

june 2000

volume II number 3

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viennese ethnomedicine newsletter



Steven Lihonama Lutumo



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Frontispiece:

Steven Lihonama Lutumo, a traditional healer of the Bena in Southwest-Tanzania, magically protects his house and fields from an approaching thunderstorm. He waves a special rain-stick towards the clouds, mutters a magic formula and spits in the direction of the coming rain.

Photograph: R. Kutalek

Viennese Ethnomedicine Newsletter

is published three times a year by the Department of Ethnomedicine,
Institute for the History of Medicine, University of Vienna, Austria.

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“They will only tell you what they believe you want to hear”

Reactions to my Research on Traditional Medicine in Tanzania

Ruth Kutalek

After almost one and a half years I wanted to go back to “my” field in Kibena, in the highlands of Southwest Tanzania. In 1995/96 and 1997 I spent almost one year there, documenting the life history of a traditional Bena healer, Steven Lihonama Lutumo (Kutalek 1999). My desire was to see the people again with whom I had worked but that seemed not enough to justify my visit. It needed a “good” reason to go back. As I had only a few weeks time I was wondering what ethnographic peculiarities could possibly be discovered in such a short time. Should I investigate on body concepts or on the role holy forests like Nyumbanitu and Iditima play in traditional medicine? For all these topics the time seemed too short. Armin Prinz then had



Lutumo prepares a bundle of medicine for a patient.

the sparkling idea that I should do investigations on what the people in Kibena thought of my research there. Anthropologists do sometimes investigate on field researches of *other* anthropologists. As far as I know nobody has ever tried to document reflections on his or her *own* research in the field.

When I decided to take the challenge I became aware of the complications of such an enterprise regarding the appropriate methods. Usually qualitative methods aim at discovering *the other*, not on discovering about what others think about *you*. What questions can I possibly ask about myself? How to encourage the people to give me authentic answers? What is the right amount of provocation they (and I) can bear to tell me the truth?

To give myself at least a rudimentary feeling of security I prepared a small catalogue of questions as a guideline. It turned out, however, that the *art of asking questions* was not so much needed than the *art of listening to subtleties*. And, to my surprise, not only were the answers to my questions most revealing but also the questions I encouraged the people to ask me. I do not want to present the following material arranged in topics, well discussed and ready to digest. I rather want to show the process of discovery by giving the persons whom I talked to the necessary space. The people I asked about my research in the following weeks were former patients, neighbours and family members of Lutumo and people who were acquainted with my work.

The first person I interviewed was Mr. Stanley Kyando, my translator. When I asked him if he had not been afraid to work for me with a *mganga* (1) (traditional healer) he said: “I had no fear of facing these *waganga* because I sometimes go to these local *waganga* when I am suffering myself.” This point was important to me. Before I had met Mr. Kyando I made the

experience that people were afraid to work with a traditional healer because they feared that the ambivalent status of a *mganga* might rub off on them.

Ruth: Weren't you afraid of the reactions of the people that they might believe you wanted to become a witch?

Kyando: I was not afraid that people would say Mr. Stanley Kyando is learning to become a witchdoctor because he is going to these local people. I am a Christian. Through my spirit I believe that what I am doing I am not learning myself, my work was to translate between you and Mr. Lutumo. The questions you asked and what Mr. Lutumo answered you – that was my work, to translate. It was not my task to know how Mr. Lutumo is working or learning how he is doing, no, that was out of my mind.

(...)

Ruth: How did you feel the cooperation was between us three?

Kyando: The cooperation was good, though Mr. Lutumo went of course often out, saying he was going to find medicine while he was going to drink beer. We lost hours waiting for him and searching for him.

Ruth: How did you feel the cooperation between us two was? Was it ok for you to work for me, were there any problems for you?

Kyando: No, I did not have any problems working with you. I wanted you to make a good research about the local medicines because I knew that after a few years perhaps you will help the world and us ... you will come back to bring some medicine. ... Your research will help Mr. Lutumo himself ... you are helping Mr. Lutumo in announcing that Mr. Lutumo is experienced.

(...)

I don't know the plants because I was just translating, but you still remember. You have learned a lot from Mr. Lutumo. From that point of view I say you know it, although you can't say that you are qualified to treat people. What you wanted to know you have tried your level best.

It was quite surprising for me to see that Mr. Kyando did not intend to learn from the encounter with Lutumo but that he only wanted to do his work as a translator and support me. He then mentioned two points that in the following interviews were quite often discussed

by other people also. He expressed the hope that in future I would bring something back to the people, especially the results of my collecting medicinal plants. Further on he said that although I learned a lot and tried my best I was not qualified to treat people. He very clearly drew the line between somebody just wanting to learn about traditional medicine, even if investing a lot of time in it, and somebody who was really called to be a *mganga*. I didn't expect it otherwise. This talk with Mr. Kyando gave me a first impression of what people might answer to my questions. Some of the interviewed people were astonished and asked me if I had had problems here in Kibena, others understood that I wanted to give them a possibility to tell me their opinion. But all of them found it a bit odd that I asked these kinds of questions.

The next person I asked about my research was the traditional healer Lutumo with whom I spent so much time. Mr. Kyando, as he mentioned also in the interview, and I quite often had to search for him in the various areas where people sell *pombe*, traditional beer. Also this time we knew where we could find him. And with the support of many friendly people we finally did as he was moving from one *pombe* shop to another. I invited Lutumo and his aunt Se Mng'ongo, whom we met by chance on the way, for a beer.

Kyando: How did you find her when you were trying to teach her about these local medicines?

Lutumo: She was interested in learning. This one, my daughter, after I saw that she is interested, I taught her, even going to the bush to get medicines. I think she completed her studies very well.

Kyando: How did you work together with her?

Lutumo: She did it well and I feel she has a good heart. She should continue with love for her work.

Ruth: Were you sometimes angry with me?

Lutumo: No.

Ruth: Perhaps there was something wrong?

Lutumo: No.

Kyando: You sometimes told her to go to find medicines. Did she refuse to do it?

Lutumo: No. She agreed with good heart to go and find medicine.

Kyando: How did your patients feel when they saw you working with her?

Lutumo: The patients felt very well and there was nothing wrong. We went on treating them jointly.

Kyando: Were there any among the patients whom you treated who thought that you have been given help from this *mzungu* (white person)?

Lutumo: Some people thought so, but I said no. I did not get any assistance from her. She just came here to learn. I, Lutumo, I can't charge her anything because she wanted to know how I am treating these people and perhaps she will also help to treat many people. We are all the sons of God and even if I knew the medicine for Aids I would have told her or shown her how to treat people.

Ruth: Didn't you feel that I could misuse the knowledge when I get the *uganga* (art of treating people)?

Lutumo: No.

Kyando: Did you think that she might misuse money while learning, as Salingwa (a former pupil of Lutumo) did?

Lutumo: Comparing with Salingwa ... Salingwa is a sick person, he doesn't have the knowledge I have. It gets to nothing to compare her with Salingwa.

Kyando: Do you think she came here to learn and then might misuse her knowledge?

Lutumo: No. She used her knowledge better than Salingwa.

Ruth: What do you say, mama?

Se Mng'ongo (an aunt of Lutumo): I can't say anything, according to my experience you did well.

Kyando: It is true, she came here to learn and in future, when she goes back, she may compare what she has learned here and it might help to get more knowledge.

Lutumo: Also it is true that what she has learned she may perhaps onwards ... I knew that she came here to learn. And my colleague (Fisima, another traditional healer) who told her to pay 100.000 Shillings, to pay 100.000 Shillings just for showing trees for medical purposes, he was a foolish man. Even we Africans we send people to Europe for further studies. Why can't we in Africa, when people come from Europe, teach and help them? We are all God's sons, why should we feel jealous about each other? When they come here, we go to them; we should all be friends.

(...)

Ruth: Did the people laugh about me sometimes?

Lutumo: No, people did not know (what you were doing).

Se Mng'ongo: People were just thinking of your colour. This cloth is just colour; there is nothing in colour. Brain is money. You better miss wealth but you should get education.

Lutumo (to *Kyando*): I told her personally, these trees are medicines, and she should struggle to learn. (to me) You know the medicines, which are used in the hospitals, but I go to the bush to dig and get medicines. I know several trees which are effective against some illnesses, like treating the head, stomach and so on. I welcome the *mzungu*. I showed you how I treat toothache and other diseases. I don't feel jealous, I know that you are my daughter, so go on working with me.

(...)

Ruth: What about the sacrifice? (I had explained to him before that I wanted to offer a sacrifice to his ancestors)

Lutumo: I am ready to do it at home. Here it is not good (in the bar).

Se Mng'ongo: You, Lutumo, you have taught her and I think now she knows what to do. If you have a child in school, who passes the examination, you should try to help him. If you find him failing the examination you know that he is a helpless person. (She means that I am qualified now)

(...)

Lutumo (laughing, pointing to my tape recorder): You will get tired to record what I, Steven Lihonama Lutumo, am saying.

(I then described a bad dream to him that I had when living in his house)

Lutumo: Those people, there were some people who were feeling jealous. "Why Lutumo is teaching a white person?" That's why they did such a bad game, through dreaming.

Se Mng'ongo: Those were the bad people who came in your dreams.

Lutumo: I knew it through my *msimwi* (2) (ancestors). I prevented it. *Se Kilasi* (the spirit of his mother) refused it. That's why they couldn't come again.

Se Mng'ongo: We shouldn't talk so many words, because here is a club (it is an official place where things like that should not be discussed). (then she quoted an old saying) "Do not pour rice in front of the chicken".

Lutumo: I know the person who did it. I told him to stop this game. Those *majini* (bad spirits) won't come again.

Se Mng'ongo: Tomorrow you go and talk in Lutumo's house. Everything you want to say, that is the right place to do it.

Lutumo: Don't ignore these old people, they are the ones who know the *msimwi* and they will help you.

Kyando: If you ignore these people you are killing yourself.

Lutumo: That's why I am staying at my home, I have a lot of children. I am helped by the *msimwi*.

The answers Lutumo gave me of course pleased me. It seemed as if he was satisfied with my work. At the same time I knew that he would never say anything bad about me. It is part of the Bena culture never to say no and never to be unfriendly, especially to foreigners. Knowing that, I tried to provoke him a bit, asking him if he was perhaps sometimes angry with me (which I was with him quite often, because he had me wait for hours and days!) or if he thought that I might misuse the knowledge he gave me. He could not be persuaded to give me the slightest critique. Only when I asked if people sometimes laughed about me *Se Mng'ongo* admitted, that maybe some did because of my colour. One thing that irritated me was Mr. Kyando's question whether the patients thought that I had helped Lutumo and he had refused rigorously. I thought: "Didn't I help him with the rituals, didn't I search for medicine in the bush, dry it and sweat in the sun while pounding it?" After some time I realised what he meant. He expressed that I did not give him financial support. "She just came here to learn. I, Lutumo, I can't charge her anything because she wanted to know how I am treating these people." And he himself criticised his colleague Fisima for asking for so much money when I only wanted to see some plants in the bush. I did not see then that this was a gentle allusion to think about giving him something. But I realised it in time.

The next person I talked to was one of Lutumo's wives, Mama Orino (3). She was very shy and basically said that she knew that I had come here to learn. I asked her if she had no problems with me working with her husband. She said: "No, I felt good, there was no problem. We were told before that his daughter would come from Europe. When you came we said we are just one family. Therefore there was

no doubt." I actually wanted her to admit to some jealousies but it seems I didn't know human nature well. I knew that she was shy so how could I have expected a straightforward answer? But then I still wanted to give her the opportunity to tell me what she thought.

In the following week I tried to see Lutumo again, but in vain. He was out somewhere. I then asked Betty Liduke, whom I had known for a long time and who is a very good friend of mine, if she thought whether her father will be ready to give me an interview. He was recovering from a stroke he had suffered a few months ago. She said that he would be happy to see me.

Ruth: How did you feel when I came here to do the research?

Father: I was feeling very happy when you came here to learn. I thought: "Even European people come to learn here." To do the work together with Europeans is very good. I thought: "Even my children, if they go to Europe, they will work together." I am praying to God that we work together.

Ruth: Do you think a European is able to learn the *uganga* (traditional medicine)?

Father: I have no doubt you can learn from Africans. In the past years I was thinking differently, that it was impossible that Europeans and Africans could learn together. I am 80 years old now. We are doing the same, you Europeans and we Africans. There is no difference between Europeans and Africans. (...)

As we are all equal, that's why you came here to learn more about medicines. When you came the first time I wondered to see you learn such things from Kigichuliro (Lutumo) (4). Later on I thought we are just one, therefore I was not afraid.

