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Medical anthropology is the fastest-growing specialist area within anthropology, both in North America and in Europe. Beginning as an applied field serving public health specialists, medical anthropology now provides a significant forum for many of the most urgent debates in anthropology and the humanities. It includes the study of medical institutions and health care in a variety of rich and poor societies, the investigation of the cultural construction of illness, and the analysis of ideas about the body, birth, maturity, ageing and death.

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Social Lives of Medicines

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that make sense to them because they make sense to others. That sense is about exerting control, showing care, doing what is considered best. It is not necessarily about articulated models of illness or testing the effect of a substance on the sick body. It is often unspoken – that is, it is practised rather than discursive sense. And as Bourdieu has argued, such practices may be part of fundamental dispositions shared by people in similar social positions (see note 2).

Finally, it is important to remember that the different forms of efficacy, though distinguishable analytically, are experienced simultaneously. A double-blind random controlled trial is designed to isolate for purposes of analysis (to dissolve a whole into parts). But life is lived as a synthesis (a putting together of parts into wholes). Not only do efficacies tend to combine, but the acts of giving/taking medicine and looking to effects are integrated into larger processes of dealing with problems and living life.

3 Villagers and local remedies: the symbolic nature of medicines

'People act practically by acting symbolically', according to Sahlin (1976). This chapter is devoted to the practical utility of medicines as symbols.¹ People use medicines to do hermeneutic (as well as pharmacological) work. Within a given meaningful world, particular images make illnesses concrete and provide suggestions for applying medication. In turn medicines suggest perceptions of the condition for which they are used. To show how these associations play into one another, we begin with symbolic images employed by Mossi villagers in Burkina Faso. They see connections between symptoms and treatments, and the phenomena of their everyday surroundings such as forked sticks and tethered donkeys. In the same way, we argue, people in Western societies imagine illness in terms of enemy targets and 'magic bullets', or congested pipes to be unclogged. The distance from Mossi herbs to modern pharmaceuticals is shorter than expected. What Mossi users of local remedies and European consumers of biomedicine have in common is the practical strategy of concretizing inchoate bodily complaints through symbolic associations. Thus unpleasant experiences are made comprehensible and amenable to the practical, because meaningful, action of substances.

Medical images among Mossi villagers

The Mossi, who are the largest ethnic group in Burkina Faso, count over 3 million people. Most of them are peasants intimately familiar with the plants, animals and landscape of their surroundings. Their most important agricultural product is millet, which forms the basis of their daily diet. The Mossi are well known for their skills in the production of iron. Other handicrafts include leather work, cotton weaving and dyeing textiles.

Between November 1988 and April 1989 Adèle Meulenbroek did research among rural Mossi people in the Basma region in Burkina Faso.



Fig. 3.1 Everyday life is a rich source of symbolism: Mossi women pounding millet in Burkina Faso.

Her research focused on local names of illnesses and of herbal and other indigenous remedies. She asked people to explain to her the meanings of those names. When she went through the list of terms and people's explanations, she was struck by the abundance of symbolic associations. The terminology demonstrates the Mossi predilection for making symbolic connections to explain medical problems and to find suitable medicines (Meulenbroek 1989).

In the field of medicine Mossi people predominantly rely on their traditional knowledge and practice. For many of them modern medical facilities seem remote, in geographical but also in social and cultural terms. In most circumstances, local medical knowledge, both expert and popular, is closer to their perception of illness than biomedical explanation; however, traditional and modern therapies are sometimes used simultaneously. Some medical problems, meningitis for example, are considered to fall within the range of biomedicine, whereas others may be more effectively treated by a healer or by lay people themselves.

Naogada, the sickness of feet string

N is a young woman of sixteen. One morning, about six years ago, she woke up with stiff and painful legs. She could not walk. The family concluded that she was suffering from *naogada*, an illness that causes sore and stiff feet and may also lead to wounds on the feet. Biomedical observers suspect they can identify the illness as synovitis, arthritis or rheumatism. The relatives treated her for one year and then took her to a healer who gave her leather strips to tie round the feet. After the treatment, which went on for six months, she felt much better, but she still feels some pain, especially in the rainy season.

Naogada is derived from *naore*, which means 'feet', and *gada*, 'string' or 'bandage'. Some explain the name of the illness ('feet string') with a reference to the ropes that are tied around the front legs of a donkey and cause sore spots and wounds. These wounds resemble the wounds of the human illness. Others say that the term means that the one suffering from *naogada* cannot walk, like the tied donkey.

