

Body and Anthropology: Symbolic Effectiveness

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Every human community creates its own representation of its surrounding world and of the men who constitute that world. It sets out in an orderly fashion the *raison d'être* of social and cultural organisation, it ritualises the ties between men and their relationship with their environment. Man creates the world while the world creates man, through a relationship which varies with each society; ethnography shows us innumerable versions. Human cultures consist of symbols. It is always a matter of reducing the world to the human factor, but in line with a social imaginary quantity specific to a particular group, which is itself the tributary of its past and the possible influence of other groups.

Faced with the challenge of their setting, men work themselves into its substance and through continual debate with it they construct the universe of meaning and values which make collective existence possible. The real is never a raw datum, an immutable material state, more or less well interpreted depending on the particular society. Social sciences reveal an overwhelming absence of unanimity on a precise definition of reality. Neither truth nor falsity are appropriate categories for assessing these visions of the world. Culture, or rather the social imaginary quantity, is never an embellishment of low value, a mildly unnecessary decoration clothing an objective and indisputable nature obvious to the eyes of western sciences and hidden from other societies as a result of inaccurate observation or the inadequacies of a prelogical mentality characterised by an 'erroneous application of the laws of causality'.¹ There is neither truth nor error, only symbolic worlds in given equation facing their environment, entwined in the daily life of the actors, empowering social ties, potentiating energy, animating the setting in which they exist and rendering it available to a given human enterprise.

Man's every action affecting his environment is sustained by a system of meaning and of values. There is no pure experience of the natural world, unless we suppose that a society may at some time in its history attain the true essence of reality and cease to be nourished by culture. Every human society, however, is of course convinced that it does this. Every description of the world is a symbolisation, i.e. it is an interpretation whose value is measured by the support it arouses collectively and by its effectiveness in the eyes of the common expectations which it has created. Man does not live in a purely material universe, he lives in a universe of meaning and values. Ernst Cassirer underlines well its singularity when he writes that 'compared with the animal world, man lives not only in a much wider reality, he lives, as it were, in a new dimension of reality.'² Human biology explains the rules of the difference, it does not control the contents of that difference. This is what gives rise to the infinite diversity of cultures and the internal heterogeneity of western societies which, further, are not united round a single concept of the significance and limits of reality. In a word, nature is not only nature, it is something else, a symbolic substance which no partial knowledge, whether cultural or scientific, can exhaust, (but the sciences are also cultural products). An unbroken web of meaning and values nourishes the links between man and the world and between humans themselves. It also controls their effectiveness.

The real is a system of knowledge and of action, it is not a dream-state detached from the substance of the world or an academic exercise in which only western rationality can excel, master of the true and the false, indulgent judge of the illusions nourished by other societies. Every symbolic system is a system of effectiveness. Nature is always transformed into a cultural fact, an area of alliance and action of a given society or group at a particular moment. If invisible bandaging and lifting of spells coexist within the same society as space flights and information technology, it is because the gap between these cultural practices is not progress but differing visions of the world, differing social ethics. The most advanced biomedical knowledge in no way refutes the knowledge of the hypnotist or the water-diviner, nor vice versa. Our multicultural and profoundly heterogeneous societies teach us through facts to see the world increasingly inclusive of theories that each seek to explain it from its own point of view and no longer in exclusivity. Multiply each approach by

each other approach rather than make one exclude another.

The body is not immune from the rule which makes everything an effect of social and cultural significance within infinitely variable limits. There is not one nature of the body – but there is a human condition which implies a bodily condition changing from one time and place to another. Here one may walk on fire as part of a religious ritual, elsewhere burns are treated by reciting prayers and blowing on the wound, illness is cured by regulating the disturbed energies of the patient through simple physical contact, elsewhere again treatment takes the form of negotiating a cure with the gods through the mediation of trance or possession, a man's fate can be read in the sand. An incurable condition may be treated by the graft of a healthy heart from a donor who died a few hours earlier. The action of a molecule may dynamise vitality and eliminate anguish. There is no more a nature of man or of the world than there is a nature of the body. Human societies construct the meaning and form of the universe within which they move: and the limits of human action on the surrounding environment are primarily the limits of meaning, with objective limits following after.

