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Incompleteness as a framework for convivial scholarship and practice in healing

Psychological Society of South Africa's (PsySSA)
Annual Presidents' Lecture¹

Introduction

This lecture draws on an argument I have made over the years for a convivial scholarship to stress the need for such an approach in the practice of healing. In view of the resilience of colonial education, culture and attitudes, the lecture proposes a framework of decolonised healing practices that draw attention to equally resilient endogenous traditions of healing that are barely recognised and grossly underrepresented even in the 21st Century, despite the independence of most African countries since the 1960s. The lecture argues for convivial approaches to healing that promote conversations and collaborations across disciplines and organisations and the integration in the academy of marginalised epistemologies informed by popular universes and ideas of reality. Convivial scholarship is predicated upon the recognition and provision for incompleteness – in persons, disciplines, organisations, and traditions of knowing and knowledge making. Critical to convivial scholarship is the extent to which we recognise and provide for incompleteness and mobility as universals and are ready

1 27th Annual South African Psychology Congress, hosted by PsySSA, Wednesday, 4th October 2023, Emperors' Palace, Johannesburg, South Africa. Theme: *Between Psychological Practice and Psychosocial Praxis: Southern Standpoints on Radical Hope and Healing*

to disabuse ourselves of the illusion of completeness championed by zero-sum games of violence and violation in which debt and indebtedness are outsourced to victims, while compositeness and conviviality are downplayed or caricatured.

Among the issues highlighted in convivial scholarship is negotiated inclusivity in knowledge production and practice. This takes the form of collaboration and co-elaboration within and between disciplines, across departments and faculties within and between universities and research institutions, north, south, east and west. But it does much more. Convivial scholarship calls for similar collaboration, co-elaboration and co-production between academics and researchers in universities and research institutions with knowledge producers and practitioners outside of these formal institutions. Given the decolonial imperatives and especially in view of the silences and marginalisation of which Indigenous and endogenous traditions of knowing and knowledge production have been victims, convivial scholarship is particularly emphatic on the need for profound and sustained conversations across chasms between universities that remain colonial in curricula and practice, and with the wider population and society that continue to draw on the sidestepped traditions and practices by choice, reluctantly, or both. It calls for the sort of sensitivities to and embrace of Indigenous methods in the research process to promote the culturally appropriate research practice that Mpoe Johannah Keikelame and Leslie Swartz write about². I suggest that much remains to be done to promote research, teaching and practice across such chasms in the field of healing, despite some promising starts. I draw on two examples to illustrate both the promise of an early start, and the resilience of exclusionary colonial ideas of medicine and healing in Africa. I use a survey conducted in Cameroon and published in 1979 by Daniel Noni Lantum, as a case for optimism and promise. And I draw on our experience under Covid-19 as a case of persistent coloniality and north-south asymmetries in healing practices and how much remains to be done in integrating the two systems.

The argument in the lecture is simple. If the need to recognise and represent Indigenous and endogenous traditions of healing has been highlighted before – in certain cases prior to or shortly after independence from European colonialism was proclaimed – how do we explain that necessary action has either not been taken at all or taken in an unsystematic and unsustainable fashion? Why have calls for valorisation and integration of medical systems original to Africa into the so-called modern medical systems of many an African state postcolony been met with resolute inaction and lip service? Why, if and when integration is considered

2 Keikelame, M.J. and Swartz, L. (2019) "Decolonising Research Methodologies: Lessons from a Qualitative Research Project, Cape Town, South Africa", *Global Health Action*, 12:1, DOI: 10.1080/16549716.2018.1561175.

and promoted, the expectations tend to be for endogenous medical systems to bend over backwards or genuflect in honour of the colonial medical system perceived as superior? Why does the colonial medical system continue to enjoy such dominance, yet falling short of rising to the occasion in terms of the health demands of the majority of the population in each and every country?

This situation, within the framework of the convivial scholarship that I call for, requires a greater and sustained capacity for faculties of medicine or health sciences to listen out, not only within universities and across faculties, but also, and even more importantly, with stakeholders outside the academy (medical professionals³, traditional healers where they are not formally considered health professionals, various state and private health services, ministries of health, and the health-seeking publics). I argue for curricula, healing systems and practices that are informed by these considerations and open to negotiated inclusivity as a permanent work in progress.

The value of endogenous African healing systems

In 1979 Cameroon was almost 20 years into its independence from France and Britain. *ABBIA: Cameroon Cultural Review* was first published in 1963, barely a couple of years into the country's independence. In June 1979, 14 years following its foundation, the review published a seminal study by Daniel Noni Lantum, titled "The Pros and Cons of Traditional Medicine in Cameroon"⁴. No person was better placed than Lantum to tackle the subject matter at the time, given his credentials as Professor of Community Health, Head of Department of Health Education and Behavioural Sciences, Coordinator of the Public Health Unit at the Faculty of Health Sciences at the University of Yaounde, WHO consultant on Traditional Medicine, and traditional chieftain from the Nso ethnic group in north west Cameroon. He was truly a deeply informed and experienced straddler of the competing, complementary and often conflictual medical systems in post-independence Cameroon. The article, initially put together as a booklet on traditional medicine in Cameroon, was based on a survey of 120 medical and health technician students at the University Centre for Health Sciences of Yaounde University. The students – who would graduate and practise medicine in a Cameroonian context in which both the colonial medical system inspired by German, French and English traditions in conversation with science and the Indigenous/endogenous medical

3 Of especial importance are healthcare professionals like nurses and midwives who tend to be powerless in the medical hierarchy; yet they are incredibly important and tend to have a nuanced and maybe expansive understanding of health that extends beyond the biology of illness.

4 Dr Daniel Noni Lantum (1979), "The Pros and Cons of Traditional Medicine in Cameroon", *ABBIA: Cameroon Cultural Review*, Nos. 34-35-36-37, June, pp.77-106.

system co-existed – were asked to respond to two questions: “Why do many of our people, when sick, prefer to be treated by traditional medicine-men?”, and “What do you consider to be desirable changes in the system of traditional medicine as currently practised in our communities”.⁵

Lantum’s aim for doing the study was “to examine traditional medicine critically and condemn whatever is objectionable in it, as well as to identify what is good and wholesome in it and recommend it.”⁶ He argues for traditional medicine to be promoted and developed, not for its sentimental cultural value, but because it is useful and valuable as medicine. However, he continues, for practitioners of traditional medicine to remain useful and respected, he argues, they must be able to critically assess and revalorise their practice, with a view to improving what works and discarding what does not. It is in this connection that Lantum recommends his study as “a prescription for the practitioners of traditional medicine,” who “should receive it as their handbook and use it for autocriticism and self-development,” to better prepare themselves for the challenge of a future “that will be dominated by a scientific and technological culture.”⁷

Lantum’s prescription and challenge was motivated by the neglect that traditional medicine had suffered under colonial rule. He quotes a French colonial medical doctor in Cameroon, Dr L.P. Aujoulat, who lamented the fact that although Indigenous medicine in Africa predated European colonialism, it was unfortunate to see how African Indigenous medicine had “been reduced to the state of heretical medicine, pitilessly harassed for its errors or its accidents, but hardly ever honoured for its victories”.⁸ Lantum’s ultimate hope, in the production and dissemination of his prescriptions as a handbook, was that more practitioners of traditional medicine would use it as their “baseline and guiding principles for planned progress in integrated conventional public health and traditional medicine practice in Cameroon” beyond “the incomprehensible and imported glitter and gloss that strike the mind of the recipient with wonder and mystery”.⁹

