

viennese ethnomedicine newsletter



Aids is among us



INSTITUTE FOR THE HISTORY OF MEDICINE, MEDICAL UNIVERSITY OF VIENNA
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Frontispiece

The Congolese painter Shula demonstrates with his painting “Le SIDA parmi nous” – “AIDS is among us” – the dangers and consequences of AIDS. On the left upper side, people are dancing and drinking, obviously leading a loose life. This box leads us to the central figure of the painting – a half naked woman adorned with golden necklaces and earrings. The right upper part of the painting describes people going to church and seeking help at a traditional healer. The left lower section depicts the suffering in hospital, despite abundant western medicine on the bottom. The right side shows the end of the sufferer on the graveyard. The message here is that neither the church nor traditional medicine nor the drips and injections of western medicine are going to help the one suffering from AIDS. The several sections of the comic-like painting are a pointer to the artist’s compatriots and local viewers. Although the majority of buyers of modern popular paintings from Kinshasa are westerners the artists discuss local issues within their works (see also Brändle’s article in this issue).

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Interview with Anna von Hohenwart-Gerlachstein (1909-2008)

Mathilde Schuster

Anna von Hohenwart-Gerlachstein has always been a strong supporter of ethnomedicine in Austria, especially of the Austrian Society for Ethnomedicine. She was member of the society from the very beginning and founder of the “Committee on Urgent Anthropological Research”. She passed away on November 16th, 2008.

What can you tell me about your life?

My life’s millennium comprises a number of most important political changes, which found its reflex on everybody’s life, with ups and downs.

Now I give you my personal dates: I was born in Vienna on March 23, 1909, at a time of peace and prosperity. My father was an Austrian State Official and could build up a pleasant family life. In 1909, he was promoted as the District official in the beautiful small town of Lilienfeld in Lower Austria, where the family could enjoy 6 years of happy country life. From this time I kept a number of pleasant remembrances; only one event I wish to mention here. It was the important day when Emperor Franz Joseph visited Lilienfeld. My father as the highest official had to give the welcome address and my four years old sister had to greet the monarch with the words “Grüß Gott, lieber Kaiser”. The Emperor was pleased of the little girl’s greeting and handed her an imperial broach which she carefully preserved for ever.

In 1916, my father was getting the higher rank of “Statthaltereirat” and had to go back to the Landesregierung in Vienna. The family had to move with him. In Vienna, a beautiful large flat had been prepared for us and our nursery was wonderfully arranged with specially chosen furniture. The happy life in Lilienfeld was followed in Vienna to our full satisfaction. The change in everyday life was to our benefit because the city life offered many new attractions. Our home-and-school education was the best I could think of, and in 1928 I passed my

matriculation at the Reform Realgymnasium. For my further studies my parents left me my own choice. I decided to direct my interest to an intensive work in languages. I was always keen on foreign connections, so I began at once with the study of English and French. Within three years, I managed to terminate these studies with University State Examinations. This knowledge gave me the opportunity to function as a private teacher and as translator for scientific texts. I could earn my living and stay independent without an official work which was most important during the Nazi regime.

As soon as Austria was free again, every thing turned to former life and the Vienna University began with its former staff. It was the right moment to begin my regular studies. I registered at the Philosophical Faculty of the University of Vienna, in Ethnology and Egyptology, the subjects I had been interested for many years. At the “Institut für Völkerkunde” I soon was chosen as assistant and I became more and more interested in learning more of the problems concerned. I was happy to get introduced in the universality and internationality that was presented in the lectures. From 1945/46 onward I was trying hard to get on with my studies, and so I managed to terminate my doctor’s thesis in 1951, combining Ethnology and Egyptology in the theme “The position of women in Ancient Egypt”. I was happy I could arrange my Ph.D. promotion ceremony on my mother’s 70th birthday.

During the years of my study, the Institute had to be re-established after the war, the library built up, and many innovations installed. For me it was pleasant to work under the guidance of the experienced Professor Dr. Wilhelm Koppers. He had been the founder and for many years the head of the “Institut für Völkerkunde”. Koppers was member of the Governing Body of the International Union for Anthropological and Ethnological Sciences; and in 1950 he was invited by the IUAES to participate in the Annual Assembly, where date and

place for the first Congress after the 2nd World War should be discussed. With the permission of the Austrian Government, Vienna could be proposed for the IUAES Congress in 1956. The proposal was fully accepted. When Professor Koppers returned to Vienna, the staff of the Institute was ready to cooperate in the Congress preparations.

Among many suggestions and proposals for the Congress there was one of utmost importance: it was Professor Heine-Geldern's call for urgent research among peoples and cultures which had to be studied and documented before they disappear. His call for early rescue was heard and the Symposium "SOS in Urgent Anthropology" became part of the programme. Later on, with the help of UNESCO, a "Committee on Urgent Anthropological Research" was founded and an annual Bulletin edited, containing the contributions of researchers. The Bulletin was published by Professor Heine-Geldern and me until his death in 1968. Here a note should be added: Professor Robert von Heine-Geldern had written many contributions to publications all over the world. A complete edition of his work was missing. With permission of the original editors I could prepare the articles to be reprinted in "Heine Geldern – Gesammelte Werke" by the Publishing House E. Stiglmayr in the Series Acta Ethnologica et Linguistica.

Then 1968, at the Tokyo Congress, I was asked by the President Professor Masao Oka in the name of the IUAES to continue the Committee's work alone, and in spite of the great burden I accepted. Years went by. At the Chicago Congress in 1973 under the President Sol Tax I gave a report on the progress in SOS work. The Assembly of the Union was impressed and demanded an enlargement from the Committee into a Commission in the Union. Furthermore, they wanted the edition of an annual Newsletter and the distribution of a worldwide Questionnaire. I was again elected as new Chairperson and Head of the Commission. Then the Newsletter was started and edited and continued to date. From this date onward I organized a Symposium on Urgent Anthropology in every IUAES Congress and my work was always appreciated. The extended work needed some support. The President of CIPSH (Conseil International de la Philosophie et des Sciences Humaines), Professor Jean

d'Ormesson, gave me some subsidy and advised me to found Regional Centres on Urgent Research in different parts of the world. I followed this proposal with success in different countries of Africa, Asia and Latin America.

From 1956 onward I participated in every Congress of the Union until 1988 in full activity. It was my last Congress in Zagreb where the President of the Union, Professor Eric Sunderland, presented me an award of merit for my activity for about 50 years.

How did you go on and do research while active at the Institute?

Professor Koppers wished that every ethnologist does some fieldwork. For me it was clear to opt for Egyptian rural population for my personal research. Well informed by literature, I chose Egyptian Bedouins for documenting the people "behind the Corniche" in Luxor, Kom Ombo and Aswan. Among Bedouins I selected the Ababda. By chance, I found a shopkeeper in Luxor who was an Abadi. He was pleased to hear about my interest in his tribe. So he introduced me to his relations who kindly received me and gave me every facility to photograph and to fix their music on tapes. This visit was followed by a few other trips to Ababda settlements. The result was quite satisfactory, as I was able to study the Ababda and document this tribe in different stages, from the most simple life in tents in the desert up to the well-to-do people in town, the "Camel barons", as I called them.

My Bedouin work had to be interrupted, because a most urgent research had to be started: In 1956, in spring, a UNESCO official came from Paris to my Institute asking me to cooperate in the rescue on Egyptian Nubia. The Aswan Dam was to be heightened and Egyptian Nubia should be covered by water. The country should disappear and the population transferred. All the world was called to join in the salvage work: prehistorians, archaeologists, ethnologists and sociologists started work. I immediately was planning the start. With the financial help of Dr. Paul Fejos from the Wenner-Gren Foundation, New York, I could make a joint trip with my Egyptian friends Dr. Mohammed Riad and Dr. Kawthar Abd

El-Rasoul. We started with a survey tour by motor boat on the Nile from Aswan down to Balana to find out what part of Nubia we should select for personal research and documentation. Our special fields of interest were found: Riad and Kawthar selected the middle zone with Arab Nubians, while I chose the Southern Nubians, the Fadidja.

There exists some literature on the three parts of Nubia (Fadidja, Arab, Kunuz), but not so much on the Fadidja Nubians who I selected as my special field. From the first moment I found the population kind and helpful. Therefore cooperation with these people turned out to my great satisfaction. Fadidja dialect, Fadidja music and songs, Fadidja daily life and social organisation, old customs and village festivals – I could study all that in the then living form, all that has been gone by now. The work was urgent, because dates had been fixed for evacuation into the new territory of Kom Ombo District. In several visits I managed to collect much material which is partly published, partly waiting for edition. The documentation of the Nubians gave me satisfaction because the rescue of these people will be gratefully kept in remembrance. A big collection of Fadidja Nubian photographs and slides, a large collection of music and songs could be deposited in the Austrian Phonogram Archive of the Austrian Academy of Sciences in Vienna.

Before leaving Old Nubia I had to fulfil the wish of the Director of the Ethnological Museum in Vienna to bring a Nubian collection of objects consisting of furniture, clothes, jewellery, cooking stones, pots and bowls, carpets, sitting mats, wall decoration, etc. My Nubian collection is preserved and stored in the Ethnographic Museum in Vienna.

From 1956 until 1980 Old Nubia and New Nubia were my Research Centre. I also visited the monotonous style of town houses. The people were trying hard to use some of their former decorations. But all that is pitiful for everyone who had been acquainted with the old and individual arrangement in former times. With tears in their eyes the Nubians are remembering their former houses. We researchers are happy when we look back to have saved and preserved some of the ancient beauty and style by our work.

What happened with the Commission after you left it?

In my old age I had to think of continuation of my strenuous work. When I was searching for my successor, it was my niece Stephanie Wiesbauer-Hohenwart who had been working for years with me in Ethnology. Full of gratitude and in happiness I handed over the International Commission in the IUAES and the Committee to her. I know her ability to adapt to different tasks which another one had begun. When she started in her own and extended responsibility she knew new trends and lines to improve the matter concerned. And in the Union she immediately found good contact and full acceptance. She arranged all the cooperation with other disciplines, beginning with ethnomedicine.

Now many years of work will be continued by my niece and well-trained young scholars who know the ins and outs of this task. Indeed with new and constructive ideas she is following my steps as a Chairperson; she is taking over my former obligations in the International Union and the edition of the publications.

My lifetime was full of interesting events; only parts of it could be mentioned here. I did not speak of all my voyages to Canada, Mexico, the USA, Iraq, India, Japan, Morocco and the European States: all these enterprises have not only been for my pleasure, but were rather connected with some mission.

To sum up: happy in my life and in all walks of life – this happiness gives me grateful remembrances forever.

(The interview took place in October 2005.)

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Harvesting of Medicinal Plants in Uganda: Practices, Conservation and Implications for Sustainability of Supplies

Paul Bukuluki, Eddy Joshua Walakira

The paper makes an analysis of the harvesting practices in Uganda. It identifies methods categorised as good in that they do not destroy and waste the medicinal plants and identifies methods that are detrimental to the sustainability of the medicinal plants supply. It further examines the relationship between the medicinal conservation and storage practices and their effect on the frequency of harvesting medicinal plants. The paper relied largely on qualitative methods but these were supplemented by quantitative methods. The paper concludes that the poor methods of medicinal plants harvesting coupled with less developed storage practices that lead to wastage of the harvested plants is contributing negatively to the sustainable supply of medicinal plants.

Introduction

It is estimated that between 75-95 percent of the worlds' rural people rely on herbal traditional medicine as their primary health care (Hamman 1991; Romero-Daza 2002). An estimated 70-80 percent of people in developing countries use traditional medicines as a source of health care (WHO 1978; Marshal 1994; Romero-Daza 2002). As Ramero-Daza (2002: 173) states:

“... traditional medicine is the main and often the only source of medical care for a great proportion of the population of the developing world. Systems of traditional medicine are usually rooted in long-standing cultural traditions, take a holistic approach to health, and are community based ...”

Thus anything that affects the supply and regeneration of medicinal plants has potential

to significantly affect the culture and livelihood of the people in a given cultural context. For the most part, the plants and animals used in traditional medicine are collected from the wild yet very few measures are being taken to ensure the supply of these invaluable resources. This poses a big threat to the traditional medical system and the environment from which these medicinal plants are being collected.

WHO (2002) indicates that the practice of traditional healing involving, among others, the use of herbal plants is not a recent phenomenon. In Uganda herbalists are an important category of health care providers but their activities have received limited documentation particularly in relation to methods used in the harvesting, storage and use of medicinal plants. Despite the importance attributed to the medicinal plants used by herbalists, there's lack of systematic knowledge of the extent to which methods of harvesting employed by herbal practitioners have affect the conservation of medical plants. It is necessary that the harvesting of medicinal plants minimizes wastage by use of culturally appropriate, affordable and pro-conservationist technologies. In addition, the harvesting should not endanger the plants' potential to reproduce or remain available for future use.

Available information in Uganda shows that for every one traditional health practitioner, there are 200-400 patients in comparison with 1: 20,000-40,000 for western trained practitioners (UBOS and ORC Macro 2001; Nyine 1996). Traditional healing systems are gaining more and more recognition in society and it is imperative that demand matches supplies – particularly with respect to medicinal plants.

