

# **Serious Illness and Supernatural Agents: Explanatory Models for Diseases which Defy Explanation**

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Serious illness which threatens mortality, does not respond to treatment, and has no obvious cause, elicits sensations of fear, bafflement, and helplessness in those who are affected. Through ethnographic case studies, it will be shown that these patterns cross cultural boundaries. At the same time, it will be demonstrated that the explanatory models for such illnesses exist within unique cultural settings. An understanding of the effects of such illnesses on human emotion, combined with a clear view of cultural context, is essential for any examination of these explanatory models.

Yaws and other infectious diseases and skin ailments amongst the people of Guinhangdan (Philippine Islands) (1977 [1958]), leprosy amongst the Limba of Sierra Leone (Opala and Boillot 1996), and tuberculosis and cancer in Western society (Sontag 1990) may seem only broadly similar. However, while from unique and distinct cultural settings, these situations share in common a grappling with ailments which are of unknown or incompletely understood etiology. These diseases further escalate to more serious illnesses requiring specialist attention; they defy treatment, and in some cases they threaten the life of the individual. It is proposed here that such illnesses will elicit senses of fear and helplessness, and that the explanatory models developed in response to this will be consistent with the nature of the illness as existing outside of the normal realm. At the same time, these models will be compatible with the particular world view of the culture within which they develop. Drawing from

three primary ethnographic sources, this paper will consider the ways in which three cultures perceive and deal with illnesses which are outside the realm of normal, which are not easily explainable, and which evoke senses of “bafflement, suffering, and a sense of intractable ethical paradox,” (Geertz 1966:14). In order to develop a broader (although far from exhaustive) understanding of some of the ways in which cultures respond to such illnesses, this paper will draw from Clifford Geertz's (1966) consideration of the human need to understand situations, and upon Mary Douglas' (2002 [1968]) discussion of pollution and anomalies. The first two case studies involve non-Western cultures, with the second being a more direct consideration of a specific disease situation. The final case study shifts the consideration to a Western cultural setting.

## ***Explaining Serious Illness***

In *Religion As a Cultural System*, Clifford Geertz observes that “there are at least three points where chaos – a tumult of events which lack not just interpretations but *interpretability* – threatens to break in upon man: at the limits of his analytical capacities, at the limits of his powers of endurance, and at the limits of his moral insight,” (Geertz 1966:14). What situation is more threatening on all of these levels than one which challenges a human being's very existence and well-being, and which defies explanation? Such a malady will challenge analytical capacities by the very act of seeming to be inexplicable. Furthermore, endurance is challenged through the ailment which can bring into question the very

ability to continue to exist, and the selectivity and causative nature of the ailment can challenge moral insight. When an individual becomes ill, questions are asked regarding not only the causative agent (particularly when that causative agent is not immediately obvious), but also regarding the nature of the causative association. There may be a tendency to point fingers and to blame someone or something. The sense that the suffering is unfair, not right, unacceptable, may be brought to the fore. Given the types of responses that may be elicited, the suffering of the individual might come to have moral connotations, and in this way become linked with the third point noted by Geertz – that of morality.

The implication of morality in relation to such circumstances frequently becomes linked to a cultural feature associated with something that is at odds with what is right and normal. Amongst the Azande, unfortunate and unexplainable events which cause harm are attributed to witchcraft (Evans-Pritchard 1979 [1937]). Amongst the people of Guinhangdan, sorcery, witchcraft, and Spirit-Gods take the blame (Nurge 1977 [1958]). Similarly, witchcraft is the primary culprit (in one form or another) in the Limba explanatory models (Opala and Boillot 1996). Finally, in the Western societies considered by Sontag (1990) the character of the individual becomes implicated. As such, it is seen that while the situations may be similar, the explanatory models are developed within the contexts of unique cultural situations. Through the consideration of a series of examples, both common underlying factors and unique cultural mechanisms can be

observed for such situations that seemingly threaten the well-being of an individual or a community, and that defy natural explanatory models.