Ruth: Did you sometimes wonder how I could learn there?

Father: No. You don't fear to do the work. You don't fear to do the work. You are very eager to learn. To my understanding, I think you are learning well and you don't fear anything. God bless you!

Ruth: Did you hear some rumours about me?

Father: There are no rumours. You still remember me, that's why you brought sugar. You are not afraid, you work very well and you care about your work.

(...)

Go on working and cooperating with Mr. Lutumo. When you stay here, feel like other people and don't fear them. I think my answers were satisfying to you. When we stay together here I feel very happy. Ask another question!

Ruth: Thank you very much!

Father: You should always remember me, you are my daughter.

Ruth: I will not forget you!

Father: What I was talking I said with my own heart.

Two days later I visited Betty's father once again because he had an acute attack of malaria and was very weak. He then recovered but never gained his strength again. He died a few weeks after I had left to go back home. This makes the interview the more precious to me.

In the following days I was wondering who would be the right person to be interviewed next. With Betty Liduke and an acquaintance of her I had some discussions how to choose the people and, more important, how to ask the questions. He told me that it would be very difficult to get the genuine opinion of the people: "They will only tell you what they believe you want to hear." I was frustrated. Betty suggested that we should visit a friend of her, Alfonsia, who is working as a cook in the same hospital where Betty is employed. She said she would for sure tell me what she thought about me. I didn't know this woman well but I wanted to give it a try. When we sat in the hospital kitchen I felt relaxed. Opposite me sat a fat woman with vivacious eyes, very talkative and not the least shy. I explained why I had come here and wanted to start with my questions. However, the first half an hour I had to answer her questions:

How have you felt when you first came here? What was your real big aim? Are these roots and trees the same as in your country? What do you intend to do in future with this education here? Are you going to give something back? When you said you will come to Tanzania what about your relatives at home, are they not worried, didn't you get trouble from them? Is there any difference between Njombe and your country? You have been in Njombe two to three times, suppose somebody tells you, you have to remain here, are you ready to stay? Why not? After I answered her questions as best as I could she encouraged me to ask mine.

Ruth: What did you feel when you heard that I do this kind of thing? Didn't you think that I was learning *uchawi* (witchcraft) (5)?

Alfonsia: Ah, no. When you first came here I asked the matron (Betty). "What is this daughter doing here?" She said you were going to learn the traditional medicine. You know, a person can learn local medicine but can't be called a *mchawi* (witch). I knew that you were going to learn these local medicines. Perhaps when you go back, you may prepare medicine, which comes to Tanzania to treat the people.

Ruth: Did other people think that I was learning the *uchawi*?

Alfonsia: The others asked: "What is this daughter doing here?" We told them: "She is learning *uganga* and the trees of Tanzania." But first they thought that you came to learn the *uchawi*. But we told them, no, she is learning the *uganga*.

(...)

Ruth: What were you thinking that I am here, as a woman, alone, to learn this?

Alfonsia: At first, when you came, I was thinking you were Betty's guest and it was no problem for me. And then when I learned that you had come for studying traditional medicine, with Mr. Kigichuliro, I was thinking: "Oh, how comes?" Because for me it would be impossible, to go somewhere and do these things alone, it's really impossible (Betty explained to me that Alfonsia was astonished that I was so young at that time). I would be feeling afraid to come and learn *uganga* alone.

Ruth: Why is it impossible?

Betty: They have fear. They are not so free to go or do as you do. She thinks you are really strong, to be alone and do these things.

(...)

Ruth: Would you like other people to do research here, like me?

Alfonsia: We will be very happy. Now you are like a messenger, so when you go back, you tell them. If others ... through your telling at home, it makes others to come. (...) You are welcome also to learn something else, besides traditional medicine.

Ruth: Did you have any problems with my research here?

Alfonsia: There were no problems. If the people had doubts about you I would have heard. There was no problem. You should continue with your good habit and cooperate.

Alfonsia was the first person who expressed her own and other's doubts about me. My initial question on whether she thought I had come to learn witchcraft was based on rumours that I heard from other people and, of course, I wanted to provoke her a bit. I had the impression that she did not answer evasively. Maybe it was also Betty who gave her the security to state her real opinion.

I then started to talk to some female relatives of Lutumo. Flora Kilasi is partly earning her money brewing traditional beer. Her house was one of the places where I could be sure to find Lutumo. She thought that I learned from Kigichuliro, as she called him, because I was interested in medicine and that I would go back and teach my students about it. She was a bit astonished about my questions of what other people might think about me.

Flora: People were not thinking badly of you or Kigichuliro. Is there any problem? (she turns to Betty) People were not thinking anything bad about Ruthi. They used to know you. When you came back from Europe, the children were the first ones to tell their mothers that Ruthi has come back from Europe.

(...)

We knew Mr. Lutumo is teaching you but we couldn't understand that you really came here to learn. One day I came here to Kigichuliro, I saw you cooking a pot (doing a ritual) (6) and Kigichuliro was spitting (a means of sending back witches). As far as I understand you are good hearted to understand what was taught by Lutumo.

Imelda Kilasi lives just opposite Lutumo's house and I had met her quite often before. One Sunday afternoon Betty and I were invited for tea in her house.

Ruth: What were you told or thinking, why I was here? Why I came here? (we all have to laugh)

Imelda: I have been thinking: "Are you really going to manage this work?" And up to now I am thinking: "Have you really managed it or not?"

Ruth: Why do you think that?

Imelda: The thing is to go to the forest and find the medicine, I thought this would be difficult for you because we know that you are not

familiar with this. And also to sit with Kigichuliro there and cook the pot and so on. I was thinking: "No, this is really impossible!"

Ruth: Did you change your mind or do you still think that I didn't learn anything or I didn't manage?

Betty: She is not sure if you managed or not, up to now.

Ruth: You are very honest, I like that. If I were a man, a white man going there, do you think it would be easier for me to do this?

Imelda: I think also that as a white man this would not have been possible.

Betty: Why?

Imelda: Because this is the work of an African.

Betty: Because it is a different culture.

Ruth: I myself, I am not sure if I did understand.

Imelda: I feel to some extent that you might have learned a bit because you have been going into the forest and found the medicine.

Somehow the medicine I saw, it was like the real medicine, to some extent.

Ruth: Do you think that somebody outside Njombe, a Pangwa, is able to learn this? Or does one has to be of the family so that he can learn it?

Imelda: Yes, he could learn.

Betty: Why?

Imelda: Ah, outside of Njombe he or she can manage because they are Africans, the culture is almost the same.

Do you know some of the medicine?

Betty: We went yesterday, I showed her the plants. She knows the name of the trees.

Imelda: Does she know even *mpanulo* (a medicinal plant)?

Betty: Yes. She has taken some examples of the plants.

Imelda: How does she use them?

Betty: She presses them (showed to her).

Imelda: Do they have such plants in their country?

Betty: They don't have.

Imelda: Why does she send these plants to Europe?

Betty: She is doing more research on medicine.

Imelda: Do they have special testing there?

Betty: Yes.

Ruth: What did other people you know think about my being here? Did they think the same or did they say differently?

Imelda: They thought first the same like me.

"Maybe she is not able to do it." But when they

saw you going to the forest and fetch medicine, they came to believe: “Now, she can manage, maybe”.

Ruth: What did they think about a woman coming here, alone, by her own?

Imelda: They have been questioning “How comes?” And at that time you were just a girl. “How comes that this girl is coming alone?” At last they got the answer from Mr. Lutumo. Others have been thinking you came for treatment.

Ruth: Were there some people who thought that I wanted to learn the bad sides, the *uchawi*?

Imelda: No. They thought you came to learn, you take the knowledge and you sent it there, maybe you can practise there.

After that interview I was confident that also other people might talk so openly. It seemed that especially the female relatives of Lutumo did not mince their words. Also the conversation with Antonia Kilasi whom I met in Lutumo’s house because her son was sick, was most revealing.

Ruth: Do you know what I was doing here?

Antonia: You came here to learn, to learn these local medicines.

Ruth: What did you feel when you first heard about me, that I wanted to work with Lutumo. What did you think about it?

Antonia: I asked Mr. Lutumo what you wanted here. Mr. Lutumo told me that you came here to learn these medicines and some of the medicines perhaps you will compare with your medicines from your school.

Ruth: Do you think that a white woman can really learn this?

Antonia: I was questioning if you could cook a pot like that. Where can you get such medicine and how can you treat people in Europe? They will perhaps fear that you can’t treat them. But I was told that you are manufacturing them to get tablets and syrups and so on.

Ruth: Do you think that a white woman or a white anyway can really go deep, can really learn the *uganga*?

Antonia: I was wondering whether you would go and cook a pot like Lutumo is doing here. Removing the clothes and whatsoever. Can you do it?

Ruth: It is difficult. I know how to do it but I don’t have the right medicine at home and also I don’t have ... to learn the *uganga* requires to

know something more than just to learn about the plants.

Alfonsia: I am still wondering whether you can go and cook (the pot), pondering (the medicine)... do whatever Lutumo has taught you. It is impossible. But if you take some samples of the medicine and go and compare at your home, that these plants can help people, then this is maybe possible.

This medicine here from Lutumo is really good, really good. Now, how can a white person go and treat people? Are there any trees to treat people, comparing with Tanzania?

Ruth: Yes, there are a lot of trees.

Antonia: Good.

Ruth: When you were talking to other people, what did other people think I was doing here?

Antonia: Some people were wondering because they thought that in Europe there are no trees. They think there are no trees and other plants which here, in Njombe, are used by Lutumo. Now, you must perhaps have lost your money to come to learn here. But their greatest concern was that you don’t have trees in Europe.

Although Mr. Lutumo told them that there are trees in Europe, but they couldn’t believe. Even if you have learned to become a local doctor, will the Europeans agree to your treatment, like cooking a pot as we do here, making incisions, can they agree with you?

Ruth: I think it is difficult to treat the people in Europe in this way. My aim was to show the people in Europe how the people in Africa are treating their sick.

Antonia: Good, very good.
(...)

Ruth: Weren’t you or the people around you astonished that I am interested in traditional medicine as such?

Antonia: They didn’t think about because what they concluded is that there are no trees in Europe.
(...)

Antonia: I know that when you go to Europe you may make some of the medicines, give the samples to the people who are manufacturing medicines, that those are treating people like this and that. Then, in return to what you learned here, we know that we will buy again these medicines from you, coming to us.

(I explain that I am not going to produce medicine industrially)

You should continue learning for your benefit because you say it is very expensive of course

and you are not manufacturing the medicines. Although you are not concerned with that (manufacturing), but learning is very important.

(...)

What are you going to do with these trees (the specimens for the herbarium)?

(I explain that I brought back 30-40 plants to put them in the museum there so that other people can do research on them)

Antonia: I understand.

(...)

Ruth: Is there anything else you want to ask me?

Antonia: Are you going to cook such a medicine, as Lutumo here?

Ruth: It is impossible. Just to know the plants is not enough, they told me very often, you also have to have the support of the *msimwi*, so I can't do it, I don't have this support, I was never called to be a *mganga*.

Antonia: If you take the medicine from here and you send it to Europe and you are not going to use it, what are you going to do?

Kyando: These medicines are kept in their museums for further references. In these museums there are a lot of samples of such medicines and sometimes if one of them needs to come to Africa or Njombe for that matter he or she first goes to the museum and see these references. Then when they come back to Africa, they have to find again those people whom he or she had visited for research.

Antonia: When you go to Europe you should prepare the calabashes where you can keep samples (of medicine) and when you reach there you explain to the colleagues that this kind of tree, its sample is in this bottle, this kind of roots, the sample is in this bottle. These bottles have to be labelled. (...) I understand that through your learning you will be able to make medicines and treat people like Lutumo.

Kyando: It is not her purpose, but she wants to learn and she can't make medicines. She is studying these local medicines. When she goes back here, she can't go and prepare an industry to make more medicine. But her purpose was to learn how these local *waganga* are doing.

Antonia: I thought that she is learning and when she goes back to Europe, she will be a *mganga* like Lutumo.

Kyando: Which was the longest time you stayed here?

Ruth: In 1996. It takes longer time to study these medicines as I have done.

Antonia: Learning these medicines takes a long time.

