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CONTINUITIES AND RUPTURES IN THE STUDY OF AFRICAN CONTEXTS: A
PLACE FOR THE HISTORY OF THE PRESENT.

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Lusaka´s urban healers – negotiators of modernity, Christianity and local cultural traditions

The syncretic character of contemporary Lusaka´s medical culture encompassing the elements of traditional and Christian healing as well as western biomedicine has been significantly shaped by the processes of modernization, and now globalization. The circulation of persons, objects and ideas, typical for the process of globalization, is thus reflected in African contemporary healing. The healers – social and health experts – represent creative and experimental figures whose eclectic skills are involved in the process of 'bricolage'. Since their authority and legitimacy is threatened by many competitors in the city, it must be constantly reaffirmed and negotiated by introducing innovations. In the act of crossing social, geographical and ideological borders, the healers themselves participate in the reproduction and construction of the borders themselves. At the same time they transcend the bounds of locality and tradition and act on the broader social scale through engagement in different institutions such as healers' associations, prophet-healing churches, cults of affliction, and organs of the state.

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INTRODUCTION

Medical culture¹ in Lusaka is syncretic and pluralistic, characterised by the coexistence and intermingling of different therapeutic traditions such as indigenous medicine, biomedicine, and various African independent Christian healing churches. It is precisely the urban multiethnic setting that has significantly shaped this culture. Due to huge labour migration and the proliferation of Christianity during the 20th century, various systems of medico-religious beliefs and practices have been imported, intermingled and continue to coexist. The syncretic character of Lusaka's medical culture has also been significantly shaped by the processes of modernization, and now globalization.

The increasing popularity of Christian and traditional healing lies in its ability to flexibly respond to the various health and socio-economic problems that Lusaka urban dwellers encounter today. These mostly concern social issues such as unemployment, poverty, marital and family problems as well as physiological and psychological disorders. The wide assortment of available services and the possibility of free choice lead to the 'therapy shopping behaviour' of patients on one hand, and to the creativity and inventiveness of therapy providers. Whereas patients are circulating among different medical options in the expectation of finding an optimal solution to their problems, medical specialists compete on the same social terrain and endeavour to attract patients by advertising their services and introducing innovative methods of healing in their praxis.

PATIENTS

'Therapy shopping' – the patient's pragmatic therapy-seeking behaviour – significantly influences the whole medical culture in Lusaka. My research disclosed that as patient moves from one sector to another (*zunguluka*) they deal with different beliefs and normative systems, whilst in each setting an illness is perceived, labelled and interpreted differently, and leads to a particular therapy. The patient's interpretation of illness is thus socially constructed through the process of therapy and changes according to the situation and medical setting in which it is embedded. As patients do not consider the different diagnosis to be contradictory, but rather complementary, they do not hesitate to undergo different treatments simultaneously².

¹ By the term 'medical culture' I mean the complex of socio-cultural representations connected to the health/illness in a limited space (Lusaka town). In my conception, the medical culture consists of three main coexisting medical systems – Christian, indigenous and biomedical.

² The case of Mr. Zulu who was using medicaments for an eye illness prescribed by a medical doctor, as well as traditional herbs prescribed by *ngan'ga* to be protected from witches. At the same time he received the blessings in the Mutumwa church and prayed several times per day in order to get rid of demons.

Patients tend to appropriate and creatively combine the elements from different healing systems in their lay medical knowledge. Their identifying with the diagnosis does not depend only on the social consensus (between family, patient and a healer), but is also conditioned by cognitive consensus, i.e. agreements on ideas and symbols. One of the preconditions of successful therapy (and identification with diagnosis) is that a patient and a healer have to 'understand each other' – to share a common symbolic universe. This is not the case of biomedical treatment which although being the first medical option in more than half of the cases, is generally approached with distrust. It is precisely due to the incompatibility of both explanatory models that leads patients to label biomedicine as ineffective. In their eyes, biomedicine is unable to deal with the social, personal and spiritual context of illness. The failure of biomedical treatment as stated by respondents is due to the fact that invisible forces are involved in the illness. As belief in spiritually caused illnesses – caused by witches, ghosts, or angry ancestors – pervades the minds of all Lusaka dwellers, the option of indigenous or Christian therapy logically ensues.

