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## Introduction: aims and scope of the book

The major objective of this book is a critical evaluation of theories in symbolic anthropology, structuralism, linguistic anthropology, and medical anthropology and to suggest possible directions for theoretical development of these fields. In so doing, the book also makes a contribution to the field of ethnomedicine (the study of people's view of health and illness) by suggesting ways in which this field can contribute to anthropological theory and by adding to the existing body of ethnographic data. The third objective of the book is to contribute to the study of the Ainu – hunter-gatherers known by most of us yet little understood – by describing their views of illness.

I will begin in reverse order, with a brief discussion of the second and third objectives, and then devote the rest of the Introduction to theoretical issues – the major objectives of this book.

Hunter-gatherers, whose mode of subsistence represents 99% of our evolutionary past, are currently in the anthropological limelight. As the pendulum has once again swung back from an extreme form of cultural relativism, anthropologists are now more eager to accept not only the biochemical basis of our personality and social behavior but also the idea of long-range genetic programming. A famous statement by Washburn and Lancaster (1972:293) is, "In a very real sense our intellect, interest, emotions, and basic social life – all are evolutionary products of the success of the hunting adaptation." For those who concur, the swing in anthropological opinion means focusing on foraging populations not only to find the range of human variability but also to understand them in order to understand ourselves.

Whatever their position on sociobiology may be (see Sahlins 1976b), the intensive examination of foraging populations is an important task for anthropologists. Together with Tasmanians, Australians, and a few others, the Ainu rank among the "classic" peoples in anthropological literature; yet even such simple facts as their racial, linguistic, and cultural identity are still not known, especially in the English-speaking world. This lack of information about the Ainu is partially due to historical and linguistic factors. World War II cut off access to the Ainu by outside scholars. Also,

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Excerpt

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because most of the literature on the Ainu is written in Japanese, with a few studies in Russian and other European languages, the dissemination of information on the Ainu into the English-speaking world has been severely curtailed. Furthermore, the majority of publications on the subject deal with the Hokkaido Ainu. This book, then, provides ethnographic information about the little-known Sakhalin Ainu – specifically, those on the northwest coast of southern Sakhalin, about whom no other anthropologist has systematically written.

Although anthropological literature abounds in information about non-Western medicine, during the first half of the twentieth century ethnographic data on illness and healing were often gathered and interpreted only as they related to subject matters central to anthropological interests of the time. Thus, shamanism and witchcraft, for example, drew attention from anthropologists more as magico/religious activities and methods of social control than as aspects of non-Western medical systems. This lack of focus on non-Western medicine is peculiar, because most anthropologists experience severe cases of illness in the field; many spend their first day lying down with a fever or dysentery. They also observe many cases of illness afflicting their informants and witness the subsequent curing procedures. Yet, as Carstairs (1977:1) notes, in the past “it was rare indeed for concepts of health, ill-health and cure to form the centre of inquiry” in anthropology.

How do we account for this glaring blind spot? The explanation, at least in part, comes from the major premise of this book: We look at our world from a cultural perspective – a theme soon to be elaborated. In other words, even anthropologists share with fellow members of Western societies an unconscious bias toward an unquestioning faith in Western scientific medicine. Indeed, the decline of interest during the first half of this century in indigenous concepts of illness in anthropology is paralleled by significant and rapid advances in Western medicine, especially in bacteriology and parasitology, during the same period. Might it be that, even for anthropologists, who often claim to be less culture-bound than other members of their society, the advancement of scientific medicine was “of such compelling importance that traditional concepts of illness seemed positively irrelevant” (Carstairs 1977:1)?

If anthropologists were influenced by their own society during the first half of the twentieth century, the recent resurgence of interest in non-Western medical systems is also a manifestation of this influence. After seeing some of the devastating effects of extreme technological development and realizing that human ailments may not simply be reduced to “biomedical thing” (Fabrega 1975), we have started to look for alternative ways of life and alternative medical systems. Holistic health, natural food, and the growing tendency of people to be personally responsible for their

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physical and mental health are only a few signs of this new direction in American society. As a consequence, ethnomedicine now receives considerable attention and is considered an indispensable starting point even in biomedical approaches within medical anthropology, a field that has rapidly become central to our discipline.

As a result, many studies of non-Western medical systems are now available. However, most of these studies concentrate on in-depth interpretations of certain aspects of non-Western medicine. Rarely do we find a discussion of the entire domain of a particular medical system. Yet in order to understand how a population deals with its problems of health and illness, one must examine the entire domain of illness, carefully codifying what phenomena are included and how the different parts are interrelated. This book is an attempt to fill this gap by examining the entirety of Ainu medicine. It therefore deals not only with serious illnesses in which the Ainu see the involvement of demons, deities, and other significant beings of the universe as pathogens, sources of healing power or etiologies but also with aches, boils, and other minor ailments, as well as the healing methods for all of these illnesses.