During the next days I was interested what former patients thought about my work in Kibena. It is very difficult to locate these persons again because they often came from far away to be treated by Lutumo. I met only four people. One woman who sold vegetables in the nearby Njombe market was too shy to give me an interview. Two others I met in Njombe and a third one fortunately was seeking Lutumo's help. Samwell Mhewa, a carpenter who has a small workshop in Njombe town, was the first I visited. I asked him if he was satisfied with Lutumo's treatment and he answered: "The only thing, when you go to Lutumo and get medicine, is to get well." He then told me a story about a girl who, as everybody assumed, was suffering from Aids. It turned out that she was bewitched and she was sent to a traditional healer. During the treatment the girl went unconscious and the *mganga*, fearing that the girl might die, escaped. Mhewa suggested that the family should bring the girl to Lutumo. He treated her and she became well again. Mhewa also reported one of his own experiences with an attacking witch who had to give up because Mhewa got some medicines for protection from Lutumo. In this context he stressed that I also had to learn the techniques of witchcraft otherwise I would not be able to protect the people properly. He was the first one who was amazed that I worked with only one traditional healer.

The other person was Adam Msigwa, a butcher from Njombe.

Ruth: Did you know what I was doing there?

Msigwa: I heard first that you are making a research on local trees and medicine. Although I didn't understand actually what you were doing.

Ruth: Was it Lutumo who told you what I was doing?

Msigwa: No. I was informed by other people that Mr. Lutumo is working with European people, a woman who is doing research on these local medicines.

Ruth: Were you disturbed by my presence?

Msigwa: I knew that you were doing a research and therefore I didn't have any problem with

what you were doing. I didn't feel bad about you because I know that such people who are doing research on our local medicines ... it is of course your duty.

Ruth: Were you astonished that a woman is sitting there?

Msigwa: No, I knew that you worked.

Ruth: Were you somehow wondering that somebody could be interested in traditional medicine?

Msigwa: I did not wonder nor was I astonished because you were doing research on medicine. (...)

(to Kyando) I knew that she is doing a research and for that purpose she makes the name of Mr. Lutumo known, that perhaps he has got good medicines. Therefore people will come to him, through her advertisement.

Ruth: Is there anything you want to ask me?

Msigwa: Yes. I want to know if you were learning of the trees or herbs. Did you want to know those only, or did you want to know how Lutumo is treating?

(I explained that I was not so much interested in herbs but that I basically wanted to know how he was treating and how he was conversing with the people.)

Msigwa: So far you have stayed with Lutumo a long time and you have learned. How do you feel yourself?

Ruth: This is a difficult question (We are all laughing)

I learned what I wanted to learn, this means I recorded sessions and collected plants and so on.

Msigwa: Don't you have the same thing at home, that you have local people who are doing the same?

Ruth: We do have but there are not so many and they are not so traditional.

Msigwa: Thank you. It will be good for Lutumo to be helped by you because you have been exchanging views on these local medicines.

Perhaps you will compare some of these local medicines with plants at your home and find out if they are better to be used. Then you can say Lutumo was also doing good things to the people.

I met Lydia Sakiapiire, also a former patient, in Lutumo's house because she accompanied two friends of hers. She, as many others, thought that in future time I would bring back some medicines based on what I had learned from

Lutumo. "You might have discovered something and then you will help us." She was of the opinion that it will be difficult to master the real *uganga* but that it was possible for me to learn about the medicines. A patient interfered: "I have never come across somebody like you learning now here. Now I am wondering, how can a white person get to know these local medicines?" I explained that the medicines did not interest me so much but that I was more interested in Lutumo's life, his way of treatment and how he interacted with the patients. I don't know if they were satisfied with my answer but they said: "Ah, yes, good." Another patient asked me: "Why did you stick to Mr. Lutumo, why didn't you go to other *waganga*?" I answered, that going from one healer to another one sees only superficial things. I think this answer was accepted unconditionally. "Yes, that's true, really." they said.

Then I visited Daudi Mbeyela, the son of the last Bena chief. He was of immense help to me during all my research, supporting me in everything as best as he could. The interview I conducted with him was actually not an interview; it was more like talking about "old days". We recalled experiences we had had together – the most important one for both of us was visiting the holy forest Nyumbanitu (7). Without Armin and me taking the initiative he would never have entered there, he said. "I had known of the forest for years and I knew that I am somehow connected to it (by tradition). But I never took the initiative to go into it. (...) So when I found company, here is somebody who wants to go, it was much easier for me (...). It was just like that. But I can't say if you hadn't come I would have chosen a day and go there. I doubt it. I doubt it very much." I then asked him if he was astonished that I wanted to do a research in Njombe.

Daudi: No. I could have found you in Nigeria or Congo doing the same thing and I wouldn't have been surprised.

If I told my father I was studying anthropology and then I explained to him what anthropology is, I am sure he will beat me up (laughing). You see? I give you an example, a little. You know Manda, near Lake Malawi. They are fishermen, ok? One of the boys in Manda ... we finished our A-levels at the same time. When I was going to MDM in Morogoro he went to the faculty of

agriculture which is in Morogoro as well. Now, while I was doing accountancy he was taking a degree in fisheries. The first year he went back home the father was quite curious. "My son must do a kind of course there." The son said: "Oh yes, I am doing a degree in fisheries." "Fisheries?" "Yes, you know, fisheries" "What do you mean you are doing a degree in fishing? I have been a fisherman all my life and I don't need a degree, so why should you do this?" You follow? With Africans, you go to school and study a certain career, law is known. But if you told your parents you are doing a general degree, like anthropology, what will you be then, exactly? I am sure there are very few anthropologists in Tanzania.

(...)

When you came up with that thing I wasn't surprised, because having been in contact (in England) with people studying history of a very particular period...

Ruth: You were not astonished that somebody should come and study the traditional medicine.

Daudi: When you said you wanted to study African medicine and so on. It is nothing strange. I mean, quinine is from a tree, I suppose if you want to study that, it's ok. But when you went on further to say you wanted to discover what's wrong with a certain person (I was interested in the concepts of disease causation) that surprised me a bit. What are you going to use it for? You are observing somebody *kuagua* (ask the oracles), say, like Lutumo comes in and then he talks to them and...

Ruth: They say "to ask themselves".

Daudi: ... diagnose, whatever. See, I thought, now she is learning this to what end? I suppose being an African I went back to my ... accountancy. I had expected you to learn all the trees and so on, but I think that would have been very easy with Lutumo showing you the trees and the roots without teaching you ...

(...)

Ruth: So you were not surprised that I came here?

Daudi: No.

Ruth: Were you astonished that somebody is interested in traditional medicine?

Daudi: No.

Ruth: Do you think that a white person, a white woman can learn the *uganga*?

Daudi: I don't see why not. Unless the *uganga* itself has got several restrictions. If there are

women *waganga* who are indigenous, who are black...

Ruth: I heard some different opinions from people who say if you don't know the tradition, if you are not grown up in the tradition, you can't really learn it.

Daudi: I think it's just an opinion, I really don't think it is a restriction as such. You see, I being here, a Bena from Njombe, do you mean I can't learn *uganga* in Sumbawanga?

Ruth: I think you can.

Daudi: So, it's the same thing. You could come to Njombe and learn to be a *mganga*. You see, when you came here I took it that you were going to study. I had expected you to come up with a book that says this cures this and so on. I am sure you have something similar. But maybe as you are more scientific you went deeper than just this.

(...)

Daudi: Did you have any difficulties, being a female?

Ruth: No. The people were more occupied with my colour than with my being a female.

Daudi: I didn't think you would fail, but I thought you'd have a very difficult time, getting information and so on.

Ruth: It was difficult and easy (...)

Daudi: Yes, I remember you saying that you didn't know why people were helping you so much, taking you to these holy places and so on. You know, you surprised me, because I thought I was taking myself to these places. As I said, they belong to me and I had never been there, so ... what's wrong with those? I am glad you came because you gave me the impetus to go, to come to these places. And I thought you knew that. Actually you were helping me! Not me helping you. Ok? Really. So I thought if I am not there she's going to have a very difficult time. That's what came up to me. Apparently you didn't encounter any serious problem.

Ruth: No.

Daudi: For somebody coming in (to the traditional healer) and then discussing their problems in front of a total stranger, I find that a bit strange I suppose. I mean I wouldn't do it. (...)

Daudi: Well, I don't think I have any more questions for you. But I must say something. I am thankful for giving me that book, you know, the photocopy book of "The Bena of the Rivers" (from A.T. and G.M. Culwick; the only

monograph on the Bena). I did reflect a lot on the Bena of the mountain. I have never seen a book on the Bena of the mountain, but Bena of the rivers, even now the customs and so, the things they used to do, things that in some locations of the Wabena are still being practised as described in this book. That helped me to understand a lot. The one or two people who have read it, they came back very much enlightened about their own tribe. (...) As I said, you can study mechanics and so on but you can't say I am studying anthropology. (...)

Ruth: I am surprised that they (the Culwicks) found the time to write that book.

Daudi: Then it's the same with you. I suppose 50 years from now somebody will wonder about the same thing about your book. Because by then information will be so easily available. And then there is this Ruth Kutalek who went and found out ... how many years did she spend? Because by then there will be so few people knowing anything about it, ok? And you have come up with so much detail, and they start wondering, how much time did you have, what resources were at your disposal for collecting such information? You never travelled more than 50km radius.

Ruth: It was less.

Daudi: You went to Ilembula.

Ruth: I didn't put it in my work yet. It is solely on Lutumo.

I like to discuss with you, it's really enlightening for me.

Daudi: We can still continue.

This discussion with Daudi Mbeyela revealed a lot for me. Although we had talked with each other a lot during my research, I never thought that he would reflect on my work in this way. Very few did, indeed.

On one of the following days I visited Atukela Lutumo, the sister of Lutumo's father together with Betty. We both used to call her *bibi* – grandmother.

Ruth: What did you think about me staying here?

Bibi: I was thinking, a girl alone coming to Lutumo. Is it really possible? How are they going to communicate? I thought, there are many *waganga* and you only chose one, Mr. Lutumo. I asked Lutumo himself: "Are you

communicating?" Lutumo said: "Yes, we are communicating."

Betty: To test you if you really understand she said *kamwene* (greeting in Kibena) to you.

Bibi: Then I was not doubting anymore because you knew *kamwene*. I asked Lutumo again: "Where have you found this girl?" He said: (jokingly) "I found her in the forest." You know, people are saying: "The mountains are not easy to meet but people meet."

Betty: She is happy that you came to see her again.

Ruth: What do you think about the work, could I manage or not?

Bibi: I have the feeling that you managed, because I saw that you are communicating nicely, I think there will be no problem.

Ruth: When I was here the first time you asked me: "Are you not afraid to do that?" Why did you say so?

Bibi: I just talked like that because I asked myself if you were able to communicate with him. I thought it would be impossible but now I have no doubt. I was also wondering about the place (Lutumo's house), if you could really live there because it is not the standards of a European. I thought Europeans couldn't live in such a house. Then I became used to you. When I saw you, I thought, ah, a member of Lutumo's family is here.

Betty: She is happy that you still remember her.

Bibi: What about the food?

Betty: She can eat everything, she is simple.

Ruth: What did you think, seeing me alone, a young woman?

Bibi: Other people thought you are the wife of Lutumo. They asked him: "Have you taken another wife?" He said: "No. She came here, she has something to do, she came here to learn about traditional medicine."

(...)

Bibi: (she is still happy that I visited her) I thought that for Europeans it would not be easy to remember me.

Betty: No, they remember.

Bibi: You are talkative, you are polite, you have been talking to me at Lutumo's place. You have love for people. Without this it would not be possible for you to come back and visit him or me. The only thing that made you come back is the love for the people.

The next day Lutumo came up with a black goat. When I finished my Ph.D. thesis I

promised his ancestors an offering. I thought it would be the best to ask Lutumo to do it in Tanzania rather than doing it on my own in Austria. Nobody would have appreciated to support me cutting the throat of a hen let alone a goat at home. So I gave Lutumo the money to buy a goat and beer to do the *tambiko* before I left. He arranged the necessary things. He invited some family members to help him clear a small space behind his house and slaughter the animal. In the late afternoon everything was ready. He told somebody to pull out some hair from the goat's belly and knelt down in front of the clearing.

“The one I was teaching, she has come to say ‘Thank you for what you have done to me’. She has brought a goat and now we are going to slaughter it. These things which I have taken (hair of the goat) I am showing to you. Please, we pray to you, accept it. You shouldn’t forget each other. Se Kilasi, on the side of my mother and the side of my wife. I pray for that. We are going now to slaughter a goat. We pray to you to accept it. Call each other, like Se Kilasi and all the side of my grandmother and grandfather, both sides should be there. Don’t separate from each other. Please, also remember the people

whom I have forgotten, that you should be together. Thank you, God, for what you have done for us. Now we are going to slaughter the goat. Thank you.”