URBAN HEALERS IN LUSAKA

There is a whole range of different healers – *ngan'ga*³ – operating in Lusaka. According to the Constitution of Traditional Health Practitioners Association of Zambia (2001), the Zambian 'traditional' medico-religious system recognises five categories of healers – herbalists, diviners, spiritual healers, faith healers and birth attendants. These categories figure in the official documents and constitutions of different associations of traditional healers⁴ which have been established by the Zambian government since the 1970s. Every traditional healer who runs his craft has to be registered and obtain a Competence Certificate (or International Certificate for healers from abroad)⁵ in one of the healer's associations otherwise his activities are considered illegal. This typology is not clear-cut, as actual practices and specialization of healers often overlap and mingle. Spiritual healers as well as diviners draw both on ancestral and biblical spiritual powers to diagnose and heal their patients. As many of them are practicing Christians they freely combine 'traditional' spiritual healing with Christian one, either at their homes, or in the church.⁶

³ The term *ngan'ga* means a 'traditional healer' also in many other Bantu languages. It refers particularly to a healer involved in spiritual healing (diagnosis and healing through the manipulation with ancestral spirits).

⁴ Several governmental institutions involved in organising activities of traditional healers are located in Lusaka. These are: the Traditional Health Practitioners Association of Zambia (THAPAZ), the Zambian National Council of *Ngan'gas* (ZNCN), the Zambian Herbalist United Organisation (ZHUO) and the Zambia Institute of National Medicine and Research (ZINARE).

⁵ Every member shall upon Admission pay a registration fee of 1. 000 Zambian Kwacha. To obtain a membership card, the fee of 5000 Zambian Kwacha is required. Every registered healer has to pay a fee of 3.000 Zambian Kwacha as an annual Renewal contribution. The Competence Certificate costs 10.000 Zambian Kwacha, this shall be renewed every five years according to Clause 6: Admission Fee in the THPAZ Constitution 2001.

⁶ The mutumwa church is one of the typical syncretic prophet-healing churches located in Lusaka. The healers (prophets) combine the traditional methods of diagnosis and healing (such as the use of medicinal herbs,

The category of a witch-finder (*mchape*) is not officially recognized by the associations of healers, since the Witchcraft Act (1995) forbids witch-finding activities and sets the 'penalty for naming, accusing or imputing witchcraft'⁷ and the 'penalty on the professional witchdoctors and witch-finders'⁸. However, there are many witch-finders in Lusaka hiding themselves under the certificate of proficiency as herbalists or diviners.

The traditional healers in Lusaka operate either from their homes located in compounds, or from the Lusaka city market known as 'Soweto'⁹. As I noted, there is a qualitative difference between these two types of healers in terms of their credibility, their healing competences and fees they charge for their health service. The 'home healers' frequently expressed their disappointment with Soweto healers they reproached them for spoiling medicine as well as charging the exorbitant price for their services. Doctor Vongo, director of the THAPAZ, said on their account: "*Soweto healers are commercial (...) they are spoiling medicine. On the market you can see people aborted, menstruating, people that have just had sex... they go around the shrine, they touch medicine [exposed medicinal herbs] and they spoil it. You can not market medicine [medicinal herbs] like that. It is something sacred you must keep it pure, otherwise it could kill people*". His colleague, Doctor Kashita Solo amends the answer, "*our friends [Soweto healers] want just money. Our friends are hungry they are looking for customers. If you are a good healer people will find you. Our parents never did it like this.*" Both Soweto and 'home healers' advertise their service on placards alongside the road in newspapers, or on the radio and all of them charge money for healing¹⁰. To my surprise the charges for traditional healer's services far exceed the charges for services in the medical centres. According to Constitution of THAPAZ and ZNCN, the commercial advertisement of therapeutic services is forbidden for traditional healers. However, the most reputable healers (usually the heads of these associations) advertise their services on the radio, in television, or in the newspapers.

The modern urban healers and prophets (Christian healers) are real specialists in problems that urban dwellers experience and encounter. These are mostly financial, such as poverty or unemployment accompanied by alcohol abuse among men, and social, in which

analysis of patient's dreams, witch-finding, ritual cleansing of the body etc.) with Christian ones (prophesying through the Holy Spirit, praying over a patient, blessings, laying on off hands).

