

Preface

Publication of this book comes a decade after Dr. Arkinstall and I realized the necessity for the study on which it is based. Much has changed in health care and medical policy in Zaire during the interim. Emergency medical work by foreign agencies during the immediate postindependence era has given way to a more regulated approach within a national ministry of health firmly in the hands of nationals, many of whom have their M.D. degrees. The ideological isolation of Western medicine has given way to a realization of its prohibitive costs and an awareness of other modes of prevention and treatment.

But one learns to approach evidence of change in Zaire, as anywhere, with caution. Whenever I return to Zaire, duly impressed with apparent transformations since a previous visit, a round of French and KiKongo conversations with old acquaintances usually suffices to persuade me that little has changed at all. To what extent is this true of the medical culture of the country?

Alongside the training of more doctors, nurses, and technicians in national schools, there has been an official rediscovery of traditional medicine. Under the aegis of President Mobutu's nationalistic culture policy, Health Commissioner Nguete Kikhela has launched a survey of traditional health methods across Zaire in order to eventually codify this sector as a health resource for inclusion in a comprehensive national health

scheme. This survey is underway as I write these lines, financed in part by the Canadian International Research and Development Corporation. Zaire is not alone in this venture. A recent World Health Organization regional conference in Brazzaville brought together numerous representatives of other African nations to compare strategies for the incorporation of traditional healers and health methods in a coordinated health system with modern medicine.

These endeavors suggest that what has changed is not so much the *de facto* relationship of Western or modern medicine to techniques and roles derived from traditional medicine, but the manner in which officials see that relationship.

This book presents an "on the ground" ethnographic account of how medical clients of one region of Lower Zaire diagnose illness, select therapies, and evaluate treatments, a process we call "therapy management." The book is intended to clarify a phenomenon of which central African clients have long been cognizant, namely that medical systems are used in combination. Our study is aimed primarily at readers interested in the practical issues of medical decision-making in an African country, the cultural content of symptoms, and the dynamics of medical pluralism, that is, the existence in a single society of differently designed and conceived medical systems.

In the course of preparing this book, a number of theoretical issues in social science and medicine emerged, and are developed to some extent. Our key analytical idea pertaining to therapy management came to us in the field as we dealt with kinsmen and other escorts of the afflicted. The idea took firmer shape in seminars at McGill University, as the nature of decision-making, transactions, and resource evaluation was studied in therapy management groups that effectively mediated between sufferer and healing specialist. We are indebted to Professor Don Bates of the Department of History of Medicine at McGill and the students in our seminars for their contribution to the analysis.

Once the nature of the therapy managing group had come into focus, subsidiary themes were worked out. One of these was the idea of a therapeutic or medical system consisting of practices,

illness and therapy concepts, and practitioner roles. Related to this was the issue of medical pluralism. Also, given the prominent place of nonprofessional therapy managers in Kongo society, we could develop an understanding of the significance, in therapy itself, of consensus between specialist and sufferer, and amongst the sufferer's advocates. These ideas were important in contextualizing the analysis of classification ideas in use, and the nature of central African colonization and efforts of decolonization within illness and therapy. Many of these issues are pertinent to medical analysis everywhere and will be dealt with more fully in forthcoming work.

Historical circumstances have, in one significant respect, given this book an already-dated cast. Following our research in 1969, names were changed in Zaire for reasons relating to Mobutu's new cultural policy. We have had to use some of the old names, for example those appearing in governmental documents. Wherever possible we have updated names to conform to current usage. A few of these name transformations need to be explained.

"Lower Zaire" refers to the region on both banks of the Zaire River, from about Kinshasa and Brazzaville to the Atlantic Ocean (see Map 1). "Zaire" is an old Portuguese derivation of the local appellation for the grand river, Nzadi, a term which in native thinking denotes both the visible river and the river of the dead. In devising nationalistic names for his country and its landmarks, Mobutu selected the old and widespread term "Zaire" in lieu of the local term "Nzadi," one of many up and down the Zaire River. Lower Zaire used to be called Lower Congo, or Bas-Congo. This term "Congo" was derived from the name used by the Kongo people who, about two to three million strong, inhabit parts of northwestern Angola, western Zaire, Cabinda, and the western area of the Republic of Congo, the site of the ancient Kongo Kingdom. These people, the BaKongo (to use the Bantu plural; singular, MuKongo) speak the KiKongo language. In scholarly and administrative circles, a linguistic convention has arisen to distinguish the Kongo people from the Congo region (as in Belgian Congo, now Zaire, or the Republic of Congo). Today, the term "Congo" is used only by the People's

Republic of Congo Brazzaville (formerly a part of French Equatorial Africa). This book thus deals with the Kongo people in a part of Lower Zaire in the Republic of Zaire.

