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TRADITIONAL MEDICINE AND THE STAKES OF LEGITIMATION IN SENEGAL

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Abstract—Traditional medicine has been recently confronted by a new phenomenon in Senegal: the quest for new sources of legitimation. The cases presented here—an association of traditional practitioners, an encyclopedia of traditional knowledge and a controversy on a traditional leprosy center—illustrate the three following points: healers who are the most inclined to search for official recognition are also those who have the weakest traditional legitimacy; actors who claim for official recognition of healers reinforce at the same time their own legitimacy; and these new principles of legitimacy necessitate authorities for legitimation situated outside the scientific world. This Weberian analysis seems more accurate than usual descriptions of traditional medicines to explain the work of redefinition of social boundaries in the medical field. Far from being limited to Senegal, these stakes of legitimation can also be observed in other African countries and even in industrial ones with the question of parallel medicines.

Key words—traditional medicine, legitimacy, Senegal

Recent controversies on traditional medicine, which have opposed Professors of Science and Medicine at the University of Dakar and have been largely reported in the Senegalese press, give evidence of a phenomenon which has not received much consideration from the social sciences until now: the quest for new sources of legitimation in African medical systems.

The study of these systems in terms of legitimacy might help to emphasize two facts which seem underestimated in most classifications: the dialectics of medical systems, i.e. the power at stake in health practices and the dynamics of medical systems, i.e. permanent changes in their definition.

Most descriptions of African health systems are based on taxonomy and typology: they place practitioners into categories. Numerous models have been used by medical anthropologists in order to describe the heterogeneous practices confronted in the field [1]. Initially, a simple static division was drawn between medicine and magic [2], Western medicine and primitive medicine [3], biomedicine and ethnomedicine [4], thus accepting a dualistic opposition us/them which reflected more the ideological situation of ethnology in the colonial period than a specific approach [5]. More recently, a culturalistic viewpoint has been developed to stress the specificity of contents and knowledge within medical systems: personalistic vs naturalistic [6], personal vs impersonal [7], Geisteswissenschaft vs Naturwissenschaft [8]. These dualistic classifications, which may be

appropriate to understanding systems of thought, seem to miss the two points of dialectics (what is the balance of power between practices?) and dynamics (how can a medical practice evolve?). A more complex model has attempted to introduce learned theories and practices—Chinese, Indian, Arabic—under specific classifications: cosmopolitan/great-tradition/little-tradition [9] or cosmopolitan/regional/local [10]; although it goes beyond the simplistic models of the type us/them and takes into account the degree of institutionalization of the different medicines, it does not consider the unequal relations between the systems, i.e. the objective domination of Western medicine over other medicines—even when legalized as in China or India [11]. In a more sociological approach, a scheme has been proposed dividing practices into professional, folk and popular [12], which emphasizes the social status of professionalism [13].

The perspective proposed here is neither a taxonomy nor a typology; it does not claim to be a new classification. It is rather an interpretation of African medical systems which takes into account the balance of power paralleling the complex hierarchies of legitimacy with its changing definitions reflecting the strategic practices of legitimation.

In all African countries the state has provided a jurisdiction over medicine which divides therapeutic practices into authorized, legal, official and unauthorized, illegal, unofficially tolerated or repressed [14]; this legislation has been usually an exact reproduction of colonial law which meant the application of European law to medicine. Nevertheless, opposition between official and unofficial practices cannot provide taxonomy. Indeed, on the one hand, a relative homogeneity can be found in the official system made up of primary health centers, public hospitals, private clinics, pharmacies—all relying on the same corpus of knowledge, obeying the same principles of

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P 174

deontology. The fact that these characteristics are actually common to all, transforming various institutions into a simple, unified system needs to be qualified [15]. But, on the other hand, precisely because they are not institutionalized, not organized into professions as official medicine always is, there is such an extraordinary heterogeneity among unofficial practices that it is impossible to fit them into a single category: what logical connection could we see between a marabout healing with prayers, a herbalist selling plants, a witch-doctor fighting against creatures of the night and a street seller dealing in pharmaceuticals—what connection beyond the fact that they are all illicit?

Nevertheless, the distinction between official and unofficial remains pertinent as the question of legitimacy belongs to the language of society itself: although categorization may mix together practices of different natures, it is an accurate description or reflection of social forces, as they all belong to the same social field. And it proves useful since it includes the struggles of power and change in the analysis, as healers search for new sources of legitimation.

