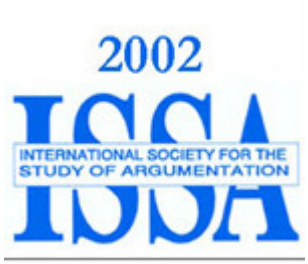
ISSA Proceedings 2002 – Rejecting Incommensurability: Traditional Healing And The Biomedical Metanarrative In Africa



1. A Differend

The world is a place of dispute, people arguing against one another, and people sometimes remaining silent. We find little solace in these disputes, those of us who are incredulous that is. Incredulity is the new calling of the initiated (Lyotard 2002: XXIV). Beyond modernity is found the place of discomfort, incredulity and the possibility of justice. Justice is never stable nor should it be comfortable for anyone. Discomfort will lead us to justice so long as we leave behind the old justifications fed to us by the demagogues of historical inquiry. There is a place, on the edge of discourse, a place where competing phrase regimens meet, where justice can be discovered or at least attempted for those who do not yet have it. On the precipice of exchange and translation we find discourses that are not commensurable with one another. We find the impossibility of understanding, the need to appropriate if only to find comfort. There are many places where discourses work in spatio-temporal unison. They work side by side but the border is fraught with injustices that cannot always be presented because of the invocation of a particular idiom. The unpresentable must become the presentable through a destabilizing of metanarratives (Lyotard 2002: 82). Our identity is but one of many; contingency it's mother. When we hear the call of another phrase regimen, our rules fall off the map of the discursive game played by the Other. When discourses meet and fight for control, appropriation, and litigated meaning, death occurs. However, when discourses meet and do not seek out comfort but discomfort, do not appropriate but bear witness, when the realization that something more is needed than simple cooperation in which silences become enforced across phrase regimens, there is the place where justice can be attempted.

There is a particular clash of phrase regimens happening now in Africa. There, years of colonization have left a history of death, destruction and most of all

silence. The current clash and the current point of discomfort for the West at the edge of its language game is the notion of medical knowledge. What counts as medical knowledge is at issue because a solution to the *AIDS crisis* in Africa has recently become a global concern. The West has a way of litigating between what is medical knowledge and what is not, a set of rules, which cannot be met by traditional methods.

The claims of non-Western medical practitioners often referred to as traditional or spiritual healers are found to be unpresentable or otherwise unprovable within Western idioms. I understand the problematical nature of a homogenizing terms like *traditional healer* but there are times when essentializing or homogenizing terms can help to show the vastly unpresentable nature of the claims of other discourses within the grand narratives of the West. When Western science and traditional knowledge meet within Western discursive spaces, this is the way in which the delineation has been described:

Because the senses are prone to error, Cartesian philosophy focuses on data, measurement, testing, hypothesizing, objectivity, rationality, replicability, and verifiability. In contrast, indigenous knowledge is subjective because of its basis in historical/cultural experience and uncontrolled observation (Trotti 2001: Section I.B. Indigenous Medicinal Knowledge, para.1).

Biomedicine is described as controlled, testable and proven whereas the traditional mode of knowledge is portrayed as *uncontrolled* and subjective in light of the objectivity of Western science. There are rules within the Western medical practice that would preclude the verifiability of traditional knowledges that do not rely on the Cartesian worldview. The West's discourse is deployed to de-legitimate traditional knowledge which does not meet its own criteria of presentation as knowledge. There is the possibility of discomfort here, but it is not allowed. What is constitutive of knowledge, that which is useful to the technological/scientific discourse of the West, is objective, testable. This is why the West can only describe traditional knowledge in terms of what it is not rather than what it might be. Any attempt made to understand traditional knowledge in Western terms can only be unjust because these terms will always have the evaluative metanarrative of science judging them.

