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Somatic Modes of Attention

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Embodiment as a paradigm or methodological orientation requires that the body be understood as the existential ground of culture—not as an object that is “good to think,” but as a subject that is “necessary to be.” To argue by analogy, a phenomenological paradigm of embodiment can be offered as an equivalent, and complement, to the semiotic paradigm of culture as text. Much as Barthes (1986) draws a distinction between the work and the text, a distinction can be drawn between the body and embodiment. For Barthes, the work is a fragment of substance, the material object that occupies the space of a bookstore or a library shelf. The text, in contrast, is an indeterminate methodological field that exists only when caught up in a discourse, and that is experienced only as activity and production (1986:57–68). In parallel fashion, the body is a biological, material entity, while embodiment can be understood as an indeterminate methodological field defined by perceptual experience and the mode of presence and engagement in the world. As applied to anthropology, the model of the text means that cultures can be understood, for purposes of internal and comparative analysis, to have properties similar to texts (Ricoeur 1979). In contrast, the paradigm of embodiment means not that cultures have the same structure as bodily experience, but that embodied experience is the starting point for analyzing human participation in a cultural world.

To best understand the theoretical origin of this problematic, it is useful to distinguish between what has come to be called the anthropology of the body and a strand of phenomenology explicitly concerned with embodiment. Although glimpses of the body have appeared regularly throughout the history of ethnography (e.g., Leenhardt 1979 [1947]), an anthropology of the body was inaugurated by Douglas (1973), and elaborated in the collections by Benthall and Polhemus (1975) and Blacking (1977). The historical work of Foucault (1973, 1977) provided new impetus, evident in the works of Schepher-Hughes and Lock (1987), Martin (1987), and like-minded sociologist B. Turner (1984). The work of Bourdieu (1977, 1984) shifted an earlier focus on the body as the source of symbolism or means of expression to an awareness of the body as the locus of social practice. This is powerfully evident in Comaroff’s (1985) work, which exhibits a theoretical move-

ment from the social body of representation to the socially informed body of practice, while still emphasizing the traditional focus on body symbolism.

Meanwhile, an opening for phenomenology in anthropological theory has come with the possibility of articulating a concept of experience around the edges of the monolithic textualist and representationalist paradigm dominated by Lévi-Strauss, Derrida, and Foucault. Geertz's (1973) concern with culture as text was complemented by interest in the phenomenology of Alfred Schutz, and with the distinction between experience-near and experience-far concepts. It has finally become legitimate for Wikan (1991) to tackle the problem of an experience-near anthropology, for Turner and Bruner (1986) to espouse an "anthropology of experience," and for Joan and Arthur Kleinman (1991) to declare an "ethnography of experience," approaches that are more or less explicitly phenomenological. Among such approaches, a few scholars—influenced especially by Merleau-Ponty (1962, 1964) and occasionally by thinkers such as Marcel, Scheler, Straus, and Schilder—have highlighted a phenomenology of the body that recognizes embodiment as the existential condition in which culture and self are grounded (Corin 1990; Csordas 1990; Devisch and Gailly 1985; Frank 1986; Jackson 1989; Munn 1986; Ots 1991, in press; Pandolfi 1990). They tend to take the "lived body" as a methodological starting point rather than consider the body as an object of study.

From the second of these two perspectives, the contrast between embodiment and textuality comes into focus across the various topics examined by an anthropology of the body. For example, the influential synthesis by Schepher-Hughes and Lock (1987) clearly lays out the analytical terrain claimed by an anthropology of the body. These authors rework Douglas's (1973) "two bodies" into three—the individual body, the social body, and the body politic. They understand these bodies as interrelated analytic domains mediated by emotion. To pose the problem of the body in terms of the relation between embodiment and textuality invites us to review this field with an eye to the corresponding methodological tension between phenomenological and semiotic approaches. This methodological tension traverses all three bodies sketched by Schepher-Hughes and Lock. That is, each of the three can be understood either from the semiotic/textual standpoint of the body as representation or from the phenomenological/embodiment standpoint of the body as being-in-the-world.

