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Introduction

Vibeke Steffen

Institute of Anthropology, University of Copenhagen (Denmark)

The third section on the liturgy of health and health care consists of a collection of four papers dealing with science, medicine and religion, rituals and magic, transformations and narratives in hospitals and community health care. While the concept of liturgy is presented in only two of the papers, the significance of liturgy, in the sense of rituals conducted according to prescribed rules, is a central theme in all the papers. The performative character of medical practices, through which essential features of Western culture are mediated, and the religious character of the questions posed in situations of matters of life and death is highlighted. As argued by Sjaak van der Geest in his discussion of magic, science and religion, the demarcations between the rational and the irrational are blurred even in the clinical settings, which we tend to think of as dominated by hard core science. With references to anthropological classics such as Malinowski's work on magic, science and religion and Geertz' definition of religion, Sjaak van der Geest suggests that we look at doctors as religious practitioners and at hospitals as secular churches where people perform acts and express their beliefs in science and biomedicine as ultimate truth.

Josep Comelles starts this section with a very personal presentation concerning the process of treatment, rehabilitation, and recovery from burns that were brought on his wife after a serious car accident. The account draws on the story of Orpheus and his struggle to save his beloved Euridice from the underworld and is partly based on diary notes. As an example of auto-ethnography, written from a position 'at home' in the strictest sense of the word, the paper demonstrates the strength of personal narrative as a tool for grasping the reality of human suffering and misery as experience with a minimum of interpretative distance. The marginal and sometimes liminal position as a relative of a patient in the world of hospital regulations and routines, and the difficulties of handling the uncertainties of life and death by professionals as well as patients and relatives is described with a moving sense of reality. The painful question of whom will have the

resistance to 'pull through' and who will not becomes the turning point of all communication.

Even though hospitals are institutions full of uncertainties, they are also places where miracles can take place and where hope is expressed through symbolic ritual techniques. Magic provides meaning to existence, and though conventional religion may be disappearing in our societies, there is still belief in truth and the miracles of biomedicine. Juha Soivio supports the idea of hospitals as important markers of culture by viewing hospitalisation as a rite of passage through which cultural values and norms are communicated in an effort to transform the patient from one status to another. His research on the treatment of coronary heart disease in a Finnish hospital shows, however, that in practice this is not always an easy task. Patients are pragmatic creatures and the emphases on psychological and lifestyle adjustments in the rehabilitation programmes often seem to collide with the habits of everyday life. While transformation is expected to be an outcome of the patients' flow through the hospital, another and more static aspect of ritual applies to the bureaucratic organisation of hospitals as institutions. Ceremonial order provides stability and structure thus assuring that essential messages and technological control are inscribed directly into the bodies and lives of the ritual subjects.

The mad stories told by Els van Dongen from a closed ward of a Dutch mental hospital also show how manipulation through ritual and magic becomes a means of control. People are 'walking stories'; they narrate and live their narrations. Magic is an integrated part of these stories. In an effort to de-pathologise such stories van Dongen points to the work of culture through madness, and the work with culture in the stories as rituals to control powers of madness and the health system that lie beyond the control of the patients. She also shows, however, that there are limits to the understanding of and coping with 'the differences within'.

The disenchantment and re-enchantment of modern society is one of the subjects that are raised by these papers. By insisting on the use of concepts such as liturgy, ritual, magic, and religion in the analysis of hospitals, medical anthropology at home is contributing to a re-enchantment of modern society (see closing keynote of the second meeting, Els van Dongen), but we should perhaps remind ourselves, that the danger of exoticising human suffering and medical practices is just as present in studies at home as in studies abroad. The ethnographic

preference for the strange, the spectacular, and the extraordinary may well overshadow the ordinariness of quotidian life. Is liturgy a useful concept for medical anthropology at home and more specifically for the analysis of the activities that take place in hospitals or community care? In the sense that it explicitly or implicitly highlights the performative and religious aspects of medical practice and the work of culture, the papers presented in this section show a richness of potential.