In Weberian theory, legitimacy can be of three types: traditional, charismatic, rational-legal [16]. In Senegal, charisma has been the fact of prophets in the beginning of the century and concerns to a lesser degree a few great marabouts, especially khalifes, cherifes and muqqadams. In other African countries, such as the Ivory Coast, it would be different, as prophetism is prominent [17]. Most healers (herbalists, witch-doctors, most marabouts) only have traditional legitimacy. Official practitioners (doctors, nurses, pharmacists) have legal recognition. Our concern here is the relation between traditional and rational-legal legitimacies.

We first analyse official knowledge, discourse and practices surrounding the unofficial system, then we will show simultaneously how traditional medicines have recently entered a process of official legitimation, and how modern medicine has tried to receive popular legitimacy. Examples are drawn from research on health systems in the underprivileged suburb of Dakar, called Pikine—a 600,000 people town where slums of the capital were rehoused in the sixties and seventies. Forty healers were interviewed with special emphasis on their biography. The work was carried out in 1985 and 1986.

Official knowledge about unofficial practices is slight. If health planners and decision-makers have information on the official medical system—the number of doctors and nurses, dispensaries and hospital beds, consultants and consultations [18]—they have no data on unofficial practitioners: neither who they are nor what they do [19].

However, these practices play a very important part in African health care [20]. Qualitatively speaking, patient interviews, emphasizing the history of their illness and their quest for a cure, showed that traditional healers were consulted over any disease which lasted more than a few days, had unusual symptoms, or occurred in a context of social conflicts. Furthermore, street sellers were often asked for pharmaceuticals by people who could not afford pharmacists [21]. Quantitatively speaking, in the quarter where we lived in Pikine, we counted one traditional

healer for every 10 houses, which is probably an underestimate, and would give about 10,000 for the whole town—as compared to 30 health centers and five private doctors; while for pharmaceuticals, estimated annual turnover of the 102 sellers located in markets (which excluded those located on street corners and itinerants who were probably more numerous) was 5 million dollars [22]—compared to 0.5 million dollars granted by the Ministry of Public Health in the same area for 1 year.

Official statements and practices are ambiguous and ambivalent. Jurisdiction condemns all medical practitioners who do not have an official diploma (Law 66-69, 4 July, 1966); according to the Code of Public Health, even primary health workers are outlawed if they engage in therapeutic activity—which all of them do. This jurisdiction was imported into colonial Senegal at the beginning of the century (Decree of 6 May, 1922) and was reconstituted with hardly any change after Independence (Law 66.69, 4 July, 1966 and Decree 67.147 of 10 February, 1967). In fact, the law is seldom enforced: traditional healers practise without state interference except in certain cases of witchcraft—for which the person pronounced a witch runs the risk of being lynched (see 'Le Soleil' 10 June, 1985). Only street and market sellers of pharmaceuticals are frequently arrested by the police [23].

In other African countries, official attitudes have been described under four categories [24]: traditional medicine is usually illegal (but the law is seldom enforced); traditional medicine is often unofficially recognized (in fact, the state simply ignores it); traditional medicine is sometimes regulated by laws (thus, some healers receive official authorization); traditional medicine may be integrated in primary health care (the option recommended by the World Health Organization). For each of these four situations, the status of unofficial practice within rational-legal legitimacy is the central point.

In Senegal—where official attitudes can be described as lack of acknowledgement interspersed by fits of sporadic repression—even though unofficial practitioners do not seem to be much troubled by the law, there is still an objective balance of power against them which explains the emergence of search for official legitimation. Of course, when studying these phenomena, we have to remember that healers can usually rely on a traditional type of legitimacy—those who benefit from this consideration in the highest degree may be consulted and respected by people of all social conditions, from the peasant to the President of the Republic. This may partly account for the fact most are not involved in the process of legal legitimation—which is in any case quite recent in West Africa.

We shall now identify three instances where therapeutic legitimation appeared most clearly at stake in contemporary Senegal.

The first instance was that of an urban association of traditional healers initiated in the early eighties by a Senegalese primary health worker in the suburbs of Dakar, which soon received the official support of the Ministry of Public Health. It was probably no coincidence that this prospect of integration paralleled a change of policy by the World Health Organization.

The declared purpose was "to find criteria for recognition of good healers among the increasing number of quacks". Twenty healers have been chosen so far and evaluated by the primary health worker in the following manner:

"They came to see me and I checked that they were well appreciated in their quarter. Then I asked them to tell me one or two diseases in which they were specially skilful and to bring me ten patients before and after treatment to judge how it worked. Thus, we will be able to recognize them as specialists of these diseases and to give them a certificate. At the same time, it will help us generalise the method to the whole country. Traditional healers who will receive recognition should be allowed to work within primary health centers."

