Illness and cure. Ritual contexts of sharing

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Abstract

The disease event, in this article, is examined both from an individual perspective, and socially. Thus, in Western society, the parameters of individual psychology are rethought in group psychotherapy, in a manner such as to create conditions to facilitate the sharing of suffering and disease.In different contexts, rituals, suffering, disease, and the states of crisis, are addressed in complex rituals of social sharing of the disease. Therefore, there is a connection point between traditional therapies in the contexts of native and therapies psychoanalytic group. So, there is a relationship between symbol, storytelling and ritual

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The idea of mechanisms of illness and cure has been an important crossroads in the meeting between clinical dimensions and dimensions of knowledge that are innat*e* to different cultural traditions. Amongst these are those that are traceable to the psychological sciences, particularly to psychoanalysis in its applications to both individuals and groups and also to the ethno-anthropological sciences in their expansion of symbolic anthropology of ethno-psychiatry and analysis of visual documentation.

The practice of ritual sharing opens up socialisation contexts with expressed body shapes that become a go between of symbolic meanings, that from one time to another, negotiate the border between biology and culture and mind and the body itself. As a consequence, those which are manifested and shared are affective states that require recognition in order to be faced up to.

As in Western culture and "modernity" both psychotherapy and or scientific/medical therapies are involved with mental and physical suffering. For example, with individual and group psychoanalytical psychotherapy and with mental health services, and not only, with ethnological societies (folklore), suffering, illness, social and psychotic crises are faced through a complex ritual apparatus.

It is important here to recall Gregory Bateson's comments regarding the analysis of socialisation processes in the Bali culture. It must not be forgotten that during this research he made an important film on trance in Bali together with Margaret Mead. For academics who address these problems, one sees that the basic theme is that of grasping and describing the mental state in some way that denotes a certain type of ritual behaviour. Bateson highlights the function of the body, a body that is socialised in the ritual that assumes a mental counterpart. One may extrapolate from this that the organisation or the system of the mind/body in the Bali culture is the assumption for

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the accomplishment of "therapeutic" contexts and affective sharing of emotions. Bateson says of the Bali people, <<*… they in some way perceive and recognise that their cinest socialisation prepares an individual for a changed conscience, for a temporary escape from the world that is organised by the ego.*>> (Bateson, 1991).

The affective world that is symbolised in ritualised contexts such as trance, which enlarges the field of conscience, and also those states of unconscious, not only by changing them but also by reorganising them, for Bateson, seem similar to a condition of illusion. This makes us think about Winnicott's idea of "creative" illusion in psychoanalytical tradition and generates transformation possibilities. These may lead into the "*order of the ego*", to use his terminology, but in a new type of adjustment in the relationship of a person with the group he belongs to.

For Bateson, manifestations that can be included in the mystic category are:

<<*… the task of an anthropologist is however to explore the world of illusion, hopefully using through the ears and eyes of a mystic*>>. (Bateson, 1991).

The idea of someone who writes is that, in some way, the anthropological subject that is studied and observed, perhaps similarly to a psychoanalyst or a psychotherapist, whilst keeping the ability to catch the different dimensions of existence during a trance and the passing from one to another during the dialectics of the otherness, has to, in some way, perceive, both intellectually and with the senses, the context of affective sharing that is pertinent to the mystic experience in the ritual.

The possibility of catching the sense of these steps in different states of mind, for example, the open mind of a group or more generally, socially, may perhaps shed some light on the understanding of the dynamics of cure as a possible outcome to situations of illness and psychic suffering.

One key was given to us by Marc Augé in the 80s when he wrote and worked on his hypothesis after some significant field work on African cultures. In his work, "The Sense of Illness" he discovered the opportunity of amplifying the symbolic relationship between the individual and the social group in the analysis of the illness and its manifestations, given that the illness, according to him, made up the most characteristic individual events.

