



Man better man: the politics of disappearance

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ABSTRACT

The discourses of Antillanité and Créolité are both based on the absence of women. This is more important in the discourse of Créolité since it silences the grandmothers, great aunts and village midwives who are the transmitters of folk tales, folk medicines and oral culture. In the struggle for recognition between Caribbean males and western males folk medicine may be too closely associated with the denigrated female role to be considered a suitable inclusion into modern development.

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1. Introduction

During research conducted into folk medicine undertaken between 1995 and 2000, it became obvious that folk medicinal knowledge was considered women's knowledge and was passed on from grandmothers and great aunts to the grandchildren or other young kin living with them in extended family households (Lans, 2001). It was also apparent that professionals denigrated folk medicine, partly because of its association with women's knowledge. This is just one instance demonstrating that gender and inter-racial relationships in the Caribbean have an impact on micro and macro level decisions and therefore on those decisions made in relation to "national development". It is my contention that folk medicine has not been considered "suitable" for a "modernising nation". In order to understand the marginalization of folk medicine in the Caribbean health system I will present a synopsis of several features in the surrounding culture, including the system of exchanges between men and women that either allow folk medicine to function or send it into crisis (Lancaster, 2002). However I recognise that it is difficult to separate the strands of class-based behaviour and striving for upward mobility from the masculinity struggles of the triple patriarchal system.

Folk medicine exists within the larger framework of a colonial history and current postcolonial struggles, and domination by North American media, culture and medicine. This paper makes the claim that the association of folk medicine with the denigrated female role has been difficult to overcome in the triple patriarchal system of Trinidad and Tobago. A study of newspaper articles on folk medicine from the 1950s to the 1990s revealed that there have been on-going struggles between scientists and herbalists conducted through the media. On the surface these debates and discussions are about science versus "nonsense". The deeper issue, however, may be the desire to forget all history and leave the colonial past behind. The Caribbean was colonized by western powers for more than five centuries. This history has produced a catch-22 in that progress is associated with the colonizers but is still sought-after. In his reviews of masculinity Moya (2002) reveals that several definitions of masculinity refer to the need for peer approval or in other words measuring up to the norms of hegemonic masculinity.² In the Caribbean context the "other man" or hegemonic men are the former colonizers and the hegemonic role of the former colonial male is the role being contested over.

Research on Caribbean masculinity is in its early stages. Some of this work shows the linkages between masculinity and

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¹ This paper was written while the author was at the University of Victoria, in the Sociology and History Departments.

² An analysis derived from Kimmel (1997).

nationhood. Linden Lewis (2000) claims that the nationalist project has been blatantly framed in masculinist terms and goes further to state that this masculinist orientation was normalized as a general process of struggle rather than as a specific struggle, by one group of men to wrest control from another, more powerful group of men. Prof. Rhoda Reddock elaborates on this theme in her recent paper “Man gone, man stay!”: Masculinity, ethnicity and identity in the contemporary socio-political context of Trinidad and Tobago’. Reddock described the ethnic relations between groups in Trinidad as ‘a contest among men in which control of political power serves to legitimise notions of citizenship and become a symbol of “manhood”’. Reddock built on the work of Dr. Patricia Mohammed who claimed in her 1995 paper that in 1917, Trinidad and Tobago had three co-existing and competing patriarchal systems. These were the dominant white system which in those days controlled state power and today still retains some hegemonic control, the “creole” patriarchy of mixed race and Afro-Trinidadians functioning in and emerging from the white group and the East Indian subordinated masculinity which was at the bottom (brought to do the labour the emancipated slaves refused) (Mohammed, 1995). The competition between the men was over social status, economic and political control of the state. There were also struggles over definitions of masculinity and authentic nationhood.

Reddock expands on Mohammed’s description to show the political repercussions of these patriarchal struggles. For example Reddock claims that the Afro-Creole³ political ascendancy achieved in post-colonial times represents a fractured and fragile masculinity opposed to an equally fractured and fragile but less politically fulfilled masculinity of Indo-Trinidadian men. Indian masculinity had to struggle against creolisation while pursuing acceptance and social mobility within its paradigm, while on the home front these men strove to maintain patriarchal dominance versus the Creole norm of fluid relationships. Both ethnic groups (Afro-Creole and Indo-Trinidadian) have historically affiliated themselves with one of two major political parties. Each group feels symbolically and economically rewarded when “their party” is in power, and a profound sense of loss when it is not. Reddock claims that the small populations of other ethnic groups—for example the Lebanese, Chinese and un-mixed Euro-Trinidadians and Europeans have to “take a side” with these two numerically dominant groups. My interpretation is that the minority ethnic groups adopt what R. W. Connell (1997, p. 32, quoted by Moya, 2002, p. 71) calls ‘accomplice’ (ally) masculinities with whatever ethnic group is in nominal power. In the Trinidad context these men are (ostensibly) politically subordinate but in reality are often economically dominant and in some cases are the hegemonic men that the Afro and Indo-Trinidadians are struggling to replace in real terms. It is worth noting that during the struggles for independence and subsequently, Caribbean men made no attempt to construct alternative versions of masculinity but were content to reproduce their own versions of the inherited hegemonic European model and the patriarchal Indian model.

