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What is This?

Ethnopsychiatry and its Reverses: Telling the Fragility of the Other

Jean-Godefroy Bidima

Do they merit being 'mad'?

Reading the vast panorama of the history of Western medicine in general and psychiatry in particular sheds an interesting light not only on social constructions and representations but also on the perception of the Other by the medical institution. Colonial medicine in its struggle – praiseworthy, moreover – against epidemics, presents an interesting case here. We read in the Colonial Medical Archives at Berlin,[1] that a certain Dr Roesener was sent to Kamerun (Cameroon), a German protectorate, to take charge of the eradication of malaria, hookworm (*anchylostoma*), filariosa and sleeping sickness. But he also found himself faced with mental illnesses and, in his report of October 1909,[2] reported the case of a sick man of the Dwala tribe claiming to be a friend of the Kaiser and presenting all the symptoms of mental illness. A problem of nosography arose – stemming from the cultural perception of an illness and above all of the Other: did this Dwala merit being mad? To understand the meaning of this question, we must return to the German anthropology of the last century, which made a clear distinction between 'natural people' (*Naturmenschen*) and those that were civilized, who were part of *Kultur*. Moreover, in this report Roesener used the word *Naturmenschen* to signify the Dwala.[3] In this perspective, as the doctor notes, mental illness was, in the medical teaching of that time, a disturbance of the mind, a malaise of civilization. The prerequisite for being mentally ill was being implicitly part of a civilization. Mental illness was, moreover, translated in German by *Geisteskrankheit*, in other words, literally, illness of the mind. Now, the 'natural person' (the Dwala) has no civilization and in consequence cannot be sick in his mind. And yet he presented all the symptoms which made him a classic mental patient. Could one apply the nosography proper to illnesses stemming from civilization to 'natural peoples'? Without resolving the problem which his terminological usage posed, Roesener insistently demanded that Berlin send the logistical means to Cameroon to build a lunatic asylum (*Irrenhaus*). To the problem of mental fragility that was posed came the answer of incarceration in a society that knew nothing of confinement of its 'mental patients', the latter often not being considered as inferior.

Inferior and 'furious madmen': a position fixed on fragility

In metropolitan France, psychiatry was no different in its perception of the Other. An alphabetical manual of psychiatry, the first edition of which (published by the Presses

Universitaires de France) dates from 1952, gave a curious description repeated in successive editions[4] of the 'psychopathology of the Blacks' which was to be relocated in the climate of colonial ethnology. The third edition of this manual (dating from 1965!), which has been of use to many French psychiatric students – the majority of whom must still be in practice – states, concerning Blacks, that:

> The natives of black Africa are still to a large extent close to the 'primitive mentality'. In them, physical needs (nutrition, sexuality) are uppermost; the intensity of their emotions . . . [and] the paucity of their intellectual activity makes them live above all in the present like children . . . their ideation is constructed above all from concrete images, scarcely bound by fragile ties of logic which are easily broken . . .[5]

The solution to the mental pathologies of these populations once they were incarcerated was, according to Dr Aubin, the author of this article, repatriation to their own countries and recruitment of escorts for them: 'In practical terms, repatriate all the psychopaths . . . take thought for their explosive reactions and demand a significant number of escorts.'[6] This essentialist characterization of Africans, the split between the patient and his or her environment, and the construction of the image of the Other by means of medical discourse provoked a reaction in the precipitateness of therapeutic discourse.

Fragility and context: the ethnopsychiatric reaction

It is in this frame that ethnopsychiatry had its reason for existence. Beyond its multiple networks, options, filiations and borrowing, ethnopsychiatry places a triple struggle at the heart of its discourses and practices. First, in emphasizing – and thereby responding to certain 'racialist' trends in anthropology and ethnology – the dignity of all culture as a platform from which diagnoses can be made; second, in bringing to light the fact that the best therapy for mental disturbances is not incarceration; and, finally, in regarding context and environment (*Umwelt*) as pre-eminent in any narrative by the patient about himself and by the therapist about the illness. It is this (ethnopsychiatric) narrative of the fragility of others which was to pose some problems. As far as fragility was concerned, several attitudes might be held, going from neighbourly compassion to interpretation via revolt. But the *telling* and the *endowing with meaning* of the fragility of the Other ask questions – in addition to the epistemological problem of the interpretative framework and criteria – relative to power. The interpreter's position can be at the same time heuristic (seeking the truth) and one of power, for one only 'tells' the fragility of the Other because one controls (or believes that one can) the 'telling' about oneself, about others and about institutions. How do certain facets of ethnopsychiatry – as much as the production and interweaving of narratives concerning fragility – reproduce the discourses of power, or the Other, the perpetual springing-up, knowledge of which is always opaque and becomes an *essence* determined once and for all? How should the fragility of the Other be told, how should it be met without having claims to controlling it? These questions, which have the double advantage of impinging on the ethical (encounter, fragility) and on power (control of discourse) allow us to probe the articulations of ethnopsychiatry (I) – above all in its French manifestation; followed by some analyses (II), they will lead us into an evaluation of an African point of view of the relations between historicity and fragility (III).

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The articulations of ethnopsychiatry

I.1. *One theoretical issue among others.* In the multicultural societies of North America where there is an attempt in each social science discipline to forge an approach focused on respect for cultural specificities, ethnopsychiatry is structurally bound to the policy of the integration of migrants and autochthonous populations (the Indians) in the interplay of society and state. In broadening this frame, the epistemological issues of ethnopsychiatry can only be understood if one bears in mind the famous opposition between contextualists and universalists. For the first, drawing simultaneously on the evidence of hermeneutics and certain aspects of postmodernism, one can only adopt a local, limited and sector-based approach for each social reality to be observed and for each discourse constructed on this reality. A discourse is marked by its context which gives it at once the act of its birth and its own configuration. As such, hermeneutics recall the contextual anchorage of every utterance. This focus will interest contextualists and inspire ethnopsychiatry with the burning need to establish all medical discourse on the fragility of others in the cultural context of the latter. As for postmodernism, in the version presented by Lyotard, it also feeds the contextualists' thinking. This postmodernism mistrusts the 'grand narratives' that reconcile by adopting and cultivating the meaning of heterogeneity. It deems that one should reach a sort of 'paganism'[7] which should cede its place to differences. Like the postmodernists, ethnopsychiatry rejects unifying and universalist discourses. As far as the universalist side is concerned, it sets out from the fact that human reality is one, differing in its modes of expression. It is the universality of categories, rules and attitudes – specific cultures only give a different content – which would provide the basis for a universalist-type analysis.[8] The latter has a supplementary reason which is political in nature; it is a question of barring the way to insidious forms of racism and nationalism. With its different orientations, ethnopsychiatry has chosen both ways. First, there is the contextualist trend which is found with the therapists of the so-called Dakar school: Henry Collomb, Marie Cécile and Edmond Ortigues, Zempleni. Then, there are the universalists such as Devereux, who while advocating a contextual anchorage rise to the level of the great anthropological referents. One can place Tobie Nathan in the first trend, with its supreme radicalism.

