

# *vetn*

*viennese ethnomedicine newsletter*



Preparation of a medicinal ash



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# Frontispiece

A nun who is specialized in Tibetan medicine at Kumbum Monastery Tibetan Hospital (sku-vbum Dgon-pavi Bod-sman-khang) demonstrates the reduction of ash to medicinal powder with a traditional mortar. Medicinal ashes prepared from various ingredients such as woods, other plant parts, animals or even stones are common ingredients of Tibetan formulas. (Photograph: Katharina Sabernig)

## 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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**ISSN 1681-553X**

# Warm Up the Cold – Take Out the Heat

## Modern Practice of Traditional Tibetan Pharmacology in Amdo

Katharina Sabernig

Between 1995 and 2001 I had several opportunities to do fieldwork in Amdo. Most of the material presented in this paper was gathered in the summer 2000 during my participant observations in the hospital of Kumbum Monastery. An introduction into the principles of Tibetan pharmacology and the difficulties of modern pharmacognosy with Tibetan drugs is followed by examples for the preparation of ingredients and production of medicine. Some words about both the administration of the medicines and problems with side effects and interactions will give an insight into the complexity of this medical discipline.

### Principles of Tibetan Pharmacology

Traditionally, medicinal treatment has always been the main therapy in Tibetan medicine. Pharmaceutical treatment is the third of the four “stems” within the “tree of therapy” in the “root tantra” which in turn is the first of four tantras assembling the *Rgyud-bzhi*. The *Rgyud-bzhi* documenting the historical medical knowledge of Tibet can be seen equal in importance as the frequently referred historic book *Huangdi neijing suwen* on Traditional Chinese Medicine (TCM). The content of the four tantras has become well known through its 17<sup>th</sup> century commentary *Vaidurya sngon-po* (Blue Beryl) which is illustrated by a famous set of thangkas published in two modern, similar editions: Parfionovitch et al. (1996) and Byams-pa-vphrin-las (1994). However, out of the stem of medicines, *sman-gyi sdong-po*, fifteen branches grow, each consisting of some leaves which contain pharmaceutical topics. Three of the first six branches describe the pharmacologic relation between the Tibetan humores *rlung*, *mkhris-pa*, and *bad-kan* and different tastes such as sweet or sour. Three more branches tell us about the nature of drugs in relation to the humors, e.g. “the leaf of drug of oily nature for *rlung* disease” (*snum-pavi lo-ma*). Six more branches describe the

therapeutic indications of soups, medicinal butter, powder, decoctions, pills and other pharmaceutical preparations. The last three branches show leaves with enemas, emetics and cathartic agents (Parfionovitch 1996: 23, 179 and Byams-pa-vphrin-las 1994: 79f). Later on, in the thangkas thirty-four and thirty-five on the basis of the 21<sup>st</sup> chapter of the Tantra of Explanations (*bshad-rgyud*, *Vaidurya sngon-po*) we find a more detailed classification of Tibetan drugs. One part deals with drugs indicated for combined diseases such as “medicines for *rlung* and *mkhris-pa* diseases” (*rlung-tshad ldan-pavi sman-sde*) or “hot *bad-kan* and *mkhris-pa* diseases” (*bad-kan cha-ba sel-bavi sman-sde*). Even in this historic book there are not only specified medicines against an individual dyscrasia but also drugs of a rather more solarpathologist pharmacodynamic such as “medicines for epidemic infectious diseases” (*rims-nad sel-pavi sman-sde*) and “medicines of ‘vermicidal’ effect” (*srin-sman-sde*), “medicines for diarrhoea” (*vkhru-gcod sman-sde*) or drugs effecting a specific organ, e.g. the lung (*glo-sman-sde*, Byams-pa-vphrin-las 1994: 239f). One of the most famous historical books on Tibetan materia medica is the *Shel-gong shel-phreng* which is a compilation of medical ingredients (Kletter et. al. 2001: 10). It



Fig. 1: The “Tree of therapy” – The third stem describes the basic knowledge of pharmacology



is this book which forms the basis of modern publications of Tibetan materia medica such as Dgav-bavi-rdo-rje's work *Vkhrungs-dpe dri-med shel-gyi me-long* (1998). The publication of Kletter and Kriechbaum represents a unique synthesis between Tibetan pharmacological tradition and pharmacognostical methods of natural science.

Most publications on Tibetan medicine deal with the description of a single substance against the background of its pharmacodynamic model. We therefore know a lot about the principles of the different tastes, the five elements, and the nature of other humoral-pathological actions of individual drugs. There also exist many ingredients in Tibetan medicine the effects of which are explained in a more protoscientific way. The concept of symbolic similarities such as the shape or the "vitality" of an ingredient is part of the pharmaceutical tradition as well as "immunological" practices like the "vaccination" against smallpox with a scar from smallpox pustules (*vbrum-skogs*, Parfionovitch et al. 1996: 75, or Byams-pa-vphrin-las 1994: 227). In the context of a discussion on the efficiency of *Aconitum sp.*, Aschoff et al. (1999: 28) write about another principle, namely *prabhava* (sometimes *prabhaawa*), a Sanskrit word belonging to Ayurvedic vocabulary and rendered by Aschoff et al. as "direct action". They write that the drug "is known to be quickly absorbed by the body. It (*Aconitum sp.*, *bong-nga*) is known to have toxic, sweating, diuretic, anti-inflammatory, but especially analgesic and 'catalytic' properties".

The insight into singular ingredients forms one part of Tibetan pharmacology, the knowledge of the production and efficiency of multicomponent remedies in combination with other remedies forms another part of Tibetan medicinal science. The publications of Dash (1988) or Thub-pa-tshe-ring (1992) show detailed recipes on the components of Tibetan medicines. However, there are a few problems Western science is confronted with.

### Pharmacognostic Problems with Tibetan Drugs

A major problem of pharmacognosy with Tibetan drugs are the difference between

botanic classification and traditional names. Aschoff et al. (1999: 29) already gave an idea of the diversity of *Aconitum sp.* in the Himalaya region showing at least forty different species. Pasang Yontan (Pa-sang-yon-tan) (2001: 32) listed eight different botanic species in combination with their Tibetan trivial names. According to his list we find with the "black type" (*bong-nga nag-po*) the botanic type *Aconitum richardsonianum var. crispulum*. As this type is very popular in Tibetan medicine, 29 different trivial names are in use.

*Gur-gum*, another frequently used ingredient shows another problem: According to Jäschke (1998 [1881]: 70) *gur-gum* means (1) saffron or (2) marigold, *Calendula*, and similar yellow flowers. Dgav-bavi-rdo-rje (1998: ill189-191) makes a difference between *kha-che gur-gum* which is *Croquus sativus L.* and *ldum-gur-gum* which is *Carthamus tinctorius L.* Botanically quite different, the used parts have, according to the tradition, a similar direction of efficiency whilst having the same shape and colour. The cheaper *Carthamus tinctorius* is often used as a substitute of the much more expensive *Croquus sativus*. Both Dash (1988) and Thub-pa-tshe-ring (1992) only name *gur-gum* as ingredients for the formularies of Tibetan remedies. From a modern pharmacognostic point of view it is difficult to find out more about the efficiency of a medicine if the botanic substances are not clearly specified. Furthermore problems on the standardization of Tibetan medicinal plants have been discussed by Kletter (1999: 69f).

### Tibetan Pharmacology in Amdo, Particularity in the Kumbum Monastery

Pharmaceutical treatment has a long tradition in Amdo. Wang Lei writes about the Northern school which developed in the 14<sup>th</sup> century and influenced the medical theory and practice in Amdo: "The scholastic characteristics of this school were: expert in using warm and hot-natured drugs, with many kinds of medicinal ingredients in a prescription..." (Wang Lei 1994: 9).

This paper deals mainly with research results documented during my fieldwork in Kumbum Monastery Hospital (*sku-vbum dgon-pavi bod-sman-khang*) but it has to be pointed out that the practice in Kumbum Monastery is not

typical for the whole region. Hospitals belonging to a smaller monastery are not able to produce all their remedies themselves or they make less complex medicines consisting only of a few different ingredients. There also exists a pharmaceutical production of Tibetan pills with modern biomedical methods. In Hezouzhen I visited a factory where traditional Tibetan knowledge encounters Japanese technology. It is run by the local government but works in tight cooperation with traditional Tibetan doctors, monks as well as secular professionals.

Kumbum Monastery is located near Huangzhong village in Rusher County, Qinghai Province. Since 1757 it has had a medical faculty (*smān-pa grwa-tshang*) (Meyer 1997: 118). Both Evariste Huc (1844-46[1966]: 229f.), and Wilhelm Filchner (1906: 90) reported on medical activities in the monastery and the gathering of herbs and other ingredients necessary for pharmaceutical production in a small village called Tschogortan. It was located near the monastery and many monks stayed there during the summer. Today the small temple in Kumbum Monastery remains a place of treatment and medical education within the monastery. It includes a consulting room, a pharmacy, and another room housing equipment for pharmaceutical production.

The ‘Kumbum Hospital of Traditional Tibetan Medicine’ (*sku-vbum dgon-pavi bod-smān-khang*) was established in 1980 and has eight doctors including the founder, Tulku Tashi Rinpoche (*sprul-sku Bkra-shis rin-po-che*, ([www.TibetanHealingFund.org](http://www.TibetanHealingFund.org))). The Hospital is situated a little outside of the monastery and covers a large area including an out-patient department, an in-patient department, a sanatorium for medical baths, a room to store ingredients for medicines, another for pharmaceutical production and a further room for a pharmacy. More about the work in the hospital and the patients’ motivation to consult the doctors was published before (Sabernig 2001). Most of the treatments are internal pharmacologic applications. Besides these, the hospital offers medicinal baths and sometimes external therapies like moxibustion. A lady doctor, well educated in Western medicine, works in cooperation with the hospital for taking the patients’ blood-pressure or checking

their general health condition in connection with medicinal baths being taken.

## Procurement of Ingredients

Today it still happens – as it is part of the monastic medical education – that the monks leave the monastery and go up the mountains to gather herbs and other substances necessary for pharmaceutical production. Normally it is the job of women from the village to collect ingredients. They are trained in the basic knowledge of gathering plants such as the right time of the year, but the monks are not able to control whether the plants have grown in the correct place. Anyway, according to the monks, only about forty percent of the ingredients are from the region itself, the rest is imported from other regions or countries, e.g. India, Nepal, or South-East Asia.

Once a substance is in the hand of the monks it must be prepared and stored in the right way. Usually the toxic or useless parts are removed. Following a general rule, ingredients of a hot nature should be dried in the sun and substances of a cold nature should be dried in the shade. In the case of a very toxic ingredient such as *Aconitum sp.* it is dried in the sun to reduce the toxic effect, even if it is used because of its cooling action. (In contrast to this in TCM *Radix lateralis Aconiti* is used because of its heating action [Bensky and Gamble 1993: 297f]). To detoxify *Aconitum sp.* some other procedures are necessary as well. Sometimes the practice of drying the materials is influenced by pragmatic ideas: the fruit *vol-mo-se*, *Sinopodophyllum haexandrum* (Royle) Ying, (Dgav-bavi-rdo-rje 1998: ill. Nr.: 612) for example, is indicated in the case of “hot occurrences” in the female urogenital system. Because of its cold effect it should be dried in the shade but the monks worry, not without reason, that the fruits might go mouldy. Therefore the fruits are cut into pieces and dried in the morning sun or in the sun of the late afternoon. Another example of the preparation of a single ingredient is *brag-zhun* (Dgav-bavi-rdo-rje 1998: ill197) According to Jäschke (1998 [1881]: 380) it is some kind of bitumen. The substance is mixed up with warm water. This results in the separation of pharmacologic effective parts and ineffective parts. Afterwards the acquired material is

boiled and dried. In this condition it is used for the production of complex remedies as an ingredient which balances the three humores in general and has a specific effect on the intestines. Some materials are prepared in different ways, depending on the indication: *Gur-gum*, in this case *Carthamus tinctorius L.*, in form of an alcoholic extract is good for healthy people. *Gur-gum* as a percolate produced by putting into cold water is indicated in case of hot diseases whereas *gur-gum* in a hot soup with honey is a pleasant medicine against conditions belonging to the group of cold diseases.

For the pharmaceutical production numerous ingredients such as different kinds of minerals and organic substances, their ashes or specifically prepared parts are used by the hospital but these can not be discussed in detail in this paper.

### Formularies and Production of Pharmaca

A Tibetan pharmacon usually consists of many ingredients. Simple and cheap medicines are made of at least five and often more than twenty different substances. About half of all remedies sold in the pharmacy of the hospital are pills and a quarter of all medicines are administered in the form of powder. *Rin-chen* pills, also known as jewellery pills, have up to 150 ingredients and cover about 10% of the pharmaceutical spectrum. The pharmacy sells medicinal incense as well as two kinds of alcoholic extracts. Other than Tibetan medicinal baths, the administration of decoctions could not be documented. The remedies are produced in advance, so usually medicine is not prepared for a single person. Out of more than 350 patients only one person received a pharmacon which was produced especially for her. The instruction leaflet of the remedies usually give information on the efficiency of the drug against symptoms like headache, diarrhoea, vomiting, problems with the bloodvessels or explain the thermal nature. The Tibetan pharmcodynamic model against the background of these therapies is usually not explained.

As part of its cultural identity the Monastery Hospital is proud to produce jewel-pills of high quality. Unfortunately most of these pills are

too expensive for nomads and farmers, so the doctors believe that it is important to produce effective medicines with cheaper and less ingredients. Many formulas allow substitutions of ingredients. For example: the use of the bile of a bear (*dom-mkhريس*) is expensive and problematic, so it is usually substituted by the bile of a cow which is available in the slaughterhouse. In some indications the monastery is able to offer an expensive pharmacon including minerals or other rare substances but also a cheaper remedy with the same therapeutic direction.



Fig. 2: Production of a Tibetan pill

The Kumbum Hospital produces all traditional medicines itself. The following procedure is typical for simple medicines. The remedy consists of twenty different ingredients which were prepared and weighed out according the traditional formula. All substances are mixed up and pulverized. Another part of the powder is put into a mechanic machine which turns slowly and some water is added. Through this process globules develop which grow by adding more powder. After a while they are laid on some cotton material to dry beneath a fan. Then the procedure continues until the pills have reached the right size. The monks, who are advised not to eat garlic and spicy food during the days of the pharmaceutical production, watch the development of the pills by correcting the size and adding the ingredients.

*Rin-chen* pills are produced more expensively. For example, the famous pharmacon *Ratnasampil* (*ra-tna bsam-vphel*) also known as “Pearl 70” or “Margarita Pill” are produced according to lunar rules by exclusion of women

and by practicing traditional rituals. However, the most important ingredients are pearls (*mu-tig*) which are cooked with beer (*chang*) and different kinds of herbs. Besides these ingredients the pharmacon consists of substances like half-precious stones (*gzi*), expensive minerals and plants but also simple components such as liquorice or cloves. Even the formulary of this pill is standardized and produced in many monasteries or factories in Tibet. The substitution of some ingredients occasionally occurs as well as the omission of a substance that is not available at all. The packaging of these pills is a special art of its own.