### *Illness in Guinhangdan*

Historically, the people of Guinhangdan understood maladies in relation to causative agents that could be seen as either natural or supernatural (Nurge 1977 [1958]). However, their understanding of malaise and illness was more complicated than this, and Nurge explained that “an important distinction as to the nature of illness has to do with the categorization of various afflictions, and this distinction is best understood in terms of the practitioner who treats the cases,” (Nurge 1977 [1958]:140). Five types of specialist were recognised by the people of Guinhangdan. The *partira* (midwife), the *hilot* (masseuse)<sup>1</sup>, and the *parasona* (who dealt with injuries from venomous animals) all dealt with naturally-caused maladies (Nurge 1977 [1958]). Nurge further described the two specialists who were called upon to deal with all ailments that did not fit into the other natural categories (i.e., those seen as having supernatural causative agents). He noted that:

...both [the *haplasan* and the *tambalan*] treat skin diseases, infections, debilitating and fatal

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1 The English translations here might be somewhat misleading, and require some further explanation. Nurge (1977 [1958]:140) explains that while the *partira* is effectively both an obstetrician and a paediatrician (also dealing with menstrual difficulties), the *hilot* is not so much one who deals with muscle as with bone and joint difficulty.

diseases, and the multitudinous vague aches and pains that are the lot of mankind. However, the haplasan treats only by anointing while the tambalan has a series of varied treatments. [Nurge 1977 [1958]:140]

While the three specialists who dealt with maladies caused by natural agents had qualifications that were unique in their own right, they were all quite distinct from those of the haplasan and the tambalan. The qualifications of the former included being female and having childbirth experience (for the partira), being born feet first (for the hilot), and having the training run in the family (for the parasona). As such, they all stemmed from 'natural' circumstances. The haplasan and tambalan, on the other hand were qualified through having a dream experience during adulthood that instilled him or her with some knowledge of a magical treatment (Nurge 1977 [1958]). As such, the supernatural element of their initial calling was consistent with the ailments they treated.

Supernaturally-caused illnesses were generally attributed to spirit-gods, witches, or sorcerers (Nurge 1977 [1958]). Illnesses that might be classified as supernaturally-caused included yaws, leprosy, and mental disturbances (Nurge 1977 [1958]). Spirit-gods, or *encantos*, were described as “fallen angels who were doomed to follow Lucifer when he was expelled from heaven” (Nurge 1977 [1958]:141-142), and who had the capacity to assume human form (Nurge 1977 [1958]). They could be divided into *tunanon* (earth beings), *tubignon* (water beings), and *cahoynon* (tree beings). Cahoyon were generally benevolent and

peaceful, sometimes even helping humans. They would, however, cause illness if they had been hurt or offended by a human (Nurge 1977 [1958]). Tubignon demanded that humans seek permission to fish or to travel on bodies of water under their jurisdiction, and may cause injury if these requirements were not met (Nurge 1977 [1958]). Tunanon tended to be more irritable, mischievous, and dangerous than the other types of spirit-gods, and while they could not cause as many sicknesses as the tubignon or the cahoyon, they were also unable to cure all of the sicknesses that they did cause (Nurge 1977 [1958]). At their worst, a class of tunanon known as *agta* were extremely malevolent, “caus[ing] illnesses which c[ould not] be cured,” (Nurge 1977 [1958]:142).

Moving from the innately supernatural beings that could cause illness, it has been mentioned that witches and sorcerers could be responsible for unexplainable ailments, and a brief description of their activities will be useful. Witches, known as *asuangs*, were “a ... class of beings who were originally human and who acquire[d] and develop[ed] supernatural powers,” (Nurge 1977 [1958]:143). These beings were indistinguishable by day from other humans, and apparently lived peaceably alongside everyone else in the village (Nurge 1977 [1958]). They did, however, have the capacity to transform themselves into an animal of some type by night (particularly around dusk), and while they could not cause illness by themselves, they could exacerbate problems in individuals who were already weak, sick and / or vulnerable (Nurge 1977 [1958]).

Sorcerers, on the other hand, were “human[s] who [could not] change ... shape, who may [have] possess[ed] unusual powers of locomotion, and who ha[d] a limited and specialized power to *cause* illness,” (Nurge 1977 [1958]:143, emphasis added). Sorcerers made use of materials (hair or clothing in the case of a *daotan*, oils and roots in the case of a *palakodan*) to cause illness, and their 'services' could be used or bought by non-sorcerers (Nurge 1977 [1958]). As such, sorcerers amongst the Guinhangdan employed a form of sympathetic magic consistent with Frazer's (2002 [1922]) *Law of Contact of Contagion* to inflict illness on the person who was the object of their attention.

