haiti, the Black Republic of former slaves who have continued to face the ever-present threat of political dependency, external intervention and the loss of self-determination. And in the necessary preservation of that historical memory, zombification is indeed 'functional'.

If the zombi chapter contains some evolutionary speculations on the origins of medical practice, Simon Dein's chapter, 'Religion and Psychosis', is a fully fledged attempt to argue that religious cosmologies and madness have identical prehistorical antecedents – the two certainly have often been conflated by materialist critics. Reviewing the different explanations that have been offered, Dein settles for agent hyper-identification: the human tendency, favoured in evolution, to 'over-attribute' agency to external powers or entities. Of obvious utility in human survival, it manifests in psychosis by the attribution of mental functioning to imagined beings outside the person. It is a major component of religious cosmologies for exactly the same reason. Like the agency-less zombi and the Peruvian with soul loss, it provides us with a model for mental illness: the madman lacks agency.⁴ Similarly, an overextended theory of mind (attribution of mental states such as cognition, intention and agency to others) is shared by both religious cognition and psychotic cognition. And in both, we return to the inherent human capacities for both animism and creativity (Napier, first chapter).

The majority of the essays in this volume are ethnographic accounts revealing emic categories and the complexities of cosmologies in action. They present encounters between traditional concepts and biomedicine as well as other aspects of modernity. Some emphasize the power of biomedicine, presenting local data that might lead to questioning of biomedical categories and treatment (e.g. Lynch, Napier, Orr, Read), or even the very categories we use in the anthropology of medicine (e.g. Dein, Littlewood, Napier). Through these chapters we see differing categorizations and conflicts that occur as people seek to make sense of suffering and their experiences. Cosmologies, whether incorporating the divine or else as purely secular, lead us to interpret human action and the human constitution, its ills and its healing, in particular ways that determine and limit our very possibilities. Understanding of sickness and health, and our attempts to affirm the latter, are incomprehensible without some deeper knowledge of social being and capacity, of local causality and action, of the natural and the ultrahuman. With these essays, however partial, we hope go some way to opening up some of the multifarious associations between the world of being and the world of sickness.

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Notes

1. W. H. R Rivers, *Medicine, Magic and Religion* (London: Kegan Paul, Trench, Trübner and Co., 1924). Routledge has recently reissued it.
2. Rivers, *The History of Melanesian Society* (Cambridge: Cambridge University Press, 1914).
3. Salvation and healing of course have a common etymological origin in the Latin *salvus*. Christian churches have commonly emphasized purely spiritual 'healing' but also have engaged in practical this-worldly therapeutics (medieval hospital foundations, nursing orders of nuns, Seventh Day Adventists, Salvation Army) – as has Islam. Compare Greek *sotēr* (protect or saviour): soteriology, Ptolemy Soter, the Lord Protector, the Committee of Public Safety.
4. R. Littlewood, *Religion, Agency, Restitution* (Oxford: Oxford University Press, 2000); Littlewood, 'Limits to Agency in Psychopathology', *Anthropology and Medicine* 14 (2007): 95–114.