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Hospital care as liturgy: reconsidering magic, science and religion

Sjaak van der Geest [1]

Medical Anthropology Unit, University of Amsterdam (The Netherlands)

In his essay *Magic, science and religion*, Malinowski (1948) discusses the resemblances and differences of these three concepts. He spends most effort on the differences. For Malinowski, science is empirical knowledge based on people's acquaintance with the environment, allowing them to use the forces of nature. Religion is faith in the supernatural world, embodied and maintained by rituals. It establishes and expresses valuable mental attitudes such as reverence for tradition, harmony with the environment and the acceptance of prospect of death. Magic is a practical art, a symbolic ritual technique that brings about what cannot be achieved by 'ordinary' techniques. Science is rooted in logic and experience, religion in emotional stress and anxiety, magic in hope.

These distinctions between magic, science and religion confirmed most readers' self-perception at the time. Science has nothing to do with religion; science is verifiable knowledge, religion is faith. A scientist can have a religious faith, as, in his view, religion does not interfere with science. Magic is a primitive kind of science, not based on empirical knowledge but on the "sublime folly of hope." Traces of magical thinking may also be found in Western society, but strictly speaking they should not be there. A scientist may be religious; but he does not believe in magic.

This essay has been written to blur the old demarcations between magic, science and religion. I will argue that from an anthropological point of view the three are but facets of one social and cultural reality. The concepts have fallen victim to a dichotomist worldview in which subject is posed against object, spirit against body, rational against emotional. In everyday experience, however, magic, science and religion are difficult to distinguish. This is particularly true in clinical settings, which are commonly believed to be the hard core of scientific acting. I invite the reader to look

at clinical work with other eyes: as occasions for religious emotion and hopeful magic.

In his introduction to Malinowski's essay, Redfield (1948, 9) speaks of the «warm reality of human living» and the «cool abstractions of science.» My purpose is to argue that there is 'warmth' in the scientific achievements carried out in modern clinical settings and that the opposition of science to faith and emotion and of technical rationality to ritual hinders the anthropological understanding of clinical efficacy.

Magic, science and religion

Magic and biomedicine

'Magic' has been considered a derogatory term. Tylor (1871) called it «one of the most pernicious delusions that ever vexed mankind» (cited by Stevens 1996: 721) and a "hurtful superstition". Frazer named magic "bastard science" and "pseudo-science". In their views, magic shares with science the objective of controlling the forces of nature, but it is at the same time the opposite of science because it is mistaken, based on wrong assumptions about the working of nature. Early anthropological accounts of magic were primarily negative definitions of science. 'Magic' proved a useful concept to depict Western thought as superior to that of others.

Malinowski (1922, 1948) has attempted to give magic more credit and recognition. He turned away from Frazer's view of 'wrong science'. Magic is less irrational than we think, Malinowski argued. People are continuously confronted with the boundaries of their ability to bring about facts. In their uncertainty about the final result of their action they add words, gestures, substances to increase the chance of success. People recognise that these words, gestures and other ingredients do not guarantee success – they do not even have a direct physical effect – but 'one never knows'. To explain such magical behaviour we usually refer to psychological concepts and say that it gives us more self-confidence or that it brings relief. Malinowski (1948: 79):

> «Man, engaged in a series of practical activities, comes to a gap; the hunter is disappointed by his quarry, the sailor misses propitious winds, the canoe builder has to deal with some material of which he is never certain that it will stand the strain, or the healthy person suddenly feels his strength failing. What does man do naturally under such conditions, setting aside all magic, belief and ritual? Forsaken by his knowledge, baffled by his past experience and by his technical skill, he realises his impotence. Yet his de-

> sire grips him only the more strongly; his anxiety, his fears and hopes, induce a tension in his organism which drives him to some sort of activity.»

Malinowski's quotation is defensive. He attempts to convince the reader that not only 'savage' people practise magic but 'civilised' people do so as well. In that sense, magic is 'normal', though it remains a slightly irrational reaction, which accompanies scientifically rational behaviour? Malinowski's contribution is that magic is no more something belonging to 'the other'. 'We' in addition, the educated, brought up with the blessings of science, practise magic. However, magic remains a way of thinking which is radically different – even the opposite – of science. It is human to think and act magically, but, writes Malinowski, it does not work.

Magic, therefore, should have no place in biomedicine. It is incompatible with scientific reasoning. The history of biomedicine is one of casting out magic. Medical research, such as randomised and controlled trials, is an attempt to separate specific effects from placebo effects, to distinguish between science and magic.