Lyotard describes the condition of Western technoscience when he writes, "but success is the only criterion of judgment technoscience will accept. Even so, it is incapable of saying what success is, or why it is good, just or true, since success

is self-proclaiming, like a ratification of something heedless of any law"(Lyotard 1992: 30). All of the elements of what Lyotard calls technoscience are exhibited in the quotation above. It is self-proclaimed knowledge that is supported by a metanarrative, a discourse of legitimation (Lyotard 1992: 31); namely, knowledge is based on the rules of objectivity, testability, verifiability, etc. but none of these rules are ever shown to be intrinsically necessary outside of capitalist technoscience. The differences described here between the West and traditional knowledge can be seen in a different light, not only that of the West's technoscientific discourse, but its reversal, that of the traditional healer located on the map of discourse within one of the many heterogeneous locations of knowledge throughout Africa. The problem for the Westerner trying to express African traditional knowledge is that in doing so, a translation has occurred which is violent. How can I or any other Western author attempt to bring into my own writing with my own rules, the understandings that have developed within the African traditional mode of knowledge over thousands of years? One might look at this problem from its reversal – the African traditional healer confronted by the rules of biomedicine being asked to provide evidence supporting their methods. They would perhaps have the same difficulties that so many Western medical practitioners have had in understanding and rationalizing traditional practices in Africa. I have found little if no means through which to describe the African traditional healing stance without enforcing on it the view of the West, the biomedical standards afoot in international language gaming that should not be confused with just gaming (Lyotard *Just Gaming* 1999).

If my contention is correct that it is impossible to present the discourse of African traditional medicine within this paper without subjecting it to the Western biomedical looking glass, the gaze of ethnocentrism applied since early in the colonial era that still applies today in many respects (Oppong 1998: 97; Thompson 1998), then how can I attempt to find justice here? One cannot overlook the problem of language translation in and of itself. Saying the words of a traditional healer in English may not have the same socio-historical constructions of meaning that the traditional language does. I will have to ask for the forgiveness of my audience when I utilize authors who describe African traditional medicine from the Western view. However, even these descriptions can help to portray the inevitable differend that has formed here. The very unpresentable nature of African traditional knowledge in the voice of the colonizer is helpful in following Lyotard's theories about differends and what forms of justice we might reach in

these situations. Even the quote above describing the differences shows us the ways in which Western biomedicine has come to formulate its notions of traditional medicine.

What is a differend? Lyotard argues that a differend is, “the case where the plaintiff is divested of the means to argue and becomes for that reason a victim… a case of differend between two parties takes place when the ‘regulation’ of the conflict that opposes them is done in the idiom of one of the parties while the wrong suffered by the other is not signified in that idiom”(Lyotard 1999: 9). Differends occur when one phrase regimen or language game is subjected to the rules of another language game in proving its complaint or lodging some form of argument. It will be my argument that the claims of traditional healers are being held to the rules of the technoscientific metanarrative, a self-legitimating phrase regimen that applies rules across differends. The problem is that, in the case of Western biomedical rules, traditional healing is unpresentable as a healing mechanism because it has a different idiom. The goal we should all have is to find differends and look for ways to gain justice by healing the self-legitimating rules of one phrase regimen from dominating the very existence or legitimation of another. We must remove the linguistic and material power vested in the Western biomedical discourse to determine the appropriate interaction of different forms of knowledge (Lyotard 1999: 5).
Lyotard utilizes juridical language in order to express his contention that coming to justice is an act of judgment between competing phrases (Lyotard 1999: 9). These phrases often impact one another; in this case the West’s phrase regimen is applying its own rules upon a different regimen that does not fall under those rules. A differend ensues in which one of the two groups is turned into a victim because its claims are marginalized by rules it can never meet. The two sides of the dispute speak in incommensurably different dialects (Readings 1992: 118). We can look to a definition provided by a Western scientist which admits to the claim that the two phrase regimens do not translate into one another, “Koumare (1983) describes African traditional medicine as the total body of knowledge, techniques for the preparation and use of substances, measures and practices in use, whether explicable or not, that are based on the socio-cultural and religious bedrock of African communities”(Oppong 1998: 98). This definition infers that some of these techniques are not explicable. This is the clearest statement one might be able to find from a Western scientist that not all of the elements of traditional medicine can be translated into the biomedical metanarrative. What

we are left with is the possibility of injustice in this situation especially when we look to the different discursive claims being made by the West in relation to traditional medicine.