⁷ The penalty for naming, accusing or imputing witchcraft is: "(...) the fine not exceeding 750 penalty units or to imprisonment with or without hard labour for any term not exceeding one year, or to both." (Penal Code 1995, chapter 90, article 4).

⁸ The penalty on the professional witchdoctors and witch-finders is: "(...) under the fine of not more than one thousand five hundred penalty units or imprisonment with or without hard labour for any term not exceeding two years." (Penal Code 1995, chapter 90, article 4).

⁹ At the Soweto market many foreign healers from Tanzania, Malawi and other neighbouring countries may be found.

¹⁰ The table of charges differs from one healer to another. The basic consultation fee ranges from 20 000 to 30 000 Zambian Kwacha (5 – 7.5 US Dollars). Fees, charged for the complicated cases concerning witchcraft, can even range from 1 000 000 to 2 000 000 Zambian Kwacha (250 – 500 US Dollars).

the marital, family and love problems prevail. However, healers do not only deal with socioeconomic issues but also with physiological and psychological problems. Apart the typical health problems experienced by Lusaka dwellers such as infertility, malaria, respiratory, alimentary and skin problems, healers deal with the whole range of 'specific urban problems' such as depression, frustration or low-level psychosis issuing from the existential insecurities and predicaments accompanying the living in town. As health is viewed not only as a disturbance of psycho-physical integrity of a man, but as a social and spiritual disequilibrium, the healers represent at the same time health, social and spiritual experts – mediators between people and between people and spirits. This role is the most visible in the processes of witchcraft accusation in which authority of *ngan'ga* plays an important role. *Ngan'ga* represents a mediator of a social conflict, i.e. the negotiator among individual family members. He significantly contributes to the construction of 'witchcraft story' in the course of diagnosis. It is precisely he who designated the cause of a patient's illness and who contextualises the patient's problem into a comprehensible whole by 'creating the story' which the patient identifies with. The patient influenced by public opinion may have certain suspicions. These can be however affirmed or disproved by *ngan'ga* in the process of diagnosis. The essential part of divination is the examination of a patient's history, his family and social background and the interpretation of his dreams. By probing the alternatives, the diviner attains a higher level of understanding of the patient's problem which then leads to the more accurate level of interpretation. At a certain point, the level of analysis proceeds toward synthesis. Lack of knowledge of the patient's social background typical for anonymous urban setting, is compensated by the prophet's familiarity with the terrain. I noticed that, the urban prophets are very perceptive and susceptible to miscellaneous impulses emanating from their patients. In this respect, Dillon-Malon affirms, "the more expert of the nchimi diagnosticians [prophets] are keen observers of the manner on which patients react in word or in bodily gestures to their statements and they follow up on those areas which elicit a more manifest emotional response" (Dillon-Malone 1988: 1161). The healers excel not only at their observation skills, but at articulation the problems. All healers I met shared some of the common personality characteristics. They were all strong personalities endowed with charisma, gift of empathy and volubleness. Their communicativeness, curiousness and ability to articulateness were striking at the first sight.

The charismatic authority and legitimacy of urban healers in Lusaka is threatened by the huge competition in the city, it must be constantly reaffirmed and negotiated. The ability to keep clients and to gain a good reputation depends on the originality of their therapeutic procedures as well as on their ability to establish and maintain their authority in the community. The position of the authority of the healers is assured by symbols of healing which are at the same time symbols of power. According to current anthropologists, the

healing (and witchcraft) discourse in Africa interfaces closely with the discourse of power and thus embodies 'contested realities' issuing from the interaction between global forces of modernisation and local contingencies (Comaroff 1993, Geshiere 1995, Ciekawy and Geshiere 1998, Niehaus 2001).