Afro-Creole political dominance is also linked to ideas of authentic nationhood (Reddock, 2002). This means that slavery has been constructed as the foundation of Caribbean society in a kind of origin myth and Afro-Creole political dominance has been seen as a form of emotional security and symbolic manhood. Unlike privileged ideologies, which do not have to articulate the basis of their power, Afro-Creole dominance had to be legitimised as compensation for slavery and exclusion from the economic sector and for “alienation” from originary African roots (Lewis, 2000). This political masculinity legitimizes and authenticates the Afro-

Creole presence but it marginalises other ethnicities. The origin myth has also dominated the “discourses” produced by Caribbean men.

2. Gender roles: man better man

The historical dilemmas of slavery and colonialism produced anticolonial counter discourses like Antillanité and Négritude. These discourses have masculinist overtones; only male talent and pursuits are permitted and anything with female overtones like folk medicine is pushed into the background (Arnold, 1994). The underpinnings of these anticolonial discourses are that western imperial discourse had feminized those cultures that it had subjugated, in order to justify that subjugation. This feminisation process is intolerable to all colonized men since the role of the real productive man is occupied solely by the European or American white man (ibid.). One theorized reaction to this dilemma was the early anticolonial discourse of Négritude which established the ideological dogma that only African contributions to Caribbean culture could be counted and held the escaped slave or Maroon as the super male but absent hero (ibid.). The absence of the hero was important because of the real presence or role occupation of the western man as the sole productive man in Caribbean society. Négritude inverted the racist stereotype but left the underlying racist structure intact (ibid.).

The newer discourse of Créolité created by Jean Bernabé, Patrick Chamoiseau and Raphaël Confiant shifted the theoretical focus to the plantation and the joint Afro-Creole culture of cultural and biological métissage between white masters and black female slaves. In this account the black man still has no creative or procreative role in society but is a male story teller, a docile slave trusted by the master who uses words to spread a subversive message similar to that of the calypsonian of today (Price & Price, 1997). What both discourses have in common is the absence of women. This is more important in the discourse of Créolité since it silences the grandmothers, great aunts and village midwives who are recognised by most others as the transmitters of folk tales, folk medicines and oral culture (Herskovits & Herskovits, 1964 [1947]). Arnold (1994) suggests that intellectuals who think that cultural production is solely a masculine activity created the masculinist anticolonial discourses. As pointed out by Reddock (2002) the concept of manhood was adopted from the Eurocentric ideal even while its racist ideology was being challenged. As part of the struggle for recognition between Caribbean males and western males, everything associated with the denigrated female role (like folk medicine) was rejected and considered an unsuitable inclusion into modern development.

The dilemmas of history, language and western-derived gender roles that are said to be not economically realistic have shaped a continuous struggle over origins and whether Creolization is preferable to maintaining separate ethnic identities. It has been claimed that Creole subjectivity is dependent on the structures and ideology of European colonialism and becomes unravelled in a postcolonial Caribbean (Barnes, 1998). Added to this is the pull between the colonizers Eurocentrism and the colonized’s Afrocentrism and how these “centrism” are internalised and externalised. For example, Price and Price (1997) criticize the French West Indian intellectuals Bernabé, Chamoiseau and Confiant for tracing links from the Martiniquan Creole language to the French language of 1652 in Normandy and Anjou. Price and Price claimed that France was pushing this ideology of European link-

³ Raphaël Confiant’s definition of Afro-Creole culture is one of cultural and biological métissage between white masters and black female slaves (Bernabé, Chamoiseau, Confiant, & Khyar, 1990).

ages to hasten the assimilation of the French West Indies into the metropole.

This assimilation process is an indication that the French West Indian islands are perhaps more actively fathered than the former and current British West Indian islands assuming that the Caribbean islands and their populations are what Latour calls ‘hybrids’ (Elam, 1999). These hybrids are the mongrel miscegenations of the West, the creations, “outside children”, the responsibilities of the West (still to some extent) (ibid., p. 16). The West may not give these mongrel hybrids enough love and attention, but has not abandoned them either. When Indo-Trinidadians accuse Afro-Trinidadians (the academic elite of whom they call Afro-Saxons) of attempting to Afro-Creolise all Trinidadian culture the implication is 1) that they are trying to take over the role of the original “bad Western fathers” and trying to create more “mongrel” children (Afro-Indo mixtures are called “douglá”) and, 2) that they are showing racial self-contempt by wanting mixed-race children. Indo-Trinidadians in return are accused of clinging to their traditions and refusing to Creolise. Underlying the debate is which ethnic group should assume the role that the Western colonizing male previously occupied.

