

**WHAT KIND OF EPISTEMOLOGY OF HEALTH-CARE?
A NOTE ABOUT ÉMILE KENMOGNE'S *MALADIES PARANORMALES ET
RATIONALITÉS. CONTRIBUTIONS À L'ÉPISTÉMOLOGIE DE LA SANTÉ*,
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ABSTRACT

The paper is a critical review of the announced book, and its core is given by the analysis of the arguments and unfolded logic of the book put face to face with their effects. In this way, both the book and the review are parts of the necessary dialogue concerning the legitimacy of the irrational. The critical stance does not reproduce at all the mechanical view of the human rationality as mere cold logic, but is opposed to a “critique of the instrumental character of reason from the standpoint of faith”. From an epistemological point of view, this critique of extreme positions (the mechanical rationality and faith) draws attention to the necessity of a permanent awareness of researchers and common people, too, concerning the consequences of their theories.

KEYWORDS: psychological illnesses, sorcery, religion, science, epistemology.

The book is provocative enough so as to merit a critique.

The author's thesis is: *there are some mental illnesses – as those when the ill persons feel they were and are enchanted/ bewitched, anyway affected by sorcery or subdued by charms, or possessed by (rather, evil) spirits² – which in fact could not be cured by the ordinary modern naturalistic medicine, but only by sorcerers and religion: or, at least by a “complementary” action of medical doctors, sorcerers and priests.* The reason of this thesis is *pragmatic*: what is important is the recovery, not the means – or, the results, not the ways to it – isn't it?

This thesis was advanced by the book on the basis of a confuse appeal to Bergson³ – whose focus on life as openness, opposed to the “closing” of sciences, as well as whose desire to unite science and metaphysics in the intuition, would allow, consider Kenmogne (see p. 92 too), the understanding of the human being beyond its “normality”, thus also in the feelings and states of being bewitched –. But the thesis of the book is based on a strange definition of “para-normal”

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² *These illnesses are those focused on by the book.* Beyond them, the author enumerates (p. 21) other “para”-normal illnesses as: prodigious memories, xenoglossia (when people do not know a foreign language but start suddenly to speak it), the appearance of the spectra, ectoplasms (ghostly projections from living bodies), multilocation of an individual, levitation, zoo-anthropy, all from Pierre Meinrad Hebga, *La rationalité d'un discours africain sur les phénomènes paranormaux*, Paris, L'Harmattan, 1998, pp. 3-4.

Pierre Meinrad Hebga (1928-2008), Jesuit and exorcist from Cameroon. According to https://fr.wikipedia.org/wiki/Meinrad_Hebga, he promoted all his life the tenet that the sorcery and sorcerers would be necessary practices in Africa.

Related to this enumeration [and to other ones (pp. 23-28), all from Hebga, as *testimonials* made to him by different persons who asked to be helped by Christian spiritual services]: 1) even if there is only one case, it is worth to be analysed; 2) but the book of Kenmogne never presents a *current* situation of the number of people fell ill today in Africa of *these* “para”-normal illnesses; 3) since these illnesses consist in feelings/subjective impressions – since one never have seen, and neither P.M. Hebga, a man transformed into a wolf or any other animal, but only – *behaviours of ill people imagining that they were in that moment wolves or other animals*, why are they definable as “para”-normal? Are there not other psychological diseases involving different feelings and imaginations, which are studied just as they are, as “normal” psychological diseases?

³ See too p. 75 of the book, where the instinctual basis of knowledge in Bergson would allow the syncretism promoted by Kenmogne: i.e. the necessity to use, as equally legitimated and useful approaches of the mental diseases, the naturalistic Western medicine, the good magicians and the religious faith and pray.

illnesses which are, according to the author, just (and only) the above-mentioned *feelings of being enchanted, possessed, subdued by spell-work*; all of these feelings being the *symptoms* of the deep beliefs of the ill persons that the sorcerers would have been the causes of their illness.

To say it frankly and with a sentiment of embarrassment, the *arguments* of the book – intended to come from the standpoint of philosophy, and concretely, of epistemology – seem to be constructed from a rather absolute exteriority both to the present science and the present epistemology. Because the book supposes that:

