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1. Contested Measures of Humanity in African Suffering and Healing

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Measures of Humanity

[1] Suffering and the alleviation of suffering – healing – have long been at the forefront of religious and scholarly attention. The study of suffering and healing in Africa has proven particularly rich, because of the health challenges to this vast continent and the creativity of its experts in the healing of diseases and social ills. In this article, based on a keynote lecture to the 2010 Kripke Center conference on Religion, Health, and Healing, I present broad themes that characterize not only the unique perspectives of health and healing drawn from African traditions, but also the perspectives of classical and religious Western traditions that have taken their place alongside, or have blended with, these African traditions. African suffering and healing – as suffering and healing everywhere – occur in a historical, ever

changing context, including varied interpretations of what is happening in a given sickness episode, epidemic, or health trend.

[2] Because the search for the meaning of suffering and healing often involves philosophical and religious concepts having to do with misfortune, causation, blame, moral truths, and shortcomings, we seek a conceptual vocabulary that allows us to frame the issues and contexts. “Measures of humanity” are precisely such outlooks that may be identified in the field of suffering and healing. They become “contested” when alternative interpretations are brought to particular situations.

[3] Several sources of thinking and documentation have proven particularly useful for this exercise. The broad outlines of African perspectives on health and healing come from my own work on the topic (e.g., Janzen 1978, 1982, 1992), here lavishly illustrated with representations of sculpture, painting, and photography brought together in an exhibit project: “African Healing Journeys.”¹ A second source is the recent writing of South African Jan Coetzee in a series of essays where he queries the humanizing measures of contrasting classical Western and religious perspectives in dealing with some of the most acute and widespread health disasters – specifically the HIV/AIDS crisis in Southern Africa.

[4] This essay explores three such Measures of Humanity. The first introduces visual depictions of health/beauty in contrast to disease/death; the second presents Coetzee’s struggle over contrasting measures of humanity based on the living body versus identification with mortality through Christian charity; the third is the widespread African use of contested measures in the contrast between “sicknesses that just happen” versus sicknesses that happen in the face of “something else going on.” These measures are cumulative and interactive in their influencing of how suffering and healing occur in particular cases. What occurs in one phase of a “healing journey” affects subsequent phases and outcomes, thereby producing a syllogistic pattern. The essay’s conclusion will suggest how the varied measures of humanity come together in contemporary approaches to varied health and healing issues.

¹ The present essay may be considered an opportunity to further explore the main ideas in relation to the images of the exhibition plan. A sketch-exhibition of some of the “African Healing Journeys” themes was mounted at the University of Kansas Spencer Museum of Art in late September 2010, in connection with the conference of Medical Anthropology in Global Africa, using only objects from Kansas collections. The original project began at the University of Pennsylvania, in conversations among Penn faculty and researchers at the Penn Museum and the African Studies Center, with the support of the Provost’s Office. This led to my invitation to curate or co-curate an exhibition. We were successful in obtaining a planning grant from the National Endowment for the Humanities. Seven consultation sessions were held during the 2008-9 academic year. With the help of Penn and visiting consultants, co-curators John Janzen and Lee Cassanelli developed the themes and selected pertinent objects from the Penn Museum collections and other collections, including the University of Kansas Spencer Museum of Art and Kauffman Museum at Bethel College, North Newton, Kansas, and contemporary popular paintings from the Unit Ethnomedicine and International Health of the Medical University of Vienna, Austria. For further details of the project and the exhibition plan, consult the website <http://www.africanhealingjourneys.com>. Unfortunately, financial challenges have hindered further project development.

Images of Health/Beauty vs. Disease/Death

[5] The complex world of health and healing in Africa may be accessed through the vivid images seen in sculptures, paintings, and stories. These African traditions of representation that share in the universal search for the meaning of suffering are well known for contrasting beauty and health with representations of the bestial, disease, and death (Blier). Health and beauty is often associated with the stages of the life course – birth, youth, adulthood, prestige of elderhood, death and beyond – or the chain of continuity of life heard in many a proverb or speech that refers to “the living, the ancestors, and the yet unborn.”

[6] Images of infants such as Botswana “dolls” (Figures 1a and b; see the “Catalogue of Images”) and West African twin figures such as the Yoruba Ibeji twin figures (Figures 2a and b) represent not just junior versions of persons; they embody deeper formulations of reproduction, childbirth, childhood survival, and anxieties around infant mortality. In West and Central Africa twins occupy the cosmic threshold to transcendence, the gateway to supernatural powers at play in the fates of mortal families and communities.

[7] Young women of the Sherbo society of Sierra Leone wear masks of beauty at the time of their initiation to Sande, Yassi, and other gendered associations (Figure 3a, b, c). The Sowe mask-headpiece is widely known as a plastic statement of the aesthetic principles of beauty and grace – i.e., the neck rolls signifying abundant living, and the elaborate hairstyles and other embellishments showing lavish beauty of young adulthood. The comparable and highly stylized figure of the guardian spirit of the Yassi society (Figure 4) makes explicit the close relationship of beauty and health to the proper cultivation and use of the association’s medicines, stored in the bowl around the figure.