In biomedical popular language, magic often means 'wrong'. Magic should therefore be eliminated from medicine. In an interview, one of the most prominent Dutch cardiologists remarked: «One third of what happens daily in medicine, is useless. It is magic» (Brandt 1997). Here, magic is still regarded as 'what does not work'. I want to reconsider this negative definition of magic. Magic as «the use of symbols to control forces in nature» (Stevens 1996: 721) is not out of place in biomedicine. It may seem in conflict with biomedical theory, but it is inherent to biomedical practice. Magic, in Malinowski's (1948: 90) felicitous words, is the ritualisation of optimism, the enhancement of faith in the victory of hope over fear: «confidence over doubt, steadfastness over vacillation, optimism over pessimism.» Biomedicine may continue to cast out magic, but it will always remain magical and derive part of its therapeutic success from its magic. Let us now turn to the other – related – dichotomy, between science and religion.

Science and religion

Geertz' (1966) by now classic definition of religion («a system of symbols which acts to establish powerful, pervasive, and long-lasting moods and motivations in men by formulating conceptions of a general order of existence and clothing these conceptions with such an aura of factuality that the moods and motivations seem uniquely realistic») has the advantage that God is not necessarily included in the definition. Religion is a belief in

ideas, which are regarded as ultimately true. Paul Tillich (1965) calls religion "ultimate concern". Religion provides believers with sense and security. Geertz' view of religion can be applied to supernatural beings and forces, but also to ideas and explanations which belong to 'science'. The etymology may be wrong, but 'religion' is often derived from the Latin verb *ligare* (to bind). *Religare* could then be translated as to 'bind again', to bring together in second instance. In religion, one could say, a fragmented world, with diverse experiences, is united to form one ordered completely; they are systematised. Things are brought into agreement with one another. The taming of diversity and contradiction into one cognitive system takes place in 'true' religions but also in scientific thinking, including biomedical science.

Without losing sight of a number of prominent differences between 'religion' and 'science' in the conventional meanings of the terms, it is helpful to stress here what they have in common: for those to whom science provides ultimate explanations, it is a religion. Critics may argue that science can never produce ultimate explanations and call this erroneous thinking ('scientism'), but in everyday experience, science does have this status of ultimate truth. To many, only what has been scientifically proven can be trusted as real, all the rest may well be illusion, dreaming or fantasy. Science provides the type of knowledge from which they derive hope, comfort and security.

Calling doctors the new 'priests' is, therefore, more than a metaphor. Doctors have access to knowledge concerning the most relevant physical reality, the human body, and are able to formulate rules for correct and just living on the basis of knowledge. In my country, as in many others I suppose, good health is regarded as the highest value in life. Doctors are the most qualified mediums to point out the 'right way' for those who want to attain that ideal. Anthropologists and philosophers have done their best to delineate and distinguish science, magic and religion. My purpose is to show their overlap.

Magic and ritual in medical settings

Magic has not been pushed back out of our world, as Thomas (1973) argues. Magic and ritual still occur within biomedicine, ranging from the simplest action by a nurse to the most advanced medical technique. Let me give a few examples.

The nurse who fluffs up a patient's pillow does more than make the physical condition of the pillow more comfortable for the patient. The effect of

this technical act is multiplied thanks to the fact that it has a wider meaning than its technical one. There is a lot of 'psychology' in this simple action; it shows the nurse's concern and fills the patients with good feelings.

Felker (1983) describes the events taking place in an American operation room as a secular ritual in which not only the premises of biomedicine are confirmed, but also the norms and values of American society at large. A ritual creates order and trust where disorder and insecurity threaten to enter. The ritual reassures the participant that what has been produced by human beings is as certain as physical reality.

The surgeon, together with his/her assistants, plays a reassuring role. She compares the actions in the operation room with Turner's (1974) definition of ritual. Participation in the surgical ritual produces what it expresses. In surgery, someone's body is repaired and more 'repairs' or 'operations' take place; statements about what is real and how we should live are reconfirmed. Felker points at four aspects of this ideology, which is recreated in the operation room. The first is the positive appreciation of entrepreneurship, decisive intervention. Insecurity is defeated by forceful action and not taking action is disapproved of. Surgical work is the epitome of decisive action. The second is the belief in science, which has solutions for any problem that may occur in one's life. The 'miracles' performed by surgeons are the most spectacular examples of science's potency. The third is the view of the body as a machine composed of different parts. The repairs carried out by surgeons prove that this view is correct. The last aspect is the belief in the omnipotence of the medical Doctor. Felker's argument reveals the social, cultural and ideological 'side effects of surgery'. The implication is that the surgeon's efficacy is greatly enhanced by the fact that his actions *make sense* to his patients, that he conjures up trust in what he is doing. In other words, the symbolic quality of his action, *its magic*, works in ways, which fall outside the scope of the biomedical paradigm.

