

Chapter 1

Health Care as Heritage: An Etic Approach of Inscribed Elements on the Lists of the UNESCO ICH Convention

Ahmed Skounti

*National Institute of Archaeology and
Heritage Sciences, Rabat, Morocco*



“Perceptions of physical and psychological wellbeing differ substantially across and within societies. Although cultures often merge and change, human diversity assures that different lifestyles and beliefs will persist so that systems of value remain autonomous and distinct. In this sense, culture can be understood as not only habits and beliefs about perceived wellbeing, but also political, economic, legal, ethical, and moral practices and values.”

A. David Napier et al. 2014 : 1607

INTRODUCTION

The scope of intangible cultural heritage related to human well-being is large. Many cultural practices, if not the majority of them, were designed by communities, groups and individuals for well-being purposes, be it physical or mental. Such practices are also intended to ensure the continuity of the society over time and to maintain social order. According to Napier, those practices related to human body and soul are embodied in cultural systems of value (Napier 2014) that overwhelm them. The representations of those two components of the human being, body and soul, are tightly linked in traditional cultures. Thus, many cultural practices were designed for the well-being of both of them. They also mix therapies intended to bring about the relief of each and/or both. Traditional pharmacopeia, music, dance, prayers and rituals are often used in combination in order to help patients recover from actual or psychosomatic diseases. Nevertheless, part of social and cultural practices is more likely conceived to deal with human health in various ways.

The fourth of the five main domains defined in article 2.2 of the 2003 Convention for the Safeguarding of the Intangible Cultural Heritage is “Knowledge and practices concerning nature and the universe”.¹ This obviously covers a large range of topics and themes, encompassing diverse knowledge, know-how and practices intended to provide humans with the means to better define their place in their environment and, more broadly, in the whole universe. One could expect that nominations for inscription on the four mechanisms of the 2003 Convention,² mainly the two lists defined in articles 16 and 17, were to deal with more or less traditional medical knowledge. After verification, this does not seem to be the case. As a matter of fact, the elements related to this area of knowledge and the practices inscribed on the lists are very few. No programme, and no project or activity was selected on the Register of best safeguarding practices set up by the Convention under article 18. No international assistance was approved by the Committee concerning a project in that field.

This paper focuses on those inscribed elements which are explicitly related to medical knowledge and, more broadly, to human health. It is based on the information contained in files of nominations which can be accessed on the UNESCO website dedicated to the 2003 Convention. The paper will first present, in brief terms, the elements which fall under that domain, and discuss the main issues raised as well as the potential developments.

TRADITIONAL MEDICAL KNOWLEDGE AS INTANGIBLE CULTURAL HERITAGE

The Concept of ICH

Intangible cultural heritage (ICH) is a new and powerful concept issued by UNESCO at the dawn of the 21st century. The tangible cultural and natural heritage, have specific international legal instruments of protection, such as the 1970 Convention on cultural property trafficking and the 1972 World heritage Convention. No binding instrument for protecting intangible heritage was available until 1972. Before the turn of the last century, UNESCO outlined a Recommendation on the safeguarding of the traditional culture and folklore in 1989 and a Proclamation of the Masterpieces of oral and intangible cultural heritage of Humanity in 1999 (Smith & Akagawa, 2009; Aikawa-Faure 2009; Hafstein 2009). The first was based on vague and often criticized (debatable?) concepts of traditional culture and folklore, and was not binding for Member States. The second was implemented over five years, from 2001 to 2005, and resulted in 90 Masterpieces proclaimed in 2001, 2003 and 2005. Nevertheless, safeguarding was not the priority of the programme, and the notion of “masterpiece” was contested as it introduced hierarchy in a field where it was felt it should not exist. These two reasons, among others, led to rapid abandonment of that programme and to the adoption of the 2003 ICH Convention (Skounti 2009).

What Is Intangible Cultural Heritage?

In parallel to implementing the Proclamation Programme, UNESCO began preparing a new international legal instrument to safeguard ICH. The Convention for the Safeguarding of the Intangible Cultural Heritage was adopted by the General Conference in 2003. It came into force in 2006. The convention defines intangible cultural heritage as

...the practices, representations, expressions, knowledge, skills – as well as the instruments, objects, artefacts and cultural spaces associated therewith – that communities, groups and, in some cases, individuals recognize as part of their cultural heritage. This intangible cultural heritage, transmitted from generation to generation, is constantly recreated by communities and groups in response to their environment, their interaction with nature and their history, and provides them with a sense of identity and continuity, thus promoting respect for cultural diversity and human creativity. For the purposes of this Convention, consideration will be given solely to such intangible cultural heritage as is compatible with existing international human rights instruments, as well as with the requirements of mutual respect among communities, groups and individuals, and of sustainable development (article 2).

