

Chapter Twelve

Conclusion

Imagining the Cure

As explained above, according to Godfrey Lienhardt, among the Dinka the concept of appearance is anything but simple in that there exists something which resists its clear translatability. To approach this problem Lienhardt introduces us to another concept which is in many ways similar to that which he translated as Divinity or which Evans-Pritchard called God or Spirit. Lienhardt writes:

Divinity and divinities belong to that widest class of ultra-human agency called, in Dinka, *jok*, Power. *Jok* is less specific in connotation than *nhialic*..., Divinity or a divinity [the latter called *yath*]. *Jok* as a noun may refer to a particular ultra-human Power. It then has the plural form *jaak* when several distinct individual existences of this kind are in mind. It has also, however, like *yath*, a qualitative sense, indicating the kind and quality of ultra-human power, rather than any particular Power. The implication is merely that Europeans' power is of that quality or order: they would not state this in the plural, *turuk aa jaak*, 'the Europeans are ultra-human Powers', for they are, clearly, only men. Again, confronted with unexpected behavior in an animal, Dinka might say 'it is Power (*ee jok*) or 'it is Divinity' (*ee nhialic*). The implications would be, not that the animal itself was a Power, or was identical with Divinity, but that its behavior manifested a Power or Divinity.¹

This notion of Power as quality, Lienhardt tells us, is not a possessive force but rather describes "grounds for sickness" when particularly expressed by/in the individual or place; especially, he says, by/in streams or woods. In a certain sense it seems that such "grounds for sickness" are individuals or places of changing flow and or contact, i.e. *individuals or places where such changes are manifesting themselves in certain qualities.*

"Some of those things and beings which are regarded as being especially close to

¹ Lienhardt, Godfrey *Divinity and Experience*, p.31.

Divinity” he writes, “are again those that strike the imagination with divine action.” But of what nature is this “divine action”

which “strikes the imagination”? I think here of a place or individual in which lightning is striking or any change in flow or contact is taking place. In this case the Dinka would say that the spirit Deng (translatable as manifestation of lightning) is manifesting, i.e. that manifestation in a place or individual is manifesting *in another person* whose manifestation is the phrase “it is Deng.” Put another way, “Power” is an individual or a place of changing flow or contact (and a multiplicity of such individuals and places in one, i.e. *a quality or form of flow or contact*) in manifestation—a place, individual, or multiplicity thereof in one, i.e. a quality, in manifestation to another person.

In terms of miming or naming such manifestation, which is itself a counter manifestation, one might say in English (in place of “It is Divinity) “It strikes me”—this leaving others in need of a completion of this thought with a “that...” and a memory or observation which follows. To finish such a statement or a thought involves what I have been referring to as naming (and the Dinka concept of “Power”). In this way of phrasing one is struck by something, and he or she mimes it with a statement, naming it as a strike or, better as *striking*.¹ When a person says “It strikes me...” he or she names (mimes and counter-manifests) a manifestation going down. If Edward, for example, says that he is feeling weak and Godfrey, hearing this, says “It strikes me that it’s nearly 3:00 and

¹ It would be best to think of this word in all of its senses and, in particular, when describing similarities.

neither one of us has eaten all day” what we have is first something manifesting to Edward which he counter-manifests (mimes, names) and, in turn, his counter-manifestation (miming, naming) is counter-manifested by Godfrey. In this case it may be that Edward’s statement, and Godfrey’s counter statement (both counter-manifestation), have adequately worked together to name the problem at hand and, in doing so, have worked in an applied fashion to get Edward some food so as to cure his state of malaise. Yet Godfrey is no physician and he did not take that which was manifesting to Edward in a serious fashion, answering with a version of “I can’t say.” There could be something wrong with Edward, an illness, or some sort of disposition which is causing his weakness in the lack of food, but is not affecting Godfrey himself in such a way. In Dinka terms, perhaps Edward, in miming that which is manifesting to him, has named the cause but has (in his mimesis and naming) done so inadequately. Edward has said “It is Divinity” and Godfrey has read the secretion of the materiality of this Spirit historically and practically as a factor of time and bio-energy which is not naming a “Power” but something else. To name a “Power” beyond mere “Divinity” would be to name an individual or place of changing flow or contact (or a multiplicity of such individuals and places in one, i.e. *a quality or form of flow or contact*) in manifestation—a place, individual, or multiplicity thereof in one, i.e. a quality, in manifestation to Godfrey himself.

A necessary element to this (or any) discussion of mimesis and naming *vis-à-vis* healing is that of sacrifice. In a certain sense, just as sacrifice could be defined as the form of behavior in which we, in a counter-manifestation, mime a manifestation going

down, so could language, communication, gestures, vocal sounds and words themselves also be described as such counter-manifestation or mimesis. The problem which confronts us here, however, is not only to assume this fact, i.e. to let this fact be secreted and thus to name that to which our sacrifice and language are devoted (and by which they are caused) in such a way. For if this were done, as it most often is in various scenes of modernity, we would see that what came to be *seen as* the proper mimesis, i.e. the most real to life, would only be that which amounted to the cause in its *conventional* sense. In such a view we would come to see that sense in which the cause named would be “the cause” of social satisfaction and agreement achieved through a sacrifice, a “cause” which leads to a social agreement regarding the effective imagination and treatment of an illness and not “the cause” which would lead to a physical cure.

The key to the sacrifice involved in language and medical research, as I came to see it, was not to search for the social satisfaction and agreement found in the conventional sense of the cause (which is what most research into Alzheimer’s disease amounts to today)¹, but rather to search within this “cause,” this spirit (*Geist*), this mask of Symbolization of and adaptation to this illness (i.e. the essence-of-death-in-life, the (I)nc. and/or the magical essence of the state), for the particular forms of materiality which this mask and/or spirit secretes. This task of searching within the conventional cause could equally be described, as outlined in the beginning of chapter nine, as a search for the material cause (*via* a theoretical and applied science), as it is secreted by its

¹ In this I especially include work being done in genetics in lieu of technologies for genetic treatment.

historical and practical causes.¹ The reason why this is so important is that in order to overcome Platonic logocentrism, and all that this force entails *vis-à-vis* historiography and pragmatism, it is necessary to adopt a form of logocentrism which defies it, while leaving no worries for the sanctity of speech itself.

Working through the materialist logocentrism of the Stoics, the task at hand becomes to understand not the way in which sacrifice points to some essential linguistic core of this illness, for in the end this only points to the (I)nc., that is, only names “the cause” in its conventional sense.² Rather, this materialist Stoicism seems to demand that we understand sacrifice as that manifestation which makes exterior *logos* (i.e. speech) into interior *logos* (i.e. thought); which makes a space and time of taboo into one of transgression; which allows us *to see* continuity, and *to see* immanence, to contemplate our swings into these realms. In terms of Stoicism’s ever-present monism this making of exterior *logos* into interior *logos* would amount to a change in exterior manifestation of tone (*tonos*) which leads to a change in interior counter-manifestation of tone. In terms of Pietist colonialism and the Symbol such a change in interior counter-manifestation of tone (i.e. of “moral fiber”) is that very goal for which all their mimetic efforts of manifestation in the name of their conquest (i.e. the cause) are dedicated but, *above all else*, whose secretion of materiality they forbid.³

¹ The historical cause being described in chapter nine as “the cause or necessity of defending the roles and paradigms of the mental or the cognitive *and* of defending the semiotic and symbolic linguistic; and the practical cause being there described as “the cause or practical necessity of keeping a couple, a family, people or any group together which “supports” those with the disease and especially those who are responsible for them (a definition which includes aspects of the historical cause within it).

