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Galina Lindquist

Online Publication Date: 01 December 2007
To cite this Article: Lindquist, Galina (2007) 'Beyond Meaning: Globalization and the Icons of Power', Anthropology & Medicine, 14:3, 307 - 320
To link to this article: DOI: 10.1080/13648470701612661
URL: http://dx.doi.org/10.1080/13648470701612661
Beyond Meaning: Globalization and the Icons of Power

Galina Lindquist

As the nature of symbolic mechanisms has been reconsidered, shared meaning in healing rituals can no longer be unproblematically assumed. Globalization processes challenge the idea of local worlds of meaning as foundational for healing. Discussing two episodes of healing in ‘global assemblages’, the paper questions the centrality of meaning in the healing encounter. In search for alternatives, it turns to the ethical phenomenology of Levinas. It is suggested that in the core of healing encounter lies ‘the healing gesture’ of the Other seen as an icon of power.

Introduction: Questioning the Meaning of the Symbolic

Some time ago, when I entered anthropology as a wide-eyed undergraduate, culture was seen as a system of symbols, to analyse was to interpret and healing, in the so-called native or traditional contexts, was talked about as ‘symbolic healing’. In a more recent account, Thomas Csordas (2002) writes about this perspective on healing in the past tense, and points at some theoretical turns that brought this about. One, stemming from the work of Foucault, shifts emphasis from the interpretation of meaning to the mechanisms of power. Another entered anthropology through, e.g., the later work of Victor Turner with his focus on ‘experience’, and became a mainstream analytical perspective through the notion of embodiment, made central in anthropology by Csordas himself. Early on, Victor Turner (1967) stressed the role of emotions and bodily perception in the work of symbols, emphasizing their ‘cathetic’ dimension’, and in later theorizing ‘materiality of meaning’ came to the fore. Meaning came to be seen as ‘lodged in the muscles’ (Gatewood 1985), and Hastrup (1995) stated that materiality and meaning could not be separated. Sperber (1975) distinguished ‘symbolic mechanisms’ from conceptual ones, showing that symbols appear exactly where concepts are lacking, connecting cultural objects with perception and imagination, in bodily, psychological and mental states that cannot be conceptualized. In the same vein, Byron Good and MaryJo DelVecchio Good (1982, p. 146) challenged the definition of meaning as a ‘relationship between language and
reality that lies outside...’. Meaning came to be seen, not as attached to experience, as in some analyses of symbolic healing,1 but as constituted by the way subject attends to experience. Thus, ‘meaning-making’ rather than ‘meaning’ came to be seen as central to the processes of healing, a thought that was later echoed by Csordas’s rendering of experience as ‘the meaningfulness of meaning’.

This notwithstanding, the pathways of healing are still talked about as ‘symbolic’ or, as in the more recent paper by Kirmayer (2004), as ‘metaphorical’, transformations. The connection between the symbolic and the bodily is provided by the assumption that changes in symbolic representations are translated into changes on somatic or psycho-physiological levels because metaphoric thinking conjoins cognitive levels of representations with their sensory, affective and motivational levels (ibid., p. 37).

Such explanations presuppose that any healing process is based on representations shared between healer and patient. Kirmayer (2004) notes that in multi-cultural settings, were cultures are in constant flux, in the processes of transformation and hybridization, the assumption that healing systems are ‘culturally based’ can no longer be taken for granted, and so new models are needed.

For Csordas, the notion of ‘symbolic healing’ could be redeemed through what he called a rhetoric in the performance of healing, defined as ‘the power of persuasion’ (2002, pp. 11–57). In his analysis of Catholic Charismatic healing, Csordas tried to discern how, in religious and ritual healing, ‘self processes grounded in embodiment’ were rhetorically controlled. According to Csordas, the ‘rhetoric of transformation’ includes ‘predisposition’, persuading the supplicant that healing is possible to begin with; ‘empowerment’, being persuaded that the therapy did have effects; and ‘transformation’, being persuaded to change one’s basic cognitive, affective and behavioural attitudes, thus accepting the reconstitution of the self. These rhetorical transformations, changing the patient’s sense of being by creating new meanings for her life, by activating and giving meaningful forms to ‘organic endogenous psycho-physiological processes’ (i.e., self-processes), are based on the ‘primary community of reference’ (2002, p. 27), meanings shared between the patient and the healer at least to some degree.