According to Augé, <<*The hypothesis is that social order and biological order are governed by the same logic that in a given society there exists one grid of interpretation of the world that is applicable both to the individual body and to the social institutions. More precisely, that if a logic does exist, it is on that which the make up of the body and the social institutions depend*>>. (Augé ,1984).

In these terms, the event of an illness as an individual event or social event is traced to the order of social imagination. According to the French anthropologist, such illness as an elementary event is connected to inherent symbolic bonds of interpretative patterns that, after the event, go to make up the assumption of giving it a place in the world and determine its horizons of sense. A rite seems to serve this aim, <<*The ritual apparatus of religions seems to be called upon more in order to understand and locate the event rather than to create a mediation on the meaning of life. This may appear indirectly to the observer who studies the constants and the*

dominating parts of a ritual system, but it does not, however, make up the primary object>>. (Augé, 1984).

However, in African societies, the logic that attempts to get the event to relocate into the social order is a multi-dimensional logic that includes various principles of causality, magic causality and natural causality. According to the anthropologist it is not correct to clearly identify the various logical ways that he himself suggests in the diversification of the different manifestations of the logic of differences. A logic that orders social thought or sets up a relationship between symbolic orders and empirical orders or which presents itself as a chrono-logic of an event by highlighting the historical path. It is also true that these three types of logic of differences, that tend to lay out the event, also have a relationship with the logic of references that is made up of the complex relationships between biological order and social disorder.

The same concept of a magic causality, that is connected to the various ways of activity, can be defined as being elements of disorder that are relative to relationships of descent, to behaviour of the breaking of tabus inside these relationships, to psycho-physical attacks from witch-doctors or other purveyors of magic.

In this way taxonomies are formed that go to make up various levels of different causalities. They are connected to unconscious aspects of relationships of those people who are subject to various levels of social logic, to connecting elements between natural or symbolic aspects of the event of the illness in a type of bio-psycho-physiology of the illness event that includes the body, the social mind and the cultural symbols of a logic that is substantially multivalent and polysemic. (Augé, 1984).

This polysemic dimension is well defined in the Roberto Beneduce's research that was carried out in dialogue meeting terms in the Cameroon. From his ethno-psychiatric prospective that was closely linked to anthropological interests he shows us how empirical order and symbolic order in such a context are considered in a unifying way. When speaking about his casual meeting with Martin from the Cameroon who had remedies for illness, Beneduce said, *<<Those remedies were not representative of the empirical part, they were separable from the symbolic dimension of cure and of the knowledge of the characters who cured the illnesses. The two dimensions were closely interrelated, it wasn't possible to understand the logic of the Bulu traditional medicine without entering the core of the botanical knowledge or the production of the remedies>>.* Beneduce, 2005).

The prospect of the possibility of considering the empirical elements that are connected to the natural dimension seems to be of notable interest. They are correlated to those symbolic ones that are traceable both to that part of the universe of social meanings of illness and to the other of the psycho-dynamic context of reference. We believe that the latter should be considered as an important explanatory factor and one which is fundamental to the nature of human relationships, both in ordinary conditions of existence and also and perhaps above all, in situations of illness and suffering.

In these terms the academics in psychoanalytical training have tried to highlight the

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inherent emotive factors when defining the area of physical or psychic discomfort above all regarding the strategies for overcoming the problem or in a deMartiniano sense, its redemption.

Sudir Kakar, academic and psychoanalyst of cultural reality in India, in his wonderful book Mystic Sciamans and Doctors, underlines the importance of social sharing of the conditions of illness through family participation in the cure rite. Speaking about the therapeutic situations in traditional India, Kakar states:

<<*The therapeutic process is made more efficient by the fact that the picture of the demonic reference is shared by the whole culture and that the ill person, his relatives and his friends, all have the same concept about the etiology of the illness and also the therapeutic means which to use. Firstly, those who are in some way involved easily understand the meaning of the patient's illness, that more or less they manage to diagnose what the illness is and reach a rapid agreement on the type of cure giver to consult thus giving the ill person the reassuring feeling that the problem is under control. Secondly, the language used regarding the illness must facilitate communication between the patient and his family, the cure giver and the community. Thus aiding the necessary co-operation so any therapy may have optimal results.*>>. (Kakar, 1982).