Owing to the understanding that the harvesting and use of medicinal plants is a traditional practice, it was conceived that traditional healers whose healing activities are dependent on herbal plants do employ a variety of methods some of which are pro-conservationist while others could be destructive. It was necessary to examine both the positive and the harmful practices, so that the positive practices would be encouraged while the harmful ones are discouraged. By understanding the practices, we would also be able to assess their effect on the continuity of supplies and environmental concerns. Although there are no statistical data as yet, it is feared that over 80 plant species die out in Africa every year (Nyine 1996). Whereas cultivation of medicinal plants seems not to be a common feature, collection of wild growing herbs for family or community use is largely practiced (Bukonya-Ziraba et al. 1997). There is lack of systematic evidence that the traditional health providers have developed mechanisms for conservation and regeneration of medicinal plants. The major motivation to undertake this study was therefore, to have a clear understanding of the scale and complexity of the traditional medicinal plant harvesting practices and their effect on the supply of medicinal plants, as perceived by herbalists. This was expected to help propose feasible interventions for promoting sustainable harvesting and conservation of medicinal plants.

Analytical Framework

We have used the anthropological perspective, which looks at medicine as a socio-cultural construction including the methods of harvesting, storage and use. Ethno-botanists and ethno-medicine researchers have argued that the growing demand for medicinal plants is related to the cultural significance attached to medicinal plants (Wiersum et al. 2006; Du-Toit 1980; Cooks and Moller 2002). Medicinal plants are considered to treat illnesses, which in a number of cases are rooted in cultural explanatory models (Pool 1994). For example, the plants are used in a number of rituals and traditional cleansing ceremonies from against misfortunes. As argued by Whyte (1997), when people seek answers to the question why me when they are experiencing suffering and misfortunes, traditional healers are consulted and they employ a number of medicinal plants both in diagnosis,

and providing therapy to the affected persons. There is an argument however that the strong cultural component of medicinal plant use may prove a constraint to *in domo* conservation (meaning development of cultivation practices as a means to conserve the species within the human domain [Heywood 1999; Wiersum 2003]). The rationale for this argument is linked to the belief that “metaphysical dangers may destroy the healing powers of plants and that collection from the wild is part of the ritual use of some plants” (Prins 1996 cited by Wiersum et al. 2006: 45). This analysis however, does not explore conservation practices within this traditional medicine sector which could have contributed to the continuity of the practice through different generations.

The anthropological perspective was complemented by the socio-ecological model (McLeroy et al. 1988). The ecological model systematically applies a multi-level perspective in analyzing factors that affect the relationship between an individual and his environment. We share the view advanced by McLeroy et al.’s (1988) socio-ecological model that effective interventions for conserving medicinal plants require a combination of efforts at all levels – individual, interpersonal, organizational, community and public policy.

Methodology

This study employed an exploratory, descriptive and explanatory research design. This was necessitated by the research problem being relatively new, hence requiring a deeper insight into issues under investigation. The study applied a judicious mix of both qualitative and quantitative methods of data collection. This made it possible to back certain issues from qualitative sources with numerical data. Study participants included herbalists/healers (N=103 of which 82% were males) and key officials from government departments, NGOs and leaders of herbalists’ associations. Herbalists were purposively selected from Kampala and Mbale districts. These districts had a sizable number of healers, associations and a better supply chain for herbal products. Data was collected through focus group discussions (FGDs) with herbalists, while key informant interviews were arranged with other study participants. These methods were complement-

ed by observation and photography. We worked in partnership with botanists from Makerere University, Department of Botany, to identify and take samples of perceived medicinal plants for verification of their scientific names. Data collected was transcribed and analyzed on the basis of identified themes. Quantitative data from semi-structured interview was analyzed using SPSS.

Assessing the Demand for Medicinal Plants

Knowing about what herbalists think about the demand for their herbal products provides some indication on the pressures exerted on the existing species and the possibility for extinction. Herbalists in focus group discussions were therefore asked to make an assessment of the demand for herbal medicines. Their responses indicated that the demand for medicinal plants or herbal medicines is on the increase and this has put pressure on the existing medicinal plants resources:

“It is true there is increasing demand ... patients are increasing every now and then.” (FGD Herbalists, Mbale)

“People come to us much more than those in hospitals. For instance the ordinary people who can’t afford going to hospital due to poverty. For some diseases the modern clinics have failed to treat the patients, so they turn to the other alternative, which is herbal medicine.” (FGD Herbalists, Kampala)

These observations demonstrate confidence among herbal healers in their services. It is, however, well known that counter accusations can be made against herbalists (traditional healers) as being more money hungry and also claiming to know everything – and in the process fleecing their clients. Notwithstanding the accusations and counter accusations, there is evidence to suggest that some people may turn to use of herbal medicines if they have been victims of ineffective modern drugs and what they consider wrong illness diagnosis by modern formal health care practitioners.

The Dwindling Supplies of Herbal Medicines

Herbalists in FGDs pointed out that the growing use of herbal medicines without replacement

threatened the extinction of many of the species. Other pressures such as drought, charcoal burning, timber activities and domestic use for firewood are some of the other factors suggested leading to extinction of herbal species:

“It has been quite tiresome in trying to get certain herbal medicines for example *mujaja* [*Ocimum gratissimum*], *mululuza* [*Gymnanthemum amygdalinum*]. People (herbalists) move long distances (more than 80 kilometres) to get medicine. Medicine initially was got in forest reserves but due to restrictions once got caught cutting trees you are arrested.” (FGD Herbalists, Kampala).

“We do not have medicine these days; you have to move from place to place looking for herbs. Also some herbalists are uncooperative they don’t share with friends.” (Herbalists Mbale)

“... these tree species have become so rare they are difficult to get ... *ekitamata* [*Securidaca longipedunculata*], *entale ye dungu* [*Zanthoxylum chalybeum*], *ekikimbo* [*Myrica kandtiana*], *empewere* [*Newtonia buchananii*].” (FGD Herbalists Kampala)

The dwindling supply of herbal plants has also resulted from government restriction on use of forest reserves, which has affected herbalists. This policy, while affecting herbalists, protects different herbal species that grow naturally. In other cases individuals lack awareness on the usefulness of plants. When clearing land for agricultural use, they destroy many useful herbs, which would otherwise have been conserved without affecting agricultural activities.

Many herbalists/healers observed that there are several diseases which they find very hard to treat because the medicinal plants to treat them are almost extinct. They pointed out mental illness, barrenness, and hernia among others as examples of diseases that are now a challenge to treat. This was clearly illustrated in a focus group discussion with herbalists in Mbale district:

“I have had several diseases which are still problematic to us. For example some of us do not carry out operations (surgery); so diseases such as “hernia” are still a problem to some of us. We for example had some medicine for

“Annear” (hernia) but since they stopped us from going to the forest, we cannot find the medicine up to day.” (FGD, Herbalists Mbale)

“Mental illness – this does not have any medical plant because most of the plants have gone extinct.” (FGD Herbalists Mbale).

The difficulty nonetheless is blamed on the inability to access the medicinal plants and more so, on the government’s restriction to access forests. It therefore turns out that if they had free access, they could as well exploit the needed herbal species to extinction, as they have not considered the option of planting them.

Harvesting of Medicine

Harvesting of medicines is used in this study to refer to the ways in which the herbalists get the medicines from their different plant sources. Both qualitative and quantitative data sources indicate that the major source of the herbal medicines used by herbalists is plants. The plants include trees, shrubs and weeds².

Habitat	Percentage
Forest	43.9
Cultivated land	28.4
Uncultivated land (fallow)	20.1
Swamp	07.6
Total	100.0

Table 1: Habitat for Medicinal Plants (N= 103) multiple responses were allowed

In terms of habitat the table shows that most medicinal plants are found in forests (44 percent) and a significant number is also found in cultivated land (28 percent) and fallow, currently uncultivated land (20 percent).

Destructive Harvesting Practices

Focus group discussions and semi structured interviews with herbalists revealed that they employ different forms of harvesting medicinal plants many of which posed serious danger to the sustainable use of medicinal plants. The parts of the plant perceived to contain the highest concentration of the medicine, determine which method of harvesting is used by herbalists.

Table 2 demonstrates the parts of plants harvested or used by herbalists. Some of the parts used for medicine are so sensitive and delicate. Their use has a big potential to threaten and ruin the life of the plants under consideration. Roots (38 percent), stem barks (28 percent) and leaves (23 percent) were the most frequently used parts of the plants. These parts are critical to the survival of any plant hence damage to any of them seriously endangers the plant.

Part used	Percentage
Whole plant	03.1
Roots	37.6
Stem	02.9
Stem bark	27.5
Leaves	22.9
Flowers	00.7
Fruits/seed	04.5
Other	00.8
Total	100.0

Table 2: Parts of the plant used and perceived to contain medicine (N=103 multiple responses allowed)

Various methods of harvesting medicine from plant sources are employed by herbalists.

- Uprooting the whole plant
- Cutting and or breaking the shoots of a plant,
- Cutting the whole plant or part of the plant including
 - The stem bark
 - Roots
- Plucking leaves, flowers and fruits
- Sapping liquids from plants through piercing and or cutting

Method of harvesting medicinal plants	Percentage
Cutting parts	27.7
Cutting whole plant	01.8
Plucking leaves/flowers/fruits	26.1
Cutting to seep out	00.5
Removing the stem bark	27.0
Uprooting plant	15.5
Other	01.4
Total	100.0

Table 3: Methods of harvesting medicines from plant sources (N=103- multiple responses)

The table above shows that cutting parts of the plant perceived to contain medicine (28%), removing the stem bark (27%), plucking leaves,

flowers and fruits (26%) and uprooting the whole plant (16%) were the most common methods of harvesting medicine from plants.

Many of these methods pose danger to the plants to the extent that:

- Some plants species are getting threatened and becoming extinct due to uprooting, cutting their tap roots and cutting the plants completely
- By plucking flowers, some plants can not reproduce hence limiting their ability to multiply for continuity of use
- Poor cutting of the stem bark i.e. one that involves removing the inner layers of the stem, contributes to the drying of some plants species and in turn depleting their supply
- By carelessly breaking or cutting shoots of plants, harvesters affect the growth of plants, bearing of flowers and ultimately their capacity to reproduce.
- Extracting sap from the trees in some cases pose a danger to the plants piercing of trees with spears and pangas also affect the health of plants through loss of water. Many of these plants would eventually dry in during hot weather and would be prone to diseases.

Dialogue with study participants in focus group discussions in Mbale and Kampala districts showed that uprooting the whole plant is one of the common methods of harvesting medicinal plants.

“It depends on the medicine, some medicine you harvest the part you need; you may require the roots, the stem bark, leaves or even flowers.” (male participant FGD Mbale)

“Many herbalists uproot the whole plant plus the roots. This has brought problems to some of us because you search for a certain species but you cannot find it.” (male participant FGD Mbale)

“Some herbalists may uproot the whole plant but it is noted that the herbalists have few trees and yet the demand for medicine is high.” (female participant FGD Mbale)

“Some people uproot the whole plant because the fact is that medicinal plants are becoming extinct, so you uproot and store. If you leave it there you may not find it there the next day.

This happens especially if you find the plant in the bush over which you do not have any control.” (male participant FGD Mbale)

“Some get many, but it would be better to get a few. And unfortunately, some herbalists remove the whole plant to get the roots.” (male participant FGD Kampala)

“Some people are not concerned about wasting plants because of urgency. Others look for particular species when they come across them and when they find them they end up getting as much as they can; in that process they extinct the plants.” (FGD Kampala)

Plucking off the stem bark of trees was a common method of harvesting the medicine. Depending on the depth of the cutting of the stem to get the bark off, the tree may eventually dry up and become destroyed completely. Participants in FGDs made the following remarks about cutting the stem barks:

“Some one cuts the tree deep while trying to get its stem bark, you find the plant has dried up so this is one of the problems.” (male participant FGD Kampala)

“Poor harvesting leads to destruction of the plant especially cutting the stem bark at the foot of the tree thus leading to extinction.” (Mbale FGD)

Wastage, a term that was used to mean taking more medicinal plants than actually one needs to use was cited as aggravating the frequency of harvesting medicines thus increasing their rate of depletion. This is coupled with poor storage that leads to rotting of harvested medicinal plants and quickening their loss of medicinal value.

The main methods of storing medicines used by herbalists were plastic containers (27%), bottles (19%) and tins (18%). Although the materials used may be locally available, it was observed that the medicine stored in them without adding any preservatives³ could not last long without becoming stale. This increased the problem of wastage and frequent visitation of the bush to get more herbs.

“Poor storage makes medicinal plants to develop moulds and going bad. You have to

keep going to the wild many times in a week to get more herbs” (FGD herbalists, Kampala)

Limited knowledge of both traditional and modern modes of preserving medicine was raised as a key issue exacerbating depletion of medicinal plants. Participants identified this as a training need especially in Mbale district. It was also pointed out that those who had some knowledge on modern preservatives did not have access to such preservatives. This was due to lack of funds to keep a constant supply of these preservatives. The voices of participants below help to explain the link between wastage, lack of preservatives and its contribution to over use and depletion of medicinal plants.

