

Discussion of first writing assignment:

To what extent has Gilman taken an excessively psychoanalytical view of history? Is he psychologically determinist?

Quote from article about Hottentot article:

What is the space of encounter? How is it productive of ideas about the body, mind, culture? How does it reflect Europeans ideas about themselves, in addition to Europeans looking at Africans?

How have Europeans been able to influence the ideas of the people they came into contact with?

Essay: What is the space of encounter? What are methodologies, and how do they fail? What type of methodology would be fair and productive in presenting picture of the other? Currently, there is one heavily weighted on the side of Europeans as they have constructed certain kinds of knowledge of history and culture. To what extent has anthropology also come up with alternative ways to construct culture? Discuss the idea of the fetish (Pietz). What is happening in these particular encounters? What are the techniques applied to these processes of knowledge? Benefits, faults?

To what extent can we know the truth of another culture, without having lived in it? Commensurability, universalism v. relativism. Idea that cultures cannot be evaluated by some general standard, but on their own terms (impossible to go across these social/culture boundaries?) Positivists or empiricists might argue that there is a universal truth that can be quantified. Is there an objective truth out there? Butchart claims that our fabrication of the African body is a result of the technologies Europeans bring to the table in analyzing and surveying the 'African body.' There can be no objective truth. Is there an objective reality out there?

Science is a process of debate – all constructed to some degree due to the social context they arise in, i.e. ways to survey, test, evaluate, and think about knowledge produced.

By using Foucault, try to question to what extent this is solely a process of sovereign power – in which medicine, or a colonial project, is a site of sovereign power. The techniques of power are diffused throughout the system, so it is hard to pinpoint the locus of power.

Critique of Butchart is that still not seeing how Africans are shaping, creating, or resisting power that is being exerted on them.

Power is not solely applied from an institute, not a strict dichotomy of powerful and powerless (more Marxist). Power is diffused throughout a system.

The concept of “structural violence”: SV is a political term, looking at entrenched systems within society that can be ‘violent’ or repressive. Social violence can be as repressive, or as ‘violent’ as actual physically repressive acts. Public health perspective – infectious diseases, is a form of ‘violence’ as severe as war or physical violence.

Structural approach is not Foucauldian approach – but fails to look at individual point of view – how individual is an object of power but also resist, change it. James critique – reifies violence, takes away individual’s sense of choice in engaging in actions and behaviors. Cannot say that all events are due to colonial violence, political repression – individuals still have choice in how to react. Both models – individual agency is not considered. SV more of a sense that people are passive victims of broader systems of inequality. F model – individuals are gradually drawn into reproducing systems of violence and inequality.

Student presentation on Butchart:

How African body was created by each of the regimes.

Hygiene rules were imposed to apart that which must was deemed a threat to the colonial order.

Gap between how environment affects the body, how African body is visualized? Note how each public health regime created/modified African body. During the mid-1900s the African body was viewed as distinct space, and explorations into how body is created. Separating healthy bodies from sick bodies.

Sanitary sciences focused not on atmosphere making people sick, but that bodies could pollute atmospheric purity.

Bubonic Plague – hygiene of location; segregation by bodies. African bodies considered part of the environment, therefore also threatening to Europeans.

Pg. 135 Unhygienic should be remedied. Prevention and suppression methods used to control diseases. Control of the movement of substances – to control the substances coming into and out of the body.

Greatest achievement is that body is a visible interface to fight disease. Could control external factors, such as food, but could not control personal, private factors, esp. women due to prostitution and supposed ‘amoral tendencies’. Campaign for cleanliness.

Psychosocial space – centered around adoption of healthy habits.

Fundamental health problem: how to win over an illiterate people (139). Utilization of arts and sciences of European technologies. Multi-factored perception of the causation of disease.

Psychological research into deviations from normal: Everybody considered ill, because disease is no longer caused by environment, but also emotions, thoughts also considered causational aspects of disease.