With regard to the traditional medical knowledge and practice, it can be assumed that they fall within this definition. Moreover, they are related, in one way or another, to the listed terms which introduce the meaning of ICH. Thus, traditional medical knowledge is a set of heterogeneous practices incorporated in wider cultural systems. Health, disease and healing have nourished social representations in each and every culture. These representations are also about the human body and the ways of ensuring its well-being. Knowledge and skills related to these areas of social practices are expressed and transmitted through language and by other means such as observation and imitation. Like many elements of culture and heritage, traditional medical knowledge has its own instruments, objects and artefacts. It may also be practiced in dedicated spaces. There is no doubt that traditional medical knowledge is part of intangible cultural heritage. This paper will now explore to which domain of intangible cultural heritage it belongs.

Which Domain of Intangible Cultural Heritage Best Fits Traditional Medical Knowledge?

Having defined the concept of intangible cultural heritage, the 2003 Convention identifies five domains:

'Intangible Cultural Heritage' (...) is manifested inter alia in the following domains:

- a. Oral traditions and expressions, including language as a vehicle of the intangible cultural heritage;
- b. Performing arts;
- c. Social practices, rituals and festive events;
- d. Knowledge and practices concerning nature and the universe;
- e. Traditional craftsmanship.

The experience generated through implementing the Convention has demonstrated that many cultural elements may belong to one or more domains. Hence, the domains are not mutually exclusive. Usually, more than one domain is at stake because practitioners need language to express their know-how or an object to express their art. The most intangible elements, such as story-telling, sometime contain the know-how for manufacturing special costumes or accompanying musical instruments or, at least, the body of the story-teller himself (Skounti 2009).

Consequently, it is expected that traditional medical knowledge could be found in more than one of the mentioned domains. However, there is one primary domain in which it obviously fits: domain (d), knowledge and practices concerning nature and the universe. But it extends into other areas that embrace (a), (c) and (e). This knowledge needs elaboration, performance and transmission, all of which are, at least partly, based on language (a). It is evidently a social practice too, and sometimes, it is related to rituals (c). Finally, it uses objects and artefacts and tools which are part of craftsmanship (e) as they need know-how either for their making or for their usage.

A SURVEY OF THE INTANGIBLE CULTURAL HERITAGE LISTS

The 2003 Convention established two lists (the List of Intangible Cultural Heritage in Need of Urgent Safeguarding and the Representative List of the Intangible Cultural Heritage of Humanity), a register of best

safeguarding practices and a mechanism for international assistance. This section focuses on those elements that are clearly related to traditional medical knowledge. As there are no elements related to the area of traditional medical knowledge selected on the Register nor have any been approved for international assistance; only the two lists will be considered in this section. It is a descriptive survey of the lists followed by a general discussion. It relies exclusively on the information contained in the files, as completed by States Parties in their nominations as well as a videos displayed on the Convention website.

As I am not a specialist in traditional medical knowledge, and much less so in medicine, I am mainly interested in those practices that deal with the human body for the sake of its real or supposed well-being. The medical intervention can be either superficial or surgical. Elements will be considered wholeheartedly and not only parts of them. The practices presented in this section are neither analysed nor interpreted. They are referred to as evidence to better understand the extent to which traditional medical knowledge is listed among other elements in the framework of the implementation of the 2003 Convention at the international level. To sum up, the approach is *etic* rather than *emic*.

The Urgent Safeguarding List

The List of Intangible Cultural Heritage in Need of Urgent Safeguarding was established under Article 17 of the 2003 Convention. It is meant to draw attention on those elements that are endangered, and is intended to assist the parties involved in their efforts to safeguard them. As of 2015, 43 elements were inscribed on the list. An example from the field of traditional medical knowledge is the Male-Child Cleansing Ceremony of the Lango of Central Northern Uganda. It was inscribed on the Urgent Safeguarding List in 2014. Among Lango people of central northern Uganda, if the mother of a male child touches the child's genitals during the three first days of his life, he is supposed to lose his manhood. In that case, a healing ritual is performed to help the child restore his potency. The website of the Convention summarizes it as follows:

During the ceremony, the mother and male child spend three days inside the house and eat unsweetened millet porridge. The child is treated as a baby for the duration of the ceremony. On the third day, they exit the house and sit at the entrance, accompanied by a paternal cousin. The child's hair is cut and woven into strands, which are mixed with softened ficus bark and *shea* butter, then tied around the child's neck, wrists, and waist. Remaining strands are rolled into a ball, and thrown three times to the mother, cousin and child. The three are then smeared with *shea* butter and served pea paste, millet bread and a millet-yeast brew. Jubilations begin thereafter with ululations, singing and dancing, confirming that the child has regained his manhood...³