It is thus seen that in situations of illness that could not be explained by a natural cause, the blame would be placed on supernatural causation by the people of Guinhangdan. Illnesses were particularly recognised as serious, and requiring specialist attention when the affected individuals' daily life was interrupted, when an illness changed and worsened (but not if it is simply of longer duration yet unchanging), or when a person cried (Nurge 1977 [1958]). It is proposed here that the inability to attribute cause of such illnesses to a natural agent made it necessary to develop an explanatory framework for the illnesses, thereby providing a logical explanation which allayed feelings of 'bafflement' (Geertz 1966). Within this framework, however, there is a more complex organization of causative factors than simply the attribution of illness to supernatural beings of one form or another. With the identification of these beings and

an understanding of their natures and patterns came a series of protective measures to avoid illness in the first instance. Nurge notes, for example, that “when one is in the habitat of a cahoynon, one should move lightly and slowly and be ever aware that a harsh word or an abrupt act may irritate the unseen ones,” (Nurge 1977 [1958]:142). It was understood that humans should also observe suitable proprietary measures in relation to their interactions with tubignon, and should continue to act courteously towards asuangs (Nurge 1977 [1958]). Thus, while these supernatural beings were the direct causative agents, failure by a human to observe adequate precautions and to behave in the proper manner could well bring the ailment upon the individual concerned. As such, the individual held a certain level of responsibility for their own susceptibility to these illnesses, and the cause rested jointly on human and supernatural action.

The above consideration of the inhabitants of Guinhangdan has shown that ailments which became apparent and severe enough to merit attention, and which did not fit into categories of natural causative factors, required the use of an explanatory model based on supernatural entities. Such ailments were dealt with by specialists who were trained in their treatment. Supernaturally-caused ailments included skin diseases, infections, and vague aches and pains, and they could be particularly disconcerting as they can be debilitating and/or fatal (Nurge 1977 [1958]). Using Western clinical definitions, these could include such diseases<sup>2</sup> as yaws and leprosy.

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<sup>2</sup> The concepts of ‘disease’ and ‘illness’ (along

However, a more detailed consideration of the explanatory models for particular diseases, whether epidemic or endemic, which have significant impacts on a population would be useful in this consideration of how societies deal with particularly difficult situations. Given Geertz's (1966) identification of the sense of extreme unrest arising from experiences which are apparently inexplicable, it may follow that diseases that are particularly disturbing to a community will have extensive and elaborate explanatory models developed as a way of establishing some mechanism of control. In order to explore this proposition further, the explanatory models used by the Limba of Sierra Leone for leprosy will be considered (Opala and Boillot 1996), as well as the models developed for tuberculosis and cancer in Western society (Sontag 1990).

### ***The Limba and Leprosy***

Similar to the inhabitants of Guinhangdan, the Limba of Sierra Leone have a different concept of what constitutes a serious illness than that which is typical in Western cultures (Opala and Boillot 1996). More specifically, it is observed that a person is only considered to be seriously ill if they become incapacitated to the extent that they are rendered unable to perform daily tasks (Opala and Boillot 1996). Also

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with 'sickness' and 'health') have been the subject of extensive discussion within medical anthropology (Boyd 2000; Eisenberg 1977). For the purposes of this paper, the term 'disease' will be used to refer to a particular pathological biological condition, while 'illness' refers to the individual experience of well-being. 'Ailment' is used in the generic sense of ill health, most closely linked to the use of 'illness'.

like the people of Guinhangdan, ailments are attributed by the Limba to either natural or supernatural agents. In this way, minor illnesses that are easily treated are explained by natural agents, while anything chronic or life-threatening is explained by means of supernatural agents, specifically witches (Opala and Boillot 1996). Furthermore, Limba healers are not particularly interested in the specific cause of a disease. Their primary focus is rather on diagnosing the disease and in executing a productive treatment regime (Opala and Boillot 1996). If an illness is serious and does not respond easily to treatment, witchcraft is to blame. No further determination of physical cause is necessary, and when an illness is not serious and responds well to treatment, there is no need to invoke witchcraft.

