

IPSEITY, ALTERITY, AND COMMUNITY: THE TRI-UNITY OF MAYA THERAPEUTIC HEALING

by *T. S. Harvey*

Abstract. Taking K'iche' Maya therapeutic consultations in Guatemala as its focus, this essay explores some astonishing indigenous accounts of "healing-at-a-distance" and "pain passing" between healers and wellness-seekers. Rather than exoticizing or dismissing such reports, we attempt to understand what it means to conceive of the bodily boundaries of healers and wellness-seekers (self and other) as sympathetically defiable and transgressable in healing. Within the moral space of K'iche' healing, when one cares to feel, if one dares to feel *with* another or others, the experiential space between healer and wellness-seeker is transformed as the alterity (otherness) of *what* is felt and *who* feels becomes (through a sympathy in ipseity) but one thing. I argue that Maya therapeutic healing may be seen as a tri-unity, involving a movement from an enfolded illness experience (alterity) to an unfolding sickness experience (ipseity), passing through empathy until participants together arrive at sympathy (community) to experience healing.

Keywords: alterity; cultural psychology; healing; ipseity; Maya; medical anthropology; self/other concepts; sympathy; wellness-seeker.

Horatio: O day and night, but this is wondrous strange!

Hamlet: And therefore as a stranger give it welcome.

*There are more things in heaven and earth, Horatio,
Than are dreamt of in your philosophy.*

—*Hamlet*, Act I, Scene V.185–88
(Shakespeare 2003, 67)

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What philosophy tries to articulate are contingencies: potential relational modulations of contexts that are not yet contained in their ordering as possibilities that have been recognized and can be practically regulated. Philosophy's back-flow is to a point of pre-possibility. It is a form of contingent reason whose "(non)-object" is the practically impossible. *The impossible is not the opposite or simple negative of the possible. It is the indeterminate but positive potential for possibilities to be added to particular context.* (Massumi 2000, 204; emphasis added)

Using K'iche' Maya¹ examples from my linguistic anthropological research on language use in health care in highland Guatemala, I discuss in this article a Maya therapeutic practice that might be called "healing-at-a-distance" and the cultural conditions of the possible² that prefigure it. Healing-at-a-distance involves reports of Maya healers and Maya wellness-seekers³ having astonishing intersubjective experiences of shared sickness, health, and healing. Given the nature of some of these reports, I avoid attempting to describe and explain them. This reluctance to analyze is born out of an admission that therapeutic practices involving reports of healers and wellness-seekers transgressing bodily boundaries seem, for all intents and purposes, impossibilities.⁴ Yet, I reject a fortiori positions that would dismiss out of hand such admittedly foreign conceptions as necessarily the fancies of backward and exoticized peoples with the sun in their faces.⁵ In acknowledging that it is precisely our unnamed intents and purposes that render both the possible possible and the impossible impossible, I attempt to push beyond some of the a priori Western conditions of the possible that govern Western conceptions of *self* and *other* as they relate to health and healing and move into a discussion of K'iche' Maya cultural conditions of the possible⁶ that govern K'iche' notions of self and other as they relate to health (see Adams and Rubel 1967; Hanks 1984; Tedlock 1992; Huber and Sandstrom 2001) and healing-at-a-distance.⁷

The K'iche' Maya practice of healing-at-a-distance involves the diagnosis, treatment, and sharing of health and healing with the geographically distant⁸ sick (see Harvey 2006), and it requires, as a condition of its very possibility, radically different conceptions of self and other. Through a linguistic and ethnographic analysis I argue that K'iche' Maya notions and experiences of self and other are different enough from corresponding (though dissimilar) Western conceptions to suggest the impossible in therapeutic healing.⁹ That is, Maya notions of self and other, at least as they relate to conceptions of the sharability of health and healing, suggest that the would-be boundaries imposed by the terrestrial bodies of healers and wellness-seekers may, in indigenous conceptions, be defied and even transgressed through that which may be described as the aerial vehicle of sympathy. In some varieties of Maya therapeutic healing, the dissolution of the self and other boundary may be said to resemble what the Persians have called the doctrine of *faná* and *baqa* (self-annihilation and resurrection), a praxeology that challenges the ontology of the Western dichotomy of self and other.

