"Traditional Healing: New Science or New Colonialism? (Essays in Critique of Medical Anthropology),"

Edited with an Introduction by

Philip Singer, Ph.D.
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There are a number of problems with this volume, but I have selected for consideration here only those that I feel are of overriding importance and can be demonstrated directly. My choice is also influenced by consideration for keeping the review to a reasonable length, and not wanting to be overly critical, because, while I read the literature on the subject, I do not directly participate in it.

The first problem is the definitions used for terms in the title. It is the responsibility of the editor to properly define them in his Introduction, but Singer has not done that. He explains *neo-colonialism* as:

> *the new Colonialism of the independent countries which makes access to the progress of the urban rulers equally impossible for the masses and supports the traditions of the past as if they are true and good, but only for the masses, not the rulers...the hegemony of the white colonialists has been supplanted by the hegemony of the black rulers.*

Neo-colonialism means many things to many people, but what generally has been meant is that institutional relationships continue between the former colonial masters and subjects in favor of the masters. Even if one agrees with Singer's definition, there is not a single article in this volume that lends support to, or denies his statement. Only one author, in fact, seems to have been privy to Singer's intention to use the terms, and he likewise provides definitions. This is the article by Westermeyer, in which he describes new colonialism as Japanese trade and communist propaganda. This is very original to my knowledge of the literature on the subject, but it is hardly adequate. Westermeyer assumes, logically, that if health care workers engage in a similar selling of their goods, they must be neo-colonialists too.

On another definition, Westermeyer writes that "new science" is a "contradiction in terms. Science is never new... or it is always new." If that is not clear, it is due to the fact that he never clarifies it in his further statements on the subject. Singer means by "new science" (or even "old science") something equally vague. To him, science is merely something that exists in opposition to "magic and superstition." If he properly understood what is involved in "science" he would not so readily dismiss the elements of "magic" or "superstition" in scientific medicine as we experience it today.

There is a third term in the title which Singer refers to in his introduction. This term is "traditional healing," by which he means "magic and superstition." His closest attempt to telling us exactly what aspects of tradiitonal healing he is referring to does not appear until page 21 of his 23-page introduction, when he writes:

> *It is important to emphasize that when we speak of the 'therapeutic alliance' we are speaking primarily about psychiatrists and traditional healers, not primary physicians. (his emphasis)*

If I may assume that he is creating a one-on-one relationship here, then it is important to emphasize firstly, that there is no role in the traditional healing system that is equivalent to "psychiatrist". Secondly, the contributions by four Nigerians and one Kenyan in this volume in no way suggest that there is only "psychotherapy" in African traditional methods of healing. They emphasize instead the primary role of psychosomatic processes in disease and illness situations, which accounts for the use of rituals and other manipulations of symbols, in conjunction with herbal substances. It is in this field of psychosomatic processes that western medicine has so much to learn, because the European world-view long ago separated the body from the mind, and some practitioners have started to take account of the problems stemming from that dichotomization. However, Singer urges:

> *...it is necessary to again separate mind and body when thinking of the delivery of health care services. The psychosomatic continuum stressed by modern physicians is a luxury which underdeveloped societies cannot afford, either in terms of physicians who are psychiatrists, or in the employ of witch-doctors or other traditional healers who serve to maintain the same belief system*

> *which made colonialism possible in the first place. (his emphasis)*

In fact, the psychosomatic continuum is an historical one in so-called underdeveloped societies, and not a "luxury". In other words, the understanding and treatment of it is more highly developed in African societies than in western societies. Moreover, "witchdoctors" is a British conception. Diviners and sorcerers are the only terms that can be translated in African vernacular languages. Additionally, it is simply false to lay the process of conquering, which led to colonialism, on the backs of the victims like this by blaming it on their belief systems.

What really concerns Singer is that *any* anthropologist or psychiatrist would have *any kind* of alliance with "magic and superstition," which, after all, is what traditional healing is to him. To press his claims for calling it this, Singer extrapolates from the 1940 work of the anthropologist Kroeber, who presented three criteria for identifying "a 'higher' or more advanced culture," which Singer says the newly-independent countries should be striving to achieve.

The first criteria is the extent to which a society disengages from 'magic and superstition'; the second, the extent to which it ceases to engage in puberty rites, animal sacrifices, and the taking of human life; with the third criteria being the development of science and technology. Singer applies these criteria, by writing:

> *Medicine, as a scientific discipline, certainly demonstrates progress over the last 100 years in these very areas.*

I have already mentioned the problem with the first criteria. As for the second one, perhaps Singer is not aware of the biology houses that sacrifice animals in the name of science. At least for the third criteria, Singer needs to read Ivan Illich, *Medical Nemesis* (also entitled *Limits to Medicine*) or René Dubos, *The Mirage of Health*. And while it is true that Illich's work appeared while Singer's volume was in press, Dubos' work appeared at the end of the 1960s, so there is really no good reason for Singer persisting in this anachronism.

These conceptual and definitional positions held by Singer affect the extent to which the volume as a whole is successful in carrying through with its intentions. I will now consider that by discussing four points that appear significant.