² Think here of the last words of Socrates and how Plato would make them into the (I)nc., the essence-of-death-in-life and the essence of state magic by showing Socrates as pious to the Greek gods even beyond death.

³ Perhaps the best place to observe such secretion and its transgressions, poking at its colonialist colleagues, is in the often transgressive realm of ethnographic description. In the fourth section of Lienhardt’s *Divinity and Experience*,

*

To understand the role of the secretion of materiality and the material cause in a case of illness, and especially to understand these in terms of sacrifice as that which makes exterior *logos* into interior *logos* we must understand that in illness Divinity is not manifesting itself “to man,” but rather to a particular individual who is behaving (mimetically) in a certain way in reaction to it. In other words, it is the individual to whom this manifestation is going-down and not to others. He or she experiences that which others may or may not be experiencing but which may nevertheless be out of place and uncalled for. In the (also mimetic) *reaction to* his or her behavior (be his or her behavior that of swelling, sweating, convulsing, singing, eye-rolling or whatever) we do not find a manifestation of Divinity but rather a noting of the manifestation “going-down” around/on the person whom we are ourselves miming, often with our own everyday, rational, and rationalizing, behaviors (as we saw in the case of Edward’s weakness). In observing the sick person and saying “it is Divinity/Power” or “it is this or

in an acknowledgment of this secretion, its author admits to the gulf that exists between Dinka (and possibly his own) understanding of this secretion and those of his readers. He does not explicate his reasons for this admission, however, but seems to feel that the activity of particular manifestation contains something ineffable in it. Doing the best he feels he can under the circumstances he then predictably falls back on that metaphysical ground which he knows best, writing:

For analysis, then, the Powers (and logically all equally, including Divinity) must be regarded as *representations* of realities more accessible to *universal relational knowledge* that they need to be in the Dinka view of them; and our final and interpretative task is to ask, *if the Dinka Powers be representations*, what it is that they represent. I have described them for the most part as the Dinka themselves understood them; but in this chapter I try to give a different account of them, not now as ultra-human ‘beings’ which might form the subject-matter of a Dinka theology, but as *representations* (or as *I here prefer to call them, ‘images’*) evoked by *certain configurations of experience* contingent upon the Dinkas’ reaction to their particular physical and social environment, of which *a foreigner* can also have *direct* knowledge. [my italics]

Read here, in the word “representation,” Plato’s ideas lingering in the guise of utilitarian “universal relational knowledge.” Also note the first telling words here, “For analysis,” with which he begins an ‘as if’ analysis upon which he then describes the Dinka *as if* they were one with the Platonist cause; this also being the analysis of a great many ethnographers still today.

that Power” we are naming the cause—the first observation more general and the latter (which is necessary for healing) more specific and particularly individual. This latter, particularly individual cause is not like a disease in that it does not name a ideal or transcendental form, but rather a material cause, a cause (and or quality or “Power”) which equals the manifestation in the behavior of the person, that is, which equals the mimesis of others in reaction to his behavior.

To be successful in healing that person, the sick person his or herself, must manifest (behave) in a way which inspires forms of mimesis of his or her behavior which lead to a sympathetically informed understanding between the ill person and those who have set out with him or her towards naming the particularly individual cause and finding a mimetically appropriate response (i.e. a cure).¹ But it is just here, one may object, that Lienhardt’s ‘as if’ and ‘for analysis’ depiction of Dinka metaphysics backs away from suggesting a mimetic view in telling us that the reaction which others have to the manifestation of the ill individual, which I will refer to as mimesis leading toward a cure, is referred to by the Dinka as “an ‘image’ corresponding to the affective state of the sufferer as cause to effect.”

It is here, with this notion of correspondence in Lienhardt’s description of the image (as Fritz Kramer seemed to notice) that we enter what seems to be the familiar

¹ I refer here again not to the cause of making those who have set out to help the ill person in naming agree on a name of the cause but rather, as in various places above, to the notions of *sympatheia* and the role of sacrifice in making the exterior *logos* interior and, in so doing, allowing the materiality of the cause to be explored. This *dreamatic* naming process to which I refer also stands in opposition to the depth psychologization and *dramatic* performativity found in the symbolic analysis of so-called states of possession which inevitably lead to (I)nc., the essence-of-death-in-life, and/or the magical essence of the state.

ground of the mind, with its familiar features of memory, repression, and surfacing as related to images. This naturalized scheme of images and concepts stored in minds, created and constructed by them seems to bring us to a position in which the armed divisions of psychological metaphor can be mobilized. But just then, as we begin to welcome this army which has come to liberate us from facing our own naturalizing hegemony, the tables turn once again when he writes that in spite of their inclusion of the mental image and correspondence within their metaphysics they reject that elemental notion which makes our own understanding of correspondence and the image possible.

He writes:

The Dinka have no conception which at all closely corresponds to our popular modern conception of 'mind', as mediating and, as it were, storing up experiences of the self. There is for them no such interior entity to appear, on reflection, to stand between the experiencing self at any given moment and what is or has been an exterior influence on the self. So it seems that what we should call in some cases the 'memories' of experiences, and regard therefore as in some way intrinsic and interior to the remembering person and modified in the effect upon him by that interiority, appear to the Dinka as exteriorly acting upon him, as were the sources from which they derived.

Drawing from this affirmation of image and correspondence but rejection of its mental "nature" we might want to then take a disease like our own "Alzheimer's" and ask how memory would in this case stand in relation to Divinity. Among the Dinka, as Lienhardt explains, the notion of memory (the key to folk conceptions about Alzheimer's disease) has no place. What happens, rather, is that manifestations occur and those manifestations are sometimes certain Powers which once affected one and followed one re-manifesting in the same way (again causing such a mimetic reaction). Other times, however, they do not re-manifest in the same way (but cause another mimetic reaction).

It is usually in the latter case, psychoanalysis tells us, that we find illness. It is also equally possible, as often occurs, that these manifestations one day fail to follow us, fail to manifest, or that when they do manifest we mime them in ways which defy mimetic responses appropriate to them, i.e. responses which do not lead to applied knowledge of them.

In a case such as this, of the supposed memory loss in Alzheimer's disease, it would, however, not be the afflicted themselves who lose the ability to mime the manifestations but rather *we* who lose the ability to adequately mime *them*. In other words, there is something involved in Alzheimer's disease in which the usual ways manifestation is evoked no longer evoke as they once did.