Instructor comments: *Note the use of surveys as a research tool that have been biased towards depicting Africans as ill.*

*Page 139 – bottom of page. Problematization of normal. To bring everyone into the eye of public medicine. The use of surveys (tool of Foucault's biopower). Idea of attempting to map out within social realm, because disease is a source of social threat. Mary Douglas – idea that things can be separated into pure, dangerous, need to be kept out of social world because it is a threat is another way to view the development of society in South African society. Focusing on a body's orifices is a way to contain the threat of something abnormal. Surveys another way to quantify abnormality, this time of the mind. Leviticus – law is a way to externally protect the social order. Medical institutions apply power externally to Africans but shift over time. What is fabricated differently in African body? A different point of view – not external, but trying to analyze internal, interior of African body. Threat to social order, productivity, key themes to development. These technologies are not necessarily negative, but trying to produce something.*

Pg. 145 – begins to view African as a human.

*Recognition of African (Bantu) as being subjects in their own right, with their own systems of thought. Still recognizing that Africans are folk to be dealt with. A different type of 'African body' is being created. Subjectivity is a change that happened in medicine everywhere, but in a different time and place.*

Summary of different public health models:

Geoclimatic model

Sanitary science: African body was anonymous

Social medicine:

Community Health: Lines drawn around communities

Chapter 9

Western medicine and production of African -- focuses on Bantu body different from European body. How conscious are we of stereotypes?

Ways of medical methodologies

*Bantu is still discussed as radically different than Europeans. Medicine is working through issues of whether they even the same species as discussed in the case of the Hottentots. There were supposed radical differences between natives and colonial whites.*

*What is the physical problem that has to be found? Medicine can no longer be applied in a top-down way. Medicine can be applied without the subjectivity and personality of the medical caregiver? How can cross-cultural issues be bridged? Issues of inequality still exist. How are these perceptions linked to ideas of superiority and inferiority?*

*Western methods of knowledge production have a tendency to use surveys to obtain answers. All answers are subject to interpretation. Moralistic answers versus standard*

*survey questions. Moralistic questions could elicit different responses than questions about physical state or more comprehensive answers that are contextualized.*

*How do you move across the power inequalities present in cross-cultural contexts?*

157: *quote about how doctor has power over patient. Fabian – explorers tried to manipulate the people they were studying by displaying European artifacts. Ethical dilemmas – how do you recognize difference without bringing in ideas of superiority or inferiority? Science is a project linked to power differentials – engaged with power settings in colonial contexts. To what extent are the desires and interests of the people we come into contact with also shaping the connection? How was information trade filtered, converted through contact. Other side of story not told as readily. Political differences, racism, embedded within production of science and are suspect to some degree.*

Prestige of a white doctor – the power of the doctor.  
Patient viewed as emotional.

How do you feel about superstition? Implicit assumption, irrational, unscientific. Idea that our forms of knowledge are truth and others are not.

Clinical knowledge of African – dichotomous person produced by European forces.

European ideas of causation, beliefs about body, etc. Not dealing with just one system of knowledge production, but the African body or person is multiply situated within many systems. In history of S.A. is shift in visualization of person as a body, an object to contextual perceptions (individual in society, etc).

*How our own processes of communication may block communication between 'traditional' and European systems of thought. Patients are also evaluating doctors – have their own subjectivities and judge doctors themselves; they are not just passive objects.*

*Page 168: in place of old medicine is new focus – the traditional healer – who is recognized as a source of power in the community. Still similar model of colonial power, just transmitted in a different way. Is this just another way of co-opting power? By bringing in traditional healers, is medicine forming a true partnership or just trying to increase its power?*

Page 171: what about this argument that Africans were repressed? Shift from seeing to hearing. It took a long time to become that way, but simply reflects a shift from ethnology of seeing to hearing. *This is the same question in a way as the question raised earlier (about co-opting power). Still, the same system of power is morphing over time, and everyone is caught up in it. Africans may not actually have more power, power is just more diffuse. Ideology of lesser, superior, inferior helped establish apartheid.*

*Critique of liberal humanist discourse: Power is present within system. Cannot find the voice of those subjugated. How was colonial medicine dealt with by the Africans themselves (not well argued by Butchart)?*

*Illness v. Disease: Eisenberg, Kleinman.*

- *Refined notion of illness as cultural representations of sickness, within moral realm, outside of physiological symptoms.*
- *Can be sources of illness that do not map onto physiological problems*
- *Western medicine may not be able to address the source of illness*
- *Can cure body but person may still feel sick*
- *Biomedicine is not effective at all in treating whole person*
- *Clinicians are seeing that their methods are not effective in solving the socio-biological sources of sickness.*

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