The first concerns the subject matter in the collected essays. Without exception, the 13 essays in this volume comment on the potential and actual role of indigenous healing methods. Most of the authors discuss this in relation to the methods introduced from the industrialized societies vis-à-vis contemporary health care workers. And there is a consensus on the selective use of traditional healing in conjunction with a selective use of technological medicine. On the subject of this relationship, the volume is worth reading; it should have been given a title reflecting this commonality of the contributions.

The second point is the manner in which Singer introduces these essays, and the fact that the volume has been given the title it has for specific reasons. With the exception of two essays, to be considered shortly, Singer is severely critical of all the other authors because they believe an alliance is possible and necessary between the centuries-old and more modern medical practices. He introduces these writers as being "confused" and "in error." Only the western, technological model of health care is acceptable, and as he sees it, this should be immediately introduced.

Such a polarity between the editor and his collection seems inexcusable. It is not what one would expect to find in an edited work, but rather belongs in a book written by Singer, in which he could take full responsibility for the subject matter. As it stands, the entire volume seems to be set up for Singer's contrived title. One is either "for", "against", or ambivalent about using traditional methods. Those who come out fully for it are Singer's new colonialists. Singer alone comes out fully against the alliance. His arguments are so weak, however, that he more successfully demonstrates that there is no case to be made.

My third point concerns the inclusion of essays on America in a volume supposedly concerned with neo-colonialism. Black Americans were slaves, not colonial subjects. There may be similar features in their dependence upon former masters and that of former colonial subjects upon their former masters, but it does not follow from the similarity that it is a neo-colonial situation for both groups of people. It was stated in the beginning of this review that definitional problems can lead to traps such as this one. Singer has not given a proper definition for "neo-colonialism," but even the statement that I quoted earlier does not apply to the Black American situation.

Two of the American essays are written by authors not said by Singer to be either confused or in error. One article

is by Snow, on the situation of poor people in the southern United States, and the other is by Dawkins and Dawkins, on the situation of Black people in South Bronx, New York City. Actually, Snow and the Dawkins are in full agreement with the stand taken by the other authors in favor of traditional healing. For Snow, it is at least favorable in the short-run. Her article is referred to simply because she laments the need for poor Americans to consult unorthodox healers, and Singer thinks the African authors should have approached the African situation in the same way.

The Dawkins' point is that the US government coopted the idea of "indigenous" healers in the course of setting up community mental health centers following the enactment of civil rights legislation in the 1960s. Their argument is not well developed; however, Araneta, writing in this volume, more adequately explains the point raised by the Dawkins. He writes:

> *Whereas, collaboration between western-trained psychiatrists and indigenous healers appear to offer the optimal form of psychiatric care in developing nations, where the economic situation and technological sophistication offer virtually no alternatives, the advisability of adopting this measure in the USA has been seriously questioned...competition for control of the patient rather than collaboration is more likely. (my emphasis)*

In additon to this, he notes that:

> *The use of indigenous healers (in America) appears to be no more than a glorified, regressive fad designed to camouflage a type of social exploitation reminiscent of colonialism. (my emphasis)*

These quotes from Araneta support the Dawkins' contention that the US government has created a "use" for such healers in its war against the poor. In their article they are also referring to the question of who will control those mental health centers.

The quotes also lend support to my position that Singer is making a perceptual error in bringing together under the same roof the American and African cases. But he has done this selectively. While Singer is favorably impressed with the Dawkins, even calling them revolutionaries because they conclude that "the only psychology needed for the freedom of black peo-

ple is guns and revolution," he notes in the biographical sketches at the end of the volume that when the Dawkins wrote this paper for a symposium he had organized, they stated their intention to "work through what is part of Third World People and what is 'Vibrations'." This last is not an aspect of technological medicine. How then does Singer accept this in the Dawkins, but will not accept traditional healing, which is an established, systemized practice?

Moreover, doesn't Singer realize that he cannot blame the victims for their oppression in one place without doing so for the victims in another? He has placed the blame for colonial oppression upon the African belief systems. The corollary is exactly the matter that concerns the Dawkins; namely, the war against the poor is leading to the very dangerous notion that to be poor is to be mentally ill: People are not being driven to madness because they are poor, but they are poor because they are crazy in the first place.

Finally, the subtitle of this volume informs us that these essays are in critique of medical anthropology. Besides Singer, only two of the authors are medical anthropologists. The role of medical anthropology remains a shadow in the background. Instead, the psychiatrists writing here refer to "cultural psychiatry." Singer is equating the two, and it still remains that he is the sole critic of the attempt to respond to cultural settings in the application of health care services.

In summary, instead of Singer serving as a guide to the contents of this volume, as one would expect from an editor, he is instead a hindrance. It is wearisome ploughing through his introduction. He lacks clarity, and twists concepts and definitions to serve his own purposes. While he might feel that what is needed is a revolution, and not psychiatrists, he is not convincing on that point. He certainly does not demonstrate the road to be taken or the goals to be achieved at the end, unless we are to infer Kroeber's ideas of a "higher culture."

In spite of the fallacies and disagreements in this volume, overall the essays are useful because of their information on traditional healing practices, and the relationship between these systems and introduced technological medicine. The health care situation in the United States does appear to be out of place in this volume, but the discussion on it, after all, gives us the chance to see the issue in clearer perspective.

Gloria Waite