The Limba understanding of illness is linked with a broader world view which separates the world into the town or *mehti* (with civilized, ordered attributes) and the bush or *feli* (associated with the uncivilized realm, where chaos prevails) (Opala and Boillot 1996). The town is inhabited by human beings and the ancestors, who serve as God's elders (Opala and Boillot 1996). The bush, on the other hand is inhabited by powerful and destructive spirits (devils), wild animals, and powerful wild plants (Opala and Boillot 1996). This division of the world into a realm in which everything is considered to be safe, civilized, comprehensible, and another realm which is entirely the opposite is consistent with Durkheim's division between the sacred and the profane, conceived of "as two distinct classes, as two worlds between which there is nothing in common," (Durkheim 2002

[1915]:13).

Given this separation between the town and the bush, there is further emphasis amongst the Limba of avoiding associations with the bush. There is always the potential of the bush encroaching on the town, and situations in which the two do not remain separate elicit senses of fear and uncertainty (Opala and Boillot 1996). Such perceptions are highly reminiscent of Mary Douglas' (2002 [1968]) discussion of pollution, and it will be seen that the association of leprosy with the supernatural may be associated with the encroachment of bush forces on the town. Central to this concept are the *beleke*, people who are perceived as being “born with 'four eyes', or supernatural vision, enabling them to see the devils in the bush that are invisible to others, communicate with them, and learn the powers of wild plants,” (Opala and Boillot 1996:6). It is people with these abilities who can become witches, capable of communicating with the supernatural world outside and of bringing these powers into the town.

In extension of this, Opala and Boillot note that “just as [the Limba] see the town as naturally peaceful unless disturbed by witches, they see the human body as naturally healthy unless attacked by them,” (Opala and Boillot 1996:6). As such, we see evidence through witches of the encroachment of uncivilized and dangerous bush forces on the civilized and peaceful town, represented by the healthy individual. Other *beleke* are called upon to protect the village from witches, and they draw from the same supernatural sources as witches (Opala and Boillot 1996). However, while they are necessary to keep the destructive

supernatural forces at bay, they hold somewhat ambiguous positions due to their knowledge of the supernatural. They are held in high regard and respected for their abilities, but at the same time they are feared and mistrusted for their powers (Opala and Boillot 1996).

Before engaging in a more detailed consideration of the perception of illness amongst the Limba, however, some more cultural background is necessary. The Limba are subdivided into three dialect areas (Opala and Boillot 1996). The Wara Wara in the north are most strongly influenced by Islam, while the Biriwa/Safroko of the south are most heavily influenced by Christianity and the Tonka/Sela in the West are influenced by a mixture of both religions (Opala and Boillot 1996). All of the Limba, however, incorporate animistic elements into their belief systems (such as those described above), and amongst Sierra Leoneans they are especially recognised for their involvement in healing practices and the supernatural (Opala and Boillot 1996). This is particularly the case in the remote northern territory. Opala and Boillot note that “other Limbas often stereotype the Wara Wara, and particularly those from Bafodea Chiefdom [ie. the northernmost chiefdom], as almost universally having 'four eyes', or supernatural vision, and being involved in witchcraft,” (Opala and Boillot 1996:5). As indicated by this statement, not only is the northernmost chiefdom considered to be the most heavily involved in witchcraft, but there are differences in the belief systems between the three Limba chiefdoms (Opala and Boillot 1996). As such, it is impossible to consider all of the Limba as a

homogeneous unit, and the present consideration will necessarily take this diversity into account.

Leprosy is an infectious disease caused by the transmission of *Mycobacterium leprae* which primarily infects the peripheral nervous system (since the mycobacteria have a predilection for cooler areas of the body) (Britton and Lockwood 2004). The visible manifestation of leprosy reflects a complex interaction between the mycobacteria and the hosts' immune response (Britton and Lockwood 2004). In terms of clinical classification, the host's immune response will determine whether an individual suffers from lepromatose or tuberculoid forms (or expressions) of the disease, or somewhere in between these two poles (Britton and Lockwood 2004; Opala and Boillot 1996). Opala and Boillot explain that"

...at the tuberculoid end, the patient develops hypopigmented skin patches which, among people with dark skin, are often deep red in colour. At the lepromatous end, multiple patches appear, only slightly hypopigmented, and as the disease progresses, infiltrated plaques or nodules appear, the result of bacteria multiplying within the skin. [Opala and Boillot 1996:9]

As shall be seen, the red pigmentation of the skin patches amongst the Limba holds particular significance with respect to their understanding of the disease.

