Nonsecular Medical Anthropology

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INTRODUCTION

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ABSTRACT

A nonsecular medical anthropology insists on the ways medicine and science have constituted 'the secular' itself through the 'secular self'—how medical knowing has been used to craft the secular political subject. As James Boon noted, too often in social theory, "religion gets safely tucked away—restricted theoretically to 'meaning' rather than power" (1998:245). The authors of the six articles in this special issue 'untuck' religiosity from within the norms and numbers of medicine itself, and examine how 'secular' medicine has relied on religious traditions to produce political secularity. These articles demonstrate that 'secular' medicine relies on religious others whose exclusion bespeaks latent religious commitments of citizenship in the modern political realm of health.

In the past few decades, anthropologists of religion and secularity have provided a vigorous critique of the liberal political subject constituted through the distinction between the secular and the religious (Asad 2003; Mahmood 2005). Meanwhile medical anthropologists have developed tools to examine how medicine constitutes the human. With this special issue, we draw together insights from both these literatures to query the relationship between the secular and health, medicine, and the body.

Anthropological work on secularity has emphasized how the one domain marked as 'secular' and the other as 'religious' are co-constitutive, allowing us to investigate how the distinction draws on traditions that it holds in abeyance. Within this analytic, the secular does not serve as a simple contrast, a word for whatever is not religious. Instead the secular is what claims to craft 'the religious' as its object, asserting itself as equally positioned vis-à-vis all religions (see Taylor 2007). As Talal Asad (1993, 2003) and others (e.g., Jakobsen and Pellegrini 2008) have pointed out, this secular stance relies on a definition of 'religion' that itself is shaped by specific religious traditions. For instance, the proposition that 'religion' is manifested in 'belief,' involving a set of precepts to which an individual assents or dissents, is a particularly Protestant rendering found in Enlightenment thinkers from Locke to Kant. Recent critiques of the secular then are not restricted to the resurgence of religion—that politics or society may be returning to religion despite modernization theories forecasting its demise—but crucially invite an examination of the latent 'religious' traditions in what has been taken to be 'secular modernity.'

In their explorations of secularity, critical theorists have examined the implicit relationship between secularity and citizenship when rational subjects are presumed to form a public only through relegating their religious beliefs to the private sphere (Asad 2003). The secular public envisioned by Habermas forms around such a citizen, a figure constituted by (unmarked) religious traditions (see Calhoun, Juergensmeyer, and Vanantwerpen 2011). As anthropologists have recently demonstrated, the latent Christian genealogy of this citizen makes for a 'public' that is more hostile

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toward some religious traditions than others. For example, Mayanthi Fernando (2014) analyzed the French 'secular' public crafting a 'religious freedom' threatened by Islamic observance; and Lucinda Ramberg (2014) found state public health measures in India anxiously policing jogatis, women and men, devoted to the goddess Yellamma.

In a parallel vein, medical anthropologists have shown that medicine has served to foster a Christianity implicit in an idealized, secular European political subjectivity, for example, in the intertwined medical and Christian missionary projects that founded nation states. Following Weber and Foucault, such a project often exceeds the state as corporations, sectarian communities, nongovernmental organizations, and academic disciplines produce a secularity with closer ties to some religious traditions than others. There has been less attention paid though to how the work of constructing political secularity has itself been achieved through medicine. A nonsecular medical anthropology insists on the ways medicine and science have constituted 'the secular' itself through the 'secular self'—how medical knowing has been used to craft the secular political subject. Foucault (1970) gave us a version of modernity in which the human was fashioned as the bearer of life, labor, and language. This project entailed techniques constituting 'the social'—the numbers, norms, and deviations by which society took shape as an object of knowing and disciplining. A nonsecular medical anthropology takes seriously the religious genealogies that Foucault found in such knowing and disciplining formed around the nexus of the corporeal, life, and the soul. As James Boon noted, too often in social theory, "religion gets safely tucked away—restricted theoretically to 'meaning' rather than power" (1998:245). The authors of the six articles in this special issue 'untuck' religiosity from within the norms and numbers of medicine itself, and examine how 'secular' medicine has relied on religious traditions to produce political secularity.

Crafting the 'secular' in medicine

As the authors in this issue attest, medicine has been integral to crafting a secular space from which those practices categorized as 'religious' might be distinguished by their 'cultural' trappings. This insight draws on Asad's argument (2003) that modern political and scholarly thought on 'religion,' especially by anthropologists, was formed through Christian theologies informing the distinction of Enlightenment from the animism, possession, sacrifice, and magic of 'others.' As Jean Langford, Na'amah Razon, and Sherine Hamdy explore in this volume, the move among modern medical regimes to find the religious other relies on an unmarked 'secular' self that carries latent religious logics. Langford describes how medical personnel in the United States pose Hindu rites of the dead against their own avowedly secular hospital techniques, and their bewilderment at the possibility that an aggrieved Hindu son can mix monetary concerns with the memory of his mother. As Langford argues, these hospital techniques carry a specifically Protestant logic of (1) the relationship between soul and body making for dead who are divested of partaking in the materiality of exchange, and (2) anxieties about authentic selves that do not rely on instrumental recompense for spiritual matters. Razon demonstrates how in Israel, the Bedouin other is posed against an implicitly Jewish secular citizen, allowing the ill health of Bedouins to reside in culture instead of the history of their political economic marginalization.