In this regard, Alzheimer's disease, as I have maintained in the notion of an Alz people, could be seen as an disorder of the mimetic faculties of both the afflicted and those who concern themselves with their healing. My goal has been to focus on the task of correcting the disorder of the latter group (and their meta-language) towards an applied knowledge of the mimetic faculty of the former which leads to a cure of this disease. It is my conviction, as I have taken great pains to illustrate in this book, that many of those afflicted with this disease are continually miming the cause, but each is starting with his or her own particularly individual cause and moving, over the years (possibly through working this individual cause out and making the appropriate sacrifices to it), to miming the more general cause/manifestation. I sought, through going from the particular to the general to first name (i.e. verbally or otherwise mimic) the particular cause of the

manifestation of each of the ill upon me. I did this through spending time with them much like traditional healers have been said to do. In doing so I came to work my way not out to a name of the particular cause/manifesting behavior of each individual afflicted, and to a particularly affective form of mimesis of it (*à la* Valéry, one might say) but rather to work myself further in, to a name of the general cause/manifestation to each of these people causing them to mime it, and then, hopefully, back out again into (another?) particular.

What this general cause/manifestation is has already been introduced and will soon be more fully known. The particularly individual causes/manifestations (or the qualities) of each of those I worked with have only been touched upon and exist in the writing of this text as a whole. I have come to learn that one either goes through the particular into the general manifestation, from which one draws to heal, *or* one goes from the particular manifestation into the context building enterprises of life, history, and life history which pave the way for symbolic incorporation of both the patient and healer. The latter, conventional strategy, I argue, can and often does work to heal because it serves the needs of pragmatism and utility in a *conventional*, Symbolic treatment, but it does so more in the interest of these needs than in the interest of truth and curing. All in all its healing power derives more from a social agreement as to what constitutes a cure in this or that economy rather than what constitutes a cure of this or that ill individual.

Healing, Imaging and the Stoic Body

As outlined above, the reaction which others have to the manifestation of the ill individual, which either does or does not constitute mimesis leading towards a cure, is referred to by Lienhardt as “an ‘image’, corresponding to the affective state of the sufferer as cause to effect.” But it is *not the image itself*—in those behaviors in themselves with which the ill individual mimes his or her own particular manifestation—which constitutes that which is necessary for healing. Rather, it is *our reaction to an image*, to a manifestation which the ill person offers us.

It is perhaps the greatest flaw of Symbolism that it sees the image itself as mimetic, and not the reactions to it. It is not in the image but *in the act of seeing*, in the in-depth mimetic ability of the healer to, in his or her healing, mime that which is afflicting the ill individual. Such an act of seeing, as an in-depth mimetic ability, is not to uncover or expose and therefore illuminate and relieve. It is rather a mimetic naming of qualities *via* activity (and *not* “seeing relationships”), which form out of a multitude through a sensitivity to secretion, i.e. through moving with images as the Dinka are said to understand memory or, maybe, as seen in Baroque allegory or in the work of Valéry in which one must “learn a system of images that are preeminently images of the body...and not from any one idiosyncratic meaning in or behind [them].”

Among the Alz people, i.e. both those people afflicted and those trying to heal them, I first came to see in the way of *dreama*. Instead of fetishizing their relationship to myself, instead of making them, contextually, into divinities and, through this, understanding the images with which I was being presented as relational, as Others living

in the past (i.e. ancestors?), I rather saw *them as real images of myself, as manifestations of these ill individuals which I was to somehow understand through mimicry.*¹ This is the point which Gabriel reached but from which he proceeded toward his failed solution and his own incorporation. Was I a dream image, as Gabriel concluded? Certainly not, for I was real and, unlike an image, I was of substance. But are not certain images also of substance, a photo for example? Certainly, but photos do not mime. I concluded, prematurely, that I was less a dream image and more a dream character, acting but not *acting* in a, or many, *dreama(s)*. In this way I had established the Other as a divinity, but had done so in a way in which I thought did not him or her. They might have been characters in my text, through context which I created, but I was a character in their *dreama(s)*. In this way I had transposed a personal (relational) notion of divinity onto the Other. I had put them in the position of power, it seemed. These people became my divinities, my chosen people, to be preserved but also to be destroyed, i.e. to be saved.

But now I see that they were never in power, they only appeared to be so in relation

to me, as a divinity is in power in relation to whom it manifests. The way I understood the relation between myself and Divinity was not as the relation between a dreamer and characters in his or her dream; I understood this relation rather in a sort of Cartesian way in which the metaphysics of my own relation to these divinities was the Divinity for

¹ This is the lesson which I see was meant to learn from my experience with the water spirit healer in the Niger Delta, a lesson which continues to instruct my thoughts on healing in the way of allegory and naming.

which the Other was merely a stand-in. No matter how I tried to re-symbolize, I ended up sacrificing all to Relationality.

Dreama, as Gabriel and I surely saw it, was a way of seeing which constituted a form of mimesis. I would act (but not *act*) in these *dreamas* as best I could in order to somehow relate to these people and keep their attention. But, as I said above, this was only a surface of the water, its waves and shimmers in which I could see myself, albeit distortedly, and which I thought of as something good, akin to self-reflexivity. In mysteries of Rolondo's "*palo*," Harwood's "communication" and other such balls of yarn presented to me I was working with narratives which did not lead to images, but to themes and/or symbols. Until the notion of "scentse" took on a certain degree of importance I was struggling to somehow make sense out of all I heard through notions of story, allegory, telling and possession. Following Lienhardt, one could say that I was encountering divinities, i.e. particularly individual manifestations, which were affecting these people and which these ill people were affecting. The former could not help but imply the latter in that 'to be affected by' refers to that which is causing one to affect, just as 'being embarrassed by' refers to that which is causing one to blush. The turn from the notion of affecting here to the notion of cause is similar to the turn from *acting* to acting which we have mentioned in relation to *dreama*. It is in Lienhardt's turn, *via* the rejection of mentalism and correspondence, from transcendental 'image' to mimetic manifesting or naming that I first came to understand that a certain aspect of my experience with the people who were ill seemed to somehow, through secretion, to inform my work among those trying to heal them.

It was decidedly not my task to make the ill and/or their disease, nor their would-be healers (and/or their disease bio-medically construed), into images. It was rather my task to image, to allow them to cause me to mime their disease and, in doing so, better understand that cause which is causing them to behave the way they do and causing me to mime this behavior. My task was to go beyond the surface of particularly individual manifestation, beyond story, allegory, and possession and further into that which makes these particularly individual manifestations social, into that which each of them had in common. On the surface, I found, that which they have in common and that which makes them social is relationality, this time to that, this place to that, this brain region to that, this family member to that, all collapsing in dementia and supposedly freeing symbols, memories, chemical changes and divinities which possesses the person and point to relations which have gone awry and need repair.

But below and beyond these particular manifestations, as the course of the disease shows, lies an abandonment or overcoming of these particularly individual manifestations and a manifesting of Divinity which is more general and social. As this disease “progresses,” I found, so does the generality of manifestation and, therefore, so does the generality of the mimetic response or manifestation which affects us, which we affect (i.e. which is the cause of this disease).