A famous example of the efficacy of symbols in surgery are Moerman's (1979, 1983) articles on the 'by-pass' operation. Moerman argues that the richness of symbolism in the heart operation contributes enormously to the success of the intervention, while that success can often not be proved in scientific terms. Nearly all patients in his study reported to be better after the operation, although in 80 % of them the passing of the blood through the vessels had not improved. Moerman explains this by symbolism. The operation is a religious experience to the patient:

> «By-pass surgery is from a patient's point of view a cosmic drama, following a most potent metaphorical path. The patient is rendered unconscious. His heart, source of life, is stopped! He is by many reasonable definitions dead. The surgeon restructures his heart, and the patient is reborn, reincarnated.» (Moerman 1983: 161)

A last, perhaps slightly anti-climactic example of magic in medicine is the doctor's prescription at the end of a consultation. By taking his pad and starting to write a prescription, the Doctor emits a tactful but definitive sign that the consultation is over. It forestalls further discussion and constitutes some kind of 'silent communication'. The positive appreciation of the prescription does not only conceal the fact that hardly any communication has taken place and that uncertainty still exits, it also removes the patient's disappointment about the shortness of the encounter. For the Doctor, it is the most effective way of dealing with the persistent problem of shortage of time and the 'overload' of patients. Writing a prescription can best be described as a closing ritual which is intended – and often succeeds – to send the patient away with hope and positive feelings towards his medical problem, himself and the Doctor (Pellegrino 1976). Moreover, it provides the patient with an official legitimisation towards his environment that he is really sick.

All these examples show that 'forces of nature' are controlled by actions, which do not make sense if we were to keep strictly to the canons of medical science. The nurse's act is magical *in* its technical quality. In the same vein, the physician writing a prescription shows the patient a token of his concern (Pellegrino 1976), and the bypass operation is at the same time a religious miracle (Moerman 1979).

Biomedicine is characterised as rational/technical. It would, however, be a mistake to conclude that it does not leave room for symbols and magic (with the accompanying emotions). As we have seen, symbols, magic and emotion are found *in* the rationalist-technical approach. Machines and advanced medical techniques conjure up faith, hope and trust, in-patients *and* in physicians.

The Dutch historian Gijswijt-Hofstra (1997: 5) claims that the modern world of today is far from 'disenchanted', as Weber and his contemporaries predicted nearly a century ago, «least of all in the domain of health, disease and curing» (p. 11). To prove her claim she describes the continued existence of magic in phenomena such as folk medicine and prayer healing. She may be right, but it is my purpose in this paper to focus on the place of magic at the heart of scientific medicine and not on magic as a quality of relatively marginal medical practices.

Recovering

A common characterisation (and critique) of biomedicine is that it is atomistic, reductionist and neglects the whole person. We should, however, take into account that atomism and reductionism exists and works only by the grace of an underlying concept of wholeness and unity. The biomedical focus on specific details of the human body bears a striking resemblance with magic and fetishist practices which, following the metonymy principle of *pars pro toto,* affecting the whole person through the touch of a minuscule part of that person. Both are subject to what Frazer (1960) has called the laws of 'contagious magic'. The concept refers to the belief that things, which are in contact with one another, or have been in contact, influence one another. A lock of hair from a lover brings the lover closer. Gordon brought this view forward (n.d.: 6-7):

> «[T]here is an identity between part and whole: the organ is the person. This brings to mind the abundant practices of sympathetic magic ... which take a piece of the person – a lock of hair, a piece of clothing – for the total person himself, and work on this piece to affect the whole. Perhaps we are seeing some of the same processes here in medicine as organs or body parts symbolically stand for the whole person in the eyes and the experience of medical practitioners...»