2. Not Just A Differend

I need to nuance this dispute more than I have already. There are many different ways in which the West has attempted to use its forms of knowledge litigation against traditional medicine. Western science has situated objectivist claims of science on a pedestal that seems untouchable in so doing subordinating the claims of indigenous peoples (Dryzek 94: 1-7). Individuals who do not operate according to its self-legitimating rules are located outside of science and given the status of nothingness. There are several manifestations of the Western metanarrative which have been unjust toward traditional medicine. These polyvalent manifestations are as follows: homogeneity of traditions, integration as appropriation and destruction, tokenism, and pharmaceutical emancipation. All of these different manifestations of the discursive claims of the West have victimized traditional medicine.

First, one of the major problems with all of the literature dealing with traditional healers is that it homogenizes, it tends to deal with these various types of healing in ways that simplify. I will try to meet the burden of heterogeneity by bowing to the discomfort of the differend I wish to discuss, always acknowledging that I am barely touching on it's complexity, the multiple boundaries that have formed. It seems plausible that there are most likely levels of incommensurability and differends between different types of traditional healing. The term *traditional healer* itself is filled with the problems that postmodernity has wrought. If anything, the use of the term traditional healer, the impossibility of a discussion that includes all the various discursive distinctions between different methods of traditional healing in Africa, proves the point that a comfortable and easy politics is not a just action.

Next, we find inclusion as appropriation and destruction. The first level of this discursive domination is based in the literature of threat, the notion that African health problems threaten the world. This literature espouses the ostensible need to utilize any means possible in order to fight the disease. It seems that Western science has been able to locate Africa as the locus of the explosion of the AIDS virus. I want to deal with the claims that these statistics help to justify in this differend. First we find that,

Not since the Black Death devastated medieval Europe has humankind observed infectious disease deaths on such a massive scale that a country's population has shrunk rather than grown. But that Scenario is playing out again in the 21st century, with HIV/AIDS replacing bubonic plague as the killer, according to new data presented here at he XIII International AIDS Conference… this conference is taking place in Africa, the epicenter of the epidemic (Stephenson 2000: 556).
This indicates that the disease grows unchecked. Another important aspect of the discourse of threat is its use of terms like "Africa's apocalypse" (Klusener 2000: para. 5) as a description of AIDS in Africa. This adds to the AIDS virus a new dimension, ownership by Africa. The ideology of ownership over apocalyptic disease here is provided by the image of Europe as the location of the Bubonic plague. As much as Europe remains the historical location of the disease, the discourse of threat wants to transform Africa into a new location of disease with historically contingent language that may increase fear of the situation throughout the whole continent.

Africa being seen as the center of the disease justifies integration. The claims of Africa as the location of the virus situates it as the primary concern for disease control but this risk must be made tangible for other areas of the world in order for integration of traditional knowledge to be justified. Accordingly, the world must come to grips with the fact that disease is not constrained by borders; it can impact the West as well. These claims that disease travels from nation to nation are true and must be understood for an ethical response to the disease to be found; however, we must look to the rushed integration that it justifies, "Nature does not recognize artificial borders establishing States; therefore, emerging and reemerging infectious diseases (EIDS) are an issue of global concern. The World Health Organization (WHO) has gone so far as to claim that infectious diseases represent 'world crisis"(Thompson 98: Intro, para.1). According to this part of the Western biomedical metanarrative, the fact that AIDS and other types of EIDS do not recognize the territories that we have delineated over time means that we can no longer conceive of dealing with diseases in terms of our own boundaries. This claim is dangerous but necessary. It is true that we must seek convergence, a denial of total incommensurability, but the current policies being designed are not positive steps toward justice.

The fact that disease is spreading so rapidly in Africa becomes ground for inclusion of any technique. The problem with the various ways in which inclusion

of traditional medicine into the biomedical frame has been constituted is that it undermines the very nature of the differend between the two systems. The rules of the biomedical apparatus are applied to traditional healing the moment that inclusion comes up. One of the main organizations that has argued for inclusion of traditional medicine is the World Health Organization. It is this organization along with others that have brought up the need for biomedical rules to be applied to traditional medicine. Inclusion is seen as necessary, important, but its manifestation causes the differend. One sees this problem in the following,
'While official endorsement of traditional medicines for HIV/AIDS may be slow, there is growing emphasis on research endeavor in this field [eg, HARITHAF], which in turn will provide the base for policy decisions to be made', notes Gerald Bodecker (GIFTS). WHO guidelines state that if a traditional medicine is in customary use with no reported side-effects, a fast track toxicology regimen is sufficient to start simplified, rapid, phase III clinical trials (Morris 2001: 1190).