However, the contemporary anthropological and interdisciplinary literature remains unbalanced in this respect. A strong representationalist bias is evident most notably in the predominance of Foucauldian textual metaphors, such as that social reality is "inscribed in the body," and that our analyses are forms of "reading the body." Even Jackson's (1989) predominantly phenomenological formulation is cast in terms of the body as a function of knowledge and thought, two terms with strong representationalist connotation. Yet Jackson was perhaps the first to point out the shortcomings of representationalism in the anthropology of the body, arguing that the "subjugation of the bodily to the semantic is empirically untenable" (1989:122). I would endorse the critique that meaning cannot be reduced to a sign,

a strategy that reinforces a Cartesian preeminence of mind over a body understood as “inert, passive, and static” (1989:124). This critique should not be construed as negating the study of signs with respect to the body, but as making a place for a complementary appreciation of embodiment and being in the world alongside textuality and representation. That these are complementary and not mutually exclusive standpoints is demonstrated in the rapprochement between semiotics and phenomenology in several recent works on the body (Csordas 1993; Good 1992; Hanks 1990; Munn 1986; Ots 1991). Nevertheless, because for anthropology embodiment is not yet developed enough to be truly complementary to an already mature textuality (Hanks 1989), this article has the limited aim of taking a measured step toward filling out embodiment as a methodological field.

Reconsidering the work of Merleau-Ponty (1962, 1964) and Bourdieu (1977, 1984) suggests bringing into the foreground the notions of perception and practice. Briefly, whereas studies of perception in anthropology and psychology are, in effect, studies of perceptual categories and classifications, Merleau-Ponty focused on the constitution of perceptual objects. For Merleau-Ponty, perception began in the body and, through reflective thinking, ends in objects. On the level of perception there is not yet a subject-object distinction—we are simply in the world. Merleau-Ponty proposed that analysis begin with the pre-objective act of perception rather than with already constituted objects. He recognized that perception was always embedded in a cultural world, such that the pre-objective in no way implies a “pre-cultural.” At the same time, he acknowledged that his own work did not elaborate the steps between perception and explicit cultural and historical analysis (Merleau-Ponty 1964:25).

Precisely at this point where Merleau-Ponty left off, it is valuable to reintroduce Bourdieu’s (1977, 1984) emphasis on the socially informed body as the ground of collective life. Bourdieu’s concern with the body, worked out in the empirical domain of *practice*, is parallel and compatible with Merleau-Ponty’s analysis in the domain of *perception*. To conjoin Bourdieu’s understanding of the “habitus” as an unself-conscious orchestration of practices with Merleau-Ponty’s notion of the “pre-objective” suggests that embodiment need not be restricted to the personal or dyadic micro-analysis customarily associated with phenomenology, but is relevant as well to social collectivities.

Defining the dialectic between perceptual consciousness and collective practice is one way to elaborate embodiment as a methodological field (Csordas 1990). It is within this dialectic that we move from the understanding of perception as a bodily process to a notion of somatic modes of attention that can be identified in a variety of cultural practices. Our elaboration of this construct will provide the grounds for a reflection on the essential ambiguity of our own analytic concepts, as well as on the conceptual status of “indeterminacy” in the paradigm of embodiment and in contemporary ethnography.

A Working Definition

Alfred Schutz, the premier methodologist of phenomenological social science, understood attention to lie in the

full alertness and the sharpness of apperception connected with consciously turning toward an object, combined with further considerations and anticipations of its characteristics and uses. [1970:316]

Merleau-Ponty goes further, pointing out that attention actually brings the object into being for perceptual consciousness:

To pay attention is not merely further to elucidate pre-existing data, it is to bring about a new articulation of them by taking them as *figures*. They are performed only as *horizons*, they constitute in reality new regions in the total world. . . . Thus attention is neither an association of images, nor the return to itself of thought already in control of its objects, but the active constitution of a new object which makes explicit and articulate what was until then presented as no more than an indeterminate horizon. [1962:30]

What is the role of attention in the constitution of subjectivity and intersubjectivity as bodily phenomena? If, as Schutz says, attention is a conscious turning toward an object, this “turning toward” would seem to imply more bodily and multisensory engagement than we usually allow for in psychological definitions of attention. If, as Merleau-Ponty says, attention constitutes objects out of an indeterminate horizon, the experience of our own bodies and those of others must lie somewhere along that horizon. I suggest that where it lies is precisely at the existentially ambiguous point at which the act of constitution and the object that is constituted meet—the phenomenological “horizon” itself. If that is so, then processes in which we attend to and objectify our bodies should hold a particular interest. These are the processes to which we allude with the term *somatic modes of attention*. Somatic modes of attention are culturally elaborated ways of attending to and with one’s body in surroundings that include the embodied presence of others.