As in many other African societies, it is believed that *ngan'ga* (in particular a witch-finder) who possess the same magical power as a witch can manipulate it both positively and negatively. The fact that they both draw on the same occult power and use the same magical means to pursue their goals makes *ngan'gas* a highly ambivalent figure. Although the spiritual power on which they draw encompasses the great potential, it can be easily abused. For this reason *ngan'gas* are considered both redutable and respected in the eyes of Lusaka dwellers. As one of my informant, Joseph Mudenda, a witch-finder from Garden House compound in Lusaka said, "*ngan'ga has the same power as witches, this simply means that we are chiefs of all witches.*" The border between healer and a witch and healer is thus very thin and permeable. Christian healers both from the prophet-healing churches¹¹ and Pentecostal¹² ones use vividly this argumentation to convince their members of danger of dealing with *ngan'gas*. The contemporary pejorative discourse within charismatic and Pentecostal churches in fact continues the colonial discourse in which the negative attitude of recurring colonial governments toward traditional healers figured predominantly. In the past, traditional healers endowed with authority and power enjoyed great respect in the African communities. For this reason they presented a serious challenge to the colonial authorities which strived to suppress them. Gradually, the traditional healers for whom the term witchdoctor¹³ became a common usage came under the same category as witches. With regard to the large number of Christian believers in Lusaka, the continual demonisation of traditional healers in the churches leads to marked decrease *ngan'gas'* popularity. The Pentecostal preachers often promote the idea that the origin of human suffering lies in the world of invisible powers such as demons, witches and fallen angels. A devotee is thus incited 'to be strong in belief and prayers' to overcome demons. The demons are primarily

¹¹ Since the 1970s and in particular in the 1980s, the boom of the so-called prophet-healing churches appeared in Zambia, particularly in the urban setting such as in Lusaka or Copperbelt. The most prominent prophet-healing churches operating in Lusaka having various branches are: the Mutumwa, Zion, Apostolic, and the Spiritual churches such as the Muzimu church, Spiritual church of Zambia, Paradise church and others. Syncretism as the main feature of all prophet-healing churches in Lusaka is distinguished by the creative mix of traditional systems of belief and Biblical culture. Unlike the Pentecostal churches that draw predominantly on Christian healing, the prophet-healing churches adopt some of the elements of traditional spiritual healing such as spirit possession or use of the medicinal herbs

¹² The Pentecostal revival began to rise in Zambia in the period from 1970 to 1980. These churches have historical, theological and liturgical links with classical Pentecostalism of a western type. In contrast, the neo-Pentecostal churches of a later period designated as 'Born-Again Churches' (van Dijk 1995) are mostly autonomous with no organizational links with Pentecostal denomination outside Africa and originate from Zambia. In Lusaka they vary from small independent churches based in the leader's house to rapidly growing, vast church organizations counting thousands of members, and having splendid churches based near the shopping canterers such as the Bread of life, Pentecostal Assembly of God or the Potter House Christian Faith. In order to promote their churches, they use mass Media, door-to-door evangelism, or organise mass open-air evangelizing crusades.

¹³ The terms 'witch-doctor' and '*ngan'ga*' are nowadays used interchangeably by the local population.

associated with ancestral spirits (*mashabe*). These are seen as a pure manifestation of Satan's destructive power. Involvement in occult practices, i.e. veneration of *mashabe* spirits, is considered by many Pentecostals as a main cause of demon possession. On one hand *ngan'ga* is considered to be equal to a witch due to his involvement in the same occult power and on the other hand to be a trickster due to the exorbitant sums of money he charge for the healing (in contrast to the Christian spiritual healing which is for 'free'). Although the *ngan'ga* represents a negative point of reference for Christian healers (prophets), their healing methods are strikingly similar.

Urban healers in Lusaka represent creative and experimental figures *par excellence*. Their eclectic skills and creativity lead them to appropriate and redeploy the terms, ideas and symbols from Christianity, medical science, the commodity market and other areas. As Comaroff and Comaroff noted, "the ongoing revaluation of signs has always been a palpable feature of African creativity" (Comaroff, and Comaroff 1993: 22). The 'transit' – the location or movement of objects over time and across social or geographic boundaries (Svašek 2007: 5), and 'transition' – changes in the meaning, value and efficacy of these objects (Svašek 2007: 5) – enables them to construct new and for patients 'comprehensible' symbolical frameworks for interpretation of their illness. Lusaka urban healers represent typical 'bricoleurs'¹⁴ in the term of Lévi-Strauss (1966). They work with signs, constructing new arrangements "by appropriating pre-existing materials which are ready-to-hand" (Lévi-Strauss 1966, 16-33) - by the choices made from 'limited possibilities' (Lévi-Strauss 1966, 20-21).

