

STRAIGHTENING THE PATHS FROM WILDERNESS:
THE CASE OF DIVINATORY SPEECH

I

Common to our understanding of so-called primitive and modern science is the idea that there is a problem already recognized and waiting to be solved: the cause of sickness must be divined and reversed. I want to consider in this paper the more fundamental assumption in intellectual discourse: that to clarify a problem is to solve it. We are used to the idea of psychoanalysis as resting on this assumption. I suggest that the style and narrative theme of divinatory speech is a parallel example of problem-specifying being also problem-solving. I am not, then, venturing into psychoanalysis but seeking the basis of common intellectual assumptions.

Let me begin with a biblical text, on John the Baptist: 'The voice of one crying in the wilderness, Prepare ye the way of the Lord, and make his paths straight' (Mark i, 3). The implication that the Lord's paths need to be straightened, and the opposition of this desired state to crying in the wilderness, represent two common archetypal ideas which we conventionally associate with religion and ritual.

The first archetype can be seen in the many expressions of tangled, crossed, or confused states: the sins of incest and some forms of adultery; the ritualization of breech and other abnormal births; the dangers of improperly-conducted rites of passage or of neglected relations between juniors and seniors; the use of key terms for witchcraft which turn on the idea of traps and ensnarement; and even the celebration of the Christian *Cross* (Easter) and the Jewish *Passover* as central events at about the same time of the year.

The second archetype may be thought of as an attribute of the broad contrast between nature and culture. It is the contrast between wilderness and wandering on the one hand, and fixed, secure, and clearly and narrowly-defined (often home) bases on the other. We have the biblical examples of Christ and John the Baptist going off into the wilderness, but returning new, 'straightened-out' men; the parable of the prodigal son forgiven and welcomed back from his aimless debauchery in the wastelands of the outside world; prophets coming into the small-scale society from a wider, alien, outside world; and, in at least some

societies, including the Giriama and Swahili of Kenya who are the subject of this paper, sick patients going off, sometimes in trances, to the forest or bush, impelled by an inner understanding to gather the correct medicines required for their return to the now legitimate i.e. 'straight', role of diviner.

First, then, tangled states become 'objects of the ritual attitude'. Like cases of boundary confusion, they may be thought of as sources of power, sometimes beneficial but sometimes so dangerous for the society and the transgressing individual that he has to withdraw from it. Second, victims are straightened out as a result of having wandered in the wilderness.

Linking the two archetypes we can say that the geographical transition from wilderness to straight paths parallels the individual's movement from social or mental confusion to clarity. As a metaphor of change between personal states, this characterizes shamanistic divination among the Giriama and Swahili of Kenya.

This movement is evident more from their speech than their actions. By concentrating on the spirit speech of diviners among the people I have studied, I am able to understand a little more about the thought processes associated with the two archetypes I have described.

A total look at speech in Giriama and Swahili spirit possession would need to include a consideration of exorcism, including its songs, as well as divination and cure. But I confine myself here to divination, for reasons of space.

Diagnosis is arrived at through divination; treatment (i.e. attempted cure) takes place after the divination and at a set place and time. Diviners may be of either sex, are paid between two and five Kenya shillings for their diagnosis, and usually recommend that the patient be treated by a specialist doctor. The treatment is more expensive and is much more profitable than divination alone.

There is a hierarchy within these occupations which is based on the (sometimes cross-cutting) criteria of sex, age, ethnic or religious group: doctors who provide only therapy but not divination are always men; men and women may be exclusively diviners, though women more so than men, but a few men and women diviners also exorcise spirits or reverse witchcraft. 'Arab' diviners and doctors (who are always men) are generally held to be the best and are the most expensive - they are regarded as having mixed Arab-Swahili-Mijikenda ancestry. 'Swahili' (e.g. Muslim Africans) are usually regarded as the next most efficacious; and 'Giriama' (i.e. non-Muslim Mijikenda) as the least. Oracular techniques vary between these categories, and patients try a range of practitioners so that, in fact, an individual Giriama may achieve exceptional renown. Complicating the matter still further is the fact that non-Muslims say that *all* diviners must be Muslims, for the spirits which possess them will include 'Arabic' (i.e. Muslim) ones. However claims to Muslim status are graded in East Africa, and those who are most widely acknowledged as 'full' Muslims do distinguish between Muslim and non-Muslim diviners. This practice of grading Muslim status and the inconsistency of the contrast between Muslim and non-Muslim is a result of shifts from partial to 'full' Muslim status which often take more than one generation, and it is reflected in the loose hierarchy of divinatory and medical prowess. That is to say the social is reflected in the ritual hierarchy.