The link between masculinity, the nation state and health care is best exemplified by Cuba. In the Spanish-speaking Caribbean Cuba’s medical diplomacy and investment in biotechnology generates symbolic capital: intangible qualities (like honour, prestige, and reputation) which appear opposed to strictly economic interests, are in fact convertible back into material capital (Brodwin, 1998). The Cuban policy is to demonstrate that its socialist state can provide a modern health care system and need not settle for small-scale technologies or China’s barefoot doctors (ibid.). Cuba’s biomedical service with its massive ideological weight may be considered a modernising vanguard that undercuts local therapies and conceptions of illness and suffering (ibid.). When a modernising vanguard like biomedicine is introduced into a rural or poor community, its clients are forced to adopt certain perspectives and learn new scientific phrases (ibid.). People then detach themselves from or modify local contexts of meaning when they accept western-derived biomedical treatments (ibid.).

3. The social [de]-construction of knowledge

Lancaster (2002) has pointed out that if you omit history you suppress everything that gives culture its meaning. This statement is as true for Trinidad and Tobago as it is for the rest of the Caribbean. Under the *Cédula de Población* 1783, local people of all races were granted certain rights by Spain. Under the Articles of Surrender of 1797, the British accepted these rights, which allowed all people to inherit property, hold commissions in the local forces, practice professions, to have exemption from certain taxes, and to apply to the crown for grants of land. Article 5 of the *Cedula* gave all settlers citizenship after five years of residence and it made few distinctions between whites and coloureds, which was unique to Trinidad. Settlers were offered incentives under the *Cédula de Población* 1783. The free blacks and coloureds received free grants of land: sixteen acres for each man, woman and child and half of that for each slave brought. This was about half the grant of a white settler (Besson, 2000; Joseph, 1837). Due to the *Cédula* some free blacks were slave-owning proprietors of large sugar estates. They had come to Trinidad from Martinique, Guadeloupe, Ste. Domingue, Grenada and St. Lucia as educated and professional people or military men. Sometimes their sons were educated in Europe or took the grand tour of Europe and they adopted the style of European elites of equal education and wealth. Some young sons had blood ties to titled people of a previous generation, which provided some mobility in the social strat-

ification system. The snobbishness of the times are illustrated in this local rhyme:

and this was sweet old Trinidad, land of the sugarcane and the cocoa pod, where the Ganteaumes spoke only to the de Verteuils, and the de Verteuils spoke only to God. (Ibid.)

However these free blacks did not enjoy their prosperity for long. The new British Governor Sir Ralph Woodford felt that the non-white Creoles were upstarts not in their ‘proper place’ who had been given too much freedom and privileges by the former Spanish government. The local whites were also foreign to Woodford (French, Irish, German and Spanish). Woodford, the first civilian governor decided to civilise all of Trinidad’s “disorder” which came from the vicarious origins of its people by replacing military force with the institutionalization of a settled society graduated in terms of social rank, which paralleled racial stratification (ibid.). In the 1820s Woodford started to put social pressure on the free blacks and he prevented their advancement wherever he could. Local white Creoles changed their former cordial attitudes and adopted Woodford’s prejudices to enhance their own social standing because as “inferior colonials” they were excluded from the top administrative posts that were reserved for British expatriates. After 1876, the English monopoly over government came to an end but the English influence continued. The racial and social stratification in Trinidad lasted in modified form until the 1970 Black Power movement forced some social changes (Mintz, 1974).

Despite the efforts of Woodford and others to prevent the advancement of the coloured population, agriculture played a role in shaping the society. By the 1950s cocoa had become a staple in Trinidad’s export market. Whereas sugar cane is only viable with vast acreages, people with small plots of land were able to participate in cocoa cultivation so the middle classes of all races became comfortable between the 1860s and the 1920s. The French Creoles became both cocoa planters and exporters–importers. The Hispanic–Amerindian population (cocoa panyols) were the poor but hospitable backbone of the cocoa economy, clearing the forest and cultivating the cocoa fields. Many families of the coloured lower and middle classes alongside the Portuguese, Chinese, Syrian, Lebanese and East Indian immigrants were able to own small cocoa estates, own/operate small and medium-sized businesses, live comfortably, and educate their children to become professionals (Mohammed, 1995; Besson, 2000). These new middle classes strove to maintain the values and morals of the colonial society (ibid.).

