

Metaphors, Metonyms and Homeopathy: Terms of Illness and Therapy among Mossi People in Burkina Faso

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This paper is an attempt to demonstrate the importance of associative reasoning in naming and explaining illness and applying medicine. By 'associative' we mean using connections based on similarity (metaphors) as well as on contiguity (metonyms). The main inspiration for writing the paper was derived from re-reading parts of one of the most famous but also most reviled books in anthropology, *The Golden Bough* of JAMES G. FRAZER. The ethnographic material presented here to show the working of symbolic association in medical thought and action has been taken from fieldwork carried out by Adèle Meulenbroek in a Mossi community in Burkina Faso.

Pharmacological and symbolic perspectives

For a very long time, until about two decades ago, non-western medicines were almost exclusively studied from a cultural-symbolic point of view. They were regarded as purely cultural phenomena with little or no biomedical significance. Their efficacy was put in doubt most of the time. The following remark about indigenous (Ndembu) medicines in Zambia by VICTOR TURNER (1967: 356) is characteristic:

People may ask: "Why do such treatments continue to be practiced, since it is clear that they have little empirical derivation and are based on mystical ideas?" One reason for their persistence lies, no doubt, in the very fact that they are part of a religious system which itself constitutes an explanation of the universe and guarantees the norms and values on which orderly social arrangements rest.

Where efficacy seemed undeniable it usually was attributed to placebo effect, based on cultural context including symbolic meaning.

During the same period western pharmaceuticals were studied only from a natural science per-

spective. Their efficacy was attributed to therapeutic properties of the chemical substances in the drug. The concept of placebo effect was only used to single out these therapeutic properties.

In reaction to this ethnocentric bias in the study of western and non-western medicines, researchers started to apply biomedical questions to non-western medicines. In ethnopharmacology, which increasingly is being recognised as a specialisation within pharmacology, scientists started to take the biomedical value of indigenous medicines such as plants and minerals more seriously.

Conversely, other scholars began to take a more relativist view of western pharmaceuticals. They acknowledged the gross underestimation of the symbolic efficacy of biomedicine and became interested in the social and cultural aspects of pharmaceuticals. Studies of the placebo effect in biomedicine appeared in increasing numbers. *Pharmaceutical anthropology*, as some of us called it, had come into being: the anthropological study of pharmaceuticals, or the study of medicines as cultural objects, in their social and cultural context (VAN DER GEEST & WHYTE 1988, 1989; ETKIN & TAN 1994). The tables had been turned: indigenous herbs and other medicines were studied as biomedical substances and western pharmaceuticals as cultural products.

In this paper we shall – for a moment – turn one of the tables again, without returning to ethnocentrism, however. We intend to describe how symbolic associations dominate the illness nomenclature and etiology and the use of medicines among Mossi people in Burkina Faso. We are not suggesting, however, that such symbolic reasoning does not occur in illness terminology and in the selection and use of medicines in a western context.

Fieldwork

The fieldwork on which this paper is based was carried out by Adèle Meulenbroek between November 1988 and April 1989 among Mossi people in the Basma region in Burkina Faso. At the time, Meulenbroek was a medical student with a great interest in cultural and medical anthropology. Her research was focused on local names of illnesses and of herbal and other indigenous remedies (MEULENBROEK 1989). When we went through the list of names and people's explanations of those terms we were struck by the abundance of symbolic connections which people made between illness and medicine. This paper is an attempt to make sense out of that creative urge of Mossi people to establish metaphoric and metonymic links (see also BONNET 1988).

Metaphors and metonyms

The present popularity of metaphor and metonym in cultural anthropology is not new. The two concepts – or synonyms of them – appeared in early studies of magic, one of them being Frazer's *Golden Bough*, which was first published in 1890. Frazer's discussion of magic has been widely criticised because of his derogatory remarks about magic as faulty thinking: "a spurious system of natural law as well as a fallacious guide of conduct; ... a false science 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" (p. 16). But when we 'clean' his writing from these abusive sneers we discover a highly imaginative account of the working of magical thinking. The following passages suffice to 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 Homeopathic or Imitative Magic. Charms based on the Law of Contact or Contagion may be called Contagious Magic (p. 14).