“A lot of medicine gets spoilt because we do not have preservatives. The main problem we face is preserving of the medicine.” (FGD with herbalists, Mbale)

“If the boiled medicine in jerry cans stays for long, there is a possibility of it getting spoilt and losing its medicinal value.”

“... like some roots are dried in the sun but after some time they lose their medicinal properties. They also become very hard so people cannot easily chew them.” (FGD with herbalists, Mbale)

It was also pointed out that due to the increasing practice of landowners denying healers access to their land to look for medicinal plants, some healers harvest the medicinal plants at night when the landowners have gone to bed. The harvesting is done in haste and in the dark. No consideration is paid to protective harvesting.

“Most of us do not have our own land. Some land owners do not allow trespassing through their land. Some herbalists therefore poorly get the medicine from plants at night in the absence of land owners.” (FGD with herbalists, Mbale)

Overall the poor methods of harvesting coupled with poor storage and preservation skills and facilities have negatively contributed to sustainable harvesting of medicinal plants.

Perceived Good Harvesting Practices

Good harvesting practices in the context of this study were perceived by participants to

refer to those ways of getting herbs from their plant sources in a way that minimizes the threat to their destruction. In other words, herbs are taken from the plants but the plants continue to exist and thrive such that they can be sources of medicines for treating the different ailments.

The key good harvesting practices identified during the course of the study include the following:

- Carefully getting roots without affecting the tap root
- Carefully removing the stem bark to avoid damaging the innermost layer that contributes to drying of the plant.
- Plucking the leaves carefully without breaking the shoots
- In case of flowers, picking those that have fallen down or selecting only a few in order not to undermine the capacity of the plant to bear fruits and reproduce
- Preservation of medicines using appropriate local technology such that the frequency of harvesting the medicines is reduced

During FGDs with herbalists, several good harvesting practices were reflected in the voices below:

“We go [to the bush], harvest and leave the original plant. You just get [some of] the roots and leave the plant itself.” (FGD herbalists, Kampala).

“When I want to harvest medicine, I get a hoe or a panga and go to the field ... I just dig out and take some of the roots but I don’t uproot the whole plant.” (FGD herbalists, Mbale)

“... there are medicinal plants which just have only the taproot, now [for] such a type, you only dig out [remove] the soil pluck off the bark of the root so that next time you are able to use it again.” (FGD herbalists, Mbale)

“Some trees are too big so you just pluck off the stem bark from sides and you allow it to regain the bark.” (FGD herbalists, Kampala)

“Get the leaves without breaking the shoot: you need to get the mature leaves and leave the young ones ... When harvesting it is better to cut two parts of the plant and leave the other remaining plant for future use.” (FGD herbalists, Kampala)

“For flowers you wait until the flowers are brown by the wind and you use them, this keeps the plant healthy.” (FGD herbalists, Mbale)

Observations in the field indicated that these good practices are not widely observed, as well as shared among the herbalists. Popularization of these practices may constitute a critical step towards building capacity for use of indigenous knowledge to foster sustainable harvesting of herbal medicines. We did not come across any grassroots’ initiatives aimed at building capacity of herbalists in good harvesting practices. Some initiatives were mentioned in Kampala but they were thin on the ground and benefited only a handful of herbalists.

Competing Demands for Herbal Species

As already stated, many people are dependent on medicinal plants to treat a variety of diseases and these plants are not used exclusively for medicinal purposes. Herbalists pointed out that some herbal species serve multiple purposes ranging from providing timber, charcoal, wood works for the timber industry to meeting demands for the construction and manufacture of many wood products. Some of the medicinal species are also affected by the grazing of animals.

There are trees that were identified to be on high demand. These trees serve as sources of medicine as well as charcoal or wood for construction. They include: *abbasi* (*Warburgia ugandensis*), *entale ye dungu* (*Zanthoxylum chalybeum*), *endagi* (*Combretum molle*), *omusali* (*Garcinia buchananii*), *akasana* (*Acacia hockii*), *omunyenye* (*Senna singueana*), and *kanzironziro* (*Psorospermum febrifugum*).

The demand for charcoal and timber poses the greatest challenge to such species. With the cost of power increasing and becoming unaffordable to many people in urban areas, it is a foregone conclusion that charcoal burning is inevitable. The acquisition of forest land for commercial agriculture and the encroachment on protected forests and other lands is another key factor that accounts for disappearance of medicinal plants. We take note of the concern that many of the forests are cleared and are never replaced. The National Forest Authority has been working towards protecting many of the forests but its capacity to evict encroachers has

not marched the level of destruction caused. Interference by politicians has also undermined the organisation’s resolve to implement tough conservation policies such as removal of encroachers from gazetted forests.

Existing Initiatives for Conservation and Sustainable Harvesting

It was established that while conservation is understood as a key requirement for continuity of supply of herbal species and their preservation, there seems to be a lack of clear understanding on what key initiatives should be undertaken by individuals as well as national institutions. A few of the leaders of herbalists’ associations met revealed that they had put in place some herbal gardens. It was however noted that there was neither sharing of information among the few who had herbal gardens on cultivation practices nor was there any attempt to make use of technical expertise from the botanists and foresters.

The issues of conservation and scaling up the production of medicinal plants are yet to become a key priority of government in the field of traditional medicine. Interviews with participants suggested that the government has developed a draft policy for traditional and alternative medicine but this policy is yet to be passed by cabinet. Most importantly very little has been done in respect to committing resources to support research on useful plants. Issues of patent rights are only beginning to be explored.

Synthesis of Findings

The demand for medicinal plant products is on the increase in Uganda and other countries. Under normal circumstances this would have spurred efforts to increase their sustainable supply through regenerative practices by herbalists and other stakeholders from government and non-government organisations. On the contrary, herbalists continue to harvest plants without making efforts for replacement, through in domo or in situ initiatives making dwindling supplies of medicinal plants and their extinction almost inevitable.

It is also worrisome that herbalists so negatively view government efforts to protect forests as a

barrier to the herbalists' activities rather than an opportunity. The implication is that herbalists are yet to link protection of forests to benefits of biodiversity conservation – which is directly linked to protection of medicinal plants. It suggests both a knowledge gap as well as the tendency to put personal interests ahead of public interest by herbalists. This is one of the areas that require mobilization of herbalists, their sensitisation and exploration of alternatives to source medicines rather than rely on use of protected forests. As evidence has indicated in the findings, herbalists find it difficult to get some medicinal species and it complicates their trade of treating some ailments. Efforts towards conservation are weak and reliant on individual efforts, which are overshadowed by the overriding need for meeting subsistence needs.

The use of rudimentary harvesting and conservation technologies was a key cause for wastage of harvests, which further exacerbates the dwindling supplies. The implication of this is that herbalists need both education and technical support to apply proper harvesting practices. Practices like the extraction of sap from tree species, the removal of the bark and leaves, among others, all require careful applications of certain details and in some cases use of appropriate instruments.

The findings suggest that there is a huge opportunity to promote sustainable harvesting of herbal species in midst of increasing demand for medicinal products. The opportunity lies in the commercialisation of the production of selected highly valuable species which have good commercial value. The involvement of herbalists and other producers would be attractive in a sense that they would do it to earn an income. Wiersum et al. (2006) have advocated for the idea of cultivation of medicinal plants as a tool for biodiversity conservation and poverty alleviation. In essence, combining income generation with biodiversity conservation would be politically, economically and environmentally appealing.

From a socio-cultural perspective, herbal medicines constitute an important cultural heritage and they play a great role in both treatment of illnesses and psychosocial conditions through their use in different rituals. Depletion of these plants through poor methods

of harvesting and lack of a comprehensive policy framework to ensure their sustainable supply and regeneration will have a profound effect on the socio-cultural life of the people for whom these medicines have a significant cultural meaning in terms of illness diagnosis and therapy. The study has revealed that there is domestication through cultivation although on a limited scale. The limited cultivation owes to limited resources for scaling up production for commercial purposes. Yet there are opportunities for selected species to be promoted for commercial purposes, particularly those that are multifunctional – providing fruits, food and medicines.

It is emerging clearly from this study and other previous studies that medicinal plants are a source of livelihood to many families (Ghimire et al. 2005) and the industry employs a number of people. The lack of a systematic policy and plan to equip herbalists with knowledge and skills in appropriate local and scientifically sound methods of harvesting medicine from trees and other plant sources is affecting both the supply and sustainability of this livelihood security for many people.

Our study shows that there are two types of herbal medicine collectors, the commercial collectors who collect medicines to go and sell in the markets and the herbalists who collect medicine for treatment of their clients. The volume of medicine procured or harvested by the commercial collectors was reported by study participants to be bigger compared to that collected by the herbalists to treat their clients. As noted by Ghimire et al. (2005: 464) the commercial collectors harvest the plants mostly as a function of market demand and value for the species. They are less selective and harvest extensively irrespective of the plant size and maturity.

While Kampala herbalists were more inclined towards commercial collecting and processing of medicines for the market demands, those in Mbale district and who largely came from the rural areas were collecting medicines mainly for treating their clients. Thus local extraction and management practices are among the socio-economic factors influencing levels of harvesting. Sustainability of medicinal plants harvesting and designing sustainable management

practices requires having a good appreciation of the plant's ecology and the dynamics of how it is locally used (Cunningham 2001; Ghimire et al. 2005: 464). In this case both the commercial and local herbalists' interests need to be given full consideration, but there was limited evidence that actions were being undertaken in this direction.

This study established that there are a number of practices perceived to be good and locally known by some herbalists. For example, some herbalists in harvesting of stem barks from trees would remove the bark from only one side and would leave quite a number of centimetres from the point where they started removing the stem bark if they wanted to get another piece of the stem bark from the same tree. This would help to keep the tree strong. This method is quite similar to the methods described by Cunningham and Mbenkum (1993: 12) that are applied by *Plantecam Medicam* in the harvesting of *Prunus africana* bark. Removing bark "quarters" from opposing sides of the tree trunk, starting the bark removal above ground level and not debarking above the level of the first branch are some of the good ways that have been recommended by foresters and agriculturists. Even though some herbalists knew about some of these methods, they keep them as a secret and this defines their way of work, particularly in relation to sharing of knowledge of herbal species.

Wastage and destruction to the medicinal plants created by poor methods of harvesting is exacerbated by the poor methods of storage and preservation of the harvested medicines. This has increased the frequency at which the medicines are harvested thus exacerbating their destruction.

It was established that stakeholders at the district and lower levels appreciate the importance and urgency of conserving traditional medicines. However, they lack leadership and advocacy in this area to realise any concrete actions to deal with the challenge of conserving the medicinal plants. The issues of sustainable harvesting and conservation of herbal medicines are to some extent addressed in the environmental statute and in the draft policy for regulation of work of traditional healers but very little is known beyond the national institu-

tions about these policy guidelines. There is still a gap between policy enactment and implementation. Partnerships between the different levels of stakeholders are fluid and piecemeal.

Conclusion

Generally there were methods perceived by herbalists as both good and poor. Methods perceived to be good were pro-conservationist and required some good knowledge and skill in being applied by herbalists. Poor methods of harvesting also owed largely to lack of relevant knowledge, skills and appropriate technologies. These contributed to the growing extinction of medicinal sources as herbalists tended to be wasteful in the processing, storage and conservation of medicines. There was no visibility of policy actions and strategies at the district and grassroots level to guide herbalists on sustainable harvesting of medicinal plants. The interaction between district line departments of health, community development and production with herbalists is very minimal and at times absent. This limited interaction poses a danger to the flow of skills, new innovations and policy directions from the technical departments to the herbalists. Although the current draft policy regulating traditional medicine touches on some of these issues it is yet to be implemented.

We have used the views of herbalists and our views to propose the following recommendations to improve the existing situation.

There is need to strengthen leadership and advocacy in the area of sustainable harvesting at all levels to motivate different stakeholders to take concrete actions to deal with the challenges to sustainable harvesting and conservation of herbal medicines. Visibility of the national institutions that are supposed to champion this cause should be increased at the district and grassroots level through deliberate actions to increase funding and to develop and disseminate guidelines for sustainable regeneration and harvesting of medicinal plants. This will help to bridge the gap between policy formulation and implementation. Given the linkage between poor methods of storage and preservation of medicines from plants, a deliberate attempt should be made develop training materials and demonstrations centres to improve knowledge and skills of herbalists on process-

ing, packaging and preservation of medicines from plant sources. This will contribute to reducing the frequency of harvesting medicinal plants.

Deliberate efforts spearheaded by the Ministry of Health, local government technical line departments, NGOs and associations of traditional healers and herbalists should be made to facilitate domestication of medicinal plants through establishing demonstration gardens at sub-county or at least district level. These demonstration herbal gardens will facilitate herbalists to learn how to breed, transplant and regenerate different varieties of medicinal plants. There is need to strengthen the link between national technical departments and academic institutions to facilitate studies that can come up with scientifically tested models and technologies that can enhance good harvesting practices, regeneration, processing and packaging of herbal medicines.