After slaughtering and cutting the goat Lutumo told me that his ancestors would be really happy about this offering. He then took some maize flour, knelt down again and prayed:

“We brought this meat and the *unga* (maize-flour), you have to cook and eat together. Take the flour, the meat is coming, we just brought the flour first and the meat is coming. We have brought this because you are the big ones of this area; you have to eat before us. You take the flour. Uveve, Se Kilasi and Sajo and *shangazi* (aunt). Hapejere (all names). I give the flour and meat to all; all of you have to use this. Take this flour, the meat is coming. You all have to eat and even we will do that, before we leave this place. We shake hands and go back to eat ourselves. We have just been waiting for you to get this and we are going back also to celebrate.

(to one of his relatives) Bring the meat! Bring the meat here, don’t be lazy. You think that’s a joke. You look as if you walked with your buttocks!



Lutumo and his relatives cut the meat of the goat.



They spear the pieces of meat to be offered to the ancestors.

Now I brought the meat. Please, Se Lutumo, give all this meat to the other ancestors. You take all the ancestors as you have been keeping us together. We have brought these things for you, so we did not start eating because we have to bring this first to you. It is not good to start eating without offering to the ancestors; otherwise you get problems because you might think we don't pay attention to you. So whenever you do anything, you are not going to be successful, so that's why we give you first. Now we are going back to prepare the *pombe* and we still come back to offer you because we can't take before you take. We got this money, we are going to buy *pombe* and we say welcome to you, ancestors at home."

Before I left to go back home I asked Lutumo if the *tambiko* had been accepted.

"Yes, it was accepted well. That's why I say to make a *tambiko* is a good thing because it's the way of remembering our late relatives. There are some people who don't want to do this. I don't know why. For those who don't want to do this, their children are just walking around, stealing things, and going crazy. That is like a punishment."

With the *tambiko* I thus fulfilled my promises.

Discussion

The reactions to my research were indeed more than I had expected. In the beginning people were friendly but quite shy to tell me their view of things. I received a lot of "nice" answers. But later the people also expressed their doubts. They all knew that I was learning about traditional medicine. When I was introduced to others it was always mentioned that I was doing research on *dawa ya kienyeji*, traditional medicine, though of course this was not exactly my aim. Almost everybody therefore thought that I would come back with medicines derived from the plants Lutumo uses. But how are you going to practice at home if the medicinal plants are not the same there? Some assumed that in Europe there were no medicinally used plants at all.

Others wondered if I managed to learn the real *uganga*, the art of communicating with the ancestors, dealing with divination and doing rituals like "cooking the pot". Are you going to do that at home, too? Will you be naked during the ceremony? Will the people in Europe under-

stand what you are doing? How can you learn the *uganga* if you are not familiar with the traditions? What are you going to do with the knowledge afterwards? Are you going to practice? Why did you stay with one traditional healer only?

Nobody wondered, however, that I was interested in traditional medicine as such. This shows that the people estimate their old medical system highly. The comments of many people also showed that they make a clear distinction between knowing the medicinal plants and knowing the *uganga*. They don't think that traditional medicine can be reduced to the knowledge of medicinal plants only. A healer has to have a connection to the ancestors to do divinations and rituals otherwise he is merely a plant collector. I, as a white, can't expect to learn more than that. This fact made people wonder why I was interested in the patients, their stories and problems rather than in the plants. I think quite a lot of people were proud that a foreigner was interested in their tradition. That showed them that even in the eyes of the white people it is worth something. Many people therefore encouraged me to learn more,

not only on indigenous medicine but also on other traditions of the Bena.

References

- Kutalek, Ruth (1999) Steven Lihonama Lutumo. Leben und Arbeit eines traditionellen Heilers der Bena Südwest-Tansanias. Wien
 Evans-Pritchard, Edward (1937) Witchcraft, Oracles and Magic among the Azande. Oxford

Notes

- (1) *Mganga*: traditional healer, Pl.: *waganga*
- (2) *Msimwi* is a slang expression of the Swahili word *mzimu* (pl. *misimu*); ancestors
- (3) The women are often called after their first male child. Her real name is Leonora.
- (4) Kigichuliro is the nickname of Lutumo. It means "drunkard".
- (5) Witchcraft and sorcery are not differentiated in Bena terminology. However, there are elements that can be associated with witchcraft, others with sorcery in the sense of Evans-Pritchard (1937).
- (6) Lutumo is conducting the ritual *kupika jungu* ("cooking a pot") when a patient is severely affected by *uchawi*. Its aim is to send back the evil forces of witchcraft to the one who sent them.
- (7) Nyumbanitu – "black house" is a small forest near Njombe which is used for ritual purposes. It is said that it is guarded by a python.

"If I told you this, I would be lying" On the Difficulty of Obtaining Answers in Ethnomedical Field-Research

Reflections on Aspects of my Fieldwork with a Seereer Healer in the Republic of Senegal

Felicia Heidenreich

In all aspects of life, when you achieve something you often quickly forget difficulties and pain leading up to it. That's fortunate, we might say, for if human beings were not made that way, discoveries and development would never have taken place ... We encounter the same phenomenon in ethnomedical field research. Coming back from the field everything seems less difficult and has "worked out well" most of the time. But on re-reading field notes and diary pages one also recalls the harder moments: misunderstandings, despair, lone-

liness, and frustration. It is in those situations of hardship that one big question reappears: "What am I doing here, what am I really looking for?" Answering this question for myself in these moments was one thing, the more difficult one was to explain it to the people around me every day – those I was trying to work with in the field and those I had to deal with afterwards. As my background is in medical training, I have a very different initial outlook than that of an ethnologist. In these reflections I do *not* want to compare these two positions, but

just point out some of the difficulties I encountered in general and especially those I met as a “doctor in the field”.

In the field, explaining what you are looking for is anything but simple. The easiest concept for people to understand is that you have come to get the *xamxam* or traditional knowledge. You are not the first one, there have been others who came and wanted to know all the plants that are used for healing. They are concerned. “But ... are you going to make lots of money with all this knowledge?” – Don’t worry, these plants don’t grow in our country ... – “Anyway, the knowledge has to be bought, I, myself had to buy it from somebody, it has its price, otherwise it isn’t worth anything. If you pay me this much, I will tell you how to protect somebody against firearms... You will be able to earn money with this knowledge afterwards.”

I could have bought many of these “protection recipes” to counter a great many things. I tried to make the healer I worked with understand, that I was not at all interested in these magic recipes, that in my country people did not demand this kind of protection. Instead I wanted to know how he thought these protections were supposed to work. How do they function in the body? Do they change the body? Is there a relation between the dose and its effect? What about toxicity? I wanted to learn about his conceptions of the body and disease. How did he recognise different diseases? Did he look at certain symptoms? What kind of reactions does the disease provoke in the body? How do remedies affect disease? Of course, all these questions are heavily influenced by modern medicine's rational understanding and way of looking at the body. They merely try to discover known concepts hidden behind traditional practices. Very often these kinds of questions made the healer laugh and me despair. I did not think my questions were that ridiculous.

With the time I spent there and with experience I found that these reactions to my inquiries contained much more information than simple and direct answers. In this way I came to establish the system of ideas concerning the body and illness from fragments of usual discussions between the healer and his patients. Even if this method seemed to be the more complicated one, especially for somebody who was used to

searching for hard and fast answers in research books, it proved to be the more reliable approach. If asked directly, the healer often invents an answer, makes up a story, or does not answer at all. Sometimes he wants to answer in a way to please you or to quickly finish the interview if he is simply not in the mood. If he does not know or does not want to talk he will simply say: “If I told you this, I would be lying.” – What should I say in this case?

In the beginning the way I had asked questions was very much influenced by my classical medical training. I started checking symptoms, hoping to find the corresponding disease; I inquired after fever, diarrhoea and vomiting, pain, oedemas, skin rashes etc. Depending on the way I asked, the answer would be yes or no in a very arbitrary way. The healer even made fun of the methods of modern medicine, as an example will show:

Question: You have been healing people for a long time; are you able to recognise a disease by looking at urine or stool?

Ndiom (the healer): Not even children would do that. I never look at it. If I touch the sick person I will be told what he is suffering from. The *fangool* (1) has told me already and I know what remedy to give to the patient. (...) Stools, that is the doctor; it is the doctor who explores in that direction, and you know, we are mocking him, a lot! Before you know a disease you look at urine and the stools? No way (laughs)! We see more than that.

On certain questions, when he wanted me to understand something or to show the power of his *pangool*, he gave as an illustration examples involving our car which in his opinion is *the* example of modernity and technical thinking. I will give three citations from conversations with him, showing how he brought up the idea of the car to escape further questions.

Ndiom: It is the *pangool* who know more than *toubabs* (= Whites). If it would please them, you would not get home; when you want to leave, the car would break down, or you would get sick.

Question: How did you know that the disease is *bif* (in this case he had not done the usual oracle, but just touched the body of the sick child)?

Ndiom: How do you drive your car without getting hurt? With all that you ask you have already given the explanation. What does the doctor do to know, what somebody has got? Doesn't he study the person? The doctor looks until he finds out, what kind of disease it is to be able to treat it. We are different, we see the disease very clearly.

(we are talking about amulets and protections with Ndiom and his brother Boukar)

Question: How does it get into the body when it is attached outside?

(Ndiom and Boukar are laughing)

Ndiom: She left her car outside; I can put an amulet on it and take it away again, and when she wants to turn it on, it won't ignite.

Boukar: It will do "kitch, kitch", but nothing will happen. She can't carry the car to get home. It will stay there for days, if the person who has done it, doesn't remove it. And you will say that you have a breakdown even if it isn't a breakdown.

These examples should illustrate the form of some of the answers I got for my questions and the ways of reasoning that they reveal.

I soon realised that I would not get ahead asking questions in a direct manner. I changed my strategy and instead collected the things that were said about a given sickness. Most of the diagnoses are established before consulting the healer, they concern the name of the illness and its natural cause. The healer's task is the explication of the supernatural cause using the sandoracle as a means of divination. He rarely touches a sick person, he does not need to do a physical examination. His accompanying spirits – the *pangool* with whom he communicates in the oracle – tell him the diagnosis and the treatment to apply. This is where his ways of reasoning are the most difficult to understand for a Cartesian rationalist mind. How can one rely just on divination, not even touching the patient ... I was sure the healer had a lot of experience and was able to diagnose illnesses just from looking at the person. At the same time, symptoms seemed to be of a lesser importance. Often he did not even talk about them in the divination and only afterwards the patient dared to evoke them if he felt the need. I came to understand that it was mainly the creation of an atmosphere of influence, power, and confidence that was at the centre of the healer's

activities in order to found the basis for the healing process. He used all sorts of methods to build this confidence, which is based on three pillars: personal confidence in the personality of the healer, social confidence, based on the social acceptance and recognition of the healer, and traditional confidence founded on the traditional religious beliefs in the ancestral spirits, their representations in the divinatory process and their influence on healing. This trusting relationship seems to be the essential base, and all actions undertaken by the healer aim at its establishment.

Having observed a lot of these healer-patient encounters, I learned to recognise the different elements and their use: the language of the spirits, the sandoracle and its paraphernalia, the demand for an alms, the instructions for treatment, the recall to do offerings to the ancestral spirits, the stories of other curings and anecdotes from the healer's life, the assurance to be at the right place, and last but not least the payment.

As I had experienced the doctor-patient-relationship before in my own culture, I tried to find similarities to these elements because the establishment of a relationship of influence and confidence seems to be a universal characteristic. In our culture, doctors speak a particular idiom, they do exams, visualise the sickness for diagnosis, use a lot of different instruments that nobody else knows how to use, ask the patient to give up certain habits, and give instructions on how to take the treatment. Nevertheless, doctors seem to see less necessity in convincing the patient of the treatment's efficiency, and supernatural power do not play an important role. Sometimes I thought it might be desirable in our culture to have one of these powers at hand that takes responsibility for all actions, that is used to justify everything and to exercise pressure on non-compliant patients.