Informants did not know what caused the illness but questions about therapeutic treatment resulted in an inventive analogy. The strips of animal skin, which traditionally are used to pack salt when it is transported, are tied around the feet of the patient. The therapeutic analogy is that although the strips have remained around the salt blocks for a long time (the salt comes from far), they will eventually be removed when the salt is unwrapped and sold. It is hoped that in a similar way, the illness will go away from the feet, when the strips are removed.

Koadanga, the partridge sickness

Mossi people are aware that biomedicine has no effective therapy for hepatitis. Its treatment takes a long time and does not address the cause of the disease. It is merely concerned with alleviation of the symptoms. In the local pharmacopoeia there are medicines against hepatitis which are considered more effective. Their potency is also recognized by biomedical health workers who sometimes prescribe them to their own patients.

In the Mossi language, Moré, hepatitis is called *koadanga* which means 'partridge'. The name is related to the most popular treatment of the disease which involves the eating of partridge. A partridge is killed and its large feathers are plucked. The bird is cooked with a herb mixture containing the roots of the *sosoga* tree and the bark or branches of the *kod-pokka* tree. The patient suffering from *koadanga* drinks the decoction and eats the meat of the partridge. The crucial thing to note is that all these ingredients have a yellow colour: the roots, bark and branches of the two trees, and the skin and small feathers of the partridge. (The bark and branches of the *kod-pokka* tree are also used to paint leather yellow.)

Koadanga illustrates Mossi homeopathic thinking: like cures like. The homeopathic principle invites symbolic associations, in the description, explanation and cure of illness. In the case of *koadanga* it is the yellow colour that the ingredients of the cure and the symptoms of the disease have in common. Because of their similarity in colour the partridge gives its name to the disease and provides its medicine.

Mossi symbolic images

The links between illness, 'feet string' and partridges made by Mossi people provide examples of what Lévi-Strauss, called 'the logic of the concrete'. He pointed to the rich variety of such associative thinking in the ethnographic record: in Siberia, for example, the Kalar use of frozen bear excrement to treat constipation, the Lakoute application of a woodpecker's beak to an aching tooth (1966:9).² But the Mossi material invites us to consider in more detail how such associations are used. Following Fainzang's (1986) study of medical views in another society in Burkina Faso, the Bisa, one can discern three directions in the way Mossi people use symbols: some provide a description, some offer an explanation and some refer to therapy. The third 'direction' is the most relevant for the discussion in this chapter: what role do symbolic images play in the way people select medicines for health complaints and select complaints for medicines? Some of these images are easy to understand; others are rather complex, at least for the outsider.

Descriptive terms may contain a phonetic imitation of a symptom or relate the (symptom of the) illness to an object, a tree or an animal on the basis of similarity or contiguity. Similar associations are made with regard to cause and cure. We shall present a few complex illness terms to highlight the symbolic vagaries which the Mossi follow to establish illness nomenclature, aetiology and cure.

Ra-yaaka is a children's illness characterized by fissures around the anus. Folk etymology claims that the term is composed of *raoogo* (wood) and *yaaka* (forked): the fissures resemble the shape of forked branches. This guides people to explain the illness as the result of the mother using a forked branch to poke up the fire while she was pregnant. The illness is treated by burning a forked branch (which resembles and has caused the fissures), mixing the black ash with butter and smearing the mixture on the anus.

People tend to link descriptive, causal and curative references and lump them together. The existing illness terms have no clear-cut and generally accepted meanings. They rather constitute invitations for improvising exegeses to people who are asked about their meaning. An illness term which contains a concrete reference to an animal or plant or to an object in daily life leads informants to link the illness to that particular animal, plant or object by pointing out similarity and/or contiguity and seeking the cause and cure of the illness in the domain of that same animal, plant or object. If in the Mossi nomenclature, a link is perceived between an illness and some concrete object, a causal connection is likely to be assumed as well.