[8] African artistic representations of womanhood highlight motherhood above all other virtues. Indeed, in the corporate lineage world of African communities reproduction is the life-blood of the society. The contemporary celebration, even adulation, of maternity is shown in Congolese painter Shula’s “Mystères de la maternité” (literally, mysteries of maternity, but more appropriately perhaps “mystique of maternity”) (Figure 5). The special status of the young woman nearing full term pregnancy is indicated by the attention she is shown from two attendants – an older woman and a young girl – ready to meet her every need and desire. Pregnancy is not usually shown explicitly in traditional African sculpture of women. The dominant visual theme of womanhood is quite likely that of the maternity figure, a mother holding a child either in her arms, at her breast, or on her back. A maternity figure from the Yoruba of Nigeria (Figure 6) shows a mother with child on her lap, and an attendant standing alongside her; the maternity figure from the Baule society of Cote d’Ivoire (Figure 7) shows a beautifully scarified woman with an infant bound to her back. Both figures are carved with the aesthetic amplification of feminine features – breasts, scarified body, sculpted hair – that celebrate physical beauty in conjunction with the centrality of motherhood as a foundation for a healthy, and thus viable society.

[9] The prominence of a female body to depict the combination of beauty and health is also evident on a sculpted royal throne from the Southern Savanna Luba peoples (Figure 8), as it is “clothed” in gorgeous scarification and hair makeup. The holder of the “throne” was most likely a male, whereas the female referent of the sculpture is an ancestor in the line of the office holder. Thus, the combination of the highly stylized female visual representation and

male office holder together represent the prestige, power, and beauty of proficient adulthood (Flam), and thus the continuity and health of the society.

[10] Elderhood is often represented in classical African sculpture, as in vocabulary, by continuity between the living and ancestors. Indeed, in KiKongo, the term *n'kulu* may stand for either or both. Of the many examples that might serve to illustrate this stage of life, two from the early 20th century Fang people of Gabon (Figures 9 and 10) are singular ancestral figures that carry both poise and eternal repose; their proportions are idealized although still recognizably as human. By contrast, the reliquary figures of the BaKota of the Republic of Congo (Figures 11a, b, c) portray the more highly abstracted guardian spirits of the ancestral remains, while reflecting the continuity of life and reverence for the human community that they protect (Andersson: 337-43).

[11] The foregoing sketch of idealized human representations across the life course, based on a small number of collections, could be duplicated in any locality, region, or major civilization across the vast African continent. The present project has revealed that representations of idealized health and beauty are far more numerous than contrasting depictions of disease, misfortune, and death. The following depictions are not easily placed in the life course. Rather they seem to reflect the contingent nature of sickness, and the attendant attempts to find meaning in suffering.

[12] Tundu, the pox-faced trickster (Figure 12) from the Pende society on the southern savanna (known for its rich masking tradition), combines the ugliness of scars of disease – perhaps smallpox – with the character flaws and the deviousness of a trickster who flaunts society's rules and regularly violates the boundaries of civility in performances. The recognition of, and effort to characterize, skin diseases is widespread, especially in West Africa, where deities are recognized that both cause and alleviate skin diseases of many types, including smallpox. Thus, a Sakpatashi, a devotee of earth god Sakpata (Figure 13), is shown possessed by the god, accepting skin diseases from the community (Kennel). This god is also known as Ipona in other West African societies.

[13] More generic depictions of abnormality graphically display physical conditions that are frightening. Thus, Mbangu, also a mask of the Pende (Figure 14), captures the specter of a seizure during which the victim, at the mercy of unknown forces, often falls into a hearth fire. The bifurcated black/white face signifies co-presence in human and spirit worlds. This mask has sometimes been called “the epileptic,” but such a modern 20th century Western designation is too limited and specific a term. Similarly, the mask Idiok of the Ibiobio of southeastern Nigeria (Figure 15) represents more generic pathological or abnormal tendencies. Idiok is danced opposite the beautiful maiden mask.

[14] Some representations of disease are far more specific, and may be actual depictions of historically remembered epidemics. This is the case with three emaciated figurines from early 20th century Lulua society of the Kasai region of the Southern Savanna (Figures 16a,b,c). Identified as “dysentery fetishes” (Penn Museum Catalogue) they depict, in addition to the exposed ribs of severe emaciation, a pose of someone squatting as if defecating. One interpretation of the historic context of these statuettes is that they commemorate the devastation of a desperate millenarian movement whose prophet-type leader ordered the

destruction of crops to bring to an end the colonial occupation. Instead, the movement resulted in widespread disease and starvation.

[15] The physical metaphor of the defecation pose is similarly evoked by Congolese artist Herge Makuzay in his contemporary painting “Le SIDA, fleau de l’humanité / HIV/AIDS, the scourge of humanity” (Figure 17), one of many portrayals by popular artists of the grim toll of this epidemic. Two emaciated figures, a woman and a man, both displaying another prevalent stereotype of the disease, are cast against the backdrop of a huge globe, suggestive of the scope of the epidemic. The second painting “Le SIDA parmi nous / AIDS among us” (Figure 18), by Congolese artist Cheri-Cherin, portrays the many-sided impact of the epidemic on all aspects of modern society: the grim concern of the masses, the headlines of the newspapers, the overflowing hospitals, the busy traditional healers, the lines forming outside a church’s doors, and the burgeoning cemeteries. These paintings identify the powerful metaphors of the disease, and its many-sided consequences. By their very close depiction of the epidemic they offer some iconic control, and therefore humanization, of a terrifying and dehumanizing condition.

[16] Yet these depictions of suffering, disease, and death do not allow for any mitigation or relief. They are on the same ontological footing as the characterization of mortality suggested in the Yoruba figure of Ofoe, messenger of Ogiuwu, god of death (Figure 19). Ofoe portrays the haunting specter of the terrifying walking head that visits those destined to die, a reminder of everyone’s mortality.

