

a time of plenty and complain that the exchanges in the society do not work as they did when the chiefs were still in power. The change in the numbers of the diviner-healers, which took place around the time the chiefs were removed from office, is a clear sign that a holistic system of value still persists. Also, significantly, the presidents of the post-independence era are talked about in terms of chieftaincy. People say that during the times of Nyerere, the first president of Tanzania, the rains were diminished but satisfactory. The worst rains took place during the reign of the previous president, Mkapa.

The people of Isaka not only live geographically at the crossroads, but also at the crossroads of two incompatible systems of value, that of individualism and that of holism. Despite the individualistic tendencies in Isaka, the holistic system of value still holds. Thus the dissolution of the ritual cycle connecting the chiefs and women has caused a transformation in the hierarchical relationships. Instead of through the circulation of wealth and substances, the encompassment of female wombs now occurs through attempts to control individual women.

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THE IMPACT OF INSTITUTIONS: PARTICIPATORY ACTION AND FORMS OF HEALING

• MAIA GREEN •

Two pieces in this edition address issues of knowledge and ethics in anthropology and in Tanzania. They are the interview with Marja-Liisa Swantz in which she speaks about the history and practice of participatory action research in Tanzania and the account by Reea Hinkkanen of her research on female infertility in Northwestern Tanzania. Marja-Liisa Swantz is best known in anthropology for her studies of ritual and social transformation in coastal Tanzania, particularly for her ethnography of the Zaramo people. Zaramo cultural practice, like that of the Sukuma Nyamwezi described by Hinkkanen, is preoccupied with fertility and healing.

One of Marja-Liisa Swantz's important contributions to the ethnography of Tanzania—and to African studies more broadly—has been the identification of changes in how these issues were experienced and resolved as a shift towards increasing individualism. In coastal Tanzania, this move towards individualism was manifested in the rise of forms of healing and divination which were performed outside of kinship by an expanding cadre of traditional medical practitioners working for payment or exchange.

The expansion of the traditional healing sector continues apace throughout Tanzania, as indeed across Africa more generally. What might be called the 'new' traditional healing, given its contrast with ancestrally situated forms, continues to be an area of significant

growth and innovation. Invoking artifacts and references to ancestral practice or the supposed traditions of other peoples with whom such healers claim association, they seek to legitimate what they do and how they do it within a discourse of authenticity and credibility. Claims for credibility are further reiterated through the performance of practices associated with norms of hospitality and kinship operating in parallel with an explicit orientation to the market, a market which encompasses a competitive, and occasionally cut-throat, traditional healing sector.

Hinkkanen shows how new traditional healers provide a much valued source of support for women afflicted with the burden of secondary infertility. Healing also provides women with an opportunity to access new kinship networks through medicine and for some entry to the domain of traditional healing. Healing and divination feature prominently in the national and regional economy, driving the circulation of cash and commodities, fueling substantial local and regional mobility and, through imbrication with witchcraft, impacting on economic decision making in rural and urban settings.

What could appear at first sight to be something of a survival of previous cultural forms, and indeed is claimed as such by practitioners, turns out to be more ambiguously connected to past and present. Traditional healing is far from vulnerable as an institution in Tanzania. On the contrary, it seems to be a certain area of sustained growth in rural economies. A modality for addressing and promoting conflict, for rearranging households and communities through the expulsion of the unwelcome and a profession which offers layers of openings to a range of individuals, traditional healing has become, as Swantz anticipated, part of the way in which contemporary Tanzania is organized.

The centrality of traditional healing in Tanzania puts it on a level with the other institutional form which Swantz talks about in this issue—participatory research. Participatory approaches and institutions have become established as a way of implementing a range of development programmes and local government planning in Tanzania. During her long working career in Tanzania Marja-Liisa Swantz experienced the years immediately following independence in the early 60s, when the country was a hotbed of innovative ideas in adult education, community development, African history and the social sciences. Researchers and academics committed to the project of nation building experimented with approaches to research which broke down the conventional division between researchers and research subjects.

Marja Liisa Swantz was among a group of researchers at the University of Dar es Salaam who experimented with new ways of organizing and carrying out research focusing on the priorities of local people and encouraging research teams to work with them in the field. The Tanzania experiments in participatory ways of doing research were not isolated occurrences but were part of a global movement in the social research community which was open to international influences and ideas from other transitional countries. These influences were consolidated through networks and relations which extended beyond Tanzania. The work of researchers in Tanzania was influential in the development of the participatory orientation which dominates international development to today, although their contribution is understated.

Participatory forms are not only institutionalized in ways of implementing development internationally. They have become officially institutionalized through a system called O & OD (Opportunities and Obstacles to Development) as the approach to local government

planning in Tanzania. What started out as a social research methodology has become a mobilizing tool for engaging communities in local initiatives. Participatory approaches in Tanzania are part of the national discourse of governance and a form of government. As such, like traditional healing, they shape the ways in which Tanzanians live their lives, particularly in rural areas.

Participatory institutions and traditional healing may seem to be quite different kinds of phenomena which have little in common if approached from certain perspectives. Apprehending them as social institutions allows us to view them in the same frame. This enables comparisons between them. What is interesting about participation is the story—part of which Swantz tells us here—of how it comes to be institutionalized in Tanzania. This involved many players, including certain key individuals, political decisions, various international donors—including the Finnish government through its support of the a large scale participatory development project in Mtwara and Lndi—and the increasing global acceptance of participation as a foundational development methodology.

A similar story of institutionalization is ongoing for the new traditional healing. It continues to be institutionalized daily in Tanzania and in places like it. Marja-Liisa Swantz shows how social scientists played a role in the establishment of a particular form of knowledge practice as a political practice in Tanzania. Participation as a political practice has transformative potential as proponents of action research and PLA make plain. It can equally, as I have argued, be utilized as a mobilization frame through which rural populations can be brought into the ambit of government.

How participatory approaches came to be used in Tanzania, and by whom, depended on many people and institutions over a long period of time. Its current place is transient. A new government may dislodge it in the near future. A failure in donor support would ensure that it could no longer be operationalized. Moreover, participatory processes as a form of organizing remain open to citizen agency as they can be potentially undermined by participants taking control of them. The same cannot be said for the new forms of traditional healing. Enmeshed relationships of interdependency between healer and clients, threat and fear as well as the individualization of healer-client relationships far from critical scrutiny and public debate fosters webs of vulnerability in which people find it difficult to confront the authority of invisible powers.

Apprehending institutions as products of social process and relations is a major strength of anthropology. An ethical anthropology in this context is not necessarily participatory (although it should engage the concerns of our informants), but one which questions the effects of institutions—old, new and evolving—on the people with whom we work.

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