Following this Durkheimian line, it might also be possible to show how changes in judgements made about diviners in terms of their

ethnic group, religion, sex, and age, amount to statements about wider changing social relations. But diviners of all kinds use the idea of moving from a boundless to bounded realm of existence in their diagnoses. Such archetypal usage seems unaffected by differences of rank and status among diviners. By investigating the diagnoses of a social range of such diviners I think we are able to understand their thematic logic and its relative imperviousness to variations in the social circumstances of diviners.

II

I will reproduce in condensed form, and comment on, the diagnoses of three diviners, an 'Arab', a 'Swahili', and a 'Giriama', as they are generally identified. First a few introductory remarks about them.

A client approaches a diviner without notice. The client is not necessarily the patient. Indeed it is often argued that he or she should not be. But some are. The late middle-aged 'Arab' diviner runs his profession like a true business. Clients sit around in his ample, well-stocked homestead waiting to be seen, the humbler receiving shorter divinations than the more influential, though the fees are the same (five shillings). He presses clients to agree to his carrying out the therapy on an appointed day after the divination. The 'Giriama' diviner, in this case a woman past child-bearing age, contrasts in a number of respects. She may be found sitting in her mud-and-wattle hut, unseen from the outside, and apparently withdrawn from the world. The client enters the hut, greets, and responds to her polite, euphemistic requests for tobacco by placing the two-shilling fee in front of her. The divination begins slowly, is punctuated by sweet refrains, gasps, and whistling, as the spirits pause in their reflections, and consists of dramatic use of voice-tone and vocabulary. The third diviner, the Muslim Digo (referred to by fellow African Muslims as 'Swahili') is a little less dramatic; his divination is punctuated by the spirits speaking in other ethnic tongues rather than in refrains of song. He accepts the same fee as the Giriama woman and, like her, puts time and effort into the divination. The range in style from the less to the more dramatic among these three diviners does not alter certain common themes covered in their divinations. The diviner is not expected to know anything of the victim's affliction nor indeed whether the person in front of him, the client, is the victim himself or a caring relative come to ask for a diagnosis on the victim's behalf.

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Let me then begin with the 'Arab' diviner, who speaks in Swahili. His client has come on behalf of his 10-year-old son who talks to himself, whoops and yells as if possessed, plays on his own and not with other children, and

is easily angered.

1. The diviner's spirits make the following points:

(a) He [i.e. the victim] is troubled because of his trade - the trade carried out from his home - I mean the trade that results from a man marrying a wife and having a child by her. I mean that trade - for the wife is the investment and the child the profit. Women are the loads which we men trade with, feeding them, and hoping to trade further with.

(b) But the wife can't or won't get out of your body - she is the owner of it - it's your trade but she is the owner... and she can say I don't love you and she can leave you... but your child can't say that.

(c) That is why I say it is your business which is disturbing you [i.e. he refers to the victim by addressing the client].

By converting one metaphor into another (trade into domestic relations) and by using the metaphors inconsistently, the spirits, or perhaps we may now say the diviner, simultaneously link a number of possible sources of distress: i) the victim's occupation or trade; ii) the costs of running a family; iii) a dominant and unloving wife; and iv) the loss of a child through her desertion. Of particular note is the fact that the wife is locked in the victim's body, possessing it - perhaps even consuming it - and yet also leaving it. Bodily possession is also of course normally attributed to spirits though, as yet, spirits have not been mentioned. The implicit proposition, therefore, is that the victim's wife is a controlling spirit. This is combined with another proposition which states that the victim is troubled by his trade or occupation. Home and the outside are thus simultaneously linked as sources of distress. As yet, such propositions are only hinted at; they are not clear enough to be judged true or false by the client.

We see in the next section of paraphrase, however, that the diviner successfully locates a child as the victim. As usual, a positive response from the client has helped him. Clients do this by words of encouragement and agreement throughout the divination.