[17] The contrasting, and therefore contested, representations of beauty and health versus disease and death are but a first step toward the humanization of difficult health conditions. Performed and artistically presented images, like stories and dramatizations, provide an emotional and sometimes a conceptual grasp of such conditions. Yet the “measures of humanity” suggested in our title, and initially defined in the introduction, point directly to medicine, religion, and other arts and sciences that typically offer more direct engagement with actual solutions to health issues. In the African setting this would include modern medicine, various sciences, the monotheistic religions of the Near East, as well as the continuing African systems of thought and practice that often relate in some way to either local or imported traditions. The contested measures of humanity in African suffering and healing lies precisely in the struggle between multiple paradigms available to most seekers of health in most communities.

[18] Alternative measures of humanity seeking meaning in suffering and laying out strategies of healing may also reflect differences in the scale and temporal scope of sickness cases and health challenges. The metaphor of the journey in the “African Healing Journeys” project is an attempt to grasp these issues of scale and time depth. The short-term local journey of health-seeking happens thousands of times daily in African lives, similar to the life cycle of individuals and families. Larger-scale family or community confrontations with misfortune may last for months or years. The long-term journey of responses to epidemics, climatic and environmental changes, and migrations, has been encountered through the ages and may only become consciously understood by historians. The local-global contrast may be a recent intellectual construct, but its reality has a deep history in African health conditions. Thus

short-term and long-term realities, as well as local and global forces, offer a contestedness of measures of humanity that shape, and inform, meaning in suffering and healing.

The Humanities in Africa

[19] J. M. Coetzee's book *Elizabeth Costello* is a work of fiction that integrates several essays and lectures into "eight lessons," No. 5 of which is entitled "The Humanities in Africa." The volume has inspired extensive discussion on Coetzee's ideas and manner of writing, including an "In Focus" section in the *American Anthropologist* (Mascia-Lees and Patricia Sharpe). Elizabeth Costello, Coetzee's main character, is an elderly Australian writer known for her novels on the character of Bloom in James Joyce's *Ulysses*. Costello appears to represent Coetzee's voice in many ways, although there are some differences (Lenta). They are both interested in the novel, and the novel in Africa (Lesson 2). She, like him, is a vegetarian and an animal rights activist (the subject of Lessons 3 and 4). But the differences are also marked. She is at least a decade older than he. She is a woman. She evokes no reference to South African situations or imperatives. Most noteworthy for the present focus is her relationship to her sister Blanche, who in Lesson 5 goes by the name of Sister Bridget and joins the Marian Order in rural Zululand near Durban, South Africa with the Hospital of the Blessed Mary on the Hill, Marianhill, devoted to children with AIDS. Blanche has given up her academic career as a scholar of the classics, and retrained as a medical missionary. She has achieved sudden fame in her adopted country, South Africa, for her hugely successful fundraising successes on behalf of the AIDS children and orphans' work. The sole encounter between the sisters, and the focus on the contestation of their defended measures of humanity, occurs during Elizabeth's visit to see her sister, Bridget, receive an honorary doctoral degree at an unnamed college of the humanities, in connection with which she will address the 200 graduates on the topic of the humanities in Africa. The Chancellor of the College introduces her as "Sister Bridget Costello, Bride of Christ and Doctor of Letters." So it is Bridget who represents both the classics and the Near East monotheistic religion – or one variant of it.

[20] In the opening of her lecture Sr. Bridget reminds the audience that humane studies (*studia humanitatis*) originated outside the University in the study of texts and scholarship that accompanied the flight of Byzantine men of learning to Italy after the sack of Constantinople in 1453.² They brought with them not only grammars and Greek scriptures, but the authors from Greek antiquity – Aristotle, Galen, and other Greek philosophers. Only immersing oneself in these seductive pre-Christian texts could perfect the linguistic command intended to be applied to the Greek New Testament. Thus, although the humane studies were intended to enhance the study of New Testament texts, they gravitated quickly to the study of classical antiquity. Furthermore, Sr. Bridget continued, it was only in reading the pagan philosophers that these scholars of the New Testament could understand what it was that Jesus had come to redeem humanity from. So there was a sharp antagonism within humane studies between the search for scriptural truth and the study of classical learning.

² Coetzee names Italy as the refuge of the scholars of Constantinople who fled when the Ottoman Turks conquered it. More likely it was the coastal Greek city of Mystra that harbored many of them, and continued until recently to be a diaspora capital of Byzantine learning, and still today its churches and museums display these ancient Greek texts.

And it was for the combined study of the true text, the Bible, that all the areas of what became the humanities cohered: Greek, Hebrew, other languages of the Near East; textual scholarship to find the true original scriptural texts, translation and interpretation of those texts, and understanding the cultural and historical matrix from which the text had emerged – thus, linguistics, literary studies, cultural studies, and historical studies.

[21] Having thus explained to the humanities graduates the true origin of their discipline; Sr. Bridget goes on to tell them that the scholars of the humanities lost their way as early as five centuries ago, when the study of the classics became an end in itself. She then tells them that she does not belong among them, and has no message of comfort to bring to them, despite their generosity of having invited her to lecture. The message she brings them is that they have lost their way, and that the true word cannot be found in the classics, whether they consider that to include Homer and Sophocles or Shakespeare and Dostoevsky. The view that the classics offer a way of life is a bitter illusion. Humane studies, having lost sight of the original purpose of its invention, and having spawned that monster of mechanical reason as an explanation of the universe, should be allowed to die. Needless to say, the audience is stunned by this condemnation of their discipline.