The term 'recovery' captures this movement from part to whole, from fragment to completeness. Getting better is the result of restoring the whole. Medical intervention, which may appear to be concerned only with one organ, one tiny part of the sick person, is in fact an act of restoring the entire system. Several authors have tried to 'demonstrate' this return to wholeness in medicine through ethnographic description or theoretical argument. Lévi-Strauss' analysis of a Cuna (Indian) incantation to facilitate difficult childbirth is a case in point. The shaman's song constitutes a psychological manipulation of the sick organ. The song, according to Lévi-Strauss, presents the woman in labour with a mythical world in which she believes and to which she belongs. The song is as it were an invitation to take again her place in that world where everything is meaningful to her. What happens during the healing session is that she reintegrates within a whole, which provides her with a sense of belonging. The context conjured up in the song 'infects' her body, she recovers, she recaptures her grounds. Interestingly, the ethnographic example of the Cuna shaman's incantation has been criticised for various reasons, but Lévi-Strauss' reasoning to explain the efficacy of symbols is still widely accepted.

Another anthropologist who took an interest in symbolic healing and tried to explain it is Dow (1986). Dow describes sickness as a fragmentation of

emotions and experiences. This fragmentation may take place at various levels of human existence, in a person's natural or social environment, in his self-system, in his body, at a conscious level and finally in physiological processes, which are not subject to individual consciousness.

These various levels are linked to one another and are mutually 'contagious'. Their connection can best be regarded as a metonymy relationship. They border on each other. As a result, a disturbance at one level will spread to another. Thus a breakdown in someone's social life may lead to disruptions in this person's bodily functions, etcetera. The reverse may also happen. Restoration of order at one level can result in recovery at other levels. It suggests that a medical intervention may thus help to overcome a marital crisis and psychotherapy may contribute to the recovery of a somatic disease.

Symbolic healers make use of the connectedness of these different levels. As in the example of the Cuna shaman, they start from a mythic world, a system of ideas, which produces meaning and cohesiveness. Through language and ritual they manipulate the symbols in the mythic world to restore the patient's sense of order. Feelings of coherence must replace experiences of chaos and fragmentation. Powerful symbols, ritual emotion and the healer's charisma determine the outcome of the treatment. If the patient's sense of coherence is restored, this will be spread to other levels of human experience. Optimism and confidence return and take possession of the body. The patient recovers. The prefix 're' proves indispensable in finding words for the process which takes place in and around healing: repairing, re-capturing, recovery, re-storing, recuperation, re-generation, reformation and religion (*re-ligare*). Rituals and sacraments have a repetitive character. Repetition and remembering create recognition and make reintegration possible. They 'frame' experiences, put them in a certain place where they reconquer their meaning. Repetition of stories, prayers, song lines instil that idea upon the participants. Rituals often have a mnemonic effect, like tying a knot in a handkerchief. Rituals focus attention by framing and enlivening the relevant past (Douglas 1966: 79).

Liturgy and sacraments

I am not using the terms 'liturgy' and 'sacrament' simply as other words for 'ritual', just for a change, as seems to be the case in Atkinson's (1995: 148-51) use of 'liturgy'. The terms signal that I indeed descry a religious mood in the way medical services are offered and received.

The term 'liturgy' is derived from the Greek word *leitourgia* (*laos* = people; *ergon* = work), which referred to the work citizens were obliged to carry out for the state. Later on it assumed the meaning of rituals conducted in churches according to prescribed forms. Liturgy in present-day language usually refers to religious practices in Christian services, in particular the Eucharist, the ritualised remembrance of Christ's last meal with his disciples, before he was put to death. 'Liturgy' is used in contrast to private devotion.

'Sacrament' originated from the Latin *sacramentum*, which has three meanings: 1. Deposit or bail, a sum of money which contestants in a court case deposited and which was given to the winner of the case; 2. Oath taken by a Roman soldier that he would not abandon his general; 3. Early Christians gave 'sacrament', its present meaning of a visible sign expressing some mystery of their faith. The Roman Catholic Church recognises seven sacraments which, according to Christian belief, have all been instituted by Christ. Most Protestant Churches accept only two sacraments: baptism and the Eucharist.

In the Catholic view, a sacrament is, in Augustine's words, «the visible form of invisible grace.» Through the sacraments God's grace is channelled to the recipient, the believer who takes part in a sacrament. In anthropological terms, sacraments could be regarded as indexical signs of a reality, which cannot be observed or experienced directly. They are concretisations of an ungraspable world. For the faithful they make visible what they believe exists but cannot be seen in their real form. By participating in sacramental rites, people feel comforted and confirmed in their faith. They receive what Christians call 'grace' and Moslems *'baraka'*: strength, blessing and spiritual power.