For integration to occur, traditional medicines must undergo *toxicology* and *phase III clinical trials*. These are all part of the rubric of Western biomedicine under WHO guidelines that enforce the identity of victim upon traditional healers. While many of the traditional medicines that are used have been shown to be effective (Oppong 1998: 98) other methods have barely been dealt with. The literature in favor of integration tends to lean heavily on proving the efficacy of some traditional medicines rather than on the methods of traditional healing as a whole.
We can see in Lyotard's own criticisms of the West a description of the process at work within integration,
The scientist questions the validity of narrative statement and concludes that they are never subject to argumentation or proof. He classifies them as belonging to a different mentality: savage, primitive, underdeveloped, backward, alienated, composed of opinions, customs, authority, prejudice, ignorance, ideology. Narratives are fables, myths, legends, fit only for women and children. At best, attempts are made to throw some light into this obscuratanism, to civilize, educate, develop (Lyotard 2002: 27).

The scientist looks at the narrative of traditional knowledge and applies rules, a litigation of sorts, upon it in order to explain it away as a *fable* or integrate it by *civilizing* it. This is what we see happening in the above discursive claim involving the WHO and GIFTS. Both organizations seem to be arguing for inclusion most

likely because of the claims being made by the authors I have cited on the growing problem of EIDS in Africa, however, they are also arguing that as part of inclusion, a differend must be solved through normal litigation. This leads to massive injustice as traditional knowledge becomes homogenized and is forced to fit the mold of scientific discourse.
The main complaints leveled against traditional healing are as follows, "although traditional health systems are locally accessible and culturally relevant, they must first be rendered safe… poor documentation, a lack of standardization, and the absence of regulatory mechanisms for traditional health-care practice… were seen as challenges"(Bodecker, et. al. 2000: 1284). It lacks scientific corroboration and homogenization. The expectation of homogenization is highly problematical in the sense that it would mandate that traditional healing follow certain *standards* across heterogeneous forms of knowledge. There is no evidence that traditional healing is necessarily something that can be homogenized. We may look merely to the fact that there are so many different countries and ethnic groups in Africa. There would be no way to manage a standard type of traditional health care across so many different traditions without doing injustice.

Another reason given for integration is protection. The need to apply all forms of medicine to solve the impending doom in Africa has lead to a fear that African traditional forms of knowledge and medicine must find protection within the legal apparatus to avoid being lost. There is the risk because of decreased inter-generational communication that this could happen (Oppong 1998: 106). One framework that has been suggested is the Common Heritage of Mankind (CHOM). This framework will offer compensation to traditional health practitioners for the use of their medications in research (Trotti 2001: Section V. Applying the Common Heritage…, para.1). While the goal of the agreement is to protect indigenous knowledge and to make sure that these forms of knowledge benefit indigenous groups, it does so through financial means. In order to justify the development of a drug for commercial use, a company must pay fees. Appropriation seems imminent even though one of the primary goals of the agreement is to avoid appropriation and use by the outside world. The very language of CHOM seems to indicate that we share in this knowledge because it belongs to all of us. This is the language of appropriation and as much as the individuals supporting this idea believe that they are in effect saving indigenous knowledge, they are only giving compensation for its development within the biomedical framework. Within this differend, we find the need for the West to find

comfort in its appropriation by couching its integration through appropriation in international legality that uses the euphemisms of shared identity and heritage. Traditional healing is not even a shared identity for all Africans. Countries like Ghana have heavily supported the development of traditional medicines native to that area but Malawi has been less willing to engage in this development (Oppong 98: 103-104). Another problem is that the only thing being protected or even discussed by the individuals pushing for integration is medications, bioactive agents. These do not encompass traditional healing. There are many other more ritualized components within traditional knowledge described in the first section that are not dealt with here.