The body is a reality that changes from one society to another: the images which define it, the patterns of knowledge which seek to elucidate its nature, the rituals which place it in social terms, its achievements are astonishingly varied and even contradictory, for our Aristotelian principle of the excluded middle. The body is not a collection of organs and functions operating along the lines of anatomy and physiology but primarily a symbolic structure. In other words, biomedical knowledge, the official knowledge of the body in our western societies, is one representation of the body among others, effective in the practices which it sustains. But the very different views of the body elaborated within other cultures are equally effective in the medical practices which they sustain. Chinese medicine based on energy (the *ki*) or the magnetism acquired from popular medicine are simple examples with a powerful presence in our western societies. Representations of the body form on the world scale a nebula of images nourishing the most widely differing forms of therapeutic treatment. Depending on his society, man is: a creature of flesh and blood ruled by anatomical–physiological laws; a network of vegetable forms as in the Kanak culture; an energy network, as in the Chinese

medicine which ties mankind, like a microcosm, to the enveloping universe; a bestiary which holds within it all the dangers of the jungle; a fragment of the cosmos tightly linked to the wastes of the surrounding environment, etc. For every society there is a different representation and action based on these bodies of knowledge. Our own western societies, invaded by innumerable 'alternative' or 'parallel' medicines, the import of disciplines from elsewhere such as yoga, the confused introduction of energetic models into medicine or psychotherapy, the resurgence of popular medicine totally outside their frame and method, becoming an unstructured sector of the liberal professions – each one is a contradictory model of the human body with which each actor tinkers about, adding on the image he creates of himself. Even in our societies there is no ultimately unanimous representation of the body.³

There are few works in the field of social science which take up the challenge of the plurality of worlds combined with their relative unity and which pose rigorously the supreme anthropological question, that of the ultimate nature of reality. In his publication in 1948 of *Il mondo magico*,⁴ Ernesto de Martino raised the great question of the limits of the human condition, and stepped out with a rare sense of direction onto the tortuous path of what western reasoning has dubbed 'magic'. A vague term, uniting extraordinarily diverse practices and representations, evoking the 'marker of ignorance' discussed by Marcel Mauss precisely in order to arouse the curiosity of researchers in these areas of uncertainty, a cause here for irony and confrontation of opposing world-visions. 'Magic' names all the effective devices which lie outside rational understanding, and the term often functions simultaneously as a refusal to understand. Thus, for example, Jeanne Favret-Saada has shown that works on sorcery have systematically evaded the difficult question posed by lifting spells.⁵ In *Il mondo magico*, de Martino forcefully attacks the positivism which on principle rejects anything lying outside a narrowly rationalist vision of the world, another form of ethnocentricity. He rejects with the same force the illusions or irrationality on which parapsychology feeds, proposed in their turn as principles of analysis. De Martino attempts to approach anthropologically, through a minute examination of extensive ethnological documentation and his own field experience in the Mezzogiorno, a

certain number of facts considered as impossible and unthinkable in a western rationality inherited from the Enlightenment but confirmed by generations of ethnologists and in many parts of the world. Facts which pose precisely the question of the human body's physical capacities:⁶ divination, clairvoyance, fire-walking, resistance to cold, cures, telepathy, good or evil spells, etc. Rigorous and coherent anthropology cannot ignore these innumerable events, it must attempt to understand both the significance and the social and cultural conditions. Essentially, de Martino shows that societies that are traditional and communal, or rather 'holistic', to use the term employed by Louis Dumont,⁷ rest on concepts of the individual which are very different from those proposed by western individualism since the eighteenth century. In these societies the group overrides the individual, who is not valorised as such: he is a member of a community and his singularity is a component of the integrated group. As Maurice Leenhardt writes, 'the one is diffused in the many'.⁸

It may be added that the concepts of the body associated with these socially differing notions of the individual are also very far from our western concept. In effect our societies propose the individual as a stable datum, relatively autonomous in his choices and in his relationships with others, clearly divided from any ties with nature, firmly enclosed within his body, a 'factor of individuation' (Emile Durkheim). The western body which identifies the individual is an *interruptor*, it allows the affirmation of individual difference, to propose this difference through an 'I'. Conversely, in traditional societies where the individual is subordinate to the collective, the body is a *connector*, it binds the individual to the group and the cosmos through a network of interchanges. The cultural concepts which state the physical reality of the individual regard the substance of one man and the substance of the world as the same matter. There is a form of porosity between the one man and the surrounding world, as opposed to the western individual who is cut off in his feeling of identity, clearly marked out by his body.⁹

For de Martino the western individual is a man affirmed, given, placed firmly in front of a world which is itself affirmed, scientifically explored, regulated by immutable rules. Conversely, man in traditional society has a greater sense of fluidity of being, in a world-order in which everything is mutually interconnected, an incomplete world, never a once-and-for-all concept.