Because attention implies both sensory engagement and an object, we must emphasize that our working definition refers both to attending “with” and attending “to” the body. To a certain extent it *must* be both. To attend to a bodily sensation is not to attend to the body as an isolated object, but to attend to the body’s situation in the world. The sensation engages something in the world because the body is “always already in the world.” Attention *to* a bodily sensation can thus become a mode of attending to the intersubjective milieu that give rise to that sensation. Thus, one is paying attention *with* one’s body. Attending with one’s eyes is really part of this same phenomenon, but we less often conceptualize visual attention as a “turning toward” than as a disembodied, beam-like “gaze.” We tend to think of it as a cognitive function rather than as a bodily engagement. A notion of somatic mode of attention broadens the field in which we can look for phenomena of

perception and attention, and suggests that attending to one's body can tell us something about the world and others who surround us.

Because we are not isolated subjectivities trapped within our bodies, but share an intersubjective milieu with others, we must also specify that a somatic mode of attention means not only attention to and with one's own body, but includes attention to the bodies of others. Our concern is the cultural elaboration of sensory engagement, not preoccupation with one's own body as an isolated phenomenon. Thus, we must include, for example, the cultural elaboration of an erotic sensibility that accompanies attention to attractiveness and the elaboration of interactive, moral, and aesthetic sensibilities surrounding attention to "fatness." These examples of attention to the *bodily form* of others also include attending with one's own body—there is certainly a visceral element of erotic attention, and there can be a visceral component to attending to other aspects of others' bodily forms. Attending to others' *bodily movements* is even more clearcut in cases of dancing, making love, playing team sports, and in the uncanny sense of a presence over one's shoulder. In all of these, there is a somatic mode of attention to the position and movement of others' bodies.

It is a truism that, although our bodies are always present, we do not always attend to and with them. Let me reiterate, however, that the construct I am trying to elucidate includes culturally *elaborated* attention *to* and *with* the body in the immediacy of an *intersubjective* milieu. Although there is undoubtedly a cultural component in any act of attention to one's own or another's body, it would be too imprecise to label any such act as an example of a somatic mode of attention. If you cut your finger while slicing bread, you'll attend to your finger in a way that is more or less culturally determined (Is it spiritually dangerous? Is it embarrassing? Must I see a doctor?). When you notice someone who weighs 275 pounds, your reaction is also culturally determined (that person looks fat, attractive, strong, ugly, friendly, nurturant). To define somatic modes of attention in such broad terms would probably only serve to organize a variety of existing literatures into an overbroad category. I suspect, for example, that we could identify such loosely defined somatic modes of attention associated with a wide variety of cultural practices and phenomena. Mauss (1950) pointed out that there is what we are calling a somatic mode of attention associated with the acquisition of any technique of the body, but that this mode of attention recedes into the horizon once the technique is mastered. The imaginal rehearsal of bodily movements by athletes is a highly elaborated somatic mode of attention, as is the heightened sensitivity to muscle tone and the appetite for motion associated with health-consciousness and habitual exercise. The sense of somatic contingency and transcendence associated with meditation and mystic states would also be within our purview. There are certainly somatic modes of attention to basic bodily processes, such as pregnancy and menopause, in different cultures. On the pathological side, the hyper-vigilance associated with hypochondria and somatization disorder, and the various degrees

of vanity or tolerance for self-mortification associated with anorexia and bulimia, could be said to define particular somatic modes of attention.

It is evident that some of these examples suggest more or less spontaneous cultural elaboration, whereas others suggest modes that are consciously cultivated (cf. Shapiro 1985). Some emphasize attending to the body and some with the body; some emphasize attending to one's own body, some attending to others' bodies, and some to others' attention to our bodies. My point is that the ways we attend to and with our bodies, and even the possibility of attending, are neither arbitrary nor biologically determined, but are culturally constituted. Leenhardt's (1979 [1947]) classic study of the Canaques of New Caledonia described not only a way of conceptualizing the body radically distinct from our own, but the exclusion of the body *per se* as an object of consciousness until the people were introduced by missionaries to the objectified body of Christian culture. This suggests that neither attending to nor attending with the body can be taken for granted, but must be formulated as culturally constituted somatic modes of attention. I elucidate this construct with examples from the ethnographic record in the following discussion.