In so doing, this book demonstrates that an ethnomedical study can make a significant contribution to anthropological theories. Medical anthropology, including ethnomedicine, is still a new field. Hopper (1979) perceptively describes medical anthropology currently as experiencing “pre-paradigm crises” – a term Kuhn (1962) used to refer to periods of confusion and dissension in the physical sciences. Indeed, medical anthropology is growing almost too rapidly, and a number of approaches, with incompatible basic assumptions, are competing with each other (Hopper 1979:9). If the field is to remain viable or, better yet, to occupy a central place in anthropology in the future, it must make a unique and significant contribution to theoretical development. This book represents such an effort.

The remainder of the Introduction presents the theoretical issues raised in this book. I begin this task by stating the major premise of the book – the assumption that human beings must order their universe, and that to a large degree the ordering comes from cultural patterning, although age, sex, social position, individual experience, and many other factors are responsible for creating intracultural variations. In the introduction to the translation of *Primitive Classification* by Durkheim and Mauss, Needham (1963) eloquently illustrates this point with an analogy between a person born blind and anthropologists who are culturally blind in a society they attempt to understand. The physically blind must find order and sense in a painful chaos of forms, colors, and sounds, just as anthropologists must do in host societies.

This view was revealed to me early in my anthropological career. It was

the first day of plant gathering during my first fieldwork among the Ainu. Early on a fine spring morning, my informant and I stepped out to gather plants in the field in front of her house. Not knowing what to look for, I felt totally lost, whereas my informant, despite her advanced age, spotted every edible and medicinal plant – even those well beyond the scope of my eyesight. She went directly to plants whose useful parts were well developed. The Ainu find different uses for the various parts of a plant. Thus they have different names for each part, often leaving nameless some parts, such as flowers, that are not useful to them. Needless to say, my training in both Japanese and American cultures enabled me to spot only colorful flowers, which are of little concern to the Ainu. It was indeed a startling realization that the highlights in her mental picture of the grass field and those in mine were entirely different. As my aesthetic elevation on a fine spring morning was transformed into a sad feeling of inadequacy as a student of a new culture, I recalled a statement by Whorf (1952:5): “The categories and types that we isolate from the world of phenomena we do not find there because they stare every observer in the face; on the contrary, the world is presented in a kaleidoscopic flux of impressions which is to be organized by our mind. . . .” I had favored this statement despite some fundamental difficulties I saw in the Whorfian hypothesis.

The purpose of my work is to arrive at the basic perceptual structure<sup>1</sup> that enables the Ainu to identify a certain swelling on the body as a “crab boil” and not a “fox boil” or any other type of boil – a distinction the non-Ainu are not equipped to make. I am searching for a model that generates concrete behaviors with their infinite varieties. As an outsider, I attempt to arrive at this model by interpreting the behavior of the Ainu, including their verbal statements. Methodologically, then, I am inductively interpreting Ainu behavior in order to arrive at the Ainu model for behavior. (Compare the now famous distinction between the “model of” and “model for” behavior by Goodenough [1957:167–8], and sharp criticism by Geertz [1973:11] of Goodenough and others.) Returning to the example above, to the extent that most Ainu would identify a certain boil as a crab boil, the perceptual structure I attempt to uncover is public.

Within the broad framework of perceptual structure, my major concern is the problem of classification. Taking Ainu culture as an illustrative example, I question what kind of classificatory system or systems we can find in a given culture. The domain of illness is an especially good area for this exploration. Although the cure of an illness is the major concern and goal of any medical system, this cure must necessarily be preceded by a proper identification of the illness. Therefore, in any society, an illness must be identified, immediately if not instantly, so that a proper cure may be administered. As Kleinman notes, “Classification of disease is, in fact, the first therapeutic act” (1974:209).

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This process entails identifying an illness in relation to other illnesses and involves the entire classificatory schema. In other words, to classify a swelling as a crab boil, the Ainu must first identify it as a boil, rather than any other category of illness; second, they must recognize that it is not a fox boil or a lamprey boil but instead a crab boil.