One could very well say then, following this idea, that that which all particularly individual manifestations I encountered among the Alz people had in common, that in

which they most generally shared, was a breakdown or regress in relationality. As in one study which shows that the progression of the loss in behavioral ability in Alzheimer's disease is actually a regression mirroring the developmental stages of Piaget (in reverse), this disease is seen either as the loss of useful instrumental behaviors, or as their breakdown and reformation into "*id-like*" depressive, neurotic or psychotic ones. In this breakdown, loss or regress such manifestations are mimed by certain individuals among those who care for them but then only as pragmatic "behavioral management." They are seldom, if ever, mimed in medical research—the question of individually particular manifestations being seen as diagnostically relevant but as little or no help in determining and altering the general chemical relationality of the disease's pathology. What we essentially have in medical research on this disease, I have tried in many ways to illustrate, is a situation in which the relational ways in which Christian Europeans have mimed their own Divinity, a certain chemically relational metaphysics of language and description, is being mimed as if it were (or led to) the cause of this disease (i.e. that Divinity to which all particular manifestations owe their cause, historically or practically construed).

In my time with the Alz people I saw Harwood H. and others go from talking about communication and making *scentse* to sitting, staring straight ahead, mouth agape, as if witnessing something beyond expression. As described earlier, the storyteller, according to Benjamin, draws his power and authority from the space of death. That power I have referred to as the essence-of-life-in-death. The experience of death is in fact prior to the story, but this "experience" comes in the form of images. The dying

person, I maintain, *sees* images, i.e. transitively “images,” and this seeing, this manifestation is mimed by those present in their own counter-manifestations. Those present mime this dying person as he or she sees and, hopefully, they see too. It is only in the space of death that one (potentially) gains this ability, this possibility to see the essence-of-life-in-death.

In the Christian European world this essence is imagined as an aura, the essence of life is seen as the possession of a certain energy which man must continually harness and utilize. It floats around one and emanates from one but is seen only in times of death, in times in which the (public) secrets of the Christian cosmos are revealed to an individual, as in the case of the dying individual and those who surround him or her. It is also in sacrifice that one *sees*, to which the countless glowing and bleeding lambs of Christian imagery testify, and in which this loss of energy and blood are taken as the essence-of-life-in-death.

But at this point a new road opens, one of death, in which Symbolism gains ascendancy, in which sacrifice becomes image and a drill, and in which seeing becomes no longer possible. If the essence-of-life-in-death is an eye opening, this symbolic essence-of-death-in-life is a darkening; the former being an “I” opening and the latter a closing (Inc.. Pietism and its science, as Gabriel tells us, came in the reformation to re-energize the new symbolic essence-of-death-in-life, to revive the aura’s glow. These energetics and their Platonic (symbolic, relational, chemistrist) metaphysics came, and continue, to dominate the social and natural sciences. What could be more lively than

energy? What could be more lively than electricity? What could be more *striking*.
 When we praise life in the body electric we also praise the Lord. Can you *feel* it?
 Amen. Without you I would be mere body, without you I would be mere mass, oh Lord.
 Our material existence, forever secreted by spirits (*à la* possession or otherwise), must be
 degraded, silenced, and the masks of feeling must reign, must set us free. Do you
 believe? Yes I believe. Do you really believe? Yes (I)nc. do! Let me tell you a story
 about a selfish sinner and rebel against the state, says Augustine; let me tell you what
 (I)nc. have seen and done and what (I)nc. feel and know; let me give you history and
 knowledge, moral fiber and a forest of the Symbol, and a little glade therein to sacrifice
 to woe.

But when we mime Divinity in this way what does this mimesis tell us? We
 mime our Divinity, our electrical, energetic, holy Spirit in word, in prayer, song and
 science. We do this through gesture which we understand in terms of symbol and
 relationality, i.e. through language. Both Cultural Materialism and Symbolic
 Anthropology, as I have shown, have appropriately named this Divinity, this cause,
 which we are miming: the former call it “Energy,” and the latter “Language.” On the
 (populist, New Age) fringes of both Pietist medicine and ethnology they talk about
 “energy” and in their (philosophical and moral) center they talk about “language.” The
 problem with both is that they do not lead to seeing, but only to silence which goes
 nowhere. They do not name the cause but rather name those actions which are devoted to
 it, i.e. “the cause.” They do not name the cause but rather those images which the *cause*

evokes in the Other. To *see* would be to see, to image, to mime, that to which the actions of the Other, those images, are devoted.

But what again of death and its space in this disease? The name of the cause of Alzheimer's disease as I have come to see it is to be manifested in the space of death, in the essence-of-life-in-death, and thus it is to here that we must look in a way which defies the Symbol, the (I)nc., and the essence-of-death-in-life, i.e. of the magic of the state. In my labors of applied knowledge, going from the daycare center to support groups, the morgue and back again, I always found it curious how people were said to "die of Alzheimer's disease." The usual course of this disease can last a decade or longer and its onset is usually so late in life that some other problem like cancer or heart disease leads to death at sometime during its course. In the last stage of the disease (there are commonly thought to be seven) the person is in a fetal position (grist for the symbolic mill of Piaget) and has long since needed to have all of his or her independent activities of daily living, including feeding and drinking, taken care of by another. The energy of these people, as seen in their behavior, seems to wax and wane through the first six stages, often reaching manic proportions in earlier ones. They cannot be said to be gradually "losing energy" or "wasting away" in the way those with other terminal diseases are said to. Some lose weight, then gain again, then re-lose. Some just lose or gain. Eventually, in the last stage, all lose due to the type of food which they are being fed and maybe other factors. Thus, Alzheimer's disease cannot be *physically* defined as progressive loss in terms of energy or bodily mass at a gross level of bodily size or physical behavior. This being said, there are, however, physical changes in the form of

loss of energy and mass within/of the brain. Within the brain (we are told) mass amounts of neural tissue, through the loss of neurons, are degenerating, becoming energetically “inactive” and their mass is being partially replaced with neuroglia (which tend to move and grow into the spaces were neurons have decayed). What we see here, as I have come to see it in terms of applied knowledge, is something akin to a change in tone, tone being a manifestation of mass. We see this, I argue, in not only the anatomical but also in the behavioral, as the afflicted individual loses the ability to speak, walk or navigate his or herself as a healthy individual.

From the standpoint of physics, mass is most basically defined as the quantity of matter in a body. Physics also holds that mass has two principle properties:

a) the *inertial mass*, that is the mass as a measure of resistance of a body to changes in its motion, and

b) the *gravitational mass*, that is the mass as the attraction of one body to another.

Furthermore, we are told by the general theory of relativity that inertial and gravitational mass are equivalent.

What would it mean then to say that change in tone is a manifestation of mass change? Surely I do not mean by this that tone is only a manifestation of the quantity of matter in the body of the miming individual nor that the quantity of matter in his or her body becomes greater or lesser in this manifestation, nor do I hold that this should be our focus in thinking about the manifestation of Divinity seen in Alzheimer’s disease.