Somatic Attention and Revelatory Phenomena

The somatic mode of attention I will delineate in this section is that of healers who learn about the problems and emotional states of their clients through bodily experiences thought to parallel those of the afflicted. I describe the phenomenon for both predominantly Anglo-American, middle-class Catholic Charismatic healers and for Puerto Rican spiritist mediums.

The Catholic Charismatic Renewal is a religious movement within the Roman Catholic Church. Catholic Charismatics have elaborated Pentecostal faith healing into a system that distinguishes among physical, emotional, demonic, and ancestral sources of affliction, and addresses each with specific ritual techniques (Csordas 1983, 1988). A variety of somatic experiences is cultivated in ritual healing practice, but I shall focus on two types of experience reported by healers during their interaction with supplicants. One is called "anointing," the second, "word of knowledge."

Although the physical act of anointing part of the body, typically the forehead or hands, with holy oil is a common form of blessing among charismatics engaged in healing practice, a different use of the term is of interest in the present context. A healer who reports an "anointing" by God refers to a somatic experience that is taken to indicate either the general activation of divine power, or the specific healing of an individual. A conventional anthropology of ritual healing would say simply that the healer goes into trance, assuming trance to be a unitary variable or a kind of black box factored into the ritual equation, and perhaps assuming that somatic manifestations are epiphenomena of trance. The analysis would go no further than informants' reports that these epiphenomena "function" as confirmations of divine power and healing. Within the paradigm of embodiment, in contrast, we are interested in a phenomenology that will lead to conclusions both about the cultural

patterning of bodily experience, and also about the intersubjective constitution of meaning through that experience.

The anointing is described by some healers as a general feeling of heaviness, or as a feeling of lightness almost to the point of levitation. The healer may experience tingling, heat, or an outflow of “power” similar to an electrical current, often in the hands, but at times in other parts of the body. The hands of some healers visibly tremble, and I have felt this vibration as a healer laid a hand on my shoulder. Among healers themselves, however, the “authenticity” of this visible vibration as a manifestation of divine power is sometimes questioned, in the sense that the anointing may be feigned or sensationalized. In a large group healing service, when the healer moves from individual to individual, laying hands on each, the strength of the anointing may vary with each supplicant. One healer described an emotional complement of the anointing as a feeling of empathy, sympathy, and compassion. If this feeling were absent as he came to a particular person in line for his prayer, he might pass over that person, assuming that God did not plan to heal her at that moment.

The second Catholic Charismatic phenomenon in this somatic mode of attention is the “word of knowledge.” It is understood as a “spiritual gift” from God by means of which healers come to know facts about supplicants through direct inspiration, without being told by the afflicted person or anyone else. The word of knowledge is sometimes experienced as an indeterminate “sense” that something is the case, but very often occurs in specific sensory modalities. The healer may see an afflicted body part in the “mind’s eye” or hear the name of a body part or disease with “the heart.” One healer distinguished clearly that when the problem is internal, she typically “sees” the organ, or cancer, appearing as a black mass, but when the problem is external, she typically “hears” the word naming the illness or the body part, such as arms and legs.

One healer reported that a snapping in his ear means someone in the assembly is undergoing an ear healing, and that intense pain in his heart means a heart healing. Another reported heat in her elbow on one occasion, interpreting this as a sign of healing of an injury or arthritis. Some healers report being able to detect headache or backache in a supplicant through the experience of similar pain during the healing process.

Queasiness or confused agitation may indicate the activity of evil spirits, and an unexpected sneeze or a yawn may indicate that a spirit is passing out of the supplicant through the healer. One healer commonly reported an experience of “pain backup” from persons filled with resentment or previously engaged in occult activities. The pain would enter her arm as she laid hands on the person. It would be necessary to remove her arm and “shake out” the pain, while the supplicant would feel nothing. With one hand on the supplicant’s chest and the other on his or her back, she claims to feel what’s going on inside the person. For example, she can tell if the person is in bondage to Satan, and she gets an unspecified sensation as the person is set free. The odor of burning sulphur or of something rotting also

indicates the presence of evil spirits, while the aroma of flowers indicates the presence of God or the Virgin Mary.

The most comprehensive phenomenological report was given by a healer who distinguished three components of word of knowledge. First was the sense of certainty that what he would say was actually happening. Second was a series of words that would come to him in abbreviated sequence, such as “heart . . . of a lady N years old . . . seated in the last pew. . . .” He would call these words out to the assembly, much as one would read from a teleprompter, except that he heard rather than read them. Finally, at the same time he would feel a finger pressing softly on the part of his body corresponding to the afflicted part of the person being healed.