To interpret the Ainu classification system, I examine the entire domain of Ainu illness. This starts with a brief introduction to the Ainu way of life on the northwest coast of Sakhalin, providing ethnographic background on the people. In Chapter 3, after outlining the field of ethnomedicine, I examine the problem of codifying the Ainu domain of illness and pose such questions as: Are all illness labeled as “illnesses” (*araka* in Ainu), or are some phenomena considered as departures from health but not commonly referred to as illnesses? Here the reader first encounters a theme that runs through the book – the problem of language and cognition or, more broadly, the problem of evidence for the presence of a conceptual form. In Chapter 4, I outline the major characteristics of minor ailments, such as the body-part illnesses and skin abnormalities, which I call *habitual illnesses*; details of each illness are found in Appendixes A and B. In contrast to a biomedical tradition in which we customarily look for the cause of a disease, Ainu habitual illnesses are minutely defined in terms of symptoms, but pathogens and etiologies are generally ignored. Furthermore, these minor illnesses are meticulously classified into a taxonomic system.

Chapter 5 attempts to reveal the taxonomic principles underlying the classification of these minor illnesses. I examine ten headaches, including four land animal headaches (e.g., the bear headache) and three sea animal headaches (e.g., the octopus headache), and nine boils, including five land animal boils and four sea animal boils. Most intriguing is the fact that the classificatory principles of these illnesses – which are seemingly uninteresting, at least for outsiders, and relatively unimportant even for the Ainu – parallel the principles that govern the spatial classification of the universe, one of the most basic perceptual structures.

In Chapter 6, I describe the more serious illnesses, which I call *metaphysical illnesses*, and their healing ritual. These metaphysical illnesses involve such spiritual beings as a spirit, a soul, a deity, or a demon either in the etiology, as a pathogen, or as the source of healing power. Causal factors are the defining characteristics of metaphysical illnesses for which symptoms are only broadly defined. Their identification rests upon the diagnosis of individual shamans, who also prescribe the cure.

Chapters 1 to 6 lay the groundwork for subsequent chapters in which I discuss broader aspects of Ainu symbolic structure and relate them to more general theoretical issues in symbolic, medical, and linguistic anthropology, as well as structuralism. In Chapter 7, I relate symbols in the

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concepts of illness and healing rituals to the basic symbolic structure of the Ainu, which consists of the /sacred: profane/ dyad. Negative symbolic power, conceived as pathogens and etiological agents and personified as demons, estranged souls, and so on, is seen to relate to a symbolic anomaly that threatens the Ainu symbolic system. In other words, the life-death struggle in real life is a mirror image of a struggle between structure and antistructure, or between order and disorder. On the other hand, the positive power of healing seen in the symbols of healing and preventive rituals represents the profane half of the /sacred:profane/dyad. These symbols derive their power from their symbolic identification with the Ainu way of life. Therefore, the task of fortifying the basic dyadic structure against the antistructural threat is assigned to the profane half of the dyad.

Ainu data on symbolic anomalies as pathogens and etiologies of illness suggest that symbolic analysis of illness necessitates a close scrutiny not only of the classification system(s) of a people but, even more importantly, of the “unclassifiable” – the area of investigation crucial for theoretical advancement in symbolic classification and other structural approaches in anthropology. If one takes the view that the human mind requires a certain degree of ordering to perceive the environment, and that ordering derives mainly from cultural patterning, what are clearly symbolic expressions of the unclassifiable demand explanation. Many scholars have offered valuable interpretations (Beidelman 1963; Steiner 1967). Because of an early and perceptive work by van Gennep (1961; originally 1909), the problem of temporal liminality and the related problem of ritual reversal have received particular attention by many scholars, including Leach (1963) and Turner (1967, 1969).

Despite advances made by these scholars, the problem of symbolic expressions of the unclassifiable, that is, anomaly, requires further clarification. First, conceptually, a better delineation of those unclassifiables that receive further symbolic meaning as being abnormal, anomalous, ambiguous, marginal, liminal, and so on is necessary. The range of phenomena often labeled by these terms seems to include several distinct types of classificatory inversions. I choose *anomaly* as a generic term referring to symbolic expressions of the unclassifiable. Thus, we urgently need a classification of anomaly, if I may use these terms in seeming contradiction to each other.

Second, statements about the unclassifiable in anthropological literature often switch too easily from a symbol of the unclassifiable in a particular culture to such phenomena as dirt or viscosity, which are seen to symbolize the unclassifiable in the human mind. The juxtaposition of emic and etic treatment often confuses the issue. It seems to me that at this point in the development of the anthropology of folk classification, we



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need a more meticulous analysis of a symbolic structure or structures in a particular culture. Only then would we be able to identify symbolic expressions of the unclassifiable within that system. For example, after the discovery of classificatory principles that order the domain of animals (which may include creatures not classified as animals in Western zoology and exclude those that are), a particular animal can be identified as unclassifiable. To those of us with a Western zoological orientation, the duck-billed platypus may be an apt symbol of the unclassifiable. However, in order to prove that it is so among an Australian population, their emic explanation must be clearly spelled out. This is particularly important because if one chooses to be arbitrary, most phenomena can be presented as unclassifiable. In addition, we must examine whether the platypus remains as a simple taxonomically aberrant form or becomes a symbol of classificatory inversions.