Both branches of magic, the homeopathic 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 (p. 16).

Homeopathic magic is what we would call metaphoric, an association based on similarity. 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 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 (p. 64).

LÉVI-STRAUSS (1962) used the same principles of resemblance and contiguity to explain the concept of totemism. More recently, several authors including LAKOFF & JOHNSON (1980), have argued that metaphoric and metonymic associations are not purely characteristics of magical thinking, outside the world of science, but that they constitute the very stuff of any form of human thinking. Without metaphors and metonyms we cannot produce any thought.

Homeopathy

The term 'homeopathy' was used by Frazer in his account of magic based on the Law of Similarity: like produces like. At first sight, that idea seems to contradict with the principle of homeopathy as it is being practiced by followers of Samuel Hahne-

mann: *Similia similibus curantur*. If like cures like, like does not produce like but rather destroys or removes it. At a deeper level of understanding the two adages do agree however. The homeopathic principle is based on the assumption that the symptoms of a disease should be regarded as the symptoms of a body fighting against the disease. Applying medicine which produces the same symptoms, therefore, is assisting the body in its defense reaction to the pathogenic intruder.

This 'official' explanation of the homeopathic principle sounds like an attempt to fit symbolic therapeutic efficacy into conventional logic, to take away its magic character and give it scientific appearance. Hahnemann's exegesis makes the homeopathic practice intellectually acceptable. It is doubtful, however, that many people who use homeopathy are familiar with this explanation. Most of them are likely to use homeopathy because they have heard or experienced that it works, though they do not understand its working.

The Mossi material suggests that people rather spontaneously group together what is similar or related in terms of contiguity, which is nearness in place, time, or any other respect. Frazer's concept of 'sympathetic' magic seems applicable. 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, we shall argue, and illustrate with some examples, are magnets which attract classification and causal reasoning. In a variation on the well known adage *Post hoc, ergo propter hoc* one could say: *Sicut hoc ergo propter hoc* and *Ad hoc ergo propter hoc* (Like it / near it, therefore: because of it).

Metaphoric and metonymic principles in Mossi illness taxonomy and etiology

One way to bring some order in the many illness terms used by Mossi is to distinguish between terms which describe the illness, terms which explain the illness, and terms which point forward to the treatment that will be applied. FAINZANG (1986: 51–66) used these three categories in her study among the Bisa in Burkina Faso (dénomination descriptive, dénomination causale, dénomination curative). Interestingly, both 'literal' and metaphoric / metonymic references cut across these three categories. Descriptive terms, for instance, refer to parts of the body affected or to the effect

of the illness, but they may also 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. Such mixtures of 'literal' and 'associative' occur also in the other two categories. We shall first provide some examples which show the mixed character of the three categories and then concentrate on three specific illness terms to highlight metaphoric and metonymic movements in Mossi illness nomenclature and etiology.

Descriptive illness terms

1. Literal

- *Pu-zabre* = stomach ache (*puga* = stomach / belly; *zabre* = pain).
- *Zu-longo* = illness of baby with a fallen fontanel (*zugu* = head; *longo* = hole).
- *Gōeem bāaga* = Illness which results in much sleeping (*gōeem* = sleep; *bāaga* = illness).

2. Metaphoric

- *Bi* = illness resulting in pimples, probably measles (*bi* = seeds of oseille bush): the pimples resemble the seeds.
- *Liuula* = illness with convulsions (*liuula* = a bird): the convulsions are compared with the quick movements of the bird.
- *Nao-gada* = illness resulting in foot wounds (*naore* = feet; *gada* = string/bandage): strings are used to bind the front legs of a donkey to prevent it from running away. The strings often cause wounds which are similar to wounds caused by this disease.

3. Metonymic

- *Yāg-zugu* = pains in the forehead, migraine (*yāka* = antelope; *zugu* = head): the pain is most intense in the morning and late afternoon, periods when the antelope is most active.
- *Yebga* = pains in head, ears and eyes (*yebga* = crocodile): the illness occurs in the wet and cold season; the crocodile prefers a wet and cold environment.
- *Ti-suudo* = diarrhoea (*tiiga* = tree; *sunge* = to fall): the diarrhoea occurs in the period that the trees are losing their leaves. A metaphoric connection is also provided: the movement of the falling leaves is compared with the symptom of diarrhea.