In order to clarify the meaning of 'grace', theologians sometimes use medical metaphors. What medicine is for the sick body, is grace for the soul. In popular German devotion, from the 16th century onwards, Christ has been portrayed as a pharmacist distributing medicines for the soul. Hein has identified 133 representations of Christ as a pharmacist. Most are oil paintings while others copper plates, drawings or stained-glass windows. Thirty of these have been brought together in a publication (Hein 1992).

Most portraits are elaborate allegories. The objects of the pharmacy take on a spiritual meaning. The medicines become Christian virtues, which are needed to achieve spiritual 'health'. One can obtain these 'medicines' from the pharmacist Christ. Books and sheets on the counter show us prescriptions, not for the body but for the soul. The scale, a conventional

pharmacy instrument, normally used to measure the correct dosage of medicine, is here a symbol referring to the Final Judgement where each individual will be weighed and judged. The outcome will be either salvation or eternal damnation.

Pfeiffer (1992) provides an extensive theological and bibliographic commentary on each detail of one such painting, giving references to relevant biblical and devotional texts, as well as on explanations of the various Christian symbols depicted. In biblical texts, God is frequently portrayed as a healer («I am your Lord, your Healer», Exodus 15: 26). The healing metaphor is particularly strong in the New Testament, which contains numerous descriptions of Christ healing sick and handicapped people. At the same time, however, it is made clear that spiritual health is infinitely more precious than physical health. Christ's ability to cure the body is an index of his spiritual healing power. In the Gospel of Matthew, Jesus forgives a lame man for his sins. Some onlookers accuse him of blasphemy. Matthew continues:

> «But Jesus, knowing their thoughts, said, 'Why do you think evil in your hearts'? For what is easier, to say, 'Your sins are forgiven,' or to say, 'Rise and walk'? But that you may know that the Son of Man has authority on earth to forgive sins – he then said to the paralytic – 'Rise, take up your bed and go home.' And he rose and went home.» (Matthew 9:4-7)

Medical metaphors for spiritual gifts also abound in the writings of the Church Fathers and the theologians of the first centuries, the Middle Ages and the time of the Reformation. Pfeiffer (1992) quotes the following prayer of St Thomas of Aquinas: «I come to Thee, as a sick man to the physician of life, as a dirty man to the bath of mercy, as a blind man to the eternal light ... Cure my sickness, wash away my stains, and enlighten my blindness». Luther calls the Holy Communion *eine Arznei der Kranken* (a medicine for the sick) [(2)].

Metaphors work in two directions. If medical images help to grasp religious emotions, religious experiences may also clarify medical events. The medical techniques and interventions, which I previously presented, could indeed be viewed as religious phenomena.

What religion and medicine have in common is their opposition to death. Malinowski regards death as the source of religion:

> «Man has to live his life in the shadow of death, and he who clings to life and enjoys its fullness must dread the menace of its end. And he who is faced by death turns to the promise of life. Death and its denial – Immortality – have always formed, as they form today, the most poignant theme of man's forebodings.» (Malinowski, 1948: 47)

> «Religion saves man from a surrender to death and destruction, and in doing this it merely makes use of the observations of dreams, shadows and visions. The real nucleus of animism lies in the deepest emotional fact of human nature, the desire for life.» (Malinowski, 1948: 51)

Religion is here presented as the ultimate expression of hope against the reality of death. In his monumental *Das Prinzip Hoffnung* [The principle of hope], the German philosopher Ernst Bloch designs a philosophy and anthropology in which hope, looking optimistically to the future, is the basic movement of human existence. Not only religion, but also fairytales, popular fiction, theatre, dance, film, travelling, medicine, technology, painting, poetry, opera, and above all music are presented as evidence of the human orientation towards a hopeful future, a better world. The human person is a Utopian being, a dreamer and believer in the possibility of a good life.