[22] Later, after the polite dinner discussions of her decidedly negative message amongst faculty, the sisters Elizabeth and Bridget become more candid and confrontational in their discussion, first at the hotel where they are lodging, then within the hospital compound, surrounded by sick and dying AIDS patients. Elizabeth tries to defend the humanists as having tried to improve the lot of humanity in providing hope and a positive view of human life. Bridget counters that humanism, or Hellenism, was a secularized form of salvation derived from an idealized picture of Greek society. It was a delusion, and all attempts to apply it – whether Hellenism, Greek, Native American, Zulu – were damned (131-33). At the hospital they examine the work of Joseph, a retired hospital carpenter, who has been mass-producing in his workshop crucifixes of Jesus in agony on the cross. Elizabeth wants to know why Bridget is so fixated on this negative image of Jesus, instead of a more youthful, hopeful Christ figure. What is the point, she asks, of importing into Africa an image that comes from a particular idiosyncratic moment in Western Christianity, one that even the Eastern Church would have regarded as aberrant and inappropriate. Bridget counters that the Africans of Zululand once had a Greek-like heroic cultural image in their warriors and all that went with that tradition. But the Africa of the here and now, with its poverty and disease – especially AIDS – has produced a people who reach out to someone and something that simply stands by them in their suffering. They are the ones that choose the dying Christ in agony, especially the women who carry the brunt and the burden of suffering and caring for the suffering (136-41).

[23] The wrangling debate between the two sisters – as close as we get to Coetzee's voice – is a contemporary expression of a much older disparity of the classics as perpetuated in humane studies and curative Western medicine on the one hand, and the allure of a religious outlook that identifies with suffering, charity, and martyrdom as the way of salvation on the other hand. Coetzee does not resolve the sisters' dispute but leaves the reader to discern the most appropriate balance of the two measures of humanity, particularly in the context of the horrific HIV/AIDS epidemic in Southern African. The Western bifurcated worldview presented by Coetzee as contested measures of humanity exists in most African settings in

the twenty-first century. But as we shall see in following sections, it is juxtaposed to changing African perspectives rooted in African society and older healing institutions.

Sicknesses, Divination, and Healing

Sicknesses that Just Happen

[24] A major distinction is drawn in many African health perspectives between sicknesses that “just happen,” and those in which “something else is going on.” In the Lower Congo (Janzen 1978; MacGaffey: 9), and far more widely across Central and Southern Africa (for Uganda, Orley: 137; for Zululand, Ngubane: 22-24; for the Swahili coast, Swantz and Gilles: 358-369; for the Shambaa of northeast Tanzania, Feierman and Janzen, 2010, note 1; for eastern Congo, Davis: 94-96; for the Tumbuka of Malawi, Freidson: 40-42), the distinction is referred to as (illnesses) “of God,” (KiKongo: *kimbevo kia Nzambi*) vs. those “of man” (Kikongo: *kimbevo kia muuntu*). The first designation covers most sickness episodes, but it is not a category of particular diseases or conditions so much as a social or philosophical perspective in the created order of things – “of God.” That may include a common cold, an injury received in a work accident, an infection revealed by a biomedical laboratory, or the death of an elderly person. This option of sickness and medicine is illustrated with a few paintings of people consulting elders (Figure 20), healers (Figure 21), and a biomedical hospital (Figure 22). Greater elaboration of this rubric would include the development in traditional medicine of herbal and other medicines, bone setting, therapies of various kinds, and a host of public health techniques; it is also the basis for the development of an African biomedical ethos that inspires African medical schools, many physicians, and nurses in their contemporary practices (see Wendland).

[25] The shift of diagnosis from the first perception – “just happens” – to the second – “something else going on” – has been explained in several ways. One has to do with the social basis of personhood in African societies. Most African societies are organized as lineages in which primary membership is based upon patrilineal or matrilineal identity. This expanded adherence of the individual – in contrast to a more ego-centric Western identity – affects not just the sense of self, but also the question of who in the family has a vested interest in the health of individuals, and who is responsible for well-being in times of distress. Therefore, sickness – the major form of misfortune – is often a moral issue (Turner 1975; Whyte; Mendonsa; Pemberton). Divination is required to sort out whether a misfortune or sickness is “just there” or whether it is “human caused.” By situating divination with the societal basis of African healing, we are acknowledging the social foundation of medical knowledge and the journey of healing. The scholarly literature has referred to this shift in type of response as an “increased ritualization” or “high intensity” healing of both the individual and society (Prins: 246-260). The undercurrent of social conflict is sometimes addressed through direct therapeutic and even judicial action where human cause of affliction is apparent (Janzen 1992). But by far the large majority of such deliberations go to a diviner for further analysis and recommendation of a course of treatment to be followed.