The individual thus does not consist of the same elements, is not defined in the same way. Anthropologically, this observation makes it possible to understand types of effectiveness which seem difficult to comprehend through rational understanding, even if it allows only a partial comprehension of the effectiveness of healers (in European societies, for example), operating in a cultural system where the support they derive is only partial, indeed is challenged. De Martino speaks of the paradox of a 'culturally conditioned nature', a nature where the potentialities are to some extent dependent on collective action and not immutably given, independent of human interest or action. In a nature which is indefinable as such, culture opens up a latitude of action which varies from one society to another. The debate with de Martino demands greater exploration which we will not develop here.

The fire-healer of rural Europe heals burns by murmuring prayers and making gestures over the burnt area. Regular experience of his craft shows that the burn fades, usually without leaving the slightest scar. Even more remarkably, the healer operates in a similar fashion on burned animals. This is an everyday observation for many ethnologists; it is disconcerting for anyone who prefers, come what may, to maintain a biomedical way of thinking, for whom this action of the healer is unthinkable and therefore considered impossible. In fact biomedical knowledge and the healer's skill are not mutually exclusive, they belong to different anthropological orders. It makes no sense to condemn one or the other except in an intimidatory situation, where power is exercised legally or politically by one over the other.¹⁰ The doctor and the healer are not looking at the same 'body'. And if bodies of popular knowledge most often developed in rural Europe (invisible bandaging, hypnosis, dowsing, phytotherapy, healing, bonesetting, etc.) continue to be practised today, it is because users benefit from them. And if modern medicine is in a state of crisis today, it is because the hegemony model of the body is no longer perceived by users as being the sole authority.¹¹

If the various concepts of man and the body proposed by the many forms of medicine coexisting in contemporary societies are set side by side, numerous realities of the body can be seen. The relativity of these models is no longer constructed only by anthropology, it comes to bear daily on the actor in the western metropolis, referred back to his bodily defences by a choice of

representations which exceeds his knowledge and imposes a 'do-it-yourself' solution. The effectiveness of these images lies in integrating the actor within a collectively accepted world-vision. Sustained by this capacity, which he shares with members of his group, for giving meaning to the events and the objects which surround him, he is protected to some extent from the distress born of the unusual or the unknown. Thus by turning to the representations of his group, he can at any moment draw in to himself the significant elements which he knows to have the support of his group, even if necessary of his reference group if the actor needs to have recourse to an esoteric form or a loan from a cultural universe foreign to his peers. The substance of the body and the sensory flow which animates it are thus perceived as familiar, and allow a harmonious adjustment in the social and cultural setting. But if he is deprived of this continuum, of this important exchange which bestows coherence on relationships with others and with the environment, and which strengthens the feeling of personal identity – when, for example, he is confronted with suffering or illness – the actor is led to consult a specialist in non-meaning: doctor, healer, a lifter of spells, psychologist, bone-setter, shaman, medicine man, etc. This individual's task consists of relieving pain, reestablishing the continuity of relationship with the environment, restoring to the actor his capacity of autonomy in deed and movement. But how to believe in therapeutic effectiveness?

A new route is necessary for the victim and his own body-image. By 'body image' we mean the subject's own view of his own body in a given social and cultural context, dependent on his personal history. Gisela Pankow,¹² in her clinician's comments on psychosis, distinguishes two component factors whose inter-lacing forms structure existentially the image of the body: the *form*, i.e. the feeling of unity signifying the different parts of the body, of grasping them as a whole, of their precise spatial limit. The significance of this image, on the level of its form, is powerfully validated by the often destructive impact of mutilations on the personal sense of identity. The body image is also constructed on a *content*: the actor in effect lives in his body as in a coherent and familiar universe, he identifies as his own and significant the sensorial stimuli which it experiences. But anthropological analysis offers the addition of two further ingredients essential for the body image, inextricably mixed with the first two: those of *know-*