Third, a problem in symbolic classification that has hitherto received little attention is the relationship, if any, between the anomalous symbols and those of mediation. Turner (1969), Douglas (1966), and others have expounded upon a strong ritual power generated by an anomalous symbol that challenges an existing structure and that may indeed create a new one. At the same time, these scholars and others, notably Lévi-Strauss, point out that the lack of structural or classificatory constraints is also the basis for a certain being or object becoming a symbol of mediation; the act of mediation necessitates crossing categorical boundaries. Whereas anomaly poses an antistructural threat, mediation fortifies the structure by strengthening the relationships among categories within it. I have not encountered any scholar who has explored the relationship between anomaly and mediation – both sharing the structural feature of being non-classifiable and yet having diametrically opposite effects. We must then attempt to discover when an unclassifiable element generates a negative power threatening the structure, when an antistructural power creates a new order, and when it generates a positive power of mediation.

In Chapter 7, I attempt to clarify these points about the anthropological understanding of symbolic anomaly in relation to symbolic structure by using Ainu data. In Chapter 8, my interpretations of Ainu data are placed against a broader theoretical background. The two chapters complement each other. In them I use two major analytical frameworks. First, to understand anomaly in a particular symbolic structure, I find it crucial to examine the relationship among such symbolic oppositions as /nature:culture/, /sacred:profane/, and /men:women/ as they are defined in that system. My major proposition here is that if animals are deified, nature is sacred in that symbolic system. If they are not, as in the Judeo-Christian religion, then nature is “beastly,” and hence humans must sharply differentiate themselves from animals. The interrelationships

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among God or deities, animals, and humans is therefore crucial in determining the nature of symbolic oppositions of /nature:culture/, /sacred:profane/, and /men:women/.

Second, there is a clear analytical advantage in allowing multiple symbolic systems within a culture, or at least two sets: formalized and non-formalized. Only then can we unfold an intricate dialectic between the two sets. This dialectic, at least in the Ainu system, allows us to understand how a symbol with a negative meaning or power in one system receives a positive meaning and power in the other. A mystery such as the symbolic significance of menstrual blood becomes intelligible. It is assigned a negative meaning in the public domain, where the formalized symbolic system prevails, but it is endowed with strong positive power in the nonformalized symbolic system, which governs the domestic domain.

Another emphasis in Chapter 7 is a tripartite approach to the study of perception that recognizes the cognitive, emotive, and sensory dimensions of perception. A frequent diatribe against Lévi-Strauss – his focus on rationality or cognition – is now pointing the way to a new direction in anthropology. In the forefront of the attack is Geertz, who sees Lévi-Strauss as the direct descendant of the French Enlightenment, epitomized in Rousseau (Geertz 1973:356–8). Geertz urges us to bring together mind and emotion, or cognition with affection. He eloquently points out that a world view is “made emotionally acceptable” by an ethos, and an ethos is “made intellectually reasonable” by a world view (1973:127). The key to understanding the two is the sacred (religious) symbols that, according to Geertz, have “peculiar power . . . to identify fact with value at the most fundamental level” (1973:127).

The emphasis on the emotive dimensions of symbol perception is echoed in Turner’s notion of “evocative symbols” and the “emotional resonance of symbols,” as well as in works by Douglas, Beidelman, and many others. It should be remembered, however, that Durkheim and Mauss did give credit to emotion. In fact, they proclaimed that the “emotional value of notions . . . is the dominant characteristic in classification,” although they excluded it from their treatment because “emotion . . . is something essentially fluid and inconsistent” (1963:86–7). In understanding symbol perception, anthropologists have now begun to stress the importance of the emotive dimension, but they have not successfully demonstrated how to deal with it. Medical symbols promise to be a fruitful area of investigation for this endeavor, because people in most societies react to illnesses with the strongest emotions.

