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Foucault and the Anti-Witchcraft Movement

Review article

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Rather as the Pompidou Centre shows the infra-structure of its design inside out, this study also intends to make visible to the outer world the building-components of a specific discourse that originated during British colonial rule in Africa. The study highlights the (de)construction of the bio-medical discourse which formed the basis for a wide variety of medical practices, therapies, etiologies and even the genre of jungle-doctor novels which emerged during colonial times. In her approach Megan Vaughan is clearly inspired by Foucault’s archivistic method and proposes to apply this method for the de-construction of an episteme which is not formed in Western European thought but in the context of African colonial history.

The main issue discussed in the book is how a Western bio-medical discourse came into existence in this specific context and how the knowledge/power exemplified in its practices became interwoven with the exercise of colonial authority. Although the author rejects, in principle, the possibility of analysing the full significance of such a discourse by using constructivist terms only (people ‘really’ got sick and suffered from real diseases), her work relates to both postmodern approaches to medical concepts such as Pool (1994) and to recent critical assessments of Foucault’s discourse theories such as Hartsock (1990).

The central question posed by Vaughan is whether the intimate relationship that existed between colonial medical discourse and the exercise of colonial power is of the same nature as the relationship that has been described by Foucault for Western medical discourse and the development of the modern state in Europe. Vaughan’s conclusion in the end is not affirmative, but prior to reaching that conclusion she attempts to show how a plethora of diseases,
afflictions, epidemics, psycho-pathological states, leper communities, vaccination campaigns and other therapies, memoirs, films and novels, were all conceptualized in specific ways so as to fit into the colonial medical discourse. For three countries in particular, Malawi, Uganda and Nigeria, she shows how local illnesses and afflictions were conceptualized within bio-medical discourse and how counter-measures by medical personnel were formulated on the basis of this available knowledge. It appears that diagnostic, therapeutic and etiological conceptualizations were formulated on widely shared, generalized, notions and images among white personnel of the ‘real’ nature and identity of ‘the African’. This commonly shared notion of what ‘the African’ is and of what it is to be an ‘African’ was, in contrast to other discourses, fed by bio-medical science and it was directly incorporated by the colonial authorities in legitimizing their ways of executing colonial rule.

In particular, in the diagnostic conceptions produced by bio-medical personnel the major etiological determinants of a large number of ‘African’ diseases were sought in the moral inferiority of ‘the African’ and the process of decay in value-orientations that African society allegedly experienced in the better parts of its social fabric. The African was or would be ill because of the illness from which the entire African society was assumed to suffer. The society was sick because of (sexual) immorality, ignorance, superstition and irrationality. But it was also sick because of the ‘unhealthy’ yet wilful inclination of Africans to break up traditional relationships by embracing ‘modern’ trajectories for social success such as education, urban migration and wage employment in developing industrial locations. In the eyes of Western medical personnel the African, increasingly, had become involved in ‘life-spheres’ to which he or she did not in fact belong and with the circumstances of which he or she as an individual was not equipped to deal.

The central notion which was underscored time and time again was that there was a definite, undeniable difference between the healthy social/moral order of Western society and that of African society. This contributed substantially, according to Vaughan, to the creation of a ‘language’ in which ‘the African’ was a subject of discussion in an undifferentiated way, to such an extent that an almost monolithic image of the African and his or her social circumstances arose. It formed the basis of the construction of a language of ‘othering’, a sheer preoccupation with the formulation and construction of terms and concepts that emphasized the difference of ‘the African’ from any specific aspect of Western society and its conditions. Vaughan skilfully shows how, at times for very tactical reasons, this language of ‘othering’ was subjected to change and redefinition, but that nevertheless the preoccupation with the formulation and construction of differences as such remained the same during the entire colonial period.

The most important reason for Vaughan to reject the full applicability of Foucault’s theory in the African colonial context relates to what she calls the
different process of ‘othering’ that took place in Africa as compared to what took place in Western European history. In Foucault’s analysis medical knowledge, practices, techniques, instruments and institutes contributed substantially to the transformation of repressive forms of state power into what Foucault calls productive (positive) capillary forms of state supervision (surveillance). Foucault notices a radical change in Western thought towards the end of the eighteenth century, whereby each individual was no longer considered an object on which repressive state power could be ‘unleashed’. Rather it became apparent in Western thought that the individual should be considered a subject, capable of speaking about its own identity, self-image, emotional states, etc. Science no longer dealt exclusively with man in objective terms, i.e. in measurements, quantitative analysis, demographic studies etc., but became interested in exploring man’s nature in a way that would also relate to subjective conceptualizations. Developments in psychiatry, psychoanalysis and the social sciences provided the language for mankind to speak about itself and to know itself.