I.2. *From 'a Haitian's word' to its ramifications.* The epistemological situation of ethnopsychiatry makes it, to use Bastide's phrase, 'a frontier science',[9] quickly populated by the occupants of *pluri-*, *trans-* and *inter-*disciplinarity. Ethnopsychiatry develops as a discourse from many places, which makes it both fertile and, at the same time, hybrid. 'Ethnopsychiatry stockpiles pitfalls. The ethnologist who ventures there risks considering as "normal" what is, in reality, pathological. The psychiatrist, for his part, risks discovering – with a barely concealed and somewhat masochistic joy – in the techniques of primitive peoples the most up-to-date techniques of psychoanalysis.' This frontier discipline has long been practised under the appellation 'social psychiatry',[10] but the term 'ethnopsychiatry' is often associated in France with Georges Devereux and has a long history. A study of the appearance of the word[11] informs us that the term *ethno-psychiatrie* was, according to what Devereux himself says, an invention of a Haitian psychiatrist. 'It is in a footnote', reckons Charlemaine who has trawled the dictionaries,[12] 'that the historical origin of the word "ethnopsychiatry" is to be found. This is what Devereux observes . . . : "As far as I know, it was the eminent Haitian psychiatrist Dr Louis Mars who invented

the term ethnopsychiatry".'[13] The problem raised in connection with this word relates to the controversial issue of the presence in French ethnopsychiatry of those who are not doctors. One section of French ethnopsychiatrists is composed of those who are not doctors and the other – Devereux[14] and then Tobie Nathan[15] – the old Dakar school: Collomb, the Ortigues – of trained doctors. The question is to know whether one can describe as psychiatrists – 'ethno' or otherwise – therapists without medical qualifications for psychiatry is still a medical specialism in France today. It is with this question of the separation of ethnopsychiatry from medicine that the research by Charlemaine on the origin of the word takes its full meaning, the end being – on discovering that the initiator was a Haitian doctor – to connect ethnopsychiatry to psychiatry and therefore to medicine. Two preoccupations arose from this point: (a) should the concept of medicine be exploded and include all those concerned with health, the latter not being merely the sole concern of doctors? This naïve question does not preclude another: (b) if one is not a psychiatrist claiming to be an ethnopsychiatrist, why not call oneself an ethnotherapist or an ethnopsychoanalyst? What theoretical issues are at stake and what institutional advantages lie at the bottom of the adoption of the term 'ethnopsychiatrist' by some French ethnotherapists? What are the principle tenets of their ethnopsychiatric practice?

Psychiatrists who practice in non-Western societies have observed that therapeutic problems vary from one culture to another. Some syndromes do not coincide with the scale of nosographies established in the West. Everything takes place as if these syndromes were bound to certain cultural models (*culture-bound syndromes*). This calls into question the universality of Western cultural models, such as 'the recourse to modes of education, to familial relationships, to relations between the sexes, to concepts of the person . . . the question of the cultural universality of criteria making it possible to define normality, marginality and divergence.'[16]

This diversity of cultures challenges the *biomedical paradigm* which lays stress on the neuropsychological dimension of the illness while neglecting the psychosocial side. In the United States there was the famous *Diagnostic Statistical Manual* (*DSM*) which, in its concern to ban all subjective approaches to diagnosis proposed a scale and a repertory of signs observable by all clinicians in all cultures. In opposition to this biomedical paradigm, ethnopsychiatry proposes culture as *lived experience* as its starting-point, for neurotics and psychotics reinterpret cultural items and transform them according to their delusions and personal conflicts. Ethnopsychiatry offers an acculturation of psychiatric methods. But an absolute cultural determinism should not be seen in this emphasis on culture. 'Culture is not a reality *sui generis* external . . . to individuals, in fact, individuals only react to other individuals',[17] considerations which the ethnopsychiatrist sometimes overlooks in order to know that *there is culture* (entirety) and the *individual*. The latter is *not absolutely determined* by his cultural models, there is rather a play between the interiorization of models and tinkering about with them, and ethnopsychiatrists' interpretations have to lurch between the two. Devereux thus sets out from a distinction in the formulation of the components of the psyche. There are, according to him, two sorts of the unconscious. First, *the ethical unconscious* which is that part of the unconscious which an individual possesses in common with most members of her or his culture. It is composed of everything which each generation learns to repress for itself, then in its turn forces the succeeding generation to repress. This ethnic unconscious changes and is passed on by a kind of teaching.[18] Then *the idiosyncratic unconscious*, considered as what an

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individual has exclusively and which he or she is forced to repress through the operation of stress. After this distinction, Devereux defined *the organizing axes of behaviour*: the axes which are biological (establishing a link between the 'id and the bodily self'), experiential (composed of acquired habits), cultural (relating to the subjective experience of a culture) and neurotic, comprising the symptoms produced by inefficient attempts to reconcile experience and the mode of behavioural organization. After the distinction of the unconscious and behavioural organization, Devereux completes the ethnopsychiatric apparatus with a classification of psychic disorders. He thus lists (a) *sacred disorders* which allow an adaptation by the subject to his or her community; (b) *ethnic disorders*[19] composed of cultural models which a society permits its individuals for the expression of their conflicts in a standardized manner; (c) *idiosyncratic disorders* characterized by the improvisation of defences; and (d) *typical disorders* not determined by the specific cultural model of the group but by its type of social structure.