ing, i.e. the recognition, however rudimentary, of the idea that society presents to itself of the body's invisible substance, what constitutes the body, the way in which its organs and functions operate. This knowledge, even if clumsy, allows the growth of a closer relationship with physical events that may confront the actor. There is finally the register of *value*, i.e. the actor's interiorisation of the social judgment which assesses his style of living and his physical attributes. This element largely determines the actor's self-esteem. These four interconnected axes, of equal importance, all depend on a social, cultural, relational and personal context. All human societies encourage the individual establishment of this anthropological structure, allowing each actor to feel at ease in his body with the points of reference and sufficiently secure for the unfolding of his existence. But the body image should not be assigned only the *cogito*, i.e. the unconscious processes which are also determinant.

Claude Lévi-Strauss presented reflections on symbolic effectiveness in a memorable article,¹³ describing the sequence of a shamanic cure based on a vision of the body which is very appropriate for consideration here. Further, by being proposed as a therapeutic instrument it enables the shaman to produce the effectiveness which frees the patient from his ills. The acts reported took place in Panama, among the Cuna Indians. When there is difficulty in childbirth in this society – which is relatively rare – it is normal to seek the help of the shaman. In the group's view of the world the difficulties encountered by the woman in labour are explained by the fact that Muu, the force responsible for the formation of the foetus, has deviated from her normal work and has taken over the *purba*, the soul of the woman in labour. The shaman's task consists of finding the soul: this involves a fierce struggle with Muu, undergoing various episodes, notably confrontation with dangerous animals. Once Muu has been defeated, the shaman can restore the soul to the woman in labour. The birth can then take place without further problems. Muu retreats, not before asking the shaman when she will meet him again. We must remember, in effect, that Muu is the tutelary power of procreation and the growth of the foetus: it is therefore wise not to offend her, but simply to call her back to her proper duties towards mankind.

The combat of the shaman and the protective spirits is described in the verses of a chant which he sings from the first

moment he arrives at the side of the woman in labour. By means of the sacred recital the sufferings of the woman in childbirth are transposed into myth. The two protagonists must operate within a story already written, whose episodes are all worked out and which offers them a pattern to follow. The myth recounts the struggle of the shaman at the actual heart of the woman's own body. It enumerates the obstacles to be negotiated, the threats to be evaded, the monsters to be eliminated which incarnate the woman's pains.

Uncle Alligator, who moves here and there, with his protuberant eyes, his twisting and mottled body, crouching and waving his tail; Uncle Alligator Tiikwalele, with his shining body, who exercises his gleaming limbs, whose limbs invade, resist and grasp everything; Neleki (k) kirpananele, the Octopus, whose sticky tentacles extend and retract alternatively, and many others more; He-whose-hat-is-soft, He-whose-hat-is-red, He-whose-hat-is-multi-coloured, etc; and the guardian animals: the black Tiger, the Red-Beast, etc.

Such is the terrifying bestiary active within the body of the woman, the reason for her inability to give birth. Through narration of the myth describing the perils overcome by the two protagonists, reviving for the present occasion adventures experienced *in illo tempore* by the gods, the shaman offers the woman a system of meaning through which she can eventually bring order to the disorder of her pain, her fatigue and her distress. Lévi-Strauss writes:

Protective spirits and evil spirits, supernatural monsters and magic beasts, all are part of a coherent system forming the basis of the native concept of the universe. The patient accepts them or, more precisely, she has never doubted them. What she cannot accept are the confusing and arbitrary pains which are an element foreign to her system but which, through myth, the shaman will restore to an all-encompassing whole.¹⁴

In the account of this cure we can certainly find the anthropological axes of the body image. For the actor to be able to live with his physical experiences they must acquire, in his attitude towards them, a *form* and a *meaning*: where they are disordered by the incursion of the unusual, by suffering, by the intolerable, a way through must be cleared. It is the shaman who assigns form and meaning where formerly there was a chaos of raw and irrational

feelings. The setting in order which he operates, by attributing to the lack of order a significance acceptable to the community and the patient, restores the latter to the humanised ordering of nature. One moment captive in a savage universe which gave her no hold and which was crushing her, the woman in labour is liberated from the hold of Muu, she takes command of the situation by imbuing it with a significance which also involves the shaman's activity on her behalf. From that moment she can deliver her child. Through the symbolisation which he operates, the shaman unblocks a situation which appeared to be set fast. To do this he also involved the two other axes of body image (self-image): *knowing*, i.e. he made use of things very familiar to the woman, as to the social community to which she belongs. The myth evoked here is common property, not an arbitrary or random tale. The shaman's creativity, if it exists here, embroiders on a known theme. Further, by assigning a significance to this lack of order, by accompanying her through the struggle, the shaman shows the woman her own *value*, the esteem in which she is held. The bodily disorder in no way diminishes her dignity.