The elements of healing process outlined by Csordas provide a useful tool for analysing a healing encounter in context, in its particular details. His analysis, however, once again pre-supposes, if not a community, at least a common discursive field making possible some sharing of meaning between the healer and the patient. My own search starts where this sharing can no longer be reasonably assumed, in the global encounters, whether on ‘global marketplaces’ mentioned by Kirmayer (2004, p. 45), or at contingent intersections of routes mobile human beings take over the globe, on the nexuses of intricate networks of relationships in unlikely points where many of us may suddenly find ourselves. Siberian shamans lecturing in Boston, African medicine men receiving patients in Stockholm, Ayurvedic healers treating supplicants at neo-shamanic festivals in France, a California-initiated Voodoo priestess curing Moscow ‘businessmen’—such examples are familiar and can be adduced. Our lives as patients (and, sometimes, as involuntary healers) appear to consist of such encounters to increasing degrees.
For an anthropologist, it is difficult to grapple with these instances of healing, mainly because a sustained fieldwork, following concrete people over longer periods of time, later written up and analysed as ‘cases’, is a raison-d’être of the anthropological method, distinguishing it from journalism or the ‘travelogue’ genre. However, in many healing interactions that occur on the intersections of global pathways, such kind of research is no longer available: healers, patients and spectators, including anthropologists, come and go, and the instant and transient character of anthropologist’s observation is no different from that of the kind of involvement between the healer and the patient. This notwithstanding, also in such interactions some transformation of the patient’s self can be triggered, and, to explain them, the models that served us well before are no longer sufficient.

In what follows, in an attempt to look for a different model of healing interaction, I shall present two examples of such type of a healing encounter. Their effects, always deeply embodied, can hardly be analysed with regards to a discursive, shared (or even shareable) exegesis, and therefore speaking of meaning seems to be meaningless. In the search of a different approach, I resort to an alternative phenomenology of a human meeting, proposed by Levinas, and based on ethics rather than on meaning. If suffering is from the start meaningless, as Levinas suggests, it is not the generation of meaning that is the necessary first step. If the ‘healing gesture’, and the stance of unconditional and unquestioning responsibility for the Other lie in the core of a healing encounter, the meaning may or may not be generated, conveyed, or experienced, and healing can take place without the healer and the patient being comprehensible for each other. Moreover, perhaps the healing encounter can become a paradigm of meeting with the Other, face-to-face, as Levinas envisaged, and then there is still hope that the globalized world can be a more human world.

**Episode 1: Shamanic Healing in a Cosmopolitan Context**

The air of a hot summer day was vibrating with the buzz of the insects awakened by the sun, after a heavy rain in the thick grasses of the Khakassian steppe. The drum was singing in the shaman’s hands, calling the spirits, talking to them. The shaman, working together with the spirits to help the patient, constitutes the core of many rituals in Southern Siberia that I was to see later in my fieldwork. This ritual, however, was different. Instead of the patient’s family, usually constituting a therapy-seeking unit, there were three of his travel companions; for he was not a local person, shaman’s compatriot, but an Austrian on a tour in Siberia. And the spectators, including myself, were not the patient’s relatives but a mixed crowd of scholars and other seekers of knowledge, traversing Siberia in a ‘scientific-practical conference’, where academic papers in Moscow were followed by shamans demonstrating their art for the conference participants 6,000 kilometres further south-east, in Khakassia and Tuva.

The shaman shifted awareness. With a sleepy look in his eyes, glassy and inward, he performed a series of extractions. He tore the invisible beings from the patient’s body, brushed away the invisible dirt contaminating it, smoothing its surface with his hands.
as if tidying it up to make it fit a perfect image, made manifest with the movements of his hands.

Looking at the patient, deep inside himself under the extracting movements of the shaman, I suddenly realized that I knew him. Gregor was a practitioner of neo-shamanism (a movement popular in his native Austria), and I had met him years ago in France at a Sun Dance festival. Then, neo-shamans from all over Europe danced together in a ceremony modelled on that of Native Americans. After the session of drumming, chanting, purification and removal of bad entities, the shaman talked to the audience. The patient, he said, had swarms of little ‘imps’ clinging to him, the malicious entities that he had drawn upon himself through his unsound lifestyle. The shaman had now taken them away. The patient did not seem to listen, still immobile, his eyes closed. When he finally came to, he wandered off to the steppe, politely waving off the researchers, who immediately surrounded him, curious to hear about his experience. Four years later, I learned that when I met him in Khakassia, Gregor had been diagnosed with terminal cancer, and had half a year left to live. As it happened, he died three years after his doctors’ deadline.