2. The diviner says:

(a) I am looking at the [victim's] head, circling around, going now to the stomach, to the joints, circling all the time ...and the child is suffering in all parts of the body - head, heart, stomach, but the stomach pain is ceasing, now it is the back which is troubling.

(b) And yet this child has been sent to hospital, but vomits. This is caused by the heart, for the disease is in the heart. And the head aches.

(c) He was given tablets but was sick on taking them.... He is constipated for two or three days. Isn't this so? [The client is asked, but the client courteously denies that the child is constipated.] He is constipated one day but not the next. He goes and then the stomach can be heard rumbling at his umbilicus.

Where do you live? [The question is addressed to the client, who tells the diviner.]

(d) You saw something astonishing in his house, didn't you - like a wild animal from the forest going in? Now that animal came up to the child, who fell asleep and went "Haw haw". [The noise of an animal.] And even the next day, when he's about to recover, the sickness goes away a little, but then comes right back. The disease then comes and goes every two days, with the child going "Haw haw" at its onset. For now there are spirits active there, which must be seen to quickly.

There is an interesting kind of two-part syllogism here, the first part of which uses metonym:

i. The child is approached by the animal (which is understood to rasp);
The child is approached by the sickness (initiated by a rasp);
Therefore the animal is the sickness.

ii. The animal is from outside (i.e. the forest);
Spirits are from outside;
Therefore the animal is the spirits.
(Therefore to treat the spirits is to treat the sickness.)

3. The diviner then follows up his admonition to treat the spirits with explicit instructions about the medicines needed for treatment. He says:

Get a cock, a hen of different colours, a white loin-cloth, and materials for making an Arabic charm which can be drunk.

The child has spirits, including the ape-spirit to which he is attracted. Get these spices: Ambari, Miski, Kafuri, Zafarani, Marashi, and also a sheep - a surrogate will do, even a sheep's hoof [here literally 'shoe'].

After further instructions and then some open discussion (with the spirits still talking through the diviner), a date, time, and place are set for the treatment for which these items will be needed.

Analysis

The first part of the divination links home and the-outside world as simultaneously producing a number of sometimes conflicting sources of distress. The second repeatedly probes different areas of the body, and the third focuses on the home, which is entered by a wild animal from the forest (perhaps echoing the equation of home with wife in the first part). Merged ideas are broken down into separate ones through the idiom of following separate parts of the body. This is followed by a specific statement of the cause of sickness: outside spirits intruding and requiring appeasement. The fourth part of the divination carries still further the ordered sequencing of ideas and actually spells out the list of medical requirements and the time and place of their application.

Other cases show more vividly the shift from conceptual simultaneity to sequencing.

I turn now to the 'Swahili' (a Muslim Digo) diviner. His client is a young unmarried man who has come on his own behalf. He would seem to have venereal disease. This diviner also begins with a complex linking of concepts: man, woman, sadness, sympathy, lust and longing, and includes also the supreme symbol of suffering, the shoe (*kirahu*). This word derives from the verb 'to go here and there' (*ku-kira-kira*). The reflexive *ku-dzi-kirira* means 'to walk about aimlessly' (see Deed 1964).¹ Here we may note that though the diviner may (in other contexts) be referred to as 'Swahili' he uses his native vernacular, Digo, in divination; but he is fluent in both languages.

1. He begins:

Why is there this need for sympathy, my friend? [Addressing the client.] There is a woman loving a man.... The love is puzzled. The man loves the woman. The man loves with longing/lust [using the word *thamaa*, which can also stand for 'penis']. There is longing and there is the shoe. You [i.e. the client] have even followed the shoe [i.e. 'you have really suffered'; suffering is implied by the notion of having wandered endlessly on foot]. Why is there sickness as well as longing here?

Here the interlinked notions of longing, lust and the metonymic penis are denoted by the one word, and shade into that of sickness. The use of the word 'shoe' and the verb 'followed' anticipate the following more extensive treatment of the theme of 'wandering', as in the 'Arab's' divination.

2.(a) He [i.e. the victim] is a man and is sick and wandering... this way and that.... He comes out quickly.... He can't cope [for which the verb *ku-kola* is used, which also means to penetrate].... He runs about here and there... struggling, but to no avail. He goes to doctors but to no avail.