It is not only creativity and 'bricolage' in which healers excel, but also in their pragmatism. Since their authority and legitimacy is threatened by many competitors in the city, it must be constantly reaffirmed and negotiated by introducing innovations. The ability to keep clients and to gain a good reputation depends on the originality of their therapeutic procedures. As I observed, healers, in particular witch-finders travel a lot, meet other healers and gain new herbs. By travelling they ensure material and intellectual sources for successful work in the future. The circulation of persons, objects and ideas, typical for the process of globalization, is thus reflected in African contemporary healing. In the act of crossing social, geographical and ideological borders, the healers themselves participate in the reproduction and construction of the borders themselves. At the same time as they transcend the bounds

¹⁴ Claude Lévi-Strauss's (1966) notion 'the bricolage' refers to the nature of reasoning of the archaic societies. Unlike Lévi-Bruhl (1923) who claimed that 'pre-logic' reasoning of a savage man is qualitative different from and inferior to the 'logic' of a civilised man, Lévi-Strauss attempted to prove that the 'primitive logic' of archaic societies is able to generalise, classify and analyse the reality in the same way as the 'logic' of modern complex societies. The only difference is that the primitive logic is based on the principle of totemic logic that employ the analogies between different levels of ecological, economical, social, religious conditions (Budil 2003). The archaic man is compared to a bricoleur who creates improvised structures by appropriating pre-existing materials which are ready-to-hand (Lévi-Strauss 1966, 16-33).

of locality and tradition and act on the broader social scale through engagement in different institutions such as healers' associations, African independent churches and cults of affliction – *mashabe* communities. Involvement in diverse hierarchical social organisations, where healers rank and maintain their positions contributes to their social prestige. By means of the transmitting cultural heritage of 'traditional' spiritual healing – for example within the *ngoma mashabe* ceremony¹⁵ – they contribute to the cultural reproduction. This aspect is especially visible in the ongoing process of cultural patrimonialization, i.e. revitalisation and revaluation of cultural heritage by the state. *Mashabe* ceremonies as well as other 'traditional' religious events such as *Kuomboka*¹⁶ become to be partly commercialized and presented as a tourist entertainment.

EXAMPLES OF 'TRANSIT OF SYMBOLS' WITHIN THE SPIRITUAL HEALING IN LUSAKA

Many traditional healers I met appropriated symbols of western medicine such as a white coat, a book of patients or herbal medicine dosages. Although the western medicine represents for many Lusaka dwellers hardly comprehensible and accessible domain, it is endowed with symbolical power. By borrowing the symbol from western medicine, the symbolical capital of healers rises and gives them respect. The medicalisation of traditional healing¹⁷ caused among others by contemporary trend of its professionalisation promoted by World Health Organisation and other NGO's located in Lusaka, has been manifested in the language the healers use when advertising their services. They call themselves 'doctors', or 'researchers' and their consulting room is called a 'surgery' or 'clinic'. Not only traditional healers, but also Christian healers appropriate some of the medical terms in their vocabulary. For instance, they used the expression 'vaccination' when talking about traditional chirurgical healing method known under the name 'tattoos' or *ndembo*¹⁸, or they used the phrase 'to

¹⁵ The objective of the *Ngoma mashabe* ceremony which is carried out for patients, afflicted by *mashabe* ancestral spirit, is to identify, appease and settle down the spirit in their body in order to cure them. By undergoing this healing ritual which consists of beating drums, dancing and singing traditional songs, a patient learns how to 'control' the *mashabe* spirit in his body under the guidance of experienced *mashabe* healers (possessed with the same type of spirit). By establishing an intimate relationship with the spirit a patient gradually recovers from his original illness and may become a healer. The former afflicting spirit becomes the auspicious 'healing spirit' which helps him to heal other afflicted members of the community. Therefore, the *ngoma* as a healing ritual represents the initiation of a patient into the community of healers.

¹⁶ *Kuomboka* is a traditional religious ceremony of the Lozi people in the Western province of Zambia which takes place at the end of the rain season. The festival celebrates the move of the Litunga, king of the Lozi people, from his compound at Lealui in the Barotse Floodplain of the Zambezi River to Limulunga on higher ground.