Rather, what I refer to in this statement is my own observation, which I myself have

come to image among and through those afflicted, that change in mass (and its properties of inertia and gravitation) is manifesting, that is, *being mimed by* these individuals, and that this manifestation has put them into a situation in which they continue to go further into their mimetic encounter with it.

More true to the notion that this encounter can be viewed as the form of dying, in which mass change is mimed as the body becomes heavier (i.e. harder to bear, but does not increase in mass) and the dying person becomes less able to resist changes in motion (inertia) and/or the gravity of the earth or other (massive) bodies. Dying itself, I have come to see, just as living, is a form of mimesis, as various forms of affliction are particularly individual and then more general forms of manifestation. Just as increase in tone (which is not necessarily an increase in mass) is associated with vitality, decrease in tone (which is not necessarily a decrease in mass) is associated with morbidity. It is at the end stages of Alzheimer's disease that this mimesis becomes most apparent, feet shuffling and slow movements as if each muscle group bore some great burden. But it was there all along, its tone just could not be heard through or above the static of historical and practical causality, could not be seen through the breath on the glass, regarding it but not *seeing it* in using terms of memory and cognitive loss, in using terms of dementia. Dementia seems to be something like the rationality or *logos* of this manifestation or mimesis, which is itself a form of mimesis *via* language (i.e. *via* relation and symbol). This form of mimesis not only works on behalf of the state, but in a certain sense, as I have said above, it *is* the state, that which in the title of this book I call "the Alzheimer's state." Its essence is the essence of dying, expanded to cover all forms of

rationality or *logos* in life which challenge its symbolic, relational and chemistrist metaphysics. It is the essence-of-death-in-life—that conventional cause which we cannot name, which fails to lead us to a cure, but to which we continue to sacrifice so much.

This being the case, it falls to one who wishes to heal through mimicry of the manifestations found amongst those afflicted with Alzheimer’s disease to go, like those afflicted, deeper into these manifestations through ones of own mimesis, to make oneself a part of, or better, to find them inside, oneself. Through this one should expect no revelations in the way of “Eureka!” but only the refinement of a sympathy which informs ones own sympathetic approach towards these forms of mimesis, towards these manifestations, with the goal (as the Dinka or the Nuer would have it) of ‘sending them back from where they came.’

To engage in this labor of applied science towards a cure I have pointed to an alternative metaphysics which contains within it an alternative physical, material means of conceptualizing this disease as a physical manifestation within this physical approach, in which Stoic physics is syncretized, *via* a critical look at Leenhardt, with insights from New Caledonia. In this formulation it is the concepts of tone and *pneuma* which are of first and foremost importance. According to this applied physical science toward naming the cause of this disease we begin with the assumption that changes in (inertial or gravitational) mass are manifestations as are changes in tone, the two being essentially synonymous. That which these changes are manifestations *of*, however, is not energy (*à la* cultural materialism), language (*à la* symbolism or semiotics) or any other relationally

and/or chemically construed entity for that matter. Mass, as we saw above, is defined as “the quantity of matter in a body.” Tone, on the other hand, is quite a bit more suggestive. Specifically we understand tone as:

- a) sound with reference to pitch quality or volume;
- b) modulation of the voice to express emotion;
- c) general disposition, temper, mood, prevailing sentiment, spirit or timbre;
- d) syllabic stress;
- e) the general effect of a picture/image, especially as regards color and luminosity;
- f) that state of a body or any of its organs or parts in which the functions are healthy and normal;
- g) the resistance of muscles to passive elongation or stretch; or
- h) normal tension or responsiveness to stimuli, as of arteries or muscles, seen particularly in involuntary muscles.

Above and beyond these definitions, and inclusive of them, lies the term from which they stem and which I have used throughout this book, i.e. *tonos*. It is this word which I refer to most generally when I refer to tone. Remember, if you will, Gabriel’s description of *tonos* and the key role it plays in non-Platonic Stoicism. To the Stoics, Divinity was a unity around a certain principle, a principle with many names and described in many ways, yet best described as *tonos* or strain, tension, tone. The many names and descriptions of tone (*tonos*) describe a strictly materialist monism in which:

Divinity = Zeus = creative fire (*pneuma*) = ether = the word/speech (interior and exterior *logos*) = reason of the world = soul of the world = law of nature = providence = destiny = order.

This Divinity was the great cohesive of the universe, i.e. of all matter.

If symbolic anthropology must name language (chemically and relationally construed) as Divinity which is manifesting, as that which is being mimed, and if cultural materialism must name energy (chemically and relationally construed), as (I)nc. have hopefully shown, then (I)nc., according to this study of Alzheimer's disease, must name changes in tone as Divinity which is manifesting, that is, name this as *the cause of this disease*. More specifically, what I denote by "Divinity" are the changes in tone manifesting in and through the bodies of those afflicted and those who care for them and/or seek to heal them. Like the "adequate means of action," the phrase with which Benjamin and Goldstein define language, these changes in tone are essentially mimetic—changes in tone being seen in the mimetic responses of the afflicted to Divinity by his or herself and by others. In this conception, Divinity is not just change in tone but also a manifestation of tone (different from a previous tonic state), thus making its "change" and its "manifestation" one and the same.

But what does it mean to name Divinity as (I)nc. am doing here? Do (I)nc. not substitute "tone" for "God"? No, to do this would be to assume that in the beginning was the Word (and that the Word was God). To do this would be to assume that my naming implied the Symbol (from the Church to Luther on down), i.e. that it implied re-symbolizing. My notion of Divinity is taken from groups like the Nuer, the Dinka and the Alz people whose notions of Divinity attempt to defy the colonial assault of Pietist and chemistrist relationality. Evans-Pritchard, for example, seems to tell us that among the Nuer there exists the curious notion that words are not representations of things

(spoken of) but rather *are* the things. Following this, the name “Divinity” does not represent a thing (spoken of) but rather *is* the thing, i.e. the manifestation.¹ Its name is a word and this word is the thing. So when I name Divinity as manifestation of tone, in saying “it is tone,” I am not saying that tone is a name for Divinity. Rather, I am miming that manifestation of Divinity which I see not at all unlike someone who witnesses something uncanny or experiences something powerful and says “God” or “oh God!”

Manifestation begets manifestation. A change in (manifestation of) tone begets a change in (manifestation of) tone. To name that change in tone more specifically requires that this manifestation cause manifestations which lead further inward toward its own cause. In this activity, “name” and “symbol” are mere manifestations which most often lead to incorporation and social agreement, and to history and pragmatism, i.e. to “the cause”, and away from an applied understanding from which healing can be allowed to do its manifesting, and the *cause* can be named and eliminated.

