

BOOK REVIEW

Therapeutic Practices and Healing Cultures in Accra

Sharing the Burden of Sickness: A History of Healing and Medicine in Accra

Jonathan Roberts. Bloomington: Indiana University Press, 2021. Pp. 420. \$85.00, hardcover (ISBN: 9780253057945); \$36.00, paperback (ISBN: 9780253057938); \$35.99, ebook (ISBN: 9780253057921).

Waseem-Ahmed Bin-Kasim 

Elon University

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In *Sharing the Burden of Sickness*, Jonathan Roberts explores five significant therapeutic practices in Accra over the span of three centuries. He demonstrates how patients and their support groups decided on the most suitable treatment for their illnesses by choosing from the five healing traditions or a combination of some. Before the twentieth century, Ga healers dominated the oldest healing tradition, which shared many characteristics with therapies of other West African ethnic groups. Roberts calls this longstanding tradition West African therapeutic tradition. The four other healing traditions were Islamic, Western, Christian, and over-the-counter medicines. Over the centuries, these practices adapted and transformed to fit the needs of the growing West African city. Roberts argues that patients, along with their families and friends, supported and preserved the flourishing of the five therapeutic practices, resulting in a diverse healing culture in the city. Concise summaries of the thriving therapeutic culture Africans forged grab readers' attention at the book's beginning (10–11). While colonial medicine was on the rise in the twentieth century, African herbalism diversified, the practice of Christian faith healing revived, Quranic therapeutics spread, and the consumption of patent medicine significantly increased. Roberts's approach provincializes Western medicine as a European tradition that had to adapt to survive in Accra's diverse and complex healing landscape. The book is a part of the broader literature that grapples with therapeutic pluralism across time and space, and thus challenges the idea of singular Western medicine triumphing in colonial Africa.¹

Roberts begins by showing how Ga healers integrated therapeutic techniques from various ethnicities in Ghana and West Africa. He observes that historical processes, including conflict, exile, migration, and commerce, influenced the complex healing lexicon, practices, and material culture of healing. Thus, the Ga, who founded Accra, established a welcoming and flexible outlook that helped sustain Accra's diverse healing culture. The context Roberts uses to explain the diversification of Ga healing culture is similar to those John Parker and Naaborko Sackeyfio-Lenoch utilize in their explorations of how Ga shaped Accra both as an indigenous and colonial city via the study of

¹See the following works for similar analysis: Karen E. Flint, *Healing Traditions: African Medicine, Cultural Exchanges, and Competition in South Africa, 1820-1948* (Athens, OH: Ohio University Press, 2007); Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006); Steven Feierman, "Change in African Therapeutic Systems," *Social Science & Medicine, Part B: Medical Anthropology* 13, no. 4 (1979): 277–84.

the meanings of property, chieftaincy, and political authority.² Following Roberts, we can now add healing practices to the distinct patterns of Ga urbanism. Patients and their families chose between healers and different types of therapies, thereby creating an urban culture that welcomed and sustained multiple healing traditions. The unfortunate story of Olivia, the teenage daughter of an affluent African family, in 1918, illustrates how residents encouraged the work of various healers. Olivia's parents simultaneously employed a spiritual herbalist and physician to cure her. A year later, after Olivia's death, the legal fallout revealed the interplay between African healing and Western medicine (159–61). Roberts's portrayal of the interaction of the different healing methods is similar to Karen Flint's *Healing Traditions*, which discusses the functioning and competition of Zulu, European, and Indian healing cultures in the Natal Colony.³

Over the course of the period Roberts covers, three changing social forces determined therapeutic choice for patients. They were religious adherence, the medicalized colonial state, and the desire for social distinction. Devout followers of African religions, Islam, and Christianity sought healing practices aligned with their faith. British physicians and sanitary officers, sometimes backed by the colonial state, also began campaigns to shape therapeutic choices. Without the oversight of healing experts, patients purchased patent medicine and practiced self-care to define themselves as residents of a modern colonial city. By the turn of the twentieth century, patients had helped to cultivate all five traditions. Healers attempted to impose their practices on communities as the singular therapeutic pathway, but patients retained their agency to choose, mix, and match healing traditions. Patients choosing between healing traditions prevented biomedicine from becoming dominant despite support from the colonial state (21).

The book critically analyzes key documents on Accra's history and provides insights into analytical frameworks used by scholars of Africa and beyond. For instance, Roberts's analysis of the research by Margaret Field highlights the dynamic nature of Ga healing practices and the interplay of patients' choices between different therapeutic traditions. However, the Ga community's viewpoint contradicts Ione Acquah's survey of Accra, which claims that colonial medicine was the preferred option for the city's residents.⁴ Roberts convincingly explains the presence of Foucauldian bio-power and Swansonian sanitation syndrome in Accra.⁵ Using a combination of evidence, including documents and oral sources, he demonstrates how the city's residents could suppress these invasive forces.

A key theme in the book is the relationship between urban demography and pluralism in healing. The arrival of diverse ethnic groups expanded the market for various therapeutic options in the city. However, Ga healing practices were threatened as immigrants overwhelmed their community. Therapeutic pluralism took root in the city due to welcoming and receptive Ga and non-Ga communities driving the adaptability and sustainability of various regional and overseas healing traditions. Roberts disperses the idea of diverse populations sustaining therapeutic pluralism throughout the chapters, but consolidating the point initially in the book would benefit readers. A brief remark about the diversifying urban demographics further unpacks his assertion that the five healing practices continuously *modernized* and *adapted* in a West African city (2). My observation notwithstanding, the book offers a necessary social, economic, and political context to better comprehend the actions of patients and healers. It provides further grounds for studying singular,

²John Parker, *Making the Town: Ga State and Society in Early Colonial Accra* (Portsmouth, NH: Heinemann, 2000); Naaborko Sackeyfio-Lenoch, *The Politics of Chieftaincy: Authority and Property in Colonial Ghana, 1920-1950* (Rochester, NY: University of Rochester Press, 2014).

³Flint, *Healing Traditions*.

⁴Ione Acquah, *A Social Survey of the Capital of Ghana, Formerly Called the Gold Coast, Undertaken for the West African Institute of Social and Economic Research, 1953-56* (London: University of London Press, 1958).

⁵Michel Foucault, *The History of Sexuality*, vol 1: *The Will to Knowledge* (London: Penguin, 1998); Maynard Swanson, "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909," *The Journal of African History* 18, no. 3 (1977): 387–410.

well-established, and newly emerging therapies. Roberts effectively contributes to health and healing, African studies, and Ghana's history through the skillful use of vignettes and interludes. The vignettes demonstrate the therapeutic pluralism in each chapter, and the interludes guide readers through the transitions from one chapter to the next. They are short and draw on various secondary sources and primary material, including eyewitness accounts, court records, official correspondence, newspapers, and reports compiled by physicians and public health experts. This approach makes pluralism in healing accessible and teachable. The vignettes and interludes Roberts uses are crucial in my undergraduate classes as they provide students with short analytical exercises.