Die Forschungsgruppe «Kulturelle Konstitution der Kausalkognition» hat während ihrer Laufzeit mehrere Workshops am ZiF veranstaltet, die unterschiedliche Themen und Fachgebiete abdeckten. Die Diskussion bestimmter Themen (u. a. Magie und Medizin), Fragestellungen (u. a. Aktivität und Kausalität, Universalität von Kausalkognition) und Methoden (u. a. zur Analyse des Ausmaßes von kulturellem Konsens) konnte so durch geladene Gastredner bereichert werden.

Magic and Medicine. Conceptions of Causality in Processes of Healing

When looking for the one setting in which the ‘why-question’ is commonly and prominently asked, then illness is amongst the most promising candidates. Illness, healing and—ultimately—death constitute the domain in which asking for a reason and a purpose turns existential and correspondingly takes central stage. However, not every explanation asked for in this context is necessarily causal in nature. Therefore, investigating when and how causality features in diagnoses of disease and in attempts to heal provided the main focus of the workshop ‘Magic and Medicine. Conceptions of Causality in Processes of Healing’ which the Research Group ‘Cultural Constitution of Causal Cognition’ organized in December 2011.

As the workshop organizers, York Hagmayer (London), Hans Markowitsch (Bielefeld) and Thomas Widlok (Nimwegen) had expected the workshop would present some ‘hard cases’ to the ZiF research group. ‘Hard cases’ refer to hard evidence from empirical research (instead of thought experiments) on causal reasoning taking place in real life scenarios and that are hard to conceptualize with established models of causality since they suggest cultural variations at a fundamental level.

Participants in the workshop came from a wide variety of disciplines that have an interest in the social science dimension of medicine, namely medical anthropology, psychology, philosophy and history. They were asked to reflect and report on their field of expertise with particular reference to concepts of causality since the ZiF research group approached medical diagnosis, which is, of course, an interesting field in its own right, primarily in terms of a promising domain that could enrich our research on causal cognition and that may challenge pre-conceived ideas about causality. Amongst the ideas that were challenged by almost all papers was the assumption that in medical diagnosis and healing human agents would rely on notions of causality in the simplest mechanical sense of a single cause (e. g. a particular germ) leading to one effect (a particular symptom). Rather, what the case studies show is how patients and
medical practitioners interpret symptoms on the basis of their respective ideas of how medicine (or magic for that matter) works—often in a dialogical fashion in the course of an interactive process that takes place in a particular environment shaped by cultural institutions.

Cilia Witteman (Nimegen) who analyzed the training and practice of therapists and medical staff in the Netherlands pointed out that causal reasoning was in practice not the main strategy for arriving at a diagnosis and at a plan to cure and heal. The most skilful doctors and the most common illnesses involve ‘ready-made’ habitual procedures for which no explicit and extensive causal mode of reasoning is required. In such cases medical practitioners rely on their intuitions and procedures rather than on causal deliberations. They may switch to deliberate causal reasoning when procedures fail or when complications arise. What is true for Western medicine is also found in other settings. Stefan Ecks (Edinburgh) who has done participant observation with medical staff and patients during his ethnographic research in India pointed out that the most successful and sought-after doctors were those who managed to combine notions of cause and effect in Western pharmaceutical treatment with local Indian notions of humoral medicine based on practices of balancing food substances for human well-being. Several contributors suggested that it may be exactly because illness and healing are of such existential importance that patients and doctors mobilize all modes of reasoning at their disposal—and try to combine plausible explanations successfully. This also explains why there is a persistent undercurrent of scepticism and critique—evident in presentations by Frederica Russo (Kent and Brussels) and Renaud van Quekelberghe (Koblenz-Landau)—towards trends in Western medicine to focus exclusively on probabilistic and generic causalities while patients demand a specific cure that deals with their particular situation, their individual constitution and personal needs. Discussions at the workshop started to unpack the complex relation between, on the one hand theories of disease (biomedicine being only one among several), and on the other hand the modes of causal reasoning that—implicitly or explicitly—can be associated with these theories.

