

COMMENTARY

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On van der Geest and Whyte's Article "The Charm of Medicines: Metaphors and Metonyms"

To interpret medicines and the way in which people use them in terms of ongoing metaphorical and metonymical processes opens interesting and fascinating perspectives. This approach seems to add an important dimension that was hitherto lacking in more quantitative, socioeconomic analyses of the use of medicines and their markets. Such analyses are certainly useful, but they do not provide fully satisfactory answers when it comes to understanding the attraction that emanates from medicines. They fail to reveal exactly why people firmly believe in the efficacy of medicines.

According to van der Geest and Whyte, metaphorical processes have a strong organizing and transforming quality. Their ability to organize reality is based on the concept of similarity. Like Lakoff and Johnson (1980), van der Geest and Whyte understand metaphor as the experiencing of one thing in terms of another. By means of metaphorical processes the various qualities of the surrounding natural and technical environment are transferred to the subjective feeling of being ill, thereby naturalizing it and making it concrete. Metaphors bring about the objectification of illness and in doing so, they make illness answer to the expectations of the medicine, for medicines too are concrete things. Because they are objects, they objectify illness and thus work exactly like metaphors. By objectifying and giving a concrete form to illness, medicine implies a promise of an actual, tangible solution.

Medicine as metonym, on the other hand, is viewed by the authors as the physical representation of a larger cultural context by means of a part/whole relationship. As an object, the medicine is associated with and evokes the world of doctors, hospitals, the magic of biomedicine. Part of the seeming efficacy of medicines thus lies in their metaphorical capacity to objectify, another part lies in their metonymical association with Western technology and biomedicine.

I would like to offer some comment upon the authors' understanding of the metaphorical process. Their definition of metaphor is taken from Fernandez's classic article ". . . Of the Beast in Every Body" (reprinted in Fernandez 1986), in which he borrowed Burke's notion of the proverb as a "strategy for dealing with a situation" and applied it to metaphor. Metaphor, according to Fernandez, is thus "a strategic predication upon an inchoate pronoun" (1986:8). Metaphor, in other

words, has a clear function; its movement has a clear aim. It transforms the inchoate character of the pronominal subject by means of the concrete qualities of the predicate. Metaphor redefines the subject. According to van der Geest and Whyte, this is exactly what medicine as metaphor does. Medicine allows for a redefinition of illness in a concrete way. As such, medicine facilitates treatment and is thus “a strategy for dealing with a situation.”

I would argue that this definition of illness, “in a way that makes treatment possible” (van der Geest and Whyte 1989:356), is homeostatic and unsatisfactory. First, because such a definition takes for granted the objective character of medicine. Second, because the notion of medicine as concrete object is founded upon an impoverished conception of metaphor. The authors themselves indicate why this is so. They quote Black, who observes that metaphors create the similarity instead of formulating some similarity that existed already. Black’s statement goes further than to say that “metaphor accomplishes an unaccustomed linking of domains” (Fernandez 1986:12). Not only is the link unaccustomed, it is nonexistent before the metaphor creates it. If this is true, then it implies that the metaphorical movement is not only a movement or an “assessment by analogy” (Fernandez 1986:7) between two similar domains. Rather, the metaphors cut through previously unrelated domains and creatively generate similarities. If no similarity exists between these domains before the metaphoric linkage takes place, then metaphoric movement does not move in one direction only. Metaphor as creative process may move both ways between subject and predicate. There is no primary direction in the transfer, no clear “path of transfer,” to stick to Fernandez’s terminology. Contrary to van der Geest and Whyte, I would consequently argue that the creative process of metaphorization cannot be totally grasped through a rather objectivist view of metaphor as strategy. Metaphor does not always need to have a clear aim or precise foundation.

If there is no fundamental primary direction in which the transfer takes place, then the further implications are quite obvious. In that case metaphor is no longer only a movement from abstract to concrete or from the inchoate to the tangible. The process of metaphorization does not necessarily imply concretization. By viewing the metaphorical process as a transfer of meaningful components in one active direction only, one runs the risk of reducing the metaphor’s infinite capacities of generating meaning. Fernandez himself (1986:12) states that metaphor follows a different kind of logic than the logic within customary domains. The logic of metaphor is indeed not a “logical logic” but is characterized by its logical laxity. The logic of metaphor is essentially a “*logique de l’à-peu-près et du flou*” (Bourdieu 1980:146) which is never fully realized, precisely because the metaphoric movement is not unidirectional. Never does the richness of all the possible metaphoric associations resound at once. Instead, the richness of the infinite metaphoric possibilities is only partially realized by means of metonymic insertions. Metonyms actualize and realize the metaphor. I would argue that it is the metonym which makes concrete, rather than the metaphor.

My objection to the notion of metaphor as a necessary movement from abstract to concrete also bears upon medicine as object and the subsequent definition of illness in terms of that object. To claim that medicines as metaphors transfer their objective character onto the subjective reality of illness and thus make it concrete does again simplify the process of creating symbolic meaning. More-

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.

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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