Divination Across the Continent

[26] Recourse to a diviner occurs when therapy is not efficacious, or in connection with conflict or disaster. Diviners, family leaders, and other ritualists address the underlying causes of the misfortune and may guide the patient toward a course of healing (Janzen 1982; Feerman and Janzen 1992). The abundance of paintings and paraphernalia in museums reflects the widespread existence of divination across the continent, especially Sub-Saharan Africa. A painting from Senegal (Figure 23) shows a divination session of a contemporary Wolof diviner with a pregnant woman client. The diviner “reads” a constellation of objects in a basket that represents his guardian spirits and the source of his insight about the case at hand. Similarly, the objects of the widespread Ifa divination school – focused in the Yoruba societies of Western Nigeria – include an *Opon Ifa* divination tray (Figure 24), which hold shells typically kept in a colorfully beaded *Apo Ifa* bag (Figure 25) or an elaborately carved bowl (Figure 26). Ifa divination is among the most complex anywhere. The tapper is used to guide the “reading” of the constellation of shells that refers to an encyclopedic range of verbal epithets. In the Ngombo divination tradition of the Southern Savanna (from the Lower Congo to Zambia and Malawi), instead of shells representing verbal concepts or allusions, a basket contains several dozen carvings and objects (Figure 27a) representative of society’s basic roles, relationships, and challenging situations that come forward as the basket is “winnowed” by the diviner (Figure 27b). All of these “schools” of divination rest on the premise that the diviner’s insight is due to the beneficence of a guardian ancestor or spirit. This is sometimes manifested in the singing and drumming that accompanies the divination, or the symbolism of white clay or red earth that suggest cosmological domains with which the diviner is in contact. Thus, the bowl shown in a Luba sculpture of the Mboko mode of divination from the Southern Savanna contains white clay or chalk that transports the spirit’s message to the diviner to be read (Figure 28). In the far southern reaches of the African continent – from Botswana, southern Mozambique, Swaziland, and South Africa – divination entails the use of a set of “bones,” stored in a bag, that are thrown onto a mat and “read” by the diviner-healer (Figure 29).

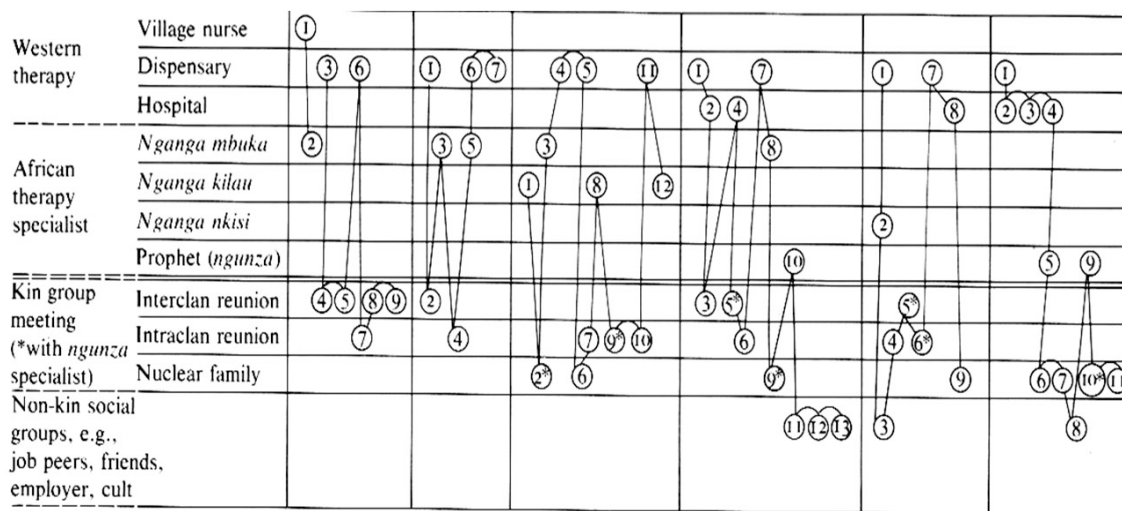
[27] The relationship between divination and judicial review is often held in delicate balance, since at issue is the identification of an agent of aggression, who may be identified by the diviner, and the allocation of responsibility for misfortune. A contemporary Congolese painting (Figure 30) offers an example of the kind of issue that might usually lead to a divination. The painting depicts the story of a woman who addresses both the judges and her uncle concerning who or what has caused her infertility and her singleness. The implication is that her uncle, through his ill will and possessiveness, has rendered her sterile and therefore unable to keep a husband. The judges in a modern state court refuse to recognize her complaint since by their protocol her evidence is inadmissible. The drama of this case lies in the irony that a modern court cannot deal with an issue that everyone knows a diviner would address, initiating resolution or perhaps reconciliation between kin, and hopefully restoring the woman’s good name and status.

When Something Else is Going On

[28] Healing sicknesses that occur in conjunction with “something else going on” entail a myriad of therapies and social initiatives to address the range of suspicions about the feared

effects of anger, a simmering feud between lineages or families, jealousy and back-biting in the kin group or work setting. Although such sickness cases and episodes that entail the actual consultation of a diviner, or diviner-recommended therapies (Figure 31) are a small minority in the overall picture of health seeking actions, they engage the energies and resources of families to sort out deeply rooted issues in their midst. "Witchcraft" and "sorcery" – pejorative European words that have been used mostly by outsiders since the colonial era to describe this realm of concern – do not begin to convey the varied ways that African medicine is pressed into service to deal with emotionally charged and conflicting situations.³ In Sub-Saharan Africa, medicine involves not just an understanding of the transformative qualities of materials, but also a grasp of the nature and power of the universe, including human society, the intended effect of the application of healing materials and actions upon relationships, and between the living and the world of ancestors and spirits. A course of healing may involve a hierarchy of resort from simple to complex, from matter-of-fact to social causation and techniques to achieve resolution of tensions and related physical problems.

Figure 31. Sufferers and their families' "journeys" seeking relief from "something else" – divination sessions indicated by asterisk (*) (Janzen 1978).