Ethnopsychiatry, which is not a trend speaking with one voice, takes this classification by Devereux into account. We should remember the importance of these approaches in relation to clinical practice, the concept of the Other, and political relations.

In *clinical practice*, as Tobie Nathan has underlined, ethnopsychiatry, in detaching itself from an ethical unconscious, resolves one of the vicious circles of psychoanalysis by explaining why myths allow the collective expression of the problems of a given society. The shaman and his status, for example, have posed questions for the therapist. Does the shaman come under the normal or the pathological? 'To call him normal is manifestly wrong . . . But to call him mad does not seem any more satisfactory, for he performs a useful and valued social function.'[20] Ethnopsychiatry makes it possible to resolve this enigma. On the purely epistemological level, ethnopsychiatry gives the interactive diagnostic paradigm to the Western practitioner too accustomed to 'the diagnosis from nature: one child is anxious, another is inhibited . . . undoubtedly every good Western practitioner will take account of the child's relations with its family or family circle. But these elements will serve to prop up the nature-focused diagnosis of its illness.'[21] Among the African healers who are, according to him, the inspiration for ethnopsychiatry, *diagnosis is interactive*, the *nature* of the illness is not sought but 'dissonant connections'[22]: the question is knowing who has broken the link.

The conception of the Other is positively modified by some current aspects of ethnopsychiatry. The latter has been marked by a certain racism which psychiatry fomented. The psychiatrist Westermann observed that, 'For the Black, emotional thought, momentary and explosive, dominates . . . the Black is not equipped for work with a long-term result which requires tenacity . . . The Black man does not make plans, he does not focus on a sole end . . . the motives for his acts are above all of a social rather than an individual order . . .'.[23] In 1951 two French neuropsychiatrists wrote of Africans: 'intellectual activity, evocation of the past, schemes for the future occupy [the Black man] very little . . . he therefore lives above all in the present, comparable in this to a child.'[24] Barbé, another neuropsychiatrist, in the same issue of *Médecine Tropicale* (1951, no. 11), asserts, concerning the Black, that 'From the affective viewpoint he is characterized by violent impulses . . . On the level of intelligence, inaptitude for what appears to be his essential function: . . . seeing abstract relations . . . on the level of action, gregariousness, routine, lack of persistent application.'[25] On the English-language side, psychiatry has also been

fed certain clichés on the 'psychology of the Blacks': Cicely Williams asserted in 1936 of the Black man of the Gold Coast that

> compared to the white races he [the Black] appears to lack initiative . . . he has a childish gift for distinguishing true from false . . . he is almost invariably dishonest. He wants to make his fortune without expending undue energy. His faculty for observation is . . . defective . . . ; an African has little imagination and little humility.[26]

These clichés about the Other which Western psychiatry cultivated through teaching – those who followed these courses in the 1950s are perhaps still professionally active – have been criticized in Devereux's work which takes each culture in its constituent elements without reference to any hierarchization.

On the political level, ethnopsychiatry has above all served in the West to find an understanding of, and relief from, the traumatisms stemming from the transplanting of immigrant populations. The fact that for some people this search for solutions for the suffering of often-excluded foreign populations takes place in the service of stabilizing an unjust social order does not diminish the fact that ethnopsychiatry takes responsibility for immigrants in their distress. In spite of everything, it is still the case that the organization of ethnopsychiatric practice submits to institutions. Ethnopsychiatrists work as a team – it would be fruitful to research the *power* relations between the members; are organized as a *profession* – the interconnected relations of *interest* should therefore be seen there; and in the 'telling' of narratives of the fragility of others construct an *account* – the mannerisms of language and the denials which filter through there should be flushed out. Finally, ethnopsychiatry is becoming a discipline which *teaches itself* – one may assume complex relations with client-students. It is therefore possible to see a drift in some currents of ethnopsychiatry perhaps by examining the relations of power and interest framing an account which makes itself part of the way in which institutions document the fragility of others.

Critique of the archiving of the fragility of others: the state of play of some questions

Several therapists have suspected ethnopsychiatrists of being themselves culturalist and postulating an essentialism which takes up unthinkingly, by legitimating them, prejudices concerning the absolute irreducibility of cultures. The confusion of vocabulary is to be deprecated.

II.1. *Confusion between the symbolic and symbolics.* What is sought here is an ethnopsychiatry which belongs to the Devereux and Laplantine[27] tendency. According to J.M. Sauret, Laplantine emphasizes myth as a constituent for the emergence of any society, while criticizing Western societies which have lost its true meaning. In this quest for the remythicization of society, Laplantine, according to Sauret, '[confused] the symbolic with a cultural organization of symbolics which ended in a confusion between myth and the symbolic, between the symbolic and what exists in the imagination'.[28]

Devereux had spent a long time studying the Mojave Indians and was himself very cautious and advocated both the situating of illness in the local culture and a raising of it

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towards the general conception of culture, a meta-cultural concept which sought to re-store to culture its universal constituents. Carefully, too, Marc Augé observes, Devereux did not dissolve the individual in the ethnic group: 'Devereux allowed individualities captured in their personal histories to be expressed and to share in a common history'.[29] Finally, Devereux is also circumspect in distinguishing what comes under the remit of etiology from what is the province of the clinical picture, and asserts that 'the etiology of any disorder is, essentially, determined by *the type of social structure* where this disorder appears, while its clinical picture is structured above all by the cultural ethnic model'.[30] It is this caution on Devereux's part which operated in such a way that ethnopsychiatry could fight effectively as Fassin puts it, against 'the cultural relativism which asserts that pathology can never be defined in a culture external to one's own'.[31] Devereux's circum-spection does not appear to have been observed by his follower, Tobie Nathan, according to P.A. Taguieff and Alain Policar.

