CHAPTER ONE
The Rhetoric of Transformation in Ritual Healing

Healing at its most human is not an escape into irreality and mystification, but an intensification of the encounter between suffering and hope at the moment in which it finds a voice, where the anguished clash of bare life and raw existence emerges from muteness into articulation. An understanding of healing as an existential process requires description of the processes of treatment and specification of concrete psychological and social effects of therapeutic practices, as well as determination of what counts as an illness in need of treatment in particular cultural contexts, and when it can be said that a cure has been effected. However complex, this task constitutes an essential problem of meaning in anthropology, for it is concerned with the fundamental question of what it means to be a human being, whole and healthy, or distressed and diseased. The interpretive dimension of the problem is highlighted by the fact that many forms of healing are religious in nature, which requires accounting for the role of divine forces and entities (Csordas and Lewton 1998). Given the prevalence of religious healing and the global interrelation of religion and healing, the category of the holy may in its own way be fundamental to our understanding of health and health problems. A complete account of religious healing per se would then have not only to examine the construction of clinical reality with respect to medical motives, but also the construction of sacred reality with respect to religious motives.

To put the issue another way: When we pose the problem of how to understand religious healing, does our enterprise more properly belong under the rubric of comparative religion, or under that of medical science? This question, as commonsensical as it may sound, is perhaps the artifact of Western culture’s tendency to compartmentalize experience and reify categories like religion and medicine. Each category spawns its own science, which then assumes that its field of knowledge is analytically distinct from

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all others. In much that has been written on the subject, the implicit assumption is that although phenomena of religious healing, ecstatic trance, or spirit possession can be acknowledged as religious from the indigenous viewpoint, from the scientific stance they must be viewed in medical or psychiatric terms. In this methodological disposition the relevant questions often have been whether religious experience itself is pathological or therapeutic and whether religious healing can be understood as analogous to psychotherapy.\(^1\)

In actuality, the point of convergence between religion and medicine is not difficult to locate: Both address themselves in one sense or another to suffering (Kleinman 1997) and to salvation (Good 1994). These are indeed broad categories, as suffering can include the social distresses of poverty, oppression, and inequality as well as the painful burden of disease, and salvation as a solution to suffering can be sought in this world or the next as a brief reprieve from pain or a reward for eternity. It is no wonder that such apparently different modes of social action as religion and medicine have evolved to address these profoundly diverse dimensions of humanity’s existential condition, nor that they converge in the domain of religious healing. Yet any reader with an anthropological sensibility will suspect that this answer is less than adequate, for “suffering” and “salvation” have the cultural ring of the monotheistic religions (Christianity, Judaism, Islam) in which eschatology and soteriology are centrally at issue. A truly comparative understanding of religious healing must be conceptually grounded in a way that is generalizable beyond these religions and to the least degree possible culturally indebted to them, powerful and influential as they are. The present chapter, and several of those that follow, are intended as steps toward such a comparative understanding.

To begin, the problem of efficacy appears repeatedly at the center of debate about religious healing practices. Although other reviewers have chosen to treat the diverse and voluminous literature on this problem (confer Bourguignon 1976; Dow 1986; Moerman 1979; Waldram 2000), my purpose here is to develop an approach that is sensitive to incremental and inconclusive effects that define the lowest threshold of efficacy, in a way that begins to remedy a lack of analytic specificity that hampers any understanding of efficacy. A first step is to be aware of which of three aspects, implicit in most discussions of healing practice, is the focus of analysis. The first is procedure, or who does what to whom with respect to medicines administered, prayers recited, objects manipulated, altered states of consciousness induced or evoked. The second aspect of healing practice is what we may call process, referring to the nature of participants’ experience with respect to encounters with the sacred, episodes of insight, or changes in thought, emotion, attitude, meaning, behavior. Third is outcome, or the final disposition of participants both with respect to their expressed level of satisfaction with healing and to change (positive or negative) in symptoms, pathology, or functioning.

Of these three elements, therapeutic procedure has been treated exhaustively in many empirical studies and comparative works. Therapeutic