¹⁷ The ongoing process of 'medicalisation' of African religion (since the 1960's) has been characterised as a transformation of the previously religious terminology (Last, Chavunduka 1986). This means that what was analysed before at the level of cosmology as a sacred ritual, has been now articulated as a therapy. The term magician has been replaced by the term traditional healer, or traditional practitioner as designated by the World Health Organisation and the divination has been perceived as a practise of the diagnosis.

¹⁸ 'Tattoos' or *ndembo* is a razor-blade skin incision made around the vulnerable or afflicted area on the body where a medicinal herb is rubbed in order to reach the bloodstream quickly.

make an X ray' instead of 'prophesying through the Holy Spirit'¹⁹. Unlike in the past when medical knowledge was passed only orally, nowadays we can see healers who keep records about their patients, treatment of diseases as well as about the use of medicinal herbs. This praxis is simply symbolic as the ream of patient's files behind the healer's table does not serve to the institutional purposes, but to strengthen his authority in the same way as exposed diving paraphernalia. This setting plays an important role as a 'hallo effect' in the first phase of divination. This consists of establishing a suitable mediatory relationship between patient and diviner in order to build up confidence. The exposed ream of patient's files represent in the same way as paraphernalia evocative memorials of the diviner's personal wisdom and knowledge accumulated in the course of his life. All of his setting confirms his spiritual authority and power in the eyes of his patients.

Whereas 'traditional' methods of divination consists of consulting the ancestral spirits either through mechanical devices such as magical mirrors, bones and sticks, or directly through spirit possession, nowadays variety of innovative divinatory methods appear in large in Lusaka. One of such methods is a 'spirit revealing writing'. It consists of asking a patient to bring a blank piece of paper and roll it up. A diviner puts the roll under his right arm and with the help of rattles or a flying whisk starts calling his spirits. In a few minutes, he takes the roll out of his arm, unrolls it and reads the 'message written by the spirit' to the patient.²⁰ As I observed the handwriting in red connoting the power in this context, was not identical with the handwriting style of the diviner. However, the way of writing corresponded to the diviner's diction²¹. The method of writing seems to be a quite recent and innovative divinatory technique. I have not come across any mention of it in earlier studies of Zambian healing systems (Colson 2006; Dillon-Malone 1983, 1988; Frankenberg & Leeson 1976, 1977; Jules-Rosette 1981; Turner 1968), even my informants considered this method to be new. I presume that it may have emerged as a result of cultural syncretism under the influence of the expansion of both education and Christianity. As Zambians consider themselves to be 'Christian nation', they appreciate very much the significance of the Holy Scripture. This might be the reason why 'the spirit revealing writing' as a divinatory technique has developed. West and Luedke (2006) in their analysis of the transformation of indigenous knowledge in Mozambique briefly mentioned this method and interpreted it as a consequence of the progressive bureaucratization of traditional medicine forcing the healers to be literate. In this respect the writing as one form of western knowledge is a symbol of

¹⁹ 'Prophesying' is a technique of divination through the Holy Spirit carried out in spirit-type churches in Lusaka (Zion church, Mutumwa church etc.)

²⁰ Some diviners ask their patient to put a roll of plain paper under their pillow and sleep on it. The next day when a patient comes for a review and brings the paper, a healer interprets the diagnosis written - 'revealed by the spirit'.

²¹ During my fieldwork I personally underwent this type of divination. The diagnosis was written in the local language and as a diviner lacked the sufficient knowledge about my family and social background the whole diagnosis was rather vague.

power for many Africans. This might be also the reason why *ngan'gas* tend to include a divining from the opened Bible into their therapeutic itinerary. Divination from the Bible consists of giving the Book to the patient who has to randomly open it. According to the respective chapter, the analysis of a given problem is then carried out. This divinatory technique is also used for the purpose of detection and destruction of witches.²²

Some diviners use and give their patients a hallucinogenic medicine called *mwavi*²³ in order to 'open the eyes', i.e. to get in contact with their ancestral spirit. Rubbing the *mwavi* into the patient's eyes enables them to see the future and past on a 'screen'²⁴. For this purpose, some diviners in Lusaka are equipped with a special consultation room where a white cloth – screen – is attached to the wall. The bench placed in front of the screen evokes an idea that a patient is in a cinema (this metaphor is even used by informants). The divination consists of watching the screen where the story – the most often connected to witchcraft – is revealed. As a result, the patient can encounter an alleged enemy or a witch face to face. Watching the 'running pictures' on the screen instead of coloured reflections in the magic mirrors is a relatively new innovation which employs the symbol of cinema and television as a modern media during the divination process.