II.2. *Ethnopsychiatry and exoticism*. Taguieff and Policar condemn Nathan's culturalism which distorts Devereux's carefulness. According to them, Nathan tries to outbid every-one in exoticism: 'All Nathan's theoretical edifices are founded on the idea that culture is the overriding determinant of the psyche . . .' Put differently, there are fundamental dif-ferences in the psychological functioning of men and women according to their culture: 'to have a culture and to be endowed with a psyche are strictly equivalent utterances' (Tobie Nathan). 'Proud to have neither country nor friends, how stupid that would be]'.[32]

II.3. *Critique of the notion of the perpetuation of identity*. Some ethnopsychiatrists, Tobie Nathan, for instance, believe that the culture and myths of immigrants should accompany them everywhere and that one cannot understand the latter outside their myths. 'It is a question of an ethnic prejudice which ends in reducing the identity of the immigrant to a collection of beliefs and practices that are not contextualized within social relations.'[33] From this position a racist-type shift operates: 'the fixed nature of the characters (a Bete will always be a Bete, whatever his acculturation!) – quickly percolated through in the culturalist perspective so that the term "culture" becomes a euphemism for the word "race" '.[34]

II.4. *Critique of ethnopsychiatry as a network*. The most complete and most relevant cri-tique is Didier Fassin's article, 'L'ethnopsychiatrie et ses réseaux' ['Ethnopsychiatry and its networks'],[35] which is clear and well illustrated with examples. I shall content myself with following a few points in his argument. The main target is the ethnopsychiatrist, Tobie Nathan. He denounces Nathan for the 'radicalism of the proposition which wants to make *tabula rasa* of all the scholarly discourses which have preceded him and discards totally new epistemological bases'.[36] Fassin, who reminds us of the links between ethno-psychiatrists and colonization,[37] ironically reckoning that the only interesting finding in Nathan is ' "influencology" (*influen-çologie*), the object of which is to analyse the different procedures for the modification of the Other'.[38] Meanwhile, the author presents and refers to media polemics concerning this work,[39] polemics which – in my opinion and as is the custom in France – are not free from the ulterior motives of schools, alliances and friendships. At any rate, this polemic does not appear to have affected the American and Canadian readers who, at the same period, devoted eulogistic articles to Nathan's ethnopsychiatric methods.[40]

II.5. *Tropical excrescence*. Ethnopsychiatry experienced a considerable rise with the famous Dakar school, but a culturalist tendency has taken an increasingly firm hold in

sub-Saharan Africa. Culture there is an absolute determinant. Curiously, some African ethnopsychiatrists feed on from the clichés of colonial ethnology: African communitarianism, the absence of individuality in African societies, the consubstantial religiosity of cultures and insistence on the magical nature of evil. The Cameroonian Penda Melone asserts in this sense in his thesis that 'the universe of the Bakoko [a Cameroonian tribe] . . . is a world dominated by religious meaning'.[41] As for the Congolese Massamba Ma Mpolo, he appears to argue for the 'influencology' (*influen-çologie*) thesis described above: 'Every traditional society is deeply influenced by the belief in evil spirits or the presence of ancestors [which are going to] . . . influence the behaviour of the living. The existence of ancestors . . . makes a concrete contribution to the total social reality'.[42]

Ethnopsychiatry (which has varied tendencies and is often beneficial in its interventions) has prompted, as we have seen, theoretical and politico-cultural controversies. The outstanding question is always knowing how to *tell the fragility of the Other* which is neither *irreducible* – the Other is not a closed monad like that of Leibniz, it does not claim to be a substance but a knot of relations neither *appropriable nor assignable*. What is surprising in these debates about ethnopsychiatry in France is the total failure by any of the participants to take into account African critiques of ethnology in general and ethnopsychiatry in particular. Once again, immigrants and Africans are *reified entities*, simple objects *of discourse*: one *does not speak to them* when one *speaks of them*, it is not a case of *speaking to* but entirely one of *speaking of them*, this is the specificity of these discourses where the fragile becomes *the person spoken of* and *who does not speak*, who is only *an occasion for speech* while remaining mute. In the whole controversy surrounding ethnopsychiatry African therapists practising in Africa are never called upon to speak. The tactic of devaluing the Subject to the state of *opportunity for speech* is always part of these mechanisms of power. 'The savage does not speak, he is spoken of; he does not play, he is played on the stage set up by the Europeans who allocate the roles and organize the ceremony'.[43]

II.6. *Why has ethnophilosophy been neglected? The limits of the critique of French ethnopsychiatry*. A fairly superficial skimming-through of this debate reveals the failure to draw upon the problematic of ethnophilosophy in the critique of ethnopsychiatry. Ethnopsychiatry is related to ethnophilosophy which has contributed the most critical pages to African philosophical debates. For thirty-odd years, ethnophilosophy, and discussion of it, have taken up the set of themes relating to philosophy in Africa – arrogantly neglected in France and doubtfully valued in the States.[44] A Belgian missionary, Tempels, took the proverbs, religions and customs of the Baluba of the Congo and presented this assemblage as *Bantu Philosophy*[45]: an anonymous philosophy that was communitarianist and vitalist. From the Baluba experience, he constructed a typology of 'the African soul' with a clearly determined psychology. This book was followed by others close on its heels. Kagame's Rwandans,[46] Mbiti's Kenyans,[47] Alassane Ndaw's Senegalese[48] have supported Tempels's method: they accept that (a) there is a vital force which constitutes the African Being; (b) that there is a communitarianism,[49] and a religious essence of the African. These tenets have been described as ethnophilosophical by Hountondji,[50] Towa,[51] Wiredu[52] and myself.[53] Ethnophilosophy has been criticized for its *culturalism* – as ethnopsychiatry is today – (culture does not absolutely determine the individual), its *communitarianism* (an entire people cannot think in the same way), its *essentialism* (there is not a spirit of a people which ensures that some are fundamentally religious, others materialist etc.) and

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finally its *reification* (the African is first and foremost a living sentient being and his religiosity is pragmatic: God must be useful and effective). In 1955 Aimé Césaire was ironical about those who thought that the African was deeply religious, like Tempels, and who, by the same fact, made use of a reified understanding of the African:

> Now learn, therefore, that Bantu thought is essentially ontological . . . founded on essential no-
> tions concerning the vital force and hierarchies of vital forces; that for the Bantu the ontological
> order which defines the world comes from God[!]. This is admirable and everyone gains from it:
> large companies, colonists, government, except the Bantu, of course. Bantu thought being onto-
> logical, the Bantu only require satisfaction of an ontological order. Decent wages! . . . Food! . . .
> These Bantus are pure spirit, I tell you[!].[54]

Absorption in these debates concerning ethnophilosophy – which continue today around afrocentrism[55] – gives the readers of the European critiques of ethnopsychiatry a feeling of *déjà vu*. What is significant and what the controversy surrounding ethnopsychiatry structures very well, is the relationship between *fragility* and *historicity*.

