



## Biomedical services' fit amongst people with relational worldviews, and a "middle road"

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### Introduction

People with relational worldviews consider that an individual's misfortune, which can include illness, arises largely from their failure to relate amicably with others, or others with them.<sup>1</sup> Amongst those who hold *relational worldviews*, including many African people, solutions to people's ills are known to require the resolution of aberrant relationships (or those considered to be aberrant). The effectiveness of such solutions varies, but the aim is fundamentally the same, to address the aberrant relationship. People already having known solutions to their ills begs the question of the role of alternatives, such as biomedical solutions, introduced from outside by the West. Outside solutions present a crowded field of prescriptions, many of which have been considered effective for many generations. The biomedical alternative immediately suffers from the problem that in its application, it very often seems to ignore the assumed cause—poor relationships. For example, someone may be convinced ("know") that their malady has been caused by a particular person's envy of them, perhaps for having taken away their husband.

In contrast to solutions known by people with relational worldviews, biomedical practitioners often explain mechanisms that result in loss of social functionality using scientific principles of psychology. They consider humans to be biological systems that function in a way that can be assisted using cures that follow laws of chemistry and physics. They use biological, chemical, physical, and other appropriate knowledge to devise interventions

that promote healing. My reader should note that the following critique is not to deny that biomedical cures are potentially valuable. It is to consider how to best take advantage of their potential value.

Evaluation of the appropriateness of contemporary medical practices amongst relationally oriented people is problematized by the financial and other powers that lie behind biomedical advocacy. Those powers and influences that arise from Western nations create enormous pressure in favor of overt acceptance of contemporary scientifically based wisdom. Munk finds that African people's agreeing with Westerners may not indicate that they value what they are doing.<sup>2</sup> The ways in which the global health sector is subsidized sometimes results in enormous material and prestige rewards for those who are seduced by the benefits. This makes "research," through consulting with local people and hearing what people say, fraught with the danger that they may be avoiding "biting the hand that feeds" them, i.e., saying yes to please experts, even when the answer from their community and / or from deep in their own hearts may not be "yes" at all. Munk advocates for people to blow the whistle on this practice.<sup>2</sup>

At least two factors come into play here. First, African people familiar with a patron client system being interviewed by those who are powerful may well see their role as being to please the powerful. Secondly, African people's English is often a way of trying to articulate indigenous reality using a foreign system of communication learned in school. Basic medically oriented terms can mean very different things. For example, the term used to translate

“medicine” may also refer to a tree (as in the Luo language of Kenya). Healing may imply forgiveness rather than anything biomedical as such. An injection may be associated with *kinga* (Swahili, i.e., a guard or barrier) countering spiritual attack, such as that by witches.

Revealing what actually goes on, “blowing the whistle” to use Munk’s oral terminology,<sup>2</sup> is risky for everyone. (While Munk’s book does not refer to blowing of whistles, her lecture does. I intentionally draw on the more emotionally charged comments that arise when she engages orally when commenting on her book.) It requires medically oriented readers, listeners, and overhearers (people influenced by this article who do not or cannot read it with the care anticipated by its author) to be wise. Without wisdom, truth might pass them by. I hope this point is taken as the wellbeing of millions is at stake. In other words, people with relational worldviews may promote biomedicine not because they find it to be the best, or even because they find it to be helpful, but because powerful Westerners (and other wealthy influential people) believe in it.<sup>3</sup> In fact, it is possible for a missionary from the West to believe that modern medicine is generally not appropriate in African contexts.<sup>3</sup>

Concepts of illness associated with biology are largely absent from indigenous worldviews. If not pushed by powerful outsiders, belief that misfortunes such as illness have biological causes may seem as ridiculous to Africans as it may be to tell a Western person that their bout of malaria has been caused by a long dead grandparent. My reader should note that the medical means of proving that something actually works—double blind, statistically verifiable trials—are beyond implementation or even comprehension by many people indigenous to Africa.

It may also be the case that individuals able to grasp benefits of biomedicine may not be able to convince their community that operates on the basis that poor relationships cause misfortunes, including illness. Symptomatic improvements occurring following use of a biomedical solution do not in

themselves resolve relational problems. Biomedical treatment finds its place in the midst of the rest of life’s endeavours at improving relationship. Yes, it can help, like a plaster on a wound, but the plaster doesn’t stop another wound from occurring!

Biomedical services, because they originate in the West, have often come to Africa in hand with massive subsidy. The subsidy has justified a level of acceptance of modern medicine that would otherwise have been unlikely given it is just one amongst many remedies, that is by many, considered less effective than others.