1) The “para-normal” symptoms (“the spirit came into the body” of the unwell person, the doubling of its personality, the alteration of its personality) would not be accounted by the modern psychiatry; **but certainly, they are**; as it is well-known, the modern medical science, and obviously, psychiatry take into account the *subjective* symptoms and feelings; just that these symptoms and feelings are “translated” – **as every cognitive process, and obviously scientific approach, do** – into more known and logical concepts, usable in medical theories and treatment plans. Why would the above feelings of being possessed etc. be impossible to being seen as *psychical exalting determined by external causes and influences, and/or as cognitive dissonances generated by inimical and absurd conditions, and which, all of these exalting and dissonances (so, felt at psychical and cognitive levels), are felt as hits by the persons who intend to “compensate”/avoid them through passing-by and fantasy? Are the above feelings and individual psychical strategies of compensation and countering not similar to the imagination of a sane person⁴ who is absolutely convinced that he saw this or that, because this or that was logical and thus, expected? And even though the above-mentioned ill persons react to the sorcerer/priest and they feel better/think they feel better, becoming calm and confident they were cured, this fact cannot be regarded as an argument to consider the incantation/exorcism as equally respectable as the scientific lines of treatment. For example, there is the ancient (and persistent enough⁵) motif or idea of evil eye in many cultures – and in Romania, at least, the popular countering measures used by women⁶ have become a banal habit – but **no researcher considers these measures as treatments against the bad influence. All these beliefs and habits are historical, and even those women who today practice automatically the habit to counter the bad influence, regard this habit only as a “supplementary” means to assure the wellbeing of the child etc⁷. As we know, the beliefs are cardinal in and for the actions and deeds of humans: they are convinced of the truth of these beliefs in their deep-down, and thus the beliefs are strong mobilising factors. But at any rate, the beliefs of women are considered by researchers only from an anthropologic viewpoint and as a technical cognisance in the patient-doctor dialogue and about the psychology of patients, and never as physic against the physical and psychical troubles: even though the medical treatment supposes – and requires – the work with the beliefs and the transformation of these beliefs; for example, the beliefs of some ones that the blood transfusion would be forbidden by God is not deemed by researchers as a basis to not proceed blood transfusion and to let the cure of the disease be restored by faith;***

⁴ My intention was not here to keep attention on the continuum healthy state-disease, but on the pattern of imagination, and more, of imagination that is not aware of it and sees the imagined things as perfectly real.

⁵ This persistence of this belief is due to the real electrophysiological signal that generates the consciousness of being stared at. See Colin Andrew Ross, "Hypothesis: The Electrophysiological Basis of the Evil Eye Belief". *Anthropology of Consciousness*, Volume 21, Issue 1, 2010, pp. 47-57.

⁶ The countering measures are: to making a specific sign (to knocking a piece of wood) that transfers to the wood piece or object the supposed evil influence, as well as to putting a red knot on the clothing of a little child in order to remove a bad influence.

⁷ In the village of my mother, there was also the habit to make the sign of spitting the child and saying: “all the evil to pass to the stone”.

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2) Since the “normal”/normality, as well as the “mean” are only fictions (p. 14, Preface), the “para-illnesses” – is the explicit assumption of the author – ought not to be considered as a pre- or non-scientific definition of some external symptoms of psychical troubles; no, the “para-illnesses”, illustrating the variety of the human feelings, must be viewed as normal and *normally curable by “para” means, as good magicians and priests*; therefore, according to the book, it would be legitimate to think that the “variety” of illnesses would allow a relativist conception where the weakness of scientific knowledge would “compensate” this weakness with enchanters and priests; *as if*, neither the knowledge of the psychical illnesses and nor their treatment would be possible only within a rational discourse; ***but they are, and only the rational discourse allows both the explanation and the cure***; and all of these “para”-illnesses are and illustrate ancient folkloric representations/rationality, as the magical transfer of disease⁸, as the forms of the theory about the causes of diseases in all the ancient cultures (sorcery, breach of taboo, disease-object intrusion, spirit intrusion, soul loss)⁹;

3) Because the “para”-ill persons feel better and seem to having been cured after the intervention of good magicians and priests – and certainly, because these “para”-ill persons have a strong belief in the specific/saint powers of the magicians and priests – the book presents this as the main argument of the thesis; but ***this situation does not at all support the thesis of the author***, because ***neither the appeal to magicians and priests nor the final feelings of patients do explain the complex roots of the illnesses and, since the cure of magicians and priests do not attack the causes, the final recovery and feeling better is more or less apparent; no argument or experience upholds that there will be no recurrence: and, obviously, in this case the magician and the priest will be again the healing solutions, will not they?*** Therefore, instead of focusing on the problem of recovery in the mental diseases – and in this frame emphasising, from the epistemological standpoint announced in the title, the relativity of the recovery as such, as well as the differences between or the similarity of the *recovery in the modern hospitals and after the disenchantment made by the good magician* – the author has considered that, *because the ill persons who thought as cause of their illness a curse made by a necromancer (simpler, that they were bewitched) and thus, another sorcerer, a good one/a priest, would be their only remedy, the appeal to sorcery and religion would be as respectable line of treatment as the medical one*; therefore, ***the author legitimates the sorcerer with the beliefs in sorcery***: or, the existence of the sorcerer with “the effects” he creates, i.e. the fact that some ones believe in sorcery (pp. 79, 83-86); or, the legitimacy of the sorcery with the thesis of the “perversity of the world” (a quote from Eric de Rosny¹⁰, the author fully assumes, p. 84);