Ethnopsychiatry: fragility and historicity, African issues

How should suffering be told, considering the patient not as an *essence* but rather as *the fruit of several encounters* none of which is to be given primacy? Ethnopsychiatry as a discipline defies relativist theories, but does it not also risk jumping from the frying-pan of cultural relativism into the fire of essentialism? Nathan's work – which does not represent the whole of ethnopsychiatry – at once rich, prolix and ambiguous,[56] would astonish more than one African, above all those who, born after the end of the period of 'decolonization', conceive of their existence as not being based upon a *unique substance*, Africanism (*l'Africanité*),[57] but *as the intrication of relations in the process of becoming*. I shall now summarize some of the problematical issues while not ignoring the audacious side of ethnopsychiatry such as Nathan understands it.[58]

III.1. *'Place-holding'*. Nathan asserts, regarding the research by his therapeutic workers, that he 'puts himself in the patient's viewpoint, that is to say of a subject that his suffering leads to seeking a technical framework that is capable of bringing him relief'.[59] '. . . The first technique considered is divination', which, after exploration of the people in the sick person's immediate circle, and multiple transferences, results in the 'use of signs involving boxes of mice, leather straps, arrangements of shells thrown at random . . .'[60]

First, can one put oneself in *the place of* the sufferer? On what is this 'place-holding' (*lieu-tenance*) based? On compassion? On pity? On the will to know and to be able to act? Can one put oneself in the place of the sufferer, the intensity of the suffering itself being of an inexpressible and incommunicable nature? Even if I *suffer for* another, I cannot *suffer like* him. Everything seems to make a game of *for* and *like*. Then, why, as far as the African is concerned, call first upon divination? Because Nathan judges that 'these people' should be situated once more in their culture and that, according to the ethnological literature, if an African suffers, he goes first to a healer, a marabout or a sorcerer who will open the path of his ancestors to him.[61] Two facts seem to refute this privileged position of the sorcerer and visionaries among African therapists and the sick. (a) A therapist from the

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Ivory Coast[62] recounted how Koné, a patient, was successfully cured of his agonies, ravings and sexual impotence by relaxation exercises. Everything would suggest that it was the Westerners who believed more in African ancestors and marabouts than the Africans themselves. (b) The second case is that of a sick young woman from Mali, Ajaratou, who challenged the therapy of the marabouts: 'I was embarrassed, I did not want to be treated the native way . . . the treatment was very nasty, one had to take roots, put that in water . . . I did not sleep any more, I was always tied',[63] and Ajaratou herself went to hospital. In this case, was the sick person forced to return to the healers for divination and by love 'of her roots' against her will? The case of those Africans who are more than sceptical regarding ancestors and marabouts cannot be sufficiently stressed.

III.2. *Holistic method: a seed-bed for essentialism*. 'I affirm it loud and clear', said Nathan, 'the children of the Soninkes, the Bambaras, the Peuls, the Dioulas, the Ewoundos, the Dwalas . . . belong to their ancestors. To brainwash them to make them white republicans, rationalist and atheist, is quite simply an act of aggression . . .'[64] The patient must be pressurized to respect his divinities and '[invited] not to behave as if on the other side of the ocean their power was strangely dissolved'.[65] In the first place, the traditional African gods (we should be suspicious of taking for African anything that comes from Islam!) are not as unsleeping as those of the revealed monotheisms. They often like to be more modest and have a sense of humour, for their jurisdiction never extends beyond their *territory* and their clan, which is why it is said to the Bete of Cameroon that 'Sorcery never crosses the ocean[!]' ('*Mgbwel te dañ yòm*'). Finally, it should be said that not all traditional African societies have any knowledge of gods. There are traditional African groups that can be described as atheist.[66] The hypothesis of God decked out for the Africans is flimsy. The pastor Junod was surprised to see the Tongas of Mozambique to whom he posed the question as to the identity of him who created the Heaven and the Earth reply that it was Nature (*Ntoumboulouko*).[67] A reply that would have interested Spinoza! The idea of a God-Despot, who watches from beyond the seas, seems strange to some Africans. Then, what emerges from Nathan's assertions is the *holism* which is part of the mannerisms of writing that are flourishing in some fields of Africanist research. The latter is sometimes changed from a specific case into a generality: 'Thus *this* Nuer or *these* Nuer with whom the anthropologist (or the ethnologist) has talked become, through the magic of ethnological (or ethnopsychiatric) writing, *the* Nuer'.[68] It is this holism which conceals the fact that all Ewondos and Dwalas do not think in the same way. Holism leads to essentialism: *born* Ewondo, this is what one *will be* virtually regardless of circumstance and occasion. What seems weak in this essentialism is the reduction of identity to *substance*. All identity is *home, possibility, future* and *variability*. Identity is a pure possibility which does not remain in its *ipseity*. The African identity is not in itself a *ne varietur*, it is variation – in space and over time – and is conjugated as *crossing, passage*, and not as *restoration*.

III.3. *Translation: what is the status of the untranslatable?* 'Since we have begun to take responsibility for patients of non-Western cultures, in their mother-tongue . . .'[69] This phrase of Nathan's indicates that he works with a pluri-cultural team of therapists. In their translation of non-Western language, the latter are circumspect concerning the status of the 'untranslatable'. For instance, some African languages do not have the word 'calendar', how therefore should this notion be inserted in the translation of the perception of temporality by the patient? How is the ethnopsychiatrist to behave *vis-à-vis* the untranslatable? The fact of being Yoruba does not imply being conversant with all the

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levels of language which another Yoruba will use. The inherent untranslatability of all language should prompt caution.