While these are the immediate symptoms, the debilitating nature of the disease arises from the damage that occurs

to the peripheral nerves. As a result of this damage, individuals do not feel the effects of a stubbed toe or finger, a cut, a callus, or an ulcer (Bryceson and Pfaltzgraaff 1990). Infected individuals will not notice repetitive rubbing causing irritation, and since they may not realize that they have hurt themselves, injuries do not receive the requisite attention. Instead, an individual will fail to give any attention, let alone the necessary care, to an injury if they are not aware of sustaining the hurt. Leprosy can consequently result in untreated infection, atrophy of the affected areas, and damage to peripheral nerves, leading to the clawed feet and hands which have come to be recognised as classic markers of the disease (Bryceson and Pfaltzgraaff 1990). Thus, aside from the hypopigmented skin, the disease can be particularly debilitating, and its effects may go unnoticed for some time. It has already been noted that amongst the Limba an illness is not considered serious unless it becomes debilitating in some way (Opala and Boillot 1996). As such, the early symptoms of leprosy may not be considered of particular interest amongst the Limba. It is only once the disease has progressed that it will become recognised for what it is, at which point it tends to be seen as a serious ailment, and becomes attributed to witchcraft (Opala and Boillot 1996).

As we have seen, the Limba can be divided into three groups based on geographic region, and the northernmost group (the Wara Wara) are particularly known for their beliefs in witchcraft (Opala and Boillot 1996). This becomes relevant in relation to the Limba understanding(s) of leprosy. All Limba attribute leprosy to

witchcraft (Opala and Boillot 1996). As such, it is not perceived as falling within the realm of natural, and the responses to the disease are developed around this framework. Opala and Boillot found that:

Limbas have two contradictory views of leprosy, and those who suffer from it, reflecting different possibilities for interpretation of the disease within their world view. Limbas in the Biriwa/Safroko and Tonko/Sela areas, in the south and west, attribute leprosy to witchcraft, and, indeed, for them, leprosy epitomizes witchcraft. ... Limbas in the Wara Wara area in the north, on the other hand, believe that 'lepers' *are* witches, and not the victims of witchcraft. [Opala and Boillot 1996:9]

The Limba in the former two areas thus view individuals who suffer from leprosy as the victims of an illness which epitomizes witchcraft (Opala and Boillot 1996), and they feel compassion for these people, while at the same time fearing the possibility that the malady will transfer. While this response is perhaps more immediately comprehensible, the Wara Wara interpretation is equally compatible with their world view.

Amongst the Wara Wara, which is the Limba population most heavily invested in witchcraft beliefs, the symptoms associated with leprosy are closely linked with the uncivilized, supernatural realm, and with the practice of witchcraft. Red is commonly symbolically associated with witchcraft (directly connecting the red hypopigmented skin patches with witchcraft), and persistent open sores (such

as those developed by individuals suffering from leprosy) are believed to be inflicted on witches by a 'swear man' who has been sent by someone to punish the witch for evildoing (Opala and Boillot 1996).

Furthermore, a belief that the witch world (the supernatural, uncivilized) is opposite in equal measures to the civilized world means that individuals who are ugly and disfigured in the civilized realm are equally beautiful and whole in another world (that of the supernatural). The more ugly and disfigured they can be in this world, the more extreme will be their positive attributes in the witch world (Opala and Boillot 1996). Wara Wara may also believe that the symptoms of leprosy result from infighting amongst witches or that they are in some way beneficial for the witch. As such, the symptoms of leprosy are easily associated with the practice of witchcraft, and the individual becomes blamed for their own suffering.

Both of the contrasting interpretations amongst the Limba situate the cause of leprosy in witchcraft. However, as has been seen, the interpretation of the exact nature of the association with witchcraft is quite different. Furthermore, while both interpretations result in social stigma directed at the sufferer (since they embody evidence of the encroachment of the bush), they colour the responses to the disease in unique ways. Amongst the Wara Wara, the complex role of witchcraft within the community, being both feared and necessary, being applied both maliciously and used to combat malicious forces, commands not only fear but respect. As such, people who have contracted leprosy

and who have consequently been labelled as witches are not necessarily isolated from the community but rather command a certain level of respect and compassion (Opala and Boillot 1996). At the most extreme, houses are built outside of the village (outside of the civilized world) for sufferers, and regular visits are encouraged amongst the townspeople to take food and to help with farm work. Furthermore, not only do the Wara Wara believe that someone who suffers from leprosy is a witch, but by extension they believe that leprosy is restricted to witches (Opala and Boillot 1996) and consequently that there is no danger of normal people contracting the illness. Amongst the Biriwa/Safroko and the Tonko/Sela, however, sufferers are exiled from the village once their disease reaches a more advanced stage (accompanied by deformities), and while food is typically brought to them by family members for a certain period of time, they are not expected to survive for long and often die of starvation (Opala and Boillot 1996).