4) Every human being is reasonable only because he/she searches for the *causes* of phenomena and pursues ***the logical causal lines of cause-effect***. The human cognitive mechanism and processes consist just in this pursuit. The fact that the “para”-suffering person has the cultural level that determines him/her to believe that the cause of his/her ailment is the necromancer, and that only a good magician and a priest would/will cure him/her, ***are not at all enough for deduce the epistemological conclusions that the above-mentioned “para”-***

⁸ Wayland D. Hand, *Magical Medicine: The Folkloric Component of Medicine in the Folk Belief, Custom, and Ritual of the Peoples of Europe and America*, (Selected Essays of Wayland D. Hand) Foreword by Lloyd G. Stevenson, Berkeley, Los Angeles, London, University of California Press, 1980, pp. 93-106, 119-122.

⁹ Forrest E. Clements, *Primitive Concepts of Disease*, Berkeley, Calif., University of California Publications in American Archaeology and Ethnology, Vol. 32, No. 2, 1932, quoted in Wayland D. Hand, p. 251.

¹⁰ Éric de Rosny, « L'univers de la sorcellerie », in *Justice et sorcellerie*, colloque international e Yaoundé, 17-19 mars 2005, Yaoundé, PUCAC, 2005, pp. 28-29 : “To say that it (AB, sorcery) does not exist, is to simply and naively negate the existence of perversity in this world”.

*maladies would be different from any other psychical disorder and that their solution would be the good magician and a priest*¹¹. Therefore, the *rationality of medicine is not “proved” by the recovery as such*¹² or only by (a persistent) recovery, but by the understanding of causes; the recovery is only a proof, but the proofs have to be falsified, have they?

5) *The symbolic effectiveness of beliefs* – which is, obviously, a cognitive relationship and a feeling, identical in the attitude of modern ill persons and of the simpler ones, and in no way specific only to the African patients, as Kenmogne assesses – *is not tantamount to an argument of the “beneficial” character of healing by sorcerers*; but the author considers as proofs of sorcery and the sorcerer *only the images and conceptions about them*; anyway, what would be important, Kenmogne insists, is not to clarify the difference between objectivity/realism and symbolism but – we do not forget that the end of the author was an epistemological analysis – the care of sorcerers for the bewitched persons (p. 47). However, neither this criterion of *care* is good for Kenmogne, because the answer to the simple question, never posed by the author, of ‘how would the sorcerer cure the ill person’ does not give a proper image of the ‘complexity of things’. And, after describing the scheme of the four types of rationality as operational and efficient theories of cure (1. the first type corresponding to *normal* pathologies and reflecting the Cartesian model of man-machine where an organ/part is detected as ill and repaired; 2. the second type corresponding to *psychological* pathologies, but where the fear and other beliefs are cured by psychotherapies; 3. the third type corresponding to *socio-pathologies*, real social conflicts, shifted to a symbolic level, cured by group therapies; 4. the fourth type – of *spirito-logy* – corresponding to “para”-spiritual pathologies), he arrives to the *definition of witchery*: art of healing the illnesses produced by “intentional spirits” (p. 52); and, grasping that the entire reasoning may not sound well, the author asserts that, in order to heal and because the state of good health cannot be determined, “a therapeutic syncretism” is necessary (p. 60);

6) The author thinks that the model of the Western medicine, ‘based on the separation of material and spiritual parts’, would be the pretext to advance the “science of spirito-logy” (pp. 35, 99) by stating that “the relationships between (AB, these parts) are not yet set in the Western medicine” (p. 63). No, *in principle they are set and, even though they would not be, would the healing of illnesses induced by “intentional spirits” be the solution?* Is the cure through sorcery and pray the valuable part of what was called the “village rationality” we must preserve and use/integrate?

7) *In no way, the tenet of the book, related to healing also through sorcerers, is not tantamount to the alternative*¹³ *Asian (acupuncture, Ayurvedic) or European (homeopathy) systems and, fundamentally and everywhere, the herbal systems: because all of these*

¹¹ The same conception – obviously, ignoring the healing power of sorcerers – is in Bou-Yong Rhi, “Culture, Spirituality, and Mental Health: The Forgotten Aspects of Religion and Health”, *Psychiatric Clinics*, Vol. 24, Issue 3, 2001, pp. 569-579, who expressly claimed that “Among all my patients in the second half of life—that is to say, over thirty five—there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because he had lost what the living religions of every age have given to their followers, and none of them had been really healed who did not regain his religious outlook”.