When President Mobutu ordered name changes of landmarks, he requested his fellow citizens to drop their non-African personal names. We have followed this usage in recording our cases and in identifying other persons. In medical publications, however, another issue enters, that of confidentiality. Following what we believe to be correct in both Kongo society and medical anthropological analysis, most clients' names and those of their advocates have been disguised through pseudonyms. Healers, on the other hand, who in Kongo society and in Zaire are public figures, have been referred to with their true names. We offer special acknowledgment to all with whom we had extensive dealings: Bayindula, Masamba, Kitembo, Bilumbu, Mama Marie Kukunda, the late Kunata and his uncle Madeko, Luamba, Makunzu, Mama Mankomba, Nguma, Yambula, Tambwe, and Nzoamambu.

This book would have been impossible without the consent of individuals who appear in its pages. We deeply appreciate their cooperation; they answered most of our questions willingly, and gracefully declined to answer a few. We hope we have accurately conveyed the many Kongo therapy managers' and therapists' insights into the human condition.

A few individuals should be given special acknowledgment. Kusikila kwa Kilombo, chief of Kivunda Sector during our study, was an ever-available guide, as interested in the subject of our study as we were. His knowledge of clan politics permitted a better comprehension of the therapy management phenomenon. He once told us: "When you hear me speak in French, I am just a secondary school graduate. But when I speak in KiKongo you might think I have a Ph.D." We are grateful that he shared his KiKongo-level wisdom with us.

Fukiau and Dianzenza gave fully of themselves, both of their hospitality and their knowledge of Kongo culture. The guest house they had built for Arkinstall and me permitted us to work with freedom and still touch base with good friends nightly to share discoveries and problems.

Nzoamambu, his wives and his son Tezulwa, graciously hosted us for a week during which time we learned his medical world view and observed his practice as master *nganga*. Without his lessons we would not have been able to include Chapter 10 on the ideas behind Kongo customary medicine, ideas which made much of our other data intelligible.

We must also acknowledge the contributions by Drs. Nsonde and Bazinga who took time to share their views on the role of modern medicine in Zairian society, and in relation to the work of traditionalists named above. Along with these members of the new generation of medical doctors we mention Sister Emily of Mangembo Hospital; the medical staff at Sundi-Lutete, Karen, Kayuma, and Batumunitu; the staff at Kibunzi, Barbro and Tata Nsinga. All were helpful and understanding.

Governmental officials in Zaire assisted our project, granting the necessary permits so we could conduct our work peaceably. For this we are grateful to them. The Social Science Research Council of New York provided the original grant, recognizing the importance of a joint team of a medical doctor and an anthropologist. Without their funds, the project could not have happened. Supplemental small grants were made by McGill University and the University of Kansas.

Once our work was in manuscript form, it benefitted from the criticism of most capable readers. Dr. Glen Tuttle encouraged us after reading a rough early draft. The late Dr. Kurt Kauenhoven, Dr. Don Bates, and Professors Allan Young, Wyatt MacGaffey, Brooke Schoepf, and several anonymous readers are acknowledged for their varied and helpful comments. Professor Charles Leslie was our most thorough critic. He wanted this book to reach completion as much as we did.

The book's coverage of matters medical would not have been possible without the collaboration of Dr. William Arkinstall, co-fieldworker, participant in the McGill seminars, and colleague in several later work sessions. Bill and his wife Karen shared in the whole experience of this project; their presence is acknowledged in the content of the book as well as matters of style and logic. Their friendship has been inestimable.

Reinhild, my wife, alone knows the true cost of this book. Her

poignant criticism of all aspects of the work has been excelled only by her encouragement when needed. Bernd, Gesine, and Marike have generously given of their father so that this might happen.

A cup (*mbungu*) to all who were involved!

Heubuden
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JOHN M. JANZEN