A sort of "cultural diagnosis" is undertaken in case the mother has touched the genitals of her male child during his first three days. If so, a healing ritual must take place. However, it is not a real disease according to modern medicine. From the perspective of the community and their cultural heritage, an imperceptible malady may arise in the near future and cause trouble to the child as well as to the community. As the child is treated as a baby during the ritual, this brings him back to a previous condition in which he is supposed to have been safe. Hair cutting, recipes prepared, and smearing with *shea* butter are intended

to be cleansing. The whole ritual is believed to restore manhood to the child and ensure a place for him within and not in the margin of the community. Indeed, it is part of a whole cultural system which values manhood as an important aspect of social order reproduction.

The Representative List

The Representative List of the Intangible Cultural Heritage of Humanity is set up under Article 16 of the 2003 Convention “to ensure better visibility of the intangible cultural heritage and awareness of its significance, and to encourage dialogue which respects cultural diversity”. As of today, 336 elements have been inscribed on the Representative List. A survey of these elements shows that 4 out of 336 fall, undoubtedly, under traditional medical knowledge. This sub-section will present summaries of these elements and briefly discuss the main issues raised.

Example 1. The first example of the four elements is the Vimbuza healing dance in Malawi, inscribed in 2008 on the Representative List of the Intangible Cultural Heritage of Humanity.⁴ Vimbuza is a healing dance practiced by Tumbuku people of northern Malawi. It is part of indigenous healthcare system, mainly the *ng’oma* (drums of affliction) which is a healing tradition known among Bantu-speaking Africa. It is described as follows:

Most patients are women who suffer from various forms of mental illness. They are treated for some weeks or months by renowned healers who run a *temphiri*, a village house where patients are accommodated. After being diagnosed, patients undergo a healing ritual. For this purpose, women and children of the village form a circle around the patient, who slowly enters into a trance, and sing songs to call helping spirits. The only men taking part are those who beat spirit-specific drum rhythms and, in some cases, a male healer. Singing and drumming combine to create a powerful experience, providing a space for patients to “dance their disease”. It’s continually expanding repertoire of songs and complex drumming, and the virtuosity of the dancing are all part of the rich cultural heritage of the Tumbuka people.... For the Tumbuka, Vimbuza has artistic value and a therapeutic function that complements other forms of medical treatment.⁵

Vimbuza is a therapeutic healing which deals with mental illness. It is based on music, singing and dancing in combination. The virtues of the healing are believed to expand the body and help cure soul and mind. This therapy belongs to a larger category which can be found in a variety of cultures and societies such as the Haitian *vodou*⁶ or the Moroccan *gnawas*.⁷ The “trance” generated through singing dance and music, is the main characteristic of this kind of practice. In addition, the dance has an artistic dimension since drumming and singing are an important part of it. A rich repertoire of songs, music and dancing are a significant part of the ritual.

Healing ritual connected to the Vimbuza Healing Dance © François-Xavier Freland/UNESCO



Example 2. The second element is Acupuncture and Moxibustion of Traditional Chinese Medicine, inscribed in 2010 on the Representative List of the Intangible Cultural Heritage of Humanity.

Acupuncture and *moxibustion* are well-known forms of traditional medicine practiced in China. They are nowadays practiced in other parts of the World. The practices are summarized as follows:

The theories of acupuncture and moxibustion hold that the human body acts as a small universe connected by channels, and that by physically stimulating these channels the practitioner can promote the human body's self-regulating functions and bring health to the patient. This stimulation involves the burning of *moxa* (mugwort) or the insertion of needles into points on these channels, with the aim to restore the body's balance and prevent and treat disease.... Moxibustion is usually divided into direct and indirect moxibustion, in which either moxa cones are placed directly on points or moxa sticks are held and kept at some distance from the body surface to warm the chosen area....⁸

The two medical techniques—acupuncture and moxibustion—are embodied in a wider philosophical and cultural system. This system views the human body as a complex micro-universe in which all parts communicate via channels. Some points of these channels have to be stimulated by using needles or by burning moxa over specific parts of the body. The aim of this practice is to reinstate the body's equilibrium. It clearly fits in the field of medical knowledge. The whole process is about the human body; no sacred rituals seem to be associated with it.