(b) Why has he this disease of the shoe? He can't stay in bed with the sickness. He wanders with it. Why is it a disease of the top [i.e. of the head]. It has gripped his head, but why the head, my friend? The head goes round and round and becomes dizzy. And because of the dizziness it becomes senseless and loses its memory. His [senseless] mind tells him to cry and produce tears.

(c) The disease is in the chest...in the stomach... in the solar plexus [*chembe cha moyo*] ...and even his heart is bursting. It is worn out from beating at great speed. The heart goes fast yet it wanders. It [the disease] is in the arteries and veins [*mishipa*] and his legs are lazy.

(d) Now the sickness is descending. It's in the middle. It is a male's sickness... to do with [sexual] satisfaction.... It's between the kidneys. Now we find it in the veins of the penis [for which a more orthodox word is used, *kilume*]... and right beneath the umbilicus. Why is there fire burning there... like peppers...? The disease makes one mindless. When you urinate it's a war, and even injections have not helped.

1. The root verb is in fact *ku-kira*, meaning 'to cross' or 'to go too far'. From this is derived the noun *kirwa* which refers to a disease arising from a breach of certain sexual prohibitions. Morphological variations of *kirwa* abound in Bantu and Nilotic cultures as key concepts (Parkin 1978: 150-1, 327-30).

3. And now the diviner, having located the distressed part of the body, proceeds to itemize the causative agents as follows:

(a) You [i.e. the client now identified as the victim] are caught by the [witchcraft] trap [*tego*] which prevents you defecating [*ya zindika*], by the trap which prevents you urinating [*tego ya mkufu*], by the trap which causes irritation [*ya lwambe*], and by the traps called peppers [*pilipili*], laziness [*munyegero*], the needle [*sindano*], black ants [*minyoy*], and safari ants [*tsalafu*] [most of these indicate the sensations of itching, pricking and stinging].

(b) Have you [the victim] entered someone's house? [The victim answers no.] I don't really mean a house, I mean a human house [i.e. a woman] [and this the victim does not deny].... You have had this sickness a long time, not a long time but a long time, but you have been wandering around with this sickness, and you are surprised that it has stayed with you. But you must cure the first causes [i.e. the witchcraft traps which have physical effects].

(c) Also, my friend, you have the following [other kinds of] witchcraft. [Here the diviner uses the term *muhaso* but later uses *utsai* - these have mental rather than physical effects] These are : the witchcraft of self-hatred [*utsai wa dzimene*], of senseless babbling [*mbayumbayu*], of indecisiveness and lack of concentration [*shula moyo*], and of restlessness [*mtango*]. These witchcrafts want to turn you into a perpetual nomad, wandering unthinkingly around the world, never settling at home, with your heart burning... and feeling numb in your head. You also have the witchcraft [*nzaiko*] which makes you cry when combined with those that make you indecisive [*shula moyo*] and gibbering [*mbayumbayu*].

(d) The disease comes from the west.... You had a job there. Maybe you were learning there, but people are bad there and gave you these things.

4. The diviner next shifts from a focus on the causes of the affliction to a precise statement of the items needed for cure:

(a) Find me seven loaves made out of ashes, seven loaves of bread, seven sides of sand from a termite-mound, a chain, seven wild tomatoes [?], and with these we shall make you free.

The diviner shifts for a moment back to the focus on cause, and then reverts to the medical prescription:

(b) Your school absences and lack of concentration were due to bad people. You humans really are bad to each other.... Do you hear, my friend?

(c) Anyway, now also find a chicken [later called a cock] of mixed colours and a red hen; these are for the witchcraft traps. For reversing the mental effects of the second kind of witchcraft and getting your memory back from God, you need a chicken with frayed and tufted feathers [*kuku wa kidemu*], a newly-hatched chick, and an egg which never hatched.

(d) i. I could mention the names of those who wanted you to become a vagrant and who caused your apathy, while your friends forged ahead, but I [i.e. the spirit] am asked only to 'name' the sickness [i.e. to find its cause and remedy].

ii. Don't think that by going off to another country you will resist them - you *must* be cured - your body must be treated ... and then you will be somebody, settled with a job and money and able to face people.... The day for the treatment is next Tuesday, 10 a.m. to 3 p.m.