In a certain sense these manifestations caused by manifestation may lead to a cause

which is more particular than general Divinity, or change in manifestation of tone. This particular divinity would in a certain sense be similar to this or that particular cause of that particular affliction which is manifesting in the mimesis of the ill person. There exists a great multitude of possible manifestations which may or may not spell illness to

¹ Above all is perhaps most important to understand that in this push for identity there is no critique of representation *per se* but rather a critique of how such critiques fare inadequate to the task at hand.

the individual and others to whom Divinity is manifesting, and each may be seen as particular in its own right. Each of these particular manifestations may also cause, through seeing and naming, specific counter-manifestations to manage these manifestations and/or send them back to from where they came. The most important point concerning these particular manifestations, and that which distinguishes them from the symbolic and relational categories, markers or symptoms of Pietist medicine, is that in the applied medical scientific approach (Inc. am proposing these particular manifestations are seen first and foremost as changes in (manifestations of) tone which are particular to the individual, but particular to him or her as particular manifestations or mimesis which either do or do not cause particular manifestations or mimesis which are seen as applicable by those who seek to heal them. Very seldom, in fact, are these individually particular manifestations seen as being relevant in situations such as those found in Alzheimer's disease and, even when they are *via* psychoanalysis or social work, they seem to beg for historical and symbolic incorporation, leading us back to the conventional cause. In the case of psychoanalysis, and especially in popular psychological approaches to stress, although we do see these particularly individual manifestations followed inward, they are followed only so far as to allow a greater *refinement of* this historical and symbolic incorporation, i.e. the conventional cause.

Although psychoanalysis leads to a greater refinement of history, symbol and the conventional cause as so many of its critics have pointed out,¹ stress theory does the same

¹ The most influential of these critics being R.D. Laing and Erving Goffman.

but in a wholly different, and (I)nc. would say, more appropriate or appropriable fashion. As a metaphor, stress is so much more basically suited to address changes in (manifestations of) *tonos* in all of its senses. In its most basic physical definition stress is “the force per unit area acting on a material and tending to change (in a tensile, compressive or shear manner) its dimensions, i.e. cause a *strain*.” Put this way, stress is defined as that which causes strain, tension, or tone to manifest. Behaviorally, stress is defined as “Excessive and aversive environmental factors that produce physiological responses in the individual.” Put this way, as Hans Selye, the great pioneer of stress research and the man who coined the term would have it, stress is defined as the manifestations of the individual (chemically and relationally described) which are caused by “stressors” (i.e. by excessive and aversive environmental factors, historically, chemically or otherwise relationally defined). The important move to determine here, between these two definitions of stress, one physical and the other biological, is the difference in naming “stress” as the cause of strain in the former, and “stressors” as the cause of manifestations in the latter. Essentially, there is no difference here. In the first, physical definition to say that stress causes strain, tension or tone is simply to say change in (manifestation of) *tensile* stress equals change in (manifestation of) strain, tension or tone, i.e. to have said little or nothing. In the second, biological definition to say that manifesting “stressors” cause “stress” [i.e. cause changes in (manifestation of) tone] is simply to say that stress is manifesting. Taken this way it may be possible to appropriate “stress” as changes in (manifestation of) tone (*tonos*), but is it very unlikely in doing so that relationality will not get the upper hand in the use of it toward an applied medical science. In the end, it is best to recognize the distortions which stress theory has

undergone since its inception and to realize that it, no less than psychoanalysis, is and forever will be complicit with the metaphysics of relationality, chemistrism, Pietist medicine and the other incorporating tendencies of the Alzheimer's state.

This being the case, so what then of Pitrim Sorokin who seems to think that physiochemical and purely biological phenomena do not have the component of immaterial meanings, and those phenomena with which the social sciences busy themselves do? If this fact shows that the two modes of thought are incompatible, how, then does one explain the success of stress theory within social scientific approaches to health and in the folk psychology and practice of American society at large? There seems to be something in stress theory which fills a certain utilitarian need to bridge the chemical and otherwise prescriptive intervention of medicine with the social intervention of making things "less stressful" within the society at large. Working with this notion of "stress" medicine can retain its own meaning involving physiochemical changes while giving license to social work and psychology to -intervene in ways which retain their own social and psychological meanings as well.

But this case, I argue, all the more clearly illustrates the fact of an underlying commonality between the physiochemical and biological on one hand and the social on the other; a commonality attributable to the metaphysics of relationality and chemistrism which they both share; a metaphysics which I have argued is at the heart of the Alzheimer's state. In the end there is no essential incompatibility between the objects of natural scientific and social scientific inquiry nor is there one between either form of

description. What thinkers like Sorokin have shown in this regard is not so much an incompatibility by logical necessity, as in fact they share the same metaphysics.¹

What they have done, rather, and what a great many critiques of medicine and natural science continue to do, is further secrete the fact of the shared complicity between these two forms of science—this secretion being of their shared forms of materiality *via* tone. When, as their main examples of this supposedly fundamental incompatibility, Sorokin, Leslie White and others use attempts by social scientists to incorporate physical concepts into or equate them with social concepts, they inevitably choose those which share in a relational metaphysics and which cannot compete with hundreds of years of chemist and symbolist utility. In doing so, however, they prove nothing regarding the possibility of alternate joining of social and natural scientific concepts which does not in the end point to their own narrow conceptions of natural and social science themselves and/or to their own need to defend the hegemony of the chemical and relational above all else. In such activity in search of meaning those like Sorokin are staunch defenders of historical and practical causality *as ends in themselves*. While appearing to offer thoughtful theoretical insights towards the possibilities of future research and theory, they actually offer little more than a defense of the Pietist faith and the secretion of its colonialist mission.

¹ That is, this or that particular logic is a part of this or that particular metaphysics—logic traditionally being a branch of metaphysics.

Ethnography and/or Protocol

Sometimes they come alone; sometimes with a relative. Sometimes they come for a ‘free memory screening’ and other times because they are *more* sure they have a problem. Many come *first* for the ‘free memory screening’ (which gets added to the database) and *then* are “converted” into patients after yearly follow-up screenings. A good many come out of fear inspired by the media’s obsession with the disease only to find they need not have feared, and a good many others show up insisting there’s nothing wrong when they don’t know the year, their phone number, their kids names, or what country they’re in.

These latter people, like Mom and her husband, most often show up in pairs. One of the two receives the title of “caregiver,” the other that of “patient,” and while the caregiver suffers from patient impatience and the patient pendels between extreme patience and impatience, and the caregiver worries about the patient becoming impatient, they both worry about becoming in-patients, the patient for his or herself and the caregiver for the patient. In this play of patience, as we saw in the case of Mom, we end up with a confusion of the patient and thus two patients, one also named “the caregiver.”

After meeting with Mom, filling out the consent forms, the patient (i.e. patient and/or patient caregiver), meets with a social worker who is assigned to his or her case. In Alz medicine today it is not uncommon that many of its procedures and rituals are carried

out under the auspices of social work. The task of the social worker is to generate a body of information and gesture. The tools used by social workers are generally not *social* but rather *disturbed social*, *obsessed social* or, idiomatically, *psycho-social*. At the New Center, in the tiny office of the social worker, the patient sits facing her while she fills out the twenty-three pages of the psychosocial protocol.