**Worlds of Healing as ‘Global Assemblages’**

Traditionally, anthropology has seen its fields of study as ‘small places’ (Hylland Eriksen 1995); it has been there we harvested our empirical data, and it were these ‘places’ that have been once-preferred units of anthropological analysis that gave identity to the discipline. In medical anthropology, the worlds of healing—the ideas, methods and actors that constitute healing as a social phenomenon—were analysed as anchored in, and determined by, these local worlds. However, this understanding was questioned early on in medical anthropology. For example, in 1980 Charles Leslie saw his subject of expertise, broadly glossed as ‘Asian traditions’, as a part of the globalized world. He talked about ‘medical pluralism in the context of cosmopolitanism’ (Lock & Nichter 2002, p. 9) as a global engagement of local practices, to be looked at from the vantage point of both local and global relationships. Another, more recent example of exploring ‘Asian’ healing traditions from the perspective of globalization is Hsu and Hoeg (2002). Likewise, Western bio-medicine has become one of paradigmatic examples of globalization. With its reliance on pharmaceuticals and its grounding in the symptomatic paradigm, as well as with its trappings of ‘techno-science’, bio-medicine has become part of the rural landscape in Africa and Latin America (see, e.g., Whyte 1998, among many others). Ideologies, politics and bodily practices used in different cultural contexts, such as how to imagine, achieve and maintain a healthy, beautiful body, how to articulate, avoid and cope with ailments—have since become comparable, if not identical. The phenomena of health and sickness, even though abstractable for the sake of analysis, are parts of the ‘globalized medical knowledge’ (see Lock & Nichter 2002). They traverse and reconstitute ‘society’, ‘culture’, ‘economy’ and other social and ideational fields, and move across diverse social situations and spheres of life.
When globalization came to be seen, not as a cluster of processes, but, rather, as a problem-space that frames our sites and subjects of study, health and treatment, we can see that the worlds of healing and medicine occupy a common field, shaped in contingent, uneasy interactions with other phenomena. The logic of structuring these fields is conveyed by a recently coined term ‘assemblages’ (Collier & Ong 2005, p. 12): products of multiple determinations not reducible to a single logic; emergent, shifting and always at stake. The term ‘assemblage’ suggests inherent tensions. The global implies broadly encompassing, fluid, seamless and mobile; while assemblage implies heterogeneous, unstable, partial, and situated (ibid.).

The episode of shamanic healing in Khakassia vividly illustrates the contingent character of these interactions and shifts. It must have taken a fair amount of serendipity to bring together on a Khakassian steppe an Austrian tourist in a late stage of a terminal disease and a healer apt and courageous enough to accept him as a testing ground of his healing art. The performance was successful, as people said, ‘strong’; something happened there, all agreed, although people saw, felt, and narrated afterwards this ‘something’ in different ways. But how would all this provide Gregor with meaningful symbols? In what ‘local worlds’ would their meaning be anchored, when they operated in an instance of global assemblages—contingent, situated, partial conjuctions of miscellaneous elements of cosmopolitan multiple medical systems?

**Episode 2: Russian Magus and the Treatment of PTSD**

Russian healers in contemporary Moscow receive their patients in vastly different conditions (Lindquist 2006a). Unlike the public and spectacular character of the shamanic séance described earlier, the meeting between a magus and her client is a very private and hushed affair, since ‘magic’ is multiply stigmatized. The technoscientific rationality of a middle-class urban person brands magic as silly folk superstition. The Russian Orthodox Church sees these activities as coming from the Devil. Kin and neighbours, those in structural tensions with the client, are likely to see a visit to a magus as an attempt to resort to black magic in order to appropriate limited resources.