Medicine as Protective Charm and Aggressive Defense

[29] Protection from harm and aggressive defense are two related modes of dealing with misfortune and sickness where "something else is going on." A miniature human figure with a medicine pack attached to it, collected in 1906 among the Songye people of the Upper Sankuru river region in Congo (Figure 32) is the self portrait of a man who is trying to protect his family members. They are represented by hair from heads of each member attached to the figure (Frobenius). The medicine in the cavity in this figure was re-activated

³ Peter Geschiere concurs with this assessment of these terms, but then acknowledges that they have become so widely used by scholars, African media, and the lay public, that they have to be considered significant realities in their own right as popular culture. The African terms and phenomena to which they were intended to refer are often far more ambiguous and varied than the single European language terms suggest (220-26).

or refreshed from time to time to assure the continuing efficacy of the measure, under the watchful eye of the specialist. From the Sherbro of coastal Sierra Leone come well-preserved plant substances to protect a garden from theft, along with a recipe for an antidote should an individual trespass and be stricken by a headache caused by this medicine (Figure 33). Kongo society of Lower Congo has a wide variety of medicinal and social methods for dealing with relational conditions and the consequences of tensions and conflicts considered to affect health and cause particular symptoms and syndromes. The 19th century Nkondi figure bristling with iron nails and wedges, and a stomach medicinal pack (Figure 34), provided the *nganga* (priest-healer) with a symbolic instrument to publicly manipulate the aggression, subdue it or return it to its source, thereby relieving the feared aggression's impact on the sufferer. More ominous is the anthropomorphic carved cup from the Awongo of the Kasai-Kwilu border area (Figure 35) along the Loange river in Congo that is reported to have been used to administer the poison ordeal to someone suspected of having caused another person's death or sickness (Torday). Protection and defense continue to represent one mode of African medicine.

Medicine of Public Order

[30] An alternative to protection and aggression is the widespread strategy of buttressing public authority and order through either conflict resolution or the enhancement of public authority. The first is a more purely social strategy to end the feared consequence of aggression by identifying the conflict and seeking reconciliation between two antagonistic parties. This approach was used in the northern region of Kongo society in conflicts suspected to be causing sickness of one or more members of two lineages involved in a long-term simmering feud over slavery, land, infertility, and most recently the cancer of a prominent member of the former master group (Figure 36). Christian diviner-prophet Marie Kukunda was engaged to conduct a preliminary analysis of the situation. Following her refined judgment as to whether the sick man had done something to bring his disease upon himself, she recommended that the two groups engage advocates to argue their respective cases in a grand reconciliation meeting. Kongo society is well known for its decentralized ethos, where conflict reconciliation is essentially identical to healing the social body.

[31] In a more centralized setting, such as that of the historic Kra-Tchien peoples of Liberia, a community mask (Figure 37) contains the power of medicine to strengthen collective authority in order to protect and enhance well being.

Embracing the Affliction

[32] Embracing the affliction is a widespread sub-Saharan African response to sickness believed to be caused by "something else going on" – aggression, pollution, ill-will, deformity, or possession. Embrace of the affliction is commonly accompanied by a diviner's attribution of the condition of affliction to a spirit or ancestor who has possessed the individual(s) and seeks recognition and placation, or is displeased with the victim. Many conditions that are regarded as chronic are accepted as the will of ancestors or spirits. Family and diviners urge sufferers to embrace the affliction, join a support network of the afflicted, and perhaps become a healer. Such specialists are frequently referred to as "suffering healers," "chosen" by the ancestors or spirits whose identity is transformed by the "drum of

affliction" and whose song-dance is an expression of the calling voice (Turner 1958; Janzen 1992; van Dijk, Reis, and Spierenburg). Under the tutelage of a healer, the afflicted organize as a socially sanctioned support network comparable to a Western self-help group or twelve-step program. Initiations, long-term therapies, and rituals of purification and counseling characterize these therapies.

[33] Photographs of song-dance-drumming ritual *ngoma* in Capetown, South Africa (Figures 38a, b, c) show a novice being brought into the first stages of his novitiate – entering “the white,” by wearing white clothing and being anointed in white chalk to demonstrate his liminal status of being in close association with the spirit world, in contrast to colorfully dressed fully qualified healers of the *ngoma* network. These outward embodied representations – animal skins, costumes, beads, caolin – demonstrate the individual’s transformation as he or she overcomes or stabilizes the spirit-called affliction and becomes a healer. From Bulawayo, Zimbabwe comes a *ngoma* drum used by a spirit medium (Figure 39a), and a painting about *Becoming a N’anga* by a Bulawayo artist (Figure 39b). The painting shows the sickness-vision quest with the water spirits under the water, and the preparations for the final celebration of the sufferer-novice turned healer.

[34] People who have been drawn into the networks and self-help associations of the afflicted juggle their identities of lineage, kin, and profession with that of sickness, frequently under new names. Usually they carry special identifying badges of their chronic condition and its special calling – e.g., bracelets, as in that of the Lemba order of the 17th – 20th century Lower Congo, which combined and emphasized trade and healing for its members, thereby constituting a powerful mercantile association (Figure 40). Another example is the necklace of the Zar cult of northeast Africa (Figure 41).

[35] African Christian churches have approached the “embracing of affliction” profile of African healing with considerable ambivalence, sometimes inventing a unique adaptation of it, other times, in other traditions, vigorously rejecting it. The embrace of AIDS sufferers by Coetzee’s character Sister Bridget of the Marian Order certainly fits this feature of African healing. The Church of the Holy Spirit in Africa, a Lower Congo branch of the Kimbanguist movement, practices a healing rite based on the idea that each person carries an aura that should be healthy, strong, and protective to keep bad spirit from harming or lessening resistance to disease. In a healing rite accompanied by very heavy drumming and singing, the presiding healer-prophet, while in a trance by the Holy Spirit, unwinds (counter-clockwise) and rewinds (clockwise) the person’s aura with a blessing (Figure 42).