However, even while considering the use of Kakar's proposal regarding psychoanalytical research on social and affective dimensions of the rite, it is important to enlarge upon his proposal specifying that "the community" may be referred to not only to amplify the individuality of the social recognition but also referred to in the specific dimension of the group psychology and its psycho-dynamic aspects. In the group psychoanalytical psychotherapy, the parameters of individual psychology are rethought in terms of a group mind that, according to specific modalities, create the conditions which are able to help in the sharing of the suffering and the illness. The transformation of emotion is possible in a group psychoanalytical context in the same way but with some differences in the therapeutic rituals. These transformations from an individual point of view are unthinkable and intolerable while in a group setting, we have a process of acquiring a meaning through an analogic and metaphoric way of thinking which facilitates the creativity of a mythopoetic thinking. (Corrao, 1992).

It is possible to establish an important point of connection between traditional therapies in "native" or "folkloristic" terms and group psychoanalytic psycho-therapy. This can be seen in the notion of effectiveness that is connected to the relationship between symbol and ritual activity narration. In group psychoanalysis, the function of "effective narration" has been highlighted. For Claudio Neri:

<<*Narrating effectively, does not mean describing or representing thoughts or states of mind, but making them interact directly with the people listening and with the elements present in the field. The "language of effectiveness", as Bion affirms, is not a substitute for action, but has the same immediacy and force*>>. (Neri, 1998, pp. 129-130).

In these terms, the narrator "puts himself into the narration" which leads to an

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assimilation of the area of experience of the rite with the psychoanalytic field of the group. As Carlo Severi underlined in his reflection in, "The Way of Voice," paraphrasing Neri, we could say that the word is effective word. As Severi says, the word which is not limited in relating.

<<*The Word, however, the ritual one, as important as the word which narrates because it is used for ends as crucial as those, let's say, therapeutic and diviner. A word that, instead of narrating, acts*>>. (Severi, 2004).

Here, in both an inherent ritual context and symbolic dimension and in the field of a group psychoanalytical dimension, we try to recognise the important areas in order to face up to the condition of pain and suffering of the illness and trace it to shared possibilities of sense. The "sense of the illness" should be correlated to specific conditions of existence that are laid out in the culture and each time redefine new notions and categories of illness and therapeutic ways of curing it.

Taking cue from the well known research of de Martino on "tarantism" and from the inherent overturning of the research (de Martino, 1961) that criticises the attribute of "madness" of the bitten person, Vittorio Lanternari who addresses the theme of illness in his search for the ritual ways of overcoming a problem of a cultural ransom, proposed the following summary:

<<*In conclusion, if we now turn to look at the development of our common mentality in Italy and at the studies of human sciences in Italy and abroad regarding psychic illnesses or the discomfort that is the reason for turning to psychoanalysis for help and to psychosomatic phenomena and to various medicines and to the dynamics of getting better, and if we also consider what kind of problem there is between ancient common therapies that are based on religious/ritual and all other kinds of modern therapies on the edge of psychiatry- rituality-religion, we can catch the gradual unfolding of a critical and self-critical amplification that has led to a revolution of the basic categories in the approach towards a diagnostic opinion and use of therapeutic criteria*>>. (Lanternari, 1998).

The problem arises of how to approach such a complex reality such as that of cultural diversity to approaching an illness. We have suggested a comparison between traditional therapeutic contexts and group psycho-dynamic contexts. We are also thinking about an amplification of the theme in terms of visual anthropology, following Bateson's and de Martino's tradition which would allow us to catch both the sense of shape and form and the effectiveness of a therapeutic ritual.

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