Despite the introduction of modern Western medical understandings of leprosy, based on the germ theory, the association between leprosy and witchcraft has persisted amongst the Limba. While sometimes accepting that the disease is proximately caused by small 'things that swarm' in the blood (the rough translation taken for germs), the ultimate cause is still attributed to witchcraft (Opala and Boillot 1996). With the modern treatment possibilities for leprosy, changes in the ways sufferers are perceived have occurred in each region. Amongst the Biriwa/Safroko and the Tonko/Sela regions, where the disease was

feared (rather than the sufferers themselves), the situation has improved for sufferers, and they are no longer stigmatized once they have been cured. Amongst the Wara Wara, however, sufferers are still believed to be witches themselves, and these individuals are still feared for their supernatural abilities (Opala and Boillot 1996). As such, it may be seen that despite the present ability to cure leprosy, the traditional supernatural explanatory models are maintained.

We might ask why a disease that is now both curable and explainable by natural causes is still explained through witchcraft. The answer to this is easily found when leprosy is situated within the cultural context. While prevalence rates have dropped from the previous rates of 50 per 10,000 prior to the institution of treatment regimes, to < 2 per 10,000 (Opala and Boillot 1996), the disease still has a serious impact. Since leprosy is not recognised amongst the Limba until an individual exhibits "a large number of skin patches, is experiencing pain, or is unable to work" (Opala and Boillot 1996:15), leprosy is often not identified until it has reached a more advanced stage. The result is that the disease still results in high levels of deformity, which cannot be reversed. Leprosy is therefore still a chronic and debilitating disease, and as such still falls squarely in the realm of serious illnesses which are not fully treatable and which do not fit strictly into the boundaries of normal and civil.

### ***Tuberculosis and Cancer: A Western Perspective***

When we move to the consideration of tuberculosis and cancer in a Western

context by Susan Sontag (1990), it becomes apparent that the explanatory models are vastly dissimilar from the ones thus far discussed. Rather than seeking explanation for these illnesses in often faceless enemies – witches, sorcerers, spirits, or some other supernatural entity – the disease becomes associated with the character of the sufferer and with the structure of Western society. Rather than discussing these diseases from the generally held Western biomedical standpoint, this consideration with discuss tuberculosis and cancer with regards to their metaphorical associations. This is not to challenge the biomedical standpoint in any way, but rather to discuss the broader perceptions which Sontag suggests have been and are associated with these diseases.

In the Western cultures of the early twentieth century with regards to tuberculosis and of the later twentieth and twenty-first centuries for cancer, the two diseases are not seen as caused by vengeful supernatural beings, but rather as forms of self-judgement or self-betrayal, reflecting on individual and societal characteristics (Sontag 1990). Sontag observes that both diseases “are, or were, understood as diseases of passion,” (Sontag 1990:20). Tuberculosis was seen in the positive sense of arising from an excess in passion (in this way being perceived as a disease of love). Cancer is frequently seen as a failure of either the individual or the society, and Sontag relates this to an insufficiency of passion in the sense that Western society may be perceived as exercising insufficient passion to resist harmful, carcinogenic influences. On the individual level, lung cancer is frequently associated with

someone who smokes or who has smoked, while liver cancer may be linked to alcoholism. On the societal level, cancer is linked to pollutants in the environment, and to the failure of society to create a healthy atmosphere. The word ‘cancer’ is linked with malignancy by its very definition.