Fast forward from 1979 to 2023. How much has changed in the fortunes of traditional or African Indigenous medicine since colonial times? Is it more honoured for its victories and less harassed for its errors and accidents? If the World Health Organization (WHO) declarations on “The Health of Indigenous Peoples” are any indication, even as recently as 2023, the call for integration echoes Lantum as if one were still in the 1970s, when he served as WHO consultant on traditional medicine. Here, for example, is an excerpt from a WHO document of 20 May 2023,

5 Lantum, (1979), p.83.

6 Lantum, (1979), p.9.

7 Lantum, (1979), p.79.

8 Lantum, (1979), (Aujoulat, cited in Lantum), p.81

9 Lantum, (1979), (Aujoulat, cited in Lantum), p.81

urging member states, “in consultation with Indigenous Peoples, with their free, prior and informed consent”¹⁰:

5) to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services, within national and/or subnational health systems, particularly at the level of primary health care, and mental health and wellness services;

(6) to adopt an inclusive and participatory approach in the development and implementation of research and development to promote Indigenous health, taking into account their traditional knowledge and practices;

(7) to encourage the attraction, training, recruitment and retention of Indigenous Peoples as health workers, as well as training and capacity-building of human resources to care for Indigenous Peoples with an intercultural approach, including in the context of public health emergencies;

(8) to contribute to capacity-building for Indigenous Peoples so that they may conduct health and environmental monitoring and surveillance in Indigenous territories, with appropriate consideration to the specific conditions of vulnerability, marginalization and discrimination experienced by Indigenous Peoples, and recalling their right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including, inter alia, human and genetic resources, seeds, medicines and knowledge of the properties of fauna and flora;

(9) to address the health needs of Indigenous Peoples, strengthening access to mental health services and care and adequate nutrition, with full consideration to their social, cultural and geographic realities, providing access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and strengthening access to immunization in Indigenous territories and for Indigenous Peoples irrespective of where they live;¹¹

10 WHO, “The health of Indigenous Peoples,” https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R16-en.pdf, p.3, accessed 05 September 2023.

11 WHO, “The health of Indigenous Peoples,” https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R16-en.pdf, pp.3-4, accessed 05 September 2023.

Elsewhere, WHO urges member states to adopt a global framework for achieving and integrating well-being into public health. This strategy encourages WHO member states to adopt a One Health approach, which the institution defines in diverse ways in different documents. In this document it tries to move towards a less biomedical paradigm of health promotion and it declares that the “‘One Health’ approaches integrate western and Indigenous knowledge, seeing the planet as a living being and its relationship with humans as one of balanced and symbiotic reciprocity.”¹² Accordingly, the “well-being societies” perspective is informed in part by “awareness and appreciation of Indigenous knowledge systems” and “provides the foundations for all members of current and future generations to thrive on a healthy planet, despite crises, and no matter where they live.” The “approach emphasizes that all individual and collective dimensions of life are important throughout the life course,”¹³ even as the document makes no mention of Indigenous or traditional medicine as such.

Forty four years after Lantum’s seminal publication on the pros and cons of traditional medicine, WHO hosted its first ever Traditional Medicine Global Summit in August 2023. Speaking at the summit, WHO’s Director General Tedros Adhanom Ghebreyesus, declared that traditional medicine was “‘not a thing of the past’”, and that it “‘has made enormous contributions to human health, and has enormous potential.’” He urged “‘all countries to commit to examining how best to integrate traditional and complementary medicine into their national health systems’”¹⁴. On the summit and with especial reference to Traditional, Complementary and Integrative Medicine (TCIM), WHO press office notes that:

Preliminary findings from the WHO Global Survey on Traditional Medicine 2023 shared at the Summit indicate that around 100 countries have TCIM related national policies and strategies. In many WHO Member States, TCIM treatments are part of the essential medicine lists, essential health service packages, and are covered by national health insurance schemes. A large majority of

12 WHO, “Global Framework on well-being and health promotion”, [https://cdn.who.int/media/docs/default-source/health-promotion/framework4wellbeing-\(draft\).pdf?sfvrsn=c602e78f_14&download=true](https://cdn.who.int/media/docs/default-source/health-promotion/framework4wellbeing-(draft).pdf?sfvrsn=c602e78f_14&download=true), p.6, accessed 05 September 2023.

13 WHO, “Global Framework on well-being and health promotion”, [https://cdn.who.int/media/docs/default-source/health-promotion/framework4wellbeing-\(draft\).pdf?sfvrsn=c602e78f_14&download=true](https://cdn.who.int/media/docs/default-source/health-promotion/framework4wellbeing-(draft).pdf?sfvrsn=c602e78f_14&download=true), p.2, accessed 05 September 2023.

14 Ashleigh Furlong, “WHO faces backlash as it advocates for traditional medicine”, <https://www.politico.eu/article/who-backlash-director-general-tedros-adhanom-ghebreyesus-traditional-medicine-global-summit-india/>, accessed 05 September 2023.

people seek traditional, complementary and integrative medicine interventions for treatment, prevention and management of noncommunicable diseases, palliative care and rehabilitation.¹⁵

Holding at the era of Artificial Intelligence and explorations on how the technology could be harnessed in the interest of global health and healing, it is hardly surprising that:

The Summit also highlighted the important role that artificial intelligence can play to mine complex data available on traditional medicine and identify practices that show promise for further scientific evaluation. Eventually, and with ethical and equity safeguards, this evidence can translate into policies that accelerate the safe and effective use of traditional medicine into health systems.¹⁶

WHO announced the appointment of “11 experts in traditional medicine, public health and policy to its External Advisory Group to provide strategic and technical advice to WHO Traditional Medicine Global Summit.”¹⁷ In 2023 as well, WHO established a Global Centre for Traditional Medicine, aimed at institutionalising the process of creating an evidence-base for traditional medicines and thus for providing guidelines on their use.¹⁸ WHO has published successive rounds of its Traditional Medicines Strategy¹⁹, and in May 2023, voted to extend this strategy

15 WHO, “Global partners commit to advance evidence-based traditional, complementary and integrative medicine”, <https://www.who.int/news/item/19-08-2023-global-partners-commit-to-advance-evidence-based-traditional--complementary-and-integrative-medicine>, accessed 05 September 2023.

16 WHO, “Global partners commit to advance evidence-based traditional, complementary and integrative medicine”, <https://www.who.int/news/item/19-08-2023-global-partners-commit-to-advance-evidence-based-traditional--complementary-and-integrative-medicine>, accessed 05 September 2023.

17 WHO, “Cross-regional External Advisory Group established for the WHO Traditional Medicine Global Summit”, <https://www.who.int/news/item/23-06-2023-cross-regional-external-advisory-group-established-for-the-who-traditional-medicine-global-summit>, accessed 05 September 2023.

18 WHO, “WHO establishes the Global Centre for Traditional Medicine in India”, <https://www.who.int/news/item/25-03-2022-who-establishes-the-global-centre-for-traditional-medicine-in-india>, accessed 05 September 2023.