In K'iche' Maya healing, a conformity of fellow-feeling (between healer, wellness-seeker, and her or his companion) at the intersection of self and other is no mere empathy, no projection, but a deceptively simple sympathy, an affinity that feels neither for nor through another but *with* (sym) another or others (Harvey 2006). But, we may ask, what is the phenomenal nature of such a self, a self that appears to commune in sympathy with an other, not as other but as ulterior¹⁰ self (Ricoeur 1992)? Indeed, it has been suggested that in Western psychology such an apparent lack of ipseity at the vanishing point of a distinctiveness of self from others is linked to schizophrenia or "disorders of [the] phenomenal self" (Stanghellini 2001, 201). However, resisting the urge to pathologize the other leaves room for further questions. For example, under what cultural and cognizable conditions is such a communion of self and other for the K'iche' Maya thought to be possible? I argue here that at the "impossible" union of ipseity and alterity, between being and unbeing, rises community in sympathy, the trinity of Maya healing—ipseity, alterity, and community.

We turn now to a linguistic and ethnographic demonstration of these K'iche' conceptions and put our questions and propositions to the data, asking if indeed, as Paul Ricoeur suggests, "the most profound ethical request is that of the reciprocity that institutes the other as my likeness and myself as the likeness of the other" (1999, 46).

The linguistic excerpt that we examine comes from a Maya therapeutic encounter recorded 24 April 2001 in Nima,¹¹ Guatemala, the site of my field research.¹² This intracultural consultation occurred at the Nima Catholic Church's dispensary and involved four participants: Miriam, a K'iche' Maya theurgical¹³ herbalist; two K'iche' dispensary visitors, a wellness-seeker (a thirty-five-year-old local woman) and her companion (a niece who was around twenty years of age); and the researcher. The portion of the interaction that we examine here contextually situates the reader *in medias res*, beginning about eighteen minutes into the twenty-two-minute Maya therapeutic encounter.

First, a note on the organization of the text and the orthography.¹⁴ The communicative contributions of the interactants are organized in a "polyphonic score" (Harvey 2003) rather than a transcript. The interactions of speakers and speaking are represented as unfolding through time, across rather than down the page, as with a musical score, allowing for the graphic representation of communicative interactions between speakers "speaking" and "making silence" (Harvey 2003). Moreover, the orthography is descriptive rather than prescriptive (Labov 1972): The K'iche' is written to reflect how the interactants themselves spoke K'iche'—idiosyncrasies and all—and not written as the fulfillment of a grammatical prescription for how standard K'iche' *should* be written or spoken.

Abbreviations for the participants involved in the Maya therapeutic consultation are as follows: H, healer; WS, wellness-seeker; C, companion of

wellness-seeker; and R, researcher. The K'iche' (Figure 1) is followed by the English translation (Figure 2).¹⁵

Most immediately notable, the polyphonic score documents the healer's remarkable account of a personal attunement to the wellness-seeker's affliction, the experience of shared lower back pain: "Yes, your back is very painful because it passed to my back" (H: Bar 1, Figure 2). Although this portion of the consultation represents the most explicit articulation (in this encounter) of K'iche' conceptions of the sharability of health, and is thus our primary focus, a brief examination of the ethnographic scene preceding this exchange situates these exchanges within the wider consultation. The consultation excerpt actually represents the second occasion during the therapeutic encounter where the wellness-seeker suddenly and horribly gasped for air, calling out, "Uhh!" (WS: 1) The first instance of gasping—and of "pain passing"—occurred about four minutes prior to the instance in the score. The first instance emerged without any of the preceding verbal acknowledgement of a shared experience of health on the

Bar 1.