Tokenism, the third manifestation, is the notion of giving a place to traditional healing that is *deserved.* Many scientists are beginning to understand the true importance of traditional healing; at least they recognize that traditional healing is widespread (Morris 2001: 1190), and that perhaps it is bearing the brunt of the responsibility in fighting EIDS (Bodecker, et.al. 2000: 1284). This recognition comes as many policy makers are searching for its integration through CHOM or biomedical testing of traditional herbal remedies. These could be seen as token responses to traditional healing, however, there are more insidious forms of tokenism. It has been suggested that traditional healers be used as part of the international surveillance system: "Utilizing traditional healing systems as a basis for national infrastructure development naturally facilitates the use of traditional healers in local surveillance, thereby improving global health surveillance" (Thompson 1998: Section II.A. Surveillance, para. 1). So, traditional healers who have, up until now, been defined within the Western biomedical metanarrative as culturally appropriate and socio-historical are being pushed into the field of surveillance. This proposal seems to show a complete disinterest in the usefulness of traditional healing in and of itself and instead transforms it into an object within the international health system. So, tokenism is present within the discursive field in many ways.

The last discursive manifestation of the West is the one that causes the greatest injustice in terms of presentation. The narrative of traditional healers is not even mentioned. Instead, a fetishization of Western pharmaceuticals is touted as the primary mechanism of solution if not the panacea for AIDS related illness and EIDS. I call this pharmaceutical emancipation. One type of metanarrative mentioned by Lyotard is that of emancipation (Lyotard 2002: 37) and I believe

that the biomedical metanarrative does manifest itself as emancipatory at times. I think the following quotation hearkens back to the notion of Africa as the location of disease, trapped in a prison that the West can unlock:

Western pharmaceutical companies have made significant advances… These statistics show that AIDS is no longer considered an epidemic by the Western world. How is it then, with all of these advances, that AIDS is a threat to the very existence of whole countries in the developing world? No one argues against protecting intellectual property to encourage investment and innovation. Nevertheless, protection must yield when part of the world is faced with an epidemic likened to the European plague (Nerozzi 2002: Conclusion section, para. 1).

This author never even mentions traditional medicines or the rituals that go along with traditional healing. The only thing mentioned is the ability of the West to emancipate the *developing* world from its location of DISEASE on the map of discourse. African and other developing nations are seen as being in need of help from the Western world. Nothing else will solve their epidemic or help them destroy the label of DISEASE that they wear on their chests like a scarlet letter. Wherever drugs are not available, Western doctors ask that they be made available or that local medications be tested by science (Bodecker, et.al. 2000: 1284).

The several ways in which this differend manifests itself show a general push by the international community to leave traditional healing out, outside of international movements to work on disease. The only opportunity for inclusion is change, the death of phrase regimens. Simply because I criticize the ways in which cooperation has been suggested does not mean I disagree with the premise. While the West has a good idea in wanting to work with traditional healers in Africa, we have missed the primary tenet of the postmodern world as described by Lyotard. The problem is that whenever phrases are in dispute, it is difficult to avoid the problem of the more powerful discourse destroying the less powerful. What we have is a knowledge, traditional healing, which has been placed outside the scope of Western knowledge but that is being appropriated in ways that destroys it or at least changes it beyond recognition. What we need is a different way of coming to grips with the differend here and of allowing both traditional and Western methods to be used in fighting the virus.

3. Lyotard's Justice: Cooperation Across Phrase Regimens

I am searching for a just way to allow for the continued use of traditional

mechanisms of healing and biomedical methods as well. The people of Africa and the rest of the world have the right to make choices about the types of medical help they will utilize. While the West's metanarrative has hampered just cooperation and the ability of understanding is hindered, traditional healing is still being utilized today in African countries as the several sources cited earlier show (Bodecker, et.al. 2000: 1284). We must look for help in attempting to find justice within this differend in the works of the man who originated the concept, Jean-Francois Lyotard.