4. Cultural integration

Assimilative cultural integration exists when acceptors take the values of the giving culture as a point of departure. Incorporative cultural integration exists when the acceptors’ own system of values is the point of departure (Tan, 1989). Assimilative cultural change describes the newly emerging coloured middle class. After 100 years of British rule they had assimilated English Victorian values (Christianity, politeness and respectability) (Besson, 2000). The original ties to France and Spain had been lost by this time so instead of the tour of Europe, some middle class sons became scholarship winners at the best universities in England and Scotland. Many became professionals, lawyers and doctors, schoolteachers and civil servants. Others, like L. O. Inniss, owned pharmacies (ibid.). In 1910 L. O. Inniss was the head of the Pharmacological Society in Trinidad and Tobago. It is in the context of the move away from the lower classes towards a professional life style imbued with British values that one can read an excerpt from the address Inniss made to the Pharmacological Society in 1910:

One wonders what those Creole remedies are, which succeed, when duly diplomaed scions of AEsculapius have signally failed . . . Having been trained as a druggist and having had to pass many hours before my examination, learning the doses of medicine, I can't understand the fast and loose way in which these Creole remedies are prescribed. (Inniss, 1910, p. 141)

The expanding middle class fuelled by education and desirous of social mobility and acceptance disassociated itself from its background in agriculture and traditional medicine (Rollocks, 1991). Trinidadian doctors trained abroad in the “mother country”, discouraged the use of folk medicinal practices⁴ because they ‘smack of pagan Africa, and are no longer necessary in the light of Trinidad’s medical progress’ (Mischel, 1959, p. 413; Laguerre, 1987, p. 11). It may be that these men were mirroring the colonial attitudes. These prejudices were that Caribbean people were ‘savage, uncivilized, criminal, unintelligent, child-like and woefully lacking in the requisite number of men of the calibre necessary to administer their own affairs’ (C. L. R. James, quoted by Lewis, 2000, p. 262). The educated, professional men of the time viewed themselves as the natural heirs of the colonial mantle of leadership and sought to prove themselves in colonial terms, often patterning their behaviour in way that would meet the approval of the imperial authority (Lewis, 2000). This mirrored the thinking of the British colonials who felt that they could only be replaced by an indigenous elite that undergone a British education and played cricket like gentlemen (ibid.).

In some cases the British West Indian identification with the colonial power was very strong. West Indian men arrived in Britain at their own expense ready to serve as warriors for the British Crown in the British West Indies Regiment (ibid.). Soldiers from Belize, fighting in Egypt sang ‘Rule Britannia’ but were chastised by British soldiers who did not want to include “the niggers” in their rituals of masculinity (ibid.). Lewis uses this example to claim that these British soldiers exploited the colonial and racial status of Caribbean men, to invent new vulnerabilities and to create new doubts over their claims to manhood. These soldiers would then have carried these humiliations and indignities home to the Caribbean and to their relationships with the other gender. Conversely some of these men went on to fight for nationalism.

Lewis makes note of the power, force and legacy of colonial socialization on the men carrying the mantle of nationalism. But some of the colonially derived attitudes towards healthcare were internalised and have persisted in women as well. Krumeich (1994) discovered that dispensary nurses in Dominica still denigrate women’s traditional healing expertise with bush teas and obeah. These attitudes were also pervasive in academia as in the UWI sociologist quoted by Pereira (1969), who claimed, ‘A study of folk medicine has no sociological significance’. Lewis claims that there was collusion between Caribbean men and the colonial authorities to reproduce colonial hierarchies. This is especially noteworthy since Caribbean women, due to slavery and their heritage had always played an important economic role as traders and healers.

Despite these colonial collusions and the social aspirations of the early pharmacists, doctors and nurses, folk medicine was resorted to for emergencies. For example large quantities of *Momordica charantia* were harvested and sold during the severe influenza epidemic in Barbados in 1938 and even pharmacists bottled and sold infusions (Bayley, 1949). In the 1930s the impact of western medicine was that of a dominant paradigm that was not totally accepted, but which offered elements that were selectively appropriated in a process of indigenisation. The concepts of “structural

superiority” and “functional strength” imply that western medicine acquired elite status because of its ability to control diseases (or suppress symptoms), while the folk medicinal system retained functional strength because it was more accessible and available to those isolated communities that existed well into the twentieth century (Brereton, 1981).