H: Va. Sí. sibalaj k'ax la wij. q'ax chi le wij in e' _____ Ji. ji. ji... q'axik...ji. ji. ji... :H
 C: _____ Aq'aq' chik _____ :C
 WS: _____ Uhh! :WS
 R: _____ :R

Bar 2.

H: _____ Q'axik _____ :H
 C: _____ K'omo, k'omo kuwa _____ :C
 WS: q'axik chik _____ La k'ut? _____ :WS
 R: _____ :R

Fig. 1. K'iche'.

Bar 1.

H: Yes, your back is very painful _____
 because it passed to my back _____ Ha, ha, ha...It passes...Ha, ha, ha...:H
 C: _____ Now, you burn _____ :C
 WS: _____ Uhh! :WS
 R: _____ :R

Bar 2.

H: _____ It passes _____ :H
 C: _____ As, as you look at it, it is good _____ :C
 WS: now it passes _____ Well, look? _____ :WS
 R: _____ :R

Fig. 2. English translation.

part of the healer or companion. Without such indexing of a shared experience, and without an audible mention of pain passing, the wellness-seeker's first sudden gasp was both startling and disturbing.

To set the ethnographic scene within which participants' excerpted communicative contributions unfolded, we turn to a piece of ethnography, or participant observation, for contextualization. From my notes:

... As the companion rests one comforting hand on the wellness-seeker's shoulder, the healer gently touches the small of the afflicted woman's back, here and there. From one end of her body to another, they move patiently, healer and companion changing places at the examination table, exchanging between them, comfort and care. Now the steeple bells are ringing louder dong . . . Dong . . . Dong . . . Dong . . . replacing the quiet of the consultation room with the shuffle of parishioners' sandaled feet as they pass, heading to evening mass, flip . . . flop . . . flop . . . flop . . . outside the Dispensary door, and then the crow of roosters in the courtyard, coo . . . coo . . . Ruu . . . Coo . . . Coo . . . calling, and there, in the reception room a child impatiently taps the candy display case with single coin, tic . . . tic . . . tic . . . tic . . . waiting, and here, amid the faint sound of a choir singing, Ave Maria! . . . the wellness-seeker joins the polyphony, gasping, Huhh!, lifting her head from the table, murmuring, "it passes!"

In these ethnographic notes I have perhaps committed some symbolic violence in even attempting to follow the complexity of the open-textured and polyphonic scene (Bakhtin [1984] 1999) in which the communicative contributions of participants unfold. There can be no end to description, of course, no textual exhaustion of lived life's meaning or complexity, only addition; and so we add texture upon texture, returning to the previous text, to the excerpt from the polyphonic score, and ask, What is it exactly that "passes"? According to the healer and the wellness-seeker it is precisely the pain that passes, between them. What passes? Where? How is it that pain passes? What are we to do with the healer's assertion "Yes, your back is very painful because it passed to my back" (H: Bar 1, Figure 2)? Anthropologically, by far the easiest thing to do is to dismiss this, sweep it under the ethnographic rug of so many unpublished field notes. We dare not treat it as mimetic narrative, lest we be called kooks, or, for that matter, appraise it as outright "anti-mimetic" (Mattingly 2002, 25), which would seem too dismissively positivistic, perhaps even racist. Perish the thought! May we call these reports of shared pain and healing examples of "performative" narrative and avoid the issue of referentiality¹⁶ altogether and eschew the controversy of a truth-value test?

Maya reports of shared health and healing-at-a-distance are no doubt performative (Mattingly 2002). However, to stop there, to stop at a place where the value of such narratives to lived experience, to health, is merely a question of the performance (and this is not Mattingly's position), does not answer the tough phenomenological questions regarding the relationship of the very conditions of the possible to the lived value of such narratives whether understood as mimetic, antimimetic, a combination of the

two, neither, or something else entirely. I am merely suggesting, as perhaps William James would (1999), that existential judgment not be confounded with proposition of value—that is, that the study of the origin of the idea of pain passing (whether performative, mimetic, antimimetic, or otherwise) not be confused with a study of the *value* of pain passing.