I will now turn to what I take to be essentially the same somatic mode of attention in a different healing tradition, Puerto Rican *espiritismo* (Harwood 1977). Two main cultural differences distinguish somatic attention in *espiritismo* and Charismatic healing. First, whereas for Catholic Charismatics anointings are direct experiences of divine power and words of knowledge are divinely empowered direct experiences of the supplicant’s distress, for *espiritistas*, the corresponding experiences are the work of spirits that enter or possess the healer. These are either good guiding spirits, called *guias*, or bad, distress-causing spirits, called *causas*. The spirits dominate the healing process in that they are essential not only to diagnosis but also to treatment; and hence, the somatic experiences attended to are even more prominent than among Catholic Charismatics. Specific spirits may have distinct and recognizable voices, odor, or impact on the healer’s body. However, the spirits themselves are more often seen and heard among spiritists than among Charismatics, and spiritist healers can distinguish between good *guias* and bad *causas*.

The second important cultural difference is with respect to conceptions of the body that go well beyond ritual healing. The ability to see spirits from in back of the eyes (*ojo oculto*) may be associated with the interpersonal salience of the eyes and the glance also found in the evil eye (*ojo malo*). The experience of a spirit entering through the stomach may be associated with the cultural emphasis on that organ not only as a seat of emotion, but also as an expressive organ with its own mouth (*boca del estomago*). The experience of spirits as *fluidos* coursing through the body may be associated with a humoral conception of how the body works. Although I would not rule out any of these experiences for Anglo-American charismatics, it is doubtful that they would be cultivated within their somatic mode of attention.

Despite these differences, the experiences reported by the two types of healer are notably similar, although *espiritista* categories describing these experiences are even more explicit in distinguishing sensory modalities than the Charismatic anointings and words of knowledge. Based on writings of, and discussions with, leading researchers on *espiritismo* (Koss, Harwood, and Garrison), the phenomena appear to fall into four categories: seeing the spirits (*videncias*), hearing the spirits

speak (*audiciones*), sensing immediately what is on the client's mind (*inspiraciones*), and feeling the pain and distress caused in the client by spirits (*plasmaciones*).

Most of the differences lie in visual experiences, since Charismatics typically see situations or images of problems, rather than problems objectified as spirits. Perhaps most similar are the proprioceptive experiences, or *plasmaciones*. Koss (1988) cites use of the verb *plasmar* to refer to mediums' molding or forming clients' pain or emotional distress within their own bodies. Harwood (personal communication) adds that *plasmaciones* are transmitted through the medium of *plasma*, which in spiritist doctrine is a spiritual substance linking persons to spirits and to one another.

According to Harwood, the *plasmaciones* experienced by healers might include pain, tingling, vibration, or a feeling of elation if possessed by a *guia* spirit. Although Garrison (personal communication) does not recognize the term *plasmaciones*, she acknowledges *sensaciones* that might include headache, stomachache, or tension picked up from the client. Koss (1988, 1992) presents the most elaborate inventory, including feeling of electrical charge, accelerated heart rate, pain and other symptoms felt at the corresponding body site, cool air blowing across the skin starting from the head, tingling, energy entering the stomach and leaving the head or moving like a snake in the body, *fluidos* like sexual energy, buzzing sounds, body lightness, rapid thinking, feelings of contentment and relaxation in the presence of a good spirit, feelings of nervousness, fatigue, or fear in the presence of a bad spirit. Again, the principal differences appear to be associated with the role of spirits and with particular auditory, olfactory, or proprioceptive experiences associated with particular *guias*. The elaboration of interaction with negative spirits augments the *espiritista* repertoire of negative experiences and compulsions to speak or hear involuntarily. Among Catholic Charismatics, evil spirits are often ritually "bound" to prevent their manifestation in the form of shrieking, writhing, vomiting, or challenging the proceedings. The acquiescence of spirits to this practice of binding is doubtless due in part to a class habitus (Bourdieu 1977) that encourages behavioral moderation among middle-class Charismatics. Protestant Pentecostals, typically of more working-class provenance, tend to require some somatic manifestation as a sign of a demon's departure from its host. In addition, evil spirits in the Charismatic system are manifest only in the afflicted, not through the healer.

