The Quest for Therapy in Lower Zaire

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This book is "aimed at readers interested in the practical issues of medical decision-making in an African country" (p. xviii) focusing on the management of illness and therapy among the Bakongo in lower Zaire. Enriched by the inclusion of excerpts from historical documents, as exemplified by the recorded dialogue between Livingstone and a Mbutu rainmaker published by Stanley in 1879, the book makes for delightful reading. The herbarium of medicinal plants assembled by Dr. Arkinson, a research collaborator, and the author's access to a wealth of French colonial records provide sources of information which many who have worked in less acculturated societies have not had the good fortune to encounter. With a good bit of detailed information from both previous records and from the remarkable ability of the author to record medical "events" in difficult places, we are treated to a history of medical pluralism encompassing kin group function interpreting symptoms while making decisions about them, and popular and Western medicine converging toward integration.

For the author's intended audience, the work contains useful information, and as a member of a set of works labeled medical anthropology it belongs on any shelf. For the anthropologist looking for fresh analyses suggested by new material there is more labor than delight in the search for unity of method and theory. As the author states, several chapters had been previously published or presented elsewhere at meetings. As a result of the author's search for models from inspiring insights of others, the articulating meridians between chapters (and sometimes between paragraphs) send out probes but find weak binding sites. In such pursuit of theoretical models we are led to nod in cursory greeting to Frake, to Kuhn, to Lévi-Strauss, et al., and to statements of the sort that assert that "science is self-correcting" (p. 35). So one is left with a sense that in its search for a unified theory, this book has missed the gravitational fields of those works which have presaged and delineated such a field theory. In a subdiscipline called medical anthropology, theoretical advances from the researches of Gould, J. Adair, and Deuschle in the late '50s, of Jahoda, Fogelson, Geertz, R. Lieban, and L. R. Schwartz in the early and late '60s, of Landy, U. MacLean, Kennedy, and Edgerton in the early '70s are ignored, but with a significant loss of momentum. The anthropological field research on which these earlier studies were based was conspicuously focused on: decision making in management of illness and therapy by a set of close kin, the nature of causality in symptomatology, the logics of therapeutic systems, the sociocultural contexts of illness, changes in concepts from precolonial times through urbanization and the uses of both indigenous and Western medicine in alternative strategies of seeking cures. Gould analyzed "village medicine" and "doctor medicine" in constant interaction through folk pragmatism; Adair and Deuschle intensively studied and reported on Navajo symptomatology and choice of curers; Fogelson wrote of Cherokee decision making and the complementarity of indigenous and Western healers; Lieban described role adaptation in resynthesis of healing roles in the Philippines. Schwartz wrote about the hierarchy of resort in Melanesian curative practices in therapy management as it vacillated from indigenous to Western medicine. Jahoda, MacLean, and Edgerton all researched some of the above-mentioned categories specifically in African societies.

In The Quest for Therapy in Lower Zaire, Janzen analyzes his own situational materials to present indices of health. He creates an informal equation in one chapter which includes both what is readily quantifiable (such as health personnel to patient ratios, hospital beds and the like) and what is much less well measured (such as nutrition, ecological hazards, and causes of disease), an equation of heuristic rather than reliable practical value. In one discussion, "anxiety" and symptom converge in a scenario in which an illness is considered not real because a missionary M.D. finds no signs. (Where is the author's recognition of the difficulties of our own "Western" diagnoses?)

Moerman's research on physiology and symbol, and Pfefferling on the anthropologist studying the physician diagnosing have brought a needed sophistication to medical anthropology, e.g. whether or not the patient is "really" sick is crucial to medical anthropology even if the epiphenomenal takes off on all sorts of interesting directions as data in and of itself.

In Janzen's work, systems of doctor/patient
and doctor/patient/kinsmen relationships are diagramed with what this reviewer would describe as biaxial and triaxial reference systems. Events that bring about conjunction and disjunction between decision makers in therapy are alluded to, and magnitude and vectoral forces in the systems are exemplified. This is a most interesting section and provides a stimulating opportunity for further fieldwork and formal analysis. If the book is intended as a manual for praxis, why is a review also concerned with theory? Because, in spite of the stated intentions, the author continuously carries on a dialogue with theoreticians he finds important on some discourse level or other, of structure and function and symbolism in anthropology. That the theoretical precedents in medical anthropology and its specific interests (which are chapter titles in this book) were not pursued and built upon brings us to a consideration more central to anthropological research and writing in general. For in this regard, this book is a member of an overpopulated class of works that poses the question: are we to ignore similarities of configuration of explanatory models because they are not in the culture area of the collected facts of our own contemporary concern? In this case, relevant explanatory models are all of those put forth by others on Western medical incursions on indigenous cultures, decision making in therapy, religio-medical complexes, and cultural boundary permeability in the “quest for therapy” by whatever name. If, as the editors say, this book is the first to begin “to build a field of scholarship that will publish new research in theoretically interesting ways” (p. xv), it is hoped that the editors of “comparative studies of health systems and medical care” (p. xv) might dust off their cognitive maps of where medical anthropology has been, where it is now theoretically, and toward what new directions it is heading (e.g., Moerman and Pfefferling mentioned above). We should not collectively play out old plots and paradigms by putting actors in different masks in scripts that vary only in phonemics. Do we not have an obligation to the future, as we exhaust our stores of cultural variety, to leave a scholarly legacy that is not merely a closet of costumes in the museum of mankind? If we do not seek to go beyond slight variations on elegant culturologies toward a unified theory of methods, we shall leave behind us not an emperor with no clothes, but a closetful of clothes with no emperor. In these latter days of trans-emicity, this reviewer would have found this book more theoretically praiseworthy if the author had succeeded in providing a framework of understanding built upon the works of others who in the recent past have written on all those very problems that concern him, and thus enhanced an emergent field theory for his own material and insight. Despite this limitation, Janzen’s book is interesting, useful, and worthwhile for his stated, intended audience, the reader interested in a practical analysis of the management of medical problems in a particular country.


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Neither Lorna Marshall nor H. J. Heinz came to the Kalahari in the usual way of academic anthropologists. Mrs. Marshall and her family first did so after her husband Laurence retired in 1950. He wanted to take his son John on a trip to Africa. Laurence and John Marshall first went to Namibia to look for remnant Damara and unacculturated Bushmen and returned a year later with the entire family. Since they could not find a “trained” ethnographer to go with them, Lorna Marshall, whose only academic training had been in English literature, began her now famous study of the !Kung herself.

A decade later, Dr. Heinz first ventured into the Kalahari. His professional interest at that time was in zoology, and he accompanied a Witwatersrand University expedition as a specialist in human parasitic fauna. But according to his book, he really went for adventure and escape. Like Lorna Marshall, H. J. Heinz later learned to do competent, and even good, ethnography; but Namkwa is not primarily a book about the Bushmen. It is Heinz’s autobiography written with the help of a noted South African journalist, who incidentally is no relation to any Bushman ethnographer.

The !Kung of Nyae Nyae consists of a short introduction about the Marshall expeditions