Sontag draws these conceptions into the social contexts in which they arose. In the case of tuberculosis, 18<sup>th</sup> to 19<sup>th</sup> century society saw increased emphasis on the individual and the rise of capitalism and the industrial state. Sontag observes that:

...it is with TB that the idea of individual illness was articulated, along with the idea that people are made more conscious as they confront their deaths, and in the images that collected around the disease one can see emerging a modern idea of individuality. [Sontag 1990:30]

These images are closely connected with the drama of being ill and with the sadness associated with the illness. Tuberculosis as a disease became heavily romanticized, and in a climate which was increasingly de-emphasizing the artistic side of human nature, individuals who suffered from tuberculosis were linked to an artistic nature (Sontag 1990). They were therefore seen as melancholy (in association with the above mentioned sadness), sensitive (since they were capable of feeling such sadness), creative, and removed from the mundanity of everyday existence (Sontag 1990). Cancer patients living in developed capitalistic societies, on the other hand, where individuality, independence, and self-control are seen as particularly valuable

characteristics, are seen as life's losers (Sontag 1990:49). The lack of control typical of cancer, which effectively takes over a person's body, runs in contrast to the ideals of an industrial society (Sontag 1990).

Furthermore, Sontag (1990) emphasizes the multiplicity of meanings attributed to mysterious diseases of unknown causation. She notes that "it is diseases thought to be multi-determined (that is, mysterious) that have the widest possibilities as metaphors for what is felt to be socially or morally wrong," (Sontag 1990:61). As such, while the cancer patient is blamed to a certain extent for having cancer, at the same time cancer is seen as a sign of the troubled ecosphere resulting from a corrupt society (Sontag 1990). Here again we see a sense of the body being unnaturally polluted, anomalous and 'wrong', and effectively of the natural state of affairs being out of place and amiss in some way (Douglas 2002 [1968]). Cancer is becoming viewed as a disease of industrial society, with causative agents including the foods we eat and the air we breathe. There is a sense that through moral corruption, industrial society has ruined the environment, and that we are seeing the effects of this in the form of cancer.

### ***Discussion: Explaining Serious Illness***

While Sontag (1990) challenges the notion of cancer as a disease of modern society, it is through this examination of the causative agents of tuberculosis and cancer that we see commonalities with other societies dealing with similar disease patterns. Sontag notes that "the notion that a disease can be explained only by a variety of

causes is precisely characteristic of thinking about diseases whose causation is *not* understood," (Sontag 1990:61) and that "any important disease whose cause is murky, and for which treatment is ineffectual, tends to be awash with significance," (Sontag 1990:58). These statements are consistent with the other ethnographic examples which have been considered. It is the serious illnesses which defy treatment and which interfere with an individual's life that become heavily invested with meaning, coming to require explanation in some way.

Two modes of explanation become clear throughout this process, and both are more complex than is immediately obvious. In the first instance, supernatural or spiritual agents are seen as being directly to blame, as is most clearly the case amongst the Limba and the people of Guinhangdan. As such, the people of Guinhangdan blame spirits, witches, and sorcerers (Nurge 1977 [1958]). These various agents have different powers, and these explanatory models are so heavily invested in the world view of the populace that specialist healers are in place as mechanisms to combat these forces. Amongst the Limba, a particular disease (leprosy) is attributed to a specific agent (witchcraft) (Opala and Boillot 1996). The mechanisms for dealing with this ailment are furthermore consistent with the Limba world view, which is heavily invested in beliefs surrounding witchcraft.

The explanatory models developed in Western cultures for two diseases that were (and are) in their time unexplainable, untreatable, and deadly, are perhaps not immediately similar to those developed amongst these two non-Western cultures.

However, it is suggested here that they follow along similar lines, albeit existing within their own unique cultural milieu. Within a secular society, which does not endorse animistic beliefs in witchcraft and sorcery, it is in a sense the values of the secular state which form the basis of the world view. As such, it is unsurprising that the secular state has been blamed for both tuberculosis and cancer. In the case of tuberculosis, in a world which was increasingly de-emphasizing the artistic and spiritual elements of human nature, a deadly disease became the focus of romanticized views regarding both of these aspects. The tubercular patient became invested with those qualities that were seen to be lacking in the world (Sontag 1990). Similarly for cancer, existing in a world that is increasingly being viewed as corrupt and polluted, a disease which effectively takes over the body comes to represent both elements. Furthermore, in relation to the connotation of pollution (Douglas 2002 [1968]), both cancer and tuberculosis are associated with the encroachment of something which is unwelcome and unwholesome on the ordered secular world. Sontag considers the definitions of both tuberculosis and cancer, and notes that “from late antiquity until quite recently, tuberculosis was - typologically - cancer, and cancer was described, like TB, as a process in which the body was consumed,” (Sontag 1990:10). As such, with both diseases, there is (or was) a sense of things being out of place. A disease that embodied the arts and spirituality (in the case of TB), or a disease that demonstrated contamination (in the case of cancer)

became effectively symbolic of what was wrong in the world, or of an imbalance in the world order, and the fear associated with them was linked to the fear of the world going wrong.