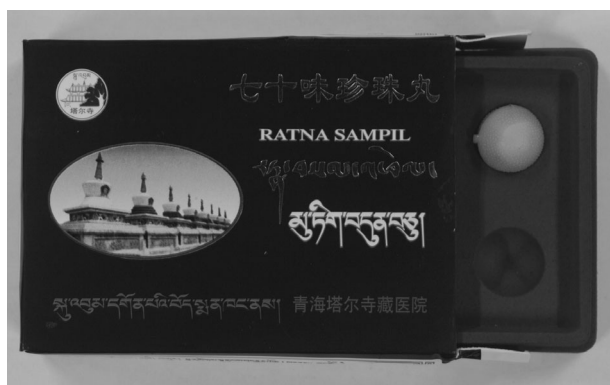


Fig. 3: Pearl 70, a Rin-chen pill which is produced by the monks

### Prescriptions, Side effects, Interactions

Usually patients are given three or four different kinds of pills which they have to take at a certain time of the day over a period of about two weeks. The doctors write the name of the diagnosis and the pharmacon including the description how to take them on the prescription and in a small book which the patients are given to take home and have to bring back to the hospital again. The monks working in the pharmacy will hand out the medicines to the patient according to the recipe. Some pharmacon have to be boiled or soaked overnight in cold water. Once a woman was administered a medicine against sleeplessness which she had to boil with milk and drink before going to bed, but most of the remedies have to be taken as they are with some water. The prescription depends on the individual dyscrasia or discomfort. It is possible that the doctor finds out that there exist two or three kinds of disorders that might relate to each other, or the discomforts have their source in completely different pathologies. Because the

doctors do not have enough experience of the interactions of biomedical drugs and Tibetan drugs, they are quite sceptical about a combination of these types of medicines at the same time. In cases of severe bacterial infection or other acute diseases they cooperate well with doctors educated in Western medicine or send their patients to a Western hospital. Most patients are encouraged not to eat much garlic or other spices with strong flavour, because they might reduce the efficiency of the pharmacon.

Tibetan drugs include effective substances which might be toxic in case of inadequate administration. The doctors believe that with the right diagnoses and dosage of the medicine there should not appear any sign of intoxication. However, in certain cases they inform their patients that they might be irritated by sensations such as pain or numbness in the mouth. Once an old man visited the hospital who suffered from pain in his legs which, according to the physician, was caused by a certain form of wind (*rlung*). After taking the medicine he felt a sensation in his legs as if water was trickling down his legs. In this case the doctor explained that the reaction showed that the medicine was effective. The physicians know three types of therapeutic reactions: (1) a critical reaction where the dosage must be reduced. This might happen in the treatment with potent pharmacologic agents against diseases caused by parasites or tubercular infections; (2) a reaction starting on the third day of treatment, which is seen as a good sign and the therapy should be continued; (3) a mistake by the doctor. This might happen because of false diagnosis or wrong medication. To give an example: once a nomadic woman visited the ambulatory sometime after she had taken some medicine prescribed by a doctor in the grasslands after she had caught a cold and was suffering from a headache. The original diagnosis was something like an “invasion of cold”, so she was given some medicine of warm character. The doctor of the Kumbum Hospital found some cold influence in the lower part of her body too, but diagnosed heat in the upper parts and around her head. In her case the warm medicine was only good for the lower part of her body but had worsened the condition in her head. New, specific and balancing medicine was prescribed.



Kunchok Gyaltzen, Executive Director of the hospital compared Tibetan treatment with military strategies in an interview in summer 2001: “Our medicine you can compare with a military soldier. For example there is the big soldier and there are several small soldiers. We never send the big soldier on his own. If we send him alone he can hurt (the patient) very badly. Because the patient is not with us, he takes the medicine home and does not stay with us ... Sometimes we also produce and prescribe the ‘big soldier’. But we always prescribe it with some other medicine. We never give on its own and only to very strong people”.

## Conclusion

Pharmaceutical treatment is the main application of traditional Tibetan therapies and is an important part of the local health care system. However, the complexity of Tibetan medicine requires that only people who are well educated in this profession, practice it. Many of the fundamental rules of medical knowledge are applied in a modified way if possible to do so. The physicians still take care of the preparation of the materials. As the substitution of ingredients in a medicinal formula has a long tradition, it is important to consider this kind of practice in ethnopharmacologic research.

Tibetan pharmacology is not a kind of method like prescribing some teas to improve the general condition. The physicians in the hospital are able to prescribe different remedies to reduce side effects of the main pharmacum or to balance the individual dyscrasia on the background of a treated syndrome. Since Chinese materia medica found its way into “biomedical” practices successfully, it is just a question of time whether some efficient business people try to make money with promises of healing using the attractive method of Tibetan medicine. In case of *Rin-chen* pills this would be plain ignorant, not only with respect to the art of producing medicine but also because of ignoring the ideas of protecting endangered animals and plants. But what about the administration of simple medicines – those which are cheap and help many people to relieve their discomforts? More research on the application and composition of Tibetan pharmacum might provide us with an answer.

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## Healing the Wounds of War: Western and African Perspectives

John M. Janzen

(This is a chapter from the book of John M. Janzen and Reinhild Kauenhoven Janzen: *Do I still have a life? Voices from the aftermath of war in Rwanda and Burundi*. Publications in Anthropology 20, University of Kansas, Lawrence, Kansas, 2000, pp. 202-214)

“If nothing is done to put a stop to the crisis, Burundi will know many social misfits and risks being transformed into a land of savages and madmen.”

Dr. Sylvestre Barancira, Burundian psychiatrist

Very little of what we saw in war-torn Rwanda and Burundi resembled what we had read about the religion and healing of the region, and what we had ourselves witnessed in research elsewhere in Central and Southern Africa, at least not at first. Divination, the hallmark of an African approach to the interpretation of misfortune, was nowhere to be seen. Rather, we heard numbed, shocked, voices reciting atrocities and losses that seemed to defy being meaningfully interpreted, or put into any worldview of misfortune. We saw no healers ministering to the sick and wounded, except for the crowds of NGOs from abroad. We saw a traditional medicinal pharmaceutical center in Butare that had been the pride of the National Research and Technology Institute, now trashed by the Interahamwe, its new director who had returned from abroad trying to figure out where to begin. When we asked what had happened to the much researched Great Lakes region rite of Kubandwa (De Heusch 1966; CERUKI 1976) we were told repeatedly that it was a thing of the past no longer observed by modern individuals. Others said it is practiced by the uneducated, or clandestinely by others, since it was fought by the church. A recent work on changing concepts

in Rwandan healing (Taylor 1992) identified the master metaphor of “flow and blockage” as central to how society and body were seen, homologously, with “milk”, “honey”, and “money” providing the substance of exchanges to keep these “bodies” alive and healthy. Of all this we heard and witnessed nothing. Rather, we saw Rwandan refugees in Zaire, and internally displaced people in both Rwanda and Burundi, speaking of their hunger, waiting for relief food handouts, fearing intestinal dysentery, and hoping to return home some day. We had the impression initially that all conventions and rubrics for the interpretation of misfortune had been shattered.

Perhaps the very suggestion that there can be “healing” after a genocidal conflict is in the eyes and ears of some almost unforgiveably obscene because their pain has been so total. Is this not comparable to suggesting that the survivors of the genocides of the 20<sup>th</sup> century – the Armenian massacre, the Stalinist Gulag, the Nazi holocaust, the Cambodian killing field, the Balkan ethnic cleansing campaigns – can somehow be “healed” and be whole again. More likely the appropriate phrase that we need to formulate is one of figuring out how to live on with the images and the memories of what has happened, and how to make sense of it, how to explain the gaping question “why?” “Why me? Why us? What does it mean?” And yet, in the short time we were in Rwanda and Burundi we were inspired when now and then we saw and heard healing and justice take form in surprising ways we had not anticipated. The Tutsi mayor of Kayenzi said he could begin his healing, despite the loss of most of his lineage, because his Hutu neighbor had returned from Zaire, and was willing to take up life again as his neighbor. He could initiate the commune’s

reburial of the genocide victims' remains, thereby giving the community a human face vis-à-vis these new ancestors. Another survivor, who had been in the pit of corpses for a week, could forgive the perpetrator who had tried to kill him, once this latter had been confronted and was willing to confess. This forgiveness was possible within the framework of the forgiver's Islamic faith in God who had forgiven him. Similarly, a Burundian Quaker pastor could confront and forgive his brother's assassin. A church group rebuilt victims' houses. In Butare, the Catholic diocese emphasized the truthful reading of history, to chip away at the formidable fortress of denial that plagued both camps after the war. As we were leaving Central Africa, communities were beginning to hold memorial services and to erect monuments like that we witnessed earlier in Kibimba, in Burundi.

Thus, this section on "approaches to healing" will enumerate what we saw being undertaken to initiate healing in the aftermath of war from a variety of perspectives. We also review some of the perspectives on healing in the aftermath of war found in "the literature," and relate the Great Lakes region experience to what we have seen in surrounding regions in Central and Southern Africa. We approach this subject from both a Western and an African perspective in the hope that out of the combination of both will come a better understanding of the ways that healing has occurred and can again occur. Even as we focus on healing and reconciliation efforts, it must be emphasized that the bottom line of urgency is that unresolved conflict leads to more conflict, as indeed the Great Lakes region crisis has spread, or joined with, warfare that extends now to much of Central Africa.

### **War Trauma Healing and Reconciliation *Western Psychological Perspectives***

"War trauma" within the broader field of war's destructive effects has been a Western concept since World War I. It has, since the Viet Nam War, become the most serious of afflictions plaguing veterans. It has entered the mainstream as "post traumatic stress syndrome" (Young 1993; Mays et al. 1998). War trauma's severe effects and long-term consequences in this Western diagnostic sense

were recognized by Burundi's only psychiatrist Dr. Sylvestre Barancira, head of the Neuropsychiatric Center of Kamenge. He made the direct connection between low grade warfare and the disastrous impact it was having on the psychic health of many Burundians. In an interview (Ndayizeye and Niyongere 1995) he described the conditions leading to war trauma, and its consequences, in these terms:

"... the sudden outbreak of collective violence, the noise of war, aggressive attacks and [fear of] imminent death, generalized insecurity without knowledge of its source, fatigue, sleep deprivation, and hunger lead to a considerable mental disorganization in the victim. ... the experience of hostilities as victim, perpetrator or spectator are accompanied by a massive destructuration of the psychic apparatus leading above all to the loss of moral values. The problem of ethnic conflict is so much the more dangerous because it creates a quasi-generalized paranoid suspicion between citizens of different ethnic groups. Simply seeing the other is accompanied by feelings of hostility, of persecution, of bitterness or of vengeance.

Regarding the seriousness of ethnic conflict, it is disquieting to see that the feelings of persecution persist even after the disappearance of the immediate danger. Not to know the whereabouts of one's loved ones, the dispersion of family, the impossibility of getting on with grieving as long as a body isn't identified are responsible for the crisis of anxiety, the feelings of guilt and of depression in survivors. It goes without saying that it is most urgent to bring about a quick end to these interethnic massacres, for Burundi already has enough orphans, enough displaced and broken families. If nothing is done to put a stop to the crisis, Burundi will know many social misfits and risks being transformed into a nation of savages and madmen."

Western therapists who have commented on the Rwandan post-genocide situation (Seppa 1996) barely know where to begin. Among the children alone, there may be hundreds of thousands who are in need of some form of trauma therapy, by standards of Western psychotherapy. Estimates of children survivors who lost their parents are put at eighty thousand, of whom many saw their parents or a

grown relative killed. The many “child warriors” who were trained to kill in the Interahamwe units have even more severe problems that make their moral maturation very problematic (Boothby, in Seppa 1996: 14). Early on in the post-war period a journalist interviewed a lone psychotherapist in Kigali who was able to see only several dozens of “cases” per week. The editors of a recent special issue of the “American Psychologist” devoted to ethnic conflict, say that “the reality is that in the foreseeable future of many of the countries and nations most in need of ethnic conflict analysis and prevention, psychologists and other trained behavioral science professionals will be unavailable” (Mays et al. 1998: 737-738). Even if such specialists were to become available, many conflicts in the world today are of such a nature that it is not altogether clear that the individualized Western approach would even be the most appropriate (1998: 739). Furthermore, there is no unifying, agreed upon, body of theory of conflict analysis, and therapy. But these writers emphasize the need for analysis of conflict in terms of its local cultural, political, and economic aspects, and the importance of enhancing local skills and specialists in this area. Later I will present the work of Karl and Evelyn Bartsch, counselling psychologists who recently made an effort to train therapists and community leaders in trauma counselling in South Africa, but not before they had immersed themselves in the community setting where they listened to stories of trauma resulting from the Apartheid years, the killing, the torture, and the transformation of their societies.

### ***Within Religious Communities and the Truth and Reconciliation Commission***

Although the churches were deeply compromised in the Rwandan genocide and war, with their leadership often involved in the politics of the single party that instigated the killing, some noteworthy initiatives emerged from those in the churches that tried to apply the spirit of Christ rather than pursue power politics. The most outstanding example of trauma healing and reconciliation within the framework of the Christian church in Rwanda is that of the Butare Diocese. As presented by the writing of Lauren Ntezimana, the Butare initiative fuses a Christian perspective with a

combined African and psychoanalytic understanding of individual trauma and trauma in community. The therapeutic model is built upon the need, first, to deal with the denial that many Rwandans had of what they had done or what had happened to them and which these Catholic laymen thought was worsened, or at best, deferred, by mindless repetition of ecclesiastical “opium” of liturgical rituals by assassins. The writing and ideas of the main spokesperson for this effort, Lauren Ntezimana, suggest that this healing work must begin with “being there for” the parishoner as victim or perpetrator of the violence, in order to affirm God’s presence, but then moving towards a stronger reading of current history and rereading of God’s word (New Testament teaching) in order to confront the facts of evil. Acknowledgement of killing and of a spirit of vengeance must occur before reconciliation and forgiveness are possible. Ntezimana’s perspective stresses the foundational character of each step in this process, much as therapists of abuse victims emphasize the need to tell the original story of pain in order to begin to rebuild. The Burundian Bishops’ Conference was slowly moving toward dealing similarly with the issue of denial and the scars of war, “accepting error” after having looked at the facts.