19 WHO, “WHO traditional medicine strategy: 2014–2023”, <https://www.who.int/publications/i/item/9789241506096>, accessed 05 September 2023.

from 2023 to 2025.²⁰ In other institutions, like WIPO, the focus has been on recognising and securing intellectual property rights for traditional medicine²¹, which hopefully should contribute to addressing some of the issues associated with the often problematic and opportunistic bio-medicalised and profit driven practice of turning “raw” Indigenous medicine into tablets that can be sold by pharmaceutical companies and the likely infractions associated with intellectual property rights.²² As Vivian Camacho of Bolivia²³ reiterates in an interview, the WHO summit “is an important step forward” in that it puts traditional medicine at the centre of the debate and opens it up for a broader discussion, especially as “conventional, academic, hegemonic medicine”, recognised “as official” in many countries, still ignores, belittles or subjects ancestral knowledge to racist attacks.”²⁴ How much momentum the summit and related initiatives generate would depend very much on how well those with interest in promoting greater recognition and representation for Indigenous/endogenous medical systems are able to create solidarities and networks across racial, ethnic, geographical, cultural, religious, class, gender and generational differences. It would depend as well on collaborative initiatives and solidarity among researchers, teachers and practitioners of the creative diversity of medical and healing systems the world over.

Back to Lantum in 1979. We are living that future Lantum cautioned against, a future in which, as recent controversies around traditional/Indigenous/endogenous efforts and contributions towards addressing the Covid-19 pandemic demonstrate, what Lantum terms a preponderantly scientific and technological medical culture dominates and dictates, and is often used as an ideological

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- 20 WHO, “Extension of the WHO traditional medicine strategy: 2014–2023 to 2025”, accessed 05 September 2023.
- 21 WIPO, “Intellectual Property and Traditional Medical Knowledge”, https://www.wipo.int/edocs/pubdocs/en/wipo_pub_tk_6.pdf, accessed 05 September 2023; WIPO, “Genetic Resources, Traditional Knowledge and Traditional Cultural Expressions”, <https://www.wipo.int/tk/en/>, accessed 05 September 2023.
- 22 Levine, S. (2012) “Testing Knowledge: Legitimacy, Healing and Medicine in South Africa”, in: Susan Levine, (ed) (2012) *Medicine and the Politics of Knowledge*, Cape Town: HSRC Press, pp. 55–76.
- 23 Described as “medical surgeon, specialist in interculturality and health, traditional midwife of the Quechua culture, General Director of Traditional Medicine of the Ministry of Health of Bolivia, who is also part of the PHM and of the process of constitution of the circle of ancestral and popular knowledge in Latin America”, See interview with PH Movement, “Towards the recognition of Ancestral Medicine and popular knowledge”, <https://phmovement.org/towards-recognition-ancestral-medicine-and-popular-knowledge>, accessed 10 September 2023.
- 24 Vivian Camacho interviewed by PH Movement, “Towards the recognition of Ancestral Medicine and popular knowledge”, <https://phmovement.org/towards-recognition-ancestral-medicine-and-popular-knowledge>, accessed 10 September 2023.

whip to flog alternative health systems into compliance or risk oblivion. With a predominantly winner takes all mindset, champions of this dominant medical culture have, in their pursuit of gain in pain, provoked and outsourced much pain to the popular traditional medical systems which they have contrived to relegate to the margins. It could thus be argued, in this regard, that the future of convivial scholarship on health and healing is very much in the rear-view mirror, with an ideologically unshackled searchlight aimed at systematically identifying, investigating and documenting relevant Indigenous and endogenous epistemologies and practices for necessary unfettered conversations within and without the academy. On this, Lantum has some useful suggestions.

For the anthropologist that I am, it is hardly surprising that, of the 27 reasons given by the students in Lantum's survey on why traditional medicine is popular with the masses who love to go to traditional healers for their treatment, I should be particularly interested in the fact that "the factor with the highest coincidence of opinions" was that traditional healers had a "*good understanding of the socio-cultural problems of the society*".²⁵ I am also interested in how Lantum interpreted this finding. According to him, this implied, inter alia:

- a) that social sciences, such as sociology, psychology, anthropology and theology need to be taught as essential parts of the medical curriculum;
- b) that foreign or foreign-trained doctors need to be taught the sociology and culture of the people among whom they are assigned to practice medicine;
- c) that certain diseases with socio-cultural bases for their etiology can only be understood in the cultural context and treated best by the masters of the cultures which generate these diseases;
- d) that since every human community has its own culture, traditional medicine born of that culture will live as long as that culture lives.²⁶

And, it is worth adding, that as cultures cross borders and intermingle with one another in an increasingly globalising world, traditional medicine and health practices cross borders with those who endorse and identify with them.²⁷

25 Lantum, (1979), p.90.

26 Lantum, (1979), p.90.

27 González-Vázquez, T., Pelcastre-Villafuerte, B.E., Taboada, A. (2016) "Surviving the Distance: The Transnational Utilization of Traditional Medicine Among Oaxacan Migrants in the US", *Journal of Immigrant Minority Health* 18(5):1190–1198.

Lantum's interpretations are in tune with the ideas of interdisciplinary, multidisciplinary, and transdisciplinary conversations at the heart of convivial scholarship, and the argument that if and when such expertise, for reasons of colonialism and its hierarchies of visibility and credibility, is absent from the academics and practitioners within universities, we should not hesitate to reach out to experts and practitioners outside of the academy. Convivial scholarship promotes conversations and collaborations across disciplines and organisations and the integration in the academy of marginalised epistemologies informed by popular universes and ideas of reality. Convivial scholarship is predicated upon the recognition and provision for incompleteness – in persons, disciplines, organisations, and traditions of knowing and knowledge making.

An example of convivial scholarship is a Wellcome Trust funded project based at the Ethics Lab at the Faculty of Health Sciences, University of Cape Town. Jointly coordinated by Jantina de Vries and I, the project, titled: "Incompleteness and the ethics of new and emerging health technologies: fostering African conversations on relational ontology, epistemic justice and academic activism", brings together scholars, researchers and practitioners in the health sciences, the social sciences and humanities in and of Africa to think, write, publish and network on the challenges, possibilities and ethics of being human at the confluence of biology, neuroscience, culture, politics, economics, technology and the market.²⁸

An additional reason for the popularity of traditional medicine and healers is the blanketing poverty afflicting the masses, who are mostly excluded from usage of "modern or western medicine" that in most developing countries, "is medicine for the rich." As Lantum rightly observes, "Traditional medicinal systems of practice make provision for those who cannot pay but who need to be treated", which is commendable, as "All humans beings have a right to life and good health"²⁹, a right echoed in WHO strategies and slogans such as "health for all by the year 2000"³⁰. Perhaps because of poverty, the masses, in their everyday healing practices, resist a priori positive or negative categorisation of healing systems, preferring to judge by results. Their attitudes and practices are

28 See <https://neuroscience.uct.ac.za/research-research-groupings/ethics-lab>, accessed 19 September 2023.

29 Lantum, (1979), p.90.

30 WHO, "Global strategy for health for all by the year 2000", <https://www.who.int/publications/i/item/9241800038>, accessed 15 September 2023.

to accommodate and blend healing traditions, be these Indigenous/endogenous, colonial or religious and spiritual in a manner to inspire the sought of integration and complementarity solicited by Lantum and the WHO³¹.