As already noted, the reality of the body is a symbolic factor. Faced with the intolerable enigma of the non-meaning of illness, faced with the unknown substance of flesh in rebellion, the shaman has the role of restoring meaning, of explaining to the patient through the necessary consensus of the group the content of the unusual and painful sensations that she experiences. The patient who appeared to escape briefly from the humanised order of the world returns to it. Thanks to the healer's mediation and the action which it implies through the narrative of myth, and by means of a strenuously sustained ritual context, the patient is able to recover control of the birth which can now proceed normally. But if the symbol (word, ritual, prayer, gesture . . .) operates with such effectiveness despite appearing initially to us (but only to us, not to the Cuna) different in essence from the object to which it is applied (flesh, suffering, illness . . .) it is because it blends like water mixed with water within a body which is itself a symbolic substance. There is thus no gap, no contradiction between the two sides of the intervention mediated by the shaman. He heals a tear in the tissue of meaning, he blocks the painful irruption of the incomprehensible. By adding a new meaning, sanctioned by the actor and the collectivity, these acts contribute to a humanisation, or, better, to a socialisation of the

problem. They restore the actor to the general symbolism of his own group. This group should participate, even if only minimally, in the body representation used by the therapist consulted. This adherence must in no circumstances be confused with belief, for it does not belong to the register of *cogito*, i.e. of reflexive thought – unconscious processes probably form a large part of it.

This analysis allows us to avoid here the dualist theory which occasionally appears in Lévi-Strauss's texts on symbolic effectiveness. Thus he regards shamanic healing as an essentially psychological act, further justifying this view by the fact that the shaman does not touch the body of the woman in labour. The theory is that he operates by manipulating images on the mental plane, images which react on the physical plane through a symbolic homology between the different planes of reality – the physiological disorder and the series of images. The richness of Lévi-Strauss's analysis touches here on something unthinkable: the dualist model of western metaphysics which distinguishes between body and soul, the organic and the psychological, and which connects with that division of work which in our societies hands our bodies over to medical diagnosis and our minds to the wisdom of psychologists or psychoanalysts. But in the social imagination of many human communities, as we have shown elsewhere,¹⁵ the body is not necessarily separate from the individual:

'Muu's route' and Muu's sojourn are not, in native thinking, mythical travels and sojourns, but represent literally the vagina and uterus of the pregnant woman which are explored by the shaman and the *nuchu*, at the furthest depths of which they undertake their victorious battle.¹⁶

Between the action of the shaman and this representation of the woman's flesh there is less substance than a whisper, and no doubt to speak of psychological action is to some extent to reduce the anthropological structure present here, proposing as an established fact something which is an infinite question: validity of the psychosomatic, in the strictest sense of the term, i.e. man as the combination of a soma and a psyche with mutually resonant results. But it is precisely this approach that is contested today as far too dependent on the dualist inheritance to which it actually sought to offer an alternative.¹⁷ The perspective proposed here,

however, allows precisely the move from the psychosomatic to the physiosemantic, opening a less ambiguous and considerably more productive prospect.

In the account above, myth functions provisionally as a theory of flesh (not of the body), directly validating the symbolic action of the shaman through membership of the community. The application of meaning achieved by the shaman restores the woman to both her human and her social status, releasing her from the tensions which held the child back within her. 'The shaman supplies his patient with a language in which conditions lacking formulation, and otherwise incapable of being formulated, can immediately be expressed.'¹⁸ But this language is a symbolic hold on a substance whose formulation is itself dependent on a symbolisation of the group, namely the flesh. The same substances are to some extent present in the chanting of the myth and in the flesh of the woman. It is thus not simply a verbal expression which 'achieves the physiological unblocking', for physiology here, on an anthropological level, is entirely symbolic. Whatever has escaped has been brought back into control by the shaman through an active symbolisation subscribed to by the patient. Lévi-Strauss here seems to reintroduce a biomedical (organic) theory which he does not necessarily need, particularly because it renders him suspect of a dualist approach (the need to evoke 'psychological' action) in order to make the symbolic effectiveness function.