Although many church members and their leaders participated in, or at least facilitated, the church’s compromising position, others in individual and community settings acted out their convictions in amazing ways in defiance of the prevailing trends. We have told a few of these stories, as they were told to us. There are surely more, although far too few. Confronting evil, saving life, and forgiving the perpetrator are the most common constellation of these initiatives, inspired by Christian, Islamic, and traditional Kubandwa belief. The positive consequences of these actions seem transparent, both from a mental health standpoint as from that of restoring sociability. The power of forgiveness in resolving sentiments of revenge had caught the attention not only of those involved in the conflicts, but of scholars. An exploratory research program, Scientific Studies on the Subject of Forgiveness, is examining the healing consequences of truth-telling and forgiveness in 150 cases of perpetrators and victim/survivors who were

involved in the South African Truth and Reconciliation Commission (Murray 1998). Others saw the similarity between these African approaches and initiatives rooted in the idea of forgiveness as a powerful tool for restorative justice and diplomacy (Lampman 1999 a-c).

### *Mennonite Explorations*

Although Mennonites, working within and beyond the Mennonite Central Committee, have promoted various peace and reconciliation efforts in North American, European, and other international contexts, very little work of this nature had been done in Burundi and Rwanda prior to the 1993-1994 conflicts there. When the wars broke out, Mennonite Central Committee became involved in helping other agencies, primarily the Quakers and the Zairian Mennonites (from the West of that country). MCC's actions were typically responses to specific requests received by field coordinators rather than directives from home offices. As already described, these measures included food distributions to both sides of the conflict in selected places in Burundi where local Quakers asked for assistance; seed grains inside Rwanda; blankets and supplementary foods in selected communities in Zaire, as determined by a Zairian/international team. Only after these material programs were in place in 1994, did longer-term issues of trauma counselling and reconciliation work emerge as a part of MCC's activity. These initiatives, like many others, were a combination of ideas and approaches imported from projects in other African settings, developed on the spot, or brought from "the West." A few of these initiatives will suffice here to sketch a picture of what emerged as the "Mennonite approach" to trauma healing and conflict resolution in the Great Lakes region.

In Bukavu, trauma healing and reconciliation work took several directions. The pastors who were part of our team in Bukavu, of Zairian and French nationalities, were convinced that only repentance and forgiveness on the part of those who had committed atrocities would close the cycle of violence, since the killings were so common, and the bitterness ran so deep. They thought that tribunals – without repentance and forgiveness – would only serve to drive the antagonism deeper, and rekindle cycle upon

cycle of further vengeance. The ministers on our team included Mukambu and Njoko of Kinshasa, and Daniel Fever of France, who spent many hours speaking to Rwandan men about the need to confess. They were met for the most part with stony silence from men who nevertheless continued to attend the meetings and said they appreciated them.

Another focus of reconciliation and mediation work was in the public context of Bukavu and the South Kivu region – a combined Zairian and Rwandan society – with a great desire to avoid further conflict among Zairians, between Zairians and Rwandans, and among Rwandans. The UN operated as peace-keeper in the larger space of the region, to keep the various armies from engaging. On a smaller scale, there were the tensions in the city, and in the camps. MCC was approached by Zairian mediation groups that had organized several years earlier to respond to calls for help from citizens being harrassed by the Zairian military. These groups became actively involved in the mediation of conflict between Zairians and Rwandans when the region was overrun by refugees. They asked for training in mediation skills, and for support from international agencies. At the time of this writing in early 1999 MCC continues to work with them, conducting training workshops and generally lending moral support. In Bukavu this work has gone hand in hand with selected material aid, in particular a reforestation nursery to restore the hundreds of trees cut by refugees from 1994 to 1996, and a distribution of blankets to Zairians immediately following the war of late 1996 when the Alliance Forces routed the Zairian army and drove out the refugees and the old Rwandan militias and military. An American/Zairian couple represents MCC's interests in Bukavu on a continuing basis – when there is no war there.

A second area of trauma healing and reconciliation work by MCC in the Interlake region of Africa has been in Burundi with the Quaker community – the Evangelical Friends, who have congregations in Rwanda and Burundi. Much of MCC's involvement has been in the form of emergency food and blankets distributed through local Quaker institutions with an emphasis on the equitable distribution to both sides in communities like Kibimba that are being torn apart by low grade warfare of the



kind described earlier. The food being distributed is for the most part beans and lentils from the Canadian Food Bank. MCC's effort, together with the Burundian Quakers, is to help where it can to maintain the middle in an otherwise polarized society. At one point this took the form of a "Peace Presence" of outsiders who would work in local schools or hospitals, or who would accompany prominent leaders in their travels to facilitate their easier passage through military roadblocks. MCC also through its representative in Bujumbura promoted dialogues and public forums for the open discussion of national issues. "Being there" for stressed Burundians to talk to has been a not insignificant dimension of this work, offering hope and encouragement.

A third area of MCC work in the Great Lakes region has come in the form of initiatives among church and national leaders, with inspiration from the All Africa Council of Churches whose headquarters is in Nairobi. One of these initiatives already described in this volume was the Mwanza reconciliation meeting of Rwandan Protestant pastors in and outside the country, and the background on a series of similar meetings of Rwandan clergy before, during, and following the war. These initiatives reflected the broad role that National Councils of Churches, and ecumenical councils such as the AACC have played in bringing peace to African countries such as South Africa and Mozambique. Mennonites are not the only players in this process, of course, but this is perhaps where their theology of peace and peacemaking has found direct expression in the ongoing struggle to overcome hostilities in the postcolonial African states. Harold Miller, MCC peace scholar and activist, represents Mennonite interests on the staff of the AACC in Nairobi. He has articulated a general perspective of this thinking in his "Peace and Reconciliation in Africa" (1993). Hezekia Assefa, Eritrean conciliator and mediation expert and head of Nairobi Peace Initiative, who chaired the Mwanza reconciliation meeting of Rwandese pastors, has worked with Mennonites in Somalia, Ethiopia, Mozambique, Sudan and other African conflict settings. His experiences in these theaters of conflict have built up a background of understanding to the projects in which he becomes involved (see Assefa 1987 on the 1972 negotiations in Sudan). Within as well as beyond

Mennonite circles, the work of John Paul Lederach (1995) in a series of conflicts in several dozen countries including the U.S., has built up a common culture of knowledge about the potential of peacemaking in a range of conflicts.

A fourth area of Mennonite interest combines the peace perspective mentioned above with a professional experience in psychotherapeutic understanding of the impact of war and prolonged conflict upon individuals. The arrival of this combination of interests in Mennonite work in Africa is no doubt due to a critical mass of professionalism in Mennonite institutions and circles, as well as accessibility to the "front lines" of rehabilitation work in the post-war scene in Africa. In North America, a host of Mennonite psychologists, medical doctors, and clergy now routinely deal with trauma of abuse, rape, victims of crime, and other types of mostly domestic situations that inflict trauma. The application of this understanding to the African scene may be sketched in one project with implication for the Great Lakes region.

In 1995 Karl Bartsch, Professor of Counselling Psychology at Pennsylvania State University, and his wife Evelyn, who is a social worker, began a two year project with the Diakonia Council of Churches and the Vuleka Trust of Durban, Natal, South Africa to lead stress and trauma healing workshops for caregivers in South Africa, and the Truth and Reconciliation Commission led by Desmond Tutu (Bartsch 1997: 5). They were particularly interested in looking at the process of transition to the new post-Apartheid South Africa, and to determine how persons having experienced a variety of traumas related to bombings, killings, torture, and other kinds of violence could be helped to find healing and adjust to the new realities. The violence of Natal, South Africa, made this project very timely. At the close of their time in south Africa, after workshops and encounters with many therapists, and other resource contacts, the Bartsches prepared a manual (Bartsch 1998) for therapists, pastors, and healers that was quickly translated into Zulu and French. The Bartsches have returned to private practice in Pennsylvania.

The Bartsche's project is noteworthy for both its highly cosmopolitan inspiration as well as its

local application. The Bartsches' experience in Korea in the 1960s gave them a degree of global awareness as they entered their professional careers. By the time they came to South Africa, the global awareness of war trauma and its effects had become professional wisdom in psychology and affiliated fields of behavioral and social science. They were able to participate in the "Survivors of Torture Conference" in Cape Town (Nov., 1995) with 80 countries participating, an MCC Conference in Chicago in 1996 with therapists from three continents, and the "International Conference on Children, War and Persecution" in Maputo in December 1996 with 30 countries represented (1997: 9). But their setting for developing caregivers' training was in a local parish in Durban and the Natal countryside, and regional seminars. Thus, from the start they were being instructed in the cultural context in which their training was to be applied. Perhaps a third feature that accounted for the success of this venture was that the Bartschs are humbled senior professionals who realize their need to learn as much as to teach. Therefore they speak of their role as "consultant/trainers to mid-wives and gardeners" rather than as "professors" (1997: 10). In their training sessions they realized early on that they needed to work through what they called "cultural gatekeepers", South African personnel who were eager to learn what they had to share, but needed to stay in charge of the process (1997: 11). The Bartsches' sensitivity to the cultural embeddedness of the nature of trauma, and trauma therapy, is evident by their discussions of South African cultural diversity, and their references to anthropological writings.

The diversity of South African culture leads Bartsch to claim that there are a few universal aspects of trauma, but that the context and particular meaning of much else is variable. Bartsch describes the varied experiences of trauma in the Greater Durban area and KwaZulu/Natal Province and the common effects they produced.

"...the transition stress was made worse by the ongoing violence. Those people who directly or indirectly experienced killings, house bombings or other acts of terror knew the effects of trauma in their person, family and community. For others, the persistent stress of adjusting to

new realities weakened the fibres that made up the fabric of their lives. For some, the traumatic violence cut the fibres that held their lives together.

Whether people wear out through accumulating stress, or through sudden traumatic events, the effects are the same. Normal patterns of living are disrupted. People feel disconnected from others, feel helpless to manage the events and often lose faith and hope" (1997: 5).

It is possible here to only sketch the main lines of Bartsch's approach to culture, trauma, and trauma healing. Holding fast to the core dimension of trauma's effects as stated, much else may be culturally variable, indeed, was so in the cases he encountered in "multicultural" Durban KwaZulu/Natal. One of the core features of Bartsch's orientation is that all persons hold some type of "spiritual sensitivity," whether that is formulated as Christian, Muslim, or traditional African belief. He conceptualizes this spiritual being as having an inner soul or heart, and an outer person, or self image. Through this prism of the person he delineates a number of dimensions, or ranges that constitutes the actual person as experienced in his cases. Some South Africans presented a fully Western individualized self-image, whereas others were more attuned to a communal or group identity. Time orientations also varied between future and past, which tended to reflect culture and education; the locus of control of the self ranged from internal to external; finally, the extent to which individuals were shaped psychologically by their social context varied as well, some being "high context," others „low context.“ This grid of contrasting types of persons-in-culture – he also speaks of them as tensions – permits the therapist to recognize the common, as well as the culturally varying, consequences of trauma, and the ways in which therapy must bend or accommodate to suit the individual.

Bartsch also addresses the role of the ancestors in identity formation of some of the cases he met in his workshops with trauma victims and other therapists. He sees the ancestors as an extension of the self, a dimension that must be kept in view while coming to terms with a traumatic experience. He incorporates Desmond Tutu's notion of *Ubuntu* to account for the importance of social relationships and

the mutual influence of persons on one another in African society. This sense of human connectedness, and of a past orientation, is what compels traumatized Africans to want to know what happened to their kinsmen in the Truth and Reconciliation Commission hearings. However, Afrikaaners and other white South Africans – who are supposed to be future-oriented – also wanted to “know the truth” (1997: 18), suggesting that there is more going on here than psychological character orientation. Bartsch’s attempt to bridge Western academic psychology and religious worldview with Zulu/African culture in trauma and transition moves us forward in formulating an appropriate and adequate perspective on trauma healing and reconciliation. Especially if the French translations of this work are made widely available, it provides important bridges back to the world of Great Lake region trauma expressions that largely still await attention, and to the paradigms in which they are couched.

### Powerful Words and Poisons

One of the earliest points of connection for us to recognizable African perspectives on trauma accounting was Bugingo’s observation on the pattern of misfortune in his life. As recounted in “One terrified man,” he suspects that the string of misfortunes he had experienced – his trouble getting into schools although he had good scores, his difficulty with his marriage despite his and his wife’s mothers’ and the chaplain’s efforts at mediation, his troubles with his military commanders, his near death in the war of 1990, his near death three times in 1994, his repeated trouble clearing his record of false charges, his situation as a refugee – are the result of sorcery, of “others” wishing and willing him harm. Although we tried to help him think of a new beginning, Bugingo’s self-diagnosis was in keeping with a common line of explanation of misfortune in Central Africa. Although we spoke French with Bugingo, even some English, it was clear that the concept to which he referred was that which in Kinyarwanda is called *kuroga*, to “ensorcel.”

A digression is required here to elaborate on this concept, and to situate it within Central African beliefs about illness and approaches to healing. *Kuroga* is the Rwandan version of a very widespread verbal concept that combines

the motive of hostility with the means to carry it out. In other words, this concept encompasses both the anger or ill will toward another, with the instrument expressing it, be that an injurious word, a blow to the head, or a bit of poison in the drink. This notion is in fact so ancient in Africa that its ultimate root, reconstructed as *\*-dog* or *\*-dok*, in Proto-Bantu lexica of at least 3,000 years ago, modern derivations of it are found from Cameroon and the Kongo coast in the west, to the Swahili coast in the east, to the Nguni-speakers in South Africa, and everywhere in between. The notion is not always associated with ill will, sometimes it is used simply to refer to the power of words, or the use of powerful words used in curses, but also blessings and oaths, which may well be its original and central semantic core.

When Bugingo lined up his misfortunes and recalled the exact words that had been spoken by others prior to these events, about what would befall him, he was drawing the logical conclusion that these utterances had caused, or could have led to, his misfortunes. Had his father not warned him about letting others take his marital troubles to diviners? Had his commanding officer not told him “you will die” prior to the Battle of Ruhengeri in 1990? Although Bugingo was greatly relieved to hear us encourage him to forget the past and to try to live every day as if it counted anew, he still dwelt on the power of his own words, and the power of our words to him. In his second letter to us in March, 1995 he recalled the encounter of mid-December, and conducted a mini-ritual to set straight his own world of words. He wrote:

“I want to go back (in thoughts) to our conversation (John and mine). Several sentences in [John’s] counsel came to mind. Concerning the judgment of others, certainly leaders, I apologize and regret having often made judgments, rightly or wrongly, in this place being mostly revolted both internally and externally. This was totally groundless given that the work of leading is not easy, errors are always possible, such as the wrong appreciation of situations and individuals. May God forgive me in the name of our savior Jesus Christ.”

Bugingo realized that his own words of criticism of those in power, whom he feared, and those in

charge of the refugee camps, about whom he had complained, might actually affect his relationship with them. Before me, John, his new friend-diviner-confessor, he was retracting these possibly powerful words. He then sealed this retraction with more powerful words, by invoking the name of Jesus Christ.

If misfortunes may be caused by the utterance of hurtful words or condemning words, as well as other acts of aggression, then the injuries between humans could be healed through the intervention of blessed powerful words and medicines, and the purging of bodies of their poisons by other means. Just so communities may be healed by confessing and purifying and sacrificing before the spiritual authorities.