Upon completion of this protocol both patients meet the Neurologist and are given an examination under another, this time neurological protocol. Sitting with the neurologist in a closed-in room he consults the psychosocial information on the just filled-out pink sheets and begins to fill out his own yellow sheets on the patient's case . The neurologist is an observer *par excellence*; and from the beginning to the end he is quietly observing, making mental and penciled notes in which he turns impressions into possible symptoms. Since he will have a greater say at the end of the diagnostic day his imaging ability and sensitivity to secretion is given greater weight than that of the social workers.

In the following days the patient sees a psychiatrist for another evaluation *via* protocol, and also (hopefully) undergoes hours of further neuropsychometric testing (protocols) to further determine the extent of “cognitive impairment,” “depression” and so on.¹

¹ At the other clinic I worked at, a university research clinic, all of this work, done on different sets of forms (one asking “Is your brain functioning normally?”) was done by one social worker, one psychiatrist and one neurologist in the span of an afternoon.

In this time and place of protocol and examination both the caregiver and the person they care for become patients, a part of something bigger than each of them as individuals, a community, a word (as Carmen would have it). They become integrated into a new world where they are supposed to attribute guilt to nature, or see nature (*physis*) as guilt-laden, and to accept nature as it has become, i.e. *fallen*, allowing it to mourn. But nature is here not allowed to fall, to take the fall, to mourn. The caregiver, along with the community, the word, now in charge of the patient's fate, is made into an (I)nc. (ink) which is itself guilt laden. The patient's body and the caregiver's body even come together in the community, the word, at times. *Physis*, which is guilt-laden, becomes an *incorporation of physis* to be monitored, recorded and addressed by the words of the protocol and the services to which it "refers" (24 hour supervision, ID bracelet, etc.). "I was *possessed* by him," says Mom, "Even with therapy I ended up one day with such a pain in my head like somebody hit me with a bat. Dandas got so frightened and took my pressure and it was over 200... I said 'I wasn't guilty.' I'll tell you I was absorbed with such guilt and I still am."

The integration of social work and its referrals is symbolic in the Romantic sense, as I described it earlier in this work *à la* Walter Benjamin's critique of epistemology, and in the sense of the Symbol *à la* Martin Luther and his successors. The protocol relates ruins of signs and symbols through history and story, ghostwritten by the social worker and the physician. These ruins take the form of a case, and are to be restored in the community's, the word's, (I)nc. (ink).

Although it is called a psychosocial protocol, its sense of “social” is only that of socialization, social support and services as they are conventionally construed. The psychosocial protocol works, along with the neurological, psychiatric and neuropsychological protocols, towards the naming of a non-social cause and thus towards redemption of nature (in the (I)nc. (ink) of the community, the word). This community, the word, is “the Symbol” in its old theological sense, yet hollowed out. The symbolic integration taking place, the integration into the community/the word, is essentially the integration into the symbol as Kant defines it, i.e. integration into those beliefs and practices in which the group (conventionally) expresses the content of its concept of the divine. The *physis* (or nature) which is guilt-laden here is nature as seen in the theory of Erving Goffman, i.e. nature as developing individuality and potential. This nature cannot be individual, though, as long as it takes the gestural form of the (I)nc. It is this form which Pietism uses to combat enlightenment, much to the detriment of patients, caregivers and professionals who need it most.

Reflecting back on Marina’s project in which she wanted to attach a photo to each file containing the completed protocols we see a need to give that which is supposed to be an image more direct power to be so. The protocol, as Marina the photographer and all seemed to know, is an image, but a bad one. This image of the protocol is the source and first major part in determining, or continually showing the already determined, imagination of Alzheimer’s disease and the Alz people, often in spite of the ambiguity and ambivalence of the actual session with the persons in which the protocol was filled out. All of the social workers knew and acknowledged that the session in which the

protocol was filled out involved images, feelings, and over all tones and changes therein which the camera of their pens upon this surface of poor emulsion could not capture. Yet in the name of history, practical science, the (I)nc. and the ever present, panoptically monitoring state, they went about their work reinscribing the Symbol day in and day out.

In this way of writing through or around ambiguity and ambivalence, and with all that such reinscription entails in regard to the group known as the Alz people, the protocol is in a definite sense a form of ethnography. Like all ethnographies, should one approach them critically, the key question of this diagnostic tool (which many ethnographies today come to ever more closely resemble) is to where its inscription points us. It has been the task of the many sections of this book to address this pointing as being that which is in no small way determined in and through an implicitly assumed metaphysical project akin to the one we see in the protocols and/or in the need of the supplement of photographic images to them.

Like the *Journals of Gabriel* the need of the protocol to produce an historical image of a person, and a people, and to mysteriously use it to somehow authentically evoke a just sympathy with the Other, to capture his or her essence practically and without a full applied knowledge of this evocation, is doomed to failure. As images the protocols inhibit naming *via* an applied science in that they inhibit transgression against the supposed essence of the person which the person is thought to possess, or which is thought, but never said, to possess his or her. Put another way, the protocol inhibits transgression against the inner, personal, individual, or cultural experience which is thought to be the possession of each of these individuals being inscribed. Such a

transgression, as I have tried to show, is found in the realm of interior *logos*, i.e. the silent realm of secreted transgression itself. This being the case, that which the protocol most inhibits is the ability of one to work through it in the process of naming. It inhibits that creation of a critical, transgressive attitude towards the words of the Other which is necessary for translation, which is necessary for attempting a counter-manifestation which does justice to the manifestation of the patient to the social worker or physician. Most crucially, in doing so it focuses all reading and imaging done by the social worker or physician (i.e. all counter-manifestation) on the manifestation of the patient in a certain, *prescribed* way which more often than not names the *conventional* cause as responsible and with this call an puts an end to the process of naming the cause altogether.

But within such images as given to us by these protocols (and by many ethnographies)—images albeit of not-so-good quality, images which are as much images of a defense of certain metaphysical assumptions as they are of an illness, a people and/or ill people—there still exists the possibility of their use in an applied scientific pursuit of the cause of this disease. Seeing that such protocols are forms of ethnography we would do well to compare them to other forms, like my own, which address the Alz people and/or Alzheimer's disease. As a means of conclusion such a comparison and contrast, which is that to which all of this book points, would be laid out as follows.

A Name for the Cause

In addressing the protocol and its life histories I came to know, to use and to hold so dear, sacrificing hours and hours on its questions and answers, and on the patterns which these questions suggested to me, I feel almost as if I am addressing a holy text which I might, in writing my doubts concerning it here, profane in a most dangerous and injurious way to those whose fates rely upon and have been sealed by it. This transgression, I have come to see, as did Marina with her photos and Gabriel with his solution, is as necessary and unavoidable as all names, i.e. sounds which must be uttered to control and transgress against those we “like.” For those we like are those whom we would heal if we could or those whom we would change to (be) like us.