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Notes

- ¹ Plants were collected during fieldwork and identified by botanists from Makerere University.
- ² The term “weed” was used by participants to mean wild plants perceived to have medicinal properties.
- ³ Herbalist largely used traditional methods of medicine preservation such as drying, pounding and putting pounded or grinded medicines into clay. When we probed them for any modern methods of preservation, they could only talk of boiling the medicine and storing it in plastic containers. There was rather limited knowledge on methods of preserving medicines.

Medical Topics in Congolese Popular Paintings

Lukas Brändle

Introduction¹

Should the academic field of anthropology and its sub-disciplines such as the anthropology of art accept the various genres of contemporary African art as art? Especially, if we know that those genres have been declared being commodities – or souvenirs? Some authors deny such objects being pieces of art – with a number of arguments. It is argued that souvenirs do not represent the local culture because foreigners have a particular influence that manifests in their design. Although most types of souvenirs have evolved from traditional pieces, they forfeit their authenticity as a result of their connection to the tourism market. Thus they are often not considered as adequate sources for further academic investigations (Vogel 1991a: 238; Ezra 1992: 22).

In spite of these criticisms, I will try to identify a theoretical path how contemporary African art can be a useful source of socio-cultural research. My focus is on the semiotic arrangement of the popular paintings from Kinshasa, the capital of the Democratic Republic of Congo. By analyzing patterns of meaning I will demonstrate how foreigners and locals interpret the same art objects in different ways. Because I am able to distill the local's and the tourist's interpretation of an art object I can accept these cultural items as sources of research. In opposition to the criticism above, I do not deny the object as such only because it has been bought by non-Congolese. The crucial point lies in the different needs of the two groups involved regarding the art object. A painting is the result of this interaction and thus a patchwork of symbols that is decoded in different ways. The process of decoding takes place against the background of the respective cultural and social experiences. In the end we are able to differentiate what are locally influenced and what are western induced symbols.

The pieces of concern are the Congolese paintings of the Collection of the Unit Ethnomedicine and International Health in Vienna. The

medical topics of these paintings provide an interesting view on how the preoccupation with this cultural and social phenomenon enable us to discuss not only the medical system itself, but also how medicine is seen as a metaphor through which other recent discourses are reflected.

The full understanding of the very complex relationships between the local producers and their western customers and the multilayer complex of symbols and decodings necessitates a detailed understanding. The distinction of the termini souvenir and souvenir art seems to be crucial because the latter implies a different approach to this phenomenon. Furthermore, it makes evident in which environment and under which circumstances contemporary African art, in particular art in Kinshasa, is produced. The last two steps are to identify how the foreigners on the one side and the locals on the other influence the painting's patchwork of symbols and how they decode these symbols in different ways.

Souvenir and Popular Art

Literally the French term souvenir means to remember. On the one hand, such an object can serve the purpose of a proof. In that case a home-taken item reflects the proof that its owner has been where the souvenir is originated. On the other hand, a souvenir can serve the purpose of a present. Unlike the latter, the first character does not involve a change of ownership. A souvenir as a proof of travelling becomes a symbol of prestige. But the prestige is not due to the monetary worth, the key point on the semiotic level is the circumstances of acquisition. (expensive vacation) (Wippel 1998: 6f.). Such souvenirs are presented on prominent spots showing the prestige of the former traveller. Thus, these objects have to combine some critical aspects. They must have a decorative appearance and they must not contradict Euro-American conceptions of indoor furnishing. Hence souvenirs, like sculptures, drawings and other accessories, seem to be qualified for that (Horner 1993: 61). Souvenirs bear not only

the remembrance of a nice holiday but also a remembrance of a visited culture. Thus, souvenirs are not exclusively semiophores of a journey, they as well represent a picturesque and strange culture (Evans-Pritchard 1989: 95).

As Ueli Gyr points out, a souvenir is part of a ritualized consumption of symbols that constitutes the very complex phenomena of tourism. In a brief syntagmatic acquirement all the consumed symbols construct an image of tourist stereotypes that were conveyed at home. This process yields to confirm the cognitive conveyed perceptions of the toured country or cultural area. Especially under circumstances of intercultural encounters which are one key experience of travelling, this pattern of acquirement becomes more important because a concrete communication between the hosts and the guests is rarely possible. Therefore the exchange and consumption of cultural symbols are the most essential forms of communication (Gyr 1992: 225 ff.).

It is therefore evident that cultural symbols have to be understood by the tourist always and everywhere. The touristic interaction is the same in each touristic space because the tourists are, to put it pointedly, always from the same Euro-American background (Thurner 1994). Thus the tourists similarly interpret the souvenir's patchwork of symbols. This patchwork is not a coincidental conglomerate of symbols, but rather a syntagmatic arrangement that characterizes all souvenirs. The key point is the need to understand the item through the cognitively conveyed perception. If this intellectual mapping is not possible, then the item is not suitable for a souvenir. Souvenirs enable this mapping by stereotyping and simplifying the displayed themes and the hosts' life. The reduction on the symbolic level helps decoding. As Eric Cohen (1993: 5) points out, the symbol's simplifying is necessary in order to not overstrain the tourist's knowledge of the complex cultural codes. Indeed, the tourists as strangers in an alien area do not know the local cultural codes. Hence, not only the decoding is dependent on the western pattern of interpretation, but also the complex of symbols within the souvenir itself (Wilpert 1985: 26). The souvenirs are characterized by the need to be perceived and decoded by western pattern of

interpretation. This fact applies to both souvenir and souvenir art.

In opposition to some replicates of Pharaonic art-like souvenirs that are sold in the tourist markets in Cairo or Luxor, the popular paintings of Kinshasa are seen as a kind of souvenir art. Unlike Hermann Pollig's assumption (1987: 8) the terms souvenir and souvenir art are not synonyms. The distinction lies in the circumstances in which they were produced. For the full understanding we must briefly inspect the circumstances in which contemporary art in Africa occurs.

Unlike western fine art the traditional and the most recent arts in Africa occur in different settings. The following argumentation applies for the so-called popular arts. Especially the contemporary academic art produced in Africa occurs within a western setting. In contrast, traditional art and popular art are produced under local conditions. The main distinction, however, lies in the level of commercialization. While fine arts in the European history have traced the exclusive claim to be an art for the art's sake, African arts have had another *raison d'être*. From a European point of view art is responsible for its own, African arts have a cultural responsibility (Appiah 1995: 24).

Objects of popular art are commodities. They are a part of a local economy and are produced to make money. Thus they have been comprehensible for both the producers and their customers. This implies that the artists must know perpetually what the consumer is looking for (Kasfir 1999: 22). This applies eminently for souvenir art because the level of commercialization is higher than all other art categories (Graburn 1984: 398 ff).

A piece in the African context is not necessarily unique. The artist's work may not be innovative every time. More important is the artist's finding of the best iconographical concept for a certain theme. The technique and the shared knowledge about the cultural and social impact of the motive are more important than the innovative character of the piece (Jewsiewicki 1996: 348).

These three concepts distinguish the popular

art of Africa. But what exactly is popular art in the African context? Unlike many other authors Susan Vogel terms it “urban art” because this genre is mainly produced in urban areas (Vogel 1991b: 11). This fact corresponds with reality very well, however, all genres in recent Africa except the traditional one are produced in the urban areas. Karin Barber describes popular art as art by people for people. The pieces are media of an urban communication through which recent social, political and cultural facts are discussed. Often they are the only possibility for discussing such issues. Hence they have to bring together all participants. Following Barber, these pieces of popular art are social facts. They might be seen as a window, through which an outsider can follow the discussions in a certain society (Barber 1987: 1 ff.).

Nelson Graburn follows another path describing Africa’s popular art. He does not focus primarily on the art’s character but he tries to describe the development – or the evolution as he points out – of the contemporary arts in Africa. He follows a logical thread from the traditional to the academic (or assimilated) arts of the continent. Within this scheme of art history, popular arts constitute one particular genre that has evolved since strangers and Africans have had contact with each other. Following Graburn, all discussed genres except the traditional one, had two main types of impacts: commercialization and non-African forces. The most commercialized art is the souvenir art, the most non-localized art is the academic art because this genre has lost all African influence. The popular art stands between a globalized and a local art tradition. When an urban, well-educated African middle class emancipates itself from the western dependency due to their newly developed cultural self-confidence and economic possibilities, its members are able to create a local and urban influenced art. The members must be sufficiently acculturated to value the formal and aesthetic traditions of the West because the techniques and formal standards of the popular art are created by the western art tradition. Yet they must be emancipated enough to enhance their own local cultural traditions (Graburn 1984: 396ff.). Thus the popular arts are one expression of a living African modernity. Ulf Hannerz refers to this African modernity as a creole culture due to these two historical references.

He terms it as a “management of meaning” (Hannerz 1997: 14 f.).

Karin Barber postulates a producer/consumer typology of popular arts: 1) produced and consumed in an African milieu, e.g. local theater; 2) produced but not consumed in the local milieu, e.g. souvenir art; 3) consumed but not produced in a local environment, e.g. western movies; 4) Neither consumed nor produced in local environment, e.g. traditional or assimilated art (Barber 1987: 23 ff.).

Benetta Jules-Rosette criticizes this static typology. She argues that Barber’s view disregards the reality. The artists of popular art do not produce for a decided patronage. Although popular paintings are produced by local artists for members of the local and urban community, they may be bought by strangers. In lieu of Barber’s typology, she proposes to analyze the popular arts and their producer/consumer relationships as a system of communication in their symbolic environment. Thus the theoretical consequence of Barber’s typology is challenged because she assumes that popular art is consumed uncommented. But this assumption is not true. There is a communication between the producer and the buyer through the piece. When such a communication occurs, a holistic system of symbols arises. This system becomes the semiotic basis of the picture language. The shared code is not the beginning of the communication, much more it is built up by the popular art. Thus a communicative circle of validation on the consumer’s side and the validation’s interpretation on the producer’s side arises. The process of validation and reinterpretation determines the body of symbols and the object itself. The consequence of this process is the understanding of symbols on both sides. The producer knows which symbols his patronage desires and the consumers communicate their wishes. From a theoretical view the discussed model does not need a static producer/consumer typology. They understand each other because they negotiate the terms popular art is created with. Both producer and consumer understand the negotiated symbols (Jules-Rosette 1987: 93 ff.).

With this theoretical background I am able to formulate the distinction between a souvenir and souvenir art. Following Jules-Rosette’s

model of the patronage system it seems to be evident that contemporary art which takes place within an African context must be a consequence of communication as she described it. Replicates of traditional carvings or archaeological items that are sold to tourists are not souvenir art because the symbolic content of these objects is not a result of negotiation and communication.

A good example of fine souvenir art is undoubtedly the Makonde carvings from Tanzania. Especially their Shetani figures are an innovative carving style that takes place within a communicative system between local carvers and tourists (Hirsch 1993: 12). In the case of the popular paintings from Kinshasa I will use a similar argument.

Popular Art from Kinshasa

I will describe the following genre as popular art from Kinshasa. Some authors provide alternatives like “urban art” (Vogel 1991b: 11) or “bande peinte - BP” in reference to the French expression for the comics “bandes dessinées - BD” (Jacquemin 1991: 22 ff.). I decided for the term popular arts (Brändle 2007: 79 ff.) because the Kinois painters have chosen the term popular painters for themselves. The artist Chéri Samba claims he has designed the name in the middle of the 1970s: “I’m the one who came up with the name ‘popular painting’, because it comes from the people, is about the people, and it is intended for the people. It is immediately understood by everyone, and people can identify with it, contrary to academic painting which people don’t understand.” (Magnin 2004: 18 f.)

The beginning of contemporary painting of what is now the Democratic Republic of Congo lies in the twenties and thirties of the last century. In addition to wall paintings, paper painting and watercolors began to emerge. Animals, hunters, legends and tales were the topics. But it was not a realistic depiction of reality, e.g. elephants were red or green.

Joseph Cornet traces four stages of the recent Congolese painting of the last eighty years: In the beginning European missionaries and amateur artists demonstrated the techniques of painting. One pupil – Lubaki – got the possibili-

ty to exhibit his watercolors at the Palais des Beaux-Arts in Brussels. The second stage was initiated by European art professors. The Frenchman Romain Desfossés taught in Lubumbashi. The Belgian Victor Wallenda, better known as Frère Marc, founded the Ecole Saint-Luc de Gombe-Matadi. His school became the Académie des Beaux Arts in Kinshasa in 1957. The pupils of this two art schools divided into two different streams. One group developed the urban painting in the public space. The street art, as Cornet terms it, became the local advertising agent for e.g. restaurants or other businesses through wall or sign painting. The second group developed the painting on canvas, with mainly religious, political and everyday themes such as family portraits (Cornet 1992a: 19 ff.; 1992b: 71 ff.). Contrary to Cornet’s presumption Jutta Ströter-Bender and Wolfgang Bender (1991: 32) point out that many popular artists in Kinshasa began their artistic career as sign painters.