However, indigenous healing systems are, unfortunately, not an ideal panacea for people’s ills. They are deeply riven through with destructive consequences. In simplified terms, this is because they build on the “feel good” factor that someone gets when their enemy (a competitor, a rival, someone wealthier than them, someone thought to be envious of them) suffers. Healing, then, arises from a kind of *schadenfreude*, joy that is an outcome of someone else’s sorrow. That is to say, traditional healing draws on the power of the shed blood or suffering of others.<sup>5</sup> Traditional healers being very aware of this, prescribe types of healing that will satisfy their customers’ desire to see the perceived breaker of good relationship (the person perceived as bewitching them) suffer. While animal blood sacrifices may sometimes be substituted for human blood, “human victims were probably offered long before animal victims were substituted for human.”<sup>5</sup>

## A Middle Road

The above scenario may, at least in some cases, leave room for a “middle road.” So far, we have a dual system of healing. The inappropriateness of the biomedical system arises because of its vast expense, perceived by some as being a way for foreigners to make money out of sick people and it’s not seeming to actually deal with the perceived cause of the misfortune concerned. The problem with the relational solution is innate to the means it uses to bring healing: identifying those causing one’s

problems and then endeavouring to banish them, or to inflict suffering onto them, or even to kill them.<sup>6</sup> A “middle road” will fall somewhere between these two.

One could see many African churches as on a “middle road.” From a Western point of view, they may be getting a lot of things wrong. Yet they seem to meet Africans’ felt needs. A classic instance is the prosperity Gospel, much-deplored in the West. Even should a church not have what might be by some considered a “positive” contribution to make to its community, the church’s undermining of the hegemony of witchcraft powers can, and in many cases is, having an enormous impact on communities in which it is active.

During the COVID-19 outbreak, some authorities in Africa and elsewhere sought to introduce herbal means of reducing panic regarding the pandemic.<sup>7</sup> These could be advocated by governments as pseudo-modern medical cures, in the sense that any link between their use and making others suffer (witchcraft) would be tenuous, if at all. At the same time, herbal remedies were less costly than foreign alternatives, easier to administer, and did not have the appearance of enriching foreigners at one’s own expense. These cures, that medically one may consider as “innocent placebos” (i.e., there is no intention to harm one’s enemies) were an obvious third strategy. Their availability could greatly curtail utilization of the witchdoctor’s more antagonistic services.

The rallying call behind the means to tackle COVID-19 was in many countries that of science. Scientific measure, collection of data, and so on were to be used to ensure that only proven effective cures were promoted. This approach had many limitations, some of which have been recognized. For example, science is invariably and selectively considered, interpreted, and applied by people who are far from objectively oriented. Two particular issues arose among those with relational worldviews, whose communities tend to be materially poor: 1. Advocacy of the outcome of science seemed like a sales drive, giving the impression that the objective of promoting

cures was for those selling them to make money. I personally find this understanding to be widespread in parts of Africa known to me, that Western medicine is advocated in Africa as a means for Westerners to make money out of the poor. 2. These solutions were typically promoted by fellow nationals of the “suffering poor.” That is, for linguistic and many other reasons, Europeans were often not in the forefront in advocating for biomedical cures for the poor. The suspicion quickly arose, given indigenous people’s understanding of their own countrymen, that those promoting the biomedical cures were being paid to do so, meaning that they might not innately be deeply invested into or convinced by what they were advocating. Thus, they could hardly be trusted. This left two alternatives: witchdoctor-cures or the middle road, i.e., “innocent placebos.”

There is an extra “sting in the tail” in all this for Christian believers. Jesus’ being slaughtered on the cross resembles indigenous ways of killing witches (i.e., scapegoats) thought to be responsible for relational-frictions that bring about misfortune. (In this article, I consider the term “witchcraft,” when used to translate many indigenous African terms into English, to parallel the role of “scapegoats” articulated in detail by the French scholar Rene Girard.<sup>8</sup>) Unlike other accused “witches” though, Jesus rose from the dead. With the help of the Holy Spirit, his followers then understood what he had told them long before he was killed. As a result, they realized that killing and chasing suspect witches was *not* a cure for their ills, beyond the deceptive “feel good” factor one gets from having an impression of power by seeing the person you are envious of suffer. The undermining of this deceptive mechanism of curing relational tensions—that in turn multiplied such tensions—could be said to have been the beginning of humankind’s grasping the very kinds of insights that led to biomedical innovations. “The biblical vision punctures a universal delusion,” Girard says.<sup>9</sup>

Even though this “middle road” I am proposing (such as herbal cures/placebos in medical terms)

does not use means that are biomedically proven, at least it is not oriented to killing witches. Denying the use of what I call “middle road” cures risks the killing, shunning, or chasing of more witches. Hence a “middle road” can save lives, reduce tensions and enmity, and even contribute to a greater realization of rational scientific mechanisms, whenever people note that healing is possible without attacking a supposed witch—a possibility central to Christianity.

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