III.4. *Conservative anti-republicanism: protection of polygamy and the caste system.* 'Here is a Bambara woman coming to complain about her husband's polygamy, whom the social workers are going to incite in the name of a soulless ideology . . . to divorce'.[70] For Nathan,[71] as regards the excision (or circumcision) of African girls living in France, those who 'are not excised present serious disturbances. Now the ritual of excision alone makes it possible to care for them, to reconstruct them . . . without this ritual a woman is incomplete, she is in a state of wandering . . . and seeks substitute rituals . . . Ethnopsychiatrists know that a girl who is excised will never fall into these irregularities.' When one reads the publications of the movement of African women – not feminists – which is called 'womanism',[72] one is in the presence of many witnesses to the rejection of polygamy by Africans. One starts by justifying polygamy, continues with the caste system, to end up with slavery, which all exist in some African traditions. A young female Senegalese philosopher, Awa Thiam,[73] recounts the case of a young educated African woman, circumcised and infibulated to prevent intercourse, who wanted to have her vagina unsealed by a doctor under a good anaesthetic, rather than waiting for the knife of her future husband on her wedding night. The young woman was driven away by the African doctor who did not want to be 'party to her debauchery'. This young woman, though circumcised, became depressed. Moreover, it is easy to accuse the Republic of France. It is true that the most dreadful things have been justified in the colonies in its name yet, for all that, it was in the name of the Republic that the exploitation of women was combatted and some endemic diseases, such as sleeping sickness, eradicated.

Conclusion: history and projection

To theorize about the fragility of others and 'tell' it implies a minimum of caution. To speak of the Other could presuppose that the latter is simultaneously *near me* – we share the same humanity – and *far from me*: it is an otherness which I cannot reduce to a formula or an attitude, nor to an intemporal essence. Others are what is *to come*: *my future* in what is my mirror and *his own future* because he is more than his current determinants. Now, in the humanistic sciences, traces of cataloguing are still to be found; *some* are essentially *like this* or *like that*. Ethnophilosophy, which is the older sister of a *certain ethnopsychology*, has become the matrix for reading fields as diverse as 'the philosophy of the remedy in Africa'. Medical strategies are chosen according to the 'African soul' as defined by Père Tempels.[74] *Ethnothanatology* (the scientific study of death from an ethnic perspective), itself still feeds today off this essentialist vision of the African which has been the inspiration for some ethnopsychiatrists. In a recent but posthumous book, Louis-Vincent Thomas asserts in this sense that, 'There is nothing surprising about the fact that one has been able to speak of the great emotional warmth of black humanity. To that end, I would specify the cultural dimension which explains the sensibility and thus the emotional capacity of the African'.[75] By emphasizing the setting in discourse of the fragility of others, I want to draw attention to the great lesson which Gadamer's hermeneutics gives to interpretative activity in the social sciences: 'All interpretation is based on a prejudice (*Vorurteil*)'. As for the overstatement of the mystical and the archaic rehearsed

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by ethnopsychiatry, it can be observed that the recording of non-Westerners in present history is expressed in terms of *differences* and above all in this *possibility* of *not repeating* the original model. The authenticity of an identity lies in its *critical reversal*: only at this price does Bambara or Ewondo consciousness proves its fitness for inclusion in history. As for tradition, it is not a trite communication of *what has already taken place*, it requires translation (transformation and creation) between a *received experience* and a *lived experience*. Locating itself in the contradiction which *lived experience* brings to *received experience*, tradition only endures by denying itself.

Jean-Godefroy Bidima
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Notes

1. *Medizinal-Berichte über die Deutschen Schutzgebiete Deutsch-Ostafrika, Kamerun, Togo, Deutsch-Südwestafrika, Neu-Guinea, Karolinen, Marshall-Inseln und Samoa für das Jahr 1909/10* (Berlin: Mittler and Son, 1911).
2. *Ibid.* (1915 edition), pp. 419–420.
3. *Ibid.* (1911 edition), p. 314.
4. Antoine Porot (1952), *Manuel alphabétique de psychiatrie clinique et thérapeutique* (Paris: Presses Universitaires de France). There were six new editions by 1984.
5. Aubin, in Porot (1952), 3rd edition (1965), p. 388, repeating the quotation from previous editions. In the 6th edition (1984), this article no longer appeared in the manual: in 1965, therefore, the Blacks were still inferior for these French psychiatrists!
6. *Ibid.* p. 388.
7. Lyotard uses this term to designate his move condemning universalist discourses. He refutes 'the prejudice anchored in the reader by centuries of humanism and "human sciences" that there is "man", that there is "language", that the former makes use of the latter for his own ends': Jean-François Lyotard (1988), *The Differend: Phrases in Dispute*, trans. Georges van den Abbeele (Manchester: Manchester University Press), p. xiii, originally published in 1983 as *Le différend* (Paris: Minuit), p. 11. It would be interesting to see how the 'pagan' discourse of an ethnopsychiatrist like Tobie Nathan would relate to Lyotard's 'paganism' (paganism is defined by Lyotard as 'the denomination of a situation in which one judges without criteria': Jean-François Lyotard (1985), *Just Gaming*, trans. Wlad Godzich (Theory and History of Literature, 20, Minneapolis: University of Minnesota Press), p. 16. There is research still to be done on Lyotard's (1977) *L'instruction païenne* (Paris: Galilée) and Nathan's (1998) *La psychologie païenne* (Paris: Dunod).
8. On this point, see Elmar Holenstein (1999), *Entente interculturelle* (Paris: Cerf), p. 20; E. Leach (1980), *L'unité de l'homme* (Paris: Gallimard); Richard Rorty (1994) *Objectivisme, relativisme et vérité* (Paris: Presses Universitaires de France), English edition: (1991) *Objectivity, relativity and truth* (Cambridge: Cambridge University Press).
9. Roger Bastide (1970), Preface, in G. Devereux, *Essais d'ethnopsychiatrie générale* (Paris: Presses Universitaires de France), p. viii.
10. See Benoît Pollack (1965), 'Tendances et questions actuelles dans la psychiatrie sociale', *L'information psychiatrique*, 41 (4); N. Bell and J.P. Spiegel (1966), 'Social psychiatry: vagaries of a term', *Archives of General Psychiatry*, 14 (4). For a general reading of the evolution of the expression, see C. Dufrancatel (1967), *La sociologie des maladies mentales* (Paris: Mouton).
11. Daniel Charlemaine (1998), 'Ethnopsychiatrie, histoire d'un mot', *Psychologie et Éducation*, 34.
12. The author cites T. Lempérière and A. Feline (1987), *Psychiatrie de l'adulte* (Paris: Abrégés Masson); H. Ey, P. Bernard and C. Perisset (1978), *Manuel de psychiatrie* (Paris: Masson); E. Rochette and P. Ayoun, *Vademecum de psychiatrie* (Collection Scientifique Survector); E. Roudinesco and M. Plon (1997), *Dictionnaire de psychanalyse* (Paris: Fayard); N. Sillamy (1983), *Dictionnaire usuel de psychologie* (Paris: Bordas).