The divination ends.

Analysis

With this divination, then, we also have an initial lumping and overlapping of ideas: man and woman; loving and longing; following the shoe; getting sick. My translated abstract misses the polysemy of certain words used: *kimako* means sympathy, sorrow, and astonishment; *thamaa* means hope, longing, lust and penis; *ku-kola* means to overcome or penetrate; the word used in divination for 'woman' is a word (*figa*) which normally refers to one of three stones making up a stand for cooking-pots; the word used for 'man' is the normal word for 'five' (*tsano*) which admirably projects the five-limbed image of masculinity; the word for shoe (*kirahu*) carries the meaning also of wandering and therefore random sickness. Conflicting innuendos are created through such polysemy, which heightens the overall conceptual ambivalence. The listening client can try and judge for himself but may not be certain of what precisely is being proposed, while the diviner himself can always retreat from an unpromising lead and take up another through the use of the same words.

The theme of uncontrolled wandering follows on easily from such ambivalence: occurring first in undefined outside space, and then, through pursuit of different parts of the body, finally settling, in this case, on the genitals. But the young man is also clearly mentally as well as physically distressed, and so his mind's wanderings are described. The physical and mental troubles are each explained by a different kind of witchcraft.

Finally, there is a well-ordered list of requisites for cure, interspersed with more direct admonitions not to wander. The subject of wandering may at any one time have been the sickness, the pain, the victim, the aggrieved relative of the victim, or even the agent causing the distress. The admonition not to wander places these phenomena (the subjects of wandering) in fixed rather than indeterminate relations with each other.

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In the final case of divination, which I will summarize even more briefly, a Giriama woman about ten years past child-bearing age, treats another young man, who has also come on his own behalf and who suffers from continual stomach pains which, the diviner comes to assume,

necessarily affect his sexuality.

1. The diviner opens with a short song in Giriama (which is mutually intelligible with Digo):

(a) The spirits are coming with sympathy, and we are travelling along with that sympathy, and with our human hope.

The spirit switches from song to talk.

(b) We [i.e. the spirits - though perhaps the plural pronoun is used to denote respect for the client, who is a member of an adjacent generation and therefore a 'father'] have stood with a female, but the sick person is a male.... Isn't that so? [The client agrees and the diviner responds with song:]

(c) We are swaying like an eagle; Kayumba [name given to the client] has come, yes, and the sick person is asking... I want to sleep, brothers. [The song ends.]

(d) We have gone with our male... he is small... and yet big... he can speak [i.e. is not a baby; the client assents to this]. He has problems sent by God [i.e. not caused by witchcraft, *utsai*]. He has the shoe. [The diviner repeats the previous refrain and then speaks of the journey through the body.]

2. (a) We have tried the head and left it. Now we are down in the chest, and now the heart. My mind [i.e. that of the spirit, standing as the patient] is confused, isn't that true? [The client agrees and the diviner repeats the refrain.] Now we are down to the stomach. [To which the client assents readily: "The stomach, yes, the stomach, that's it!" And the diviner continues:] It is constipated and burning, and something in it gets up and stands erect and clings to the heart.... My heart is being pulled. And now we travel down to my back. [The client assents.].... My back, my back. It is my loins/genitals [*thamaa*] isn't it, father? It affects my legs, my hips, my *thamaa*.

The client asks what has caused the affliction and the diviner then recounts a phase in the victim's childbirth when he was put in a lake and could not breathe; but he lived and has suffered ever since.

3. The spirit then suggests in detail three separate sets of causative agents: spirits; harmful exposure to a family tradition of the occult (the man's mother is also a diviner); and, as in the previous divination, witchcraft traps - which contradicts her earlier assertion that witchcraft was not involved. The diviner then spells out the curative plants, animals, and cloth which will be required, giving precise instructions as to the identification and whereabouts of the plants, indicating by which lake, in which area of bush, etc. One animal demanded is a 'horse', which is in fact rarely if ever seen in the area, and for which a goat or chicken is used.¹ A time for the exorcism of the spirits and reversal of the witchcraft is set for the same afternoon at the victim's home.