Neoongo (lit.: 'ostrich') is a disease which causes clefts and cracks in hands and feet, resembling the feet of the ostrich. It sometimes leads to bleeding. The disease occurs mainly in the 'cold' season. The informants explained the name of the illness by pointing at the similarity between the symptoms and the legs of the ostrich. Most informants said that the cause of the illness is unknown, but a few held the opinion that someone suffering from the illness had stepped on an ostrich's nest and broken the eggs. The black powder to treat the illness has to be prepared with a feather or a bone of an ostrich. The powder, mixed with butter, must be smeared on hands and feet.

Tānuri is the name of a wild pig, but it also is a term for an illness which causes itching pimples over the entire body. The illness may cause loss of hair. The skin of the patient, it is said, resembles the skin of the *tānuri*. Various informants said they did not know the cause of the illness, but some believed it could be caused by hunters' killing of the animal. The relatives of hunters also run the risk of catching the disease when they touch the animal. In the treatment of the illness some people said a

bone of the *tāmurī* has to be used, but more specific information was not provided.

Rasem-piungo is an open space in the landscape, a spot where nothing grows. The term is also used for a children's illness which has as its most prominent symptom that the child loses hair. Biomedical observers suspect that the illness may be a fungus infection (*Tinea capitis*). Obviously, the origin of the term *rasem-piungo* is metaphorically descriptive. The child's bare head is compared with the bare spot in the landscape. But this is only the beginning of the associative ramification. Asked about the cause of the illness people are 'taken in' by the concreteness of the metaphorical picture and start to seek for causal explanations in the 'real' *rasem-piungo*. Some say that during her pregnancy the mother has walked over a bare spot in the land. After its birth the baby started to develop the signs of *rasem-piungo*. Others suggest that the child itself has walked over the spot. In both explanations the metaphorical relation has turned into literal truth. The free association has been 'naturalized', imprisoned in the factuality of natural conditions. A similar process takes place in people's reasoning about appropriate treatment of the illness. Again the metaphorical comparison proves its powerful hold over people's imagination: the treatment, too, is related to the natural *rasem-piungo*. People advise treating the illness by mixing some soil from a *rasem-piungo* with water and smearing it on the head of the patient. Finally, the metaphor extends its influence to preventive measures. Pregnant women are warned to avoid bare spots in the land and mothers are admonished to keep their children away from such places in order to prevent *rasem-piungo*.

Keesing (1987), in his critique of anthropological interpretation, reproaches his colleagues for taking metaphors and metonyms too seriously. Dead metaphors are resuscitated by anthropologists who hear them for the first time. Meaningless terms are charged with whatever informants are willing to say after being pressured to do so by the anthropologist. Symbolism is created in the ethnographic encounter. It should not be ruled out that some of the Mossi ethnographic data was indeed produced on the spot, with the researcher as catalyst (cf. Pool 1994:23) and that they should be regarded as 'negotiated fiction' (again Pool's term). Perhaps a more trustworthy answer to the anthropologist's questions would have been: I don't know (as in fact several informants did say). However, the mere fact that people did make the above associations, whether improvised for the occasion or based on common knowledge, shows the symbolic train of their medical thinking and acting. Few people can 'make up' stories out of nothing. Apparently, the concreteness of the symbolic images provided sufficient 'stuff' to enlighten the researcher about the causes and appropriate cures of the various illnesses.

Metaphors, metonyms and medicines

Symbolism is about making associations, often between perceptible images and concepts. Such associations can be analytically divided into metaphors and metonyms. That is, associations may depend on similarity or on contiguity.

Frazer's 'crude intelligence'

Such a distinction was made in Frazer's classic anthropological study of magic, *The Golden Bough*, first published in 1890. Frazer's discussion of magic has been widely criticized because of his derogatory remarks about magic as faulty thinking: 'a spurious system of natural law as well as an abortive art' (Frazer 1957:15). He refers to 'the crude intelligence not only of the savage, but of ignorant and dull-witted people everywhere' (1957:16). But when we 'clean' these sneers from his writing, we discover a highly imaginative account of the working of magical thinking. Two quotations illustrate this:

If we analyse the principles of thought on which magic is based, they will probably be found to resolve themselves into two: first, that like produces like or that an effect resembles its cause; and second, that things which have once been in contact with each other continue to act on each other at a distance after the physical contact has been severed. The former principle may be called the Law of Similarity, the latter the Law of Contact or Contagion. From the first of these principles, namely the Law of Similarity, the magician infers that he can produce any effect he desires merely by imitating it: from the second he infers that whatever he does to a material object will affect equally the person with whom the object was once in contact, whether it formed part of his body or not. Charms based on the Law of Similarity may be called Homoeopathic or Imitative Magic. (1957:14)