An examination of the propositional value (the meaning) of the idea of pain passing frees us from a condemnation to a cultural prison that a fixation on arriving at pain's ontological referent would ensure. I suggest that our questions revolve not so much around the issue of what pain *is* (an existential judgment) as around “what pain is *for* _____” (a propositional value). *For* the (canonical) Western culture, we know well, as Elaine Scarry so aptly puts it, that “whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language” (1987, 4). If, however, we (mis)take what pain is for the West (unsharable and ineffable) as the quiddity of pain, as an existential judgment that touches Kant's noumena *in se*, we deny the layer upon layer of culture that covers the conditions of the possible within which our notions of self and other are wrapped. In that we are here considering the propositional value of pain passing and not attempting to arrive at an existential judgment, it may be said that this inquiry is concerned with the axiology (value) and the praxeology (practice) of K'iche' Maya healing-at-a-distance and pain passing.

Returning now to the ethnography, and to the polyphonic score, we might well ask, with an eye toward propositional value, What of the wellness-seeker's first gasp? Perhaps (though admittedly disturbing to me) the gasp was merely convention, simply a part of K'iche' Maya therapeutic expectations. But what of the healer's claim? What of her report to have been “feeling with” the wellness-seeker? (Press 1975; Hinojosa 2002) Shall we dismiss that as well? Call it fancy? And the wellness-seeker's companion—what do we make of her declaration “now, you burn” said to the wellness-seeker after “the pain passed”? To even ask such questions,¹⁷ for some, is an exercise in absurdity. Given the typical Western metaphysical and logical conditions of the possible, and the propositional value extended from such conditions, these claims and experiences are no doubt clearly impossible. However, before we embrace such a declaration and rest in the comfort that things are as they are for us as they are for others, let us, with a bit of ethnography and theory, consider some of the non-Western conditions under which saying and experiencing “Ha, ha, ha. . . . It passes. . . . Ha, ha, ha . . .” might be possible while yet impossible for us.

In follow-up interactions with the participants, after the therapeutic consultation had ended, it was suggested to me that the gasps—both the first and the second—were the wellness-seeker's articulations of experiences of what we may call a *presence*—experiences of another not as other but as another self among multiple (present) selves. The wellness-seeker went on

to explain the first gasp, summarizing as follows: “the sensation of carrying a table alone and suddenly, unexpectedly, feeling one end of the table being lifted.” The wellness-seeker attributed her corporeal sense of a presence, a communion, to the sympathetic presence of the healer (as a co-present self), to whom, as she says, “it passes.”

Although we have come some distance with this bit of exegesis in terms of the perspective of lived experience, we still need to push further, asking what the nature is of K'iche' Maya conception of self and other and how these conceptions reflect the conditions of what is conceived as possible.

Any socio-scientific discussion of what may or may not be “passed” between humans “being,” especially with respect to passing something like pain, is liable to reflect cultural conceptions of the body (Csordas 1990), as these perceptions relate to notions of the body's permeability or the lack thereof. The almost prereflective Western notion of corporeal soundness, or at least the idea of relative impermeability (save of course bouts with bacteria, viruses, and infectious diseases), is seated in a particular conception of physicality, one that is thought to fully encompass and exhaust the totality of corpo(reality).¹⁸ This Western perception of a corporeal factuality, which posits the body as something relatively impermeable, moves in two colliding directions. Its relative imperviousness is understood as existing from both within and without, conceptually making the Western body into something of a container (see, for example, Lakoff and Johnson 1996), the storehouse of emotions and the concretely separate and separated sanctuary of the self and subjectivity. By extension, such a conception of impermeability and of separateness (mis)takes the skin, the body's physical exteriority, and all of the certainty of its “factual” concreteness for the ontological evidence of its beginning and end (see Turner 1980).