Exorcism as Response to Spirit Calling

[36] African Christianity has also widely rejected the embrace of the affliction in healing. A kind of inversion of the initiation to spirit- or ancestor-inspired networks of the commonly afflicted is seen in the active practice of exorcism of such spirits in some mainline as well as some African Independent Churches. Here possessing spirits are redefined as evil spirits requiring exorcism. In the Congolese painting *Eglise de Dieu* (Church of God), a Christian cleric in a fine suit exorcises a possessing spirit from a young woman (Figure 43). Exorcism is not entirely a new 20th or 21st century feature of African Christianity. It appears in Ethiopian Coptic Christian iconography (Figure 44) where the angel Gabriel drives a “satan” away from a sufferer with a sword. This scene is combined with another panel in which a

cleric is reading to a sick patient. Many other amuletic Ethiopian icons, such as paintings and “healing scrolls,” feature Christ's crucifixion, St. George killing the dragon, Daniel with raised hands before two passive lions, the eyes of God, the outline of a patient, and other sacred figures.

Healing Words and Images

[37] Widespread inscriptions on the body and personified representation in imagery have conditioned how the meaning of suffering is communicated in Africa. The rise of literacy and the introduction of sacred texts such as the Bible and the Koran provided powerful mediums for healing. “Drinking the word” in Islam, “reading as healing” and “gazing into the eyes” of Ethiopian Christian icons, provide transformational alternatives in African healing. A selection of excellent objects in the Penn collections illustrates the widespread use in North, Northeast, and Eastern Africa of words and images in healing – within Islamic, Coptic Christian, and Hebrew traditions.

[38] Tanzanian Sufi *mganga* Kingiri-Ngiri of Dar es Salaam (Figure 45) reads an Arabic book to heal a woman with menstrual problems. Words are also written on tablets (Figure 46), tea leaves, and bits of paper so they may be “drunk.” Inscriptions are washed off to prepare a therapeutic drink, for “consuming the words of God.” A scribe in the compound of Sudanese Sufi Sheikh Mohmed, North Khartoum (Figure 47) prepares words to drink for devotees.

Measures of Humanity, Discerned and Further Articulated

[39] The universe of African health and healing may strike the Western reader as dizzyingly complex. Yet there are patterns in this universe that lend themselves to a kind of syllogism based on experience, ethnographies, and museum collections.⁴ By far the greatest number of healing journeys by African persons and groups are matter-of-fact sicknesses that “just happen” and can be dealt with at home, or at a clinic, hospital, or with a healer.

⁴ The challenge of African health crises and adaptive creative responses has inspired a range of exhibitions on African healing in recent years. Although some exhibitions deal directly with the AIDS epidemic, many explore the more complex nature of how African healing and medicine interpret misfortune, use iconic representation, natural materials, and render events through artistic or spiritual perspectives. The Museum for African Art in New York mounted *Wild Spirits, Strong Medicine: African Art and the Wilderness* in 1989; *Art that Heals: The Image as Medicine in Ethiopia*, 1997, featuring amulet scrolls; and *To Cure and Protect: Sickness and Health in African Art*, 1999, which first opened at the National Museum of Health and Medicine in Washington, D.C. *Herbs, Health, Healers Africa as Ethnopharmacological Treasury*, was staged at the Afrika Museum in Berg en Dal (the Netherlands) in 1999. *Art and Oracle: African Art and Rituals of Divination* opened in 2000 at the Metropolitan Museum of Art in New York. The Fowler Museum at UCLA and the Durban (South Africa) Art Gallery produced the exhibition *Break the Silence: Art and HIV/AIDS in South Africa*, in 2002, and *Make Art/Stop AIDS* in 2008 about HIV/AIDS awareness in Africa and other parts of the world. In London's Science Museum, the Africa section on *The Science and Art of Medicine* was updated in 2005. In 2007 the Harn Museum of Art at the University of Florida in Gainesville featured *African Arts of Healing and Divination* with pieces from its collection and original fieldwork in Burkina Faso and Ghana. Also in 2007, the University of British Columbia Museum of Anthropology exhibited *The Village is Tilting: Dancing AIDS in Malawi*, a presentation about how the Chewa of Malawi have adapted a traditional masquerade festival to feature characters in popular consciousness about the epidemic. Many other exhibitions on African art, culture, and history have included segments on healing and health, reflecting the pervasiveness of these topics in African life and expression.

Corresponding medicinal practices and traditions address these kinds of conditions. Yet the power of African medicine is revealed in the wide and rich inventory of approaches to sickness and suffering where “something else is going on.” The determination of such a “something else” is first made in the growing suspicion of individuals and families, and then tested by more skilled and professional diviners, who select an array of interventions that they administer, arrange, or recommend. The measures of humanity in sickness and healing drawn from Western classical learning, suffusing modern medicine, and the Judaeo-Christian-Islamic ethos taught in churches and mosques across Africa, ripple in and across these distinctive African perspectives.

[40] The existential and relational challenges facing modern Africans provide ample and fertile ground for the application of old therapies, the invention of new ones, as well as the adoption of techniques offered by the global peddlers of religion, science, and business. The impact of aggressions of various types on the health of individuals and groups has not disappeared, quite the contrary. Despite the widespread increase of scientific-based public health measures – inoculations, widely available infant rehydration therapies, available treatments for various problems – the episodic raging wars and epidemics, and neoliberal economic policies of the postcolonial era in Africa have pushed many people to the brink of their existence, displaced them from their homes, or driven them into exile, and desperation. For those who manage to leverage their way to fortune and power, the seductions and risks to health and well being are also great. Thus, the search for security, protection, revenge, or success, like vectors that crisscross today’s African living space, require as much of these medicines for “when something else is going on” as in the colonial or pre-colonial past.