Although we thus connected with Rwandan ideas of misfortune and healing through the concept of *kuroga* (alt., *kuloga*), there was more to learn about the Rwandan-African approach to healing in the aftermath of war, as suggested in late pre-war writing by Pierre-Claver Rwangabo (1993). Rwangabo was a Ph.D pharmacist who was instrumental in the development of the Butare-based National Research Institute section on African medicine. After surviving the 1994 war as a moderate southern Hutu, he was appointed governor of Butare district. When we met him briefly in January 1995 he was very busy with monetary changes that had been instituted by the new government. We congratulated him on his just-published book, and promised to read it as soon as possible. Accompanied by a single soldier body-guard, he appeared tired and vulnerable. Tragically, within a month he was assassinated in an ambush as he was returning from a meeting in Kigali. The government said it was Hutu guerrillas from Zaire; other sources suggested he had criticized the government in which he served, once too often, so he was eliminated. Did Rwangabo realize the extent of the truth of his own statement “it is not the poison itself which kills, but the malevolent words” (1993). This is a perspective that proves helpful in understanding the likely course that healing the wounds of war may take.

Rwangabo presents Rwandan medicine as if it is a part of the modern reality in his country, rather than a fossilized system at odds with “modern” medicine. Thus, the causal domains

of Rwandan medicine are divided at a general level between the “physical and mystical causes”. Diseases range across a variety of types which may be attributed to either causal category. Rwangabo’s medical training is evident in his listing of disease types, as follows: parasitic diseases, microbial diseases, systemic diseases and bodily accidents, gynecological and obstetrical diseases, and psycho-mental and behavioral diseases. Under the latter group he identifies current psychopathologies that entail abnormal behavior as understood even in traditional thought, and diseases believed to be caused by broken prohibitions and beliefs about ancestral (*abazimu*) and other spirits (*ibitega*, *amahembe*, *nyabingi*, *amasheitani*, *amaji*) which often are identified in relation to mental illnesses.

Rwangabo notes that because most pathologies may have a physical dimension and a “mystical” or non-physical dimension, and that in African thinking the etiology affects the way a condition’s therapy will be arranged. The decision to seek physical therapy has to do with the context in which it occurs, its severity, response to treatment, and other related matters. In order to show how this added dimension may operate, he discusses at greater length precisely those dimensions which post-war healing covers: “poisoning” (*uburozi*) and “the ancestors” (*abazimu*). The use of chemical poisons is a very serious problem, with a variety of powerful concoctions known to kill with a small dosage. The extent and nature of the problem is highlighted by Taylor’s research findings, which identify the most common type of poisoning as being between brothers (22%) and various other lineage relationships (a total of 51%), as well as neighbors (12%), occupational and business associates or rivals (10%), and between spouses (16%) and other in-laws (Taylor 1992: 76). As already suggested, poisoning is seen as an extension of the power of words, harmful words in particular. Rwandan therapy for poisoning consists of antidotes, prophylaxis, and purgatives taken to cleanse the stomach. It is also a kind of inverse purging of the system of undesirable elements, and in that sense it may be seen as an expression of the central paradigm of “flow and blockage” as Taylor understands Rwandan medicine. It is perhaps then not so surprising that in a society in which poisoning is so common,



heightened political tension might escalate to genocide.

The ancestors are accorded power to both inflict disease and to overcome, indeed prevent, disease and misfortune. *Abazimu*, the most common term in Rwanda and Burundi for ancestors, is also a very widespread Proto-Bantu term found across Central and Southern Africa. The ancestors are considered to safeguard the health of their descendants, and to sanction those who forget to remember them. In the well-known African view of ancestors, there are those who are near and those who are distant, those who are beneficent and those who are prone to be malevolent. Ancestors are considered to be the mediators to Imaana, God, and it is to them that prayers are given. Now there was an entire host of new ancestors – the newly dead – who were there, as part of the equation, with whom one needed to come to terms in order for life to go on. Would the next step be to avenge their deaths? Or would it be to somehow break the cycle of violence? From where would that inspiration originate?

#### ***Mizimu* and *Ngozi* in the Aftermath of the Zimbabwean Civil War**

Other wars approaching the Rwandan war in horror have been studied in the longer-term. Years and decades, rather than months, are required to see the progress from mass dislocation and deep shock to emotional acknowledgement of the events, grieving, and the eventual reconstruction of a memory, including the recognition of the morally-restorative ancestors. Richard Werbner's "Tears of the Dead" (1991) on the aftermath of war in Zimbabwe shows that part of the response to war was to re-establish memory of the prewar ancestors--the *mizimu*--and to bring them back into closer range, while at the same time putting in place those who had died a violent death and were not properly buried – the *ngozi*.

In the Kalanga lineage of Southern Zimbabwe that Werbner had known before the war, and revisited in the late 1980s, these ancestors were re-connected to the community of the living within the Ndebele-inspired Ngoma rituals. The dead were sorted out into good or useful

mediums versus threatening or harmful mediums, that is the spirits of those who had died a violent death or had not been properly buried, or those who had killed others wantonly. This ten-year sorting out of ancestral spirits following a war calls to mind the spirit categories in Swaziland. There, *ngoma* spirits were regularly differentiated into those who are "victims of Swazi wars," "those who died by drowning, and received no proper burial", nature spirits, and the lineal ancestors. The presence of a class of victims of Swazi would mean that they remember the spirits of the early 19th century wars. At least, the memories have been built, the stories are strong, and divination and healing rituals incorporate them almost as a paradigm in dealing with lesser traumas of today (Janzen 1992: 95-96, 99).

The focused ritual operation of reconnecting to the pre-war ancestors, and marginalizing – or a contextualizing – of the "ngozi", thus creating a nuanced worldview of healing (and exorcism, or mediumship), is a powerful trauma treatment procedure. The ancestors are an extension of living humans who have suffered all the horrors of war; the ancestors themselves are the icons of those terrible moments, some having been killed, others having done the killing. What we saw in Rwanda was all about fear, shock, denial, blaming the other – all the emotions Western therapists associate with long-term psychological damage that takes years if not lifetimes to heal. Because the collective trauma is so great, the spirit paradigms in the healing process may continue, as in Swaziland, for decades or even centuries.

#### **The Dead Remembered**

Thus, not suprisingly, in light of the post-war rituals for the dead in Zimbabwe, in Rwanda tentative first steps were being taken to acknowledge what had happened, and to begin building a memory of the dead. As was described in "Six families in Kayenzi", in late December 1994 bourgmestre Nkurikiyinka requested plastic sheeting from the Salvation Army to line and cover the new burial pits into which would be reburied the remains of some of Kayenzi's 8,000 victims, to the extent that they could be found and deterred from the awful, hastily dug mass graves in the killing days of May and June, 1994. We met a number of

individuals who, as surviving adults, were seeking out widows and orphans of their lineages and re-establishing bonds. An uncle or aunt here, a niece or nephew there, would become the new unit within which memory of the dead parents, siblings, uncles and aunts, grandparents, would be kept alive, that is honored.

On April 6, 1995, at the one-year anniversary of the outbreak of the Rwandan catastrophe, the memorial services and commemorations increased in number; newspapers remembered the occasion and took stock of the state of affairs in the two countries. The following verses were among the most poignant written on this occasion (N’kuba 1995).

“Our Dead are not Dead”

It was twelve months ago  
[Only] one hundred days sufficed  
to cause a million of our people  
to disappear.

Today, more than ever  
Our dead call to us.

Dead children  
Dead adults  
Dead women  
Dead elders?

They are here amongst us  
They live in our souls  
They animate our hearts.

They remain everywhere  
They are in the wind  
Which, alone, carried their last cry.

They are in the seas  
Which swallowed their final breaths.  
They are in the earth  
Which devoured them alive.

Our dead are not dead!

The poem speaks eloquently and reverently of the “living dead” who are in their repose yet amongst the living. They continue to speak to the living.

In many places physical monuments were being erected to remember the dead. In some communities the skulls of the mass murdered were piled up in a public shrine-like location and the rest of the remains were put in a mass burial. In other communities the sites of mass killings in churches and schools were left untouched to memorialize the victims, and to remind all who should pass by these places what had happened. The school in Gikongoro in the South of Rwanda is an example of this. The authorities who succeeded Laurent Bucyibaruta decided to leave the dead where they had been killed, in classrooms of a large school building. Here, Tutsi were said to have been advised to gather “for their own protection” on April 7, 1994, the day after President Habyarimana’s plane was shot down. From April 20-23 about 25,000 Gikongoro Tutsi were killed by Hutu militias, according to local authorities. Few Tutsi survive in Gikongoro (Santoro 1997). Elsewhere the dead who were killed under similar circumstances in churches were also left as a memorial of the Rwandan holocaust, or as in Kibimba, they were memorialized in a mass tomb.

These are but a few examples of how the survivors were beginning to hold memorial services, conduct reburials where possible, and re-establish social ties to remnants of their families. Others were trying to deal with guilt, in addition to grief, wondering why they killed, or how to find cleansing and release from the nightmares that haunt them. In Burundi, many people hope they will be able to get through each crisis without sliding into a Rwanda-style conflagration. There is little time nor political certainty for memory-building. Even the recognition of victims of the massacres of 1993 as “victims of genocide” is seen by some as divisive partisanship.

### The Dead and the Drums

Invoking ancestors to come to terms with the recently dead of course raised the question of whose ancestors and images were to be invoked. Drums, drumming, rhythm, song and dance have been used in many Central African settings to couch the active memory of ancestors in the lives of living humans. The voices of the ancestors are widely held to speak through song-dance and drum rhythms, and the dreams,

visions, and trances experienced in connection with their performances. Yet even in this regard, Katihabwa's "deculturation" hypothesis for explaining the crisis in Rwanda and Burundi seemed to apply. In our experience, and from those with whom we spoke, the absence of a legitimate format in which to lament, to call for help, was painfully evident. Ilumbe, writing elsewhere in this volume, laments that the Burundians do not sing, do not cry, do not dance. Although we may call in question his assertion, there may be some truth in his perception that they were not able readily to express their strongest feelings in the midst of crisis and violence.

Drum idioms had been extremely highly centralized in Rwanda and Burundi, so to speak co-opted by the structures of the kingdoms, both of which were destroyed in the early 1960s. What had happened to official drum culture in Rwanda was evident in the National Museum, as explained by acting director Bazatsinda. The exhibits retained some of its most potent symbols of Rwandan nationhood in prominently displayed drums, specifically two drums named Busarure and Rwagagaza, which he said represented aspects of the composite power and authority of the traditional Rwandan state. Before the collapse of the kingdom, the full array of state power represented in drums had included (1) the national drum, representing the sovereignty of the kingdom; (2) the war drum, which was sounded whenever the need arose to call the army together (when it was beaten once, all the local colline drums would repeat the call); (3) the queen mother drum, which represented the principle of alternative power to that of the national or royal drum, in the sense of a check on abuses of royal power. Then there were (4) Busarure and (5) Rwagagaza, the drums on display, representing the powers and procedures of transition, or succession, of enthronement. The drum Busarure, covered with blood, its two drum sticks resting on a traditional drum stand, evidenced the animal sacrifices that had commemorated the shifts in state power during the dangerous moment of interregnum and succession.

The first three drums were presumably destroyed, thought Bazatsinda, in connection with the populist Palipehutu revolution in 1959.

But why had the two drums of enthronement survived? One answer, reflecting the Hutu Republic under which rule the National Museum was built, might be that these two drums, as functions of statecraft, were associated with earlier kingdoms in Western Rwanda from which the historic institutions of state originated centuries ago. In Bazatsinda's telling, the final chapter of the Rwandan royal drums had come with the kings' conversion to Catholicism. Somewhat ruefully he told us that "King Kigeri V gave his drums to Jesus," as if he had really abdicated power, thus ending the dynasty. Rwandan drum rhythms are now carried on by musical groups and in churches and schools, he said. We were reminded by these museum drums of other ghosts of former empires such as the tombs of the Hapsburgs in Vienna and the Romanovs in St. Petersburg. Although the dynasties were closed, the trappings of empire lingered on, and the haunting echoes of former power continued to linger. But we may well ask whether anything had replaced the condensed symbolic power of these dynasties – the drums of state in Rwanda and Burundi – as the nuanced tools of social processes, especially for crying, expressing illness, pain, and grief?

In many societies surrounding Rwanda and Burundi drum and song-dance culture – regularly translated as "drum of affliction" from *ngoma* for drum, song-dance, an association of the commonly-afflicted around a particular adversity – is integrally used in coming to terms with the spirits of the dead and with misfortune. Drums of affliction, or *ngomas*, have often been identified with a selected range of issues having to do with either internal societal experience, or with perceived external threat. The former may be such dilemmas as infertility, or fetal wastage in women and couples; or chronic headaches, hernias, or other physical afflictions; occupational difficulties such as chronic failure in hunting, difficulties with particular types of game; family organizational problems such as segmentation and leadership, getting reconnected with the lineal ancestors; environmental dilemmas such as poisonous vipers and handling them, rainmaking and rainstopping; also, the social factors of long-term changes that adversely affect the domestic community, such as those having to do with

long-distance trade, labor migration, and perceived diseases and social breakdown conditions accompanying these issues. In Zimbabwe, the restless spirits of those killed in war live on in the memories of the drums, rhythms, songs, and performances. In Swaziland *sangoma* diviner-healers (those who “do ngoma”) come to terms with a category of spirit—the victims of Swazi warriors, thus “our former enemies” – that died a violent death and are still there, visiting, reminding, the living two hundred years later. They are invoked to account for illness, and either exorcised or incorporated by the afflicted individual as a spiritual companion.

*Ngoma* orders have emerged in response to these types of issues at various times and places throughout the wide region where the notion and the term “ngoma” is in the cultural repertoire, and where there has been no other source of a solution in the form of an excellent court structure to deal with injustices or inequities; a dynamic chiefship or state which handles solutions “from above”; or a modern welfare society which can support the persons struck by these misfortunes. In the ngoma response to such adversities, it is the sufferers themselves who unite to listen to and support one another, and to possibly shape the environment within which they live.

As a social institution or movement, a given ngoma order is usually characterized by a fairly fluid network-like organization, in which local nodes or cells meet occasionally to perform listening, singing, voicing, drumming rituals--the core of “doing ngoma.” Individual novices, under the tutelage of their sponsoring healers, themselves former novice-patients, are brought together and encouraged to “bring out” their distress, to formulate their own stories in confessions, dream presentations, outpourings of experiences, thus to achieve mastery in the presentation of their own selves in every sense.