1. See Lewis (1971: 58) on the prevalence of the 'horse' in spirit possession.

Analysis

This Giriama diviner creates the same overlapping metaphors through use of the same polysemic vocabulary comprising sympathy, male, female, love, longing, lust, genitals, and the shoe of wandering, as does the Digo diviner. However, one expression used by the Giriama and not by the Digo is worth noting: it is a phrase for human being (*magulu mairi mudamu ludzere*), which literally means 'a two-legged human with hair'. The expression perhaps illustrates the underlying idea that though spirits are like humans in some aspects of their nature and in the forms some of them may assume, only 'real' humans are of 'real' flesh, blood and hair.

The Giriama diviner also at first refers to the spirits she talks to by the term used for 'ancestral spirit' (*koma*), but later uses the normal word for 'possession spirit' (*pepo*). The Giriama people stress (patri-)lineage relationships and ancestry more than the Digo, and this initial reference to dead ancestors is therefore consistent.

Otherwise, in both divinations there is the same idea of a wandering soul in distress who joins up with the equally nomadic but undistressed spirits, to search through the different parts of the body and locate the source of pain. Bodily and mental problems are eventually distinguished, as in the Digo's divination, but the bodily ones are emphasized.

The final stage of the Giriama's diagnosis distinguishes three sets of causative agents (spirits; having a diviner in the family; and witchcraft), which are further sub-divided in some descriptive detail, whereas the Digo diviner confines himself to two kinds of witchcraft, one producing physical and the other mental distress.

III

Such differences of detail in the diagnoses of the three diviners represent their individual creativity. It is, however, a creativity which operates within the successive frameworks I have suggested: jumbled ideas and metaphors which suggest various possible interpretations give way to their ordered sequencing and to more limited interpretations; they are finally superseded by an unambiguous classification of the causes of the sickness and the materials needed to cure it.

This process of semantic disentanglement and clarification runs parallel with the spatial idiom of movement from a wilderness to a set place and time. Taking the cases as a whole this spatial idiom can be expressed as follows:

The victim, or perhaps we would say his soul, wanders aimlessly outside his body and home. The spirits wander, too. They are always 'unsettled' as diviners say. But it is part of their nature to be so. The human patient, whose nature it is not to be disembodied but rather to be settled in time and place, joins up with the spirits and, with them, frantically travels from one part of the body to another. Though the journey is frantic, it does at least exhibit a rough sequence: it always starts from the head and moves downwards to the area of the genitals, and, in the intermediary area of the trunk alternates probably between heart, stomach, chest, solar plexus, back, joints, hips and legs, usually linking up again with the mind.

Once the victim's source of pain has been located, the spirits, through the mouth of the diviner, can advise on its cure. In concentrating their advice on a fixed bodily area the spirits are themselves settled, at least while the remedy is effective.

In advising on the curative materials and methods to be used, the spirits order and classify, and so are turned from wanderers into busy *bricoleurs*.

Indeed, the suggestion may by now have become clear from my summaries of the divinations that the unravelling of ideas and their ordered re-assembly as diagnosis and potential cure well fits the description of *bricolage* given by Lévi-Strauss (1966: 16-22).

It is true that it is the diviner (or his spirits), rather than the patient, who converts 'debris' and 'chaos' into 'order', or, we might properly say, jumbled thought into sequential thought. But the patient is not only figuratively carried along the paths from wilderness to settlement, he is also a point of reference and guidance along the way. That is to say, by his nods, cues, and statements of agreement, the patient helps the diviner, encouraging him to proceed from one possibility to another. So, while *we* may think of the patient being led to a cure by the diviner, the patient also guides the diviner in his attempt to reach a satisfactory diagnosis; or, to put it less ethnocentrically, to convert an unmanageably large number of interpretations into a more limited number.

This view that the patient guides the diviner, as well as being guided by him, suggests more than a mutual dependency of the two roles. It suggests that they be seen as mirror images of each other. The further implicit idea that each person is both doctor and patient is reinforced by the process through which diviners achieve their position in the first place. They first suffer severely as a patient, and then, as part of the cure, are instructed by a diviner's spirits to seek certain plants and medicines in the bush, thereby also coming to possess divinatory powers. Only a few patients become diviners, but all diviners were once patients. It is as if, in order to become a psychotherapist, one would first be, say, a schizophrenic patient and become a psychotherapist as part of one's 'cure'. Indeed, the parallel may be not without significance.