Diachronic and synchronic analyses can be used to explore transactions in social networks, which help to explain how one explanatory model, like western medicine, becomes dominant in a medical system (Tan, 1989). In the Cayman Islands folk medicine was once a robustly functioning set of beliefs and practices that served the social and physical needs of the community (Buchler, 1964). In the 1960s Caymanians believed that liquids (like tisanes) were more potent than pills. Inaccurate prognoses and occasional deaths were explained in terms of the system and rarely resulted in a questioning of the basic axioms of the system. In later years increased educational opportunities, economic mobility and the expansion of communication networks left Caymanians stranded between folk medicine, which was increasingly ridiculed, and western medicine (ibid.). A parallel system developed in Dominica where women eagerly accept modern biomedical services for their children. Culturally women are solely responsible for their children, including their health, so women try to master a range of therapeutic skills. High technology biomedical care is appropriated as a missing element from women’s own repertoires of herbal and religious healing (Brodwin, 1998).

When a modernizing vanguard like biomedicine is introduced into a rural or poor community, its clients are forced to adopt certain perspectives and learn new scientific phrases (ibid.). People then detach themselves from or modify local contexts of meaning when they accept western-derived biomedical treatments (ibid.). One instance of this process was seen in one interview in northern Trinidad. The respondent whose puppies had parvovirus used aloe (*Aloe vera*) to purge her dogs for the first day. Then she used store-bought golden seal and myrrh (*Commiphora myrrha*) and gave this for five days. The respondent interpreted the western-derived golden seal in both western and Creole terms: ‘golden seal is a kind of antibiotic, a blood purifier’ (Lans, 2001).

The colonial bourgeois cultural model and social aspiration are also seen in the phenomenon that a preferred item, usually imported and more expensive, replaces cheaper, more traditional, locally produced foods when funds are available (Mintz, 1983; Purcell, 1983). This phenomenon is manifested in the tendency to label local medicine “bush” and imported medicines “herbs”, these latter are considered superior and consumers ask for them (Chadband, 1987; Kissoon, 2008).⁵ The interaction of folk medicine with formal medicine in Trinidad and Tobago can be described as tolerant scepticism: it is “less than” western medicine (Laguerre, 1987). Allopathic practitioners have legal rights, but other practitioners are free to work as long as they do not claim to be doctors. Tolerant scepticism leads many Caribbean people to rely on the more progressive “foreign market” for answers. In this context one respondent told a story about Canadian healing oil, a joint/limb healing ointment that is produced in Guyana but is called Canadian Healing Oil because:

‘the people know their market’ . . . ‘one woman I know sent all over Canada for it, but they never heard of it over there’. (Lans, 2001)

These attitudes towards folk medicine fit the concept of ethnic ideology (Serbin in Dew, 1981). A series of colonially derived, diffuse ethnic ideologies were developed about the dominant Euro-

⁴ Part of the development discourse was to remove populations from the domain of folk wisdom, domestic remedies and non-modern healers (Nandy & Visvanathan, 1990).

⁵ Most of the Trinidad and Tobago herbal shops sell foreign herbs in conjunction with Kloss’s book (Kloss, 1992), which mentions no local plants. Several of the respondents referred to this book or showed the book during the interviews in the first phase of the research.

pean group and the other subordinated ethnic groups. These ideologies were generated from various factors: the survival of ties in the colonial society and the impact of the dominant ideology and culture on the pattern of each group's differing process of acculturation. Colonial values were not the only negative forces on folk medicine, however. A few scientists were honest enough to admit that they rejected folk medicine based on negative childhood experiences. These negative childhood experiences and the female aspect of folk medicine are described in the excerpt from a short story given below:

My grandmother was regarded by the community around us in Tunapuna as a nurse and a midwife. I rather suspect that she had acquired that reputation by her practical experience and knowledge, and from skills which were handed down. I may be wrong but I do not believe that she had any formal training as a nurse, but her vitality her fund of knowledge on the merits of the different grasses, bushes and shrubs which were always to hand, and her success with confinement cases, had over the years, built up the respect and the faith in her prowess and they are the two essentials in the healing process. She had delivered all of us, my cousins included, and our health and our vitality bore living witness to her ability. She was the one to whom we were sent whenever we felt out of sorts, and at the beginning of the school holidays. Castor oil, senna, fever grass, shining bush and all the other mixtures fashionable in those days were inflicted on us with the admonition that they were good for us. Castor oil was usually given during the first week of the holidays. What we got was a foul-smelling, un-refined oil which she had extracted by means unknown to us, from a tree which she nurtured in her yard. She was not one to indulge in the purchase of medicines when all the necessary ingredients were easily to hand either in her yard or in that of the many solicitous neighbours'.