Bloch, who never quotes Malinowski, finds himself in the company of the anthropologist:

> «The jaws of death grind everything and the maw of corruption devours every teleology, … But all the more powerful is the necessity to set *wishful evidence* against this so little illuminating certainty, against a mere factual truth in the world unmediated with man.» (Bloch, 1986: 1107)

Bloch elaborates his view by tracing the death-denying trends in several world religions. In the Jewish and Christian Bible we see how an initial acceptance of death is replaced by a belief in an eventual resurrection. According to Bloch, this development cannot be merely explained as a desire for endless life but should be seen as the outcome of a «thirst for justice» (p. 1126). «The world is full of slaughtered goodness and of successful criminals enjoying a long and peaceful old age», Bloch noted a few pages earlier (p. 1106). Religion, thus, not only saves us from surrender to death, as Malinowski wrote, but it also prevents us from falling into chaos, as Geertz – and many others – remarked. Religion's answer to the threat of metaphysical and ethical chaos (bafflement and suffering) is:

> «[T] he formulation, by means of symbols, of an image of such a genuine order of the world which will account for, and even celebrate, the perceived ambiguities, puzzles, and paradoxes in human experience. The effort is not to deny the undeniable – that there are unexplained events, that life hurts, or that rain falls upon the just – but to deny that there are inexplicable events, that life is unendurable, and that justice is a mirage.» (Geertz, 1973: 108)

Questions about metaphysical sense and moral justice, as we will see in a moment, also befall the seriously sick patient in hospital.

For Bloch, the principle of hope lives on in a world that has done away with the metaphysical beliefs of the conventional religions, which deny the real-

ity of death. His own Utopia is not situated in a life after death or a life in defiance of death, but in a socialist society (which to most of today's readers is almost as difficult to believe in as in life after death).

Christian theologians have been deeply influenced by Bloch's philosophy and have tried to develop a theology of hope, which can be reconciled with Bloch's radical secularisation. Moltmann (1964), following Bloch's concept of hope as the ground of human existence, sketches the Christian faith as rooted in and fed by hope. Simple promises of a death-less future are, however, difficult to find in Moltmann's complex theological treatise. Both Bloch and Moltmann reject a passive acceptance of a status quo and argue that life is not worth living without the prospect of an alternative, without hope, whatever that alternative is, it seems.

For the patient who is critically ill, the alternative is clear and concrete, however. His hope is to get better, to recover his health, his life. In this case, hope for life after death becomes hope for life after the threat of death. It is also hope for justice as described by Geertz. To die before one's time raises doubts about the moral order and meaning of life. Being seriously sick and facing a possible death is therefore a religious experience. The nurse and Doctor fighting for the patient's life become participants in a religious drama. Their actions – technical interventions and caring gestures, as well as the medical substances – assume religious significance. They feed the patient's hope for recovery, his/her desire for life. They could indeed be called 'sacraments', as I suggested earlier, not merely in a metaphoric sense. They *are* active ingredients fulfilling the patient's hope for a continuation of life. Biblical texts, which are quoted in Christian sacraments, strikingly suit the condition and wishful dreams of the patient: «Rise, take up your bed and go home» (Luke 5: 24). Or: «I am the resurrection and the life; he who believes in me, though he die, yet shall he live» (John 11: 25). Or: «If anyone eats from this bread, he will live for ever» (John 6: 51). People today, including patients in hospitals, may not believe the miracles reported in the biblical books; they do, however, believe in the miracles of medicine.

Hope for recovery, optimism against all unfavourable odds by critically ill patients, takes a central place in research among cancer patients in a Dutch hospital (The, 1999). The author describes the healing power of hope but puts even more emphasis on hope's deceptiveness. In their 'desperate optimism' patients take 'bad news' for 'good news' and doctors contribute to that misunderstanding by their euphemistic and veiled way of speaking. What is remarkable about The's study is that although when she set out to study euthanasia in a hospital setting, she expected to find a wish to die

among terminally sick people, what she actually found was a strong desire to live. Words, gestures, interventions and medicines were taken as signs of a hopeful future. Nurses became angels with reassuring messages, doctors appeared as priests and thaumaturges on whom they fixed their faith and hope for 'resurrection'.

Concluding remarks

Anthropologists have outdone each other in depicting biomedicine as a cultural no-man's land, an inhospitable place where patients are deprived of their most cherished values and subjected to a dehumanising regime of objectification. My aim is to defend the view that *biomedicine represents the basic values of its culture*. It is a space where doctors, nurses and patients find their deepest convictions and values demonstrated and confirmed. Hospitals and other medical institutions thus become secular churches where people perform acts and speak words, which express and recreate their belief in the canons of ultimate truth (i.e. science and biomedicine). «Medicine, or faith in medicine, is a creed» (Lupton, 1994: 1).