It may even be suggested that a manner of thinking such as this one, which conflates the visible exteriority of an object with concreteness and by extension equates that posited concreteness with an imagined impermeability, might also conceive of something like the scientific process of magnetism as magic, especially given the seemingly impossible interaction between would-be impermeable and/or otherwise concrete objects. In magnetism, one nonmagnetized metal object may become magnetized by being in contact, in relation, with another (separate) magnetized metal object. Despite the apparent concreteness and impermeability of two metal objects, something in magnetism passes between them, something invisible, a force that acts-at-a-distance. Indeed, what we generally think of as magnetism occurs as a result of minute interacting forces between neighboring electrons both within a single object and across multiple objects. These forces, though minute, promote (at-a-distance) the magnetism of neighboring atoms to be in the same or a parallel direction.

With the analogy of magnetism, and through an exploration of the minute and interacting (or communing) forces of *self* and *other*—*ipseity*

and *alterity*—I now suggest some conditions under which both pain passing and healing-at-a-distance may be both culturally possible and valuable for participants in Maya healing.

Returning to the polyphonic score for another view of the K'iche' self and other in relation to the K'iche' Maya concept of pain passing, we observe (in staff C) the companion's comment to the wellness-seeker, "*Aq'aq' chik*"—"now, you burn." With this comment it would seem that the companion, much like the healer before her who reports pain passing, is also reporting a kind of fellow-feeling (what I have elsewhere called sympathetic entanglement [Harvey 2006, 5]). In saying "now, you burn" she is reporting an attunement to the wellness-seeker's lived experience of health. Ethnographically, "now, you burn" is a reference to the familiar¹⁹ sensation of *le baq*, "the bone" or "the needle," where the bone in syncretistic Maya therapeutic healing (and local biomedical consultations) delivers *ri kunab'al*, the medicine. Among the K'iche', this breach of the bone is frequently accompanied by articulations of burning, probably because of their familiarity with the various vaccinations that can produce this effect. In this way, the companion compares the entrance of the healer (at-a-distance, via sympathy) into the wellness-seeker's subjectivity (in this case into her illness experience) to that of the entrance of a needle that brings medicine into the body. Hence, "now, you burn." Hearing the companion's sympathetic expression of fellow-feeling, the healer responds knowingly, laughing "Ha, ha, ha. . . . It passes. . . . Ha, ha, ha . . .", and the wellness-seeker correspondingly lets out another gasp "Uhh!" saying "Now it passes."

In this sympathetic movement at the communion of self and other, the wellness-seeker moves from an enfolding illness experience to an unfolding sickness experience. Socio-scientifically speaking, we may say that illness is individual (Young 1982; Kleinman 1988), describable as a corporeal centripetality, a pinning inward, or as an unshared experience of affliction that is experienced as inescapable and individual rather than dispersed or social. Correspondingly, we may say that sickness is social (Young 1982; Kleinman 1988), describable as a corporeal centrifugality, a flinging outward, or a sharing of the experience of affliction that is experienced as dispersed and social rather than inescapable or individual (Turner 1967; Geertz 1986). But all of this perhaps is but an overly awkward and complicated way to say, simply, "*q'axik*"—"it passes."

Despite whatever linguistic or ethnographic data issued forth, grasping the phenomenological conditions of the possible that prefigure K'iche' Maya conceptions of sharing health and healing-at-a-distance either through the experiences of a presence or the experiences of pain passing is dogged and inhibited by the persistence of fundamental Western suppositions regarding the nature of the self and the other. The Western conception presents and imposes, among other things, a well-known dichotomy between self and other. Inherited from our intellectual ancestors, this dichotomy, and

indeed dichotomous thinking in general, comes to us from thinkers whose thoughts have long since become, for us, unthinking, or, better still, pre-reflective. But the point here is not imitation, criticism, or even opposition but rather a question regarding the very condition of the possible: Might the relationship of self to other be something other than dichotomous?

In this vein, I would like to engage *self* and *other* in relation to the sharing of Maya healing and health through the idea of a tri-unity of ipseity, alterity, and community.