All phrase regimens are contingent. This, the primary argument espoused by Lyotard (Lyotard 2002: 28), shows that there is not a universalizable tenet in Western biomedicine. It is just as contingent on historical developments and discursive constructions as any other system: "medical systems do not stand alone, but are embedded in historically derived contexts of cultural meaning and social norms"(Oppong 1998: 100). We can no longer view Western biomedicine as a universal notion of medicine in control of all medical policy-making. This is an extension of the colonization that Africa has felt for years from European countries and Christian missionaries (Oppong 1998: 101). With this in mind, we move to a different notion of the way in which these discourses should interact. The silence invoked upon traditional healers, the notions of pulling traditional healing into the mix by forever changing it, must be thrown out as we embrace postmodernity with its uncomfortable but also inevitably more just notions of phrase regimen interaction.

When we are faced with a differend in which one side is denied its ability to describe the harms being wrought on it by the idiom of another (Lyotard 1999: 9), we must seek out justice. Judgment must occur; we must attempt to locate justice for both sides. Lyotard's notion of judgment: "implies that judgments must be made and remade, and remade and that neutrality is impossible because all judgment must provoke *differends* when there is no universal concept of society, no consensus, no law, to determine judgment"(Carroll 1984: 76). The issue of judgment is left as an open question, a discursive space in which resolution, what I have termed comfort, cannot exist because if it were to exist it might lead to dire consequences, "phrasing the political for Lyotard is first to make it possible to phrase the *differend*, to phrase that which 'reality' and a politics rooted in it have not allowed to be phrased, what political theory has always attempted to suppress or resolve quickly and with as little effort and effects as possible – and too often with deadly consequences"(Carroll 1984: 78). We are asked, in the condition of the differend, to allow for a space in which the unpresentable becomes

presentable. Listening or feeling for the injustice creates the necessary conditions for remaking judgments as situations and differends change. The biggest mistake we can make is to frame the differend as a static entity, one we can have a hold on. Instead, we must reason with it as a dynamic discursive field in which injustice is always possible, especially if we do not continually remake our judgments and remake our notions of what judgment means. Lyotard states, "absolutely I judge. But if I am asked by what criteria do I judge, I will have no answer to give"(Lyotard&Thebaud *Just Gaming* 1999: 15). For Lyotard, we have, "[left] the question of what justice might be open to discussion" (Readings 1992: 125). We have not closed the discussion; we have created a sustaining discussion in order to allow for justice to be attempted.

For Lyotard, the unspeakable, in this case traditional knowledge must be felt through, "reflect[ion] on our thinking, the thinking that takes place in the existing discourses. Borrowing from Kant, Lyotard calls this feeling reflective judgment… he argues that the feeling we need is none other that Kant's feeling of the sublime"(Nuyen 1998: 413). How we reach this feeling of the sublime is difficult. It involves thinking about something that, "cannot be presented to the mind by the faculty of sense because no sensuous images are adequate to the task"(Nuyen 1998: 413). We have here the position from which to begin an adequate conversation across phrase regimens. Instead of attempting to translate traditional knowledge into our biomedical discourse, we must take the less violent route of thinking about indigenous healing systems outside the ethnocentric gaze. We must engage in the idea, think about it without enforcing our own notions on it, we must feel it. This feeling will come through remaking our notions of what indigenous knowledge is and how it can interrelate with Western biomedicine. We reject the incommensurable when we refuse to litigate by a given idiom. We back down from the unpresentable frame when we begin to come into contact with the sublime.

We have moved into the field of the unpresentable, the portion of the traditional knowledge we have investigated through the Western gaze. No longer is our gaze intent on creating something new, it is instead centered in finding the unpresentable through sublimation of the mind, feeling that which has never been understood. This opens the door for paralogy. The paralogic individual is described throughout Lyotard's work as an individual who can move across phrase regimens and can formulate methods of just cooperation, actual rejection of the impossibilities of modernity's incommensurabilities. For Lyotard: "paralogy