MEDIA, COMMODIFICATION, TECHNOLOGIZATION

The contemporary studies of traditional healing and witchcraft in Africa take into consideration a debate about paradoxes of processes of globalization, i.e. commodification, technologization and influence of Media. In the context of globalisation, the cultural 'traditional' specifics mix with modern features which give rise to various forms of syncretism resulting in the processes of so-called cultural hybridization. Particularly the discourse surrounding witchcraft is considered to be exceptionally flexible and adjustable as it integrates all these modern aspects. The witchcraft symbolism encompassed in the urban myths do not reflect only fascination by processes of commodification and technologisation, but primarily reflects the economical marginalization of ordinary African people.

²² During the house cleansing ritual, a witch-finder Mudenda used the Bible to read some chapters in ChiNyanja language to stimulate the spirit of Mosis in his body who helps him with witch-finding. The catching witches itself was effectuated by closing the Bible.

²³ *Mwavi* is obtained from Sassy bark (*erythrophloeum guineense*), it produces following effects: feeling of constriction in the fauces, attended by prickling, and followed by numbness, with, after a toxic dose, stricture across the brow, severe pain in the head, coma, and death. In the past, *mwavi* was used as an 'ordeal poison' to detect witches. This practice was documented not only in Zambia but also in Malawi, Tanzania, Congo and parts of Mozambique. *Mwavi* was commonly controlled by political leaders (chiefs, kings) in the region. Prior to the legislation the British colonial regime in 1900 made an effort to prohibit the traditional witchcraft trials by outlawing the 'poison ordeal.'

²⁴ Some healers claimed that the divination might fail if a patient bursts out crying during the consultation. As doctor Banda told me, "*tears chase the pictures*".

The influence of mass Media on the contemporary healing discourse is particularly noticeable in urban settings where the flow of information is greater than in villages (internet, TV, the 'mobile phone boom'). As a result, for example the ideas of witchcraft as presented on the radios, in the press and television spreads more quickly and impacts a large amount of people. The Zambian Media regularly informs audiences about 'shocking' witchcraft cases in Zambia. This produces an effect that leads people to vividly discussing this topic and thus being aware of the danger of witchcraft. Authors such as Geshiere (1977) also pointed out, that the production of western horror films partakes in large measure in the symbolic 'bricolage' of contemporary witchcraft.

It is not only Media, but also information technologies and technical conveniences. Belief in witchcraft airplanes, magical trains and guns has been documented in all southern Africa. In this respect, the witchcraft technologies represent objects of fascination – symbols of status that gave people great mobility and thus freedom of movement. According to Niehaus (2001) witchcraft airplanes, trains and guns do not only connote the power of mobility, but also convey the profound danger of speed and the unregulated movement of persons and objects (Niehaus 2001: 76). The majority of informants are convinced that these witchcraft technologies, if they were visible, would be highly marketable and would even outweigh European technical conveniences.

The economic transformations in African countries have also led to the commercialization of traditional medicine and witchcraft. In Lusaka medicinal herbs and magical services providing protection against witchcraft (as well as enhancing it) are available at the market (Soweto market). The sale of talismans, love potions, diverse aphrodisiacs, 'medicine for winning a court case', 'getting back a run away husband' or 'lost money' are advertised on every corner. Witchcraft in Lusaka is considered to be an 'invisible commodity' designated to purchase and sell. It is believed that those who have money and travel far away, or have relatives in Tanzania are witches, as they are able to procure powerful charms from there. Tanzania, in particular Zanzibar and the Pemba Islands, is a well known place where the most powerful charms can be purchased. In this respect the informants often spoke about so-called 'witchcraft market'.