The aesthetic expression is redolent of comic strips. The Congolese people are diligent comic readers (Parisel, Nzuzi 1995: 49). Despite of its racist background a picture of Tintin together with his best friend Snowy from the book “Tintin in the Congo” is exhibited in the departure hall of the Kinshasa’s airport (Fillitz 2001: 30). Chéri Samba declares that his artistic style has come from the comic strips: “I can confirm that my work develops from comics, and this influence can still be seen in my work today. It’s the best way I’ve found to convey the messages.” (Magnin 2004: 32) Contrary to Rainer Schwarz (1977: 11), who defines the narration, sequence and speech balloons as normative elements of comics, Dietrich Grünewald (2001: 6 f.) declines these normative elements to be important – only the narration has to be an element of each comics. The second and most important element is the reception process of the viewer. Without this intellectual process the narration does not result in a point. The comic is the medium of this point, the viewer decodes the story through the reception. This is the reason why he declines the sequence as a normative element, because a comic composed of only one panel is a comic as well (Grünewald 2001: 11 ff.).

Finally several graphical goods, that have come with the Europeans during the colonial era,



Fig. 1: Mayuba Man “Les viandes les plus préférées à Kinshasa (R.C.D.) – chien et chat” D.R.C., 2005, (99x74cm), oil on fabric



Fig. 2: Unknown
“Mystique
Congolaise”, D.R.C.,
n.d., (98x65cm), oil on
fabric



Fig. 3: Ange Kumbi “Fête de jumeaux”, D.R.C., circa 2000, (57x77cm), oil on canvas

Fig. 4: Chéri Chérin “Papa wa Roma”, D.R.C., 1999, (65x95cm), oil on canvas



Fig. 5: Hergé Makuzay “A la recherche d’un enfant chez le féticheur”, D.R.C., 2003, (72x82cm), oil on canvas

Fig. 6:
Ekunde “La santé s’achète ...”,
D.R.C., 2004, (133x98cm),
oil on canvas



have had an impact on the local comprehension of graphic and popular aesthetics. Especially the wrappings of the imported goods have been relevant (Ströter-Bender, Bender 1991: 32). In such a way many archetypes have influenced the Congolese popular art.

Like many other African art traditions the popular art from Kinshasa is not an *l'art pour l'art*. Despite of its aesthetical and stylistic standards, which have made the success overseas, the artists and the art itself pursue another intension. In conjunction with the definition of a popular art discussed above Chéri Samba declares that his comprehension of such an art includes an understanding of both artists and viewers. Thus it illustrates a consensual art. This is, from his point of view, the distinction between popular and academic art. Following Jules-Rosette's model of the patronage system the discussing genre must arise within a communicative system between the painters and their customers. Otherwise the pictured symbols are not conceived. But who were the consumers in the past and in recent times?

In the formative era of the Congolese popular painting in the fifties and sixties of the last century a new well educated social class arose in the urban areas. The so-called *Evolués* were Congolese people who served for the colonial administration. In order to become an *Evolués* they had to be assimilated culturally. Among other things they adapted the Belgian style of dwelling. This included the hanging of paintings in private rooms. Even so they perpetuated their own local traditions and created new cultural expressions in their urban milieu that could only arise in this specific urban and social environment (Makombo 2001). Accurately this social and cultural process is described by Ulf Hannerz referring to the creole cultures. On the other hand this dialectic process of arising new popular arts and styles described by Nelson Graburn can be seen archetypically in the formal era of the Congolese popular painting because all essential conditions which define art as popular already existed then.

Due to the fact that the new urban middle class was interested in their own art, those pieces contentwise reflected this social group. In addition to the art's character being art to look at,

because the pieces had to be consistent with the conception of an ideal item of a Belgian living room, the content of the pieces discussed the social reality of those who negotiated the contented symbols. Chéri Samba declares: "I have always said that I do not want to make particular beautiful paintings but convey a message"²² (Marcadé 1991: 37). Thus the pieces discussed the common reality of the painters and the consumers. They were a cultural expression of both, and the themes referred briefly to everyday problems, worries and wishes. Popular art discussed not only the conditions under which it occurred but also it formed new cultural conditions (Fabian 1997: 18 ff). In this context Bogumil Jewsiewicki (1996: 344 ff.) describes the consumption and creation of popular art as a public performance. The pieces are a cultural element of this performance of viewing. The viewer – here the *Evolué* – becomes an active protagonist. Together with the artist he negotiates the contented symbols to a pattern of meaning. The stage was the modern, urban live of the Congolese cities that had been formed by the *Evolués*. Due to the fact that both artist and viewer are active protagonists the negotiated symbols add up to both. Thus essentially, it is a shared knowledge about what each thinks of the other.

The section above has pointed out the social and cultural conditions of the Congolese urban areas in the fifties and sixties of the last century. Due to the economical and political transformations during the Mobutu era (1965-1997) – his political style is often specified as kleptocracy – the urban middle class has been robbed of its modest wealth (Strizek 2006: 61). However, the *Evolués* or any other similar social group having a weakness for the popular paintings that have arisen in the discussed period, do not exist any more. Thus, when analyzing the recent popular paintings from Congo it is a big mistake to assume that the social and cultural conditions and the art itself are time-invariant as for example Barbara Plankensteiner and her Co-author Bogumil Jewsiewicki are doing (Plankensteiner, Jewsiewicki 2001). There is no existing proof that Congolese are interested in their own popular art today. Because neither a wealthy middle class nor the cultural and social conditions from the fifties and sixties exist anymore – no social group is able to act the role of a

patron. Today the inhabitants of Kinshasa are more interested in music, TV shows and movies abroad (Kasfir 1999: 33). Thus the popular paintings must have another patronage.

The Popular Paintings in a Western Perspective

Today especially two western groups buy popular paintings from Kinshasa. On the one side expatriates like diplomats, missionaries, traders and development workers, and on the other side European and American collectors and gallery owners are interested in this art form. As Claude Kaspar (1982: 18) points out that tourism is the sum of relations and aspects that result from journey and the temporary stay of people. In other words, for Kaspar the leisure part of travelling is not the crucial point. Thus diplomats and other expatriates can be seen as tourists as well. According to this they are typical buyers of souvenirs because they need items of remembrance.

Unlike ordinary consumers professional collectors must have a different approach. One of the most important collectors of contemporary African art, André Magnin, the curator of Jean Pigozzi's Contemporary African Art Collection, is sharply criticised by John Picton (1999: 125) who declares that Magnin's intension can be described as "neo-primitive exotism" because he looks for mystic and exotic aspects within the contemporary African art. Hence he prefers self-educated artists and denies the western inspired scholars. Jean Pigozzi (1991: 15) himself commented Magnin's efforts as following: "Let's all hope that André Magnin doesn't get eaten by a lion." This perception of Africa is accurately the one of a tourist.

In sum both expatriates and professional collectors have the same exotic perception of Africa as tourists have. As Jean-Pierre Jacquemin (1991: 25) points out, this clientele is responsible for the survival of the Kinshasa's branch of the Congolese popular painting tradition. Unlike the painting tradition in Lubumbashi which does not exist anymore, its counterpart in Kinshasa has a vital art scene. The capital is visited more frequently by foreigners as Lubumbashi.

Kate Ezra (1992: 22) and Susan Vogel (1991a:

238) argue that the tourist's interference in African cultural settings without having a local knowledge makes souvenirs inauthentic because alien cultural perceptions become a part of them. Following the two authors the African symbols are authentic – any others are subsumed as inauthentic. This argument does not correspond with reality. It is true that the western perceptions are not culturally related to African settings. Furthermore, it is true that souvenirs emerging within a patronage system are incommensurable with traditional ethnographical pieces on a conceptual level of authenticity. But this must be the beginning of a discussion how we define authenticity. From my point of view souvenir art like the Congolese popular paintings today are authentic because they reflect the cultural, social and economic situation in those countries in which they are produced and bought. The presence of foreign buyers is a fact, and it affects and forms the cultural, social and economic conditions. When we deny these conditions because we regard it as inauthentic, the African reality is not reflected in our studies.

The tourist perception about their visited country and culture take centre stage in a consideration of the painting's content. In their imagination Africa stands for a "savage" and "untamed" continent. As Magnin and Pigozzi show, collector's perceptions are often equal. Rituals, masks and myths are icons of the whole continent which is populated by exotic cultures and societies. Furthermore Africa has the image of being a poor continent in which tropical (i.e. exotic) diseases rage (Melchart 2007: 4). Last but not least it is hell on earth regarding AIDS infections. Within this western concept of Africa – in their imagination the travellers do not split the "black" part of the continent into varied countries – the medical topics of the discussed pieces below add up. All these terms are reflected in the contemporary popular paintings. Therefore, I constitute three different themes. The first one illustrates everyday situations like the street live, the second satisfies the western perception of a savage and mythic Africa and the last one shows illustrations of traditional medicines.

Mavuba Man's painting "Les viandes les plus préférées à Kinshasa (R.D.C.) – chien et chat" ("The most favored meat in Kinshasa (D.R.C.)

– dog and cat”) (Fig. 1) illustrates mummy Vicky’s food corner in front of a hospital. As the title suggests several men are eating cat and dog meat. Down to the right a dog is being slaughtered, its blood is running into a pot. The ground is manky. The artist does not point out that the consumption of dog and cat meat is a part of a culinary tradition in Kinshasa, much more he illustrates the poverty of the inhabitants. But the foreigners may interpret the setting in their own way. Thereby they take their perceptions about Africa to decode the illustrated symbols. The consumption of pets is a demonstration of African “barbarism” and a proof for cultural strangeness from a Eurocentric point of view. Additionally the piece illustrates literally the word “souvenir” – to remember. Such motives of everyday life can call to mind the stay at Kinshasa. Maybe the owner has seen a related scene during his stay. I assume that he did not watch people who ate cats and dogs but he must have seen food-corners in general. Thus at home the painting will be a reminder of the stay at Kinshasa.

The second theme subsumes all motives that supply the western perception of a “savage” and “mythic” Africa. The grand Chéri Chérin – or one of his pupils or copyist, the painting has not been signed – with the painting “Mystique Congolaise” (“Congolese Mysteries”) (Fig. 2) created some kind of collage. He illustrates the mythic elements of the Congo in five different sections. A traditional medical practitioner in front of his yellow cottage offers assistance against AIDS, sorcery, bewitching, madness and for good fortune, as written on the wall behind him. In the lower left part of the painting Mami Wata is phoning. She is a common perception in West Africa and plays a major role in a female deprivation cult (Salmons 1977: 10). In Central Africa the gender related aspect takes centre stage. Especially the socio-economic and political wishes of men are discussed (Fabian 1997: 20 ff.). Further to the left a white dressed priest is holding a ceremony. He has a leopard tail – an iconographic icon for the political power of Mobutu (Jewsiewicki 1996: 339) – that is looping around a naked woman. On the upper left five sorcerers are flying over a graveyard. One of them is riding a broom. As Ruth Kutalek (2002: 15) points out this connotation of sorcery illustrates an European perception and has

nothing to do with African beliefs. Finally, the triple six on the forehead of the central figure of the painting reveal the devil. In particular the broom metaphor is one of the best examples how local painters integrate European symbols and cultural conceptions into their paintings in order to facilitate the westerner’s decoding. All together the five sections distinctly give the westerners the impression that the whole country must be a patchwork of transcendental elements. Without knowing the local codes, for example the Mami Wata complex or the leopard tail metaphor, westerners are easily able to decode the painting because all symbols veer toward the European perception of a mythic and transcendental Africa. Even a tourist’s self-awareness, that the images are not understandable from a European point of view, receives a coherent meaning: The continent and its inhabitants are strange.

The last theme subsumes all motives in which traditional medicine is illustrated. Although all collected pieces of the Unit Ethnomedicine deal with medicine in all facets, the artists deal with it variedly. This last pattern corresponds to a historic reference. Both foreigners and locals consume this kind of motives. The latter take those as symbols of an ancient but idyllic past that allegorize the particular cultural origin of Africa. Thus the paintings become an image of the individual’s identity in the present (Graburn 1984: 409). From a western point of view these motives affirm the European perceptions of Africa as a wild, exotic and strange habitat. An example is “Fête de jumeaux” (“Twin’s celebration”) (Fig. 3). It illustrates an ideal of an African cultural perception without having a link to the urban present of Kinshasa. Unlike the self-image of the artists who discuss and criticize the recent situation in Kinshasa through their paintings, the illustrations of an idyllic past deny this political and social assignment.

All paintings are decoded through a European inspired code. It is the perception of poverty, savageness or cultural strangeness of the continent that helps to understand the content of the pieces. Thus the code denies the reality for the benefit of an exotic perception of an idyllic past. Finally (ethno-)medical motives in particular are decoded well because the traditional medicine symbolizes strongly the idyllic and strange cultural past of Africa.

Local View

Following Jules-Rosette's patronage system, the painter places his ideas into the piece. From his point of view the content makes sense. The goal is to convey a message that has an impact on the artist's environment from which the message has come. The contents are not only mirrors of the European perception about Africa but also a mirror of local worries and wishes. In this context the artists apply the medical to discuss their urban and modern identity through this topic. Furthermore they openly criticize the medical situation in Kinshasa. Both the traditional and the western (modern) system of health care are unmasked.