must be distinguished from innovation: the latter is under the command of the system or, at least used by it to improve its efficiency; the former is a move (the importance of which is often not recognized until later) played in the pragmatics of knowledge"(Lyotard 2002: 61). Paralogy is a new move that does not rely on the idioms of a given system but that is separate from it with no criteria for its creation. Paralogy is destabilizing: "Countless scientists have seen their 'move' ignored or repressed, sometimes for decades, because it too abruptly destabilized the accepted positions, not only in the university and scientific hierarchy, but also in the problematic"(Lyotard 2002: 62). Paralogy does not simply innovate the system; it destabilizes the system. It is my claim that in the case of traditional healers, we can move through the process of judgment and sublimation, toward a feeling of the other phrase regimen, that regimen rejected by scientific discourse. Then, our biomedical science can make new moves within the differend to increase justice for traditional healing mechanisms but also to destabilize and de-territorialize knowledge by removing the universalizability tenet inherent in the biomedical phrase regimen intent on de-mystifying and de-spiritualizing traditional knowledge.

This process will decrease terrorist activity. Homogenization, integration, tokenism and pharmaceutical emancipation are all terrorist activities. We must reject the emancipatory metanarrative which cries out that, "all peoples have a right to science"(Lyotard 2002: 31) and must instead de-terrorize the discursive terrain. Lyotard states, "by terror I mean the efficiency gained by eliminating or threatening to eliminate a player from the language game one shares with him. He is silenced, not because he has been refuted but because his ability to participate has been threatened"(Lyotard 2002: 62-62). The need to feel the Other's presence through sublimation as well as to remove the criterial claims of the Western idiom of biomedicine is part of the larger ethical goal of removing terror from the spatio-discursive field. Lyotard warns against viewing discourses as merely sharing space (Hammer 1997: 475), so I want to nuance the last statement. The two phrase regimens that I have concentrated on not only share space, they also share discursive control over a field of knowledge and bodies. It is important to realize that these discourses are not static, that they grow and that the spatio-discursive field I have dealt with here may not last, may not remain intact. We can gain the ability to bear witness to the silenced phrase regimen by taking up the cause of decreasing terrorism toward that discourse and taking moves to destabilize our own discourse of biomedicine. The West is taking

steps to include traditional healing within the field of the medical policies that have been deployed. What is not clear is that this inclusion is anything more than appropriation, colonization. This is why Lyotard warns against cooperation between larger, more powerful discourses and smaller narratives that do not have a strong defense against litigations that could destroy them.
While this approach has been criticized for not being an active political stance, it seems clear that the postmodern approach of Lyotard is a critical move toward justice (McKinlay 1998: 482) especially for discourses that have been harmed by historical circumstances like the colonialism that has impacted indigenous groups. We can remove the idiom of the biomedical metanarrative which argues that, "the new process of legitimation by 'the people' should be at the same time actively involved in destroying the traditional knowledge of peoples perceived from that point forward as minorities or potential separatist movements destined only to spread obscuritanism"(Lyotard 2002: 30). This work is the work of rejecting the incommensurable.

This ethical stance can help those of us in the West to overcome the litigation invoked by the metanarrative. Through an act of charity, an act of bearing witness to terror, we can escape the discursive genocide that is the field of knowledge for the West in Africa now: "charity is forced on us, whether we like it or not, if we want to understand others, we must count them right in most matters"(Davidson 2001: 336). With this ethical stance we can hope to achieve the world that Lyotard envisioned in which metanarratives would become extinct. Traditional knowledge may have risks for those who use it (Jolles&Jolles 1998: 71) but so does science. It may have problems that we can define but our definitions are inadequate. This paper is not just a re-articulation of Lyotard's work, it is a study into how we can seek out the incommensurable, the differends that are present in international discourse, deconstruct their various attributes and then re-affirm the ethical. We can see where our phrase regimen shares room with others and then attempt to act ethically. When we have acted ethically, then we can seek convergence in our efforts that are not clouded by the differend but are just with the ethics of the postmodern stance. This stance, in which discourses are not collapsed into one another, in which shared learning through a discursive charity and ethicality and in which understanding can be attempted will allow multiple responses to a deadly disease. The West may never find comfort in a situation where it cannot have control, where there is unpredictability and changing boundaries, but that is the sign of ethicality and justice for the Other and for us.

Africa can be freed from its location on the discursive map in the prison of disease. Ethical spatio-discursive sharing is essential to finding ways to remove the consequences of disease dispersal throughout Africa.

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