Just observing and not doing anything was not always easy. In some cases I felt like intervening, for example giving an antibiotic to a child with a purulent otitis. Still, I did not want to disturb the delicate relationship with the healer in demonstrating to him that I might not have confidence in his healing art and that I might think my medicine was better. I was

always glad when the patients told me that they went to a local health station for treatment anyway. On other occasions the healer asked for my help. When the circumcision of one of his sons came up, he asked me for local disinfectants and ointment for the wound. I gave him several things and on the occasion vaccinated the boy against tetanus. Other members of the healer's family asked me for help and since I knew that he did not mind, I tried to help where I could. Since the healer himself had felt a great relief from his asthma attacks with cortisone-injections he appreciated having one of them once in a while for himself when he felt ill or weak. Injections seem to be the most impressive sign of modern medicine. The healer admits that they are more effective in certain cases, but in others injections will just bring relief temporarily whereas roots will cure the sickness. Sometimes injections are contra-indicated: if the healer cannot cure the sickness, he will use the fact that the patient has had an injection as an excuse. Other signs of modern medicine are x-rays and operations. The healer says doctors will "tear open" the body to take out the sickness and bury it; but he has no need for surgery because he can treat the same sickness with his roots. On certain questions on the functioning of the body the healer tells me that he does not have *long kaar* and that he cannot look in the interior of a person as the doctors do. *Long kaar* is the deformation of the French term "long regard" (= long look) used to designate binoculars.

The ambiguity between traditional and modern medicine remains; both sides accept and use of one another what they think to be "good" according to their criteria, without entirely understanding the other. Both are full of prejudices and contempt. Most patients are treated by both simultaneously but only the faults and mistakes of the other show up and are discussed respectively. Modern medicine rarely hears about all the cases where traditional medicine succeeded in curing a given sickness. They see only those cases where charlatans were at work making things worse in delaying the sick person from consulting right away. On the other hand, healers see those patients that have not been sufficiently looked after by modern medicine or where the treatment did not work for several reasons: either it was not taken as it should have been, or it was too expensive or it was just

not the right treatment in terms of the traditional understanding of disease.

Talking to practitioners of Western medicine and other people about traditional medicine, one of their first questions is often: "Does it work?" I refuse to answer this question directly. Instead I try to explain the difficulty of examining the medical system of another culture coming from ours, using its reasoning and tools. I state that using our criteria on whether it works or not can be very dangerous because it has a tendency to take into account only the physical symptoms. Modern medicine does not have at its disposal ways to regard or even "measure" the social ill- or well-being and the spiritual dimension of a disease, which are exactly at the core of the traditional understanding of health and disease.

Sometimes I feel that fellow doctors look at me as if they were saying: "You should know better than believing in these charlatans. Don't you see that our modern medicine is much more effective? How do you treat an appendicitis without operating it? You have studied the benefits of antibiotics!" It is not always easy for me to confront these objections, because part of me thinks that they are right. In several situations I would have liked to take sick persons to a modern hospital to get a blood-transfusion to save their lives. Knowing how easy they are to obtain in Europe it is difficult to bear seeing a person die of blood-loss. I had to force myself not to feel responsible for everybody. I told myself that I was just watching what was going on without intervening, "as if I was not there". But I was there, with all my body and soul and that is why I did give medicine to the people who asked me for it and I did sometimes send people to the health-station of the catholic mission in order to do an examination and to calm my feeling of responsibility.

Some people I talk to about my experiences are full of admiration and interest. They are fascinated by Chinese Medicine and admire what they see as exotic or esoteric healing methods. They believe that African traditional medicine is one of these alternative remedies. Often they want to know whether I would try to exercise traditional medicine in Europe, as they are sure it could "work". Still others are just interested in the plants, and wonder whether I could make

lots of money discovering a magic drug against AIDS. I advise them to think about the United Nations convention on biological diversity that postulates the equitable share of the benefits arising from the use of traditional knowledge. None of them seem to have understood the profound sense of doing ethnomedical field research and again I have to ask myself: “What am I doing there, what am I really looking for?”

My experiences come from two stays in Senegal doing field-research on the traditional medicine

of the Seereer. I worked essentially with one healer, Ndiom Faye, whom I want to thank for his hospitality and for everything he told and showed to me.

The research project is directed by Armin Prinz and financed by the Austrian Fund for the Promotion of Scientific Research, to whom I am greatly obliged.

Note

(1) fangool (sg.), pangool (pl.) accompanying spirit, principle of power, ancestors' spirit, spirit of a special place.

Hijadas – the Indian Third Sex

Traude Pillai-Vetschera

“Human existence without gender identity is inconceivable”, says S.P. Ramet in the preface to the book “Gender Reversals and Gender Cultures”, which she edited. “One can live without a sense of nationality, without a religion, without a job or career, even (although with much more difficulty) without friends; but without a concept of one's gender identity, existence itself is thrown into question” (ibid p.xii).

Normally human beings define themselves as either male or female. Modern governments, issuing identity cards or passports to their citizens, insist on “male” names for men and “female” names for women. Name, outward appearance and document are expected to coincide, and if they don't, the individual may get into trouble. To my knowledge this holds true for all modern states, where everything is done to “avoid confusion” and where health insurance companies may even be prepared to finance the operations to transform the biological sex of a person, if gender and sex do not agree in an individual. It seems of utmost importance to avoid “in betweens”, who also would be difficult to administer.

Traditional cultures often have different attitudes. Socially accepted institutions may permit an individual to live permanently or temporarily in an opposite gender role; or a third category may exist apart from the biologically and culturally defined male/female sex-

and gender-categories. In India, for example, the so-called *hijadas* describe themselves as “neither real men, nor real women” – they are both, but both only “half”. It is mainly for this reason that the community of the *hijadas* in parts of the country is considered as something like a “half caste”. In the state of Maharashtra people claim that each caste was sub-divided into “twelve-and-a-half” subcastes, the “half-caste” being that of the *hijadas*. That means that theoretically in every caste there is a subdivision made up by people who live and act outside the traditional roles prescribed for men and women in Indian society.

Who are the *Hijadas*?

In Indian villages they are described as “a caste of eunuchs”, “men whose genitals have been cut”, “men who have been born impotent”, “hermaphrodites”. Seeing *hijadas* the first impression may be that of “men in female attire” – male cross-dressers, homosexual transvestites “in search of a male sex-partner” as is sometimes asserted by authors with an apparently rather superficial knowledge of the institution (M. Carstairs for example considers *hijadas* above all as male passive homosexuals who engage in prostitution).

Hijadas are considered as “sexually impotent” in the sense that they can neither beget nor bare children, and the term *hijada* (often transcribed also as *hijra*) is usually translated

as eunuch or hermaphrodite. India is a country where – according to the ancient lawgivers – all sexual activity was meant only for procreation. According to the Arthashastra 4.13.40, male homosexuality as well as intercourse with a woman, other than through the vagina, were punishable offences. A person without procreative capacity was (and widely still is) considered not a “full” human being. A *hijada* is neither a complete man, as he cannot father a child, nor is she a complete woman, as she cannot give birth to a child – *hijadas* are both, but both only “half”. There are sometimes cases of fakes who try to pass as *hijadas* for the sake of earning money, who may be married men and sometimes are even fathers of children. But they are rejected by the “real *hijadas*” who feel that because of the “false” ones the reputation of the whole community may suffer. Sometimes, when an impostor is found out, he may be beaten up badly.

Hermaphrodites and Eunuchs

As already mentioned, in literature, the word *hijada* is translated as either eunuch or hermaphrodite. Hermaphrodites are persons with male as well as female sex characteristics. The name is derived from Greek mythology. Hermaphroditos was the son of Hermes and the goddess Aphrodite, and he was at the same time male and female, taking the sex characteristics of both his parents. As usually among newborn babies also in India the cases of true hermaphroditism (individuals with ovarian as well as testicular tissue) are very rare. If at all, a number of them may be “male pseudo-hermaphrodites” (testicular). However, often “the term hermaphrodite is used and defined as a congenital condition of ambiguity of the reproductive structures so that the sex of the individual is not clearly defined as exclusively male or exclusively female” (op.cit: 25)

Eunuchs can be in their specific condition due to a biological defect at birth, when a male child is born without testicles. On the other hand, a boy or man can be made an eunuch by surgically removing his genitals. This type of operation was quite common in different parts of the world. Eunuch slaves in ancient European and Asian cultures were held in high esteem. As they had no children of their own they were supposed to be fully devoted to their

masters and often they were trusted more than relatives. In Europe, in former centuries healthy boys were emasculated to conserve their bright voices and to make them singers or actors, who performed the female roles in the plays. In India, “cutting off of penis and testicles and then death ...” was also a common punishment for prohibited sexual relationships (e.g. with the teacher’s wife or an incestuous relation)

Concerning the *hijadas*, general opinion in India holds that they are hermaphroditic males or “men with underdeveloped sexual organs”. It is believed that a man “in such a condition” would try everything to become a “normal” man – making vows to deities, take part in pilgrimages, and the like. If all efforts are without avail, one of the goddesses who are especially connected with the *hijadas*, finally “calls” the person; that means that he may get into a trancelike state during which the message is conveyed to him, or that the divinity directly speaks to him in a dream and orders him to become a *hijada*. I was told repeatedly, “Only if the *mata* – the mother-goddess – calls a man in his dream, he becomes a *hijada* ... Only impotent men or hermaphrodites who never had a beard and who almost look like women get this call”. A.M. Shah (1961:1329) writes that the call of the goddess was the culmination-point of a long process, in which a person in vain has tried everything to adjust himself to what is considered a “normal life” (as a husband and father of children). Once the goddess has called somebody, her order has to be obeyed, otherwise the person may be sure to be reborn in his next life, in all other lives to come, or, according to other informants, the next seven lives, in similar physical conditions – as an impotent male. After having joined the community the “useless” genitals are sacrificed after a time of preparation and religious practices to the divinity. Only after the operation the person is considered a full-fledged *hijada*.

Who Joins the *Hijadas*?

I believe we may safely assume that the community comprises many persons with a vast range of cross-gender characteristics. It seems that by far fewer *hijadas* than generally believed suffered from an inborn physical

defect, but many among them from a gender dysphoria. Using the adequate western terminology we might say that many seem very close to “classical transsexuals” – that means that from early childhood onwards they identified with the gender roles of the opposite sex, feeling more at ease in female attire, performing female tasks. Others, according to their life histories, found out during adolescence that they were homosexuals. When they got into their teens and boys of their same age group started to get interested in girls, they often had their first sexual experiences as passive partners of men or older boys. Most did not yet join the *hijadas* at that time but tried to keep their sexual preferences secret. Throughout history, homosexuality was considered an aberration in India, and – as has been mentioned above – by many even a punishable crime. Even today it may happen that a boy is disinherited and thrown out of his family when it is found out that he is homosexual. Before such harsh steps are taken by the family, a boy himself may decide to act. Especially when a father starts negotiations with the families of presumable brides to arrange the marriage of his son this may trigger off the boy’s decision to break with his family and join the *hijadas*. There is until now an enormous social pressure on young people to accept marriage proposals, to make a heterosexual marriage a success and to produce – preferably male – issue as soon as possible. When a boy feels that he would have great problems to fulfil his conjugal duties to the satisfaction of his wife, he may panic and avoid to get into a situation which would not only be embarrassing for him, but would affect also his family. If there are younger brothers and sisters it may become difficult to arrange for their marriages, once people in the village start to gossip about the elder brother’s “problem”.

The Operation

Most people consider the “operation” (surgical removal of penis and testicles) as the central event in becoming a real *hijada*. The difference between individuals who had or had not undergone the operation may also be expressed linguistically. The authors Russel and Hiralal in their famous “Tribes and Castes of the Central Provinces of India” report that born eunuchs and hermaphrodites were called *khasuas*, whereas the term *hijada* was reserved for

“artificial eunuchs”, i.e. those who had undergone the operation. Others differentiate between “genuine *hijadas*” (operated ones) and “false *hijadas*” who had not suffered any such mutilation.

I believe that there are also local variations in the terminology, depending on the deity who is worshipped above all others. Many *hijadas* in Maharashtra and Karnataka consider themselves as “wives of Parasurama”, son of the goddess Yellamma (or Elyamma). Their religious centre is the temple of this goddess in Saundatti near Hubli. Yellamma’s worshippers – many of them people who were dedicated already as children to the service of the goddess – possess a so-called *joga*, a beautifully decorated basket containing Elyamma’s image and other religious paraphernalia. This *joga* is carried on the head on festive occasions or during pilgrimages or religious begging-tours throughout the country. Men who carry the *joga* are called *jogappas*, women *jogammas*. In villages of Maharashtra I was told the word *hijada* as a rather general term for born eunuchs, hermaphrodites, transvestites, whereas those whose genitals had been removed were called *jogadi*, and this seemed to be something like an honorific title. Apparently only they have the right to carry a *joga* which has to be prepared by the *guru* (teacher) for his disciple and which is considered as very precious.