As discussed above the modern and urban identity of the Kinois is negotiated with the aid of the conflicting field between the African tradition and the western modernity. In the case of Kinshasa this discussion follows two symbolic levels, a historic and a geographical one. According to the Comaroffs (1993: xiv) who point out that the African modernity is "always an imaginary construction of the present in terms of a mythic past" pieces like Ange Kumbi's "Fête de jumeaux" can be understood as the illustration of these described terms. On the geographical level traditional medicine is seen as a cultural part of the rural environment in opposition to Kinshasa that symbolizes urbanism. The Kinois' identity is constructed by this dichotomy. In the diction of the Kinois the capital denotes civilization, everything else is barbarism (Biaya 1996: 348). Thus the symbols within the rural motives hint the negotiation of urban identity.

Chéri Chérin's painting "Guerisseur Papa wa Roma" (Fig. 4) plays with this urban induced dichotomy as well. Unlike Kumbi's piece that illustrates only the past in terms of a traditional rite Chérin demonstrates both the traditional and the modern sphere in one plot. The healer Papa wa Roma is cowering in front of his yellow cottage. Six of his male patients are waiting until the healer attends to them. Behind a grey wall is a western hospital named "Clinique de la Paix" ("Hospital of Peace"). This name is a cynical innuendo to the colonial profiling of the Europeans. The reality was that the Belgians are responsible for more than ten million massacred Congolese during the period of 1885

and 1908 (Kollmer 2006: 44 f.). A church is located nearby. An airplane takes to the skies. The fundamental gap between the modern world and the traditional one is symbolized by the brick wall. In other words all western symbols are located behind the wall. Although both medical systems are a part of the everyday life in Kinshasa the painter has arranged the traditional healer in the centre and his western counterparts locked in behind the wall. It seems that both medical systems are present in the Congolese capital but from Chérin's point of view the traditional medicine is closer to the people than the western one that locks itself up.

Closer scrutiny shows that the painters do not side uncritically with traditional medicine. Due to the mission of the popular paintings to criticize urban nuisances, the artists consider critically both the traditional and the western medicine. The painting "A la recherche d'un enfant chez le féticheur" ("Looking for a child at the healer") (Fig. 5) illustrates a scene in the house of a traditional healer. A naked woman is sitting behind a blue bucket. It is filled with a liquid and some herbs. The nudity of the women is not the crucial pointer of the painting. The cue is the bald and red dressed healer whose erected penis is protruding from his red gown. Unlike the women's nudity his erection is definitely not a part of a traditional séance. The artist Hergé Makuzay – his first name reflects the big influence of the Tintin & Snowy's founder on the Congolese painters – demonstrates the selfishness and greed of some traditional healers practicing in Kinshasa. Due to the lack of social and cultural control in the urban areas some so called traditional healers, who have no adequate education, play fast and loose with the medicine (Kutalek 2003: 67). Makuzay obviously criticizes the egoism and the irresponsibility towards the patients and the reputation of traditional medicine.

In addition to the critique on the traditional medicine local painters excoriate western medicine as well. Ekunde's "La santé s'achète ..." ("Health costs ...") (Fig. 6) illustrates the "dispensaire Mbongo Liboso" – the dispensary Mbongo Liboso. The Red Cross on the wall and the two men who are wearing white lab coats refer to the western medicine. A couple with its child is at the entrance of the center. Obviously the little boy is sick, his mother supports him

standing. Meanwhile the father is discussing with one of the doctors. The second one has already turned over and exhibits therewith his lack of interest for the sick boy because his father has not enough money to pay the therapy. Ekunde's message is "Health costs money" He criticizes the western medicine's arrogance and its greed for money. Although it has efficient diagnoses and therapies, they are not affordable for the majority of the people. Thus from a local point of view the expensive western medicine is seen as a racist medicine.

The two examples above have shown how the local painters experience both the traditional and the western medicine in Kinshasa. Remarkably both medical systems are not seen as appropriate answers for the inhabitant's health. Although the western medicine has a good know-how, it is often unaffordable. Interestingly the artists unmask the traditional medicine as well. Even though it is the "African" medicine, in doing so, it does not carry the racist label, as it risks losing its own people's trust due to irresponsible practitioners. Thus the "African" medicine is not appropriate for the "Africans" living in Kinshasa.

Conclusion

By analyzing the symbolic contents of the recent popular paintings from Kinshasa it is pointed out that the pieces are decoded by both the local artists and westerners, even though these two recipients have not the same cultural background. Nevertheless both groups are able to conceive the symbols and message of the paintings. One of the normative terms of the genre is to convey a message in order to discuss recent social, political and cultural grievances.

The artists criticize the public health care system in the capital. From their point of view, neither the western nor the traditional medical system can fulfil the obligation to care for the health of the inhabitants. Whereas the western medicine is prohibitive, its traditional counterpart lacks the responsibility due to greedy practitioners who are acting outside of social control. As a result of this situation, the capital's public health care is in a deplorable condition. At the same time, the medical topic is used to reflect the negotiation about the recent urban identity. Hereby the dichotomy between the

western modernism and the African tradition is crucial. On the symbolic level the proportion between traditional and western medicine accords with the proportion of the two historic points of reference which negotiate urban identity. In such a way medicines can be seen as a metaphor for the negotiated identity.

Unlike the artists' decoding, which uses local conditions to interpret the content of the pieces, westerners decode the paintings by applying their cognitive conveyed perceptions about Africa. In doing so, they deny the local reality. Medical topics are suited for a foreign decoding because they reflect simply but strongly the western conception about the continent: exotic, wild and mystic. Thus both groups decode the same framework of symbols but in a different way.

As a result of the essential communication, the paintings absorb both the local and the foreign desires. The emerged pattern of symbols is a normative term of a souvenir art unlike souvenirs that only quote undiscussed other cultural forms and perceptions. Thus such paintings are adequate sources for academic investigations because they reflect the modern reality in Kinshasa. The crucial point has to be seen in the communicative system between the artists and their western buyers. In such a way the contents subsume both cultural hemispheres. We are able to divide the meanings within the paintings by knowing the recipients' code and furthermore by knowing how they treat the popular paintings.

Notes

¹ The article is a brief excerpt of the author's master thesis which deals with the same topic.

² All translations by the author.

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Book Reviews

Traité fondamental de la médecine Āyurvédique – Caraka samhita. 1 – Les principes. Paris: Almora 2006

Ayurveda is the best known system of traditional Indian medicine, which aims on the one hand at the prolongation of life, and on the other hand at holding off disease. The term consists of the two words *āyur* (life) and *veda* (knowledge), and thus can be translated as “Veda (knowledge) of longevity” or simply “knowledge/science of life”. Ayurvedic knowledge has been put down in a few definitive books which even today constitute the fundament for the training of the ayurvedic medical fraternity. In one of them, the *Suśruta Samhitā*, mainly operation techniques and surgical instruments are described. The best known of these books is the *Caraka Samhitā*, a compendium (*samhitā*), which according to traditional belief contains divine knowledge. It was revealed by Brahma Himself to Dhanvantari, the celestial physician, and was finally handed down to man through a number of intermediaries. At the end Caraka, an ayurvedic doctor, wrote the work down. Some believe that Caraka was the personal physician of the Kuśana king Kaniška. If this holds true, the origin of the *Caraka Samhitā* (which was named after its author) could be timed at the first half of the second century AD. That would mean that probably along with age-old Indian knowledge also medical knowledge from Central Asia was included in the compendium.

The *Caraka Samhitā* was early translated into a number of Indian languages, already during the middle ages also into Persian and Arabic, from the 19th century onwards it was translated into English and also into German. Now finally under the title “*Traité Fondamental de la Médecine Āyurvédique – Caraka Samhitā*” the first one of three planned volumes has been published in French language. The compendium was translated by Jean Papin, who has engaged himself for already 50 years in different aspects of Indian spiritual and intellectual life: philosophy, yoga, Hindustani music, tantrism, Kashmiri Shaivism, and others more. He has translated and commentated important Sanskrit texts, among others the *Yoga Sutra* of Patāñjali, the *Kāma Sutra* of Vatsāyana, and Agāstya’s *Shakti Sutra*. Besides, he composed an encyclopedia of Indian cooking.

The present volume contains the first five sections of the Caraka Samhitā. The first chapter, Sutrasthāna, gives an overview of the basic knowledge. Most important is the doctrine of the three *doṣas*, which govern all processes in the human body, and which are thought to be related to the elements: *vāta* (air – movement), *pitta* (fire – change), and *kapha* (earth/water – cohesion). The proportion of *doṣas* in the body varies individually. The treatment of a patient depends on which *doṣas* are dominant or respectively are too weak. In a healthy body there should be a harmonious equilibrium of all three principles. Besides these and other basic explanations, the reader in this chapter also gets an introduction into the philosophic-cultural background of Ayurveda. The further chapters deal with diagnostics, with “specific aspects” (among others of diseases and measures against diseases), with the knowledge of the human body, and with signs of imminent death.

It is a difficult task to translate a comprehensive text like the Caraka Samhitā into another language. In this first volume Papin largely abstains from translating also the additions and explanations of ancient and recent commentators. However, the reasons for including or leaving out passages seem somewhat emotional (“... la présence superflue et désastreuse de spéculations brahmaniques ...” p.33). Similarly, he describes the Law of Manu as a more or less unbearable book (“... le ton et l’ intégrisme intolérables ... des lois de *Manu* ...” *ibid.*). One might think that the author’s attitude towards this law book is of little relevance in connection with this present work, but this is not quite so. Manu is closely connected to the Mahabhārata epic, which in turn is an important source for the understanding of the Sāmkhya system in Indian philosophy – and the Sāmkhya is also at the bottom of Āyurveda. Thus consequently the Caraka Samhitā relates to the Sāmkhya, as also Papin points out repeatedly. This philosophy is based on the conviction that “... true science presupposes a strict analysis of the structures and driving powers of nature, of life and of psycho-mental activity...” (“... dass die wahre Wissenschaft eine strenge Analyse der Strukturen und Triebkräfte der Natur, des Lebens und der psychomentalen Aktivität voraussetzt ...”). (Eliade 1992 [1978]: 52). The differences between Sāmkhya and western science should not cause conflict, but should rather stimulate to study and to finally solve the eternal problem of human existence epistemologically (see Pensa 1960: 9). To immerse oneself into the Sāmkhya would be a precondition to do justice to a text like the Caraka Samhitā. That the author also deals somewhat negligently with some Sāmkhya concepts can be seen for example from his translation of the notion *ātman* as „Le moi profond“ (p. 7). There is no “Moi” in the Sāmkhya, and somewhere else (p. 385) he correctly uses the term “Soi” instead of “Moi”.

Other translation problems cannot be blamed on the author, but are immanent in the material. One difficulty is that categories in India are not generated according to the principles of Aristotelic logic and therefore may not be easily comprehensible for the western reader. To deal with the text therefore becomes difficult, for example when talking of the classification of diseases. An even greater problem when translating a work from Sanskrit is the fact that these texts are practically never coherent in themselves. The reason seems to be that long before being written down these traditions had been transmitted orally for long periods and evidently had undergone alterations in the course of time. As a consequence we find identical Sanskrit terms which in distinct contexts have different meanings, and on the other hand sometimes a large number of different terms are used to denote identical items or concepts. In a text like the Caraka Samhitā this may lead to immense difficulties. Alone in this first volume about 800 medical plants and their application areas are described. Accordingly, in different translations of the text we often find varied botanical names for the plants, and thus also Papin’s French translation sometimes diverges from the plant names given in English versions. The same holds true for the terms used to denote diseases. To quote one example: Papin (p. 55) describes *alajī* as “Disease of the skin or furuncle due to diabetes”. In Sanskrit dictionaries the same term is used to denote an inflammation of the eye or “a sort of disease of the joints”.

These difficulties cannot be avoided. Therefore it would have been all the more useful if at the end of the book Papin had added a list of all the plants and diseases mentioned, giving the Sanskrit terms as well as his own translations of the same. This would have made it easier to trace medical plants and diseases and compare them to those described in other books of medicine. Indologists probably would also have appreciated if the original Sanskrit text had been included in the book, but of course this

would have increased the amount of work considerably. Instead, Papin chose to put the verse numbers of the original Sanskrit text at the end of the translated passages. It would have been useful to include these verse numbers also in the epitomes of the chapters at the beginning of the book and to add also the respective page numbers. Thus readers could avoid a lot of skimming through the volume, searching for passages. These deficiencies could largely be made up by adding a comprehensive index and possibly also a glossary referring to the whole edition at the end of the last volume, but maybe this was already intended.

In these days the term Āyurveda is being constantly misused. Therefore it is very important not only for doctors of medicine but also for the interested public to have access to essential information about this system of traditional Indian medicine. By translating the Caraka Samhitā, Jean Papin offers this possibility also to readers of French language.