This development, however, at the same time provided the state with the means to explore and develop supervisory models in society that were based on the differences that could be constructed, through the availability of this new language, between individual subjects as such. The process of subjectivation produces disciplinary forms that rest on minute differences between subjects and which give way to the establishment of institutions such as the prison, the clinic, the sanatorium, etc. Foucault reaches the conclusion that the biomedical discourse that produced the language of subjectivation was indispensable in the process of state-formation in Western Europe.

Vaughan argues that this development of subjectivation did not occur in the construction of a colonial bio-medical discourse. Rather, instead of a process subjectivation, of a science that provided the means and the language to establish all kinds of minute differences between individuals, colonial medical discourse led to what she terms a process of unitization. Colonial medical discourse was preoccupied in the first instance with indicating and measuring the level of distinctiveness of ‘normal’ African living conditions and social circumstances, as compared to European society. The African condition as a whole was conceived to be different and no special efforts were made to isolate the ‘abnormal’; it was the entire context that was perceived to be ‘abnormal’. Secondly, however, in order to be able to cope with specific forms of illness in this generally ‘abnormal’ context, the bio-medical discourse paid almost exclusive attention to the unitization of people in larger aggregates. On the basis of censuses, epidemiological investigations and community approaches to the treatment of illnesses, group classifications were constructed that set the conditions for all forms of diagnostic and therapeutic practice. Instead of a subjectivation of ‘the African’, each and every individual was conceptualized in objective terms as a member of a specific group which in its turn could be
distinguished from any other on the basis of specified aggregating factors. Because of this process of unitization, colonial medical discourse could not contribute to the development of the new disciplinary forms which, in Foucault’s model, facilitated the change from the pre-modern to the modern state. In other words bio-medical discourse simply prolonged a situation in which the state’s authority took the form of repressive colonial rule. The incapacity of colonial medical discourse to initiate a process of subjectivation leads Vaughan to the conclusion that Foucault’s model cannot be considered applicable in this context.

The limitation of Vaughan’s own analysis, however, is that she does not sufficiently take into consideration the African voice, the appropriation by Africans of the dominating colonial-medical discourse within their social relationships. Africans cannot be considered to have been merely passive recipients of a bio-medical discourse that intentionally ‘objectified’ them in all sorts of categories and classifications. Rather, we might expect this ‘language’ to be appropriated and then ‘put to work’ in the engagement with the world, to structure, organize, explore and influence the social field in which the active recipient lives. In other words, it seems hardly conceivable that colonial discourse was not incorporated into the ways in which the Africans spoke about themselves, and differentiated one individual from another, in short the ways in which they engaged in a process of subjectivation. The key question is therefore whether this process of appropriation of the dominating discourse failed to occur at all, as a result of which a process of subjectivation cannot be perceived in African colonial history.

Vaughan, unfortunately, begs the question:

But how far engagement with bio-medical practices made a difference to people’s understandings of themselves, their bodies and their identities is, I think, more difficult to gauge, and would require a very different kind of study. (p. 203)

My proposition is that at times colonial medical discourse definitely contributed to a process of subjectivation in which minute differences between individuals in African society were established, thereby supplying the groundwork for the microphysics of power relations and various disciplinary practices. In particular, the witchcraft-eradication movements which originated during the 1930s in southern Africa (a region to which Vaughan frequently refers) constitute a case in point. Although she does not refer to the existence of these movements during the period of colonial rule, it is perfectly clear that the anti-witchcraft campaigns included some practices, procedures and disciplinary actions which were directly copied from Western bio-medical discourse and practices. Audrey Richards, who was present in the region when the anti-witchcraft movements occurred, wrote:

The witch-finders came as well-dressed young men, not as wrinkled old
native doctors (*nanga*) in greasy bark-cloth. They worked in the open and lined up the natives after the manner of an official taking a census. (Richards, 1935: 451)

Once assembled the men and women were lined up in separate files, and passed one by one the back of a witch-finder, who caught their reflections in a small round mirror by a turn of his wrist. By his image in the glass it was claimed that a sorcerer could be immediately detected. (Richards, 1935: 448)

Once discovered as a witch, the suspect was forced to drink a special and powerful purifying potion. This 'medicine' could also be bought from the witch-finders and would protect its owner from hideous attacks from the secret world of witchcraft, as well as prevent the owner from involuntary involvement in acts that were related to witchcraft.