The essence of healing in Russia is a pantomime, mimetic gestures meant to act iconically on the disturbances in the patient’s ‘energy field’, smoothing it out, tearing out foreign intrusions or malignant lumps, cleansing the clogged channels that connect the human being with God or Cosmos. The operations performed by biomedically oriented healers, even though taking place in clinic-like establishments, and often in the presence of several people, have the same form of gestural mimesis as that of ‘magi’ who receive in rented rooms hung with Russian Orthodox icons. It is a pantomime of surgery, where the healer through her movements manifests the physical disturbances that are seen to cause the disease, even as she by the same gestures takes them away. The contexts vary, as well as reference to physical disturbances in terms of organs and tissues as opposed to energy disturbances of biofields and channels. What is constant, however, is that the patient most often keeps her eyes shut and sees nothing of what is going on.
When my fieldwork was in progress, a friend in Sweden suddenly was caught
within a web of circumstances that threatened dire consequences. He went through
a severe psychological trauma; his life seemed destroyed, not only from the
consequences of what happened to him, but from the obsession that his trauma
became for him. He displayed what would have been diagnosed as a Post-Traumatic
Stress Disorder (PTSD), had he ever cared to go to a doctor. Apart from all familiar
bodily and mental symptoms shared among types of mental distress, he seemed to be
plagued by what Allan Young defined as PTSD’s distinctive pathology when ‘the
past—memory—[was constantly forced] to relive itself in the present, in the form of
intrusive images and thoughts, and in the [person’s] compulsion to replay the
traumatic events’ (Young 1997, p. 7).

I took my friend to Moscow, to a magus who I worked with, and whom I came to
respect and trust. She did know of his story from me, in most general terms, but she
never had any longer conversation with him. She received him in a shabby Moscow
apartment, in a dark room, where she did her work of sculpting his ‘bio-field’ while
he sat on a chair, immersed in his inner visions, which were strong and clear for him
that time as they had never been before. It was this sequence of inner pictures that
resolved his issue for him. This was by no means a final resolution, but, after he
walked out of her parlour and afterwards, his memories did not torture him as
acutely as before. After this one treatment, he was able to go on with his life.

The Efficacy of Healing

In discussing the issue of ritualization, Humphrey and Laidlaw (1994) distinguish
between two types of rituals. One is liturgy-centred rituals (such as Jain rituals
described in their book, a Catholic Mass or a Russian Orthodox liturgy), where the
central issue is ritual correctness; the other is performance-centred rituals, such as
shamanic healing, where performative efficacy is crucial. While with the former type
the main question is: ‘Have we got it right?’ in the latter it is ‘Has it worked?’ Indeed,
the latter question is central for (most of) the rituals of ‘shamanism’ I myself have
studied, and even more so for the rituals of Russian healers that I would not call
’shamanic’.4

The question ‘has it worked?’ (the question of efficacy) can address a range of
criteria. Here, I cannot explore the complex set of questions, amply reflected in
literature, of how efficacy is constituted.5 Suffice it to say that bodily experience of
alleviation of affliction is only a part of it. In some cases, it may be not forthcoming,
while the healing ritual is still deemed effective. In the rituals of neo-shamans in
Scandinavia, the central concern is ‘the genuineness or truth of the supernatural
quality of the event’, a feature that Humphrey and Laidlaw (1994, p. 4) hold to be
central in all kinds of shamanism. For Western neo-shamans the rituals are effective
(in their terms, ‘strong’), when they manage to evoke the presence of what they call
‘the Non-Ordinary Reality’, where communication with ‘spirits’ becomes possible. In
shamanic rituals in Siberia, this ‘presence’ can be important as well, to be perceived
by all involved (and the shamans’ audience sometimes consists of different kinds of
spectators, as in the example above. The most valued shamans, however, are absolutely not the most performatively successful, which is also confirmed by Atkinson (1989). Concerning healing efficacy, Humphrey and Laidlaw agree that the shaman’s success is not always and only defined by the control over afflictions. Indeed, much can depend on interpretations of events following the ritual, and on whether or not people accept the hermeneutics offered by their healers.

However, these ‘rhetorical’ manoeuvres have their limits: the proof of a shaman (and much more so of a Russian urban healer) is ultimately in practical problem solving. If no concrete, practical alleviation is perceived, the clients abandon their healer without compunction, and sometimes even with quarrel and angry accusations. In many cases, the proof of a healer’s worth is to demonstrate some kind of ‘more-than-ordinary’ capacities, within or outside the healing proper. For example, healers and shamans are expected to provide accurate ‘readings’ of the patients’ situation past, present and future, or, alternatively, to invoke in the patient a convincing kind of bodily experience, such as instant quenching of pain, perception of intense heat or a state of dissociation accompanied by inner visions.