I would imagine that this particular disposition to *ubuntu* of accommodating and blending biomedical sciences with different traditions in healing should resonate strongly with us here in South Africa, given the often debilitating poverty that afflicts the majority of the population, for whom access to healthcare is severely limited by the lack of medical insurance,³² and compounded by resilient illnesses such as HIV/AIDS and tuberculosis.³³ Indeed, research indicates that traditional healing remains popular in South Africa³⁴, especially with older, black, unemployed, lower educated people and with those suffering from an anxiety or a substance use disorder, and “traditional healers and religious advisors, appear to play an important role in the delivery of mental health care in South Africa.”³⁵ Under Covid-19 for example, when the healthcare system was severely challenged by extraordinary systemic failures, this majority was particularly hard-hit. How could ordinary South Africans trapped in the vicious cycle of poverty, afford even to dream of moving away from traditional medicine and traditional healers, whatever its shortcomings? As a sidestepped medical system, traditional medicine in South Africa and elsewhere on the continent is a resilient source of hope for the resilient and impoverished majority. It would be worse than double jeopardy for those in the academy, who are supposed to produce critical scholarship for critical interventions, also to abandon this majority and its health system as well, by continuing with the business as usual of colonial scholarship.

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- 31 Milingo, E. (1984) *The World in Between: Christian Healing & the Struggle for Spiritual Survival*, London: C. Hurst & Company; de Rosny, E. (1992) *L'Afrique des Guérisons*, Paris: Karthala; Devisch, R. (1993) *Weaving the Threads of Life: The Khita Gyn-Eco-Logical Healing Cult Among the Yaka*, Chicago: The University of Chicago Press.
 - 32 Levine, S. (2012) “Testing Knowledge: Legitimacy, Healing and Medicine in South Africa”, in: Susan Levine, (ed) (2012) *Medicine and the Politics of Knowledge*, Cape Town: HSRC Press, pp. 55-76.
 - 33 Versfeld, A. (2023) *Making Uncertainty: Tuberculosis, Substance Use, and Pathways to Health in South Africa*, New Brunswick: Rutgers University Press.
 - 34 Sorsdahl, K. et al. (2009) “Traditional Healers in the Treatment of Common Mental Disorders in South Africa”, *The Journal of Nervous and Mental Disease*, 197(6):p 434-441; Zingela, Z., van Wyk, S. and Pietersen, J. (2019) “Use of Traditional and Alternative Healers by Psychiatric Patients: A Descriptive Study in Urban South Africa”, *Transcultural Psychiatry*, 56(1): 146-166.
 - 35 Sorsdahl, K. et al. (2009) “Traditional Healers in the Treatment of Common Mental Disorders in South Africa”, *The Journal of Nervous and Mental Disease*, 197(6):p 434-441.

The predominant and often frivolous conversations around non-European traditional medicine and health systems have centred around questionable beliefs and practices portrayed as magical and superstitious. In an earlier paper published in 1969, Lantum dismisses such unproductive thinking by demonstrating that no society, culture or civilisation has a monopoly of superstition and magic, and that these beliefs and practices are not always negative for human health and health related behaviour.³⁶ Endogenous African medical systems, if engaged respectfully and without the arrogance of colonialism and its internalisations by the subjected, hold great promise and could abundantly enrich the colonial medical order that still dominates the postcolonial landscape with its elitism. An example in this regard, Lantum argues, is the fact that African communities have traditionally and consistently emphasised relationality that has borne fruit in healing certain sicknesses as epilepsy, yellow fever and overt medical disorders like madness.³⁷ To Lantum's list, one could add trauma, coping with which, as two of the plenary panels at this conference argue, could benefit enormously from marginalised Indigenous psychological approaches³⁸ that also tend to be community-based in nature³⁹. Their knowledge and experience on these sicknesses qualify them to contribute "some technical knowledge of treatment of these diseases to universal medicine for the good of mankind." He calls for "careful research and scientific evaluation of the techniques and methods of case diagnosis, management and treatment, and long term follow-up."⁴⁰ Lantum's approach speaks to the culturally appropriate research methods recommended by Keikelame and Swartz⁴¹, as well as the sort of collaboration, co-elaboration, co-production and co-practice which convivial scholarship seeks to promote – an approach eloquently illustrated by the work of René Devisch on healing among the Yaka of the Democratic Republic of Congo.⁴²

36 Dr D.N. Lantum (1969) "Superstition", *ABBIA: Cameroon Cultural Review*, No.21, January-April, pp.5-17.

37 Lantum, (1979), pp.90-91

38 Chair: Prof Peace Kiguwa; Panelists: Prof Malose Langa, Dr Mmatshilo Motsei and Mr Anele Siswana, <https://www.psyssa.com/27th-annual-south-african-psychology-congress-plenary-panel-global-indigenous-psychologies-movement-toward-healing-historical-harms/>, accessed 26 September 2023; and

39 Chair: Dr Jude Clark; Panelists: Dr Siphon Dlamini, Ms Rejane Williams, Ms Thembelihle Mashigo & Ms Berenice Meintjes, <https://www.psyssa.com/27th-annual-south-african-psychology-congress-invited-panel-therapies-for-healing-justice-redressing-systemic-oppression-and-intergenerational-trauma/>, accessed 26 September 2023.

40 Lantum, (1979), pp.90-91

41 Keikelame, M.J. and Swartz, L. (2019) "Decolonising Research Methodologies: Lessons from a Qualitative Research Project, Cape Town, South Africa", *Global Health Action*, 12:1, DOI: 10.1080/16549716.2018.1561175.

42 Devisch, R. (1993) *Weaving the Threads of Life: The Khita Gyn-Eco-Logical Healing Cult Among the Yaka*, Chicago: The University of Chicago Press; Devisch, R. (2017) *Body and Affect in the Intercultural Encounter*, Bamenda: Langaa & ASC, Leiden.

As Lantum rightly argues, “For a system of medicine to survive, it must be patronised seriously by the health providers themselves” who, in the case of traditional medicine, are the practitioners themselves. It must as well be endorsed and supported by the government, the heads of families of the sick people with the financial means and resources to do so. Just as “it must be acceptable to the consumers who in this instance are the public and the sick people.”⁴³ The traditional healers themselves have a role to play in ensuring that this is the case, especially if their traditional products are being questioned, as is often the case in contexts where colonial health systems remain dominant. Traditional healers have, among other things, to: work to determine drug dosage for different age groups and different conditions of the patient, and make sure their drugs are taken safely and correctly according to directives; curb charlatanism and quackery; collaborate and cooperate among themselves and with practitioners of colonial or western medicine; minimise the elements of mystery and secrecy which tend to attract quacks, charlatans and magicians; practice cleanliness and part of goodliness; cultivate the art of precision of diagnosis; and be willing to own up to their limitations. Additionally, and again, in tune with convivial scholarship, Lantum suggests that it would help if traditional healers developed their own schools where drugs could be studied, experiments performed, books written, personnel trained and the science of traditional medicine perfected and preserved for future generations.⁴⁴ Again, without pre-empting the controversy discussed below during the Covid-19 pandemic, if the example of Madagascar is indicative, it could be argued that inequalities between the two medical systems do not necessarily disappear with African traditional medical practitioners setting up structures and practices that mirror what passes for scientific medicine. Undoing colonialism can be a herculean task and an odyssey of imponderable detours.