Causal / explanatory illness terms

1. Literal

– *Sābga* = stomach ache resulting in vomiting, diarrhea and dizziness (*sābga* = a tree, *Lannea oleosa*): the illness can be caused by eating the fruits of this tree.

– *Sulga* = illness caused by a spider prick; its symptoms are pimples on the skin but the illness can also turn inside the body and cause stomach ache, diarrhea, dizziness and white mucus in urine and stool (*sulga* = spider).

2. Metaphoric

– *Tāodre* = an illness which can manifest itself on the outside by a large furuncle, but – in a much more dangerous form – can stay with the body causing swellings of head and neck (*tāo* = to shoot; *tāodre* = something which is shot): it is believed that the illness is ‘shot’ at the sick person.

3. Metonymic

– *Pondre* = children’s illness resulting in emaciation and tiredness, malnutrition (*pondre* = toad): it is believed that the illness is caused by an enema containing a fluid for which grasses have been used on which a toad has been sitting and / or urinating.

Curative illness terms

In this category it is not possible to distinguish between ‘literal’ and ‘associative’ terms. Metaphoric and metonymic connections have already been implied in the proposed treatments to which the terms refer.

– *Na-kuuna* = children diarrhea which is treated by applying an enema. A centipede is placed on top of the pot in which the enema-fluid is prepared (*na-kuuna* = centipede).

– *Nao-gada* = foot wounds (*naore* = feet; *gada* = strings / bandages): the wounds are treated by putting strings / bandages around it.

– *Ti-sundo* = diarrhea (*Tiiga* = tree; *sunge* = to fall): the diarrhea is treated by an enema prepared from the fallen leaves or the bark of a tree which lost its leaves.

The few examples presented here suggest a clarity in the distinction of different illness terms which

does not exist in the everyday perception and naming of health problems. In actual practice 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 exegesis 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. *Waafo*, a skin disease, is named after a snake (*waafo*) because, as people say, it makes a child’s skin stiff and shiny like a snake’s skin. Moreover, the disease is believed to be caused by the pregnant mother’s crossing of the snake’s trail and it can be cured with the skin of a snake. This pathology and therapy is more pictorial than logical in the biomedical sense. FRAZER’S (not HAHNEMANN’S) concepts of ‘homeopathic’ and ‘contagious’ association are clearly at work in the Mossi nomenclature, etiology and therapy: where a metaphoric or metonymic link is perceived between illness and something else, a causal connection is assumed. Three more elaborate examples may illustrate the rich and ‘untamed’ character of Mossi illness associations: *rasem-piungo*, *nao-gada*, and *kudgu*.

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 is 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 metaphoric picture and start to seek for causal explanations in the ‘real’ *rasem-piungo*: *sicut hoc ergo propter hoc*. Some say that during her pregnancy the mother has walked over an empty 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 metaphoric relation has turned into literal

truth. The free association has been 'naturalised', imprisoned in the factuality of natural conditions.

A similar process takes place in people's reasoning about appropriate treatment of the illness. Again the metaphoric comparison proves its powerful hold over people's imagination: the treatment too is related to the natural *rasem-piungo*. People advise to treat the illness by mixing some soil from a *rasem-piungo* with water and smear 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*.

Nao-gada is an illness which causes sore and stiff feet and may also lead to wounds on the feet. Biomedical observers identify the illness as synovitis, arthritis and rheumatism. As we have seen above, some explain the name of the illness ('feet strings') with a reference to the ropes which are tied around the front legs of a donkey and which cause sore spots and wounds. Others say that the term means that the one suffering from *nao-gada* cannot walk, like the tied donkey.

Informants did not know what caused the illness but questions about therapeutic treatment resulted in an inventive analogy. Strips of animal skin, which traditionally are used to pack salt when it is transported, are tied around the feet. 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.