¹² From the standpoint of considering the recovery as the proof of the “truthfulness” of the paradigm it is based on, it is no epistemological difference between the Western medicine and the quacks (or sorcerers and priests, as in Kenmogne), see Isabelle Stengers in Tobie Nathan et Isabelle Stengers, *Médecins et sorciers* (1995), Les Empêcheurs de penser en rond/La Découverte, 2012.

¹³ The author equates these alternative medical systems and the “African” sorcery, quoting (p. 30) Jean-Jacques Wunenburger, *Imaginaires et rationalités des médecines alternatives* (2006), Paris, Belles Lettres, 2008, who never thought the sorcery as “alternative” medicine – on the contrary, he warned the above-mentioned alternative medical systems to not be confounded with “equivocal” “diversions”, pp. 197, 211 – but only that the big influence of the alternative medical systems shows the crisis of the modern Western “mechanist” medicine.

“alternative” systems are naturalistic, deterministic; as we know, at the origin of every medical system the priests/shamans made incantations as appeals to gods and as subordination of the medical procedures to the authority of gods who thus granted these procedures; but this origin has nothing to do with the present different naturalistic medical systems; no one thinks that he/she will successfully substitute different naturalistic medical procedures with incantations.

The explicit supposition of the author, beneficiary of in-depth studies in France (at the famous Salpêtrière hospital) concerning *philosophy of health* and *compared medical ethics*, is that the *African experiences and testimonials* of African philosophers and priests/exorcists would be the basis of his thesis: so, that so many – AB, but how many *today*¹⁴ – narrations about possessions etc. would require a different “rationality”, that of the mysterious spirit of man, that, briefly, would assume witchcraft and the sorcerer not as historical phenomena, but as “normal” (see for example, p.77), since they are useful in specific cultures.

Thus, the author has to make a consistent effort in order to explain the legitimacy of his assumptions. He discusses *sorcery* as activity of deviated persons who may heal other deviated persons (p. 62) and this: 1) would be real because people believe (p. 97), and 2) inexorably takes place in specific milieus, because one cannot separate the healing process from the milieu (p. 65); hence, he endorses the “para”-psychical illness reclaiming sorcery and pray *as if* they were the proof of an irreparable ‘cultural difference’ (p. 70); while concerning the sorcerer: the good magician who is the healer – opposed to the necromancer who induced the illness – may attenuate the suffering; but, Kenmogne says, it is difficult to evaluate this fact (p. 18). So, is it better to believe in the objectivity of sorcery, as he does and that’s all? Seriously, all of these aspects must be – and are, because otherwise neither the analysis of the magic rationality has sense – *translated into a rational language*. And thus, we may understand the truth (because yes: the humans may know what is true, irrespective of the relative character of truth; if they would have not known the truth/true things, they would have remained in the stage of animals).

Of course, especially the psychical diseases, as well as the ill subjects, depend on the healing persons, and we cannot eliminate the subjective reception of all the influences of the healers and of society as a whole, and nor the subjective attitude of the healers. There are, as the medical science knows, three elements: the suffering person, the malady, and the healer (and healing personnel). But yes, the desire, the freedom, the spirit may be treated also as objects, and not only as some vague, ungraspable spiritual feelings, as the book sustains (p. 18).

The critique of the dominant Western medicine – based on fragmented lines of treatment and excessive amounts of drugs – is made *outside any social analysis*. The author speaks, certainly, about family or group relations, but *never about the social conditions which not only influence but even determinate the state of health and of troubles*¹⁵.

¹⁴ The author is based on Hebga’s testimonials about facts some decades ago; but he should have made a research of *how many Africans consider today*, in 2014-15, two years before the edition of the book, *that the sorcerers would have provoked their illnesses, and, especially, why have they this view*.