In convivial scholarship, contradictory perspectives are accommodated and brought into conversation, not with the adversarial intentions of determining absolute victories or losses, rewarding winners and punishing losers, but in the interest of harnessing the potential in creative diversity as well as the power and humility of doubt. In the interest of such a negotiated and carefully navigated inclusivity, Lantum goes into considerable detail on how the competing and often conflictual medical systems could be better integrated to ensure greater complementarity. His suggestions include: the creation and reinforcement of a unit or department at government ministries of health in charge of traditional medicine; setting up of provincial, regional or divisional committees with duty “to identify initiated traditional healers, motivate them and evaluate their willingness to cooperate and work as members of the health team in their locality”; the organisation of periodic refresher or retraining courses for traditional healers

43 Lantum, (1979), p.98.

44 Lantum, (1979), pp.98-99.

towards integration; the organisation of “training centres where bright young people could be trained to full proficiency level in traditional medicine”; the teaching of basic principles and practices of traditional medicine in national health schools as part of the curriculum; the establishment of pharmaceutical industries to “facilitate the rapid production and distribution of proven, safe and efficacious traditional remedies”; the systematisation of the collection of available knowledge of traditional remedies and compilation of pharmacopoeias for local use by ordinary people and health personnel; the incentivisation of established and well reputed traditional healers to enable them practice with fewer hurdles and greater efficacy; the intensification and diversification of research in traditional medicine by government and interested others; and the encouragement of the local development and promotion of traditional medicine rather than its exploitation for the enrichment of colonial western medicine that tends to pass for universal medicine.⁴⁵

Lantum speaks for convivial scholarship when he argues that the medical practitioner, be this a traditional medicine healer or a practitioner of “scientific” medicine “*is always a student, and remains a student of his profession* until he abandons it or dies while still functioning in the profession”.⁴⁶ In the study and practice of medicine, there is promise in bringing different health systems into conversation, rather than investing in a priori categorisation of some as inferior or superior to others. Convivial scholarship reminds us that in knowing and knowledge production, every hypothesis, hunch or basic assumption proven is the basis for a new inquiry. There are no final answers, as the possibility of further discoveries that may upset the present position is never beyond contemplation. Even the universal is always a work in progress. The future is as much in the rear-view mirror as it is in the present and ahead. But, as we see in the controversy below, unless we systematically begin to put our action where we put our rhetoric, African and related Indigenous/endogenous/traditional epistemologies on health, medicine and healing would continue to play a secondary role to the dominant colonial alternative.

Covid-19 Exposes the Coloniality of Healing Practices in Africa

We have all been through the hellishness of Covid-19, so you and I are familiar with this section of my lecture. I use this example, for which you could find many parallels in your own professional experiences well before and after Covid, to draw attention to the fact that often we repeat calls for decolonisation that many

45 Lantum, (1979), pp.100-102.

46 Lantum, (1979), p.105, italics in original.

others have made before us. Thus, it could be argued that we tend to privilege prescription and settle for clamours and rhetoric than action. Others would put it more elegantly than I do: we are guilty of seeking to reinvent the wheel as an excuse for our failure to act. We are like a hunter who promises an elephant but fails to deliver even an ant. As you read or listen to this section of my lecture, do ask yourself the question: why has little changed in the skewed North–South relationship, and in attitudes towards traditional medicine on the continent, since the publication of Lantum’s article in 1979? Why has it taken WHO until August 2023 to organise its first world summit on traditional medicine? Many more have called for more or less the same changes, yet with little to show. That is the food for thought that I would like to leave you with. And with it, the idea of convivial scholarship not as something new, but as an approach or framework informed by concerns and aspirations that have come a long way.

African scientists, working through universities and research institutes as well as under the auspices of national, regional and continental academies of sciences, centres for disease control and other advocacy groups and networks, contributed significantly to studying the coronavirus and its ramifications. They were actively involved with various initiatives, from the several different quick tests that were developed (in countries such as Senegal and Ghana) and rolled out really quickly at the beginning of the pandemic, to provision of expert advice on managing pandemics, involvement in vaccine trials as scientists and constitution of myriad research projects.⁴⁷ Such contributions and similar initiatives by African intellectuals more broadly⁴⁸ tended to be overshadowed by certain controversies around resilient racism and neocolonialism.

The controversies provoked questions such as the extent to which African governments were committed to resisting the pressure to simply handing over the African populace to be used as guinea pigs and experimented upon to guarantee salvation for the lives of others higher up the reigning hierarchies of humanity. Would it be proper for Africans to come last in terms of access to and prioritisation of personal protection equipment, only to be prioritised and privileged in testing for the effectiveness of various vaccines on trial? This was thought unwise, as suggested by the racism row provoked by two French doctors suggesting on a TV show in a rather condescending manner that virus vaccines be tested “in

47 See for example, “Resources: Documents and publications from Africa CDC,” <https://africacdc.org/resources/>, accessed 19 October 2020.

48 See for example, “African intellectuals write Covid-19 letter to continent’s leaders”, by APA-Banjul (The Gambia), 19 April 2020, <http://apanews.net/en/news/african-intellectuals-write-covid-19-letter-to-continents-leaders/>.

Africa where there are no masks, no treatment or intensive care”.⁴⁹ Being critical of vaccine trials that sought to take advantage of Africans by devaluing their humanity was not to deny the need for Africans to volunteer and avail themselves for vaccine trials along with volunteers of other continents and races, as the race for a cure to Covid-19 intensified. As Richard Fisher, a volunteer in the trial of a Covid-19 vaccine developed by Oxford University remarked, the “vaccine trial may not turn out to be the success that many wish for. It may not meet the safety and efficacy threshold that takes us out of these difficult times. But that’s how science works – it’s long-term, collective and filled with wrong turns – and right now I’ve never been more glad that we have it.”⁵⁰ Finding a Covid-19 vaccine was of such preoccupying urgency that organisations in the UK, USA and Canada trying to develop a coronavirus vaccine had been reportedly targeted by hackers “highly likely with the intention of stealing information and intellectual property relating to the development and testing of Covid-19 vaccines”.⁵¹

If science indeed is long term, collective and filled with wrong turns as Richard Fischer rightly observes, why is there a sense of double standards towards scientific initiatives originating from Africa? There were legitimate concerns about a lingering “colonial mentality” in Europe and North America,⁵² an attitude that drew widespread condemnation as well as suspicion and the circulation of rumour and conspiracy theories among Africans towards trials for “a vaccine that works worldwide – and not just for richer nations”.⁵³ Beyond conspiracy theories, Carmen Paun reported in *Politico* that across Africa, health officials were “growing increasingly concerned they won’t be able to afford the potentially life-saving therapies” that were under development.⁵⁴ A concern reiterated in an open letter published in *The Washington Post* by eight world leaders, including the leaders of three African countries (Cyril Ramaphosa of South Africa, Sahle-

49 ‘Racism row as French doctors suggest virus vaccine test in Africa,’ by Rebecca Rosman, 4 April 2020, <https://www.aljazeera.com/news/2020/04/racism-row-french-doctors-suggest-virus-vaccine-test-africa-200404054304466.html>.

50 “Coronavirus: What I learnt in Oxford’s vaccine trial”, by Richard Fisher, 22 July 2020, <https://www.bbc.com/future/article/20200721-coronavirus-vaccine-trial-what-its-like-to-participate>.

51 “Coronavirus: Russian hackers target Covid-19 vaccine research”, 16 July 2020, <https://www.bbc.com/news/technology-53429506>.

52 “Africa has defied the covid-19 nightmare scenarios. We shouldn’t be surprised,” by Karen Attiah, 22 September 2020, <https://www.washingtonpost.com/opinions/2020/09/22/africa-has-defied-covid-19-nightmare-scenarios-we-shouldnt-be-surprised/>.

53 “Coronavirus: Why Africans should take part in vaccine trials,” by Anne Mawathe, 18 May 2020, www.bbc.com/news/world-africa-52678741.