The third dimension in symbolic perception, which has received virtually no systematic treatment by anthropologists, is the sensory one. Might it be that even chimpanzees can perceive a sign with their senses, and hence that our “symbolic perception” must be sharply differentiated



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from theirs? In perceiving the universe, we human beings not only think and feel with our emotions but also feel with our senses. To a large degree, the use of our senses is culturally patterned too. For example, in early infancy there is a stage when infants in any society start to perceive their social and behavioral environment largely through the use of their tactile sense. Every culture sooner or later instructs them as to where, when, what, and who to touch. Such scholars of communication as McLuhan (1964) and Hall (1969) have offered perceptive comments on the use of senses and its cultural patterning. Their observations and insights, however, have not been systematically incorporated in anthropological studies of symbol perception. Illness again is an excellent area for this investigation, because illnesses are often perceived through various senses. Even in the vision-dominated American culture, pain throbs and pounds; it is auditorily felt, or at least expressed as such. Ainu data are rich in information on the use of senses in illness perception. How the Ainu hear, touch, smell, and see their animals, plants, and other phenomena of the universe are translated into how they experience their illnesses. I therefore take a tripartite approach to the Ainu perception of medical symbols. My concern is with how the Ainu think and feel, with emotions and with senses, about their state of health and illness, although my data on the emotive dimension are not as rich as those on the cognitive and sensory dimensions.

It is in the matters of health and illness that any people most dramatically reveal the fusion of the cognitive, emotive, and sensory dimensions of their perception. Thus, the domain of illness is a uniquely rewarding field in which to investigate the three dimensions of our perception.

In Chapter 9, I return to the problem of classification. The purpose of discovering any classificatory schema is not just to pigeonhole all the members of a particular domain but ultimately to find classificatory principles. Binary opposition as a classificatory principle, for example, does not mean a simple division of the whole into two when the dichotomy is a natural way to divide. Sorting out red balls from yellow balls when a pile consists of only red and yellow balls is not evidence that the people or the individual who divided the balls used binary opposition. Furthermore, a particular feature(s) that distinguishes the items in category A from those in category B must be specified. In other words, the minimal distinctive feature must be determined, if possible (Jakobson, Fant, and Halle 1967:esp. 2–3). Instead of binary opposition, trinary or other kinds of classificatory principles may be at work; or the simultaneous presence of more than one system within a culture may be involved, as Needham suggests (1963:xix). In fact, so far there has been little ethnographic evidence to assure an equal degree of classificatory complexity in every part of even a single domain, especially when the domain is fairly broad and

complex, such as illness. These are some of the issues addressed in Chapter 9. In this chapter, I again consider the problem of a tripartite approach to perception and its cultural patterning in order to place my interpretation of the Ainu case in Chapter 7 against the broader theoretical background.

Chapter 10, on language and cognition, focuses on the problem of evidence for the presence of a conceptual form. In part, the chapter is also an explanation of my methodology, which combines symbolic classification and ethnosemantics. Although the two approaches share an interest in arriving at folk classification, ethnosemantics differs sharply from symbolic classification in its basic premise that culturally significant categories must have lexical expressions – a basic problem in language and cognition. A comparison of ethnosemantics, the Whorfian hypothesis, and symbolic classification – three approaches in anthropology that attempt to arrive at conceptual forms – indicates that no particular linguistic or nonlinguistic structure can claim to be the only means of expressing a conceptual form. Furthermore, broad and complex conceptual forms tend to be only vaguely defined and are less amenable to a method of investigation such as ethnosemantics; a general ethnographic method seems to be more fruitful. I advocate a clear distinction between individual beliefs and culturally shared conceptual forms; it is only the latter that we anthropologists seek. I also hypothesize that this distinction is crucial in understanding that more complex ideas involve the beliefs of individuals and therefore must be quite broad and simple as collective representations.

The major part of Chapter 11 diverges from the issues involved in symbolic perception and classification and examines shamans as social personae in Ainu society. The chapter starts by describing who shamans are in Ainu society and then discusses the multiple roles of Ainu shamans. The next section examines in detail the relationships of the politically and socially marginal status of many shamans to the nonformalized power assigned to the shaman's role. I then briefly discuss whether some Ainu shamans are not only politically peripheral but also have major psychological difficulties. For this purpose, I introduce the psychobehavioral disorder known among the Ainu as *imu*; its detailed description is presented in Appendix C. In the last section of Chapter 11 I return to the problem of symbolic system and explore the relationship between symbolic power assigned to the profane and marginal symbols in Ainu shamanistic rituals and the nonformalized sociopolitical power assigned to shamans.

Throughout the book, but especially in Chapters 4, 5, 6, and 7, I try to separate descriptions from my own interpretations. But this format contradicts the basic theme of the book – that we all look at our universe with cultural biases. Therefore, what I recorded as data may itself reveal my cultural perspective; I may have missed other types of data that are im-