Related Phenomena in Nonreligious Healing

The somatic mode of attention in both *espiritista* and Catholic Charismatic systems is indigenously articulated in terms of religious revelation. I will now briefly examine related phenomena in two healing systems that lack such overtly religious character. Daniel (1984) describes the diagnostic taking of pulses by practitioners of Siddha medicine in South Asia as a three-stage process that culminates with physicians making their own pulse "confluent and concordant" with that of their patients. This final stage bears the name *cama nilai*, the state of

equipoise. Only after experiencing the shared pulsations of *cama nilai* does the Siddha physician truly know the patient's humoral disorder. In this instance, divinely inspired spontaneity is replaced by cultivated diagnostic skill, but the somatic mode of attention remains characterized by its reference to another person's suffering.

Daniel's interpretation of Siddha pulse diagnosis also raises a methodological issue, and requires us to return for a moment to the domain of semiotic analysis. Adopting the categories of Peircean semiotics, Daniel describes the initial relation between the physician's passive fingertips and the patient's pulse as indexical—in their contact, they index each other as normal or abnormal. Also, the abnormal pulse of the patient indexes humoral imbalance, whereas the normal pulse of the physician indexes healthy humoral balance. As the physician's own pulse emerges and becomes confluent with that of the patient, the "indexical distance" between the signs decreases, until the relationship between the two pulses is transformed into an iconic one, and the two signs become one. According to Daniel, "At this moment of perfect iconicity, the physician may be said to have experienced in some sense the suffering as well as the humoral imbalance of the patient" (1984:120).

The semiotic analysis is of value in allowing Daniel to compare Siddha and similar traditional healing systems with Western biomedicine in terms of the relative power of indexicality or iconicity institutionalized within them (cf. Kirmayer 1992 and Ots 1991). From the perspective of embodiment, however, the notion of indexical distance is too abstract, and the semiotic analysis allows only the conclusion that suffering is shared "in some sense." Daniel is forced into a neologism to express his understanding that, insofar as the process of taking the pulse neutralizes the divide between patient and physician, objectivity is replaced by "consubjectivity." The problematic of embodiment would pick up precisely at this point, with a phenomenological description of "consubjectivity" as characteristic of a particular somatic mode of attention.

A final example of this somatic mode of attention comes from contemporary psychotherapy. Typically reported clinical experiences include a stirring in the penis in the male therapist's encounter with a "hysterical female," or a propensity to yawn when faced with an obsessive patient. Such phenomena occur spontaneously in psychotherapy, as in the religious settings described above, but the mode of attention to them is not consistently elaborated as indicative of something important about the patient or the condition being treated. Only certain schools, such as experiential, transpersonal, and analytical psychology, appear sympathetic to more explicit recognition of these phenomena. Samuels, for example, gives several examples of countertransference as a "physical, actual, material, sensual expression in the analyst of something in the patient's psyche" (1985:52). He includes *bodily* and *behavioral responses*, such as wearing the same clothes as the patient, walking into a lamp-post, sensation in the solar plexus, pain in a particular part of the body; *affective responses*, such as anger, impatience, powerfulness, powerlessness; and *fantasy responses*, such as sudden delusional thoughts, mental

imagery, or sensory distortions. Most important, he argues that such experiences are communication from patients, and against traditional theories of countertransference that impugn them as pathological reactions of the therapist.

This new example raises another methodological issue, that of the subject-object relationship as it pertains to the interpretive frameworks we bring to the objects of our analyses. Here I am not referring to our “objective” analysis of subjective phenomena, such as somatic modes of attention, but to the way our own interpretive subjectivity constitutes or objectifies the phenomena of interest. For the present discussion, work on countertransference from analytical psychology may appear to offer a valid interpretive framework. How can this be, however, when analytical psychology is itself the source of precisely the kind of data we wish to analyze under the heading of somatic mode of attention? Are we to place words of knowledge, *plasmaciones*, *cama nilai*, and embodied countertransference on an equal footing as phenomena to be interpreted, or can we justify using the last of these as a framework for interpreting the former three?

The nature of this problem is illustrated by the following vignette from my fieldwork. The setting was a Catholic Charismatic healing session conducted by a healer who was also a trained psychotherapist, and who made particular use of “bodywork” techniques. In this session, she asked the client, a 37-year-old man, to perform the postures of a technique known as “grounding,” and to report what he felt in his body. In the context of ongoing therapeutic attention to the theme of overdiscipline and excessive need for control, it was not surprising that he observed that his fists were clenched and his knees locked. However, at the mention of locked knees, my own crossed leg jumped as if it had been tapped by a doctor’s hammer in a test of reflexes.