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13. Charlemaine (1998), p. 48. The Devereux book at issue here is (1982), *Psychothérapie d'un indien des plaines* (Paris: Éditions Jean-Cyrille Godefroy); see his introduction, n. 10.

14. As for Devereux, it is not clear what term should be used to describe him: 'In Henry Ey's *Manual of psychiatry*, p. 47, he is introduced as a sociologist . . . In the *Grand dictionnaire de psychiatrie* (by Postel) . . . he is this time psychoanalyst and ethnopsychiatrist'. Charlemaine (1998), p. 83. What is certain is that he was not a doctor.

15. Nathan, Charlemaine tells us, is 'neither doctor, nor psychiatrist, although he seems to be the leader of present-day psychiatry in France', (1998, p. 82).

16. Ellen Corin (1993), 'Le détour de la raison', *Anthropologie et Sociétés*, 17 (1–2).

17. Bastide (1970), p. ix.

18. Georges Devereux (1970), *Essais d'ethnopsychiatrie générale* (Paris: Gallimard), pp. 4–5.

19. See Georges Devereux (1972), *Ethnopsychanalyse complémentariste* (Paris: Flammarion), especially chapter 6.

20. Tobie Nathan (1977), *Sexualité, idéologie et névrose* (Paris: Éditions de la pensée sauvage), p. 144. This opinion of Nathan on Devereux's analyses of shamanism appears to have been called into question by Philippe Mitrani, who clarifies Devereux's confusion of the 'function of the shaman and the personality of the individual': Philippe Mitrani (1982), 'Aperçu critique des approches psychiatriques du chamanisme', *L'ethnographie*, 78 (87–88), p. 253.

21. Tobie Nathan and Marie-Rose Moro (1997), 'Ethnopsychiatrie de l'enfant', in S. Lebovici, M. Soulé and R. Diatkine (eds), *Nouveau traité de psychiatrie de l'enfant det de l'adolescent* (Paris: Presses Universitaires de France), vol. I, p. 435.

23. D. Westermann (1939), *The African To-Day and To-Morrow* (London), cited in J.C. Carothers (1954), *Psychologie normale et pathologique de l'Africain: Étude ethnopsychiatrique* (OMS, Palais des Nations: Geneva, distributed by Masson et Cie).

24. P. Gallas Planques (1951), 'Psychologie du Noir', *Médecine Tropicale*, 11, 5. This article by Gallas has been taken up by Aubin – who does not cite it – in Porot (1952).

25. R. Barbé (1951), 'Sur la psychologie du Noir', *Médecine Tropicale*, 11, 33.

26. *Ibid.*, p. 33.

27. François Laplantine (1974), *Les trois voix de l'imaginaire* (Paris: Universitaire).

28. J.-Marie Sauret (1982), *Croire? Approches psychanalytiques de la croyance* (Toulouse: Privat), p. 155.

29. Marc Augé (1997), 'Vies de rêve des Indiens Mohaves', *Critique*, 53 (603–604), 590 (recension of Georges Devereux, *Ethnopsychiatrie des Indiens*, Paris: Ed. Synthélabo).

30. Devereux (1970), p. 73.

31. Didier Fassin (1984), 'Anthropologie et folie', *Cahiers internationaux de sociologie*, 77, 270.

32. Alain Policar and Pierre André (1997), 'Ethnopsychiatrie et exotisme: Devereux et les faussaires', *Raison Présente* (Paris), 123, 116. The book by Nathan which is cited was published as *La pensée sauvage* in 1993, p. 38.

33. Jean-No'l Férié and Gilles Boetsch (1993), 'L'immigration comme domaine de l'anthropologie, *Anthropologie et sociétés'*, 17 (1–2), 240.

34. *Ibid.*, p. 240.

35. Didier Fassin (1999), 'L'ethnopsychiatrie et ses réseaux. L'influence qui grandit', *Genèses* (Paris), 35.

36. *Ibid.*, p. 148.

37. He notes the case of O. Mannoni who worked for the French colonial administration in Madagascar, citing M. Bloch, 'La psychanalyse au secours du colonialisme', *Terrain*, 28, 103–118.

38. *Ibid.*, p. 179. This 'influencology' is taken from Nathan's book, Tobie Nathan (1994), *L'influence qui guérit* (Paris: Odile Jacob), p. 15.

39. He refers to Nathan's interview in *Le Monde*, 22 October 1996, entitled 'Freud ressemblait au guérisseur africain' ['Freud is like an African healer']; the responses by Feth Benslama, 'L'illusion ethnopsychiatrique' ['The Ethnopsychiatric Illusion'], in *Le Monde*, 4 December 1996, and by Alain Policar in *Libération*, 20 June 1997; and, finally, the views of Isabelle Stengers and Bruno Latour, *Libération*, 31 January 1997.

40. See Ellen Corin (1977), 'Playing with Limits: Tobie Nathan's Evolving Paradigm in Ethnopsychiatry', *Transcultural Psychiatry*, 34, 345–358; Paul Freeman (University of California) (1997), 'Ethnopsychiatry in France', *Transcultural Psychiatry*, 34, 313–319; Ursula Streit (Montreal), 'Nathan's Ethnopsychoanalytic

Therapy: Characteristics, Discoveries and Challenges to Western Psychotherapy', *Transcultural Psychiatry*, 34, 321–343.