The case of Gregor, described elsewhere in more contextual detail and from different perspective (Lindquist 2006b), provides a model example of a shamanic séance where much more than healing is at stake, and where meanings are fragmented, clashed and contested. As for the patient himself, I had too little time with him to get a grasp on his experience. What he shared with me of this, afterwards, consisted of the enormously strong movement of emotions and of his private inner images, which he did not specify. It was likely that this episode for him generated, not meanings, but, rather, ‘emerging moods’ (Humphrey & Laidlaw 1994, p. 227), when a supplicant becomes absorbed in the act to the point of psychic dissociation. Like Jain devotees, Gregor seemed to ‘submit and surrender himself’ (p. 242) to the flow of ‘disjunct meanings and emotions’ (p. 228) that could very well have set in motion some embodied transformations of the self. Speculating further, it could be suggested that the whole event was for Gregor imbued by a broader symbolic value. A tourist trip to the exotic landscapes of Siberia was perhaps a desperate attempt in the last hope for healing, even as it was a spiritual journey to the authentic other, marked by ‘romantic idealization of the exotic as “traditional” and “holistic”’ (Kirmayer 2004, p. 45). The healing séance was likely a significant event in Georg’s personal biography, bodily and emotionally engaging, possibly transforming, certainly personally ‘meaningful’, but speaking about ‘meaning’ here brings us nowhere by way of explanation.

In the second episode I was much better placed to access the efficacy of healing. My friend and I spent much time discussing his experience of distress and betterment, before and after the treatment. If the satisfaction of the patient is of any significance, here it was straightforward: according to his own statements, he felt dramatically better immediately after the séance, and, afterwards, he repeatedly stated that this encounter started the process of convalescence. In more functional terms, it was after this treatment that he was enabled to think and talk about anything else than his predicament. If the rhetoric of performance is what connects it with the symbolic mechanisms, let us see whether the elements outlined by Csordas—predisposition,
empowerment and transformation (2002, chap. 1)—can be discerned here. There was no persuasiveness embedded in the social setting of the séance. There was nothing for my friend that was intrinsically meaningful in the figure of the magus, or in the modest entourage of her dilapidated rented apartment, except, perhaps, for a vague feeling of menace that the stench and decrepitude of Moscow residence blocks invoke in foreigners. The patient had no knowledge of the language of the healing system he encountered, indeed no common language with the healer, so he could not accept, not even in the as-if mode, its explanations of causes of affliction or goals of healing. There was no ‘primary community of reference’ in the context of which he could be persuaded that healing was possible, other than myself and my research, about which he was moderately curious. Moscow was certainly exotic for him, but, unlike Episode 1, the connotations were peril and threat, rather than beauty of the authentic native. This notwithstanding, he definitely felt ‘empowered’ by his private intense embodied experience. Transformation did follow, in the sense that his attention, indeed, was diverted from his trauma. I am not sure that his transformed sense of being was due to new meaning created as a result of this séance. Most definitively, the field of ‘symbols, motives and meanings’ that constituted the healing system he encountered was no part of it all.

Icons of Power and Desire

In his work on faith healing among Catholic charismatics, in coining the notion of imaginal performances in which healing images were at play, Csordas was one of the first to point to the iconic and indexical, as ontologically prior to the symbolic, character of semiotic mechanisms in transformation (1997). Images in consciousness act pragmatically and instrumentally, based on the same indexical causality that is involved when a tumour is removed under surgery. It is the same causality that is involved when the shaman rips out a non-material ‘dirt’ from the patient’s body; when a Moscow healer tears off from the patient’s body imaginal lumps, after which the actual myomas disappear, or when she dissolves kidney stones with her hands, so that the actual kidney stones dissipate into sand and are drawn out of the body. The primary semiotic mode of everyday action is indexical, and, as Roy Rappaport (1999) maintains, it is as well the principal mode of action of the Divine as mediated in rituals.