Both branches of magic, the homoeopathic and the contagious, may conveniently be comprehended under the general name of Sympathetic Magic, since both assume that things act on each other at a distance through a secret sympathy, the impulse being transmitted from one to the other by means of what we may conceive as a kind of invisible ether, not unlike that which is postulated by modern science for a precisely similar purpose, namely to explain how things can physically affect each other through a space which appears to be empty. (1957:16)

Frazer's 'homoeopathic magic' is what we would call metaphorical, an association based on similarity. His 'contagious magic', which is based on some kind of contiguity, will be called metonymic.

It is striking that Frazer succeeds so well in explaining 'the native's point of view' while rejecting it so squarely. His eloquence in presenting

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the magician's view gives rise to the suspicion that after all these views were not so alien to the Western scientist. Frazer was able to comprehend and appreciate them:

Thus the analogy between the magical and the scientific conceptions of the world is close. In both of them the succession of events is assumed to be perfectly regular and certain, being determined by immutable laws, the operation of which can be foreseen and calculated precisely. (1957:64)

Frazer's ideas about the logic of magical thinking are beautifully demonstrated in the ethnographic work of Victor Turner among the Ndembu people of Zambia. He writes: 'All the senses – sight, hearing, taste, smell, and touch – are enlisted in the service of association and analogy' (1967:343). Ndembu people have a tendency

to regard like or shared experiences as creating a mystical bond between all persons... things, and activities comprising the experience or closely associated with it... From the point of view of the Ndembu, persons and things which 'were together' in space and time at a moment of critical significance for an individual or group may acquire a deep and permanent relationship of 'mystical participation'. (1967:351-2)

The Mossi material, which we present in this chapter, suggests that people spontaneously group together phenomena which are similar or which relate to one another in terms of contiguity (nearness in place, time or otherwise). Frazer's concept of magic and Turner's idea of 'mystical bond' fit the Mossi way of medical reasoning. People tend to attribute causal principles to similarity and contact though they may not be able to account for their working in precise terms. Similarity and contiguity are magnets which attract name-giving, causal reasoning and therapeutic practice. In a variation on the well-known adage, *Post hoc ergo propter hoc* (After it, therefore because of it), one could say *Sicut hoc ergo propter hoc* (Like it, therefore because of it) and *Ad hoc ergo propter hoc* (Near it, therefore because of it).

Metaphors

Metaphors help us to grasp 'reality' in an intellectual sense, to see the world in a certain way and, consequently, to communicate about that intellectual experience. Metaphors have a practical value; they help people organize their lives. Fernandez (1986:8) applies Burke's definition of proverb to metaphor: a 'strategy for dealing with a situation'. But it is still not clear how that metaphorical assistance, that strategy, works. To explain this, Fernandez resorts to a spatial metaphor: metaphors 'take

their subjects and move them' (1986:12). To where? One of the most popular 'movements' accomplished by metaphors in everyday life is from inchoateness to concreteness. A metaphor, like a proverb, is a predication upon an inchoate situation. It says that something much more concrete and graspable – a rolling stone, a bird in the hand – is equivalent to the essential elements in another situation we have difficulty in grasping (1986:8). Lakoff and Johnson (1980) provide an abundance of examples of common metaphors which turn elusive concepts into objects of substance. Time is money: it can be spent, saved, wasted, invested or donated. The mind is a machine (with wheels that hum or get rusty) or a brittle object (that can snap or shatter).

Let us apply this to the experience of not feeling well, a typical example of a situation that is difficult to grasp. Although bodily sensations seem very direct and concrete to the subject, they are elusive and obscure at the same time. Pain, for example, is an indefinite experience. The subject does not fully understand his own body and, worse, he finds it extremely difficult to communicate the pain sensation to others. Pain, by definition, is a lonely sensation and what cannot be shared by others cannot be discussed or recognized by others and thus remains, in a sense, abstract, a non-experience.

By likening the pain sensation to other experiences that are more tangible, we move, in Fernandez's terms, the inchoate to a domain where things are easier to grasp. The metaphorical assistance in dealing with not feeling well is that it makes the complaint specific, even palpable. Images from the tangible world of nature and physics are applied to the elusive experiences of nausea ('a wave') and pain ('a vice'). Illness assumes an appearance of concreteness which makes it accessible for communication and therapeutic action. Metaphors and metonyms show their practicality.