Just as divinatory diagnosis suggests *bricolage*, so also the idioms and language used to describe the patient's distressed state suggest at least some features of what we call schizophrenia: disembodiment, personal withdrawal into a 'private' world of spirits, the creation of a 'false self' which denies the diviner's 'real' identity, and what I continue for the moment to call jumbled speech. Yet, once again, these are features which are as much, if not more, the creation of the diviner as they are attributable to the patient. Both the patient and the diviner participate willingly in this diagnosis, with the patient allowing himself into the 'private' spirit world of the diviner. Also, both appear to be in control of the way in which the diagnosis proceeds. It may well be that cultures like those of the Swahili and the Giriama provide structured events and roles by which what we call schizophrenia is legitimized and thereby brought under the control of those who suffer from it. Be that as it may, it is not here my interest to claim that the diviner and/or patient are in some degree schizophrenic. What is interesting is that the diagnostic themes in the divinations appeal to thought and speech processes which, when very marked, we would label schizophrenic.

Does this mean, then, that divinatory diagnosis is both *bricolage* and schizophrenia? Or, to put the equation another way, that *bricolage*, or myth-making thought, as Lévi-Strauss alternatively calls it, and schizophrenic thought are basically the same thing? Since schizophrenic thought has, moreover, been viewed by some scholars as resting on a basis similar to that of artistic thought (Wilson 1978: 97), does this further mean that *bricolage*,

and schizophrenic *and* artistic thought are equivalent? This seems absurd and perhaps, in reaching this equation, I have merely allowed myself to be captured by the terms and have merged their respective referents. To be sure, each one is a slippery concept from its respective disciplinary viewpoint.

On the other hand, absurd though the equation might seem, the fact that it can be reached at all suggests some further consideration of Lévi-Strauss's three-fold distinction between *bricolage*, art, and modern science as modes of thought. Art, it will be remembered, is placed half-way between *bricolage* and modern science. The artist is said to partake of both. He is a *bricoleur* in creating a model or structure, a recognizable painting for example, out of pre-existing images. So does the myth-maker. But he also works by design, like the modern scientist or engineer in producing, as well as reproducing, structures. That is to say, the picture only exists as a painting on canvas and remains under his technological control as creator. He can, if he wants to, alter it so as to signify new directions, as would an impressionist (Lévi-Strauss 1966: 22, 25).

Likewise, we are told that intellectual *bricolage* in the form of myth-making has a poetic quality and can achieve brilliant intellectual results (*ibid*: 17, 21). Much the same could be said of divination which, as well as offering opportunities for dramatic and semantic creativity, solves the practical problem of mental as well as physical distress.

Part of the solution consists in allocating and legitimizing social roles: the patient always has the chance of becoming the diviner. Moreover, the method by which this is achieved is, as can be seen from my summaries of the divinatory diagnoses, broadly predictable but with scope for individual creativity. The Digo and Giriama diviners, it will be remembered, elaborated to a greater extent than the 'Arab' and in ways much more aesthetically pleasing. As well as being *bricolage*, then, and even touching on modern medical science in its diagnostic parallels with psychotherapy, the divination is also an art form.

Lévi-Strauss himself says that the difference between the myth-maker and the modern scientist, or the *bricoleur* and the engineer, with the artist in between, is not absolute, and the distinction remains an important general approach complementary to the recent discussion of whether 'primitive' thought is based on two- or three-valued logic, and whether it may be said to exist at all (Cooper 1975; Salmon 1978; Hallpike 1976, 1977; Williams 1977; & Warren 1978).