Insofar as my own somatic mode of attention was circumscribed by the motives of ethnography, I did not hesitate to use my own experience as an occasion for data collection. I later asked the healer how she would account for my knee jerk, and if it were possible for a non-believer to experience the divinely inspired word of knowledge. She responded that the experience could not be definitively interpreted, but that it could be one of three things: a somatic response caused by God, a consequence of my sharing some of the same personality issues as the client, or a natural result of deep attachment to another’s experience. This “native exegesis” subsumes notions of divine agency, countertransference, and a psychosomatic understanding of empathy. In its postmodern juxtaposition of interpretive possibilities, it poses a challenge of reflexivity for the participant observer, and in so doing, it argues that the domain of interpretive possibilities is continuous between those of observer and those of observed.

It may be argued that, although a category such as countertransference may not be more correct, it may be more valuable for a comparative analysis of such phenomena, and that comparison itself is the source of validity. Nevertheless, this example reminds us that objective analytic categories become objective through a reflective movement within the process of analysis. I would argue that it is the

perspective of embodiment itself that facilitates this insight. If the same insight can also be arrived at through other approaches, I would at least argue that embodiment offers a way to understand it in more depth. In any event, it is necessary to elaborate the finding that the attempt to define a somatic mode of attention decenters analysis such that no category is privileged, and all categories are in flux between subjectivity and objectivity.

The Flux of Analytical Categories

All the examples we have called upon to illustrate the notion of somatic modes of attention are drawn from the domain of healing. If such modes of attention are general phenomena of human consciousness, we would expect that they can be identified in other domains as well. For example, Becker (in press) has observed that in Fijian culture the body is not a function of the individual "self" as in Euro-America, but of the community. An ongoing surveillance, monitoring, and commentary on body shape includes the changes that begin when a woman becomes pregnant. Fijians regard it as essential that a woman make her pregnancy known publicly, lest the power of its secrecy result in boats capsizing, contamination of food, and the spoiling of group endeavors. Unrevealed pregnancies can be manifest in the bodily experiences of others: illness or weight loss caused by food cooked by the pregnant woman; loss of hair caused by cutting it; a lactating mother's milk drying up because of a glance. This phenomenon was fully cultivated as a somatic mode of attention by one woman who experienced an itch in her breast whenever a member of her family became pregnant. Such evidence typically led the head of the household to summon the family's young women and urge one of them to reveal her pregnancy before something untoward occurred.

An approach to cultural phenomena through embodiment should also make possible the reinterpretation of data already analyzed from other standpoints (Csordas 1990). We should then not only be able to discover undocumented somatic modes of attention as in the Fijian case, but also be able to recognize them right under our ethnographic noses in well-documented situations. I submit (based on observations made while my wife and I were expecting the birth of our twins) that such a reinterpretation of *couvade* is in order. The core of the phenomenon is that an expectant father experiences bodily sensations attuned to those of his pregnant mate. *Couvade* has been understood in one of two ways in the literature. On the one hand, it is thought of as a rather odd custom in which the man "simulates" or "imitates" labor (Broude 1988; Dawson 1929; Munroe et al. 1973). On the other, it is regarded as a medical phenomenon, or "syndrome" (Enoch and Trethowan 1991; Klein 1991; Schodt 1989). Thus, *couvade* is either exoticized as a primitive charade, or pathologized as a psychosomatic overidentification. Reconceived as a somatic mode of attention, it appears instead as a phenomenon of embodied intersubjectivity that is performatively elaborated in certain societies, while it is either neglected or feared as abnormal in others.

Pending additional empirical descriptions of somatic modes of attention, we can provisionally turn to the implications of the construct for a paradigm of embodiment. In outlining the phenomenology of somatic modes of attention in *espiritista* and Catholic Charismatic healing systems, I rigorously refrained from invoking any category other than “experience” and cast the description strictly in terms of sensory modalities. In the succeeding section, I showed that these modes of attention cannot be subsumed entirely under the category of religious experience, and that, in impinging on more conventional categories such as countertransference, they pose a challenge of reflexivity. The point I want to make now is about the poverty of our anthropological categories for going any further in understanding what it is to attend to one’s body in a mode such as that described above. We operate with categories of cognition and affect, neither one of which alone can do justice to these phenomena, and between which there exists a nearly unbridgeable analytic gulf. The categories of trance and altered states of consciousness remain virtual black boxes, and one colleague’s suggestion of “proprioceptive delusion” is no help at all. To suggest that they are forms of “embodied knowledge” is provocative, but doesn’t necessarily capture the intersubjective nature of the phenomena we have described. In his early programmatic work, Blacking referred to the existence of “shared somatic states” as the basis for a kind of “bodily empathy,” but offered no specific examples of anything similar to what we have described above (1977:10).