The emasculation operation as well as the operated person are widely called *nirvana*. The word can be translated as “(final) emancipation, liberation from (worldly) existence, eternal happiness, salvation, completion etc ...”. From this it is understood that the operation is considered as more than a simple “sex-change-operation”, although *hijadas* also emphasise this point and repeatedly told me that “only after the operation did I feel like a real woman”, or “my husband was happy when I went for the operation, because then he could love me like a woman”.

The operation is performed usually at night and in utmost secrecy as it is not only dangerous due to the unhygienic conditions which normally prevail, but it is also a violation of the Indian Penal Code. Although emasculation is not listed as a cognisable offence there, it is treated under

section 326 or 365 as “abduction and grievous injury with a sharp weapon”. (India Today 15.5.1994: 147)

Theoretically the castration should be performed by an experienced *hijada* called *dai ma* (“mother midwife”) which also indicates the importance of the act: the person is re-born as a “real *hijada*”, and the *dai ma* is the one who assists at the birth. The goddess herself has to give a sign and make it understood that she permits the novice to undergo the operation. That means that she is willing to accept his sacrifice and will protect him during and after the operation whereby his chances to survive increase considerably.

About the operation I was told the following: “As soon as the novice has learned all the essential things (how to worship the goddess, the mythology connected with the divinity, but also practical things like singing the songs and dancing), he is taken to the temple of Elyamma. He has to squat in front of her image, has to pray to the goddess and wait that her image should start to perspire. If it does, this is considered a sign of agreement: the goddess permits that the person be accepted into the community of *hijadas*. It may last up to 24 hours until the image finally starts perspiring. Until this moment the novice must not eat and not even drink a drop of water. Finally he falls into a trance-like state: he has to collect in his hollow hands the “sweat” that falls from the goddess’s image and drink it, whereupon he falls down unconscious.

While in this condition, the novice is operated upon by an old and experienced *hijada*: with two cuts of a special, razor-sharp knife the underdeveloped or deformed sexual organs are cut. This is not without danger. First of all there is an enormous loss of blood, which is collected and later on applied onto the skin of the novice. It is believed to prevent the growing of hair on the body and to make the skin as soft as a woman’s. Besides there is the danger of an infection of the wound. To avoid it, hot oil and hot water are applied repeatedly. The operated person has to pass the next days on a cot and is kept on a strict diet. All dishes are prepared with special spices which are supposed to prevent infections. “For 29 days after the operation we are not permitted to leave the

room and our life is in danger. When this period is over we may be sure that we have survived.”

These informations were gathered about 25 years ago. It seems that nowadays the castrations are usually not performed by *hijadas* themselves but by “doctors” (called “*nirvana* doctors” by the *hijadas*) on behest of the *gurus* – sometimes even forcibly on young men who had been abducted and drugged by the *hijadas*. It happens now and again that victims who had been castrated against their will try to file court cases and that a doctor may be convicted and has to serve a short sentence. But normally the investigations are dropped and the cases closed for “lack of evidence” (India Today, 15.5.1994). A few years ago the doctors in Northern India allegedly charged Rs.3000.- per operation, which are paid by the *guru*. It seems that a “new” *hijada* after the emasculation may sometimes dream of going to a specialised hospital in Singapore to “get a neo-vagina made and thus become a real woman”. But hardly any is rich enough to afford the journey, the operation and the stay in the hospital (personal information E. Fels).

After the period of recovery (and ritual impurity?) following the emasculation a religious ceremony takes place which seems to vary according to the area where one lives, and depending on the goddess whom the local *hijada*-community worships. Nanda describes the ceremony connected with Bahuchara Mata, a goddess whose main shrine is in Gujerat near Ahmedabad. Here the *nirvana* is dressed as a bride, with *mendhi* (*Lawsonia inermis*) decorations on her body, wrapped in a beautiful *sari* and decked with jewellery. A *puja* (worship) is performed to the goddess and milk is poured three times over the head of the *nirvana* “... Only now is the *nirvana* free from the curse of impotence and reborn as a *hijra*, who can call on the Mata (goddess) and act as a vehicle of her power” (1990:29).

In Maharashtra the bridal outfit seems to be more justified as really something like a “marriage ceremony” takes place: the new *hijada* is married to Parasurama, Elyammas son, whereby the goddess, who is considered as the “mother” of all *hijadas*, at the same time also becomes “mother-in-law”. For the

ceremony a *mandap* (canopy) is erected similar to those which are used for normal marriage-ceremonies. Yellow turmeric-paste is applied to the legs of the “bride” up to the knees. It is an important ritual in an ordinary wedding that legs, arms and faces of bride and bridegroom are anointed by their respective female relatives on three consecutive evenings before the actual marriage ceremony with *halada*-paste (turmeric, i.e. *Curcuma longa*). Only when that has been done can the couple be married under the *mandap*. When a *hijada* “gets married”, no human bridegroom is present, but instead a small image of Parasurama is kept under the canopy and is also sprinkled with turmeric powder. The ceremony is simple and gets over soon. Afterwards, the new “bride” distributes flowers to all people present. These flowers are considered as especially “lucky” and are supposed to grant a long life to those who receive them “with a pure mind”.

After these rites the new *hijada* may wear women’s clothes only. Elyamma is supposed to severely punish a *hijada* who wears other clothes but a *sari* and a blouse. “A *hijada* who dresses like a man will fall sick, his body will be covered with boils and he will die after a short while”, I was told. After the “marriage-ceremony” a *hijada* also wears the ornaments of a married woman: the *mangalasutra*, i.e. a necklace of small, black beads, toe-ornaments from silver, a nose-ring, glass-bangles and the *bindi*, a mostly black or red dot on the forehead. He lets his hair grow and ties it into a bun in the neck.

***Hijadas* in Indian History**

Hijadas are an ancient institution in India. They are referred to in Sanskrit texts as persons who respond neither to the appellatives “Ladies” nor “Gentlemen”. That means that they always considered themselves as a third sex, although they normally use female names and speak of themselves as “girls” or “ladies”. It seems that even in olden times *hijadas* performed some of their tasks of today – like dancing at marriages, during pregnancies or at the birth of a child in a family. In the Mahabharata they are called persons of low social status, whereas according to the *hijada* tradition famous heroes of the same epic were themselves *hijadas*.

Hijadas were frequently employed at the royal courts, due to their “sexlessness” above all in the harems. (“Never has a *hijada* looked with lustful eyes at a woman. We are like oxen ...” is an often quoted saying). They worked in the royal kitchens and served the meals at the tables, as the kings were often afraid of being poisoned. During the Muslim rule in India eunuchs had a high reputation. The names of a few who were actively engaged in politics or founded cities are known to the present day. The *hijadas* say that they were “important people during the rule of the Muslim emperors”, but whether the eunuchs of the Moghul courts really may be identified with the traditional *hijadas* is a complex question on which much more research will have to be done.

Socio-Economic Organisation of the *Hijada*-Community

Most *hijadas* live in family-like units of up to 15 people. Each “family” in Mumbai is said to belong to one of seven “houses” – socio-economic units, which generally are called *toli* in Maharashtra and *akhada* in Gujarat. Membership in one of the houses is important as it is connected with certain privileges (collecting money for dancing, begging ...) which the *hijadas* vigorously protect against outsiders. Cross-dressers, who are not *hijadas*, may be asked by *hijadas* to “identify” themselves by telling the name of their house and clapping their hands in the characteristic way of this house. If they are not able to do this – thus admitting that they “do not belong” – they may be beaten up severely. The “houses”, each of which is headed by a so-called *nayaka* (sometimes also transcribed as *naik*) or *patel*, are strictly organised.

– A *pancayata*, i.e. the council of the elders, decides the “law” of the *toli* and also has the jurisdiction. The *nayaka* is head of this council.

– Between members of the *toli* exist fictive relationships. The *guru* is considered as “mother” and the pupil as “daughter”. Other pupils of the same *guru* are the “sisters”, there are “aunts” (mother’s sister) and parallel cousins (daughters of mother’s sister). A rich *hijada* may organise a mock-marriage for his daughter and thus add to his social prestige. A.M. Shah reports that in such a marriage-

ceremony one *hijada* may act as bride and another one as bridegroom. I have doubts in this regard, as I believe that relations between two *hijadas* would be considered as “homosexual” and would be rather rejected by the community than sanctioned through a ceremony. According to my own informations *hijadas* may have long lasting relationships with men to whom they may refer to as “husbands” and in whose house they may live after having asked for the permission and blessing of the *guru*. *Hijada* “wives” sometimes pretend to have their menstrual period or to be pregnant.

– Each *toli* has close connections with other *tolis* in the same district. It seems that in the whole community something like a well functioning secret service exists; a person who has joined the community can never leave it again. Even if a *hijada* decides to live alone in a village, he will be traced soon by other members of the community, and he will be punished severely – at least by completely shaving his head, which is considered as very shameful – if he refuses to fulfil his duties, above all the financial obligations towards the *guru*.

An obedient *hijada* on the other hand may rely on the support of his community in case of sickness or personal misfortune, during a famine, and in old age, when a younger member of the community is sent to look after him and care for him. This is an essential aspect of the institution, as many *hijadas* severed their family – and caste ties and have no one to care for them in times of distress. The best way to gain financial security is of course to become a *guru* for as many disciples as possible, who have to part with a substantial portion of all their earnings for the sake of their master.

– It is alleged that a *toli* may own common property: buildings or fields that had been donated to the community by princes, village communities or private persons. There was no way of finding out whether such suppositions hold true.

– Income and expenditure of the *toli*-members are managed by the head of the *toli*. Surplus money is theoretically distributed among the *toli*-members. The *nayakas* in any case keep the largest shares and are supposed to look after all *hijadas* of their respective *tolis*, for

example by buying rice and grain for them during a famine. Apart from money which the *hijadas* earn in common by begging, singing and dancing, each *hijada* may add to his income by doing “woman’s work”, like grinding, fetching water, doing cleaning-jobs, but more often by prostitution.

– Each *toli* has a certain area in which its members may perform the traditional *hijada*-activities. In big cities like Bombay or Delhi a *toli* has rights in certain districts of the city, the *tolis* in smaller towns have rights in a number of surrounding villages: in this area the *hijadas* may go on begging tours, especially during the important festivals like *divali*, *holi* or *navaratri*; at festivals and fairs they dance and sing, accompanying their songs with a small drum, by using ankle-bells and by clapping their hands in a special way thus producing a characteristic sound. *Hijadas* sing and dance also when there is a birth or marriage in a family of “their” area. Often they are invited by the family-members themselves, as the presence of the *hijadas* is supposed to bring luck or rather to keep away bad-luck from the family.

– In former times the *hijadas* were integrated into the socio-economic village-system, known as *jajamani*-system in northern India. That means that their services were considered important enough that other castes served them: when they came to a village, they lived in the street of the potters, who also provided them vessels for cooking and storing water; the carpenter brought wood for cooking, the untouchables looked after their luggage and carried it to the next village.

The *Hijadas* in Indian Society

Islam and Hinduism

The *hijadas* as an institution can be found in northern India only. In south-Indian languages like Tamil or Telugu there are words for eunuch or hermaphrodite, but they refer to individuals with a physical defect, and not to a caste-like institution. The existence of well-organised eunuch-communities in the north may be directly connected with Muslim rule in India, although the institution as such seems much older than Islam.

Considering the fact that Muslims and *hijadas* are somehow connected it seems the more interesting that the *hijadas* without doubt also have strong connections with different Hindu goddesses. Especially the fact that the main goddesses were deified due to acts of mutilation (Bahuchara *mata* cut off her own breasts and died; Elyamma was beheaded) may be of importance, as also the *hijadas* become what they are by “sacrificing their male organs” to these goddesses.

Relations between *Hijadas* and other Castes

The attitude of other castes towards the *hijadas* seems to be composed of different elements – fear, contempt, compassion and curiosity being the most prominent ones. Compassion and curiosity can easily be understood and need no further discussion.

The element of fear seems to have two roots: Physical mutilation (in this case castration) is connected with supernatural and magical powers. People believe that the *hijadas* can prepare medicines and magic potions, that their curse is highly effective, and that they may establish contacts with supernatural beings after having worked themselves into a state of trance. Being in close contact with the *mata*, the *hijadas* are considered as holy and their malediction is feared. They are usually given the alms and small gifts they ask for, and most people are careful not to offend a *hijada* – not only, because he might react in a vulgar way, exposing himself nude and using coarse language, but mostly because they feel that offending a *hijada* was the same act as offending Elyamma herself, who is considered a goddess of wild temper, who may easily take revenge.

