The Quest for Therapy: Medical Pluralism in Lower Zaire

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Alfred Fabre-Luce writes so well readers may be lulled into thinking they are reading a suspense novel when they turn to his Deux Crimes d'Alger. The book is in fact an excellent historical account written in a journalistic style. Professional historians might find the bibliography light (only sixteen works are mentioned), but the author has done his homework carefully: he had obviously read the transcript of key trials thoroughly, he is clearly familiar with the detailed coverage of the two cases that appeared in the French press, and he has completed his preliminary work with extensive interviews of key actors. By juxtaposing his analysis of the two cases — the assassination of Admiral Darlan in 1942 and the Bazooka affair which cost Commander Rodier his life in 1956 — Fabre-Luce presents an important facet of recent French history and aspects of the character of the European population of what was French Algeria.

Deux crimes d'Alger is only peripherally of interest to Africanists: the two crimes occurred in Algiers, which is in Africa, and some of the actors were European settlers in North Africa. The central issues, however, were metropolitan and had to do with who should rule in France. The late General de Gaulle was, at least indirectly, involved in both cases, as was a royalist pretender to the French throne. Beyond these overriding considerations, this book sheds light on the psychology of leading actors of contemporary French history and helps clarify some great political divisions. It also illuminates an aspect of settler group psychology and as such, provides a glimpse into an aspect of colonial history that may help others to understand and describe better than before the European community of Algeria before 1962.

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In the 1960s the author, an anthropologist, and his co-field worker William Arkinstall, M.D., set out to study the medical system utilized by Bakongo in the Maniaga region of Zaire. It was their intent to elucidate the nature of "medical decision-making," that is, the process whereby illness was diagnosed, evaluated, and treated. Of special interest to them were unique aspects of traditional arts and medicines, and how traditional medicine among the Bakongo accommodated Western medicine.

The first of these objectives yielded the interesting phenomenon in which the ill person (functionally disabled if not always organically diseased) usually did not independently seek and receive therapy. Instead, illness became an occasion for kinsmen and interested persons to select and evaluate — "manage" — therapy for the sick individual. Jansen argues that the sufferer's ubiquitous
family, his "therapy management group," is the touchstone for understanding the art of curing in Lower Zaire. The course of therapy management leads into the other central concern, namely "medical pluralism," pervasive in this land only newly emergent from status as a European colony. Far from rejecting bio-medicine, the Bakongo have incorporated many Western medicines and some technology, if not scientific presuppositions, into their medical scene. And it is this "integrated medicine" that especially intrigues Janzen.

The book details six case histories to illustrate the dynamics of therapy among the Bakongo. Of the six, five involve varying degrees of malaise that appear to devolve from interpersonal strife. The remaining case is ambiguous because it concerns a newborn infant. Present in some of the patients are organic maladies (diagnosed by Arkinstall) including enlarged heart, malaria, and intestinal parasites. But non-specific symptoms predominate, ranging from abdominal pain to headache to "odd behavior" to "psychological problems." Each case history reveals different circumstances in which an individual's illness resulted in group decision-making regarding the course of therapy. The author selected these six in part because he had the opportunity to witness them over their durations which lasted, as social conflicts can, from several months to several years.

Apart from his field work, Janzen discusses other aspects of medicine among the Bakongo including medical specialists, medical cosmologies, and the political context of the art of curing. In each instance the analysis leads back to the pluralistic nature of therapy. The author applauds the observable integration of therapies because it would seem to incorporate the best aspects of Western medicine and traditional Kongo medicine. This stance would appear to concur with the World Health Organization resolution (1976) and the 1981 call of the American Medical Association for support of health-care systems that combine bio-medicine with traditional healing arts among non-Western peoples.

While Janzen's case histories justify his emphasis on therapy managers instead of the individual curer among Bakongo today, he tells us that this was not always the situation. In the past, "the diviner apparently played a pivotal role as chief diagnostician ... a role ... taken over [today] by lay therapy managers" (p. 222). This change over time would seem to offer significant insight into the rise to prominence of group therapeutic decision-making, especially since the change corresponds to the period of Belgian dominion. Given the ruthlessness of Belgian rule in Zaire, Janzen offers a tame discussion of its impact on Kongo medicine. Because healing (or therapy) was so entwined with religion and law - aspects of Kongo culture highly affected by Christian missions and colonial government - change to a system of group management of illness is historically rooted in the cultural conflict between European colonizers and African colonials. Indeed, it may have been that a tradition of therapy managers arose in order to offer access to Western remedies as well as protection from culturally threatening aspects of European medicine. If so, the meaning of medical pluralism is more complex than alleged by the author.

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