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Ritualization of Roles in Sickness and Healing

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Ritualization of roles in sickness and healing

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For the psychiatrist, the literature of recent research in ethology is at once fascinating and repellent. It is fascinating because it offers a technique by means of which objective observations, analyses of patterns and sequences of behaviour are kept strictly separate from conjectures as to the aim of such behaviour. We recognize here two trends in recent research on human abnormal psychology: the attempt to objectify our observations by focusing upon discrete items of behaviour, and the need, if not to eschew explanatory hypotheses altogether, then at least to distinguish clearly between verifiable observations and speculative interpretations of the significance of the behaviour in question.

Since Freud, we have learned to recognize that an individual's expressed intentions, his conscious motivations, may give only a very imperfect and incomplete account of his actual behaviour. The trouble is, of course, that here the observer belongs to the same species as the animal whose behaviour is being studied. The aspect of ethology which is at times repellent (though not necessarily less true for that) is its unflattering reminder that what we do is often at variance with what we think we are doing.

This clear-sighted observation is facilitated by techniques for breaking down behaviour into discrete elements. Just as every language can be shown to be built up from a quite limited range of phonemes and morphemes, so the range of behaviour within a given society can theoretically be exhaustively categorized, some behaviour patterns occurring very often, others only in exceptional circumstances. Linguists of the school of Sapir, Whorf and Hockett have emphasized that the structure of each language in some degree restricts the range of conceptual grasp of its users; in the same way it is probable that there is a reciprocal relationship between the gamut of emotional responsiveness which can be experienced by the members of a homogeneous society and the repertoire of behaviours which that society transmits to its younger members. In human feeling and behaviour, as in understanding, genuine innovations are difficult and infrequent. Our normal condition is one of accepting self-deception.

One of mankind's most significant conceptual innovations has been the discovery of the scientific method of requiring every explanation to submit to the test of experimental verification. Science, in this sense, has been a latecomer to medicine, which for centuries was as dogmatic in its teachings as any revealed religion: it has been especially late in coming to psychiatry. This is no accident, because the method of dispassionate examination and questioning of human behaviour had to overcome rigorous resistances; self-deception is a form of behaviour which is not easily displaced, because its surrender is attended by discomfort, if not frank pain. This is the reason (though not the justification) for medicine's tardiness in accepting the discipline of objective experimental verification of therapeutic procedures. Even today some clinicians appear to fear, and to resent, controlled trials of remedies in which they profess to have full confidence.

To draw analogies from the behaviour of one species to that of a widely different one is dangerous: but this symposium has been expressly designed to encourage dangerous thoughts. The ethologist uses the term ritualization to denote behaviour which has, through displacement, acquired a signal or releaser function. These displacement activities may become social releasers of great importance for the social organization of a species.

Since our own species has excelled both in the complexity of its social organizations, and in the malleability of its behaviour patterns, we might expect to find many examples of ritualization in human behaviour—if only we can look at it afresh, ignoring the plausible rationalizations which so often cloud our perceptions.

One way to recapture the innocent eye of the naïve observer is to escape from over-familiar surroundings, as the social anthropologist does in the course of his field work—other peoples' rationalizations are never so compelling as those we ourselves share. In exotic surroundings, even phenomena as familiar as sickness and healing can be seen in a new light. It becomes apparent that the healer and his patients each avail themselves of a quite limited series of behaviour patterns: even those patients who flout all the social norms and hence are said to be crazy, behave most of the time in a *recognizably* crazy way. From the detached onlooker's point of view, so does the doctor. Each performs his learned social role, giving and responding to behavioural cues whose principal function has become that of social releasers.

From the earliest days of my own field work, in Rajasthan, I became involved—at first all unawares—in ritualized behaviour. The villagers knew I was a 'Doctor Sahib' and did not hesitate to consult me about their ailments: but they found that my performance of the healer's role was unimpressive, while I found that they often failed to behave as patients should. It is true that our first encounters were reassuring. They would squat in front of me, holding up their right hand for me to take their pulse, and I would do so, looking wise. So far, we were apparently in accord; it was only after several weeks had passed that I realized that they believed that I, like their own shamans, possessed the gift of diagnosing by the tremor of their wrist tendons whether their affliction was the work of a witch, a ghost or a demon, or due to sorcery. For them, disillusion came much sooner, because I would proceed, as I had learned in the Edinburgh Royal Infirmary, to take a history of the illness. But try as I might, this led only to confusion. When I asked: 'What is the matter with you?' the villager would look at me surprised, and disappointed, and say: 'Ah, Babuji, it is you who know these things: you tell *me* what is the matter.'

Their village healers set about things in a very different way, using seemingly irrelevant procedures, like drawing lots or watching the fall of a handful of grain, to divine the spiritual cause of the illness, after which they would draw upon their expert knowledge to prescribe the appropriate propitiatory acts. Viewed in the light of Western medical science, their diagnostic pronouncements and the remedies they prescribed might seem totally irrelevant to the disease—at times tragically irrelevant, as when one saw a consumptive father sheltering his small children under his highly infective blanket, while his wife arranged for the sacrifice which was offered (unavailingly) to appease the witch who was said to be devouring his liver. Yet the very survival for many generations of these ritualized behaviours on the part of patients and healers showed that they must serve a function.

It is, of course, a waste of time to ask the participants themselves. They would only think

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one very foolish indeed for putting the question; to them it is obvious that this is what *has* to be done when sickness strikes your family.