¹⁵ Richard A. Miech, Avshalom Caspi, Terrie E. Moffitt, Bradley R. Entner Wright, Phil A. Silva, “Low Socioeconomic Status and Mental Disorders: A Longitudinal Study of Selection and Causation during Young Adulthood”, *AJS*, Volume 104, Number 4, January 1999, pp. 1096–1131; Christopher G. Hudson, “Socioeconomic Status and Mental Illness: Tests of the Social Causation and Selection Hypotheses”, *American Journal of Orthopsychiatry*, Vol. 75, No. 1, 2005, pp. 3-18; Yun-Mi Song, Robert L. Ferrer, Sung-il Cho, Joochon Sung, Shah Ebrahim, and George Davey Smith, “Socioeconomic Status and Cardiovascular Disease Among Men: The Korean National Health Service Prospective Cohort Study”, *Am. J. Public Health*, 96 (1), 2006 January, pp. 152–159, doi: 10.2105/AJPH.2005.061853; Hannah Kuper, Hans-Olov Adami, Töres Theorell, Elisabete Weiderpass, “The Socioeconomic Gradient in the Incidence of Stroke. A Prospective Study in Middle-Aged Women in Sweden”, *Stroke*, 38, 2007, pp. 27-33, doi:

For this reason, so *looking outside the social*, the author does not speak at all about prevention – possible not only by the medical knowledge of causes, but also by a change of the social conditions which induce false beliefs and alienating feelings – but only about *healing by descending to the mentality of the ill person*. Translating this in a brutal form, one gives justice to a fool, the whole good magician's procedure is reduced to that. But, epistemologically speaking, *in the modern psychiatry one uses both this practice to descend to the mentality of the ill person and that to explain him/her, and to help him/her in order to understand his/her reasoning* etc; and certainly, though the modern medicine knows that "there are not maladies, but patients", at the same time it analyses the aetiology, answers by repeatable procedures and usable drugs, and thus it may be preventive. And well, the good magician cures the ill person, but when he/she will confront the same social reality, will he/she not relapse? This is the basis of the necessity to change the social conditions which led/favour the psychical illness.

And still for he looks outside the social, *the author does not see the interests of the private property in medicine and pharmacy as the main causes of the above diverting of medicine*, for instance, of a "para"-making both ends meet by appealing to the medical advices from the popular magazines since people have no money to pay the visits to doctors¹⁶, and nor the *inner tendency* of medicine to estimate health and health-care in a *holistic* manner¹⁷ (including the many-sided *interpretations* of the three elements: the patient, the doctor and the disease/illness¹⁸), or *to combine the targeted view with the holistic one*. And certainly, not only that the author has remained at some simplistic definitions of medicine, but *in no way the one-sided Western medicine based on determinism would not be "surpassed" by sorcerers and priests as "the healers"* (as he thinks, pp. 71-77). Thus, the critique of the claims of absolute rationality made by the Western medicine – critique already made by some leading epistemologists and physicians¹⁹, not read by the author – and the anthropological view about the role of sorcerers in Africa (see the reasons and studies of the magic thinking²⁰) *do not lead to the pretence of collaboration of the three "equal" types of rationality* (the scientific, the magic, and the religious). Anyway, the idea of equality of science and religion and, thus, of their "complementary" function in society and medicine, is a banal fixture of the theory of religion legitimacy after the soaring of the modern science.

10.1161/01.STR.0000251805.47370.91; Richard Wilkinson and Kate Pickett, *The Spirit Level: Why Greater Equality Makes Societies Stronger* (2009), Foreword by Robert Reich (2010), New York, Bloomsbury Press, 2011; Anoop S. V. Shah, Kuan Ken Lee, David A. McAllister, Amanda Hunter, Harish Nair, William Whiteley, Jeremy P. Langrish, David E Newby, Nicholas L Mills, "Short term exposure to air pollution and stroke: systematic review and meta-analysis", *BMJ* 2015, 350 doi: <http://dx.doi.org/10.1136/bmj.h1295>; David Cooper, W.D. McCausland & Ioannis Theodossiou, "Is unemployment and low income harmful to health? Evidence from Britain", *Review of Social Economy*, Volume 73, Issue 1, 2015, pp. 34-60, DOI: 10.1080/00346764.2014.986969, demonstrating "that unemployment, low income and poor education adversely affect the time that people remain in good health".

¹⁶ See Ana Bazac, "Significances of an 'alternative' health care: the health column in a Romanian post-communist popular magazine", *Debate: Journal of Contemporary Central and Eastern Europe*, Volume 20, Issue 2-3, 2012, pp. 151-169, published online 24 May 2013.

¹⁷ James Witchalls, „What is health?", *Philosophy and Medicine*, Volume I, Edited by K. J. Boudouris, Athens, International Center for Greek Philosophy and Culture, 1998, pp. 267-273; Johannes Bircher, "Towards a dynamic definition of health and disease", *Medicine, Health Care and Philosophy*, 8, 2005, DOI 10.1007/s11019-005-0538-y, pp. 335-341.

¹⁸ Hans-Georg Gadamer, *The Enigma of Health: The Art of Healing in a Scientific Age* (1993), translated by Jason Gaiger and Nicholas Walker, Stanford University Press, 1996.