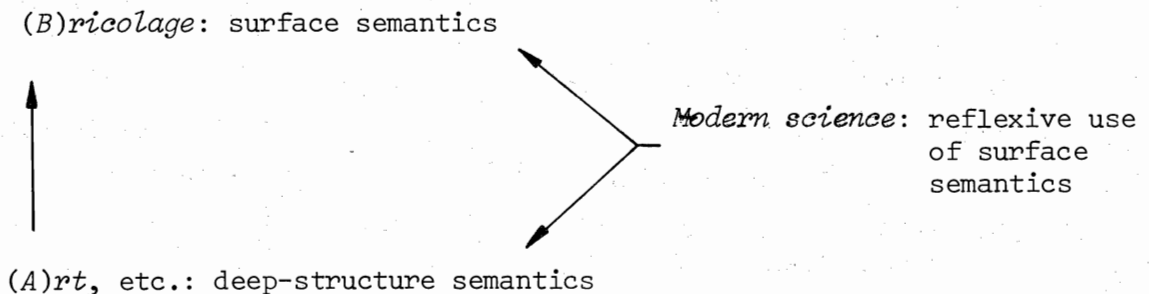
But there is another approach which, on the basis of my data, I would state as follows. Analysis of the diviner's speech reveals two parallel patterns: one to do with the language used, and the other with the narrative theme. To take the linguistic dimension first, the diviner starts with what I called jumbled speech, or what we may now refer to as inconsistent and mixed use of metaphor, false syllogism, some reversals, and an apparent lack of path control - i.e. straying from one concept to another and back again inconsequentially. Though intended (we assume) rather than involuntary, these are features common in some degree to the speech of all of us, but in excess may characterize so-called schizophrenic speech (Werner and Levis-Matichek 1975). These features are rectified as the divination proceeds. The speech and argument become clearer and culminate in perfectly precise instructions based on a crisp classification of causative agents and remedial plants, animals, and other substances.

The narrative theme starts with the idea of aimless wandering in an unspecified and we may assume empty area, which is alien and remote. Within it, paths criss-cross confusedly but eventually, through the idiom

of bodily exploration, lead to a settled point and prospective cure.

We can see that the shifts from jumbled to sequential speech and from aimless wandering to purposeful direction 'say' the same thing. But it would be difficult to conclude that one is an epiphenomenon of the other. The logic governing both may be said to lie in the contrast between deep-structure and surface semantics. Gerald Leech offers us a linguistic example with the sentence *I saw the girls cross the street* (1974: 288). At a deep semantic level the crossing and the seeing occur at the same time - they are 'a junction of two interacting events' (ibid). But the sentence orders them sequentially - the seeing comes before the crossing. It also subordinates the second clause (*crossing the street*) by embedding it in the main clause (*seeing the girls*). As Leech remarks, the truest 'copy of the structure of events and circumstances we recognize in the reality around us' (ibid) is in fact the synchronous picture, or what he calls the orderless network of deep semantics. Sentence order 'distorts' this 'true' picture by separating events in time and ranking them. Events do of course occur which, 'in reality', are indeed sequentially ordered and may be ranked in utterances by entailment and presupposition. But even here, sentences used to describe them can never fully overcome syntactic and phonological restraints and approach the semantic accuracy of personally rather than 'grammatically' ordered words. Like the painter and the poet, the schizophrenic speaker can say things with a shocking but brilliant poignancy that conventional sentences rarely attain. As with the initial jumbled speech of diviners, they operate more freely at a level closer to the orderless networks of deep-structure semantics.

The shift from deep-structure to surface (sentence) semantics seems, then, to underlie the parallel shift in the diviner's speech style and narrative theme. Deep-structure semantics would seem to be the area of the most creative, artistic, poetic, and schizophrenic thought, and surface semantics that of classification and taxonomy, i.e. of *bricolage*. To complete the model, modern science may be regarded as reflexive surface semantics, i.e. language used to refer to itself, including its deep structure (which is what I have attempted in this paper):



We see now the place of the two archetypes with which I began this paper. Categorical overlap, crossing, or confusion (i.e. orderless networks), belong in the area of deep-structure semantics and art (A). We are used to the idea of this archetype being an object of the ritual attitude. More properly we should say that it poses the intellectual puzzles which people seek to solve through aesthetically pleasing methods.

The second archetype takes off from here and, in depicting the return from random wandering in the wilderness to straight and narrow paths, represents the movement from deep-structure to surface semantics (A → B), or, in the particular case of divination, from jumbled to clear speech.

We see, then, why the basic styles and themes of shamanistic divination, at least in the society I have studied, are the same, regardless of the social circumstances of diviners. For they are part of a wider logic by which we solve problems as puzzles: by untangling, and so clarifying and recognizing them.

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