Of course, the method may appear to us as a caricature of medical evaluation in the absence of an initial diagnosis, especially as most patients also received pharmaceuticals from the dispensary. Our purpose is not to offer scientific criticism of the method but to analyze the process of officialization. In this light we can understand the choice of one disease considered as the healer's speciality, or the use of scientific jargon. This imitation of the outward appearance of science makes sense in the search for legitimation.

This is why the main goal is to separate the wheat from the tares: 'good healers' receive a card and a certificate, signs of official recognition; but at the same time, those who do not benefit from this recognition are bound to bear the stigma of quacks. (Incidentally, the primary health worker who is involved also gains an extraordinary personal legitimation: he gets to talk on the radio, to travel all over Africa, to be asked for articles, and even to meet Ministers; this reciprocity in the process of legitimation will be examined later.)

But the point we wish to stress is that this self-instituted judge logically evaluates mostly self-proclaimed healers, i.e. healers with little or no traditional legitimation—such as beginners who did not inherit a clientele, and whose social position has not yet been firmly established. They were the ones who felt most concerned, as they realized that the profit to be gained from official recognition, one displayed a notice mentioning his belonging to the association and multiplied by several times the number of customers asking for his exclusively herbal and secret remedy offered for 10 diseases, including diabetes, tuberculosis, syphilis and cancer. On the other hand, healers who already had a strong traditional legitimation—great marabouts or respected witch-doctors—would not consider inviting such an evaluation of their therapeutic activities: for them and for their patients it is obvious that they are 'good healers'. In an officialization of their practice they would have much to lose and nothing to gain. Thus, *the stronger the traditional legitimation, the less need for rational-legal legitimation.*

The second case history is that of a rural circle of traditional healers formed by a physician from Benin, which has received the support of the World Health Organization. It began in the mid-seventies; "I always felt interested in traditional medicine. I think all scientific work on it cannot lead to anything. We must stop judging it on biological criteria. We have

to understand it." This view may be related to one of the main trends of modern social anthropology. According to this relativistic and culturalist position, one should evaluate our medicine, but one may only try and understand traditional medicine—as if the categories of truth and efficiency had no existence whatsoever in societies where things and men were content to 'signify'. His first project, for which he obtained funds from WHO's Regional Office in Brazzaville, was for an edition of the 'Encyclopedia of Traditional Medicine'. Two volumes have already been published, containing general items and philosophical notions, such as the different components of man: "physical, psychic, soul, mind".

A second project, which he plans to initiate, is the creation of a "Center of traditional medicine where people could get treatment for diseases such as hypertension or jaundice and pay small sums of money. In such a center people would get healed and there would be no further need to see dishonest healers. If there is official recognition of traditional medicine, quacks will immediately disappear." This optimistic statement is based on the paradoxical denial of traditional legitimation, as it only takes into account official recognition. The rehabilitation of traditional medicine implies its institutionalization. And there is indeed a paradox, as this normative judgement stands in contradiction to the relativistic viewpoint formerly stated.

This contradiction derives from the will to conciliate two separate aims. What is first aimed at is knowledge—collecting facts in a book rather than evaluating them. The idea that traditional medicine should only be analyzed as a system of thought in a specific social context is necessarily at odds with the normative discourse of biological evaluation. In a way, his wish to transcribe traditional knowledge preserves what would otherwise be lost—to quote Amadou Hampate Ba, an old man dying is a library on fire. However, at the same time, this transcription purports to give traditional knowledge the same scientific status as modern medicine, and hence, official recognition. The second aim is practical: the officialization of traditional healers. But the means of recognition are not and cannot be explicated, because identifying quacks would mean falling back on a biological evaluation. To avoid the contradiction there is only one solution: the automatic disappearance of quacks.

In studying his remote goal of legal legitimation of traditional medicine, it must not be overlooked that the immediate result of his enterprise is renewed legitimation for himself. Celebrity on the international level through the publication of an encyclopedia, and recognition as a 'true African' by men of traditional knowledge and by the Senegalese public. He appears simultaneously as a scientist of modern medicine and a saviour of traditional medicine; he wins on both counts. As already perceived in the first example, a second conclusion may be given: *he who legitimates gets renewed legitimation himself.*

The third and last case is at the Faculty of Science of the University of Dakar. A French Professor of Biology started research in the early seventies on herbs and leprosy. She considered herself a disciple of traditional healers, went with them into

the forest to collect plants, and opened a center of traditional treatment for lepers outside of Dakar. Recently, she reported having been accepted in an 'Academy of Traditional Healers of West Africa'. She claims she discovered how to grow Hansen's bacillus (an unsolvable problem for research workers everywhere) and asserts she possesses herbs which treat leprosy better than pharmaceuticals (which she declares most of the time to be ineffective). At the same time, she refuses any evaluation from scientific experts whom she does not consider competent.