### Articulating Metaphors of Difficult Experience

The songs and images of this “self-presentation” in the ngoma rituals, especially in the more advanced stages of the novitiate/therapy, feature the deft use of central metaphors of the affliction, trauma, or chronic distress. I (John)

am using here the common sensical definition of the metaphor as “a figure of speech in which a word or phrase literally denoting one kind of object or idea is used in place of another to suggest a likeness or analogy between them.” These articulations in visible images drawn from the stock of myths, proverbs, society and common rhetoric, give the inchoate and troublesome “difficult experience” a tangible expression less threatening and more amenable to some kind of treatment or accomodation. These images sometimes come from the dreams and fears of the sufferer-novice, and may include ancestral and spirit figures which must then be reformulated by the diviner or ngoma leader into the new self-presentation. Sometimes these self-expressions emerge from the call and response song-dance format in which the close co-singers and co-dancers help the sufferer to bring out the ill. Thus in one Capetown session (Janzen 1992: 114), the ngoma participants repeated to a participant the phrase

“come out of your pot ...  
I have news of your household.  
hey, ... come out, I have news of your household.”

The subject here was seen as confined, locked, choked off, in need of emerging to get in touch with his family. Other images are from the world of natural expressions often used in rituals of mediation with the mystical and the hidden. The crab, *nkala*, is a favorite image, as it scuttles from the sandy shores into the water, or as it goes in and out of its holes that go beneath the water, the ambience of the spiritual and ancestral world, and re-emerge into the visible world of human experience. The following song from the coastal Congo ngoma named Lemba exhibits a powerful three-part metaphor of the successful novice couple having overcome their ill and risen to priestly prominence just like the sun moves on its course around the sky (Janzen 1982: 118).

“That which was a ‘stitch’ of pain  
Has become the path to the priesthood.  
It has caused to rise  
the sun of Lemba.  
My death occurred  
in the Lemba father.  
Now there is life in Lemba.”



Very widely, then, there is evidence in Central and Southern African healing traditions surrounding Rwanda and Burundi of the process by which chronic and crisis pain are transformed into sources of healing and strength. Although this takes on a culturally particular form in drum and song-dance ritual, it is clearly a more widespread human practice.

### **The Imagination of Fresh Metaphors and the Search for New Beginnings**

Where would new metaphors come from that would allow these torn societies to move toward overcoming the crisis that had festered, and finally engulfed them? Following the massacres in Burundi in 1993 and in Rwanda in 1994, many people were in denial, refusing to or not knowing how to grieve. Others were plotting revenge. The search for metaphors and new beginnings had just begun. But where could Rwandese and Burundians go to find new metaphors to replace the lost dynasties, the deculturation of which Katihabwa speaks, the mutual poisonings of siblings, the terrible hatred and bitterness between the two sides that have warred against each other for several decades and caused millions of dead? Only the Rwandese and Burundians can create these metaphors. We may however identify those initiatives we noticed that may be the beginning of collective rebuilding. The comparison with other societies that have gone through deep genocidal trauma suggests that fresh starts take decades, generations, and centuries, if they come at all.

Nigerian scholar Jacob Olupona, on hearing our account of the impasses of Great Lakes society, recognized a situation similar to that which his West African forebears had faced during the interminable 19th century slave wars between the city states of Ile Ife, Oyo, and others. Many descendants of war victims and displaced exiles live today scattered throughout West Africa and the New World. The cult of Oduduwa, one of the many Orisha gods, had moved into ascendance as a primary deity, in parallel with the rise of a common Yoruba language and identity. A common identity transcended the particular city-state and regional identities. Olupona also compared the challenge facing the Great Lakes region's people with that faced by the South Africans in

putting Apartheid behind them and moving on. One of the most commonly-mentioned images for "the new South Africa" has been the creation of a "non-racial" society in which the racial terms "black," "colored," or "white" are no longer used and the barriers are dissolved. The parallels to the Great Lakes region are easy enough to draw, and some individuals cited in this work do indeed see the only hope for the future in rejecting the categorization spelled out by "Hutu," "Tutsi," and "Twa." But attempts in Burundi to outlaw the use of these terms, their elimination from identity cards in Rwanda and Burundi, have not brought to an end the violence committed on a categorical basis. As a consequence, these identity categories continue to be rallying points for those who see themselves oppressed and excluded. However, it is hard to imagine a return to a peaceful society in the region without some attempt to create a culture of inclusion in which not only these identity categories are minimized, but in which an effort is made to create and use a collective image around which leaders and people could rally in the creation of a new legitimacy and moral grounding.

In these pages we report those local and often private initiatives we heard about that create a local situation of neighborliness, which may be based on, or certainly creates, an image of a different and better society than that of civil war. Thus, in the accounts we heard: Hutu neighbor returned from Zaire to live next to Tutsi neighbor; Tutsi victim confronted and forgave Hutu perpetrator of violence; Hutu victim confronted and forgave Tutsi killer of close kin; Hutu woman saved lives of, and adopted, children of Tutsi neighbor who was killed. These individual actions are clearly based on an image of a different society from that based on ethnic difference. They constitute many building blocks for an inclusive society. Could the new metaphors arise from a re-reading of the past? This was what the joint Rwandan-Burundian theater troupe "Renaissance" (Mutabaruka) suggested in their post-war play "Nyaruteja, the place where the kings sat down." Kalisa Tharcisse and Sibazuri Marie-Louise, president and vice-president of the Renaissance theater troupe (see figure 2), he Rwandan Tutsi exilee in Bujumbura, she

*continue page 28*

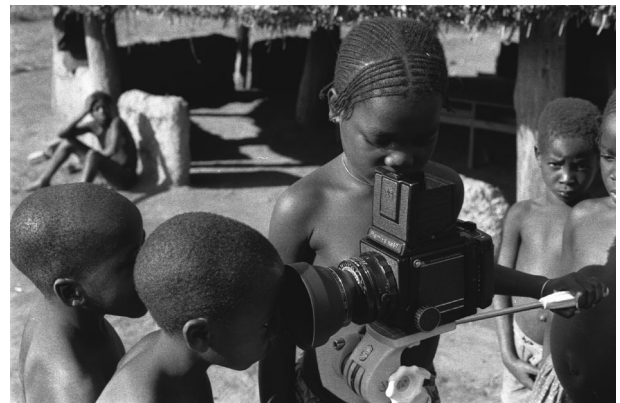
# Contributions to Visual Anthropology

## Amulets in the Collection Ethnomedicine

Alexander Weissenböck

An amulet is an object, which is meant to have the power to bring luck or to protect the carrier against evil. The faith in the effectiveness of amulets is based on a magically understood world, the idea that natural forces such as spirits, gods or demons can be used to affect fate favourably or unfavourably with particular rules and rituals. A specialist, who is acquainted with the necessary rules and rituals to interact with the natural powers and understands how to use them, acts as an intermediary between the person seeking help and the supernatural. Magical thinking, though not always immediately recognized or understood as such, is probably part of all religious experience and most medical systems. Amulets form one aspect of this complex of ideas. They are worn on the body or are attached to one's house or cattle to repel evil of magic origin or to enforce good fortune. The use of amulets reaches far back into the history of mankind. Ancient cultures passed on many symbols to which magical power is still attributed, such as the scarab, the eye of Horus, the hand of Fatima and many more. Religious texts are also supposed to have magical powers. Certain handwritten copies of the Bible or the Koran form part of many amulets. I will proceed in describing some of the amulets my colleagues have collected in different parts of the world.

Figure 1 (middle part) shows a batch of amulets originating from the Monastery of Waliso in Ethiopia. They were donated to Armin Prinz for our collection by an Ethiopian priest in 1998. Christian believers are not allowed to wear amulets because of the latter's superstitious traits. The amulets are confiscated and collected by priests. Especially these here consist mostly of sewn goat leather bags, which hang on a red cord. In an opened bag we found a tightly folded piece of paper with a text in



Our logo for this series: Azande children inspecting the camera of a visual anthropologist.

Photograph: Manfred Kremser

Ge'ez (fig. 2), the liturgical language of the Orthodox Church of Ethiopia, together with some hair and a piece of wood. Some priests or monks are – contrary to the church – specialized in the craft of producing amulets.

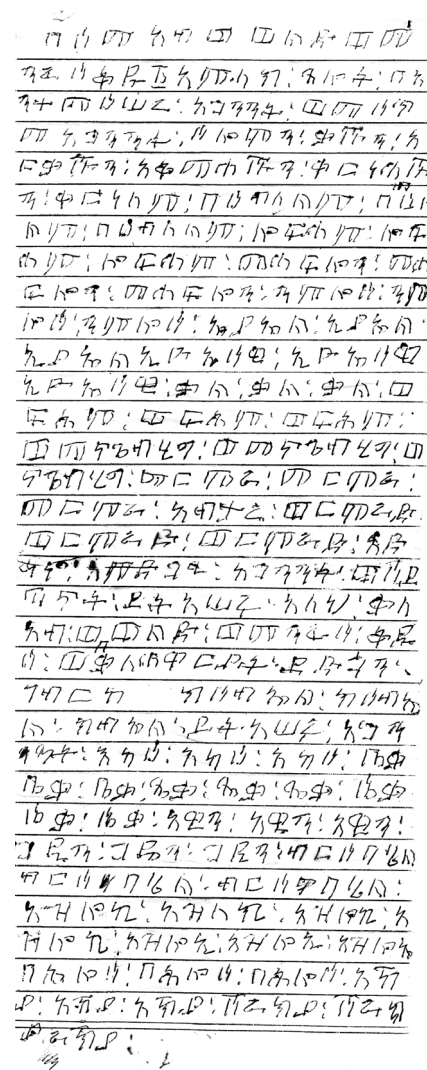


Fig. 2: A text in Ge'ez from an opened bag (10 x 28 cm)



Fig. 3: Leather belt from Senegal (65 cm)

Leather belts from Senegal (fig. 3), which Doris Burtscher brought back from Mar Lotie, are worn around the waist by Seereer men to make them invulnerable. They contain verses from the Koran. The contents of a spherical Seereerian amulet (fig. 4) cannot be determined without destroying it. The amulet serves as a

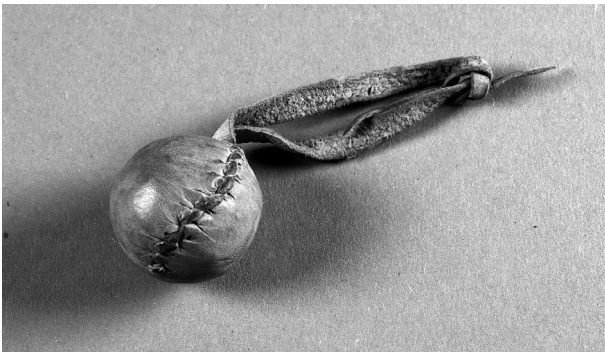


Fig. 4: Seereerian amulet (10 x 3 x 3 cm)

protection against diseases and other evils of a magical nature. The earthen figure of the Ewe in Togo (fig. 5, middle part) protects the house against harm. The travel amulet of the Ghanese Bobo (fig. 6) demonstrates a different idea. Magical powers should be activated only prior to a journey or for times when good health is of imminent importance. The wooden thorn is placed into the hole of the attached piece of wood.

A wooden figure from Burkina Faso (fig. 7), which represents a mother with child, protects mother and child and averts danger. Metal bells (fig. 8) such as the one Hans-Peter Ullschmied purchased for our collection in 2001 at the fetish market in Bobo Dioulasso, repel bad



Fig. 6: Travel amulet of the Ghanese Bobo (4 cm)



Fig. 7: Wooden figure from Burkina Faso (21 cm)





Fig. 1: Amulets from Waliso, Ethiopia. The bags which are made of goat leather contain tightly folded pieces of paper with a biblical text, some hair and medicine (30 x 20 cm).



Fig 5: Earthen figure of the Ewe in Togo. It protects the house against harm (7,5 cm).



Fig.14: Witch riding a broom; protective amulet in form of a sexist (car)-key ring from Naples indicating the close relationship between the male fear of (female) witchcraft and sexual attraction (7,5 cm).





Fig. 10: Islamic priests in the Sudan usually wear several prayer chains to strengthen the protective effect. 99 stones serve the pious Muslim as a reminder to pray to God (50 cm).



Fig. 12: A “do-it-yourself” amulet from Venezuela. It was found in an esoteric shop in Valencia/Spain. Today numerous small factories manufacture articles for the amulet market in Latin America. Magical articles as well as beliefs wander from one region to another (17,5 x 24,5 cm).



Fig. 8: A metal bell repels bad influences (3 cm)

influences. A jaguar tooth (fig. 9) worn round the neck protects the boys of the Sirionos and Takana in Brazil against all kinds of danger. Islamic priests in the Sudan wear prayer chains



Fig. 9: Jaguar tooth from Brazil (4 x 1,5 cm)

(fig. 10, middle part) to ward off evil. They usually wear several chains to strengthen the protective effect. 99 stones serve the pious Muslim as a reminder to pray to God. Dried fishtails (fig. 11) such as these from Algeria protect the prostitutes of North Africa from venereal diseases.



Fig. 11: Dried fishtail from Algeria (14 x 13 cm)

Syncretism, derived from a mixture of African and Christian religious contexts, such as voodoo, is common in the New World in different forms. Today numerous small factories manufacture articles for the amulet market in Latin America. Magical articles as well as beliefs wander from one region to another. One “do-it-yourself” amulet (fig. 12, middle part) from Venezuela was found in an esoteric shop in Valencia/Spain in 2003.

Many amulets work against the Evil Eye, which represents a widespread phenomenon that is particular common in the Mediterranean area. It is a sickness transmitted – usually unintentionally – by someone who is envious, jealous or covetous. The Evil Eye brings misfortune, but the person who harbours jealousy and gives the Evil Eye is not necessarily an evil person per se. These amulets against the Evil Eye found in Naples/Italy (fig. 13 and 14) are examples of





Fig. 13: "Corno" an amulet from Naples (7,5 cm)

how the amulet works. Obscene objects, like the "corno", which is a pre-Christian phallic symbol or the witch riding a broom, draws the Evil Eye away from the person wearing the amulet.

Another interesting object is the "Fraisenkette" (lit. "convulsion chain"), an amulet against infant epilepsy. Various amulets (relics, letters guaranteeing one's safety, seeds, roots, stones, coins) were attached to red yarn, which was then hung onto a baby's cradle and so protect the baby from convulsions. The number of beads usually makes up an odd number. The chain in our collection (fig. 15) was made in Austria and dates back to approximately the middle of the 18th century. Attached to it are coins, teeth, bones and an iron heart. The central piece is a cross, made out of chicken bones.



Fig. 15: "Fraisenkette" – lit. "convulsion chain" (74 cm).

**Healing the Wounds of War:  
Western and African Perspectives**  
*continued from page 21*

Burundian Hutu, led their theater troupe to intentionally fashion itself as inter-ethnic, and international. By late 1994 “Nyaruteja” had been performed in Kigali and Butare. The drama recalled an 18th century peace treaty made between the kingdoms of Rwanda and Burundi following a particularly horrific war at Kirundo, near today’s border area between the two countries, a place that even today has the connotation of “many dead Rwandans”. The purpose of the play, said its producers, was to encourage the people to think of peace and to overcome the cycle of violence. The kings were remembered as heroes of peacemaking.