A major part of the psychosocial protocol dealing with the question of demographics is dealt with in my ethnography by giving small portraits of patients and their caregivers, professional and familial, from Willie Mae, to Felipa, from Carmen to Chury, from Harwood to Ernie and John L., and from Mom to George and his son Richard. Where the protocols lists place of birth, handedness, race, religion and ethnicity, for the means of determining the patient’s social standing, I quote words and conversations between us which, while doing this as well, I have come to see as a telling part of a much larger tale. In the words of these people, my word too to be sure, something is secreted for which the protocol offers no space. Nor *could* it offer these things a space as I depict them. For the space of applied knowledge cannot exist in a form such as this alone, in the exterior *logos*, of this official document.

This search for a naming, or simply naming, if you will, unlike the practical knowledge sought by the protocol, exists in an interior *logos*, in a realm of thought which is not exclusive of writing but only of certain forms of it. This whole book, in fact, is an exercise in such an interior *logos*, a sort of *dreamatic* meditation akin to that form which Valéry so much loved in the writing of Descartes and in his own attempts to emulate it. In my own ethnographic form of demographics I do not attempt to de-mask the patient of the mask of society's categories, themselves somehow secreting the patient's condition *vis-à-vis* his or her relation to the cause in its conventional sense. Nor do I seek to expose the ways in which, through the church, the community, language and so on that he, she and/or his or her caregivers would be best integrated into the Symbol. Although this information is important, no such information can be divorced from its intended use. That is to say, the protocol itself assumes a certain social function and series of uses in being written which my own ethnography does not. It assumes a great many things about race, ethnicity, relationships, wealth, poverty, sexuality and a wide range of other social categories in the (I)nc.'s of the state which I spend a great deal of time leaving open and questioning, including these doubts in my logocentric approach to naming.

Another major part of the protocol dealing with patient history is dealt with in a completely different way within my own ethnography and its analysis. Within certain histories, be they of Harwood, John L., Felipa, Carmen, George, Mom or others, I address the key subjects of the protocol (i.e. of this disease as psychology and social work has come to see it) in a way which makes few or no assumptions regarding what I see and hear, and attempts to strongly call into question those I do. In my work I attempted to

leave no stone unturned, to leave no fact about the mind, body, disease and so which could not be grist for my mill of applied science in search for the third, theoretical cause as Collingwood describes it. I call into question a great many notions, from memory, to behavior, to language and or speech, not the least of which is are the notions of life history, natural history and history in general. In doing this, however, I write not as a nihilist bent upon the profanation of all that is sacred, but rather as a rational theorist and ethnographer who makes no assumptions regarding the value of the sacred *in itself*.

Above all else, just as the psychosocial protocol offers a path toward protection from capitalism and its economies of care which can destroy a family without wealth and other resources, I support this by way of a critique of the state and its way of making every family and individual beholden to it by way of the (I)nc.. Whether in social work, government or in ethnological thought I hold that the best way to protect those without wealth and resources from the economies of care is to maintain an open and democratic forum within and outside of social and natural science, and engineering, in which the power of the state can be studied and challenged on behalf of sovereignty. This latter critique of the state is critically addressed in this book in terms of colonialism and anti-colonialism in general, as seen in my exposition of Leenhardt, and as seen in the histories of the *Journals of Gabriel*, as well as these two forces in particular, first in terms of Pietism, which I consider to be the Platonist and Protestant Christian philosophy of social work in and outside of modern medicine, and second in terms of the chemistric relationality which maintains a strong within the social and natural sciences.

At the end of the psychosocial protocol as within various turning points of this book the issues of treatment and further directives come to the fore. In the protocol these plans for treatment and directives concern how the person will be integrated into the system of care and the state. In my ethnography these plans for treatment and directives, appearing mostly in chapters six on possession, identity and bio-masking; eight on possession, the patient and melancholia; and nine on relationship between myself as writer and medical researcher and those in the business of treatment, concern how the person will be given a certain sovereignty and how this sovereignty seems to demand an overcoming of the protocol itself.

The treatment plan to which this ethnographic critique of the Alzheimer's state points, like the psychosocial protocol, must be one in which the knowledge of this ethnographic analysis is passed on and applied within medical science. In the clinic the psychosocial protocol is passed on to the neurologist and reviewed by him or her during the patient's examination and filling in of his or her own protocol. With what I have shown regarding history, language, memory, and behavior in particular the whole of the neurological protocol should be rethought, questioning its own uses of the four categories above. Such a re-evaluation would be carried out in terms of the understanding outlined of these four categories in terms of mimesis, manifestation and de-masking as I offered a cursory outline of them in the extensive footnotes of chapter six.

In pursuing such a treatment plan and such directives the physician or other caregiver would be offering a treatment *via* an applied science in search of the material

cause of this disease, following, like one thread after another, the different levels from the most outward behavioral manifestations to the most inward manifestations of the neuron. He or she would do this according to the mixture of Stoic physics and New Caledonian conceptions of body and knowledge as I have described and applied them throughout this book in terms of changes in (manifestation of) tone as they are observed at all levels of, around, within and without the different qualities of body being secreted by those with this disease.

As a treatment this approach would not exclude current drug treatments being used but would rather factor all of the changes brought about by these drugs into its analysis of changes in (manifestation of) tone. By means of an applied science which begins with all behaviors particular to this disease, and critically follows their material threads into the microscopic realms as I outlined them, researchers would again and again end their unraveling with nothing at its end, no practical result, but always, if reflective, with a certain degree of applied knowledge with which to pursue another and yet another thread, each one leading to an understanding of series of mimetic relationships between his or herself and the patient, his or her body and those of the patient and the material physical world in and around both of them.

In short, that to which this ethnography points is an applied science, which includes but is not wholly devoted and indebted to practical ends; a theoretical search *via* applied science which amounts in its activity *to an applied re-imagination of the nervous system*, a new conception of this system which is understood through its disorders by

following material threads (*via interior logos*) and thereby comprehending the whole (in a monist fashion, rejecting dualism *à la* Plato *and* Sorokin) as a physical system, manipulating it as necessary to cure this disease.

In the end this critique of the Alzheimer's state is a critique of neuroscience itself, the two being so intertwined in metaphor and practice, from the "needs" and "character" of ethnic groups, to the "information age" and popular folk notions of "alien/government mind control," that, as critics of psychiatry have for decades proselytized, a critique of one cannot help but be a critique of both. In addressing not only Alzheimer's disease but also other disease in such a way neuroscience's current shallow understandings of memory, language and behavior in general, not to mention the state of stagnation and theoretical loss in which other sciences have yet to find themselves in relation to the state, such an applied science offers not only the greater expansion of knowledge, but an examination of this knowledge in a search for some other form(s) of justice and truth.

Neither in the title nor in any other part of this book did I, for several reasons, promise a name for the cause of Alzheimer's disease—the least of these reasons being that many scholars in medical ethnology and sociology are so quick to hint that they somehow have one, and I myself being nowhere near so bold or clever as they pretend. Were I to have attempted such I could not have done better than to give it the name of the state, which alas itself has no name save for the defiant cries of those being thrown into its gears [(I)nc.]. But within this cry, a voice within exterior *logos*, is a familiar sound, a tone which I just now in writing these last few words have found in myself, in sympathy,

and its magic of love. What is the name of the cause you want to know? I can't say. The rest lays behind and before those who care.

THE END