One may also recall the analogy proposed by Lévi-Strauss between shamanism and psychoanalysis, similar in this type of intervention but with an inversion of terminology:

Both aim to provoke experience; and both achieve it by reconstituting a myth which must be lived or relived by the patient. But in one case it is an individual myth constructed by the patient with the aid of elements drawn from his or her past; in the other it is a social myth, received by the patient from outside and which does not correspond to any former personal condition.¹⁹

Here too we move away from Lévi-Strauss's well-known analysis to underline a point which it does not cover and which no doubt makes it possible to understand symbolic effectiveness better in the social circumstances specific to the Cuna and, by extension, to many other societies. And, consequently, to approach an understanding of the difficulty of action of symbolic effective-

ness in our western societies, based on an individualistic social structure and medicines which disconnect man radically from his body. There are some exceptions whose effectiveness still remains a mystery for rational understanding, but where these elements of analysis offer a better grasp.²⁰

One must in effect emphasise that the myth may operate here as a formula for understanding a painful situation and for curing a woman immersed in a 'holistic' communal and traditional society, where the 'we, us' takes precedence over the 'me, I', in other words a society where the flesh incarnating the individual links the person to its collectivity and to the different symbolic systems which give form and meaning to a world order. In these societies the individual merges with the collective and his singularity is established in the harmonies of a same communal network, contrary to our western societies where the individual myth supplied by the psychoanalyst (or the doctor, on another register), requires the patient's slow progress and the shaman's prompt action. While in the first case the action draws directly on the core of the collectivity which supports him for the materials necessary for thought and action in his problems, in the second case the individual undertakes his search individually, with the therapeutic support of the psychoanalyst. The collective unit to which he belongs is for him only a formal setting, a framework *a minima*. As an individual he is the master of his decisions and his existence, depending only on relative allegiance to a formal set of laws and given factors necessary for the practicality of social life, and he is faced with an immense mass of reference points, values and thought-patterns all more or less vested, from the depths of which he can draw at will. Furthermore, the psychoanalyst takes care to maintain his distance from his patient, transference being for the latter a way to fill this recess, filling the gap with a powerful imaginary investment which allows him little by little to construct his own myth.

These points for consideration may be a starting-point for approaching the symbolic effectiveness achieved by the 'popular' medicine of western societies. And doubtless it is more correct in this connection to talk of 'healers' than of general theories – of hypnotists than of hypnotism, of dowsers than of dowsing. Or even of doctors rather than of medicine. For if the symbolic effectiveness rests on the passion for a technique and a world-vision which surrounds it, as the history of Quesalid attests, it is first a

matter of the individual, as this same Quesalid illustrates on another level.²¹ And symbolic effectiveness is a constructive (or, in other circumstances, destructive) energy which is woven into the heart of a social relationship. Hypnotists, dowsers, fire-healers, invisible bandagers, etc., are all a matter of techniques based on a view of the world where man is a microcosm, flesh unseparated from the universe which feeds it and gives it its rhythms. The body here is a binder, not an interruptor. In our societies the actor who turns to these more or less clandestine approaches confirms them in some way, if we are prepared to extend this idea well beyond the Cartesian *cogito*. We must be able to conceive a notion of belief in which the unconscious has its part. Further, these are therapists whose name is circulated in principle by word of mouth, supported by successes evoked with a flourish by the speaker. The encounter with the therapist is preceded by a meeting with his favourable reputation. Or it is clothed in the mystery which surrounds clandestine therapists, but of whom it is suspected that they possess helpful knowledge. Micro-sociologically, 'healers' construct a social and cultural apparatus very close to that established by the shaman. It may be supposed that their quality of personality saves the community which no longer exists in our societies. It seems that the intensity of the encounter presents itself as an element potentiating healing forces. The techniques used are the operators of the cure. But we must remember that, for example, the fire-healer also treats animals. One of the current tasks of anthropology may be to identify this logic and to analyse its conditions of potential achievement, to define with the closest precision the functioning of symbolic systems. One hope may be to contribute to the foundation of a physiosemantics, overtaking the psychosomatic and its dualism.