54 “In race for vaccine, African countries fear coming in last”, by Carmen Paun, 31 July 2020, <https://www.politico.com/news/2020/07/31/african-governments-fear-losing-out-in-vaccine-distribution-389213>.

Work Zewde of Ethiopia and Elyes Fakhfakh of Tunisia), calling for “global solidarity” for fairness in distributing any Covid-19 vaccine that was developed. Maintaining that “Where you live should not determine whether you live,” the leaders called for strategic action to ensure benefits for countries across the world for any vaccine developed. At the time of their open letter, they noted that “with almost 200 potential Covid-19 vaccine candidates currently at different stages of development, there is hope that soon one or more will prove to be both safe and effective.” It was thus important to ensure equitable access. “This cannot be a race with one winner. When one or more vaccines are successful, it must be a win for all of us,” they insisted. “We cannot allow access to vaccines to increase inequalities within or between countries – whether low-, middle- or high-income.”⁵⁵ The concerns expressed in the open letter by the eight world leaders speak to convivial scholarship’s insistence on disabusing us of the “one winner” mentality by extolling the value of inclusive success and the humility of incompleteness in motion. But, because the dominant and often racialised logic of the market under which the giant pharmaceutical companies operate is one of prioritising profitability, it is hardly surprising that when vaccines were eventually available, African countries (South Africa in particular), found themselves paying much higher costs for the same vaccines than did European and North American countries.⁵⁶

The fact that Covid-19 took the world by surprise meant there were no readymade solutions. It was all hands on deck at improvisation, experimentation, search and research. Across Africa, people were advised to do a combined concoction, blend or mix of onions, garlic, ginger, lemon and honey to lick or drink. As such mixtures were perfected and tested, some people with deeper knowledge started to label and present them as formal preventive or curative concoctions. In Cameroon, practising cardiologist Euloge Yiagnigni Mfopou, came up with a plant extract, Corocur, for treating coronavirus⁵⁷, while Archbishop Samuel Kleda of Douala diocese, a practitioner of herbal medicine, produced

55 “The international community must guarantee equal global access to a covid-19 vaccine”, by Justin Trudeau, Sahle-Work Zewde, Moon Jae-in, Jacinda Ardern, Cyril Ramaphosa, Pedro Sánchez Pérez-Castejón, Stefan Lofven and Elyes Fakhfakh, 15 July 2020, <https://www.washingtonpost.com/opinions/2020/07/15/international-community-must-guarantee-equal-global-access-covid-19-vaccine/>

56 Zukiswa Pikoli, “Covid-19 contracts reveal that Big Pharma ‘bullied’ SA while securing vaccines worth \$734m – NGO”, <https://www.dailymaverick.co.za/article/2023-09-05-covid-19-contracts-reveal-that-pharma-bullied-sa-while-securing-vaccines-worth-734m/>, accessed 08 September 2023.

57 Kimeng Hilton, “Covid-19 Treatment: Cameroonian Wins International Prize for Discovery”, <https://www.cameroon-tribune.cm/article.html/33011/en.html/covid-19-treatment-cameroonian-wins-international-prize-for>, accessed 04 September 2023.

mixtures such as Elixir Covid and Adsak Covid which he administered free of charge to those who tested positive for Covid-19, but was reluctant to divulge the constituent elements to the international community, even as he claimed 3,000 Covid-19 patients had been cured by his mixtures by June 16, 2020.⁵⁸ Of Kelda's and related plant-based remedies, Reuters reports, that WHO was urging caution over "plant-based therapies touted as possible treatments", insisting that these "must be tested for efficacy and side effects". Notwithstanding the WHO's cautions, such "natural cures" were widely distributed in Cameroon and Madagascar, which were pioneering such remedies.⁵⁹ If social media were any indication, people throughout the continent were ready to drink anything, sometimes, thanks to physical and social distancing, in the privacy of their homes, to prevent themselves from catching the virus or perishing by it.

A controversy erupted around Covid-Organics, a "herbal cure" proposed by the Malagasy Institute of Applied Research (IMRA) and promoted by President Andry Rajoelina of Madagascar as a "herbal tea [that] gives results in seven days".⁶⁰ The controversy posed the problem of the politics of knowledge production about tradition and science in medicine and healing.⁶¹ It drew attention to the double standards in science, just as it did the additional problem of the unresolved tensions between the competing and often conflictual healthcare traditions in Africa – one generally termed "plant-based", "traditional", "African" or "Indigenous"/"endogenous" and the other roughly equated with being "medical", "scientific", "orthodox", "Western" and "colonial" in origin. Ethnographic research however cautions against the tendency to be stereotypical, caricatural, unnuanced and rigid in these distinctions, with scant regard to how people actually experience and draw on the various healing practices at their disposal⁶², or to how some countries, China for example, have succeeded remarkably at fostering productive conversations between and integrating traditional medicine and biomedical science.⁶³

58 Reuters, "Cameroon archbishop says treating COVID-19 with plant-based remedy", <https://www.reuters.com/article/health-coronavirus-cameroon-treatment-idINKBN23N30Y>, accessed 04 September 2023.

59 Reuters, "Cameroon archbishop says treating COVID-19 with plant-based remedy", <https://www.reuters.com/article/health-coronavirus-cameroon-treatment-idINKBN23N30Y>, accessed 04 September 2023.

60 "Coronavirus: Caution urged over Madagascar's 'herbal cure'", 22 April 2020, www.bbc.com/news/world-africa-52374250.

61 Levine, S. (ed) (2012) *Medicine and the Politics of Knowledge*, Cape Town: HSRC Press.

62 Gibson, D. and Oosthuysen, E. (2012) "Biomedical and Traditional Knowledge in the Search for Healing in Namibia", in: Susan Levine, (ed) (2012) *Medicine and the Politics of Knowledge*, Cape Town: HSRC Press, pp. 79–97.

63 Farquhar, J. (2012) "Knowledge in Translation: Global Science, Local Things", in: Susan Levine, (ed) (2012) *Medicine and the Politics of Knowledge*, Cape Town: HSRC Press, pp. 153–170.

According to President Rajoelina, people would not be so sceptical if a European country had discovered the remedy. As he told France 24's Marc Perelman and RFI's Christophe Boisbouvier in an interview: "What if this remedy had been discovered by a European country, instead of Madagascar? Would people doubt it so much? I don't think so."⁶⁴ Following President Rajoelina's expression of scepticism on France 24, an announcement on 20 July 2020 that a vaccine developed by Oxford University had shown promising results in trial was widely and favourably reported across the world, despite the cautious reaction of medical experts such as Dr Sarah Pitt, a virologist at the University of Brighton, who cautioned that although the Oxford University vaccine had been proven to induce an immune response, "we don't necessarily know that it will protect us from infection, which is the next stage of their investigations".⁶⁵ Such caution did not stop governments from rushing to place orders for AZD1222, as the vaccine was called. "The UK ... ordered 100 million doses of the vaccine, while a number of other governments around the world, including the US, France and Germany, ... entered into supply deals" with AstraZeneca the company with which Oxford University had partnered to produce the vaccine, should the vaccine "prove effective and gain regulatory approval".⁶⁶ The overwhelmingly positive reaction to Oxford's AstraZeneca's AZD1222 was in stark contrast to the scepticism towards Malagasy Institute of Applied Research's Covid-Organics.