41. Joseph Penda Melone (1983), *Causes et signification des désordres psychologiques et leur thérapeutique chez les Bantu: Exemple Bakoko. Approche ethnopsychiatrique*, doctoral thesis, Paris, p. 262.
42. Massamba Ma Mpolo (1976), *La libération des envoûtés* (Yaounde: Clé), p. 43.
43. Pierre Caussat (1989), *De l'identité culturelle, mythe ou réalité* (Paris: Desclée de Brouwer), p. 43.
44. As far as Africa is concerned, however much it is invoked in the arts, religion, forms of dance and magic, French-speaking countries have arrogantly ignored everything that has been done in the field of philosophy. The universities are only with difficulty leaving their links with colonial clichés. The appropriate place reserved for African philosophers in the encyclopedias and dictionaries of philosophy published in France – where they are often introduced by Africanist ethnologists and muddled with 'African wise men' – contrasts sharply with the serious position they have in American dictionaries and encyclopedias of philosophy. The situation is understandable in France where the greater part of the Africanist universities were once linked either with 'politically correct' Third-World prophecies or with colonial milieux. As for the African philosophers themselves, nationalist protest, the interiorization of colonial prejudices, the cult of difference, the fascination – of recent date – for postmodernism, have produced a reactive strain of thought (in the Nietzschean sense) which has sometimes stifled the multiple possibilities of African philosophical discourse.
45. Placide Tempels (1948), *La philosophie bantoue* (Paris: Présence Africaine), trans. (1959) as *Bantu Philosophy* (Paris: Présence Africaine). The book was hailed by Louis Lavelle, Gaston Bachelard and Albert Camus.
46. Alexis Kagame (1976), *La philosophie bantoue comparée* (Paris: Présence Africaine).
47. John Mbiti (1973), *Religions et philosophie africaine* (Yaounde: Clé).
48. Alassane Ndaw (1983), *La pensée africaine* (Dakar: NEA).
49. This theory of communitarianism is still current with some French psychologists who are not *au fait* with criticisms of it by African philosophers. 'His [the African's] freedom, his will, his desire take second place to the will of the group', says Silvana Olinda Weber (repeating Hampaté Ba!) (1988), *L'acte suicide* (Paris: Hommes et groupes éditeurs), p. 178.
50. Paulin Hountondji (1977), *Sur la philosophie africaine* (Paris: Maspéro).
51. Marcien Towa (1971), *Essai sur la problématique philosophique dans l'Afrique actuelle* (Yaounde: Clé).
52. Kwasi Wiredu (1980), *Philosophy and an African Culture* (London: Cambridge University Press).
53. Jean-Godefroy Bidima (1995), *La philosophie nègro-africaine* ('Que sais-je?', Paris: Presses Universitaires de France).
54. Aimé Césaire (1955), *Discours sur le colonialisme* (Paris: Présence Africaine).
55. For this topic, see Adamah Ekué (1981), *L'insaisissable africanité*, doctoral thesis, University of Paris I, Paris; Ferdinand Ezembé (1997) 'Les thérapies africaines revisitées, *Le journal de psychologue*', 147, May.
56. The significant analysis of Tobie Nathan and Isabelle Stengers (1999), *Médecins et sorciers, manifeste pour une psychopathologie scientifique* (including, I. Stengers, 'Le médecin et le charlatan') (Paris: Institut d'édition Sanofi-Synthélabo), should be noted here. The analyses contained in this work – comparisons between 'scientific' therapies and 'uncivilized' therapies, the history of medication in the West, etc. – is being continued in the journal recently established (by the same publisher), the goal of which is to highlight and give an account of the relevance of advances in ethnopsychiatry. Moreover, Nathan has been the instigator of a commercial film by Denis Amar – a thriller based on his novel, *Sarakabô*, in which, with his insight and ethnopsychiatric experience, he paints a picture of the reality of African immigration in France. These observations suffice to demonstrate the importance of Tobie Nathan for a certain audience, and how his discourse is able to satisfy some exotic fantasies which (alas!) still structure a certain Western attitude to non-Westerners.
57. They are the products of traditions (that they sometimes make fun of), of Muslim or Western education, reggae, football and jazz, and no longer those of the grove of ritual initiation.
58. When Nathan for example condemns the fact that African families in France are split up by the placement policy of the DASS (see Nathan 1994).
59. Nathan (1994), p. 72.
60. *Ibid.*, pp. 72, 73, 74.

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61. See M. Sankalé (1969), *Médecins et action sanitaire en Afrique* (Paris: Présence Africaine), pp. 250 ff.
62. Georges Dimy Tchetché (1996), *Thérapies familiales et contextes socio-culturels en Afrique noire* (Paris: L'Harmattan), pp. 49 ff.
63. Elisabeth Uchoa (1993), Indifférenciation et folie d'Ajaratou, *Anthropologie et sociétés*, 17 (1–2), 164.
64. Nathan (1994), p. 331.
65. *Ibid.*, p. 332. Admittedly, for Nathan, brought up on Judaeo-Christianity, the assertion, 'the fear of the Lord is the beginning of wisdom' is reversed into 'the fear of the gods is the fount of all therapy . . . for Africans!' But what do the Africans think about it?
66. Eloi Messi Metogo (1998), *Dieu peut-il nourrir en Afrique?* (Paris: Karthala).
67. Junod (1936), *Moeurs et coutumes des Bantous* (Paris: Payot), p. 258.
68. Joel Caudau (1998), *Mémoire et identité* (Paris: Presses Universitaires de France), pp. 20–21.
69. Nathan, p. 331.
70. *Ibid.*, p. 330.
71. Nathan (1995) in *Revue Science et Nature*, Feb. (cited in Taguieff, *op. cit.*, 1997).
72. See Mary Kolawole (1997), *Womanism and African Consciousness* (Trenton, New Jersey: Africa Word Press).
73. Awa Thiam (1979), *Paroles aux négresses* (Paris: Denoël/Gonthier).
74. See Barthélémy Gayaba (1993), 'La persistance de la médecine traditionnelle en Afrique Noire', in J.C. Beaune (ed.), *La philosophie du remède* (Éditions Champs Vallon), p. 293.
75. Louis-Vincent Thomas (2000), *Les chairs de la mort* (Institut d'Édition Sanofi-Synthélabo), p. 235.