I had a particular loathing for that castor tree, and that dislike extended to a physic nut tree which grew in our own yard. They epitomized the violence done on our persons, both internally and externally. Swallowing that awful tasting thick foul-smelling spoonful of oil was only the prelude to the glass of Epsom's Salts, which had to be taken the following day. The salts were given to us by our mother. We were never quite sure which we hated the more, the oil or the salts. The oil was only a spoonful, but we felt the taste in our mouths whenever we burped, while the long glass of the bitter-tasting salts took an eternity to go down, and to our minds only aggravated an already bad situation.

We were all given our doses on the same day, and this created a logistical problem, for there was only one out-house. There were five young busy bodies vying for the offensive relief that it only temporarily gave, and chamber pots were pressed into service . . . Those first days were traumatically busy, and we soon learnt to develop a pale listless look which was interpreted by the adults as the medicine 'taking hold'. Once that was out of the way, we were considered to be immune to almost everything. The exception was growing fever. 'Growing fever' was any type of ailment which induced a temperature and which did not readily lend itself to any other diagnosis after careful scrutiny by the medicine maker of the family. Remedies for that malady were limited only by the imagination, for readily available within easy reach was a formidable array of herbs, leaves, and other bushes, which had proved effective in the past. Confronted by such diversity, volume, and absolute faith, no self-respecting virus—a modern word—would stay around long enough to hamper any child's holiday. Armed with the immunity of the purges, the bush teas,

and fortified by the equally effective coolings and tonics, together with the love and patience of all those good people, we were free to conquer the world in any way we chose, so long as we did not get into 'trouble'.⁶

5. Transmission through time and space

Creolised Caribbean folk knowledge was organised, made systematic, and schematic and taught and learned in an organised form across time and space without being recorded in books. This was accomplished by recall involving ceremonial and ritual events such as the folk media reported below. Two examples of the oral tradition are reproduced below. The first is a calypso that gives an accurate description of the folk knowledge, its uses and the oral tradition from grandparents to the young. Calypsonians can be regarded as the folk socio-cultural historians of Trinidad and Tobago, and Calypso has been described as the redemptive potential of Caribbean folk wisdom (Price & Price, 1997). The second is a description of the Tobago Play 'Man better man'. This play has parallels to the struggle between "science" and "non-science" where both are claiming to be the "better man", rather than "an equivalent man". The play gives a description of knowledge as a source of power for its holders. Only those who are accepted by the community as "knowledgeable" can market this knowledge.

A calypso: 'Long time remedy' by Willard Harris (Lord Relator), 1971. Verse 1

Nowadays if you sick you in plenty pain, Because it ain't have good medicine again (X2) Nowadays people does be sick for a week, Long time, one day you sick, next day you on your feet, I living at my granny, so I bound to know, You can't beat a remedy of long ago.

Long ago, if the cold giving you trouble, 'bois canoe, black sage tea, or some soft candle, vervine, christmas bush or shado beni, bound to pass the cold immediately, It is my belief, you could settle yourself with soursop leaf, I say we have a right to take example, and try to live like the old people, because, as a youngster, I realise, de old people way of living is really wise. It's only recently, look I find it strange, old people used to live to a hundred and change, 'cause anything gone wrong with their body, they could find a suitable remedy. (Rollocks, 1991)

Man better man: a play for the Tobago Heritage Festival 1990.

The show was entitled 'Man-better-man' after one of the more efficacious herbs used by the islands' folk practitioners. The play was woven around two 'medicine men', each of who was trying to prove himself more efficient, skilful and powerful, than the other. In other words, they were engaged in battle of 'Man-better-man'. At the end of this battle which was fiercely fought with ants, nimbles, puncheon rum, 'compelling oil', red lavender, man-better man, wonder-of the world, rukshun, and verses of Psalm 37 and 59, the 'better-man' surfaced, as master over his opponent. In proving his efficacy as a 'medicine-man' the 'better-man' won the admiration and recognition of the crowd. As the 'better-man', he was able to foil all the tricks of his opponent. The practitioner needs to prove himself efficient as a healer to claim the title. (Ibid.)

6. Legitimatization

In parallel to the scientific world, actors in traditional medicine use a process of legitimization in that healers need to be or become

⁶ Quotation taken from 'Nostalgia', an unpublished short story by Kenneth Lans.

culturally esteemed opinion leaders in a community as described in the play above. Cultural esteem is linked to the social standing of the healer. Herbalists and religious healers claim to have the power to effect cures. The gift is regarded as given to be of service to others and if it is not used in this way, it will be lost. These specialists, both Indo-Trinidadian and Creole, do not share their knowledge with this researcher or with others because they claim it is “a gift from God”. Some herbalists (“bush” doctors) view knowledge as a private good and thus a source of revenue and power. Others have learnt about medicinal plants through dreams or revelations. Some respondents die with their gifts while others feel compelled to pass on their knowledge at their deathbeds so that they can rest in peace. One respondent had gained her knowledge from a dying healer and claimed that the cock that flew into her kitchen the day after the healer died was a sign from beyond the grave. Trinidad has Indo-cultural specialists such as “vein pullers” and masseurs who may be consulted for sick animals. One vein puller is quoted below:

I know more than them [the Vets]. I treat people as well as animals. I am the eldest son, a vein puller. When doctors ‘band’ a sprain, I will pull it. If neighbours animals have trouble giving birth I will go. But if the ‘young’ dies and the animal’s belly is swollen I call Dr. G. I can push back a prolapse so that it never comes out again. My father taught me. I can’t read, so I watch pictures in books. I asked a doctor for his book of human medicine with lots of pictures. When my animals are sick I buy medicine, and if Dr G. comes to treat them he doesn’t charge. (Lans, 2001)

7. Crab antics

Wilson (1969) has drawn parallels between Mediterranean concepts of “honour” and “shame” in his theorization of Caribbean concepts of “reputation” and “respectability”. Respectability or “social worth” can only be obtained by adhering to the Eurocentric colonial system of social stratification based on class, colour, education, and propriety based on church-going and marriage (Besson, 1993). Wilson claims that Caribbean women value respectability. Reputation is derived in opposition to the values of respectability and is based on “personal” worth and is valued by young Caribbean men. Groups of men meet in bars and recreate their reputations based on their recounted boasting of sexual conquests, fathering many children, being able to use words impressively in arguments or debates, participating in Rastafarianism, and having skills like music, hunting, healing, obeah, and so on. As men age and become less able to compete on “reputation” and more concerned with careers and the after-life they become more interested in “respectability” (ibid.). The reputation/respectability dialectic is indigenous to the Caribbean in the form that it takes and the long-term implications of the everyday practices.

Wilson’s concepts are important because folk medicine, village midwives and obeahmen are firmly lodged in the “reputation” realm, while medicine and pharmacy are located in the “respectability” realm. This dialectic may have influenced the formality of the first and succeeding international conferences on herbal medicine in the Caribbean which sought to pull folk medicine into the realm of ‘respectability’⁷. The formality of these conferences and their locations in prominent hotels all over the Caribbean meant that the grannies and old aunts who were the traditional holders of folk knowledge were represented at the conferences only by their data. The veterinarians’ lack of response to a homeopathic colleague who had returned home from the US in the 1980s can also be analyzed in terms of reputation and respectability. It may be that scientists involved in controversial research at the research frontiers (such as homeopathy), are expected to be located in “Ivy League Universities”, and not struggling in, or re-migrating to, Third World countries. “Emigrated crabs” once out are not expected (or welcomed) to return and compete economically with the crabs that stayed behind.

The exact circumstances are not known but perhaps the changes put in place by Woodford could be seen as the unleashing of “crab antics”. The dialectic between reputation and respectability is manifested in “crab antics” behaviours that are designed as status levellers (Wilson, 1973). If one crab is placed in a bucket it climbs out and escapes easily. If there are many crabs in the bucket each one will prevent the others from escaping ‘in order to retain a community of the impoverished’ (Lewis, 1998, p. 182). Ridicule and gossip are everyday “crab antics” (Besson, 1993). “Crab antics” are also found in medicine and agriculture in that pharmacists are accused of altering veterinary prescriptions so that they can obtain drugs to sell without prescriptions. Agrochemical shops are accused of selling the wrong drugs with sometimes fatal effects to livestock and pets. When veterinarians complain about these practices: ‘we get threats about interfering with a man’s ability to earn a living’ (Lans, 2001). Veterinarians were accused similarly by agricultural officers:

[if you tell farmers to use “bush”], veterinarians take you up on it . . . they cannot make money if bush medicine is being used, they say that you are encroaching on a man’s power to make a living. (Lans, 2001)

Praedial larceny of crops and livestock are “crab antics” that undermine the viability of the agricultural sector, while petty business thefts and deliberate unproductivity undermine the small business and entrepreneurial sectors. The irony is that these two sectors, if vibrant, could provide the lifestyles desired by those engaged in “crab antics”.