Perhaps new metaphors could be drawn from the widespread religion known as Kubandwa, which had existed and continues to exist everywhere across the Great Lakes region as a popular ritual among commoners and the prominent alike in the centralized kingdoms that emerged from the 12<sup>th</sup> to the 15<sup>th</sup> century, societies like Rwanda and Burundi, Buganda, Ntoro, Soga, the Haya of Tanzania, and elsewhere (De Heusch 1966; CERUKI 1976; Pennacini 1998). Kubandwa had represented a common religion and the worship of the High God Imaana, through the prophet Lyangombe (or Kiranga in Burundi) with as inclusive a following as the state held power exclusively. Kubandwa offered salvation to everyone, as an oft-repeated song of Lyangombe its hero makes unambiguously clear: “that the Hutu worship me, that the Twa worship me, and that the Tutsi worship me” (Gahigi in CERUKI 1976: 120).

The identity of Lyangombe/Kiranga has been much debated. Some sources have him coming south from Ntoro, the 12<sup>th</sup> century ancestor of Bunyoro in Uganda, as refugee of the BuCwezi dynasty there. The BuCwezi or Chwezi continue to be recognized as healing spirits over a wide region of East and Central Africa. All sources however feature the martyr death of Lyangombe and his followers, although the circumstances and the import of their deaths seem unusual alongside the reverence offered them. On their trek southward, the legends state that Lyangombe was gored by a buffalo during a hunt near present day Butare and

died, whereupon his followers followed him in death to honor him (Kagame in CERUKI 1976: 23).

The possibility of Kubandwa and the cult of Lyangombe/Kiranga as a post-genocide object of restoration was on the minds of some Rwandans and Burundians with whom we spoke, who said that it could be studied and this might bring Rwandans together around their common history. The scholars were interested in telling us how Kubandwa had been combatted by the Catholic Church, how it had been transformed from open public ritual to secretive family practice in the homestead. Each household and family once had its priests, and many are said to still practice Kubandwa in secret, or in conjunction with Christian festivities. Some puzzled as to why the missionaries had so strongly fought against Kubandwa, since the same God, Imaana, was supported by the churches. Kamanzi Thomas, newly appointed head of the Rwandan Studies Institute in Butare, recalled the song to Ryangombe in the Kubandwa rites that had stressed that “all Tutsi, Hutu, and Twa must worship Ryangombe,” and indeed memories of precolonial Kubandwa observations were that all worshipped together in a local community. The Renaissance Theater group was in active contact with Kubandwa followers in some of the refugee camps, as a way of encouraging spiritual healing.

However, the reactions of others with whom we spoke about Kubandwa as a focus for grieving and for memory-building was more ambiguous. Some said Kubandwa is discredited, and is a matter of history. It is no longer a living tradition. Others were concerned about the recognition of ancestors, for those ancestors would encourage retribution upon the descendants of their killers. Bugingo, the Rwandan refugee in Zaire mentioned in Chapter One, whose parents had followed Kubandwa and were not Christian, defended Christ as mediator for the following reasons:

“Lyangombe and Christ were different. Under Lyangombe it was acceptable to take vengeance; Christ did not offer this. In Kubandwa, adherents would dream of their ancestors, or receive visions from them, with instructions to seek vengeance on the descendants of their own



killers. Thus, this sentiment is at the source of killing, and may account for the seemingly random pattern of killing. Christ does not condone it, even though Christians may kill. Many Christians practice other rites in secret, such as Kubandwa, and their duplicitous character weakens their morals, so that when there is tension, they explode.”

It remains unclear from our vantage point which confession or cultural ideology such a process of imagining the metaphors of social wholeness might take in Rwanda and Burundi. Even the restoration of a powerful state will need to establish the authority of balance of power and methods of succession, not to mention democratic representation. But in Rwanda, all prior norms were shattered, and central symbols desecrated. Katihabwa’s “deculturation” hypothesis rings profoundly true.

As in other horrendous catastrophes in other societies in the past, there may emerge newly-invented practices to provide understanding of the Rwandan holocaust. Perhaps the pastoral renewal movement of Butare will offer an adequate explanatory system within Christianity. Perhaps there will be a revival of Kubandwa around the martyr figure of Ryangombe. Or perhaps there will be a flourishing of independent Christian prophets and healers. This work of creating new metaphors upon the ash heaps of the crises and catastrophes of the past will need to engage poets, healers, priests and pastors, teachers, politicians, judges, and everyone else as an exercise in imagining community (Anderson 1983), in the place of the nationalisms of the 19th century, and in the post-colonial regions of Africa.

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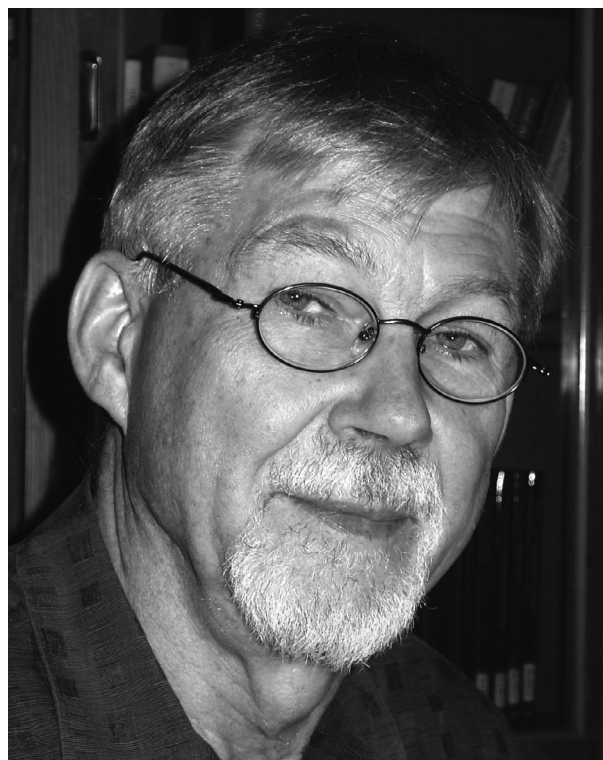
# Interview with John Janzen

Ruth Kutalek  
Vienna, May 17, 2004

John M. Janzen is currently guest-professor at our department.

*What was your intention in studying anthropology?*

Well, I got into anthropology because I spent two years at a very young age in Africa, in the southern savanna of the Congo, in a region now known as Bandundu, near the Angolan border. I went there as an alternative to military service. I worked with a mission in education, construction, and some emergency medicine – driving an ambulance in the bush. In my last six months I was a building contractor. I oversaw a crew of about 25 workers in the construction of a big hospital that unfortunately was burned down only four years later by the followers of rebel leader Pierre Mulele. So, anyway, this experience from age 19 to 21 challenged me enormously. I corresponded with a college classmate who went on to study anthropology at Michigan State and became very interested in this course of study. Then, too, I had a professor who had gotten his Ph.D in sociology at Chicago, and he encouraged me to apply to study anthropology there, and I was accepted, so that's where I went. I also had a college roommate who went on to study demography at Chicago. I had not had any anthropology before graduate school, but Chicago was a very strong and good school in this field, it was one of the top departments and so I was very happy to be there. But even before I got to Chicago to do anthropology I applied to get financing to study in France. So, in my second year of graduate school I went to Paris and took a Certificate in African Studies with the French Africanists – sociologists Balandier and Mercier, anthropologists Maquet and Denise Paulme, historian Braunschwig, and geographer Sautter. Then I came back to Chicago for my master's degree, and then I went to the Congo. So my purpose in studying anthropology was first to answer all those questions that had been raised by my strong experience in central Africa as a young adult. And then, secondly, it was to do justice to the



John M. Janzen

two courses of studies and get an advanced degree. My parents, my father in particular, encouraged me to finish something that I began. As he told me, "If you start graduate school, try to get your Ph.D." He had a good sense of what was required in character building.

*What was the main question you had that you wanted to have answered?*

My main question to answer? – Well, it evolved. First it was "What in the world is going on in the southern savanna?" I was particularly interested in religion and society. I had very little background in this area. And the mission setting was not particularly conducive to learning about African society, because of its endeavor to re-educate, to re-do, to change everything African. And my Congo experience had taken place during the last two years of Belgian colonial rule. I was aware that some of the Congolese were calling into question the whole colonial enterprise. There I was, a 20 year old youth with a lot of questions of my

own. So I guess my main question may have been “What are African society and religion really like?” and “What does it mean for the colonial era to be coming to an end?” Already while in the Congo I began to do some amateur investigations into society and religion and history around me. The questions changed as time went on. In my final two years of college I took courses in philosophy and comparative religion, courses in western civilization and Christian teachings, all of which began to provide answers to some of my questions. But when I got into anthropology, the questions changed again, as I was introduced to whole new range of issues having to do with the four field perspective common in America, and at Chicago, including genetics, archeology, social and cultural anthropology, and linguistics. A whole new world opened up for me. But I think that the study of philosophy was very meaningful to me because I began to understand epistemology and how knowledge is shaped. I would add, however, that even though I appreciated philosophy then and it gave me some important tools for anthropology, I now find philosophy too arid, I appreciate the particularity and concreteness of anthropology.

*When did you specialize in medical anthropology?*

That came later. I did my fieldwork in the Lower Congo, although the Upper Congo region was at war at that time prompting me to prepare an alternative course of research. I studied Arabic for a year and almost went to Morocco with Clifford Geertz. Had I done that, I would have become an Arabist and a North Africanist. But I did end up going to the Congo after all and that was significant for my career. While I was there, I met Canadian physician William Arkininstall, with whom I conducted a short investigation into how people go about seeking healing. We really conceived the project and the perspective that became “The Quest for Therapy”. And then, at some point, I talked to some of my local African acquaintances and asked them what field of research, or kinds of investigations, might be of interest to them. I recall mentioning more of the kind of work I was doing in social anthropology, as well as archeology. I also mentioned the whole area of health and that seemed to be of great interest to them. I had begun to notice that the metaphor

of healing was used in a variety of places that one might not have expected to find it in the western world. For example, political initiatives were often linked with or used the power to heal as a kind of legitimation rhetoric. In any event, I decided on a postdoctoral project in health and healing, and applied (successfully) for funds, permitting the physician and the anthropologist to return to Congo for our research. As this research was beginning I was offered and took a position in the anthropology department at McGill University in Montreal, Canada. This allowed Dr. Arkininstall, who moved to the Royal Victoria Hospital in Montreal, and me to continue work on our material. We organized a seminar for two years that was hosted by Professor Don Bates, then the head of the Department of the History of Medicine at McGill Medical School. And actually this was the beginning of that Department’s entry into medical anthropology. Later he would change its name to the Department of Social Studies and History of Medicine, and hire or work with such eminent medical anthropologists as Margaret Lock and Allan Young. It was a privilege to work with him. His and his colleagues’ ideas surely influenced our work on the “Quest for therapy”.

There were a number of other things that propelled me into medical anthropologist. At about the same time as I returned to Kansas to take up a position in anthropology there I was invited to become a member of the Joint Committee for African Studies – that had awarded me my post-doctoral fellowship – of the Social Science Research Council and the American Council of Learned Societies to organize a research planning project together with Steven Feierman on the social basis of health and healing in Africa. I also started teaching a course in medical anthropology at Kansas that proved to be popular and successful. Then “The Quest for Therapy” came out as the first monograph in the series “Comparative Studies in Health Systems and Medical Care” edited by Charles Leslie, and it won the Wellcome Medal and Award conferred by the Royal Anthropological Society of Great Britain and Ireland. Then I was elected to the executive committee of Society for Medical Anthropology of the American Anthropological Association. It was not as if I one day signed up

and declared “Hey I’m the medical anthropologist.” The whole thing evolved from one moment and opportunity to the next.

*Did medical anthropology start with you at Kansas?*

There was another colleague, Norge Jerome, who initiated a joint degree between anthropology and community health at the medical school. It was however not called medical anthropology. In this setting I co-taught a course with several other colleagues and out of that emerged the “Introduction to Medical Anthropology”. Graduate students came to study with us. Much later, in the 1990s, I then prepared the textbook that you see here, “The Fabric of Health”. This finally for sure labels me as a medical anthropologist. This is the result of the course I did for a number of years and I still do. So people have started using it and now I have this identity. But actually I was trained as a social anthropologist and I still sometimes have doubts about being identified as a medical anthropologist. I mean I study health and healing, but I don’t know if a narrow focus is really a good idea. If I had my choice of labeling myself, I would say I do anthropology of health and healing. I think the study of medicine is too narrow for what we are interested in. Which is why I speak of “The fabric of health”.

*But it is subtitled “An introduction to medical anthropology”.*

I know, because that’s the term accepted by the public. I don’t think we can change it, at least that was the opinion of the experts when the Society for Medical Anthropology was created. There was a discussion about the name and the title of the journal which succeeded the newsletter that already had this narrow focus on medical anthropology. The broader field of interest in health was discussed, but it was decided that it was too late to change the name and the words for what we do. It reflects a cultural creation inspired by peoples’ best intentions, so “medical anthropology” is a phrase that just happened and one uses it because everybody already knows what it means.

*You have done a lot of research in Africa, in Congo, and you also told us why you have this*

*preference, but maybe you can go deeper into “why you chose Africa”.*

Why I chose Africa? Well, that really has to do with why I went to Africa in the first place and why did I then chose to continue going there. The original reason had to do with my family and religious convictions about doing something as an alternative to military service. But taking the option of alternative service to the military reflects the influence of my brother-in-law who spent two years in Africa in the same way prior to me. He and a friend entered the program together, but this friend died by accidental drowning while in Congo. Going to Congo into an alternative service program seemed then to be a very exciting and noble thing to do, to follow in the footsteps of a brother-in-law. Such alternative service programs – you call it *Zivildienst*, right? – has a long history among Mennonites, and in the U.S. and actually in pre-revolution Russia. In World War I there was no alternative to the military, so quite a number of Mennonites (as well as Quakers, and others) went to prison. In World War II there were programs in forestry service, and in mental health work. After World War II international programs emerged, such as post-war reconstruction in Europe, and programs with opportunities in Africa. In fact here in Vienna there was a project at the *Karlsschule*. The program I entered was called *PAX Service*, and was administered by the Mennonite Central Committee with the authorization of the U.S. Congress for service in lieu of military service. And so I went to Africa under that same program, with a close college classmate and friend and we worked together most of the two-year time we were there. But again, why Africa? I think I was also struck by that well-known chemistry of Africa. Once it gets under your skin then you go back again and again and continue to be enchanted. And once I decided to go on to study anthropology, I had a desire to enlighten Americans about Africa. It was my conviction that there were many other people who were as ignorant as I had been and that to teach others about Africa seemed like a good vocation. So perhaps with all these words I have explained to you “why Africa?” I will add one more reason, that came much later. Miguel Leon-Portilla, a well-known scholar of pre-Columbian history and archeology, told us during a visit to Kansas that if you invest



enough energy to learn a foreign language, an African language, you know, a language of scholarship, you owe it to the world to do something with that knowledge, such a significant scholarship. I found myself with a working knowledge of KiKongo. In my two years of voluntary service I learned a trade KiKongo known as Kituba, and then when I did my dissertation research I learned the classic Kikongo, one of the main Western Bantu languages. By that point it became rather difficult to switch gears and make a move to, say, Asia and an entirely new set of languages and cultures. Then too there was so much to do, so much going on in Congo, western Equatorial, or African Studies. I never wondered “Well, have I finished now? Solved all the questions?” African Studies isn’t like some areas of European studies, where you look hard to find an archive or source that has not been studied by someone else. That’s not the case in African studies. Does that satisfactorily answer your question of “why Africa”?