Some of the cases presented indeed proved to be ‘hard cases’, in the sense that phenomena, diagnoses and the treatment of illnesses may appear to be irrational when considered against a bio-medical model of effective substances or at least in the sense of ‘hard to deal with for the natural sciences’. These discussions of ‘irrational’ behaviors included ‘Western’ cases of bodily decoration and mutilation, presented by Aglaja Stirn and Johanna Möller (Hamburg), as well as accusations of causing illnesses and interventions to combat illnesses outside Europe that are quickly labelled ‘magic’ or ‘witchcraft’.

The notion of ‘magic’ itself is a Western category that functions primarily as a ragbag category of ideas and practices which Western science historically aimed to emancipate itself from, generally felt uneasy with and therefore relegated these ideas to a residual category of faulty notions. Not surprisingly, outside the narrow confines of ‘the West’ people do not readily categorize actions in these terms and fail to show efforts to ‘purify’ their reasoning and actions accordingly. Moreover, several contributors to the workshop illustrated that what is perceived as ‘magic’ by outsiders, has characteristics that are quite compelling, if not intuitive to the practitioners themselves. Cristine Legare (Austin) presented her research on Brazilian ‘simpatias’—little ritualistic formulae or ‘magic’ actions that are used to deal with illness or bad luck that

Renaud van Quekelberghe (Koblenz-Landau, DEU)
Frederica Russo (Brüssel, BEL)
Marén Schorch (Bielefeld, DEU)
Anita Schroven (Bielefeld, DEU)
Martin Solich (Köln, DEU)
Angelica Stanilou (Bielefeld, DEU)
Keith Stenning (Edinburgh, GBR)
Koenraad Stroeken (Gent, BEL)
Christopher Topp (Bochum, DEU)
Markus Werning (Bochum, DEU)
Cilia Witteman (Nimwegen, NLD)
have recurring particular formal features which make them cross-culturally recognizable as ‘being effective’. This suggests that there are some intuitive causal principles to which these cultural forms appeal to and which may have evolved universally as (by-)products of our cognitive system.

This also connects to the ubiquitous distribution of practices and modes of reasoning that Western science tends to lump under the notion of ‘magic’. When investigated as systems of lived practice these modes of reasoning lose their ‘exotic’ nature, but when reduced to inexplicable remnants they become caricatures of themselves. At the workshop examples of both such cases were presented. On the one hand, Koen Stroeken (Gent) provided an analysis of the social functions, the underlying conflicts and moral dilemmas that provide the context for East African notions of ‘witchcraft accusations’ that can be observed today. On the other hand, Bernd-Christian Otto (Erfurt) gave an overview of past ‘magical’ practices that survive as ‘the exotic at home’ in the fragmented records of European history, constituting the backdrop for an emerging modernist identity.

In sum, the workshop provided a potpourri of cases and methods. The cases would continue to be useful for the discussions of the ZiF group in the months to come because they served as an empirical basis covering examples of causal reasoning in magic and medicine. At the same time the case studies are an important reminder that in everyday life most people are very much concerned with finding satisfactory explanations for illness and casualties without necessarily being worried about theories of causalities. While particular cultural backgrounds (including biomedicine) are selective with regard to the type of causes that are considered acceptable or rational, many settings in practice allow agents to combine one or more theories of causality with intuitions that they feel are appropriate for the situation at hand.

Thomas Widlok


Tagungsbeiträge  Contributions

Bernd-Christian Otto  Magic in Medicine? Causal Beliefs in Healing Rituals
Cristine Legare  Evidence from the Supernatural: Evaluating Ritual Efficacy
Federica Russo  Causes and Probabilities for Health
Renaud van Quekelberge  Shamanism (Meditation, Yoga, Non-Dual Mindfulness):
Stefan Ecks  How Different Indian Medical Practitioners explain Rising Rates of Depression
Cilia Wittsman  Clinical Causal Reasoning in Mental Health Care
Koen Stroeken  Tracing Topoi: Causality in Witch Construction, Divination and Sukuma Magic
Agaja Stirn, Johanna Müller  Magical Moments and Pathological Aspects of Body Modification
York Hagmayer, Thomas Widlok  Conclusions and Way Forward