The President of Madagascar was categorical that what was truly in question about Covid-Organics as a "preventive and curative remedy" was the assumption that nothing good can originate from Africa: "What is the problem with Covid-Organics, really? Could it be that this product comes from Africa? Could it be that it's not OK for a country like Madagascar, which is the 63rd poorest country in the world ... to have come up with (this formula) that can help save the world?"⁶⁷ While there was clearly reason to be concerned about the resilience of a colonial mentality in Europe's relations with Africa, it must be said as well that African leaders have often been quick to mobilise anti-imperialist rhetoric when faced with accountability pressures.

64 "Exclusive: Madagascar's president defends controversial homegrown covid-19 cure", 12 May 2020, www.france24.com/en/africa/20200512-exclusive-madagascar-s-president-defends-controversial-homegrown-covid-19-cure.

65 "Possibility of several vaccines – or none," by Kaye Adams, BBC Radio Scotland, 21 July 2020, <https://www.bbc.com/news/coronavirus>.

66 "Coronavirus vaccine: Oxford trial is 'safe' and produces immune reaction, first study results show," by Samuel Lovett, <https://www.independent.co.uk/news/health/coronavirus-vaccine-oxford-university-study-trial-result-covid-19-safe-a9628491.html>

67 "Exclusive: Madagascar's president defends controversial homegrown covid-19 cure", 12 May 2020, www.france24.com/en/africa/20200512-exclusive-madagascar-s-president-defends-controversial-homegrown-covid-19-cure.

Greeting with suspicious scepticism innovations emanating from Africa is not limited to traditional medicine. Even breakthroughs in biomedicine is often victim of similar suspicion and scepticism. As the late Professor Victor Anomah Ngu's groundbreaking research on and invention of the VANHIVAX vaccine for HIV/AIDS demonstrate, with professional dedication and persistence, something good can originate from Africa, despite the often challenging and under resourced settings coupled with the Afro-pessimism that President Rajoelina alludes to.⁶⁸ As Francis Wache of *Cameroon Post* recounts, When in 1989, Victor Anomah Ngu announced his discovery of the VANHIVAX vaccine against HIV/AIDS, "Controversy erupted. There was indifference on the home front. Abroad, other researchers in the field paternalistically waved Anomah Ngu aside, going as far as castigating him as a charlatan. Anomah Ngu ignored his critics and concentrated on what he was wont to refer to as his 'life's assignment' – medical research. He was unperturbed. He soldiered on."⁶⁹

In the case of President Rajoelina's proposed Covid-Organics cure, reports in July 2020 that Madagascar's coronavirus cases and deaths were increasing rapidly, and overwhelming hospitals were interpreted as an indication that the efficacy of the concoction was not good enough.⁷⁰ Equally, the rising infections and deaths reiterated the need to watch against opportunistic deployment of anti-imperialist rhetoric in order not to throw the baby of scientific accountability out with the colonial bathwater. In this regard and in tune with Lantum's prescription of four decades ago, it was a step in the right direction that the WHO and the Africa Centres for Disease Control and Prevention (Africa CDC) on 22 July 2020, in a joint effort, "launched an expert advisory committee/panel to provide independent scientific advice and support to countries on the safety, efficacy and quality of traditional medicine therapies", by conducting in collaboration with the countries concerned, "clinical trials of traditional medicines in compliance with international standards".⁷¹

68 Walter Wilson Nana, "Professor Victor Anomah Ngu and the HIV Vaccine, VANHIVAX", <https://africa-and-science.com/?p=152>; Professor Christopher O. Bode, "Prof Victor Anomah Ngu: The Iroko Tree Has Fallen", <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4614966/>, accessed 01 September 2023.

69 Yerima Kini Nsom, Leocadia Bongben & Edith Wirdze, "Professor Victor Anomah Ngu: 1926-2011", <https://cameroonpostline.com/professor-victor-anomah-ngu-1926-2011/%E2%80%8B>, accessed 01 September 2023.

70 "Coronavirus: Hospitals in Madagascar 'overwhelmed'", by Felix Tih, 23 July 2020, <https://www.aa.com.tr/en/africa/coronavirus-hospitals-in-madagascar-overwhelmed/1919657>.

71 "WHO, Africa CDC in joint push for Covid-19 traditional medicine research in Africa", by Africa CDC, 22 July 2020, <https://africacdc.org/news-item/who-africa-cdc-in-joint-push-for-covid-19-traditional-medicine-research-in-africa/>.

Not unrelated, African governments also need to protect their citizenry from the proliferation of fake cures, by paying particular attention to fighting opportunistic fake pharmaceutical drugs, especially given the “lack of regulatory oversight” that makes parts of the continent “so attractive to criminals in the business of falsifying medicines” to prey upon vulnerable health-seeking Africans in under-resourced health systems.⁷² Even as some African governments invited Christian, Muslim and endogenous religious authorities to help spiritually in combating the pandemic,⁷³ they were called upon as well, to protect their citizens from false hope churches and related religious and spiritual outfits and false prophets that offered prayer as both prevention and antidote, with promises of miracle cures through divine intervention, on the continent and from beyond.⁷⁴ What the hallowing Covid-19 predicament and desperate efforts to keep hope alive taught us about medical and healing systems was the need to graduate from zero-sum games of absolute winners and permanent losers and to invest rather, in common aspirations and hope at the service of all humanity. In a world blessed with a multiplicity of medical and healing systems that are deeply interconnected and interdependent, it is possible, with policies and practices that champion inclusivity and integration, for all and sundry to hope for the best and hope for more.

Conclusion

It is gratifying to see that the Psychological Society of South Africa (PsySSA) is having some of these necessary conversations already. Only the issues I have addressed in this lecture and related themes could have brought you to the current conversation around healing praxis in the global south as the overarching theme of your 27th Annual South African Psychology Congress. Plenary panels such as “Global Indigenous Psychologies: movement toward healing historical harms”⁷⁵ and “Therapies for Healing Justice: redressing systemic oppression

72 “Fake pharmaceutical industry thrives in West Africa,” 14 July 2020, <https://www.bbc.com/news/world-africa-53387216>.

73 “Fighting Covid-19: Interventions from Ghana’s Traditional Priests”, by Samuel Aniegye Ntewusu and Samuel N. Nkumbaan, 13 May 2020, <https://religiousmatters.nl/fighting-covid-19-interventions-from-ghanas-traditional-priests/>.

74 “Now more than ever, Ghana’s Christians don’t need false prophets”, by Joseph Oduro-Frimpong, 27 June 2020, <https://www.coronatimes.net/ghana-christians-dont-need-false-prophets-covid-19/>.