Crab antics can manifest itself as the ‘politics of disappearance of local knowledge’ (Shiva, 1993). The scientific actor-network offers the security of a valued social identity and some herbalists are seeking to occupy this privileged space. For example a seminar was planned in 1995 that can be seen as an attempt at legitimization in

⁷ In 1997 the author initiated an organizing committee that planned to host a participatory herbal medicine workshop the following year, similar to the one that resulted in the publication IIRR (1994). However after numerous committee meetings and the involvement of a regional organization the Inter-American Institute for Co-operation on Agriculture (IICA), the coalitions in the committee and the focus for the conference shifted. The result was a The First International Workshop on Herbal Medicine in the Caribbean (FIWHMC), held with great fanfare at the Holiday Inn Hotel in Trinidad in April 1998 with the main presenters being scientists. The FIWHMC was hosted by the School of Veterinary Medicine of the University of the West Indies, a regional NGO, the Caribbean Network for Integrated Rural Development (CNIRD), and IICA (field notes and various Minutes of the FIWHMC Organizing Committee). At the first Herbal Medicine conference an umbrella organization, the Caribbean Association of Researchers and Herbal Practitioners (CARAPA), was formed. The Trinidad and Tobago Steering Committee of CARAPA comprised six scientists and one herbalist with a B.Sc. in Botany. The Caribbean island and South American mainland representatives of CARAPA-Trinidad, CARAPA-Jamaica and CARAPA-St. Lucia were again scientists. The original committee grew into a broader scientific network that shaped the second conference in the US Virgin Islands (UVI) on 14–16 June 1999. Since these conferences were organized by scientists in venues like the Holiday Inn Trinidad and Hotel on the Cay US Virgin Islands, the typical practitioners of folk medicine (grannies and great aunts) are represented only by the data they have reported to those presenting research papers. Scientists commanded data from female herbalists from which they drew significantly increased returns by co-ordinating the lifetime effort of the herbalists into presented papers while excluding the herbalists from conference participation and societal recognition by hosting the conference in such a formal venue and in such a formal way.

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Fig. 1. Information control in folk medicine in Trinidad and Tobago.

two ways (see Fig. 1). A recently departed and well known herbalist C. H. B. Chadband was being honoured, and a Canadian expert (a local boy made good) had been invited to speak. As the time for the evening seminar to begin approached, the Police came from their section of the building to tell the public to leave because there had been an early morning phone call about a bomb. The police and the public (exercise classes and other activities) had been in the building for the whole day but the police had not yet checked the building. The alleged bomb had not been an issue prior to the seminar however. The speaker returned to Canada without sharing his views. The crabs that sought legitimization were pulled back down into the bucket.

There are other ways of creating “disappearance”. Power can be used strategically over women and their subjugated (traditional) knowledges through researchers defining objective knowledge as superior to personal experience (Holland & Ramazanoglu, 1994).⁸ One veterinarian for example knew of ethnoveterinary practices but when pressed for details claimed that they were ‘anecdotes that were more amusing than factual’ (Lans, 2001). One more detailed example of this strategy is given below; the scientist involved is one of the few publicly known Trinidad scientists involved in medicinal plants.

Scientist D: ‘Pavy’s book should never have been published. Her heart was in the right place, left alone she would not have written a book. I am not a healer; I am interested in useful knowledge. From Pavy’s writings there was no clear set of statements, she doesn’t know how the human body works that some parts are frailer than others. There are misleading and harmful things in the book. I read to get news, information, and how to treat illnesses. The book fails on all three counts. Pavy’s book should not get as much publicity as mine. One good thing about Pavy’s book is that it is of great interest to see how folklore is established and proliferated. Jethro Kloss’ book, *Back to Eden*, is full of garbage, it is most misleading. Our common names are poisonous plants, but these names are similar to the foreign plants in *Back to Eden*. *Back to Eden* is pseudo-pharmacognosy, it is about promoting without criticism the use of herbs’. (Lans, 2001)

The example above may be a case in which the female herbalist was pursuing a different national project from that of the male scientist (Lewis, 2000).

8. Conclusion

This paper examined some of the cultural traditions and the socio-historical “baggage” of the Caribbean. Folk medicine has traditionally been the purview of women. However, as claimed by Lewis (2000), men schooled in the ‘best traditions of colonial patriarchy’ determined the framing of independence and women were not given any opportunity to participate in national construction, to demarcate its parameters or to mediate its systems of power. It would be interesting to speculate whether Caribbean women would indeed have pursued different national projects from local men; projects that would have incorporated folk medicine into the national health systems.

Shiva’s (1993, p. 9) assessment was that ‘local knowledge systems throughout the world have been conquered through the politics of disappearance’. In the struggle of “man better man” that takes place among the competing patriarchies in Trinidad and Tobago, folk medicine is seen as women’s knowledge and for that reason it has been denied a place in national development through the politics of disappearance.

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⁸ In a fertility survey (Anderson & Cleland, 1984, p. 7, cited in Riddle, 1991, p. 31 n. 128), women who said they used herbs as contraceptives (93.5% of women in Bangladesh) were placed in the category ‘not using’.

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