¹⁹ See only Catherine Meyer (sous la dir.), *Livre noir de la psychanalyse : Vivre, penser et aller mieux sans Freud*, Éditions Les arènes, 2005; Tobie Nathan (sous la dir.), *La guerre des psys. Manifeste pour une psychothérapie démocratique*, Les empêcheurs de penser en rond, 2006.

²⁰ See only Anna Fedele and Ruy Llera Blanes (Eds.), *Encounters of Body and Soul in Contemporary Religious Practices*, New York, Oxford, Berghahn Books, 2011.

With the entire impression of devastating critique of the book, it was an important experience for me. Because this book shows in what measure the removal from a really social and holistic standpoint – so, not only from the account of *both body and mind/spirit*, but also of *whole organism and whole environment relationships* – generates a conscious or unconscious **conservative** standpoint. The author's image is not just a rejection of the Western type medicine that floods people with good or placebo type drugs and where the access to medicine is polarised, but rather a return to pre-scientific so to speak healing methods considered as normal, good, and sometimes even substitutes of the scientific medicine. ***What is conservative is the praise of these pre-scientific methods, in the name of the cultural difference and peculiarity.*** Instead of being preoccupied with what is universal in the African culture and how the people from Africa may attain the universal values and technically possible means of human development, and instead of discussing the reasons of the inertia and recurrence of the sorcery and “para”-psychical illnesses (and not only in Africa), ***the book considers that the cultural backwardness – manifested not only in the recurrence of the sorcery and “para”-psychical illnesses, but also in their praising – would be “normal”.*** This conservative epistemological model contains also the praise of religion, as the “third rationality” that would deserve to last.

The idea of “complementary” use of the scientific medicine, the pre-scientific one and religion is old enough: at least the “complementary” relation of science and religion in the medical act. And once more, the sorcerer's incantation cannot be equated with herbal systems (where the natural molecules prove to be more efficient²¹ and lasting than the synthetic ones²²), and neither with acupuncture, homeopathy or Ayurvedic. With the entire not yet known power of the human mind, the hope in the possible healing is certainly important (salutary), but as such it is not recovery. ***The recovery – in the psychical disease – is the attaining of balance and, at the same time, lucidity and self-judgement, and the joy of life by this lucid and balanced consciousness.*** If the condition of lucidity is not attained (the author suggests that sometimes this condition is not at all necessary, pp. 78-80), it is difficult to speak about recovery: in the present era, not some centuries ago.

There are, certainly, many white places in our knowledge of the world and the psychical diseases. But this doesn't mean that we can fill them with religious beliefs and beliefs in sorcerers. The efficiency of the magical practices is proved in as far as the ill person arrives to see the world with his own lucid eyes, and not through different types of mythical veils. But as the book also explained, this does not happen after sorcery *séances*. Therefore, the amelioration of symptoms does not mean in fact, recovery.

As it already has appeared, on the one hand, the book “ethnologizes”, and thus, on the other hand, it is, involuntarily of course, racist: since it suggests that “the Africans are so as they may be the model of belief in sorcery”²³. The author states that the theory that sorcery exists ought to be taken as a scientific theory, as the atomistic one, for instance (p. 97). Or, no, ***atomism was a hypothesis – and the atomist philosophers did not see the “effects” of the atoms, as the author assumes that the beliefs of believers would be facts demonstrating the existence of sorcery –; atomism became a theory only when science has demonstrated it.***

The author explicitly assumes the standpoint of a believer, insisting on the healing power of God as it/since it is believed by the examples given by Hebga. At the same time, he is interested to give arguments, but not having too much, he mixes and substitutes the epistemological arguments

²¹ Donald R Beans, *Integrative Endocrinology: The Rhythms of Life*, New York, Routledge, 2010.

²² Louis S. Miller, Xinchuan Su, “Artemisinin: Discovery from the Chinese herbal garden”, *Cell*, 146 (6), 2011, pp. 855–858.

²³ Only the sorcerers “pertaining to the same cultural area as the ill persons, know how to decode the situation...”, p. 102.

with the anthropological, cultural ones, and he thinks to substantiate his position by presenting it both as a deduction from metaphysics and an introduction to a necessary “metaphysics of sorcery”. At all events, he thinks that the problem of some one’s decision to become a sorcerer – inducing the good or the evil in the world – is “metaphysical” (p. 89): thus not social (economic, political), not cultural, not neuro-physiological²⁴, not holistic by including all of these points of view, but metaphysical. What can be said about this?