The second mode of explanation centres on individual responsibility, and effectively subsumes the first mode. Approaching the explanation of serious illnesses from this perspective, we see that in all of these examples, not only are external agents (whether supernatural or secular) targeted, but the victim becomes blamed in some way for their disease. Amongst the people of Guinhangdan, an individual is responsible, given their knowledge of proper procedures in relation to the supernatural, for avoiding any situation which could put them at risk (Nurge 1977 [1958]). As such, they should avoid doing anything which could trespass and/or cause damage to cahoynon property, and should ask a tubignon’s permission and present suitable offerings before fishing or crossing a body of water (Nurge 1977 [1958]). If they fail to take these precautions, then they are proximately responsible for their illness, although the ultimate cause was the angry spirit. Similarly, village witches and sorcerers should be treated amicably (although it is not wise to eat any food presented by them), and such behaviour should prevent them from becoming angry and inflicting harm (Nurge 1977 [1958]).

Amongst the Limba, the most startling example of effectively blaming the victim arises amongst the Wara Wara, in their belief that the person with leprosy is a witch (Opala and Boillot 1996). However, in

this case it must be remembered that the sufferer is not necessarily perceived of as the victim, since the debilitations caused by the disease are seen as directly corresponding to the witches' complementary beauty in the supernatural realm (Opala and Boillot 1996). At the same time, the suffering of the individual is recognised, and evokes compassion as well as respect for the ailing individuals' status as a witch. Nevertheless, the disease brings with it a set perception of the individual. They become 'a leper' and a witch, respected and yet feared and stigmatized. They represent the intrusion of the wild world of the bush on the safe and ordered world of the town (Opala and Boillot 1996). In being labelled a witch, the individual who suffers from leprosy amongst the Wara Wara is associated with concepts of the pollution of the ordered state of affairs, of disrupting the natural order by bringing together two things which should remain separate (the bush and the town) (Douglas 2002 [1968]).

In the case of cancer and tuberculosis, we see that an individual's character becomes juxtaposed against the cultural backdrop already described. Against this cultural context, the individual is at odds with the norm, and it is this opposition which results in their illness. The diseases are both due to imbalances in vital energies, and this imbalance is due to the individual's character and to their use (or excessive use in one form or another) of these energies. Furthermore, the individual becomes directly associated with their disease, and as such becomes symbolically linked to the corruption and pollution which the disease has come to embody (Sontag 1990). Sontag

notes how "contact with someone afflicted with a disease regarded as a mysterious malevolency inevitably feels like a trespass; worse, like the violation of a taboo," (Sontag 1990:6). Just as tuberculosis was once effectively defined as a cancer, cancer becomes feared as an infectious disease (Sontag 1990). Individuals with either disease have been faced with stigma, since interaction with such a person would make it necessary to confront not only all of the cultural connotations of the disease, but also to face the greatest and most frightening challenge to human existence – that of mortality.

### *Conclusion*

So long as a disease remains mysterious in its origin, is potentially life-threatening, and defies treatment, any number of causative factors will be invoked to allay the sense of bafflement. The unknown and a sense of the failure of explanatory power leads to extreme unrest (Geertz 1966), and only by finding satisfactory explanations can these fears be somewhat allayed. It is therefore reasonable to expect that the most frightening, unpredictable, unexplainable, and untreatable diseases will require more complex explanations, perhaps drawing in a greater number of causative agents. The ethnographic examples presented here have demonstrated how those ailments which are serious and which cannot be explained naturally require some alternative explanation within the explanatory framework of the cultural system. If beliefs in witchcraft, sorcery, and other supernatural agents are compatible with cultural beliefs,

they consistently become causative agents for those ailments which do not seem natural. On the other hand, within the context of Western society, in which explanatory models exist within a secular and scientific atmosphere, the individual or things at odd with society come to be blamed. Throughout these examples, the need to find some explanation in the face of bafflement and mortal challenge (Geertz 1966) prevails, and these diseases are consistently identified with an imbalance in the proper world order (Douglas 2002 [1968]).

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