Scientific, i.e. biomedical concepts and images fill our mind when we think about our well being, our past, our future and ourselves; they form the stuff of our dreams. Biomedicine is a science we believe in. It produces its own magic. This thorough embeddedness in culture provides a more satisfactory explanation for the efficacy of biomedical practice than a purely scientific one. Symbolic healing merges with biomedical treatment and reinforces its effect.

Divorced from its cultural-symbolic character, biomedical efficacy becomes unintelligible. As in symbolic healing (Dow, 1986), medical intervention at one level spreads to other levels of a person's living system. Order restored in one place 'infects' other places; pessimism gives way to confidence and takes possession of all levels of being. The patient recovers. The moral, psychological and religious meaning of biomedicine must not be sought *next to* knowledge and technology; in the manner medical care is given to patients. They are *in* the medical activities and attribute themselves. They are the realisation of science, magic and religion. Magic and religion flourish in the heart of biomedicine.

This observation should not be taken in a derogatory sense. It refers to the fact that medicine is thought and practised by people, meaning-producing beings. Doctors, nurses, patients and their relatives are hopeful and anxious, full of trust and full of doubt, pessimistic and optimistic. These emo-

tions and expectations contribute to and are expressed in medical practices. Our visual imagination of emotion has conservatively stuck to conventional symbols such as sweet-scented flowers, cleft hearts, caring hands, colourful sunsets and smiling children. The cold and sterile machinery of intensive care units with their monitors, tubes and sensors and the forbidding appearance of the specialist with his gruff voice also conjure up emotions. They too have sacramental effects. Therapeutic efficacy is co-produced by ideas and emotions, words and gestures, which may fall outside the scope of medical science and are interpreted in anthropology. The acknowledgement of this 'magic' opens a rich potential for future medical and anthropological research.

Closing prayer

In a fascinating study, the Dutch psychiatrist Van der Hart (1978) pleads for the use of rituals in psychotherapy. He derives his examples from anthropological research in various cultures where rituals are reported to have a wholesome effect on those taking part in them. He refers to rituals carried out in periods of conflict or distress, after someone's death or during life transitions, for example from childhood to adolescence. His examples are 'real', explicit rituals. The participants were fully aware of their behaviour as being ritual. In this paper I have drawn attention to something else. I have pointed at rational-technical medical activities, which are not intended as rituals but which do have a symbolic character and a subsequent ritual 'side-effect'.

I have tried to argue that the ritual character of medical treatment constitutes a substantial – but usually ignored, even rejected – part of its efficacy. I consider this good news, which, unfortunately, is often badly received. Medical professionals usually react with irritation at the idea that their therapeutic work has a symbolic effect, when it is called 'magic' or is compared with religious and ritual behaviour. They tend to take this as anthropological arrogance ridiculing and belittling their medical knowledge and practice. Another common reaction is that what I call 'magic' or 'ritual' is "just psychology". I agree: just psychology. Psychology, after all, is a new name for what Malinowski called 'magic' among the Trobrianders. Mary Douglas, in her 'magical' essay on concepts of pollution, also points at the overlap of magic and psychology:

> «Not the absurd Ali Baba, but the magisterial figure of Freud is the model for appreciating the ... ritualist. The ritual is creative indeed. More wonderful

> than the exotic caves and palaces of fairy tales, the magic of ... ritual creates harmonious worlds with ranked and ordered populations playing there appointed parts. So far from being meaningless, it is ... magic which gives meaning to existence.» (Douglas 1966: 89)

Three times I replaced a term with three dots in Douglas' quotation; three times the same adjective: 'primitive'. In her essay, magic and ritual seem very much tied up with the culture of what was carelessly called 'primitive people'. My point throughout this paper has been, however, that magic and ritual are indispensable elements of any culture, 'high tech' as well as 'primitive'. However, we must not quibble over terms. Whether we call it magic, ritual, sacrament, placebo effect or psychology, the point is that we must recognise and take advantage of the added value which medical work, because of its symbolic significance, accrues in the bodies and minds of sick people.

Notes

(1) This essay builds upon an earlier paper presented at the First European Conference "Medical Anthropology at Home", Zeist, The Netherlands, 12-18 April 1998.

(2) For a more elaborate discussion of medical metaphors in religious expression, see Van der Geest, 19-94.

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