Terms transform illness into empirically verifiable phenomena. Victor Turner, writing about the Ndembu, remarks that to make a disease accessible to therapeutic action, they make it visible by symbolic means (1967:343). In biomedicine both doctors and patients use physical and technical metaphors to describe the cause of the complaint: defect, tension, shock, rupture, stricture, pressure, perforation, stress, expulsion and sedimentation. They speak of canals and vessels, flow and congestion, the intestinal flora, growths and invasions. A diffuse subjective experience is concretized and objectified and becomes an 'it' (Cassel 1976).

In industrialized countries, concrete and mechanistic images of illness and health are also familiar in popular speech. The body, and the heart ('ticker') in particular, are referred to as an engine that may break down, not run well, become worn out, and need to be checked. Terms like 'fuel',

'battery' and 'spare part' are frequently used to describe health problems. The plumber's model of the body, with its pipes, pressure, circulation, flushing and draining, has proved an apt and practical metaphor. Everywhere, people draw upon the images that are at hand in the world in which they live.

Metaphoric movements of medicines

It is not difficult to see that the concretization of illness brought about by metaphor prepares the ground for the use of medicines. If the problem is physical, then the remedy should be physical. Medicines appear the perfect answer to the problem.

Western pharmaceuticals, as substances, change the substance of the ailing body. Vitamins build strong bodies. Heart medicines thin the blood. Diuretics get rid of water. Psychiatric medicines clear the mind. Vaccines teach substances in the body how to fight invasions, as in this example from an urban resident of the eastern United States:

I think my most basic idea of how a vaccine works is that you put some dead or severely disabled germs, bad things, bacteria or viruses, into your body that in and of themselves do not pose a threat to disable you. And that your body sends again these little white blood cells to come and check 'em out, and they have some kind of a struggle with them, but they learn, through their struggle, what these bad things are about, so that... the next time they chance upon something like this, they're going to have no problem coping with it. (Martin 1994:197)

In every case there is a suggestion, by analogy, about the nature of the problem: thick blood, a cluttered mind, untrained guards. The medicines draw on the same storehouse of analogy and provide a neatly appropriate solution in concrete form.

In a medical system characterized by ideas of 'hot' and 'cold', medicines are also conceptualized as hot or cold and thus able to remedy a hot-cold imbalance (Logan 1973). Similarly, where likeness in colour occupies people's minds, medicinal efficacy is commonly related to colour (Turner 1967; Ngubane 1977; Bledsoe and Goubaud 1988). Peasants in the Northern Andes of Peru believe that black medicines are most effective in absorbing the heat (Oths 1992). In Rwanda, medicines are applied to restore the regular flow of bodily fluids (Taylor 1988). Among the Sakhalin Ainu (Ohnuki-Tierney 1981), as among the Mossi, medicines are selected on homeopathic principles; an illness associated with a certain animal is treated with substances of that same animal. In all examples metaphoric concreteness sets the tone.

Metonyms

There are two closely related metonymic processes that are of great significance for making illness concrete and facilitating the use of medicines. These are 'part for whole' and 'localization'. Locating a health problem in some part of the body has mainly two effects – it makes the complaint more specific and allows for directed action. Locating the complaint in a part does not deny the suffering of the whole body or the whole person. The implied causal ordering of the metonym is that the illness of the (whole) person is brought about by the dysfunctioning of one body part. In northern Thailand, the pains of arduous physical labour are treated as located in an inflamed womb, as we shall see in chapter 4.

Locating the complaint is, as it were, providing a geographical map for therapeutic intervention. Medicines, as we have seen, are believed to work in a very concrete manner. They change the physical composition or restore the mechanics of a body part. They can be applied locally or sent to the troubled area through the canals of the metabolic and arterial system. Thus consumers in Europe and North America treat the symptoms of a cold with nasal sprays or cold capsules. The logic of localization may be applied quite stringently, as when African consumers of commercial pharmaceuticals empty capsules of antibiotics into wounds, or place aspirins on an aching tooth. The localizing metonym shows the way for medicines to be taken. Medicines, according to Willems (1998:114), not only follow the pathways in the bodily geography but – in a sense – also create those pathways.