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A. B. Pillai

Sibylle van der Walt, Christoph Menke (2007) Die Unversehrtheit des Körpers. Geschichte und Theorie eines elementaren Menschenrechts. (Physical intactness. History and theory of an elementary human right). Frankfurt, New York: Campus Verlag, ISBN 978-3-593-38341-5, € 29,90.

The collection of essays written by authors of various disciplines is dedicated to the presentation of history and theories of a human right which seems to be more and more threatened by global developments. The idea originated from a conference held in winter 2005 under the same title at the Max-Weber-Kolleg für kultur- und sozialwissenschaftliche Studien der Universität Erfurt. Very impressive is the figuration of the cover showing the picture “The blue dress” by the South-African artist Judith Mason (Constitutional Court of South Africa Collection, Johannesburg): The picture is showing a dress made of blue plastic bags done by one of the female prisoners being forced to put off her clothes and being tortured naked by the apartheid-police.

Two contributions concerning historical explanations of the human rights’ sensibilization process by the historical theoretician Thomas L. Haskell, Rice University, and the legal historian Elisabeth B. Clark, University of Pennsylvania and Boston University (died in 1997), present the question of social-political forces and economic processes pushing forward the universality of human rights beyond racial borders.

The human rights activist Abdullah A. an-Na’im, originally from Sudan and now teaching in the USA, the professor of Islamic Studies Birgit Krawietz, the theologian and pastor Wolfgang Vögele, the professor of literary and cultural studies of North America, Sabine Sielke, and the lecturer of aesthetics Gesa Ziemer are dedicating themselves to the cultural symbolisms of physical intactness whose semiotic systems in various regions of the world are functioning as differently as languages. Birgit Krawietz impressively describes the prescriptions of “shame borders”, purity and nourishment given by the Islamic religious law, constructing the cultural patterns of feelings of disgust and physical awareness, and refers to the problem of medially transmitted long-lasting offense to religiously fed feelings of aversion and shame.

In the panel “Modern concepts of the subject: law, politics, body”, the political historian and philosopher Bernd Ladwig is defending the thesis that the character of the issue of physical intactness protected by human rights is first of all to be understood in the function of the protection of fundamental interests of acting subjects. The philosopher Arnd Pollmann points out similarities between the terms “physical intactness” and “moral integrity”¹ and pleads for an integration of the normative contents of the right of physical intactness into an all-including concept of “personal intactness”. The lawyer and law-philosopher Winfried Brugger undertakes a relativization of the right of physical intactness which has to be withdrawn for the sake of higher protected values in individual cases, since it is an important, but not the only basic precondition for an independent sensible and responsible way of life. The sociologist Hauke Brunkhorst dedicated his contribution to the elementary importance of the respect for human rights for the self-referring nature of modern democracies. He explains the negative context of violations of human rights and democratic self-determination in the case of official order of torture by state authorities in a much discussed case of torture in exercising out official power which, as systematic state-terror, does not only harm the individual human right of a person, but also the conditions of democratic self-determination and even destroys the latter.

Especially the last essay by Hauke Brunkhorst clearly shows the difficulty of dealing with human rights in practice, especially in the individual case where participating state authorities have broken the official taboo of torture to save the life of a child (cf. the case of Jakob von Metzler, Frankfurt/Main). The cautious differentiation in the discussion and the comparison with the actions of US-Americans in Iraq states, for the sake of the investigating police-president Daschner, that he had a direct aim to save the life of the child in question in the last second. From a legal point of view though, his action represents an ordinary violation of the law, a fundamental break of the constitution and an elementary offense to human rights, since it is the aim of a democratic constitution to guaranty and protect the security as fundamental precondition of the practice of the right of freedom, but this security finds its limitation in the protected basic right of the individual. The primary purpose of democratic law is not peace by restriction of liberties, but realization of freedom in an emancipatory sense.

The possibility of torture within the democratic definition of law, obligating all western constitutions, lies outside of this transcendental frame. This is especially the case in penal law because the normatively most important issue in a penal case is not the consequent imprisonment or hanging, but the search for truth and, first of all, the judgement as public issue is of highest democratic importance. Brunkhorst formulates clearly and sharply that the only reason for the punishment of acts of state terror and political offenses is the perspective of equality: As long as the penal law threatens somebody cheating or stealing in a shop in the Federal Republic of Germany, it would simply be unjust and not in accordance with positive effective law of nations and constitutional law to let para-militarists in Columbia and Brazil, recruiting children and youngsters in the slums for their robberies and killings, go free after the judgement. In practice, even democracies cannot avoid the use of imprisonment, but this is exactly the expression of the highest possible non-freedom in a democratic free society.

Arnd Pollmann in his contribution discusses the right to physical intactness in the example of a new psychiatric disease pattern: “Body Integrity Identity Disorder” (BIID). It deals with the phenomenon of originally (physically) healthy people who have the seemingly bizarre wish for physical self-mutilation to free themselves from psychic sufferings or at least reduce them. Pollmann tries to differentiate between the physical and personal intactness and pays attention to the new category of personal intactness of human beings with auto-destructive tendencies. While the aim of torture, besides a forced and usually non-valid confession, is the destruction and injury of the psychic and physical integrity of a person, the aim of self-mutilation here is rather directed towards the (re-)construction of the psychic integrity of a person. The discussion climaxes in the question whether there is a right of protection of personal integrity which probably cannot be achieved without social conflicts. The acceptance of people not suffering from “too much” injury, but – in a cruel way – rather from “too little” (bulimia, scratching or cutting of the skin, anorexia, extreme piercing, tattooing and so on), searching for and experiencing new borders of personal identity by psycho-physical practices, is hard to imagine and will be decided around the question whether such practices of voluntary self-mutilation can actually be

called “voluntary”. Pollmann is missing out to mention the factor of “body-decoration” – so to say: cosmetical self-mutilation – we know from many peoples and ethnic groups in the world and which newly re-appears in some youth groups or movements, referring to a certain “peer group” constituting special youth identities and rites of initiation.

Sabine Sielke deals with the question of medial representation of the suffering of others in the domain of visual arts, but also in the transmission of news, and refers to a famous essay of Susan Sontag in her title. The status and cultural function of visual language as well as the effect of pictures in times of highly advanced technologies and world-wide speedy transmission of news is a still often underestimated phenomenon in the representation of culture and cultural consensus. The example of photographs from the prison of Abu Ghraib shows the world that the universally implied right of physical intactness as consequence of secularization and undisputed new understanding of the subject is a harsh battleground, especially in the case of US-American human rights policy. Sielke does not call the USA a “special case”, but rather a paradigm for central contradictions of modernity. The pictures of Abu Ghraib are undermining the contradiction between the idealistic claim of US-American policy of intervention and the forms of American war-policy in Iraq: “The images are us”, says David Grossinger, “Look at them and you will see America”. They would not represent “a few bad apples” of un-American elements (so the Bush-administration says), but are the “obscene underground of American popular culture”, showing the “theatre of cruelty” as form of “initiation into American culture” (so Susan Sontag and Slavoj Žižek say).

Analyzing the pictures of Abu Ghraib, the study of Jimmy Carter (“Our endangered values: America in moral crisis”), Guantánamo and Bagram as well as the Bybee-Memorandum of August 2002, Sielke tries to prove that the USA interpreted international law highly individually to their own advantage since 2002 and that from “a few bad apples” soon resulted quite a lot who were mostly coming from the lowest ranks – while the high ranks at once were dissociating from them to wash themselves free of guilt and responsibility by offering Lynndie England (the “poster-child of Abu Ghraib”) as “pawn sacrifice”². Referring to the investigation-reports of Abu Ghraib, it is easy to clearly prove the inequality within US-American society which has the tendency to imprison members of religious and ethnic minorities as well as the lower classes even for misdemeanors. The pictures of Abu Ghraib – all private ones – are therefore unforgettable, because they unintentionally raise storms against the official prohibition of pictures and the legend of a “clean war” being carried out with surgical precision. They communicate the perverted message of a party abroad among equals, using the motto “Hi Mom, here I am in Abu Ghraib”, and, therefore, are of a pornographic character, because they show what is not allowed to be shown. So, their public presentation represents an immense break of a taboo, because they show torture as an event of communication or an infernal absence of God.

The “power of pictures” in modern times becomes visible in the fact of them showing injustices and cruelties taking place at completely different regions of the world to the audience; they transport sado-masochistic practices and pornographic necessities as a form of documentary, sometimes accusing form of art and, therefore, seem to emphasize the thesis of Bruno Latour, we have never been modern.

The collection of essays dealing with „physical intactness“ in an interdisciplinary way is interesting and useful for such various disciplines as law, medicine, history of medicine, psychology, psychiatry, visual anthropology, science of religion, political science, sociology, media and communication science, ethnology, anthropology, Islamic studies, art history and ethics.

Assia Maria Harwazinski

Notes

¹ Original German term: Rechtschaffenheit.

² Original German term: Bauernopfer.

MD Theses 2007 and 2008

Elke Maurer: STIs in Uganda. Historische und ethnomedizinische Hintergründe von Sexually Transmitted Infections im Jinja District. Diplomarbeiten Ethnomedizin und International Health, Band 1, ISBN 978-3-902633-00-2

Epidemiological studies indicate that Sexually Transmitted Infections (STIs) continue to be a growing problem, particularly in the developing world.

This study investigates the main factors influencing the spread of STIs in Uganda, one of the countries worst affected by HIV/Aids and other STIs. Qualitative methods were used to collect data in Jinja district, located in Eastern Uganda. The district was purposively selected because it is among those worst hit by STIs. Qualitative methods were used to get a better comprehension and assessment of the ethnomedical and sociocultural background of STIs. Hence, the youth aged 12 to 25 were interviewed as well as key informants selected from health services providers, traditional healers among other categories.

Following conclusions could be drawn from the field study: The youth have enough possibilities of getting information about STIs and HIV/Aids, but there are gaps in their knowledge as revealed during discussions. Poverty and promiscuity, including unprotected sex are the main risk factors influencing the spread of STIs. Other factors include tradition, culture and ignorance. Regarding the consequences of STIs, those affected get stigmatized by close friends and, sometimes, also health workers. Therefore they prefer to keep quiet, some also leave the places where they live and only return after recovering. The treatment for STIs is provided from both, traditional healers and western practitioners. However, western practitioners often advise their patients not to seek care from the traditional system.

To address the problem, the services in the health centers have to be improved, especially for the youth to encourage disclosure and to reduce stigmatization. In addition, organisations have to arrange their campaigns against STIs in a way to support the teenagers in managing their knowledge about STIs in daily life, especially regarding prevention measures.

It has to be pointed out that promiscuity increases the vulnerability of getting STIs and HIV/Aids. Risk behaviour as another increasing factor has to be a major topic. There is a need of collaboration between traditional and western practitioners. The traditional health care system has to be accepted by the governmental health system and, furthermore, the traditional healers should be involved in the prevention campaigns. Through this strategy it would also be possible to reach people in rural areas, who often show a very high level of ignorance.

Kathrin Sattelberger: Malaria in Tanzania. Ergebnisse einer Untersuchung in Ilembula, Iringa Region. Diplomarbeiten Ethnomedizin und International Health, Band 2, ISBN 978-3-902633-01-9

According to the World Health Organisation there are 300 million cases of malaria each year globally. About 3 million malaria infected people die, mostly young children in Africa, south of the Sahara. If children with malaria are not treated early, the disease often progresses rapidly leading to convulsions, coma and death.

Malaria patients, their relatives, health care workers and traditional healers were asked about their knowledge and management of malaria. Moreover, focus was given to the traditional disease *degedege*, which occurs usually in children and shows similar symptoms to cerebral malaria.

This study was conducted within ten weeks between July and September 2005 in Ilembula, a village in the south of Tanzania. 32 qualitative interviews were performed with the help of a translator. After recording the interviews by a Mini Disc Recorder, they were transliterated and analyzed.

Most commonly mosquitoes were perceived as cause of malaria. Symptoms of malaria are well known and self-treatment with antimalaria drugs as a first reaction is common. If no recovery occurs people tend to go to the hospital.

Degegede is often not thought to be associated with malaria. Most of the people believe it is caused by the moon or by being bewitched from other community members. Parents tend to treat their *degegede* diseased children with traditional medicine and/or with help of a traditional healer.

Improving malaria control and prevention of child death in this area require educating the people about malaria with special focus on *degegede*. Collaboration between hospital and traditional healers may help in achieving early treatment of children infected with malaria. Nevertheless it is important to recognise the parent's wish on integrated and spiritual healing.

Melanie Bruns: Durchfallerkrankungen bei Kindern im Südwesten Ugandas. Historische, epidemiologische, klinische und ethnomedizinische Hintergründe. Diplomarbeiten Ethnomedizin und International Health, Band 3, ISBN 978-3-902633-02-6

Diarrhea is one of the most frequent causes of child morbidity in both developed and developing countries. The child mortality on the other hand is highest in developing countries. This is due to insufficient medical facilities, the lack of knowledge about prevention and therapy of diarrheal diseases and poor water resources.

This field research took place in the southwestern parts of Uganda where the occurrence of diarrheal diseases is still very high.