*Yes it does. What was your most important research work in Africa?*

Well, it has been cumulative. My dissertation may be important, but I never published it, so the world does not know about it. I went on immediately and did this postdoctoral project on the quest for healing. And that was significant and many people think that that’s all I have done. I’m a little tired of being cited 30 years later for “Quest of therapy” because I have done much since then. But that was significant. Indeed if you look at the way this topic (of the relationship of various therapies) was studied before that time, African traditional medicine was studied in some way, but it was not related to biomedicine and it was not at all clear how people used the one in relation to the other. So our investigation into how people use multiple kinds of healing resources, and why the pattern of use emerges, was an original and needed research. I think we made a genuine discovery when we changed our methodology to follow what we were finding, instead of just asking people what they thought. Then I began to look at the “cult of affliction” phenomenon and the historical basis of Lemba in Lower Congo that arose in the 17<sup>th</sup> century and continued until the early 20<sup>th</sup> century. That work was very important too, because it

clarified how a healing institution emerges. I could relate this to the general issue of a central African culture of regarding misfortune and affliction in a particular way. Cults of affliction respond to chronic or epidemiologically widespread stresses. The work on Lemba established the regional and historic dimensions of the cult, and most importantly its relationship to the coastal trade, and the slave trade. That had not been previously understood at all by scholars, nor any more by the people who carried oral traditions about it. Unfortunately that book was published in a very expensive limited edition library version, and in a series that soon became extinct. So the book has long been out of print.

Well then, moving on, you know that my work on “Ngoma” is a larger scope investigation of the same kind of phenomenon as Lemba, and the cults of affliction that Victor Turner studied in northern Zambia. “Ngoma” was a good project in its way. Such an overview survey of the institution in the subcontinent needed to be done, even though I’ve been told that the scope was too vast. But then I moved into the study of African approaches to postwar trauma and displacement, an obviously important area because of all the wars. But I don’t think my contributions are yet as significant as those of some other authors, because I have not been at it for very long. What I have discovered is that the therapy of war trauma actually has been part of traditional African healing all along. I didn’t see this in my earlier work, but it’s there. It takes the form mainly of possession cults by spirits of the dead, an important category of spirits in African cosmologies. But there are usually also those special spirits of the dead that have died a violent death and never had a proper burial. As in the Nguni speaking societies of Southern Africa, these are remembered from the wars of the beginning of the 19<sup>th</sup> century! Possession cults – like ngoma – are an important way to remember the wars and their victims, and are thus a dimension of healing. Today there are many displaced and war-traumatized Africans, living in Africa and all over the world. I have a graduate student who is working with Somalis in the States. My particular contribution in this area has been some articles and the book “Do I still have a life? Voices from the aftermath of war in Rwanda and Burundi”. I think it is significant

even though it doesn't have the sort of finished touch that is found in "The Quest for Therapy", "Lemba", or "Ngoma". I see all these books as being projects that challenged me at the time. A pattern in my work is to try something, and to put it into a book form, then continue writing some articles and then go on to something else. I'm trying to go back to the Congo material because there's much there that I have not published, and it's the material I know best. One of my lectures here – on ritualization – will take a close look at some material from Congo lineages, at why the idiom of sickness and healing tends to be used in building up or inaugurating offices of authority. Finally, I would not want to forget "The Social Fabric of Health", which probably is more significant than this focused Central African research, because it has a much wider audience – but the African research is certainly where I gained understanding in those issues.

*So, you think that is your most important work?*

Well, it's important, because I have addressed the general field of medical anthropology and I think it's important because it lifts the subject matter of health, illness, and healing up above the particulars of a origin or a cultural tradition. So it's probably a more significant contribution to anthropology.

*... and to medical anthropology. When you said that you are tired of being cited from your old works, I think it [The Quest for Therapy] was one of the most important works at this time, because you were the first in speaking of medical systems. And also the first one to remove the whole topic from religion. Because medical anthropology or ethnomedicine was always so closely connected to religion, to cults and so on ...*

Yes, "The Quest for Therapy" was about people simply trying to deal with their sicknesses and trying to figure out where to go.

*Have you ever been in a complicated or dangerous situation?*

Yes, you don't do research in Congo without having complicated or dangerous situations. But I must say, I have never been seriously

injured or seriously threatened. Or had my possessions stolen except in a sort of minor way like from a pick-pocket or being officially robbed at a roadblock, or being fined for a traffic violation. But I think that the potentially most dangerous situation was in '69 when the north part of lower Congo where I was working was occupied by the Zairian army and this army is known to loot and rob from it's own people. They occupied that area because there was a war going on, a country-wide civil war. And they were nervous about the infiltration from Congo-Brazzaville. There had been a skirmish on the border that resulted from – well, we knew the details. It was totally ridiculous and there were some fields right on the boarder and some young men were trying to court some girls working in the fields, they were annoying them or harassing them and the parents from their home village reported that they were being invaded. They reported that to the police, and ultimately the issue was reported at the United Nations! The Zairian troops crossed the border into Brazzaville to make a point, and shot some people. So it had led to a skirmish and then to the region being occupied. We had all these soldiers and there were roadblocks everywhere. Reinhold had been with me for a while, but then she left and I was alone. We were at the mercy of the local authorities and several measures were taken that I think protected us, and kept me from being harassed by the military. The local mayor requested his people to bring food every day to the garrison so that there would be huge stocks of food for the soldiers all the time. And so then this made them feel good about the local population. And I made a point of handing out boxes of corned beef and cigarettes to the soldiers, you know, to be friendly, to make gifts. And then one day I came up to a roadblock, where someone had been killed the previous week by drunken soldiers. We were nervous. We showed them our passports and we could see that they were again drunk. But for some reason they saw the name Chicago there and a soldier started smiling and clamed that he had a sister or brother in Chicago and they let us through and there was no problem at all. But, you know, when I left I came to another military roadblock and the soldiers did not know me and they took me to the local territorial post to check me out. The authorities could have given me a lot of trouble at that

point. They could have said “We don’t know who this is, we don’t know him”, but they knew me and they vouched for my identity. “Oh yes, that’s Mr. Janzen who is studying our traditions and our language.” When I look back at this now, I see the value in the fieldwork procedures I used with which to create networks. It was really important to me that I tried never to be a stranger, that is to arrive at a destination or at a meeting as a stranger. I always tried to have myself introduced, so that I would have built a string of face-to-face relationships for all my encounters. Because in a stranger category in Zaire or Congo and in other parts of central Africa you are someone to be exploited. Maybe they will be hospitable to you, that exists, but often if you are a stranger and a white or European, you are a target for exploitation. So, in that situation, being in that category, the only way to maneuver through it is to have someone to introduce you, whom these people respect, in other words, never be a stranger. And this is especially true in bureaucracy. You can’t get anything done in Congolese bureaucratic affairs, if you just go to the office with a request. So you have to know somebody who knows somebody who works there. So, that’s my technique and it proved to save me many times. In 1982, I was in Kinshasa working on the ngoma project and our son was with me for a week. I was working at the national museum, and the national museum was in the presidential compound. So to get to the national museum, one had to go through the gate of the presidential compound. One day on the way out we walked just slightly off the path to see a cage of birds that were maybe 30 meters to the side. When we got to the gate, the soldiers told us “You have violated protocol”. We said “Well, there is no sign that says you could not go to see the birds” and they said “There doesn’t have to be a sign”. So, I knew that was a typical attempt to extort, so, they wanted to know what we were doing here. I told them, and he said “You are in serious trouble, you know”, and I said “Well, I should probably call my embassy”. He said “We have already called your embassy to tell them that you are in trouble.” And so then I wasn’t really interested in bribing them because they could charge me with an attempted bribe. It was a typical setup. So, we waited – I waited and finally I murmured something in Kikongo and one of the guards was Kongo and so I talked to him in Kikongo and I

told him what we were doing. I tried to create a different kind of relationship with him. Then he talked to the others, but now they needed to save face. And so – the one, the principal one said “All right, because of the boy, we will let you go this time”. So, our son was 18 at the time, to this day he thinks that this was one of his greatest adventures in Africa. But I have been fortunate, I keep my fingers crossed. Because I know I have not been at the wrong place in the wrong time. And something can happen very quickly.

If you have worked in Congo, you can probably manage in any other place in Africa. You know, the fragmentation of the society is really a frightening thing, if the government is not functioning. And you have people occupying offices and they don’t get paid, so the game they play is to earn their living by using their governmental positions to extort and repress people for gain. You can’t blame them perhaps.

Even in post-war Ruanda there was a sense of a government being in control. And the infrastructure was in much better shape than in Congo. Nigeria is a little bit like Congo, in the sense that there is this attitude that extortion is acceptable. But within the Congo setting, how people cope is an enlargement of the logic of exchange, and if you stay within a kin, or friends-of-kin network, then you are fine. I recall being stopped at a roadblock in Kinshasa and being asked to follow the policemen to the police station for, you know, extortion. And then I began to talk and explained what I’m doing, where I’ve worked, who I know. Once it turned out that the policeman was actually from lower Congo and this taking me to the police station turned into escorting me to where I wanted to go.

*You have been married for 40 years, we learned last week, and you have children and grandchildren. How did you combine your travels, your fieldwork, and your family life?*

Well, I have never taken grandchildren on our fieldtrips, because they are too young, but Reinhild was with me at various times in the Congo and she lived in the village with me. She did not come on the “Quest for therapy” study but subsequently she was with me. And then

for the ngoma study I combined a Fulbright research fellowship with a visiting lectureship at Capetown so that the entire family would be together for a while there. I conducted day-long research trips in the townships on a particular ngoma network of ngoma healers. I sometimes went by myself, but sometimes I took the family along. Our son I set up with a videocamera, so he could do some filming. So he was part of the action. Family research is not probably the best kind of research, but I mean it's excellent to have ones family there or at least get a feel for what the research that is done. And you know, that way, it becomes part of the family story. Our youngest daughter was about 6 or 7 at that time and so I remember being at an all-day, all weekend session. We had arrived on a Saturday and we were there about two hours and there was singing and dancing going on in this tiny room. After about an hour she said "Dad, are you done with your research, can we go now?" Well, she now is working on her PhD and she knows all about research. So doing research is part of the family culture. And I'm really glad about that.

*She is also a social anthropologist?*

No, no, we have no anthropologist, although she married – her husband is an anthropologist. Her field is comparative literature, German and Spanish literature. But Reinhild and I, we work on parallel projects, in art history (her field) and anthropology. We have published together, such as the work on the Great Lakes region war. Her special angle included soliciting children's drawings and using them to assess postwar children's traumas.

*O.K., you have answered all our questions. Is there anything else you would like to say?*

Well, I just want to thank your institute for inviting me, to come in and spend time and set a focus on my research and give some lectures on my work. For the past six years I have been directing the Kansas African Studies Center and it's taking much of my time, although the work is with ideas and study and research, it is often about other peoples' special projects. So this time in Vienna is a good opportunity for me to reconnect with my own work, and become acquainted with what is going on here.

*Thank you very much!*

## Congress Report

### **Workshop: Strategies for Development of Indigenous People**

IUAES International Commission on Urgent Anthropological Research in cooperation with the Department of Ethnomedicine, Institute for the History of Medicine, Medical University Vienna, May 6, 2004

#### **Stephanie Wiesbauer-Hohenwart**

There were several reasons for organizing this workshop – first by inaugurating the cooperation of the IUAES Commission on Urgent Anthropological Research, which is part of the International Union of Anthropological and Ethnological Sciences, and of the Department of Ethnomedicine, where it is newly located, following the friendly invitation by Armin Prinz, head of the Department.

Secondly, to serve as preparation of the Commission's Conference in Ranchi, India from December 16-18, 2004 with the same subject. Of course the approach of the workshop in Vienna had to show different features than an international Conference – without neglecting the broad scope and the difficulties of the theme.

Before going into details, let us shortly present the timetable:

Armin Prinz, Head of the Department of Ethnomedicine, welcomed the participants in the old library room, which is one of the most beautiful places in Vienna where he graciously invited the participants for the workshop.



Stephanie Wiesbauer-Hohenwart, Head of ICUAR, explained the aim of the meeting as it seemed important, before entering a dialogue, to check the own position and the possibilities, to get a broad overview and deeper insight. Development cannot be defined as a simple adaptation to western culture and the way of life upon the advice of “already developed” experts; cooperation and help should be offered, especially for indigenous people in a time when globalization and nationalism are putting pressure upon them, but strategies and decisions have to be prepared and made by the people concerned.

First Gabriele Eschig, Secretary General of UNESCO Austria, presented an overview over the UN Decade for indigenous people (1994–2004), which unfortunately had gone by without much international publicity. Then Werner Stenzel (Austrian Ministry of Foreign Affairs and Institute of Ethnology, Vienna) referred on the contributions of the European Union and Austria. After these presentations of institutional framework, René Kuppe, specialised on Law of Indigenous People, spoke about the manifold legal problems that he had met in his studies and in his work, mainly in South America. As many of these problems are culturally rooted, the following speaker, Franz-Martin Wimmer from the Institute of Philosophy, continued by explaining the development of a dialogue to a polylogue and the impact and tasks of ethno-philosophy.

After the Coffee-break, discussion became very lively, as presentations pointed to concrete problems and field research. Ruth Kutalek from the Department of Ethnomedicine presented the example of a holy wood where the traditional use enabled rare species of plants and animals to survive. Helga Hämmerle from Soroptimist International (the largest and oldest international women’s service club, accredited at UN as NGO) described her cooperation with Club sisters from Mali within a common project for girls education.

Interesting and important contributions to the discussion came from John M. Janzen, University of Kansas, at present guest-professor at the Department of Ethnomedicine, from Walter Schicho from the Institute of Africanistic Studies, Vienna, and from Tapio Nisula, anthropologist from Finland, Sabina Haller, Italian dance-ethnologist, Alexander Weissenböck and Christine Binder-Fritz from the Department of Ethnomedicine, Vienna.

Looking back at this very dense morning programme, only short summaries can be given on the different scopes and problems discussed, in the order of the timetable.