Example 3. The third element is about the traditional knowledge of the jaguar shamans of Yuruparí in Colombia, inscribed in 2011 on the Representative List of the Intangible Cultural Heritage of Humanity.



Disciple of He Puren, representative successor, demonstrating the fire needling technique (photograph Wang Kai) : © Institute of Acupuncture and Moxibustion, with the permission of UNESCO



The knowledge of the jaguar shamans of Yuruparí is part of the wider mythical and cosmological structures of the ethnic groups that live along the Pirá Paraná River in south-eastern Colombia. According to ancestral wisdom of these groups:

The Pirá Paraná forms the heart of a large area called the territory of the jaguars of Yuruparí, whose sacred sites contain vital spiritual energy that nurtures all living beings in the world. The jaguar shamans follow a calendar of ceremonial rituals, based upon their sacred traditional knowledge, to draw the community together, heal, prevent sickness and revitalize nature. The rituals feature songs and dances that embellish the healing process. The vital energy and traditional knowledge of the shamans are believed to be inherited from an all-powerful, mythical Yuruparí, an anaconda that lived as a person, and is embodied in treasured sacred trumpets fashioned from a palm tree. Each ethnic group conserves its own Yuruparí trumpets, which form the centre of the strict Hee Biki ritual. During this ritual, traditional guidelines for maintaining the health of the people and the territory are transmitted to male children as a part of their passage into adulthood. The traditional knowledge concerning care of children, pregnant women and food preparation is transmitted among women.⁹

The traditional knowledge of the jaguar shamans of Yuruparí links both nature and culture in one global system of meaning and practice. The territory of the jaguars of Yuruparí hosts sacred sites. These sites have “vital spiritual energy that nurtures all living beings in the world”. The rituals are intended to prevent sickness, foster healing, and revitalize nature. In this context nature is perceived as one whole entity, including humans and other living beings.

Example 4. The fourth example is the Xooy, a divination ceremony among the Serer of Senegal, inscribed on the Representative List of the Intangible Cultural Heritage of Humanity in 2013.

The Xooy is a divination ceremony known among the Serer community in west-central Senegal. It occurs prior to the rainy season, and it is organized at night in village squares. It is described as follows:

Master serers known as Saltigués each in turn step into a designated circle, where they deliver predictions before a rapturous audience accompanied by the rhythm of drums. The Xooy ceremony provides answers to key issues for the community such as the rains, plagues or illnesses, and remedies. The combination of the Saltigués’ vibrant clothing, songs and dances, proverbs and riddles creates a colourful ceremony, high on drama, as these officiating priests – masters of the art of communication – hold the audience in suspense until daybreak.... The Saltigués are the living mediums of the Xooy and preserve and transmit the esoteric knowledge that is vital to the ceremony. They are also in charge of interceding between people, the Supreme Being, nature and genies, regulating society, and ensuring harmony between men, women and their environment. With their knowledge of plants, they also provide traditional therapies to alleviate suffering.¹⁰

The *xooy*, which means “a call”, relies on the belief that society and its environment are tightly linked and constitute an extension of one another. Thus, threats to that order have to be predicted and faced.

Among these threats, diseases are the most feared. The Saltigués act as mediums, not only to give predictions about future but also to “provide therapies and alleviate suffering”. Communion during gatherings coupled with celebration help people overcome their anxieties.

DISCUSSION

The first finding of the above brief presentation is quantitative in nature. The number of elements clearly linked to the sub-domain of traditional medical knowledge and practice is very limited. Only one element is inscribed on the Urgent Safeguarding List (USL) and four elements are inscribed on the Representative List (RL). This makes 5 out of 391 elements inscribed on the two lists and the Register. This is only 1.3% of the elements and reflects the imbalance between the two lists, as there are many more elements on the RL than on the USL.

Another important issue worth noting is that all the practices recognized internationally extend beyond the strict definition of medical knowledge and practice. On one hand, they are embodied in wider cultural systems; on the other, they link nature and culture, society and its environment. The two components are not in opposition; rather, they are an extension of one another—reflecting complex interrelationship. This reflects the belief that the order found in the human body is the continuity of the broader order present in nature and the whole universe. If disorder occurs in one of them, it unavoidably arises in the other. A belief of the unity between man and nature lies at the heart of these practices.

The close relationship among humans, nature and the universe might be partly based on a scriptural tradition, as illustrated by the acupuncture and moxibustion in China. It also might be exclusively orally transmitted as in the case of the four other elements. While the Chinese element is historicized and has dates, figures, and manuscripts within a linear time scale, the other elements from Uganda, Malawi, Colombia and Senegal are rooted in a cultural tradition itself, embodied in a cyclical representation of time.