Translated by Helen McPhail

Notes

1. A. Van Gennep, *Manuel de folklore français contemporain*, Paris, Picard 1938, vol. IV, p. 557. All quotes are translated by the translator.
2. E. Cassirer, *Essai sur l'homme*, Paris, Minuit, 1975, p. 43 (available in English as *An Essay on Man*, New Haven, Yale University Press, 1944).
3. On all these points, cf. David Le Breton, *Anthropologie du corps et modernité*, Paris, P.U.F., 1990, chaps. 1 and 4.
4. E. de Martino, *Il mondo magico. Prolegomeni a una storia del magismo*, Turin, Einaudi, 1948. See also the commentaries of M. Eliade, who was much influenced by this work: M. Eliade, 'Sciences, idéalisme et phénomènes paranormaux', *Critique*, no. 23, 1948, pp. 315–23.
5. Cf. J. Favret-Saada, *Les Mots, la Mort, les Sorts*, Paris, Gallimard, 1977.
6. See also the summary established by M. Eliade in his study of shamanism, *Le Chamanisme ou les techniques archaïques de l'extase*, Paris, Payot, 1983; *Myths, Dreams and Mysteries: The Encounter between Contemporary Faiths and Archaic Realities*, New York, Harper and Row, n.d., chap. V.
7. Cf. L. Dumont, *Homo hierarchicus: le système des castes et ses implications*, Paris, Gallimard, 1966 (available in English as *Homo Hierarchicus: Cast System and its Implications*, Chicago, University of Chicago Press, 1981); *Homo aequalis: genèse et épanouissement de l'idéologie économique*, Paris, Gallimard, 1977.
8. M. Lenhardt, 'La propriété et la personne dans les sociétés archaïques', *Journal de psychologie normale et pathologique*, 1952, p. 289.
9. We hold that the modern formula of the body implies a triple break: man is divided from himself (knowledge of the body is no longer in our society a knowledge of man), cut off from others (the move from 'us, we' to 'me, I', which makes of the body a factor of individuation), and cut off from nature (official knowledge of the body in our societies, i.e. biomedical knowledge, takes its analytical principles from the body itself; the body is not an echo of the universe, a microcosm). We cannot go into detail here on each of these levels, but refer the reader to D. Le Breton, *Anthropologie du corps et modernité*, chaps. 1–4.
10. We are not concerned here with the associated question of imposture. This is not our subject. There are enough effective 'healers' and, *a fortiori*, fire-healers whose activity is very specific, to omit those who rely only on their own authority and provide an illusion

rather than effectiveness – the more so in that division in material matters is difficult, arising largely from symbolic effectiveness. Strictly speaking, it is always a relationship which should be analysed. Belief that the possession of a university diploma could guarantee the practice of charlatans would moreover be another type of credulity.

11. Cf. Le Breton, *Anthropologie du corps*, chap. 9.
12. See, for example, *L'Homme et sa psychose*, Paris, Aubier, 1983.
13. In the *Revue de l'Histoire des religions*, 1949, vol. 135, no. 1, pp. 15–27.
14. C. Lévi-Strauss, 'L'efficacité symbolique (I)', in *Anthropologie structurale*, Paris, Plon, 1958, p. 218 (available in English as *Structural Anthropology*, Harmondsworth, Penguin Books, 1963).
15. Le Breton, *Anthropologie du corps*.
16. Lévi-Strauss, 'L'efficacité symbolique (I)', p. 207.
17. The paradox of the psychosomatic is that it opposes the basic dualism of modern medicine and its focus on the body, contenting itself with a combination of the organic and the psychological. Many researchers today try to invent some form of human medicine which totally escapes this legacy. The paradigm of the symbolic for considering the condition of man and his anchorage in the flesh approaches a physiosemanticism.
18. Lévi-Strauss, 'L'efficacité symbolique (I)', p. 220.
19. *Ibid.*, p. 218.
20. We are thinking, for example, of hypnotists, dowsers, invisible bandagers, fire-healers, etc.
21. C. Lévi-Strauss, 'Le sorcier et sa magie (I)', in *Anthropologie structurale*, pp. 183–203.