Iipseity has been defined as “the sense of existing as a subject of awareness” (Stanghellini 2001, 201) and as a premodality of self awareness. *Alterity* is defined as otherness as well as the state of being different or other. The existence, or the being, of the one, ipseity as self-awareness, is caught up in the existence of the other, alterity. The Sufi concept and Arabic word *nafs*, “self,” which has as its root *nafas*, “breathing,” articulates the relationship of ipseity to alterity well. *Nafas*, breathing (or being), is inhaling and exhaling, the self and other, the two (ipseity and alterity) together one, inseparable, a necessary conjunction. That said, neither ipseity nor alterity is tenable as ways being, in isolation from one another, they are what might be called appositional (Wagner 2001).

The importance of the conjunctive relationship of ipseity to alterity and of self to other for our discussion of Maya health and healing relates to the conditions of the possible in terms of conceptualizing healing-at-a-distance and pain passing. Perhaps, for some readers, I am flirting with absurdity in even asking the question, but I pose it nonetheless. What would the nature of the relationship between self and other have to be in order for a Maya healer and a wellness-seeker to rationally declare that pain passes between them? I suggest that the conditions of the possible in Maya health and healing, as they involve the radically different relationship of self to other, hinge not upon the question of dichotomy (or even the distance between self and other) but instead on something like *nafas*, conjunction as being, the co-presence and communion of ipseity and alterity, of self and other. This is not a self or an other as pure self or as pure object (Merleau-Ponty 1989) but an intersubjective communion of self and other.

If one way to render non-Western conceptions of self and other intelligible to Westerners involves placing such conceptions as described here in appositional relationship to Western conceptions, the following might be helpful. Beginning with the Western body as a way to understand K’iche’ Maya healing, we may say that the conceptual distance that the West takes for an ontological distance between self and other is traversed in Maya (not Western) conceptions through the aerial vehicle of sympathy—the minute interactional forces of feeling moving bodyward in the tri-unity of Maya healing—ipseity, alterity, and community.

Here, ipseity is an awareness of self that identifies the self with other selves, from whence one self is like all selves, and all selves like to but one

self, the very contradiction of the laws of metaphysics and logic and the very essence of sympathy, of healing, of altruism (*faná* and *baqa*, annihilation and resurrection). This form of selflessness, of sympathy, is not the absence or even the subtraction of one self but the addition of selves, a submission to and an attunement away from one self and toward others as not “others” but ulterior selves. These ulterior selves are inescapably not “other” in the sameness of their being also in possession of a self (like one’s own self).

Here, in the moral space of human healing, when sympathy is shaken from the self, the other, not “other” but self, is shaken and replies. And so healer and wellness-seeker move—from self to other, from here to there, from an enfolded illness experience of alterity to an unfolding sickness experience of ipseity, passing through empathy until together they arrive at sympathy, community, and feel, human healing. Such therapeutic transformations need not and in fact do not end in a “cure”—the force of healing, though moving bodyward, defies bodies, even death, running, like the aerial vehicle of sympathy, deeper and wider than the individual.

NOTES

A version of this essay was originally presented in the symposium “Spiritual Transformation and Altruism” at the annual meetings of the American Anthropological Association, Washington, D.C., 4 December 2005.

1. K’iche’ is a Maya language (a native Central American language) and is the largest spoken indigenous language both in Guatemala and Central America.

2. By the conditions of the possible I mean the cultural and linguistic conditions that govern what is, for a people, phenomenologically perceived and/or otherwise deemed to be possible. However, it should be noted that this is not a reference to the possible in any objective, much less noumenological, sense but the possible vis-à-vis perception.

3. I coined the term *wellness-seeker* (see Harvey 2003) and apply it here to exemplify the socio-scientific need to distinguish between the wellness-seeking attitudes, behaviors, and practices of nonmedicalized peoples (who are frequently non-Westerners) from the health-seeking attitudes, behaviors, and practices of medicalized peoples, patients (who are frequently Westerners). Significantly, the term uses *wellness* rather than *health-seeker* because the term *health* and to an even greater degree *health care* have been thoroughly if not completely appropriated by Western biomedicine and as such presuppose and impose a great many presumptions on those who and that which they are used to describe.