In mundane instances of iconic action, such as the weather-cock that turns from a gush of wind, as well as in instances of iconicity when the divine is culturally seen to be at work, such as miracle-working icons, the agent must possess power to cause effect. Referents of iconic action—agents—are ‘icons of power’. They are cultural objects conceptualized as powerful and efficient, and in their logic of design they are homologous to other cultural icons of power. In my work on Russian healing I analysed how healing rituals, which include pantomimic gestural performances, objects such as icons and eggs, as well as items of cultural poetics such as prayers and spells, are structured as icons of power. I also looked at how particular healers, people that are seen to be carriers or mediators of the divine power to heal, constructed
themselves as charismatic individuals, human icons of power. Like those Russian Orthodox miracle-working icons, which have a long tradition in Russia of being used for healing, these people combined, in different constellations, two aspects that are fundamental to therapeutic interaction. One was the force of authority, entailing surrender of the self to the other, as in submission to violence. The other was the force of attraction, opening up the borders of the self to let the other inside: as in surrender to desire. The acceptance of violating the integrity of the self is basic not least in a most mundane therapeutic interaction in Western bio-medicine: We allow our doctors to see us in ways and do things to us that we would never allow any other, even those close to us. The acceptance of the curer as a figure of desire is perhaps less articulated in the meeting with a Western doctor; still, we have our definite requirements if we are to start talking to this doctor to begin with. Most importantly, the doctor should exude competence and confidence in the science and technology he uses in his therapy.

Cultural traits of the icon of desire may vary. They may include compassion, as we know from miracle-working icons of healing saints in Christianity, e.g., the figure of Our Lady in both Catholic and Orthodox tradition. In the Western biomedical encounter compassion is important enough, but even more crucial is the perception of the space left for the patient’s agency, the space for joint decision making. The disappointment of the ‘therapy-seeking unit’ when these aspects fail to materialize can be ruinous for therapeutic efficacy, even if symptoms disappear. 7

Still, even in this rendering, as long as the icons of power are constructed in the terms of local culture, they must have moorings in local worlds. As such, they can once again be explicated in the terms of ‘meaning’, since it is in these terms that the icons of power are ultimately constructed. To act as icons of power, to exercise the authority of knowledge, the coercion of force and the attraction of desire, the icons of power must be constituted as such in local symbolic terms, with power and desire as its referents. But what of the episodes described above, where we can no longer talk about ‘local worlds of meaning’? In the globalized world, people mix and match, unabashedly, symbols, methods, ritual specialists and ritual objects from widely differing cultural traditions in all thinkable manner of assemblages. These assemblages signify nothing else than the otherness of the other, who, in the contexts like Boston described by Susan Sered (2006), are becoming increasingly close to the Self. It can be said that, in urban metropolitan contexts, the ‘exotic Other’, powerful because she is distant, increasingly becomes ‘the Other next door’, so much more easily available. 8 Perhaps the absence of hermeneutic substance in such healing encounters heralds a new world, where global assemblages of signs and practices forebode a changing nature of the meeting between self and other, where charismatic healers are but one mode?

Meeting Face-to-face and Responsibility for the Other

The language to think about this meeting is found in the philosophy of Emmanuel Levinas. Seen in the light of all atrocities of the last century, his vision may seem a bit
utopian in its ethical and theological pathos (even if it was created exactly as a response to these atrocities). But it rings increasingly true in the time of global assemblages, where the seamless character of the world is in tension with the fragmentation and contingency of various spheres of meaningfulness, just as the striving for the substitution of the self for the other in Levinas’s philosophy is forever in tension with the irreducible otherness of the other.

A main thrust in Levinas’s philosophy was to make morality illuminate the phenomenology of human bond, and to make ethics relevant for epistemology. His thought brings our way of knowing about the other to bear on the nature of our encounter with the Other. It suggests that our inability to understand some aspects of this meeting, for instance in the therapeutic encounter discussed above, may stem from our insistence on a particular way of knowing. It comes from our imprisonment in a certain way of conceiving the nature of our subject, human being, and the interactions and ties between them. According to Levinas, the logic of encounter with the Other in the Western tradition has been approached from the premises of the rational mind, and interpreted in the terms of knowing. This knowing is not arbitrary but proceeds as identification of the unknown with the known, as a claim of mind, as a proclamation or saying. It is an operation of ‘schematism’ where the encounter is conceptualized in terms of language, proposes itself as a theme, and exposes itself in truth that stands verification through comparison with norms, standards, generalizations and abstractions. The unknown is cast in the mould of the known, and thus cannot be a complete surprise.