CONCLUSION

The attraction of contemporary popular discourse surrounding occult forces and healing consists in people's reflection of everyday socio-economical predicaments (micro-level) as well as cultural, social and politico-economic transformation and progressing globalisation (macro-level). The adoption of ambivalent symbols of power (European

technologies, education and biomedicine) and their incorporation into the local cultural framework helps urban healers on one side to conceptualize the everyday multivocal reality and on the other side to cope with the social and economical inequalities. The fear and fascination with the processes of commodification and technologisation reflected in the contemporary healing discourse primarily respond to the economical marginalization of ordinary African people which participate in “the globalized world community not so much as consumers of manufactured material goods but as consumers and producers of mere images and ideas concerning the global world to which they seem to belong only marginally.”(Binsbergen, van Dijk, Gewald 2003: 35).

BIBLIOGRAPHY

- Colson, E. (2006). *Tonga Religious Life in the Twentieth Century*. Bookworld.
- Comaroff, J., and J. Comaroff. 1993. Introduction. In: J. Comaroff, and J. Comaroff (eds). *Modernity and Its Malcontents. Ritual and Power in the Post colonial Africa*. Chicago: University of Chicago Press, pp.1-25.
- Dillon-Malone, C. 1983. The Mutumwa Churches of Zambia: An Indigenous African Religious Healing Movement. *Journal of Religion in Africa* 14 (3), pp. 204 - 222.
- Dillon-Malone, C. 1988. Mutumwa Nchimi Healers and Wizardry Beliefs in Zambia. *Social Science and Medicine* 26 (11), pp. 1159-1172.
- Frankenberg, R., and J. Leeson. 1976. Disease and Sickness: Social Aspects of the Choice of Healers in Lusaka Suburbs. In: J.B. Loudon (ed). *Social Anthropology and Medicine*. New York: Academic Press, pp. 573-587.
- Frankenberg, R., and J. Leeson. 1977. The Patients of Traditional Doctors in Lusaka. *African Social Research* 23, pp. 217-234.
- Geschiere, P. 1995. *Sorcellerie et politique en Afrique. La viande des autres*. Karthala: Paris.
- Janzen, J.M. 1981. *The Quest for Therapy in Lower Zaire*. Berkeley: University of California Press.
- Jules-Rosette, B. 1981. *Symbols of Change. Urban Transition in Urban Community*. London: Ablex.
- Kleinman, A.1980. *Patients and Healers in the Context of Culture. An Exploration of the Borders between Anthropology, Medicine and Psychiatry*. Barkley: University of California Press.
- Last, M., and G.L. Chavunduka. 1986. *The Professionalisation of African Medicine*. Manchester: Manchester University Press and International African Institute.
- Lévi-Strauss, C. 1966. *The Savage Mind*. Chicago: University of Chicago Press.
- Moore, L.H., and T. Sanders (eds). 2001. *Magical Interpretations, Material realities: Modernity, Witchcraft and the Occult in Postcolonial Africa*. London: Routledge.
- Niehaus, I. 2001. *Witchcraft, Power and Politics. Exploring the Occult in the South African Lowveld*. South Africa: David Philip Publishers.
- Pfeifer, J. 2006. Money, Modernity, and Morality: Traditional Healing and Expansion of the Holy Spirit in Mozambique. In: T.J. Luedke, and H.G. West (eds). *Borders & Healers. Brokering Therapeutic Resources in Southeast Africa*. Bloomington: Indiana University Press.
- Svasek, M. 2007. *Anthropology, art and cultural production*. Pluto Press.
- Turner, V.W. 1968. *The Drums of Affliction*. Oxford: Clarendon Press.
- Turner, V.W. 1969. *The Ritual Process. Structure and Anti-structure*. London: Routledge & Kegan Paul.
- West, H.G., and T.J. Luedke. 2006. Healing Divides. Therapeutic Border Work in Southeast Africa. In: H.G. West, and T.J. Luedke (eds). *Borders & Healers. Brokering Therapeutic Resources in Southeast Africa*. Bloomington: Indiana University Press.

Other sources:

- Constitution. Code of Etics. Policy Guidelines. 2001. Lusaka: Traditional Health Practitioners Association of Zambia.
- Witchcraft Act. Penal Code 1995, chapter 90. Republic of Zambia. Lusaka: Government Printers.