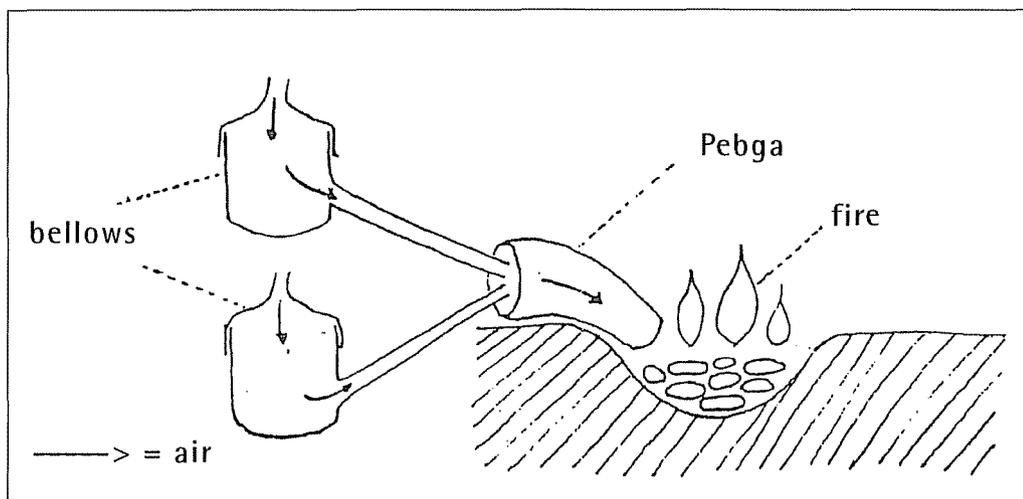
Kudgu, which literally means smithy or forge, is the name Mossi give to an anus prolaps. People explain this name by remarking that one gets this disease when one steals something from a blacksmith, e.g. sorghum from his field. To prevent stealing blacksmiths tend to bury pieces of the *pebga* in their field. *Pebga* is part of the blacksmith's armamentarium (see figure) and has the shape of the anus. In addition, the movement of air through the *pebga* is compared with the passing of stool through the anus.

Treatment of the illness *kudgu* takes place in the *kudgu*. A child suffering from *kudgu* is placed upon the anvil and receives *to* (a kind of food) which has been prepared on the fire of the *kudgu*. If this does not help, the blacksmith takes the hot *pebga* and holds it a few times near the prolapsed anus.

Blacksmiths have a special relation to problems of illness and are socially very powerful. A conflict with a blacksmith is likely to result in sickness, but they are also able to repair social conflicts and restore health.

Conclusion

People's own interpretations of names, causes and treatments of illness reveal a strongly metaphoric and metonymic style of reasoning. Cause, effect and cure are often grouped together around powerful concrete images derived from everyday life such as tools and other objects of daily use, plants and animals. These concrete images are 'good to



think' in the sense that they do 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 metaphoric or metonymic reference has a magic hold over etiological and curative beliefs. People are not so much concerned with the discursive logic which dominates biomedicine. They derive intellectual and social satisfaction from linking illness concepts to key images which are attributed both pathological and curative action, a contradiction – or at least a paradox – which is never made explicit, but simply dissolves in the heat of the powerful image. Their 'order' is of a different order than the one of neat natural science classification and Aristotelian logic. Upon closer look, however, their and our style of reasoning may be less far apart. Metaphoric and metonymic associations also underly the everyday logic of people in our own society. Popular 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 we are only beginning to discover how much metaphor and metonymy is jumbled up in the empiricist rationalism of natural science (cf. MARTIN 1987, LATOUR 1990).

A knotty – perhaps useless – question which remains with regard to Mossi medical language and logic is to what extent it is possible to distinguish between empirical medical evidence and linguistic embellishment. Should we regard their medical taxonomy and nomenclature primarily as the outcome of 'objective' daily experiences with illness and therapeutic practice which were subsequently 'rationalised' and made intelligible through persuasive and didactic images? Or must we assume that the attraction of linguistic and esthetic connections existed before and produced as it were the etiological and therapeutic views, presented in this paper? Or should we abandon this question altogether and leave it at the assumption that discursive and associative reasoning are inextricably bound up in a continuous process of mutual production and that the 'linguistic embellishment' is part of the therapeutic efficacy?

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