Three final epistemological conclusions

1) Not only the author, but the entire *mainstream* tradition of philosophical analysis of the modern thinking and science *breaks/separate the evolution of scientific paradigms from the social environment they were produced*. But this pattern of thinking is not “technical” and not at all able to “focusing on epistemological problems and specialised issues without mixing problematic ideologies”: just because *the real process of construction and diffusion of science is “mixed” with, that is, conditioned by the dominant ideologies*, and because *science is a social process taking place in the social environment*. And just because: *metaphysics too is related, directly and indirectly, to society and explicit ideologies*.

But the critique of “mechanical” science of “Cartesian origin” – based on the principle of mechanism and thus, on the presumption of possibility of analysis of *parts* and their *functions* within the *whole mechanism* – is made by the author and the entire *mainstream* tradition of modern worldview *as if science* would not be the genuine human enterprise capable to self-critique and evolve; or *science is just this human enterprise capable to self-critique and evolve, namely to surpass its former presumptions and patterns*. But, in order to being legitimate to oppose to science their non-scientific, non-rationalist representation of the world, the book and the entire *mainstream* tradition of modern worldview have *reduced* the scientific effort to a caricature: *as if* there would not be psychological disciplines, neurosciences and non-spiritualist philosophy tackling the spiritual area of the world. Briefly, the author and the entire *mainstream* tradition of modern worldview made a critique of science from the standpoint of religion and “spirituality”. Once more, *the falsity of their presumptions consists not in the assertion of the complexity of the consciousness and, generally, the spiritual realm* – the special “aura” of the living entities, from cells and chemical systems²⁵ to animals²⁶ and man – and *neither in the maintaining that the understanding of this complexity still has many white spots*, because, obviously, these white spots exist, but because *they suggest that this fact would legitimate irrational institutions and practices; and that this type of false inference – translation from the description of difficult problems to the supply of sorcery and play – would be normal and people have to get used to it*.

Or, the present negative phenomena in the scientific world²⁷, as well as the excessive fragmentation in the research of man’s health, as well as the reductionism that overwhelms not only

²⁴ Because: in the same conditions, not all of them become crazy.

²⁵ Ladislav Kovác, “Life, chemistry and cognition: Conceiving life as knowledge embodied in sentient chemical systems might provide new insights into the nature of cognition”, *Embo Reports*, 2006, June, 7 (6), pp. 562-566.

²⁶ See Jakob von Uexküll, *A Forray Into the Worlds of Animals and Humans* (1934), Translated by Joseph D. O’Neil, Introduction by Dorion Sagan, Afterword by Geoffrey Winthrop-Young, Minneapolis, London, University of Minneapolis Press, 2010, where the preservation of life is the result of meanings acquired in functional cycles of perception and effect, realised in present experiences and imprinted in instincts, and where – for there are, thus, present (acknowledgeable through sense organs) and past experiences (fixed into instincts) – the impression made by animal behaviours according to past experiences seems to allow their characterisation as “magic” (pp. 122-124).

²⁷ See at least: Irving Kirsch, *The Emperor’s New Drugs: Exploding the Anti-Depressant Myth*, London, Bodley Head, 2009; Ben Goldacre, *Bad Science: Quacks, Hacks, and Big Pharma Flacks*, London, Harper, 2009; Mark Rapley,

the patients but also the healthy people too with both too much (efficient or not) drugs and at the same time incredible bad/unhealthy food and environment, ***all of these phenomena are not the result of the poor Descartes' epistemological model of mechanism, but of the specific logic of capitalism.*** And ***they cannot be countered with sorcery and pray***, as nor metaphysics can substitute a holistic approach where sociology and economics are as important as cultural history is.

And offering as means of healing and human development the witchcraft and pray for God's mercy, the book does not critique in fact the model of mechanism, but, consciously or not, by separating the formation of psychical impressions from their complex social conditions²⁸, ***it*** is another ***ideological brick for the irrational education of the human persons.*** The praised sorcery cannot critique the mechanism (only the model of *organism*, including of human and social organism, may do this), but it ***contributes to the diffusion of irrational thinking.*** Thus, the book – as many “metaphysical” solutions are – is only an aid of the aggressive irrational pressure of the dominant institutions. This pressure uses both the falsehood and the *post hoc* logical fallacy²⁹: because of the irrational and reduced quality education, as well as because of the insecurity of economic and political conditions, and of the uncertainty of the human thinking in a cognitive regime bombarded by irrationality and deceit, many people are sad and confuse, but instead of offering them conditions for a rationalist analysis and stimuli for activism, the religious institutions offer them exorcists, while the wizards sell them their products; all of them supported by this type of “metaphysical” proposition of a “spiritology” “legitimated” by the beneficial results of sorcery and pray.