## **UN and UNESCO**

For the Decade of Indigenous People, UN founded a Permanent Forum on Indigenous Issues. The facts: There are 350 million people, 4% of the world population, speaking more than 5000 languages. They live in 70 states of the world, mostly in isolated rural areas or marginalised in big cities, lacking full access to human rights as they do not dispose of adequate communication media to get in dialogue with the majority society. UN policy consists in strengthening their identity without denying their self-determined access to modern life.

### **UNESCO Projects:**

Establish a network on indigenous issues in cooperation with NGOs, Inter-Cultural Dialogue; 1996 and 2001 Atlas on endangered languages (online), red book of disappearing languages (database), help for developing media for cultural expression of indigenous communities. In the Inter-religious dialogue project there is one chapter dealing with other forms of spirituality besides the big religions; and there are projects on respectful tourism.

Education: Focus on alphabetisation in the mother tongue, encouragement for multilingualism, minority and majority languages, education for indigenous people. Health sector: prevention of aids according to specific cultural circumstances

## EU and Austrian Experiences

In EU treaties there is no references made on indigenous people, only in secondary law, as there should be a consistency of internal and external policy, of course differences between ethnic groups should be regarded especially in fighting poverty, as they are handicapped socially. But development policy is mostly made by economists. In 1998, there was a Resolution on indigenous people. There is another problem: Representatives of indigenous people are often very well educated, very professional people and know each other from many conferences – how representative are they for their folks? They want to be treated like representatives of fully sovereign states, but lack the democratic legitimization. This might be counterproductive.

But international law is developing; it does not only concern states, but more and more transnational companies, individual claims are possible. Indigenous people have not full rights of participation, but have in-between rights of influence and some international standing. They have been waiting for twenty years for a declaration; there is no other example that this has taken so long time. Some indigenous groups are bigger than sovereign states, for instance in the Pacific Area. Indigenous representation: There we have the example of the full-blood Indian Benito Juarez who hispanized Mexico – but if you take away the language, you cannot fight it back like occupied land. Now there is some improvement, children are no longer beaten in school when speaking their mother-tongue language instead of Spanish.

## Legal Aspects

We need some conceptual guidelines: we are dealing with a very complex legal matter – it concerns not only culture, but also jurisdiction, land rights, forestry, and many other domains. Indigenous rights are a new legal issue since the 2nd World War, first it has been defined by ILO as a problem of backwardness, of exclusion from modern life, of missing access to human rights and it seemed necessary to implement a policy to give them access to modern life – within the development ideology. They were objects of policy, not subjects of law.

Grass-root movement changed this issue; it was the first human rights movement initiated by the people themselves, not by experts. They claimed that they did not want this sort of education, this kind of medical treatment; they were criticizing the development ideology and wanted another kind of development. A complex framework of new laws and legal instruments arose, even modification of constitutions were made to create pluri-ethnic states, like in Venezuela and in Bolivia. The indigenous people are part of the state not just as citizens, but as an ethnic group. Many laws have to be changed in various fields, for instance in the medical system: many people that were applying traditional medical care have been put into jail, as their treatment was not legally recognized.

What is the purpose of the laws protecting indigenous people? If it is said: “The government should favour a policy that favours the native language” – that would still be a policy approach, not a human rights approach, it does not mean that “the people had the right of their own language”. If you have anti-discriminatory laws, this would implicate, that, once they have the same legal standing as the majority population, there is no necessity any more for specific rights. If you see only the culture distinctiveness aspect, you would defend, even freeze, a specific way of life, not the people concerned – like traditional fishing, etc. If you define indigenous people as subject to neo-colonialisms, they only need some kind of self-government to overcome this situation – but it would be necessary to take all these aspects into account. This would mean to give to these people a framework of self-determination for their development, in the issues of policy, economy and culture.

Policy after 1990 got globally under the growing influence of the neo-liberal framework – which stands in strong contradiction to the indigenous right standards of participation and self-determination of development. The credo of globalization is that everything should be a marketable commodity; indigenous people are now the international sparehead against neoliberalism.

## Philosophical Aspects

Philosophy is generally understood as an analytical behaviour working with concepts that are developed from normal language but with meta-linguistic concepts. All over the world, most texts are coming from the Greek, somehow also from Christian tradition.

Intercultural philosophy starts from the idea that philosophy is not exclusively occidental; at least many societies are known having developed philosophy in its full conception in their literal or oral tradition. Criteria concern the field of cosmology, anthropology, ontology in a broader sense, epistemology, normative criteria like the distinction between just and unjust, good and bad. Its goal is to reconstruct many of the philosophical traditions of mankind, not noticed in European history so far.

The next step would be to make audible all voices in equal terms, which is an idealistic goal, but impossible in reality. What do we want to listen to? Indigenous or so-called higher culture traditions? Is such a tradition only valuable for their understanding of their own culture, or also for us, in a general understanding, for today's or tomorrow's work? The right of indigenous people to their own understanding is a minimum condition. If we are really interested, we have to ask "What do you propose?" to answer specific philosophical questions, aiming at a living dialogue or polylogue. There are many known ways to look at the world; no one is the privileged one in an ultimate sense.

The main problem is the dilemma of culturality of philosophy itself, as it is the intention of philosophy all over the world to come to universally valid propositions or norms. In all of the known cultures there is a sort of centrism intending to universality. They have to form arguments, find a terminology, and doing so, they are not only backed, but rooted within a language, within a cosmological view; so even Christian atheists are different from Buddhists.

The word Ethno-philosophy comes from Africa, as a critical concept, but it has a very good meaning in itself, if we generalize it: French philosophy is different from German philosophy and from British philosophy - the particular traditions form their particular ways of thinking. This leads to another point: There is centrism in the world, everywhere, but there are different types of it. Expensive centrism is based on the idea that truth is already arrived at definitely and has to be disseminated everywhere. There is a centre, that are the we, where true faith, objective knowledge and development is reached, and a periphery, with superstition and backwardness; and the centre has to be expanded until everywhere in the world the same level is reached and where no periphery exists anymore.

The second type we find in Chinese texts, not only in ancient (Konfuzius, Mencius), but also in recent ones: There is also a centre – we, but it has nothing to do with the periphery, no teaching or preaching, it has only to well arrange its own space. Then everyone will come, admire and want to become Chinese – this is the advice by Mencius. There is a third kind of centrism that can be called separative or multiple centrism: We are the centre, but there are other people, with whom we cannot agree ultimately, but we have to tolerate this and respect their heritage, we sometimes need segregation, but we will not allow influences in truth or values or need discourse.

All these ways are not philosophical, philosophical alternatives which deal with tentative or transitory centrism. Of course people want to know and to persist in what they know and have the right to traditional knowledge; it is natural that they persist. But in philosophy ways to interchange must exist.

There are two methodological rules for the polylogue, which not necessarily lead to relativism. Basically it consists in a procedure which is no longer nearly comparative or dialogical. Problems of philosophy have to be discussed in such a way, that a solution is not propagated as long as a polylogue between as many different traditions as possible has taken place – this presupposes the relativity of concepts and methods and implies a non-centristic view to the history of human thinking. For practice, there is a negative formulation of the rule: Do not expect philosophical theories well-founded whose authors stem from one single cultural tradition.

One ought to be sceptical because, if philosophy is an approach with the intention to universality and generalities, it is very improbable that insights which are really universal have been developed only once. The rule, formulated in a positive way: look for transcultural overlapping of philosophies, concepts and theories, because it is very probable that well-founded theories have been developed in more than in one culture.

## **Project Presentations**

### **Traditional Models of Preserving Bio-Diversity in Nyumbanitu, Tanzania**

In SW Tanzania there is a holy wood, believed to be the place where several peoples originally came from. It consists of a few hectares only. Here the offerings to the ancestors are made by a specific family, after one generation another family is in charge of this duty.

It is not allowed to normal people, not even to children, to enter this wood without a special permission and accompanied by the caretaker. It is believed that a big snake lives in the wood, killing disobedient visitors. Black chicken are brought as a gift, black being the colour of the ancestors. They live in this wood and it is said that they cannot be caught, because they are protected by the magic of the place.

Offerings to the ancestors, *tambiko*, are given once or twice a year. Usually cows or sheep, maize flour and beer are offered. The *tambiko* is performed at specific trees which are wrapped with black cloth, or inside a cave. Since there is no other disturbance, many rare animals, especially bats, and plants are found in this wood that had already disappeared in the surrounding landscape. The traditionally sacred places are often related to water sources and may also serve as a refuge area in war times.

It might be easier to get protection for these sacred places because of their unintentional function as a rescue area for biodiversity, then for cultural and religious reasons.

### **“Cartable Soroptimist” – NGO Project for Girls’ Education in Rural Mali**

Mali is one of the poorest states in the world; the analphabetism rate of women is about 83%, of men 70%. In rural areas, very often men have to leave their families to find work abroad, and the women are in charge of the children, the old people, agricultural and home work, in very poor conditions. There is a general obligation to send the children to school for six years, then the girls stay at home to help their mothers, as more schooling is – if any – only financed for boys. It is obvious that better education of girls may help to improve the situation.

The project to build rural schools as centres serving the whole village and to help the parents and girls to afford supplementary schooling was worked out by a Club sister from Mali and sponsored by Soroptimist Clubs from the Netherlands (building) and Austria (clothing, the ‘cartable’ – that is the school bag with its content, and one meal a day). The girls aged 12 to 15 years are taught languages (Bambara and French), writing and reading, arithmetic, geography and they are also trained in sanitation. Consequences of longer schooling are a rise of the girls’ age of marriage and positive results not only for the families concerned but also for the community as a whole, as the project is well integrated in both the local and the national level. Those interested in further studies will get a subvention from Soroptimists and partly from the State of Mali. This should help to build up local elites against rural exodus to the cities.



## Congresses

Dresden 3.–5. Dezember 2003

17. Fachtagung Ethnomdizin der AGEM e.V. (Arbeitsgemeinschaft Ethnomdizin): *Ausgewählte Aspekte zum Medizintransfer im Zuge der Globalisierung*. Vorträge sind zu den Bereichen Alternative Medizinformen in Deutschland mit dem Fokus auf den Krankenhausbereich und Medizintransfer weltweit willkommen. Siehe Weiteres in dieser Homepage unter Aktuelles. Korr: PD Dr.Dr. Thomas Heise, Chemnitz [thohei@gmx.de](mailto:thohei@gmx.de) und PD Dr. Bettina Schmidt, Marburg [Bschmidt@staff-uni-marburg.de](mailto:Bschmidt@staff-uni-marburg.de)

Vienna September 8 – 12, 2004, EASA Biennial Conf., local org.: Dept. of Social and Cultural Anthropology, University of Vienna, Universitätsstrasse 7, A-1010 Wien, Austria, Tel: 0043(1)4277 48509, [easa.ethnologie@univie.ac.at](mailto:easa.ethnologie@univie.ac.at), [www.easaonline.org/confp.htm](http://www.easaonline.org/confp.htm). Els van Dongen and Armin Prinz organise the following workshop: Facing distress. Distance and proximity in times of illness.

Canterbury / Kent / UK, June 13 – 17, 2004, hosted by the Dep. of Anthropol. of the Univ. of Kent at Canterbury – joint 45<sup>th</sup> Ann. Meeting of Soc.Economic. Botany with 9<sup>th</sup> Int. Congress of the Int. Soc. of Ethnobiology. “Ethnobiology, social change and displacement” co-organized by ISE (Int. Soc. of Ethnopharmacology) <http://www.ukc.ac.uk/anthropology/ice2004> or [http://www.rpsgb.org.uk/\(Meetings\)](http://www.rpsgb.org.uk/(Meetings)), panels and workshops: Panel 1. Safety Matters: Side effects of plants used in indigenous medicine and their impact on Public Health (Michael Heinrich), Panel 2. Ethnopharmac. in Europe and the Near East, Panel 3. Ethnomharmac. and Migration (Andrea Pieroni), Panel 4. Potential Contributions of Ethnopharmacological Research for Development of Traditional Communities (coord. Elaine Elisabetsky). Here mentioned coordinators are authors in forthcoming curare 26,2 (2003). Further info <http://www.ethnopharmacology.org> Contact [ice2004@ukc.ac.uk](mailto:ice2004@ukc.ac.uk)

Kolkata-Ranchi / India December 15–19 2004, IUAES Inter-Congress. Themes: Mega-urbanization, multi-ethnic societies, human rights and development (Ranchi); Strategies for development of indigenous people (Kolkata). Contact: Prof. Buddhadeb Chadhuri, e-mail: [chau@call2.vsnl.net](mailto:chau@call2.vsnl.net) or Prof. Vijay S. Upadhyay, e-mail: [vsup@indiatimes.com](mailto:vsup@indiatimes.com), see further <http://www.leidenuniv.nl/fsw/iuaes/10-01-calcuttacongress.htm>

Metz, September 13 – 18, 2004, Formation “Ethnopharmacologie appliquée. Pharmacopées traditionnelles et plantes médicinales”, au Cloître des Récollets, 1, rue des Récollets, F-57000 Metz pour la 7<sup>ème</sup> année consécutive. Renseignem. par Soc. Française d’Ethnopharmacologie, Tel: +33(3)87 74 88 89, Email: [sfe-see@wanadoo.fr](mailto:sfe-see@wanadoo.fr), [www.ethnopharmacologia.org](http://www.ethnopharmacologia.org)

Metz, 10 juin 2004, VII<sup>èmes</sup> Etats Généraux de l’Ethique: “Chamanisme et thérapeutique. Mythe ou réalité” org. par l’Inst. Européen d’Ecologie et Société Française d’Ethnopharmacologie avec des présentations de Michel Perrin (Coll de France Univ. d’Auvergne), Bernard Weniger (Strasbourg), Jean-Marie Pelt (Metz) et Christian Ghasarian (Neuchâtel). Info: Inst.Euro.d’Ecologie, 1, rue des Récollets, BP 4005, F-57040 Metz CEDEX Tel: 003(3)87 75 41 14 / Fax: 0033(3)87 36 41 98, Email: [i.e.e.@wanadoo.fr](mailto:i.e.e.@wanadoo.fr), [www.ethnopharmacologia.org](http://www.ethnopharmacologia.org)

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# The Austrian Ethnomedical Society

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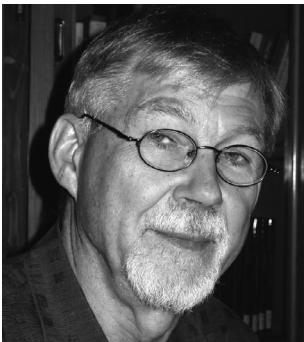
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## **Photograph last page**

In times of war women are often victims of violation. Zairian artist Moke in his painting shows two women who protect themselves against soldiers wanting to rape them. As a sign of their resistance one of the women wears a lock on her waist. Since the women's magic was successful the soldiers transform into beasts, with jaw-like feet and pig-like ears.

Painting: Collection Ethnomedicine

(see J. Janzen's article on "Healing the wounds of war" in this issue).



Revenge of raped women

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