The tool, the mechanism, and the agentive force of this knowing is a logical intellect or a reasoning will that knows through appropriation of the otherness we strive to know. This lies within the epistemological tradition of modernity, which, according to Levinas, is to dominate and absorb the Other into sameness of Being: Appropriation of Being by knowledge, the lived experience converted into doctrines, teachings, scientific pronouncements, summarizations and conclusions. The strategy of interpretation, foundational for much of the anthropological project, is profoundly a part of this violence of grasping otherness in terms of the self, thus extirpating from it all surprise, danger and mystery.

But the strategy of interpretation does more than that. Don Seeman (2005), one of the scholars who brought Levinas’ work to bear on anthropology, remarks that in our insistence that human encounters, especially ritualized ones, as healing encounters often are, generate meaning and thus shore up culture’s regime, we miss the phenomenological and ethical core of suffering as something intrinsically meaningless and thus beyond interpretation. Seeman quotes Levinas saying that ‘…suffering….in its own phenomenality, is intrinsically useless, for nothing’ (Levinas 1988). The idea that healing (and other types of ritual) gives meaning to suffering goes deeply to the roots of Western sociological thought, to the Weberian paradigm of verstehen, that sees meaning as a rational response to indeterminacy and uncertainty, making it socially and personally manageable (Handelman 2005).
Icons of Power in Global Assemblages

But if suffering is at first useless, beyond all meaning, the healing encounter comes forth in a different light. Production of meaning can clearly be a part of the entourage of the healing encounter, shaping the other as an icon of power in culturally meaningful ways. This meaning-making process is sometimes secondary and, as the examples above indicate, can be disposed of altogether. The variety of healing practices across global assemblages belies the reduction of the therapeutic encounter to the production of meaning. The phenomenological core of this encounter, suggests Seeman, is in what Levinas calls ‘the medical gesture’, the existential stance primordial to human experience. For Levinas, it is found in the root of language and culture, but is far prior to it. This medical gesture of the healer engaging with the patient is a particular case of the self encountering the Other. Levinas tried to grasp phenomenology and ethics of this encounter in such terms as ‘meeting face to face’, ‘proximity’, and ‘responsibility’. These notions imply a paradigm of the therapeutic encounter quite different than that of meaning-making. The dynamics of such an encounter go beyond the shared semantics, beyond the logics of rational structures of intentionality. This phenomenology describes the unquestioning acceptance, beyond power hierarchies and social transactions. Levinas’s exposition echoes what a shaman in Tuva tried to bring home to me for several years. In our conversations, this shaman got irritated when I talked about the people he treated as ‘patients’ or ‘clients’; the way he wanted me to refer to them was the way he himself called them: ‘My people’. It is the selves that are parts of the whole, and that are homologous to this whole; the selves whose selfness recognizes the inviolable alterity of the Other and that calls for transcendence of selfness in front of and towards this alterity. It is the stance that implies taking responsibility unconditionally, beyond the limits of the individual, beyond the boundaries of locality or any other bounded entity. As in the examples above, this responsibility is prior to the exchange of words and symbols, as Levinas put it, ‘prior to the thematization of the said’, unmanifested in a word or a representational symbol. In the unconditional ‘medical gesture’ (Levinas 1989), in the ‘responsibility’ as ‘ability-to-respond’, the taken-for-granted ontologies of the self and forms of relationality are questioned by the proximity of the Other. Levinas conceives it, idiosyncratically, as self being assigned to the other, self being made a hostage to the other. This makes the originary gesture being directed not towards making suffering bearable, as Weber and Geertz would have it, but aiming at ending it, as the Moscow healers as well as Siberian shamans would conceive of their task.

In Levinas’s philosophical vision, which helps to grasp the essence of the therapeutic encounter, relationality is foundational or primordial. The healer exists qua healer only through a bond (even if an instant one) to other, whose suffering is irreducible to language or other signs. According to Don Handelman (personal communication), the Washo healer had to find people who were willing to be treated by him. One did not need formal training to be a Washo healer, but one needed to find the other who would enable him to come into existence as a healer. As Handelman puts it, the novice would be beholden to a patient, or, in Levinas’s terms, was held hostage, as the patient was conditioned on the healer for his well-being,
while the healer would be conditioned on the patient for his being a healer, to manifest and develop his craft. This is the same for the Tuvan shamans I work with—without ‘my people’ I am no shaman.