Also the element of contempt needs further discussion: *hijadas* usually are considered crooks and liars. Sometimes they prostitute themselves, often they live near the quarters of the prostitutes and act as their pimps. They are said to lure girls into prostitution; for other men it is almost impossible, but for *hijadas* – who more or less have the status of women – it is easy to sit and chat with women and girls and tell them fabulous things about life in the big cities. When they understand that they have impressed a young woman or a girl and that it

won't be too difficult to influence her, they promise her *saris* and gifts and convince her to run away with them to one of the big cities and become a prostitute. – Further people know that *hijadas* carry away children with deformed sexual organs. There are rumours that they buy male children from poor parents or kidnap and castrate boys. All those things add to the bad reputation of the community-members.

One more aspect has to be added: some *hijadas* earn their money by prostituting themselves. Carstairs in his famous work “The Twice-Born” describes the *hijadas* simply as a caste of male prostitutes who are “out-casted and live alone. They are known to be passive homosexuals, and to make a living by selling their services secretly for this purpose” (1971:60). He continues saying that the topic “hijaras” was so scandalous that it was discussed with great reluctance by his informants; homosexuality was considered a very shameful aberration, “which was known to be fairly common, but which could be condoned only if practised in secret. What made the hijaras an abomination in the sight of respectable people was their shamelessness in parading their perversion before the public gaze.” (ibid.)

We have of course to be careful when *hijadas* claim that they have nothing to do with homosexuality and prostitution; but on the other hand I believe that we cannot simply call them a “caste of male prostitutes”. The truth seems to lie somewhere between the two extremes. *Hijadas* who earn their living exclusively by prostitution or who have permanent relationships with male lovers seem to be – at least in the villages – rather the exception than the rule, but of course the situation may be very different in anonymous big cities like Bombay.

Conclusion

For some Indians *hijadas* are “saints”; they call them *mata* (mother), treat them with respect, and consider it auspicious if a *hijada* is the first person they meet in the morning. For most others *hijadas* are people living on the fringe of society; sexual pervers, mixed up with prostitutes, prostituting themselves, engaged in petty crime that very often goes with this kind of living. Most people avoid contacts with them as far as possible, give them the alms they ask



Hijada combing her hair. The long hair must never be cut.

for in order to get rid of them as soon as possible, and in general do not know much about this strange community.

References

- Joshi, Ch. L. (1994) Eunuchs Fight Back. *India Today*, 5th May, 146-149
- Nanda, S (1990) *Neither Man nor Woman*. Belmont
- Nanda, S. (1996) Hijras: An Alternative Sex and Gender Role in India. In: *Third Sex, Third Gender*. G.Herdt (ed.) Zone Books, N. York
- O'Flaherty, W.D. (1980) *Women, Androgynes and other Mythical Beasts*. University of Chicago Press
- Opler, M. (1960) The Hijara. *American Anthropologist* 62, 505-511
- Pillai-Vetschera, T. (1999) *Hijadas – Eunuchen im Namen Elyammas*. In: *Newsletter der österreichisch-indischen Gesellschaft* 7, 21-30
- Ramet, S.P. (ed.) (1996) *Gender Reversals and Gender Cultures*. Routledge, London
- Russel and Hiralal (1916) *The Tribes and Castes of the Central Provinces of India*. London
- Shah, A.M. (1961) A Note on the *Hijadas* of Gujarat. *American Anthropologist* 63, 1325-1330
- Sharma, S.K. (1989) *Hijras – The Labelled Deviants*. New Delhi
- Vetschera, T. (1975) Die "Frauen" Parusaramas. *Sonntagsbeilage: Die Presse*, 22. November

An Interview with Rogasian L.A. Mahunnah

Ruth Kutalek

Rogasian Mahunnah was guest professor at our Department in May and June. He is director of the Institute of Traditional Medicine, Muhimbili University College in Dar es Salaam, Tanzania.

The first question I always like to ask is about the life of the person I interview. You told us in the lecture that you were born near Moshi, Tanzania.

I was born in Pare district near Moshi. Moshi is known because of the Kilimanjaro Mountain. When I am some place very far away from Tanzania I identify myself as coming from Kilimanjaro.

Did you go to school there?

Yes, I grew up in the villages, about 50 km east of the Kilimanjaro, in the Pare mountainside and attended Kilomeni primary school there; this was between 1955 and 1962. In 1963 I left the village for the first time and attended secondary school very far away in Dar es Salaam. Between 1963 and 1968 I studied at a much renowned missionary secondary school with the name Pugu or Saint Francis College. After that I went to a teacher's college in Dar es Salaam for two years, graduating in 1970 as a secondary school master.

Then you went to university?

No, I didn't get a direct entry into university because by then there was a political change, which happened in 1967 when the country tended to what was called Ujamaa, socialism. The country needed manpower, immediate manpower. So on that basis some of us were sent to teachers' colleges to become teachers. After graduating in 1970 I started teaching in a secondary school. I was assigned to a school in the Usambara mountains Northeast of Tanzania, by the name of Magamba secondary school where I taught for four years. My main activities were to teach botany and chemistry but I also happened to be a science master throughout the four years because by then there was no university graduate teacher in

science in that school. Fortunately again it was a missionary secondary school. All of my life, primary school, secondary school and then as a teacher I was in missionary schools. Between 1972 and 74 I was elected the second master of that school, a position that I really enjoyed. But all these years my main vision was to go to university. It had been my dream since I started primary school. All those four years I was looking for ways to go back to university. This materialised in 1974. My vision had not been only to go to university; it had been to go to a medical university. But as I was a teacher it was difficult now. I got a place at the University of Dar es Salaam. The only discipline, which the government would allow me as a teacher, was to take science subjects but mandatory including education. So I took botany, zoology and education. During the three years I tried to find ways to join the school of medicine. You see, having been brought up in the religious societies I really prayed for that opportunity. And when I finished my undergraduate program I got a post as a research assistant at the Traditional Medicine Research Unit, which was a unit at the Faculty of Medicine in the Medical School. So I said: "Praise be to the Lord." But the odds were not in my favour. The government refused me because the medical school was under the Ministry of Health and I was a teacher in the Ministry of Education. So if I was to get into this research assistant position it needed an interministerial transfer. This was not easy. The government said: "No, we can't give you this transfer but we are going to give you a job, which is good. You are going to be a college principal." Well, I took up this post and fortunately this post was in my area, in Moshi, where I was born, so I was going back to the place where I came from. The college by the name of Msinga College was just at the foot of Mount Kilimanjaro. I took up this post but that was not what I had been aspiring for. To get the post in the Faculty of Medicine, the only thing that was needed was a formal ministerial transfer. It seems the status of a principal gave me the opportunity to directly discuss the matter with the senior officials in the Ministry of Health and the Ministry of Education. I tried

to see the directors in the ministry. But they could not give me the transfer. I took the courage and talked to the Minister for Education. Here again God was in my favour because the then Minister for Education happened to be my house master when I was in secondary school (laughing) – what a coincidence of events! I told him about my interests and he authorised my transfer to the Ministry of Health. On February 1st 1978 I took up the post as a research assistant at the Traditional Medicine Research Unit of the School of Medicine.

Then you slowly climbed up the ladder.

I used that opportunity to take my master's degree and my Ph.D. Those two degrees enabled me to climb the ladder slowly becoming an associate research professor in 1995. But this meant a lot of travel worldwide ...

Yes, I saw it in your CV. You travelled to Sweden, Romania, Switzerland, USA, India, and UK.

Yes. This was a deliberate attempt to acquaint myself with this new profession which I had taken up because by then traditional medicine and research and development in medicinal plants was not a subject which was well developed at the university. It was there but not much developed. I was only the third person to be employed in that research unit, and happened to be on the beginning of my career. So then the university allowed me to travel worldwide in order to learn about research, development and traditional medicinal plants. But of course I was articulate enough to use these opportunities to develop my master's and Ph.D. programs, essentially because back home we didn't have the research persons or even the resource material for this kind of study.

My first visit was to the University of Uppsala, Stockholm, to study about biosystematics, plant classification. That was where I really got deep into plant taxonomy. I met a very renowned taxonomist, Prof. Olov Hedberg. He made arrangements for me to travel to London to get an exposure at the Royal Botanical Gardens Kew Herbarium which had a lot of collections of tropical flora. The professor and his wife Inga Hedberg, also a botanist, accompanied me to London. That was the beginning of a good



Rogasian L.A. Mahunnah

future with contacts to Kew Herbarium. Then I got a UNIDO fellowship for training in Romania. This again was for six weeks, in Bucharest. Actually that was the time when I could see the processing and actual research in chemistry, pharmacology, toxicology leading to new drugs. And also what we call the ex situ conservation of medicinal plants, the cultivation. It led to UNIDO funding a project in Tanzania looking into possibilities of developing plant derived pharmaceuticals out of plants which are already used in pharmacopoeia. The plants were obtained from Romania and acclimatised in the appropriate climates in Tanzania, essentially in Kilimanjaro and the Usambaras.

Was this the time when you started to focus on ethnobotany?

No, this was the time when I really got deep into phytochemistry, pharmacology and cultivation.

When did you focus on ethnobotany?

That is exactly the next step, which followed in 1984. This was really a worldwide trip, which took me to the USA, Switzerland and then the Himalayas in India. It was a seven months fellowship offered by UNIDO. I visited Missouri Botanical Garden in USA, and then I went to study at the Botanical Museum of Harvard

University at Boston, Massachusetts. I met there my host Professor Richard Evans Schultes, a pioneer and world authority on ethnobotany. That is actually my first time to know really what ethnobotany meant. I remember on his door was written “Ethnobotany, ask me what plant is this.” For one month I got exposed to the rich literature which was available in the library known as the Ames Economic Botany Library and also to the rich collections. Prof. Schultes was a very inspiring professor. He was so much pleased that somebody from Africa was going for ethnobotany, a discipline of which he wished that everybody or most people in all nations should understand what it meant. After that I flew to the botanical garden in Geneva where again I learned about taxonomic work and also conservation in the Swiss Alps. I spent quite some time there at a place known as Champelac Botanical Garden. It was resourceful but I was not very enthusiastic because of the language limitation. I learned taxonomy from the literature and from the exposure in the botanical garden, but language was a limitation. Then I flew over to India and was stationed at the National Botanical Institute and Central Institute for Medical and Aromatic Plants in Lucknow. They had very rich collections on aromatic and medicinal plants. I was very fortunate that two students from India were studying a similar program and speaking English as well. We only spent little time at the research institutes otherwise the three of us spent the time in the Himalayas. That’s where I got really deep into practical ethnobotany. I had learned the principles in Harvard but in the Himalayas that’s where we did the actual practical ethnobotanical field studies. I had the language limitation but my two colleagues could tell me how things are being done. They asked the questions in their language but all documentation was done in English. You see, botany has no political boundaries and this enabled us even to get into Nepal. It was very resourceful, collecting plants, pressing plants, analysing the folklore informations, and seeing these social-cultural dimensions in Nepal and India. After these three months I finished my program in Lucknow at the two institutes and I returned back home.

It seems the beginning is always difficult but once things have started they move on. I returned back home around October 1984 and

in January 1985 I went to Kew Garden in London again. So I spent three months at the Herbarium of the Royal Botanical Gardens. This was not general taxonomic work because all this time I was also studying for a Ph.D. program in taxonomy. I was able to do most of my identification of the plants, to do other aspects of taxonomy and I also did palynological studies there. After three months I returned to Tanzania. Well to cut the story short in 1988 I visited Pyongyang Garden in North Korea. But this was not a scientific study. I was representing my Minister for Health in a meeting of health ministers to deliberate on traditional medicine and development for what was then called Non Alignment Movement Countries. This was a movement established by developing countries to spearhead political, social and economic development for these countries. I was so excited over the whole thing that I had joined the medical school and even at this juncture I was given the opportunity to represent the Minister for Health in such a meeting. In 1990 I again went to the US, but specifically to do a joined program with the National Cancer Institute in Maryland in search of drugs for cancer. I made another visit in 1994 that also took me to the Smithsonian Institute in Washington, also visiting San Francisco and the Shaman Pharmaceutical Company. With them we discussed a possible collaboration in looking for drugs for diseases like diabetes. These were my worldwide visits to study research and development on medicinal plants, ethnobotany and related subjects.

What do you think are the main problems ethnobotany is dealing with?