The aim of this study was to understand the reasons for the high morbidity and mortality rates due to diarrhea in this part of Uganda. The knowledge of mothers and other carers of children, who had previously suffered from diarrhea, was examined. Their ideas about risk factors for diarrhea and matters of prevention was discussed. Being major reasons for diarrhea in Uganda, Malnutrition and the proper preparation of drinking water were scrutinized. The traditional explanations of diarrhea in children were reviewed, as well as the two major traditional diseases associated with diarrhea in the district. The treatment patterns of "*false teeth*" and "*oburo*" account for a lot of child deaths due to sepsis and blood loss.

In Uganda the treatment of diarrhea using traditional local herbs is very common. Most families use local herbs at home to treat diarrhea. Usually patients consult traditional healers before seeking help at a hospital or Health Center.

The knowledge of diarrhea, its prevention and risk- factors as well as the right treatment is most important to reduce morbidity and mortality in children due to diarrhea.

Hence, it might be necessary to introduce subjects like hygiene and nutrition into school curriculums. Additionally, training of the traditional healers may be helpful in treating the children correctly, as it is usually these healers that take care of them primary.

Alina Haag: HIV Prävention und Familienplanung. Konzepte zu Risiken und Nutzen in Njombe und Bulongwa Distrikt, Tansania. Diplomarbeiten Ethnomedizin und International Health, Band 4, ISBN 978-3-902633-03-3

The United Republic of Tanzania is facing one of the largest HIV epidemics in the world. According to latest estimates 1,5-1,8 million people are infected with HIV (UNAIDS/WHO 2006:10). In all age groups women are most affected with HIV/AIDS. The highest overall incidence, however, is among the age

group 15-24. In Iringa Region (District Njombe) and Mbeya (District Bulongwa), where the study took place, about 15-18% of the population is infected with HIV. Poverty as well as health and income inequality today are the most important risk factors of the epidemic.

Treatment and prevention of HIV/AIDS is one of the major challenges for the public health care system in Tanzania. As already mentioned, women are most affected by the epidemic and as a consequence, HIV-prevention has to be integrated into reproductive health care (UNAIDS/WHO 2004: 13). In this study acceptance of modern family planning methods and prevalence of modern contraceptive use are examined with qualitative methods. Secondly concepts about risks and benefits from family planning are discussed in this survey. Other research questions engage risk behaviour, information seeking behaviour and the common sources for health related information.

The findings demonstrate that there are still fears and beliefs about modern family planning methods. The majority of respondents presented informal sources for health related information like radio and television which could be the reason for incorrect ideas about modern contraceptives. The acceptance of condom use and the faith in reliability of condoms is stunningly low according to the interviewees. Being constant to the partner and monogamy were deemed to be the best approach to prevent HIV/AIDS.

Even though education and economic status apparently influence the prevention efforts, similarly cultural adoptions and ethically guidelines affect the individual sexual behaviour. Therefore this kind of social norms and cultural conditions can be considered for planning and implementing preventive measures to combat the spread of HIV/AIDS. Furthermore sufficient information should be provided in adequate modes to arrest spreading of beliefs and fears concerning modern contraceptive use.

Claudia Halbertschlager: Mental Health in Maasailand. Ergebnisse einer ethnomedizinischen Untersuchung über Besonderheiten psychischen Krankseins im nördlichen Tansania. Diplomarbeiten Ethnomedizin und International Health Band 5, ISBN 978-3-902633-04-0

Psychiatry in Sub-Saharan Africa is characterised by an insufficient public health care. Culture has an important impact on disease concepts and pathoplastic. Traditional medicine and the family play a major role in caring for mentally ill people. While depressive syndroms are one of the most prevalent mental disorders in industrialized countries, the occurrence of depression in Africa was called into question in the past. Data about suicide in Africa are lacking, but suicides are estimated to be comparatively rare.

An important aim of this study was to investigate, how people who live in an area where public mental health care is barely existent, deal with mental illnesses. Especially disease concepts, the position of mentally disordered in the society and the role of traditional medicine were examined. Suicidal tendency and the disease pattern of depression were two focuses of the study.

During an eleven-week fieldwork in summer 2006 in northern Tanzania, 22 semistructured interviews were conducted with patients, their relatives, medical personnel and traditional healers. The interviews were translated by an Englishspeaking interpreter, recorded, transcribed and analysed subsequently.

Generally, the Maasai think that mental disorders appear rarely in their living area. Most of the laymen were not familiar with the disease pattern of depression. The disease concepts were mostly referred to *engai*, the god of the Maasai. A traditional healer (*oloiboni*) was seen as a possible source for mental disorders. Suicides were in most cases attributed to previous taboo breaks and the resulting loss of the social position.

Judith Hotz: Ethnomedizinische und medizinanthropologische Aspekte der Geburtshilfe in Isiro, Demokratische Republik Kongo. Diplomarbeiten Ethnomedizin und International Health, Band 6, ISBN 978-3-902633-05-7

In order to improve the obstetrical provision in the Democratic Republic of Kongo, an integration of the traditional birth attendants into the health system would present itself. The access to this approach however demands the capture of the established beliefs and customs around the central topics of pregnancy and birth, as well as of the local value, which is attached to the traditional midwifery.

The most prevalent beliefs and customs of the local population were collected, with the elaborated questions referring to the following components: pregnancy and its risks for mother and unborn child, as well as their prevention and treatment, the birth, the significance of the placenta, the care of the woman in childbed and of the newborn, premature birth, miscarriage and stillbirth, deformation, fertility and sterility and the induced abortion. Subsequently the role of the traditional medicine is getting analysed and possible approaches for an involvement in the local health system are being discussed.

This qualitative field study has been conducted during a two and a half months lasting stay in summer 2006 in Isiro, Democratic Republic of Kongo. In nine semi-structured interviews and four focus group discussions, doctors, traditional healers, midwives, nursing staff, women in childbed and mothers of the local population were questioned. The received informations were completed by participating observation at seven health facilities in and round the city.

The variety and the conspicuous presence of traditional explanatory models and customs around pregnancy and birth, which became apparent during the field study, suggest that traditional midwifery plays an important role in the local society and they support the approach of integrating traditional midwives into the health system. On the basis of the obtained data, possible problem areas between traditional and modern medicine and suggested solutions could be developed.

Barbara Lifka: Katarakt im Südwesten Ugandas. Historische, epidemiologische, klinische und ethnomedizinische Hintergründe. Diplomarbeiten Ethnomedizin und International Health, Band 7, ISBN 978-3-902633-07-1

Cataract is a very common eye disease especially in elderly people. It is curable by a relatively simple surgical procedure. While cataract still remains the leading cause of blindness in developing countries most developed Western populations have access to cataract surgery.

The field research was carried out in southwestern Uganda, mainly in Mbarara district and its surrounding area. The district was chosen because it is far away from the capital city Kampala and therefore represents the population of rural Africa.

Qualitative methods were used to collect and analyse data. Cataract patients, traditional healers and staff of the hospital were interviewed. The aim of the study was to find out about the ethnomedical and sociocultural background as well as the social impact of cataract in Uganda.

The field research reveals that the majority of elderly people suffering from cataract are not aware of the disease because low vision and blindness is associated with ageing and death. Therefore the people concerned usually don't seek help neither from traditional healers nor from doctors working in eye hospitals. The study also shows that the decision making-processes concern not only the patients but also their families. There are many reasons apart from the cost of cataract surgery that explain the underutilization of the existing surgical facilities in Africa. Distance, influence of the family and cultural beliefs also play an important role.

Information about the symptoms of cataract and its uncomplicated treatment through surgery is essential especially for poor people living far away from cities or larger towns. Generally patients are seeking help from traditional healers before they go to hospital. The cooperation between traditional healers and western practitioners needs to be improved. Traditional healers living in the same community as their patients are the only persons who can reach the poor in rural areas.

Bibiane Oti: Medical pluralism in the treatment of psychotic disorders in Igboland of Southeastern Nigeria. Diplomarbeiten Ethnomedizin und International Health Band 8, ISBN 978-3-902633-06-4

This study focuses on medical pluralism in the treatment of psychotic disorder in Igboland in South-eastern Nigeria, as well as on what the Igbo people believe to be the causes of mental illness, their attitude towards patients with mental disorder, and the relationship between such patients and the health-care providers. The study was done against the background of Igbo culture and its influence on the people's understanding of mental illness and on their help-seeking behaviour. The medical method adopted by the people in treating illness, especially in the area of mental health and disorder, is pluralistic in nature. Different therapeutic alternatives exist side by side. They range from western medicine provided by the psychiatric hospitals and university clinics, private and confessional health-care centres as well as private ambulant vendors to Christian religious healing through priests and pastors, and traditional treatments provided by the *dibia* (traditional healers).

The study addresses the key questions: Given their limited economic means as well as the pluralistic setting of Igbo society, to which of the available therapeutic alternatives do the Igbo people turn to in the face of mental illness? What factors influence the choices they make? To find this out, I investigated the available mental health-care services and how, when and why they are used or not used. I interviewed psychotic patients in three States in Igboland as well as their relatives and the different groups of health-care providers, using participants observation and semi-structured interview methods to collect the data between June and September 2007. The informants were 23 health-care providers, 17 patients and 9 relatives of patients.

The results show the difficulties psychotic patients and their families face in seeking and accessing mental health-care. They also show that a number of factors influence the therapeutic recourse taken by patients and their families. Such factors include the Igbo worldview as religious and cultural background, the cost of treatment and the distance to the next available psychiatric clinic. Another factor is the belief of people about the causes of mental illness, the efficacy of the health-care services and the curability of their illness.

Forthcoming Conferences

2008

14. Kongress „Armut und Gesundheit“ (Poverty and Health), 5.-6. Dez. 2008, Berliner Landesarbeitsgemeinschaft fuer Gesundheitsfoerderung. www.gesundheitliche-chancengleichheit.de

„Kultur, Medizin und Psychologie im Dialog. Bilanzen im interdisziplinären Arbeitsfeld Ethnologie & Medizin“. 21. Fachtagung Ethnomedizin der AGEM in der Akademie Remscheid, 5.-7. Dezember 2008. Info: www.agem-ethnomedizin.de

„Aids in Culture IV: Explorations in the Cultural History of AIDS“, December 9-13, 2008, Mexico City, http://www.enkidumagazine.com/eventos/aidsinculture/cfp_en.htm

“Beauty and Health“, The Annual Symposium of the Journal *Medische Anthropologie*, December 12, 2008, Amsterdam, Netherlands, www.medical-anthropology.nl

2009

“Hospital Ethnography“, Brighton, Sussex, UK, February 20, 2009, at SPRU (Science and Technology Policy Research Unit) on the University of Sussex campus: <http://www.sussex.ac.uk/anthropology/> Contact Alice Street (a.street@sussex.ac.uk) and Rebecca Prentice (r.j.prentice@sussex.ac.uk)

“Prolonging Life, Challenging Religion? ARVs, New Moralities and the Politics of Social Justice“. Lusaka, Zambia, April 5-18, 2009. The International Research Network on Religion and AIDS in Africa, Justo Mwale College, Lusaka. Info: Marian.Burchardt@gmx.de (Univ. Leipzig)

“Biomedicine, Governance and Experimentation“. Panel at the ECAS (3rd European Conference on African Studies), AEGIS (African-Europe Group for Interdisciplinary Studies) <http://www.aegis-eu.org>. Leipzig, Germany, June 4-7, 2009. Contact: Babette Müller-Rockstroh (bmrockstroh@eth.mpg.de) and Virginie Tallio (tallio@eth.mpg.de), <http://www.uni-leipzig.de/~ecas2009/>

“Traditions and Transformations in Ethnobotany“, 5th International Congress of Ethnobotany ICEB 2009, September 21-24, 2009, San Carlos de Bariloche, Argentina, aladio@crub.uncoma.edu.ar

“Cultural Brain and Living societies“, 2nd World Congress of Cultural Psychiatry, Orvieto, Italy, September 26-29, 2009. <http://www.wacp2009congress.org/ie/home.html>

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Photograph last page

Anna von Hohenwart-Gerlachstein passed away on November 16th, 2008. Always known to us as “die Gräfin” (the Countess) she not only actively supported the Austrian Society for Ethnomedicine but she also dedicated her whole life to aid young students and scientists in whatever way she could. She brought me in touch with the Institute for the Scientific Film in Göttingen, Germany, where I was able to attend a course on scientific filming. Most importantly, she brought me in contact with many well-known people of the time – Sir Edward Evans-Pritchard, Dame Mary Douglas and Ravindra Khare, then President of the International Commission on the Anthropology of Food. Igor de Garine, current President of ICAF, now a good friend of mine, I came to know through a UNESCO Congress in Dakar, the expenses of which, through intervention of Hohenwart-Gerlachstein, were paid for me by the organization. Her positive appearance has always been something very special to us and is best expressed by the last sentence of the interview published in this newsletter: “Happy in my life and in all walks of life – this happiness gives me grateful remembrances forever.” (Photo Renate Edelhofer)

Armin Prinz



Anna von Hohenwart-Gerlachstein (1909–2008)

