over, it seems to me that such a notion of medicine merely takes for granted the positivist assumptions of biomedicine. Medicines are not rational per se, objective things that impose their logic on other realities. What seems concrete in medicines may upon closer inspection turn out to be not that concrete at all.

Similarly, I see no reason why illness should be defined in terms of medicine. Illness is far more complex. Experiences of health and illness are embedded in a more encompassing symbolic order. There is no reason, therefore, to claim that illness should be defined in terms of the medicine. Why not the other way round? It would perhaps add more to our understanding of the efficacy of medicine if we were to define it within the same context and by means of the same logic that also gave meaning to the illness. The medicine might gain meaning from a different direction, in terms of the illness itself. People’s conceptions about and models of illness and healing, whether they be “traditional” or not, are perfectly capable of interpreting medicine in the terms of their own model. They may thus provide medicine with new, additional meanings in and through a creative, metaphoric process.

Correspondence may be addressed to the author at the Centre for Social and Cultural Anthropology, Katholieke Universiteit te Leuven, Tiensestraat 102, B-3000 Leuven, Belgium.

REFERENCES CITED

Bourdieu, Pierre
Fernandez, James W.
Lakoff, George, and Mark Johnson
vander Geest, Sjaak, and Susan Reynolds Whyte

SJAACK VAN DER GEEST
Anthropological-Sociological Center
University of Amsterdam

SUSAN REYNOLDS WhyTE
Institute of Anthropology
University of Copenhagen

Reply

De Boeck’s remarks about our article on the metaphoric and metonymic “working” of medicines (van der Geest and Whyte 1989) are primarily directed to our use of “metaphor.” He finds that our emphasis on the way
metaphors concretize impoverishes the conception of metaphor and leads to an
objectivistic notion of illness and medicine. His comments raise several good
points, but they miss our primary intention in the article. We agree with De Boeck
that the mission of metaphor is not completed by grasping the inchoate and that
metaphor’s meaningful potential is very rich indeed. Nor would we dispute his
assertion that creative processes may move both ways between medicines and ill-
ness. The cultural reinterpretation of Western pharmaceuticals in terms of local
conceptions of illness and healing is well established (Bledsoe and Goubaud 1988;
Etkin, Ross, and Muazzamu 1990; Nichter 1980). The reason we concentrated on
one direction of movement, the “effect” medicines have upon illness, is that we
were trying to explain the widespread “charm” of medicines and the ways people
use them as strategies for dealing with illness. De Boeck’s points about metaphor
are intellectually pleasing and may help us to explain how people attribute cul-
turally specific meanings to medicines. But they do not answer the questions we
posed about the appeal and the social and experiential effects of medicines.

We chose our conceptual tools in order to deal with a series of interrelated
issues: the place of medicines in the social relations of healing, the commoditi-
zation of medicine, the popularity of commercial pharmaceuticals, the strategic
use of medicines (both indigenous and imported) to treat illness. Our emphasis on
the concreteness of medicines allowed us to propose an explanation of general
processes of therapeutic meaning, while retaining an interest in social relations,
and the transaction of commodities. De Boeck’s main concern seems to be the
nature of metaphor, whereas our argument comprehends other problems as well.
If we emphasized the notion of strategy, it was because we recognized people as
actors dealing with illness and not simply as thinkers generating meaning.

When we wrote that metaphorization makes illness a concrete and “natural”
phenomenon, thus providing a favorable context for treatment, we were not tak-
ing for granted “the positivist assumptions of biomedicine,” as De Boeck al-
leges. We argued that illness is an inchoate experience with a multitude of poten-
tial meanings. Concretization by metaphor—or metonym—is an ingenious cul-
tural device for overcoming the confounding complexity of the illness experience.
We showed how biomedicine itself uses concretization in relation to illness. The
redefinition of illness as a tangible and treatable problem is characteristic of what
culture is: the organization of communal existence and individual life through the
creation and communication of order and meaning. It allows people to concep-
tualize, express, and solve problems. Dow’s description of symbolic healing cap-
tures our viewpoint:

> In the curing process the healer particularizes part of the general cultural mythic
> world for the patient and interprets the patient’s problems in terms of disorders
> in this particular segment. [Dow 1986:60]

For the anthropologist, treatment with drugs is bound to be symbolic and the con-
cretization accomplished in the use of medicines is always an “as-if” strategy.
To what extent people involved in the illness (patients, support groups, health
workers, etc.) take the concretization literally is a matter for research.

Our purpose was to draw attention to medicines as a particular type of ther-
apy, not to develop a theory of metaphor. Yet a critical examination of concepts
is always necessary, and we thank De Boeck for his contribution. It has prompted
us to think about another fundamental issue, which he does not mention: the tacit assumption of our article is that the associative logic of metaphoric and metonymic thought, found in our own culture, applies universally. Is that assumption valid? Or is the extrapolation of "our" metaphor and metonym to other cultures a new form of ethnocentrism? These questions are urgent, given the present enthusiasm for the concepts of metaphor and metonym in anthropological interpretation.

Correspondence may be addressed to the second author at the Institute of Anthropology, University of Copenhagen, Frederiksholms Kanal 4, DK-1220, Copenhagen, Denmark.

REFERENCES CITED

Bledsoe, Caroline H., and Monica F. Goubaud  

Dow, James  

Etkin, Nina L., Paul J. Ross, and Ibrahim Muazzamu  

Nichter, Mark  

van der Geest, Sjaak, and Susan Reynolds Whyte  