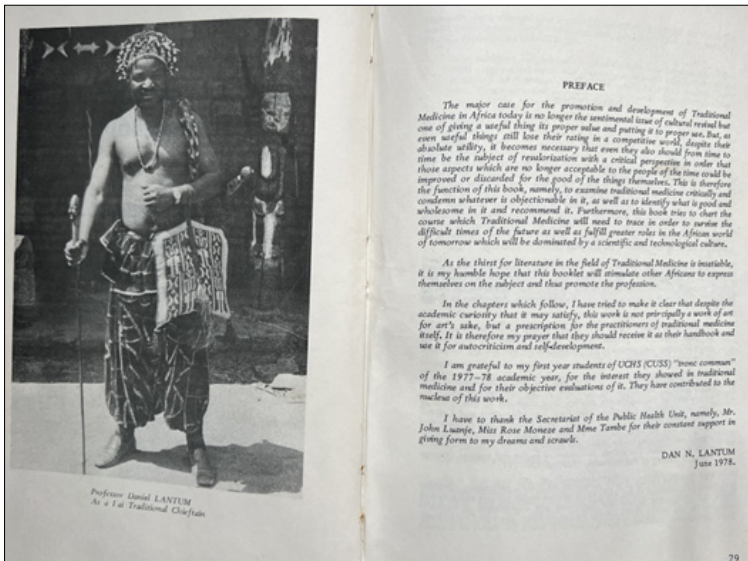
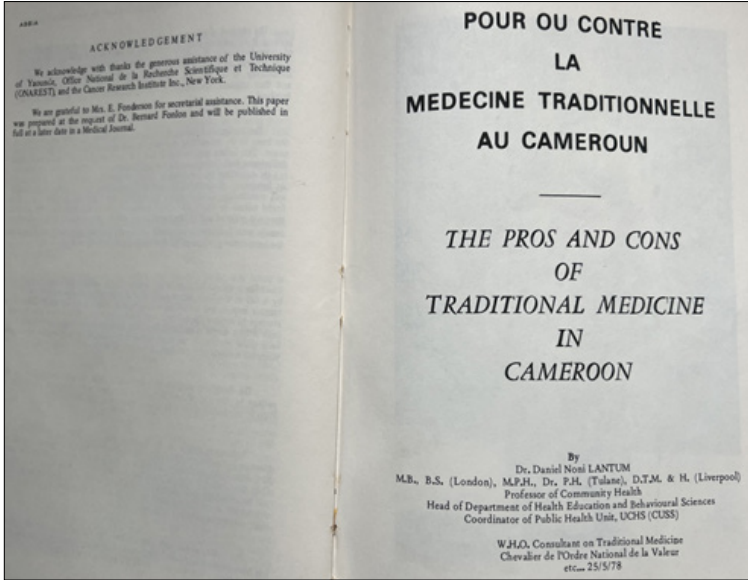
75 Chair: Prof Peace Kiguwa; Panelists: Prof Malose Langa, Dr Mmatshilo Motsei and Mr Anele Siswana, <https://www.psyssa.com/27th-annual-south-african-psychology-congress-plenary-panel-global-indigenous-psychologies-movement-toward-healing-historical-harms/>, accessed 26 September 2023; and

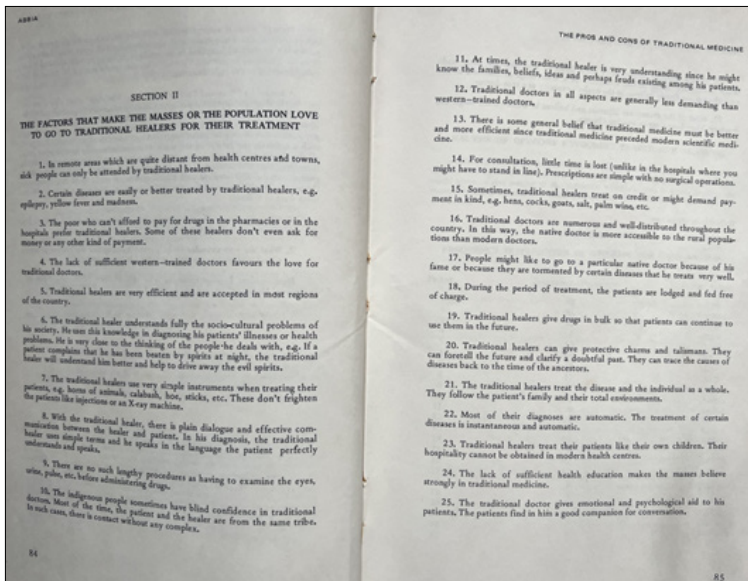
and intergenerational trauma"⁷⁶ –that discuss the imperative of mainstreaming Indigenous psychological approaches to coping with and healing traumas past and present –, speak to the seriousness with which PsySSA are taking the need for greater integration and interdependence among the various psychological practice and psychosocial praxis in South Africa.

In this lecture, I have outlined incompleteness and conviviality as a vector for decolonising pejorative attitudes towards Indigenous/endogenous African medical systems. I have highlighted the merits of applying the concept of incompleteness as a framework for teaching, researching and practising healing as a conversation between medical systems of different epistemic traditions in a world characterised by flexible mobilities and encounters. Incompleteness is a concept that invites reaching out across real or imagined borders to explore ways of thinking, living socially, bridging and networking to make inclusionary existence more possible, acceptable, recognised, normalised and institutionalised. It is this idea that grounds the notion of convivial scholarship discussed thus far, calling for a negotiated inclusivity within and beyond the walls of the academy. To seek a negotiated integration of competing medical systems that is inspired by incompleteness as a framework is to open the door for porosity, frontier-ness, compositeness, interdependence, active participation, and mutual fulfilment and enrichment. Using incompleteness to challenge the marginal status of Indigenous/endogenous African medical systems in global discourses of health, science, and medical innovation, the lecture has raised critical questions about the hierarchies of visibility and credibility that shape how medical practitioners in Africa are perceived, whether in relation to the competency of African biomedical scientists or the marginal status of traditional medicine and healing practices. To recognise incompleteness is to accept that different knowledge traditions are never fully constituted such that the concerns that often inform these prejudices – such as fakery, safety, and medical opportunism/exploitation – though valid, are not the monopoly of African health systems. Incompleteness, thus points to an ethos of knowledge production and science as permanent works in progress, open to inspiration and enrichment from different vantage points within and beyond the academy. Incompleteness and the conviviality it inspires is a framework for seeking and achieving radical hope and healing worldwide.

76 Chair: Dr Jude Clark; Panelists: Dr Siphso Dlamini, Ms Rejane Williams, Ms Thembelihle Mashigo & Ms Berenice Meintjes, <https://www.psyssa.com/27th-annual-south-african-psychology-congress-invited-panel-therapies-for-healing-justice-redressing-systemic-oppression-and-intergenerational-trauma/>, accessed 26 September 2023.

Some pages from Lantum's article appended:





SECTION III
ANALYSIS OF OPINIONS FAVOURING TRADITIONAL MEDICINE

Although we have recorded only 27 factors for question N° 1, there were, in fact, 544 opinions, several of which coincided. The frequency of coincidence could serve to give weight to the particular opinions, and, in a way, suggest the most favourable aspects of traditional medicine which should be recommended or praised.

(presentation of table N° 1)

TABLE 1:
FREQUENCY DISTRIBUTION OF OPINIONS FOR EACH FACTOR

Factor	Frequency of opinions	Percentage
1	41	7.54
2	51	9.38
3	82	15.07
4	7	1.29
5	13	2.29
6	90	16.54
7	14	2.57
8	17	3.13
9	7	1.29
10	32	5.88
11	9	1.65
12	22	4.03
13	10	1.84
14	21	3.86
15	5	0.92
16	24	4.41
17	19	3.49
18	3	0.74
19	4	0.55
20	14	2.57
21	16	2.94
22	11	2.02
23	7	1.29

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THE PROS AND CONS OF TRADITIONAL MEDICINE

26. Unlike modern doctors with their fields of specialisation, most traditional healers are versed in the treatment of a wide range of diseases. In this way, the patient freely believes in the healer's capacity as a true doctor.
27. Most of the masses are illiterate and believe in witch-craft, magic and mystery. They have faith in receiving charms.

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