Another metonymic style of explaining and dealing with illness is 'producer-product' or 'agent-effect'. Experiences can be made concrete and tractable by seeing them as conditions that have been brought about by some agency. Attributing illness to a certain person is transporting the elusive experience to the concrete world of social relationships where power, knowledge and specialized techniques of others can be marshalled to solve the problem. Medicines become metonymic substances in that they are treated as physical representations of a larger context of which they are a part. Greenway (1998) describes how *despachos* (medicines used in ritual offerings) in the Peruvian Andes come to represent and objectify the identity of the patients. By manipulating these objects, the healer also works on the patient and his situation.

Metonymic movements of medicines

The 'charm' of medicines is that, even removed from a previous context, they retain a potential connection to it. The medicines have a metonymic

association with medical doctors who prescribe them, with laboratories that produce them, with medical science that forms their ultimate ground. Through medicines people enjoy the fruits of medical expertise without the inconvenience of actually having to go to the doctor.

It is not only the case that medicines are associated with doctors, however. In many situations they represent a whole cultural context. This probably explains the frequently cited popularity of medicines with a foreign origin (cf. Whyte 1988:225 ff; Rekdal 1999). Hand in hand with the near universality of ethnocentrism goes a widespread belief in cultures throughout the world that extraordinary knowledge can be found elsewhere, far away usually. Supernatural (or rather super-cultural) capacities lie outside the domain of the familiar. An exotic provenance of medicines, therefore, is easily seen as a promise that these are indeed superior.

The way in which a medicine's connection to another cultural context may be emphasized to enhance its charm is beautifully illustrated by a Philippine television ad for Alvedon, a brand name for paracetamol, manufactured by Astra of Sweden. Pictures show a Swedish doctor taking the drug, while an announcer explains that Alvedon is the product of 'the same Swedish technology' that produced the Volvo. This is followed by pictures of the tennis champion Björn Borg, and the Nobel Prize ceremony in Stockholm (Tan in Van der Geest and Whyte 1989:360).

Conclusion

The meaning of medicines must be understood in terms of the experience and conception of illness. Metaphors are often used to concretize illness, which opens the way for therapy by things. But the very existence of medicines as a form of treatment motivates the conception of illness in appropriately concrete (and therefore treatable) terms. In providing concrete models for feeling ill, medical science provides many of the metaphors we live by.

Medicines, herbs as well as pharmaceuticals, predicate a graspable world of healing upon the sufferer, giving the imagined 'iness' of the disease the countering 'iness' of the medicine and vice versa. Discursive reasoning is inextricably bound up with symbolic associations. The 'linguistic embellishment' of aetiology and cure is part of the therapeutic efficacy.

Among the Mossi, names, causes and treatments of illness reveal a strongly metaphorical and metonymic style of reasoning. Cause, effect and cure are grouped together around powerful images derived from everyday life, such as tools and other objects of daily use, plants and animals. These images are 'good to think' in the sense that they not only help to name and

classify the illness, but also provide the 'stuff' for its causal explanation and cure. Mossi associative reasoning amply demonstrates the appropriateness of Frazer's concepts of homeopathic and contagious 'magic'. The existence of a concrete point of metaphorical or metonymic reference has a magic hold over aetiological and curative beliefs. Concreteness, in Lévi-Strauss' view, provides a logic which attracts people both intellectually and emotionally. Indeed, people derive intellectual and social satisfaction from linking illness concepts to key images which – paradoxically – are attributed pathological as well as curative action. This seeming contradiction is never explicitly discussed and does not seem to worry these home-herbalists. The contradiction simply dissolves in the 'hear' of the image, in the 'logic of the concrete'.

The Mossi 'order' seems far removed from the one of natural science classification and Aristotelian logic. Upon closer consideration, however, their and our styles of reasoning may be less far apart. Metaphorical and metonymic associations also underlie the everyday logic of people in 'modern' society. Notions of the hereditary and contagious nature of disease, for example, can be seen as attempts to provide a causal explanation through a metonymic connection. And an increasing number of studies show how much metaphor and metonym is jumbled up in the empiricist rationalism of natural science (cf. Martin 1987; Latour 1990). Seeing the symbolic in science constitutes what Sahlin has called anthropology's liberation from 'the prison house of naturalism'. It marks an increased awareness of the penetration of symbols into the analysis of the practical (Sahlin 1976:102).