[41] Recently, my colleague Steven Feierman and I have suggested that the likely unique contribution of African medicine to the global exchange of original ideas and forms lies in the moral envelope that seems to accompany the serious crises and challenges to human existence. Our conclusion to this effect was in the context of a symposium on science and religion, where the underlying agenda was to explore both the earlier relationship of scientific knowledge to religion, and the contemporary world in which science and religion are often regarded as competing and incommensurable kinds of knowledge. We reviewed historical instances of sophisticated technical and social inventions that had been legitimated by ancestral blessing and periodic rituals to certify their continuing validity (Feierman and Janzen 2010). In the current era we identified numerous instances of social, health, and knowledge-related initiatives by individuals or groups that again were anchored in moral systems and codes that gave them legitimacy: (1) a social work technique to handle rape victims in terms of kin family therapy (Matokot-Mianzenza); (2) a pediatric method that rooted child care instructions to mothers in terms of a classical worldview and view of the body (Guma); (3) a university that taught environmental care with links to ancestors (Universite de Luozi in the Lower Congo); (4) a pharmaceutical institute that derived its experimental work both from healers in the community as well as from European pharmaceutical instructions (Byamungu). Thus, the presence of a moral framework appears to predict the success of an innovation, more than the actual technical or theoretical paradigm.

[42] Can we bring this insight of a distinctive African moral framework for knowledge to bear on the Costello sisters’ measures of humanity in the face of crises as severe as the AIDS

epidemic in Southern Africa? Glimmerings of such a moral framework have emerged in the more in-depth studies of the impact of HIV/AIDS on families, communities, and nation-states, as sketched in Dilger and Luig's *Morality, Hope and Grief: Anthropologies of AIDS in Africa*. Moral responses to the HIV/AIDS epidemic are instructive. First of all one must appreciate the national success of Uganda's ABC (Abstinence in youth, Be faithful in partnerships, Condoms if you must engage in non-marital sex) response to its AIDS crisis under President Museveni. Despite the criticisms of authoritarianism, the Ugandan nation did change the behavior of thousands of individuals to reduce sexual partners, forego initiation of sexual activity for some youth, and adopt condoms. The infection rate of 30+% came down to 5%, and has remained relatively low. The Ugandan program has been described and analyzed in many publications, several of which (e.g., Green) contrast this creative national project with less efficacious approaches taken in other countries. The Ugandans justifiably took credit for their own unique solution to the crisis.

[43] John Iliffe, in his history of AIDS in Africa, a first general history of the epidemic, noted that in many regions where it raged, society did not collapse; kin groups were not as devastated as many prognosticators anticipated. Even where mortality figures were high, respectable burials were usually the final act of respect a family tried to carry out toward a loved member in spite of severely strained resources, and orphans were usually adopted by other kin or grandparents.

[44] In her honors B.A. thesis on HIV in South Africa, Kellen Huet-Cox's major insights, against the backdrop of statistical information, focused on her experience with a family she knew during her student term in South Africa. She was close to a young, female fellow student who had experienced her father's mysterious death several years earlier (most likely due to AIDS). Her brother was HIV infected, engaged in self-destructive behavior, wilted under the stigma of his condition, and avoided seeking treatment. She, on the other hand, was determined to make a life for herself free of AIDS, and acted accordingly and cautiously, with the moral backing of mother. So even in this intimate situation in the face of AIDS in the family, several individuals charted their course to hold life together and move forward.

[45] A further note hints at the emergence in many quarters of support networks of the infected or of those with infected kin. Although I am not aware of this new form of network of the commonly afflicted in association with traditional cults of affliction, the shape of these new groups is certainly similar. In the case of my colleague Kathryn Rhine's research in Kano, Nigeria, HIV infected women are certainly "embracing the affliction," but in the era of antiretroviral drug therapy they can cultivate their roles as courting women, wives, and successful business women who have a life and attractive bodies, in the classical sense.

Conclusion

[46] Multiple measures of humanity are implicated in the contemporary issues of suffering and its alleviation, as articulated in the forgoing section. These include local representations and personifications of health and beauty as well as disease and death, often juxtaposed or contrasted in performances, stories, or classifications of conditions and treatments. Jan Coetzee's Costello sisters provide a further set of contrasting and contested measures of humanity: the one promoting healthy and beautiful bodies in a classical perspective, the other a more religious, compassionate identification with suffering and death. This set of

contested measures of humanity has distinctive Western roots, thus it is widely present in Africa in Western-introduced and maintained biomedical interventions, as well as in Christianity, through its missions, churches, and initiatives. This set of contested measures is comparable to, yet different from, the African distinction between illnesses “of God” that “just happen,” versus those afflictions that are accompanied or caused by “something else going on,” “of man.” The former suggests a naturalistic world of God’s created universe; the latter, a sinister characterization of disease as due to willed, therefore social, disharmony and evil within the human community. These forces are also echoed in the characterizations of disease and death. The worldview present in most African healing practices and institutions is grounded in a moral umbrella over both the affliction and the means of curing; the embrace of the affliction and the afflicted, whether this is in cults of affliction and shrines or in Christian hospitals and charities. This distinctive moral, thus human, universe defines the transformations of African health and healing. Multiple, and usually contested and negotiated, measures of humanity accompany the journeys of African healing, whether these are couched in ancient practices or in biomedical clinics reflecting global standards of the twenty-first century.

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