After participating in a great many rituals of divination, in three villages in Rajasthan, I came to recognize that the ceremonies marked a crisis in the feelings of members of the afflicted families. Even though the patient himself might feel little immediate benefit, his kinsfolk almost invariably felt better after the ritual. Its practical function was to relieve anxiety occasioned by a sense of powerlessness in the presence of danger and uncertainty.

In passing, it is worth noting that there was a distinct gradation in the level of urgency with which healing divinations were sought. A trivial illness did not warrant all this bother; but as soon as anxieties began to mount, recourse to the ritual became more and more likely. A similar gradation could be seen with reference to the more private rituals which took the form of consulting omens. An everyday action, or one whose outcome was not in doubt, would be carried out without bothering to consult the omens; but when an important or hazardous undertaking was involved, my village friends would become very sensitive to favourable or unfavourable omens. Omens and oracles are consulted by people who have some doubts about their course of action; and because they are notoriously fickle and ambiguous they often serve to aggravate the uncertainty. As I saw it, omens were resorted to in order to help a person to make a forced choice and thus resolve his ambivalence. In myths, the hero is able to read the omens, or the oracle's riddle correctly because, presumably, he is relatively untrammelled by minor doubts and fears.

Two very widespread commonsense beliefs in our own society are (1) people who go to the doctor are suffering from 'an illness', and (2) the doctor will give them a medicine which will cure the illness. It has been made abundantly clear that many people who consult their doctors are not suffering from any disease, although they may well be feeling vaguely 'out of sorts'. In many cases the physical complaint serves as a pretext, to legitimize their consulting the doctor about a personal or social problem; but so strong is the force of social expectations that they feel ill-treated if they do not receive a bottle of medicine, and often the doctor will comply with their request even though he knows that this transaction contributes to the ritual rather than to the pharmacological aspect of his treatment (Balint 1957). A recent survey of a very atypical minority group in Britain—people who had not consulted a doctor for several years running—found that they differed from their fellows not in being immune from minor illnesses, but in refusing to regard themselves as other than healthy. Unlike most of us, they were very reluctant to assume the sick role (Kessel 1963).

India is a particularly rich terrain in which to study ritualized human behaviour, because Hindu life is permeated, not to say super-saturated, with ritual acts. As a distinguished Brahman social anthropologist has pointed out, every society has a body of ritual, and certain recurrent ritual acts and ritual complexes can be recognized as constituting the characteristic ritual idiom of each society (Srinivas 1952). Particularly important complexes of ritual are associated with all the main life crises, such as birth, puberty, marriage, death—and sickness.

Rituals are procedures whereby the unseen superhuman powers of the universe are either petitioned or constrained to intervene on behalf of the performer. They are therefore an expression of a system of belief, and its implementation in action. It is not enough,

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therefore, to describe the contents of a ritual; one must also spell these out in terms of the implicit cosmological and theological assumptions on which they are based. The signals which are exchanged in ritualized human behaviour are partly for internal consumption within the society, expressing its solidarity and its shared beliefs; and partly a dialogue with the unseen powers. At the same time, the entire content of the ritual can be seen as a dramatization of psychological conflicts operating within the individual personality of each participant. This duality is no accident, because the internal fantasies have themselves been moulded by social sanctions embodying values handed down by previous generations.

In many instances the individual's internal conflict gives rise to anxiety, which may be dealt with in various ways, e.g. by repression, as in hysteria or by indirect expression as a neurotic symptom. Obsessive compulsive neurosis has been called a private religion (Freud 1956) because in this condition the patient is tormented by forces seemingly beyond his control (although analysis shows that they are in fact his own distorted images of parental disapproval) which have to be placated by the repeated performance of sometimes complicated private rituals. These rituals at first seem meaningless or stupid, but they become intelligible in the course of analysis, when they are shown to be related to events in the patient's emotional life. For example, Fenichel (1945) cites the case of a man who felt a compulsion to open and shut his bedroom windows many times before going to sleep; this dated from a playful dispute with an early room-mate, and represented a continuing ambivalence as to whether he would win, and be a dominant male, or submit and be a passive homosexual.

Ethologists have reminded us that every different species lives in a world of its own—a world determined in the first place by the nature of its sense organs. This prompts the more refined analysis of releasers, which are found to provoke the appropriate response only subject to a series of 'filtering mechanisms', which may reside in the receptor organs, the afferent pathways, or in c.n.s. structures underlying perception (Thorpe 1961).

The members of the several human societies also each live in a world of their own; but the very considerable differences which they show in their perceptions, feelings and attitudes in relation to their material environment and to their fellow-men cannot be ascribed to differences in their physiological endowment but rather to the way in which they have severally been taught to *interpret* their experiences.

Here, of course, lies the fundamental difference between the tasks of the ethologist and the student of human behaviour. The former is concerned with objectively observed behaviour even though he is obliged sometimes to use his imagination in order to infer the purpose of that behaviour: the latter cannot escape from considering purpose because a large part of his information comes from his own and his subjects' subjective reports of *why* they act (or think) in the way they do. For us, psychological events are an important part of the worlds we severally inhabit; and these events are coloured by the system of beliefs which every society inherits and transmits.

This simply means that the range of human behaviour to be observed multiplies enormously owing to the elaboration of symbolic communication through language. It is a far cry from the ethologist's concept of ritualization, leading to evolutionary accentuation of an element in displacement behaviour so that it may serve as a more effective social

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releaser, to the anthropologist's concept of ritual as a dialogue between man and the supernatural forces which he has invented to make sense of the universe—because he cannot bear uncertainty. Intolerance of 'senselessness' in the world he inhabits appears to be a basic human characteristic, perhaps because it is a defensive measure, protecting our inner sense of identity and individual worth, the conscious aspect of the will to live.

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