4. By impossibility, as with my reference to possibility in note 2, I am referring to the cultural and linguistic conditions that govern what is, for a people, phenomenologically perceived and/or otherwise deemed to be impossible. Moreover, the impossible here—like the previous reference to the possible—is not a reference to the impossible in any objective, much less any noumenological, sense.

5. By this I mean not only native peoples but any exoticized people who do not see or conceive of or accept the world as “we” (an inclusive pronoun for which I am frequently not included) have come to know it. Such peoples need not be considered either in need of being disabused of their assumed incorrigible ignorance or in need of protection from the wider world that threatens their “exoticness.”

6. I mention here, though for an anthropological audience it goes without saying, that the conditions of the possible among the K’iche’ with regard to self and other are, like the conditions of the impossible and the possible in Western notions of self and other, equally a priori, but getting at those of the K’iche’ Maya require at least an attempt to get around our own.

7. My point in this work is not to persuade the reader of the efficacy of K’iche’ Maya beliefs and practices or the closed-mindedness of Western conceptions, or even to answer the question

of whether or not Maya therapeutic interventions really work; the objective is to examine the conditions under which such beliefs and practices may be understood as possible and enacted as such.

8. This distance may be miles (Harvey 2006) or mere inches; the significance of distance in healing-at-a-distance is caught up not in whether that space is great or small but instead in reports and experiences of bridging the impossible space between bodies, a distance imposed by the physicality, the corporeality, of the body.

9. By therapeutic healing I mean nonbiomedical remedial intervention and/or treatment.

10. By ulterior self I mean a self that lies just beyond the immediacy of one's self.

11. *Nima*, a K'iche' Maya word meaning "river," is a pseudonym for the town where the investigation actually took place.

12. My linguistic anthropological field research was made possible by two Fulbright research grants through the International Institute of Education.

13. A theurgical herbalist is an herbal healer who invokes and involves the operation of the Divine or the supernatural in the affairs of healing.

14. This research and analysis uses a modified K'iche' orthography, one that builds on the K'iche' orthography standardized by Maya linguists at Proyecto Lingüístico Francisco Marroquín in Antigua, Guatemala, incorporating (when necessary) variations in actual pronunciation into the standard written form (c.f. conversational analysis in Labov 1972). The effect is a descriptive orthography.

15. Orthographically demonstrating equivalence vis-à-vis the duration of an utterance in K'iche' in the polyphonic score bearing the English translation is made difficult by the fact that English orthography uses more characters to represent the same idea that K'iche' represents using fewer words and characters. The result is that the K'iche' score (Figure 1) is a better representation of turns of talk than the English translation (Figure 2).

16. By referentiality I mean the function of language relating to references to entities, states of being, events, and so forth.

17. The very asking of such questions, I am told, acts to grant a degree of socio-scientific legitimacy to such experiences and reports. This is, however, in and of itself a colonial and paternalistic position in that it assumes that such indigenous experiences and accounts have no quiddity of their own save that which the West invests in them.

18. Note in the roots of the word *corporeality* the constitution of reality as principally and inescapably corporeal. The human body, as the seat of perception, constitutes the phenomenal world, reality, being and nothingness, through its own limited sensorial, perceptual, experiential, and cognizable capacities.

19. I say the experience of *le baq* is a common experience in Maya healing because a great deal of modern Maya therapeutic practices are syncretistic vis-à-vis biomedical care, involving the incorporation of various biomedical procedures and practices (Huber and Sandstrom 2001).