2) The second aspect concerns the so-called “ethnographical” character of a philosophy that seems to equate the defence of the African philosophy and the African mind with the promotion of sorcery; while the “universal” flavour would arise from the assumption of the Christian religion. But, as it was clearly said, a valuable African philosophy is neither an “ethnographical” one and nor the uncritical defence of the Western philosophical schools, but one whose “participation to a universal philosophical dialogue” contributes to “the triumph of the forces of change, progress and development of Africa”, therefore one where the African philosophers “are able to put their intellect in the service of the aspirations and struggles of the African peoples”³⁰. Nowadays, this insistence of ***close relationship*** of philosophy with both the ***present*** science and technology and the ***real social problems***³¹, is also valid for every national philosophy, including the Romanian one. Philosophy is not a false *meta* look about an unknown complexity (by the philosopher), but a free flight of the

Joanna Moncrieff and Jacqui Dillon (Eds.), *De-medicalizing Misery: Psychiatry, Psychology and the Human Condition*, London, Palgrave Macmillan, 2011.

²⁸ See two books which do not separate the psychical troubles from the social conditions: George W. Brown, Tirril Harris (Eds.), *Social origins of Depression* (1978), Abingdon UK, New York, Routledge, 2011; Johann Hari, *Lost Connections: Uncovering the Real Causes of Depression – and the Unexpected Solutions*, New York, Bloomsbury, 2018.

²⁹ *Vatican to provide 'exorcism course' as reports of demonic possessions in Italy soar*, 26/02/2018, http://www.euronews.com/2018/02/26/vatican-to-provide-exorcism-course-as-reports-of-demonic-possession-in-italy-soar?utm_campaign=Echobox&utm_medium=Social&utm_source=Facebook#link_time=1519667059.

³⁰ Olusegun Oladipo, *The idea of African Philosophy: A Critical Study of the Major Orientations in Contemporary African Philosophy* (1992), translated into French by Félix Nestor Ahoyo in 2012, (*L'idée de philosophie africaine. Une étude critique des grandes orientations dans la philosophie africaine*), Ibadan, Omoade Printing Press, p. 5, 110-117.

³¹ See *Philosophy Manual, a South-South Perspective*, Published under the direction of Phinith Chanthalangsy and John Crowley, Coordinators: Ali Benmakhlof, Enrique Dussel, Nkolo Foé, Rainier Ibana, With the support of the Kingdom of Saudi Arabia King Abdullah Bin Abdulaziz programme for a Culture of Peace and Dialogue, Paris, UNESCO, 2014, 238 p. (presented by me in the Romanian Revista de filosofie, 1, 2015, pp. 153-154).

But also Ana Bazac, “Gramsci et Mounier sur la « guerre de position » », *Revue de l'enseignement et de la recherche philosophiques*, Numéro Spécial, Actes du Colloque international sur le personnalisme : « Les intellectuels africains et européens en lutte contre l'oppression, pour la dignité de la personne », Bénin, 2009, pp. 137-152.

human logic for the *development of the uniqueness of every human being in the dialectics of the human species*. A philosophy cherishing sorcery and pray as something related to the ‘African soul’ is just *opposed to the original and daring thinking able to promote its own “scientific design”* – instead of the “intellectual and scientific exploitation” – *and to behave in the manner of “epistemic disobedience” of copying the imperialist cultural prejudices³² about the non-Western cultures³³*. It is only a *mimetic* endeavour to copy these prejudices, because *the emphasising of the local cultures does not mean the taking over of whatever traditional aspect: traditions are not equivalent to each other, and not every tradition is just as important for the development of the uniqueness of every human being in the dialectics of the human species*.

3) The author of this book – whom I know from years and sincerely appreciate – will certainly not be upset for this review. Not only because, as a philosopher, assumes Aristotle’s famous *Amicus Plato...* (from the *Nicomachean Ethics*, 1096a), but mainly because, through this review, he is a principal part, offering the matter for the *analysis* we all need about how to treat the spiritual affairs and the irrational solutions offered by traditional institutions which, because of extra philosophical reasons, are still in fashion, being imposed by the mainstream ideologies of the “best of all possible worlds”.

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³² See the the prejudices assumed by Hegel etc., in Ana Bazac, “Relations entre les états de l’Europe occidentale et l’Afrique : le thème de la tolérance libérale”, *Romanian Review of Political Science and International Relations*, 1, 2009, pp. 11-22.

³³ Walter D. Mignolo, “Epistemic Disobedience, Independent Thought and De-Colonial Freedom”, *Theory, Culture & Society*, Vol. 26, No. 7-8, 2009, pp. 1-23, citing the distinguished philosophers Paul Hountondji and Kwasi Wiredu.

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