Vaughan devotes a considerable part of her book to the methods that were used in colonial medical practice to implement programmes for vaccination, the ways by which men, women and children were filed up in lines and how the exact dose of a vaccine per individual was established and administered. These forms of practices, which have a disciplining impact on the larger public, clearly made their way into the anti-witchcraft campaigns, mainly executed by the younger male section of the population. The very fact that villagers stepped forward, without any further incentive, to confess that they too had been involved in practices of witchcraft, indicates the strength of the discourse of subjectivation in the local African setting. Just as in Foucault's modern state, where the individual may present him/herself for psychiatric or psychoanalytic therapy, we find in these movements a disciplining process whereby this form of purification 'obviously' was meant for some individuals and not for others. The power of this discourse was extensive, because the individual who refused to receive the treatment of purification would be labelled 'witch' and would suffer the consequences.

It is, furthermore, interesting to note that this process of subjectivation can also be seen as producing a productive form of power in Foucault's sense, since it began to replace the repressive form of colonial power. Colonial authorities increasingly became aware that the Witchcraft Acts adopted in the early years of this century had nowhere led to a diminution of witchcraft cases and offences, despite the sometimes draconian measures that were taken to curb these practices. The 'soft' methods of purification that were applied by the young witch-finders, which also referred to Western medical practices, were tolerated by the colonial authorities without much difficulty (Fields, 1985: 84–90; Richards, 1935: 450).

The process of healing a witchcraft-ridden society includes a form of disciplining, a form of power in which subjectivation plays a major part. The discourse that was adopted by the witch-finders includes a range of concepts, practices and methods by which the identity of an individual could be
determined. The fact that these concepts and methods as such do not bear any significance for Western bio-medical discourse is of no relevance to my argument. My intention is simply to put to the test the claim that colonial medical discourse did not lead to any form of subjectivation in African society and that therefore the thesis of Foucault is not applicable in the African context. If we bear in mind what the anti-witchcraft campaigns copied from the colonial medical apparatus, and the silent approval they received from colonial authorities, this claim can be seriously debated. Within the anti-witchcraft campaigns we do find people speaking about themselves and determining their identities by using a language that was at least partially influenced by what Western colonial powers had introduced.

Another example that could be used to show the influence of Western subjectivating medical discourse in the African context can be found in the Pentecostal type of spirit-healing churches. Although considerations of space do not allow me to go into details on the conceptualizations of these forms of healing, the attractiveness of these churches undoubtedly lies in the attention they pay to the individual subject. Moreover, the relationship postulated by colonial medical discourse between the immoral state of African society and the preponderance of certain illnesses can also be found in religiously-encoded form in the doctrines of this type of healing church. It is quite striking that a form of subjectivation whereby illness determines the identity of the sinner is still very much alive in various fundamentalist movements, such as those found in present-day Malawi (van Dijk, 1992). The state in Malawi, notorious though it is for its repressive exercise of state power, also approves and at times even applauds the existence of these fundamentalist groupings and their often morally rigid doctrines and actions.

Vaughan has certainly presented a thought-provoking contribution to the understanding of the intimate relationship that existed between colonial medical discourse and the exercise of colonial authority, with its central process of ‘othering’. Nevertheless, the conclusion that colonial medical discourse did not lead to a process of subjectivation cannot be maintained in its absolute form. If one intends to study the ‘construction’ of a discourse in a specific setting of power relations it does not suffice to limit oneself to the construction-site without exploring its perimeters. Although the dominant colonial medical discourse showed all the signs of ‘unitization’ of the African ‘other’ within its own episteme, at other times and places the language of subjectivation had an impact on the local population and was to greater or lesser extent appropriated in specific practices. Vaughan’s book is to be applauded for indicating an approach through which the insights of Foucault can be further explored in a fruitful way in the African context.
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