Like Razon, Sherine Hamdy focuses on the political economic logics that shape the modernist accusation of religiosity. She considers how a campaign for cornea donation during the Arab Spring did not rely on distinctions between the secular from the Islamic, as ethical and political claims were made both in terms of faith in God and "capacity of the dead to continue to fight for the cause of justice." Hamdy traces how this movement cannot be pigeonholed by the distinction used by state actors and the media, between a secular medicine that accepts organ donation and an atavistic religiosity preventing it. For those committed to cornea donation during the Arab Spring, she argues, (what was called) the political and (what was called) the religious by experts were always intertwined. Both Razon and Hamdy attend to how biomedicine's claim to secularity helps to produce the figure of the liberal political subject itself by restricting to the sphere of the 'religious' those practices that a medical establishment's implicit religious commitments disavow.

Secularity's uncanny

If the secular is constituted as a stance purified of 'the religious,' then an ambiguity always marks this stance; the secular by its nature tends toward the religious that it constitutes. The mythic, the sacred, the superstitious—made into what the secular can analyze, interpret, and refuse—retain some strange power: the religious *compels* interpretation, the savage superstition evokes our oldest selves, and the mythic becomes a way of knowing a deeper self. As Asad wrote:

> In the Enlightenment epoch, as a whole, myths were never only objects of "belief" and of "rational investigation." As elements of high culture in early modern Europe they were integral to its characteristic sensibility: a cultivated capacity of delicate feeling—especially for sympathy—and an ability to be moved by the pathetic in art and literature. … In the great tragedies and operas of the seventeenth and eighteenth centuries, myths provided the material through which the psychology of human passions could be explored. (2003:28, 29)

The moment that the mythic became posed as rationality's other, a fascination and compulsion toward this other was crafted—the very category of 'superstition' opened onto unsettling alternatives that disturb. The endeavor to make rational categories of the mythic and sacred has acted to smuggle in their subversive power to trouble such rationality. This ambivalence of desire and aversion is found across the medical secular, as explored in these articles, from Cristiana Giordano's analysis of Italian nuns learning about sexual desire from the immigrant former sex workers who they 'teach' to become Italian citizens, to colonial and contemporary medical experts who are continually fascinated by the pragmatic healing efficacy of rites and incantations for curing Indian hysteria in Sarah Pinto's contribution to this volume. Pinto points to this fascination as "Freud's uncanny." The uncanny, for Freud, is that realm of the mythic that lurks just beneath the modern rational, familiar in its strangeness because what haunts us proves to be our double, the other within us that we did not recognize as always there. Pinto's provocations about the uncanny in pragmatic cures evoke the question: If modernity claims knowing as a secular project, how is healing made into a religious one? Nonsecular medical anthropology attends to the 'religious' in 'the secular' as a return of the repressed—a paradoxical return of something that was never lost.

Excess bodies

Uncanny others populate this collection, figuring as those who exceed the boundaries of singular Enlightenment Protestant subjects. In her article, Razon quotes Asad: "What is common is the abstract equality of individual citizens to one another, so that each *counts as one*" (Asad 2003: 173). In a related vein, Paul Johnson, writing about plantation zones in the Americas, traces how the Enlightenment political project of each subject constituted as *one* individual, in Asad's sense was profoundly shaped through the uncanny other. Possession became:

> the opposite of *individual* action—the contrary of accountable, contract-worthy, transparent and properly civil action–in early modern social theories that became the template for political states in the Americas. Even more: the figure of "the possessed" helped define the proper sort of individual in relation to which civil participation in emergent states was imagined at all, beginning with the writings of Hobbes and Locke in the mid-seventeenth century. (Johnson, in press)

These possessed—whether witches, the mad or the ecstatic—exceeded the rational instrumentalist self; or more precisely, following Michel de Certeau (1992), such mysticism becomes constituted as excess vis-à-vis the rationality (see Pandolfo 1997). This excess troubled 'reason' both in the colonies (as in Hindu ecstasies deemed 'demon' worship) and 'at home,' as in the Great Awakening enthusiasm of 1740s America, deemed by the theologian and Yale president Ezra Stiles as a decade when "multitudes were seriously, soberly and solemnly out of their wits" (quoted in Winiarski 2004:7). The body was central in crafting that mystical other (see Brown 2009), as described by the French Protestant missionary and anthropologist Maurice Leenhardt in an interaction between himself and his friend Boesoou in New Caledonia:

> In short, we introduced the notion of spirit to your way of thinking? And he objected, "Spirit? Bah! You didn't bring us the spirit. We already knew the spirit existed. We have always acted in accord with the spirit. What you have brought us is the body." (Leenhardt 1979:164)

According to Leenhardt, in precolonized New Caledonia, the body had been an uninternalized bundle of corporeal parts, not necessarily coterminous with the *kamo*, the 'human' element, which could manifest itself as a cow, or rise in sleep and commit thievery in a distant village, "unimaginable adventures" to a Western human (1979:22). Even as Leenhardt maintained a Protestant dualism of a spiritual subject housed in a singular body, his account of Boesoou's correction makes such a body central to the Enlightenment political project (on 'the secular body,' see Hirschkind 2011). As anthropologists have shown, such Christianity has inflected regimes of care from colonial medicine to the 'life' of contemporary medical humanitarianism (Malkki 2010; Klassen 2011; Ticktin 2011; Redfield 2012; O'Neill 2013). The individual critiqued by anthropologists from Louis Dumont to Marilyn Strathern has been constituted by a secularity that relies on a Christian conceptualization of the relationship between the corporeal and the soul.

The Christian traditions that Foucault found in his genealogies of contemporary biopower and that Asad finds in his genealogy of social science and modern politics are suggestive of how medical secularity has emerged from particular forms of religiosity. The articles in this issue demonstrate that 'secular' medicine relies on religious others whose exclusion bespeaks latent religious commitments of citizenship in the modern political realm of health. Such exclusion is evident in Razon's reading of an implicit Jewish Israeli citizenship in the rejection of Bedouin Arab techniques of living, and in Giordano's account of Italian nuns conferred by the state with the project of rehabilitating immigrant prostitutes from northern Africa. As Giordano explores, these forms of implicitly religious exclusion also offer particular avenues for being recognized. Becoming legible as citizens entails adopting particular forms of self-knowing, bodily comportment, and 'conversion' (also see Van der Veer 1996). A peculiar reasonableness is fashioned in the move to mark such 'religious' others as 'irrational.' Mei Zhan finds contemporary postsocialist *tizhiwai* entrepreneurs refusing the materialist duality of the traditional Chinese medicine promoted by the modernist Chinese state, which assumed the possibility of abstract and universal theory posed against an irrational other. Instead, tizhiwai entrepreneurs model "the dynamic oneness and continuous differentiation of humans and cosmos," by looking to precisely those techniques that the materialist socialist state deemed 'superstitious.' As in de Certeau's (1992) crafting of the mystic as other to enlightenment rationality, the official category of otherness—Traditional Chinese Medicine—produces an excess that does not accord with the state's logic. This oneness made without the duality of mind and body, which state-sponsored Chinese medicine entailed, reverberates with contemporary critical medical anthropology and scholars of science studies today, as well as with certain trends in the life sciences, which focus on the entangling and looping of organisms and environments. However, as Roberts describes in her commentary, most medical anthropological and science and technology studies' entangled approaches still keep religiosity "safely tucked away," ancillary to analysis.

Conclusion

Within the logic of the repressed, the process of finding religion elsewhere is a resistance to finding it within. As Weber (1946) told us, claims to pure rationality mask the gods and demons that we serve in its name. Today, we have a strident call from 'secularists' to guard against the religious sphere, in the glut of books by self-declared atheists on the dangers of religion. This proclaimed contamination of the public sphere by the religious is perhaps so threatening not because of the newly religious character of what was secular, but rather because of the possibility that 'the religious' was always already there, just beneath the surface, suggesting that any 'secular' has a latent 'religious' character. Such a desecularized analytic might read the contemporary secularist position so troubled by 'Islamic theocracies' as a protestant secular. This 'secular' is

threatened, for example, by a perceived Muslim ethics in governance, while untroubled by the implicit Christian ethics found in confessional logics of caring for the self in public health (see Whitmarsh 2013). Nonsecular medical anthropology examines such a paradoxical temporality of the return of the repressed in Lacan's perspective (1991), the return from the past of what has been retroactively placed there by our present.

Medicine has been integral to the secular project of making invisible the religious affects and sensibilities of the modern political/biological individual. Health, hygiene, and corporeality have organized the political making of religious others and selves (see Brown 2009; Finch 2010; Klassen 2011; Ticktin 2011). As a result, the medicine that has shaped citizenship has entailed the religious traditions that make up secularity. Using these articles, we propose a nonsecular medical anthropology that refuses to exile religiosity from political subjectivity—a medical anthropology that traces the political medical religious logics involved in crafting ideal citizens.

Notes on contributors

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