The way I see it from my own perspective, probably because of my experience from that part of the world, the first problem I see is that we don’t have really the capability to do that kind of study. That’s from the perspective of our country. Worldwide I think it could not be a problem. The second one is that ethnobotany is a multidisciplinary subject and it needs the involvement of different disciplines. For instance I see the importance of medical doctors and medical anthropologists involved in ethnobotanical studies. Back home we don’t have these specialists, back in the development countries. It is a problem and it needs to be addressed. Thirdly, ethnobotany, apart from

culture, has to do with knowledge. And people think knowledge is not patentable; you just go and pick it up. The issue that comes up now is that in ethnobotany we need to look into how we can reward the people with this useful indigenous knowledge. Fortunately international forums are taking it up to see how the indigenous knowledge can be valued and people can be reciprocated appropriately. This is the essence of intellectual property rights and indigenous knowledge.

How is the situation in Tanzania regarding intellectual property rights?

Well, it is something, which should be dealt with, but it has not been done yet. I think it is still going to take quite some time because the necessary appropriate legal framework has not been put in place. We can't face this in isolation. We have to take into consideration the existing international conventions like the Convention on Biological Diversity (CBD) which says what each country should do. But in the developing countries, Tanzania being one of them, this is not fully done. This is now being overtaken by recent conventions like the TRIPS agreement, which really is not pro the Convention on Biological Diversity. Something is coming up now; a lot of things are happening. The World Intellectual Property Organisation (WIPO) is also considering how this could be done. But there are a lot of forces active. Developing countries are probably needed to jump or fly in order to keep pace with them. So the problem of trying to patent this in Tanzania is still obscure. Efforts are continuing. Now we have formed a network within Tanzania for the main stakeholders in biodiversity research and development, particularly on medicinal plants. One of the groups in which I chair has the task to look into intellectual property rights of indigenous knowledge. We see this as a force that will be able to spearhead this to the policymakers, because these are really the people to make the changes. We hope that we are going to be able to move fast and fortunately this committee is composed of senior members of the university. We have people from the respective ministries, of trade, industries, Natural Resources, Commission of Science and Technology, National Institute for Medical Research etc. So it is quite a strong force.

What do you think is the role of traditional medicine regarding the conservation of biodiversity?

As an institution or generally?

Generally.

You mean the active role or what it should be?

Both.

Well, traditional healers have not been an active role in the conservation of bioresources. Because as I mentioned during my lecture there is no legal framework which empowers them to protect these resources.

I mean protecting it by using it. When traditional healers use medicinal plants usually they try to protect these plants; they would not overharvest a certain plant because they know they will need it in future. I think that this can be a very important role of traditional healers to protect biodiversity in their immediate surroundings.

That's why I was saying are we talking of their active role or of what they should be involved in. You are probably right. What you are saying is what we also observe in some cases but it is more an exception than the rule. Here we need awareness and education. I made observations in Southern Tanzania, in Mtwara, Ruvuma, and Songea. The traditional healers there, when they dig out the roots they don't cover the remaining roots with soil.

Yes, I have seen this myself.

We said: "This plant is going to dry." "So well it better dries than the patient dies." "What does it mean?" we asked. They say: "If you put back the soil the condition of the patient will worsen, so we have to leave it like this." It's the education and awareness that's needed. That's why I say if this legal framework exists these traditional healers will have councils at different levels – national, regional, district, the village – and through this we can facilitate awareness programs. But without these people organised, without an Act which says this is wrong and this is bad, it's not easy to implement these programs. That's why I say this is what actually

is happening but what it should be is another thing. And interestingly these people are very willing to learn. For instance there is a group in Mwanga, Kilimanjaro region. Because they are now organised, they have their NGO, they have a constitution, they have rules, they have regulations, and it has been easy to create a public awareness. Because forestry institutions and agricultural people now talk to these people as an organisation and as a result they actually have been able to create an awareness among traditional healers how to conserve the plants because they themselves have a conservation garden. Even on how to handle the plants when they collect them. Through the NGO they have been able to collaborate with other groups, for instance now they are collaborating with the medical college at Tumauni University at the KCMA in Moshi on looking into drugs for dermatological treatment. Through these interactions they are educating each other and these people learn fast.

I don't have anything more to ask. Is there something left you want to say?

What I would really like to say is my personal opinion about the role of ethnobotany, medicinal plants and culture, especially in developing countries. You see, we need to be more dedicated to do studies in ethnobotany, medicinal plants and the culture which goes with it. Because as we have said before the economy of the countries will not really be able to implement health for all without incorporating traditional medicine. Because traditional medicine is mainly plant based. In Tanzania the general observation is that almost 90 percent of the traditional medicine is plant based. If it is plants it is ethnobotany, if it is ethnobotany it is conservation. That's what I think our country should do. We are faced not only with multinational drug companies but I think we are more or less coming into, what you have said, a re-colonisation, a war on bioresources between the developed North and the less developed South. We have the genetic resources but we can not exploit them bio-technologically now. It seems it won't be long before we will have no hand on these genetic resources.

You mean that the North is making its own rules?

No, they are not making their own rules, these are international rules, but they have the know-how and they know how to articulate, to come up with what they want. This is the problem.

They don't ask the people.

They do ask the people of these countries. We participate in these meetings but at the end of the day it comes to "Who signed?". Most of these countries are signatories. Those people who are signatories if you ask them tomorrow what was signed they will be amazed to see what it was. The developing countries don't send the expert people in the respective meetings; they send the policy makers and the administrators who are not the specialists in the disciplines involved in these declarations. So I would request also our countries of the South to make use of the scientists, of the specialists. Use them, especially when they have to make national commitments on these international conventions and agreements. Some of these documents don't even reach the scientists. They are in the drawers of the policy makers. Looking at both sides probably the North should be moderate when they discuss these agreements. But also the South should be serious, use their specialists, and use their scientists in the process of developing these documents. They should not only sign, why sign? But this is the world of politics, economy and what not.

I should end by saying that I am pleased that my aspirations, which I had when I was in primary and secondary schools of being a medical doctor, did not materialise. But I will tell you, the day I got my letter that now I would get a post in the School of Medicine it was really a turn off event in my life. Really I have enjoyed going back to medicine although it was not medicine per se but to be working in this field related to medicine. Fortunately the Institute of Traditional Medicine within the medical college has exposed me for over twenty years to medical doctors, nurses, pharmacists,

pharmacologists, dentists and it has realised the dream of my life to work in this community. I am happy that I have been able to spend these more than twenty years on ethnobotany. I wish I had another hundred years to live to do this. It is not possible. My aim really is now not to concentrate on field ethnobotany but to build up a research capability in terms of man-power

resources and infrastructure and awareness among the policy makers and the medical professionals to see a fair continuation of these research and development studies on traditional medicine and medicinal plants after my retirement. That is my aim.

Thank you very much!

Congresses

“Interdisciplinary Conference on Enhancing Outcomes in Women’s Health: Translating Psychosocial and Behavioral Research into Primary Care, Community Interventions, and Health Policy.” The American Anthropological Association is among the organisations collaborating with the American Psychological Association (APA), the conference sponsor. The deadline for workshop proposals is June 30, 2000. The deadline for symposia, papers and interactive posters is September 1, 2000. The conference is scheduled for October 4-6, 2001 in Washington, D.C.

The electronic version of the Call for Papers is posted on APA’s Website:
<http://www.apa.org/pi/wpo/whc3/whc3.html>

Report on a Symposium on “Women’s Health 2000” in Munich

Christine Binder-Fritz and Felicia Heidenreich

About 180 female and 5 male participants gathered at the University of Munich from 31st March to 1st of April 2000 for a symposium entitled “Women’s Health 2000”. This meeting was organised by the Society for Ethnomedicine – AGEM, the Childbirth Association – GfG (Gesellschaft für Geburtsvorbereitung) and ENCA – (European Network for Childbirth Association).

On the first day the range of topics was very large. It covered areas like childbirth in other cultures or socio-cultural aspects of menopause in Europe. The ethnographic journey on childbirth took us around the globe: Liselotte Kuntner presented her work with Mafa women in Cameroon, where she has spent many years doing field research focussing on birth positions. In her presentation she spoke about ethnobotany and emphasised the importance of plant medicine. She introduced several plants and their use as food as well as medicine during the time of pregnancy and in the post-partum period.

Felicia Heidenreich talked about her recent field research on pregnancy, birth and motherhood among the Seereer in Senegal in particular about rules and taboos during pregnancy (see abstract). Traditional birth attendance in Ecuador was the subject of Corinna Nast-Kolb’s presentation. Just back from Belize, Sigrid Weiss gave some first impressions on traditional birth attendance from different ethnic groups in this area. Christine Binder-Fritz gave an overview of new initiatives by Maori women in the Public Health Sector of New Zealand. She showed how the Maori’s demand for participation and leadership in the Community Health Services resulted in new Health Services, that take into account the different needs of women due to their different stages of life (“life-cycle approach”) and due to their special needs as an ethnic minority group. Trained Maori nurses offer now gender-sensitive services especially for elderly women considering cultural values and focusing on empowerment strategies to

improve Maori women's health. Alexandra Daszkowski talked about the influences of our Western world and its beauty cult on subjective self-images in young girls and women. Personal problems with the proposed women's role are projected on the body. The image often is distorted and may lead to all sorts of eating disorders (e.g. anorexia nervosa). Peggy Seehafer presented statistical data on psychosocial factors influencing menopause. Elsbeth Kneuper worked with women who had a spontaneous abortion. She stressed the fact that women are rarely prepared for this rather common but unexpected course of a pregnancy. These women often lack psychosocial support during this critical event. P. A. Mäurer, (M.D.) was one of the rare male speakers to talk about women's issues: he exposed a critical view on prenatal diagnosis. Thus the different presentations dealt with practically all issues concerning women's health during their life cycle.

On demand of several participants Beatrix Falch, Katarina Greifeld and Liselotte Kuntner spontaneously organised a forum for scientific discussion, which took place in the afternoon. The second day's presentations were mostly concerned with political aspects of women's health care politics and the situation in different countries. Ines Albrecht-Engel, president of the German childbirth society, presented the actual situation in Germany. Beate Schücking drew a picture of the large differences within Europe and criticised the global trend towards medicalisation of all phases of the women's life cycle. She emphasised the necessity for women to take action and to define guidelines for self-determination (more autonomy?) in the health sector and to formulate a ten-point plan. To meet different needs of the participants, workshops were offered in the afternoon.

Following the aim of the symposium to create women's networks several activities among the participants have already started. From 12th to 14th of May there was another interesting symposium taking place at the University of Marburg in Germany: A meeting of Culture- and Medical Anthropologists talking about menopause in different cultural contexts.

Abstract: Pregnancy, Birth, and Motherhood in the Seereer Siin Culture in Senegal

Felicia Heidenreich

In the bilinear society of the Seereer the time of pregnancy, birth, and motherhood are marked by several rules and prohibitions. During these situations of passage – a young woman becomes mother, a child is born and integrated into society – mother and child are considered as being extremely vulnerable and therefore susceptible to be aggressed by “evil forces”. The couple mother-child is in a special situation: the rules governing their behaviour are supposed to decrease the risk of injuries to their persons and special rituals provide protection. In order to understand these rituals it is important to have a closer look at the underlying ideas on fertility, pregnancy, creation of human life and birth. In some cases these ideas can only be recognised by questioning ritual practices in which they are symbolically represented. Rules and prohibitions during pregnancy concern the behaviour and the diet of the pregnant woman; protective measures are taken and certain medicinal plants are used.

Millet – the principal cereal cultivated in the region – is used in fertility rituals and offered to the ancestral spirits asking for their help to guarantee the perpetuity of the lineage. Birth itself is embedded in ritual practices, which are charged with symbolic meaning. One week after the “physical birth” the “social birth” takes place in the ritual of giving a name to the newborn. Other rituals of socialisation are the first carrying on the back and weaning. In the bilinear society specific roles are assigned to the maternal or paternal lineage.

All actions performed during pregnancy, birth and motherhood reflect traditional ideas and images and thusfore help to perpetuate tradition and customs every time they are performed. It is important to understand this relation between practices and ideas in order to valorise tradition and not to put it off as folklore.

Contributing Authors



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Photograph last page:

We do field research because we enjoy working with people. Anthropological field-work should be serious and committed but at the same time humour should not be forgotten. The photograph shows Armin Prinz over a beer-bottle "watching" his project collaborators Doris Burtscher and Felicia Heidenreich to make sure they are doing their work properly on "Traditional medicine among the Seereer" in Senegal.

From time to time we intend to publish similar photographs from our field work to illustrate the humorous side of our scientific approach.

Photograph: Renate Edelhofer



Participant observation

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