I would like to go further here and briefly discuss these phenomena under four additional categories, if only to emphasize that we remain ill-equipped to interpret them. These categories are intuition, imagination, perception, and sensation. I restrict the discussion in this section to the Charismatic and *espiritista* revelatory phenomena described above.

First, consider anointings, words of knowledge, *videncias*, and *plasmaciones* as kinds of intuition. The physician Rita Charon describes her practice of writing fiction to clarify her feelings when confused or distressed about a patient. She begins with known facts, tying together events, complaints, and actions of the patient, while making herself an actor in the story from the patient’s point of view. She is “not surprised when details that I imagine about a patient turn out to be true. There is, after all, a deep spring of knowledge about our patients that is only slightly tapped in our conscious work” (1985:5). I think it is not difficult to conceive of intuition as embodied knowledge. Then why not conceive of revelatory phenomena as sensory intuition? Healers as well as physicians not only share with their patients a highly organized set of bodily dispositions summarized by Bourdieu (1977) under the term *habitus*, but also acquire a cumulative empirical knowledge of the range of human distress as they expand their experience.

Again, let us try to understand revelatory phenomena as forms of imagination. In current scholarship, imagination is discussed almost exclusively in terms of visual imagery, which is in turn readily thought of as “mental” imagery. So ingrained is the concept of mental imagery that the term physical imagery strikes one almost as an oxymoron. Yet if we allow the other sensory modalities equal

analytic status with the visual, an expanded concept of sensory imagery would allow us to avoid the arbitrary dichotomy that tempts us to analyze Charismatic words of knowledge into distinct categories of mental images and physical sensations, and analytically to separate spiritist *videncias* from *plasmaciones*. We would then be taking a methodological step away from an empiricist conception of imagination as abstract representation to a phenomenological conception of imagination as a feature of the bodily synthesis, which Merleau-Ponty (1962) described as characteristic of a human consciousness that projects itself into a cultural world.

Once more, what if we take seriously the indigenous claim that these phenomena are forms of perception, if not of the divine then of something else we can accept as concrete? This is a challenging proposition, and merits invoking Schwartz-Salant's (1987) attempt to integrate alchemical thinking into current psychotherapeutic theory. He suggests conceiving of an interactive field between two people that is "capable of manifesting energy with its own dynamics and phenomenology." This "in-between" field is palpable only on certain levels of perception in which the imagination itself can "become an organ that perceives unconscious processes" (1987:139). Samuels (1985), whose work has been discussed above, offers a related formulation, which, like that of Schwartz-Salant, is derived from analytical psychology. He elaborates Henry Corbin's concept of the *mundus imaginalis*, or imaginal world, as a distinct order of reality that exists both between two persons in therapeutic analysis, and between sense impressions and cognition or spirituality. Although the conception of imagination as a sense organ has its attraction, it creates methodological problems common to any model that tries to define "levels" of perception or consciousness. In addition, it does not address the problem that we have no independent way of "perceiving" unconscious processes so as to verify what is being perceived in revelatory phenomena.

Sensation is yet another category under which we might choose to subsume these phenomena. Sensation is inherently empiricist, however, and forces a conception of cultural meaning as referential meaning imposed on a sensory substrate. The relevant questions become whether the heat experienced by the healer is really the same as we feel when we blush, whether the tingling is really the same as the tingling of anticipation we feel in other highly meaningful situations, whether the "pain backup" in the healer's arm as she lays her hands on a person's shoulder is really the same feeling we have when our arm "falls asleep" after remaining too long in an uncomfortable position. All of these would be interesting determinations, but would not suit the aims of a cultural phenomenology. By reducing meaning to sensation or biological function, this approach requires a reconstitution of meaning that bypasses the bodily synthesis of sensory experience and the cultural synthesis of sacred experience.

The indeterminacy in our analytic categories is revealed when we encounter phenomena as essentially ambiguous as somatic modes of attention. This indeterminacy, it turns out, is an essential element of our existence. Merleau-Ponty objected to conceiving perception as an intellectual act of grasping external stimuli