Another aspect to be stressed is that, unlike the Chinese element, the practices from Uganda, Malawi, Colombia and Senegal are rituals in the classical sense of this word, i.e. they are related not to a profane knowledge but to a sacred belief. The latter elements have a common faith: the therapeutic energy of the rite. Music and dance coupled with the power of words and songs are intended to modify the course of the events in a better way.

Accompanying practices and objects are part of all these elements. Food preparation and consumption are central in Ugandan and Colombian rituals are musical instruments, which are also fundamental in the Malawian and Senegalese rituals. They mainly include drums (Uganda, Malawi and Senegal) and trumpets (Colombia) which seem to be sacred. Chinese acupuncture and moxibustion use needles and moxa as well as fire as innermost intermediaries with the human body.

In conclusion, traditional medical knowledge falls under the UNESCO 2003 Convention for the Safeguarding of the Intangible Cultural Heritage. More precisely, it fits within the fourth domain, knowledge and practices concerning nature and the universe. Nevertheless, very few elements from this domain have been inscribed on the Convention lists: One element inscribed on the List of the Intangible Cultural Heritage in Need of Urgent Safeguarding and four elements on the Representative List

of the Intangible Cultural Heritage of Humanity. These elements are complex practices with strong ritualistic and/or historical dimensions. They share the characteristic of being embodied in larger systems which nurture their social, cultural and political meanings.

RÉSUMÉ

Les pratiques culturelles sont destinées à assurer la continuité des sociétés et le maintien de l'ordre social. Loin d'être isolées, les pratiques relatives au corps humain font partie de systèmes de valeurs plus larges. Les représentations liées au corps et à l'âme de l'être humain s'inscrivent dans des cultures forgées au cours du temps. Ainsi, le corps et l'âme sont généralement considérés comme les deux faces d'une même pièce. Les pratiques thérapeutiques s'adressent à l'un ou l'autre ou aux deux. La pharmacopée traditionnelle, la musique, la danse, les prières et les rituels sont combinés pour aider le patient à se relever d'un mal réel ou imaginé. Le présent article s'intéresse aux pratiques médicinales en tant que patrimoine culturel immatériel. Il examine, particulièrement, la place de ces pratiques dans la Convention de l'UNESCO sur le patrimoine culturel immatériel. Il recense et présente les éléments qui peuvent être considérés comme relatifs au savoir médical, au sens large, et qui sont inscrits sur les deux listes. Il soumet l'ensemble à une discussion qui relève les similitudes et les différences entre les éléments identifiés et plus généralement analyse la présence de ce genre de pratique au sein de ce système normatif international.

NOTES

- 1 The five domains defined in article 2.2 are: (a) oral traditions and expressions, including language as a vehicle of the intangible cultural heritage; (b) performing arts; (c) social practices, rituals and festive events; (d) knowledge and practices concerning nature and the universe; (e) traditional craftsmanship.
- 2 The four mechanisms of the 2003 Convention are: the Representative List of the Intangible Cultural Heritage of Humanity, the List of the Intangible Cultural Heritage in Need of Urgent Safeguarding, the Register of the Good Safeguarding Practices, and the International Assistance.
- 3 Refer to the link of the element: <http://www.unesco.org/culture/ich/en/USL/male-child-cleansing-ceremony-of-the-lango-of-central-northern-uganda-00982?USL=00982>. Accessed on 30 September 2016.
- 4 Originally proclaimed as Masterpiece of Oral and Intangible Cultural Heritage of Humanity in 2005.
- 5 See <http://www.unesco.org/culture/ich/en/RL/vimbuza-healing-dance-00158>. Accessed on 1 October 2016.
- 6 Among others, refer to: Viviana Pâques (1991) ; Abdelhafid Chlyeh (1999) ; Bertrand Hell (2002).
- 7 See Patrick Bellegrade-Smith & Claudine Michel (2006).
- 8 See <http://www.unesco.org/culture/ich/en/RL/acupuncture-and-moxibustion-of-traditional-chinese-medicine-00425>. Accessed on 1 October 2016.



Saltigué consulting a patient by the cowries at the PROMETRA Center for Traditional Medicine in Fatick (photograph Mamadou Séya Ndiaye) © DCP, with the permission of UNESCO

- 9 See <http://www.unesco.org/culture/ich/en/RL/traditional-knowledge-of-the-jaguar-shamans-of-yurupari-00574>. Accessed on 1 October 2016.
- 10 See <http://www.unesco.org/culture/ich/en/RL/xooy-a-divination-ceremony-among-the-serer-of-senegal-00878>. Accessed on 1 October 2016.

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