REFERENCES

- Adams, Richard N., and Arthur J. Rubel. 1967. "Sickness and Social Relations." In *Handbook of Middle American Indians*, vol. 6, ed. Manning Nash, 333–56. Austin: Univ. of Texas Press.
- Bakhtin, Mikhail. [1984] 1999. *Problematics of Dostoevsky's Poetics*. Theory and History of Literature, vol. 8, ed. Caryl Emerson. Minneapolis: Univ. of Minnesota Press.
- Csordas, Thomas J. 1990. "Embodiment as a Paradigm for Anthropology." *Ethos* 8 (1): 5–47.
- Geertz, Clifford. 1986. "Making Experience, Authoring Selves." In *The Anthropology of Experience*, ed. Victor Turner and Edward Bruner, 373–80. Urbana: Univ. of Illinois Press.
- Hanks, William F. 1984. "Sanctification, Structure, and Experience in a Yucatec Ritual Event." *Journal of American Folklore* 97 (384): 131–66.
- Harvey, Tenibac. 2003. K'iche' expressions of wellness and illness in disputed fields of care: A comparative analysis of Maya intra-cultural therapeutic and cross-cultural biomedical interaction. Ph.D. diss., Univ. of Virginia.
- Harvey, T. S. 2006. "Humbling, Frightening and Exalting: An Experiential Acquaintance with Maya Healing." *Anthropology and Humanism* 31 (1): 1–10.
- Hinojosa, Servando Z. 2002. "'The Hands Know': Bodily Engagement and Medical Impasse in Highland Maya Bone Setting." *Medical Anthropology* 16:22–40.

- Huber, Brad R., and Alan R. Sandstrom, eds. 2001. *Mesoamerican Healers*. Austin: Univ. of Texas Press.
- James, William. 1999. *The Varieties of Religious Experience*. New York: Modern Library.
- Kleinman, Arthur. 1988. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books.
- Labov, William. 1972. "The Logic of Nonstandard English." In *Language in the Inner City: Studies in the Black Vernacular*, 201–40. Philadelphia: Univ. of Pennsylvania Press.
- Lakoff, George, and Mark Johnson. 1996. *Metaphors We Live By*. Chicago: Univ. of Chicago Press.
- Massumi, Brian. 2000. "Too-Blue: Colour-Patch for an Expanded Empiricism." *Cultural Studies* 14 (2): 177–226.
- Mattingly, Cheryl. 2002. *Healing Dramas and Clinical Plots: The Narrative Structure of Experience*. Cambridge: Cambridge Univ. Press.
- Merleau-Ponty, Maurice. 1989. *Phenomenology of Perception*. Trans. C. Smith, rev. F. Williams and D. Gurri re. London: Routledge.
- Press, Irwin. 1975. *Tradition and Adaptation: Life in a Modern Yucatan Maya Village*. Westport, Ct.: Greenwood.
- Ricoeur, Paul. 1992. *Oneself as Another*. Chicago: Univ. of Chicago Press.
- . 1999. "Approaching the Human Person." *Ethical Perspectives* 1:26.
- Scarry, Elaine. 1987. *The Body in Pain: The Making and Unmaking of the World*. New York: Oxford Univ. Press.
- Shakespeare, William. 2003. *Hamlet*. Folger Shakespeare Library. New York: Washington Square Press.
- Stanghellini, Giovanni. 2001. "Psychopathology of Common Sense." *Philosophy, Psychiatry, & Psychology* 8 (2/3): 201–18.
- Tedlock, Barbara. 1992. *Time and the Highland Maya*. Albuquerque: Univ. of New Mexico Press.
- Turner, Terrence. 1980. "The Social Skin." In *Not Work Alone: A Cross-cultural View of Activities Superfluous to Survival*, ed. J. Cherfas and R. Lewin, 112–40. Beverly Hills, Calif.: Sage.
- Turner, Victor. 1967. *The Forest of Symbols: Aspects of Ndembu Ritual*. Ithaca, N.Y.: Cornell Univ. Press.
- Wagner, Roy. 2001. *An Anthropology of the Subject: Holographic Worldview in New Guinea and Its Meaning and Significance for the World of Anthropology*. Berkeley: Univ. of California Press.
- Young, Alan. 1982. "The Anthropologies of Illness and Sickness." *Annual Review of Anthropology* 11:257–85.