The relationality of an encounter face-to-face, beyond meaning, beyond rational intellect and the common frames of interpretation, seems to be a feature of the globalized world. In this world, the condition of being globalized can be seen as an existential space that shapes our practices as humans, practices of which healing is paradigmatic (cf. Collier & Ong 2005). In a therapeutic encounter, the Other is often seen as an icon of power, in different times and in different cultural contexts. Perhaps, previously, this Other was more distant, less readily available. With globalization, the Other has been brought into proximity with the self, in a face-to-face immediate encounter beyond the indifference of contiguity, as something that belongs to the everyday experience.

Perhaps it is only in this globalized world that Levinas’s ethics of a human—and healing—encounter can be brought to bear in its fullest. If this is so, there is no wonder that therapeutic encounters like those described above are effective. There is no wonder that practices like those described by Susan Sered (2006) in the Boston area are becoming more and more widespread. In these practices, the otherness of the other becomes the strongest element of force in the icons of power.

We live in a dizzyingly changing world, and today’s anthropology tries and often manages to stand up to the challenge of grasping the core of these changes. But if we really want to follow these changes, we must be prepared to sacrifice some of our own sacred cows, like the foundational idea of meaning. We have to find other sources and means to express the nature of our sometimes baffling, sometimes unnerving, but always exhilarating experiences of these changes. To find a language more true to this experience is our own responsibility in our meeting with the Other configured in singular patterns of global assemblages.

Acknowledgements

This paper was written while on the grant of Swedish Scientific Council (Vetenskapsrådet). I am grateful to Don Handelman and Susan Sered for reading and commenting on the manuscript.

Notes

[1] For example, Dow (1986), drawing on the work of Lévi-Strauss, suggests that, in shamanic healing, the patient’s personal problem is mapped onto a collective ‘mythic world’ through shared symbols.

[2] Bio-medicine, with its reliance on pharmaceuticals and its grounding in the symptomatic paradigm, as well as with its trappings of ‘techno-science’, has become part of the rural landscape in Africa and Latin America (see, e.g., Whyte 1998, among many others). Eastern methods such as acupuncture practised in Western urban hospitals or Yoga classes offered in gyms and spas speak the same language of cosmopolitan mixture.

[3] Healers in Moscow, and also in Tuva, are generally reluctant to treat cancer patients. It is commonly believed that cancer is a result of such severe energy and ‘karmic’ disturbances that healer’s attempts to meddle with it are fraught with grave consequences for the healer herself.
In my work in Moscow, I only met one healer who used to treat cancer patients. Recently I learned that she died of cancer.

[4] Without going into a discussion on definitions of shamanism, I reserve this term for ritual experts who work with what they see as non-human beings commonly referred to as ‘spirits’ and perceived by the practitioners as ‘images in consciousness’. In Russian healing, images in consciousness are seen as coming from demonic source, and practitioners would never identify themselves as ‘shamans’. In literature, however, the definition of ‘shamanism’ tends to include all sorts of practices that involve ‘altered consciousness’.

[5] A recent review can be found in Waldram 2000; the most useful and original treatment, in my view, is provided by Csordas 2002, chap. 1.

[6] One of the reasons is that what the Western urban shamans call Non-Ordinary, in ‘shamanic’ cultures, is a part of one total reality, and the last thing people usually want is to ‘perceive’ its non-human dwellers, since such encounters can be fraught with danger.

[7] There is a Russian joke (anekdot) to this effect, which grasps the point with inimitable wit and clarity characteristic of this genre: Jesus Christ returns, and assumes responsibilities as a healer. A patient lying on a cot is carried in to him. The relatives leave the patient with the Healer and wait outside. In a moment the sick person walks out. The excited relatives ask him: ‘How was it?’ ‘Well’, he says, ‘How could it be good if He didn’t even examine me?’

[8] The other side of this is the picture of the Other next door emerging from popular films and talk shows as murky and dangerous. So is, increasingly, even the Other at home—spouse, nanny, baby sitter, even child. The other is dangerous because it has power when close or is interior, as inside the home.

References