Controversy began at a national meeting on leprosy to which she was not officially invited (see 'le Soleil' 14 and 23 March, 1985). She appealed to the national press to complain about her "exclusion by the usual stars of leprology congresses". The Senegalese Dean of the Faculty of Medicine accused her of claiming facts she could not prove: "her theory on the biology of Hansen's bacillus is not admitted by the most distinguished microbiologists and the germ she has found and grown is only a stain". She answered by calling for popular support and said she would save Senegal from leprosy within 15 years, thus proving, according to her, her honesty. The controversy became national, readers sending letters to the newspaper to justify her work and on the World Day of Leprosy in 1986 the paper devoted two pages to her work, compared to one page for the several official departments (see 'Le Soleil' 24 and 25 January 1986). At the same time, Islamic brotherhoods, Arabic visitors and Catholic institutions (especially Le Secours Catholique) offered her financial grants to continue her research.

The interesting point was the use of new means of legitimation by this biologist. She appealed to the press, to populations, to patients: "The ill have done their choice and they are the only true judges as far as treatment goes." She resorted to religious speech and talked to the conscience: "Mister Dean, let a sister work in peace with the most deprived patients . . . The salvation of the ill lies on traditional knowledge and on the plants of Nature, i.e. the pharmacy of God." She thus received support from religious institutions or celebrities, from the Senegalese press, from laymen. But she did not forget to recall her titles; "doctor of science, doctor of medicine, specialist of microbiology, engineer . . ." and her official recognition by "congratulations addressed by the Minister of Scientific Research and by the Minister of Public Health." When one looks at her present situation in the medical field, one notices this paradox; discredited in the scientific arena, she has become one of the most popular scientists in Senegal. This leads to a third conclusion: *new forms of legitimacy produce new authorities for legitimation.*

To sum up, we could say that there are several types of legitimacy but that their comparative status is different in different societies [1]. In African medical systems today, rational-legal legitimacy is dominant over traditional legitimacy [19], because of the extension of modern structures, the multiplication of quacks, the rising influence of state control, the historical background of the introduction of Western medicine. This new situation engenders new strategies of social actors.

The first statement is that everybody does not have

the same interest in gaining new legitimacy. The respected witch-doctor, the great marabout, the Professor of the Medical School, do not have anything to gain in such a change in the legitimate values. On the contrary, healers who have little traditional recognition, primary health workers whose status rests in modern structures, can gain a lot by a new set of rules.

The second statement is that, owing to the domination officially imposed upon traditional medicine, healers are those who most desperately need renewed legitimacy; but for the same reason, the initiative of new legitimation processes has to come from official structures—Ministry of Public Health, World Health Organization, Faculty of Science—through men and women who in turn increase their own legitimacy both on the rational-legal and the traditional side. New definitions of legitimacy profit the one who is legitimated as well as the one who legitimates.

The third statement is that new sources of official recognition require new scenes: there is a shift in the debate from the scientific scene towards the public scene through the mass media; it thus proves more useful (financially, for example) to get support from the press than from the University; both religious and political communities become involved in the argument. The legitimation process escapes the scientific field.

In fact, our analysis so far enables us to explain how medical legitimacy undergoes transformations, but not *why*, i.e. why *now*. More precisely it tells us about the individual strategies of those who make the legitimation process and benefit from it; but does not say much about the reasons why recognition of traditional medicine has become such a national affair and has received such popular support in the recent years. It comes at a time when lack of funds threatens the very existence of medical structures; for lack of pharmaceuticals in particular, this is precisely the time when medical doctors in hospitals, as well as nurses in dispensaries, experience most acutely disillusion, as their practice is cut off from many aspects of social life, while they often have mixed feelings towards traditional beliefs which they refer to in their private life and stigmatize in their medical practice. This dilemma is reinforced by the implicit recognition through their quest for therapy, of the limits of biomedicine in the social interpretation of diseases, hence the necessity of healers. Thus, individual strategies of 'modern' and 'traditional' practitioners find their places in a larger social issue where the validity of traditional medicine and the efficiency of modern medicine are publicly debated.

Through this model of interpretation we have tried to analyze some of the present mutations in African medical systems. Traditional practitioners are confronted to a changing social scene and to an unprecedented situation, as the structures of modern medicine spread over the whole territory and as the state develops more control on health systems [25]. Search for legitimation through associations and appraisals may be noticed in many countries [26]. But, in the process of official recognition, we have to be conscious of the objective reasons and profits of all the different actors—healers, scientific authorities, state officials, international organizations who may

temporarily follow the same direction, albeit by following different logics [27]. And, as is often the case when a redefinition of rules happens in the middle of a game, traditional medicine—which is already dominated—might receive no benefit from the change [28].

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