

AFRICAN HEALING JOURNEYS PROSPECTUS FOR AN EXHIBITION

Healing journeys

An exhibition project by the Penn Museum--featuring objects from the Museum's rich collections, complemented by paintings, photos, films, explanatory texts and narratives-- portrays the African experience of disease and health-seeking through the universal metaphor of the journey. "Healing Journeys" are those quests for healing and better health at multiple scopes and spans: the short-term local journey that happens thousands of times daily in African lives; larger-scale family or community confrontations with misfortune that take months or years to play themselves out; the life cycle of individuals and families; and the long-term journey of adaptive cultural response to epidemics and other large-scale health challenges that African communities have encountered through the ages.

African therapeutic ideas, objects, and techniques are (and always have been) in motion, not confined spatially, nor socially, within narrow ethnic boundaries. Africa is a huge continent, with many environmental, cultural, and lifestyle variations; thus these healing journeys take many different forms. Yet, there is a recognizable underlying core of concepts and practices around which the exhibition is organized: the portrayal of health and beauty vs. sickness and death; the human relationship to the natural world; the important place of family and community in health care; the way materials are created to heal; the way misfortune is interpreted, the nature of local knowledge; and the flexibility and receptivity to change. Understanding traditional African notions about sickness, health, and healing provides an avenue for more effective ways to cure diseases, and to care for the sick in collaboration with global medicine.

The most insightful recent scholarship on African health and healing has sought to capture the human dimension of problem solving within the crucible of catastrophic situations: epidemics and genocides that wipe out the best and brightest, yet foster new ways of relating and building community; chronic diseases like children's diarrhea that take young lives, yet establish inexpensive public health measures and inspire a new consciousness; global economic forces that erode meaningful and beautiful ancestral rituals, yet spawn revival movements of these traditional forms. That creative insight and adaptation often occur in the face of daunting challenges is the message of South African Nobel Prize winner J.M. Coetzee's search for the humanities within the AIDS crisis. It is the main point behind *ngoma* ritualist and anthropologist Philip Guma's research on the traditional concepts of *isuntu* (humaneness); *umoya*, (vital force); *inyongo* (gallbladder); and *ithongo* (ancestral dream), which are the dynamic philosophical components used by mothers in the Western Cape to understand their children's bodily processes. The issues of suffering and violence in daily are mirrored in a much more detailed understanding of African healing by several generations of authors. A vast body of writing has amply demonstrated the richness of African understanding of ways to cure the body and person and society, as well as very sophisticated ways and institutions that embrace suffering creatively.

The project, so far

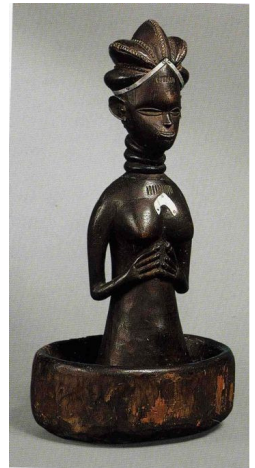
In 2008-2009, under the auspices of the University of Pennsylvania Museum of Archaeology and Anthropology (Penn Museum), the African Studies Center, with the support of the provost's office and a planning grant from the National Endowment for the Humanities, co-curators Lee Cassanelli and John Janzen, Project Director Kathleen Ryan, collections keeper Dwaune Latimer, and expert consultants in history, art history, anthropology, classics, folklore, public health, psychiatry, genetics and other medical researches formulated the central themes and selected key objects for the exhibition from the Museum's collections, along with complementary contemporary paintings and other supporting materials. The exhibition walkthrough which follows is designed for a 3-4,000 sq. ft. space with an anticipated opening in 2013 at Penn Museum. To enhance the educational impact of the exhibition both in Philadelphia and at traveling venues, the Museum with the African Studies Center will develop and produce public programs ranging from scholarly and K-20 presentations on African art and culture, to video documentaries on

African healing traditions and their relevance in modern medical campaigns. Educational materials will include a catalogue, materials for teachers, schoolchildren, families and individuals. The exhibition website will join the Penn African Studies Center web links on African Health. It includes electronic links to bibliographies, research projects, audio-visual resources and data bases to enable scholars, medical practitioners, and the general public to gain access to the full range of resources on African health and healing traditions. <http://www.africa.upenn.edu/health/>.

A virtual walk through “African Healing Journeys”

Entering the Gallery

Upon entering the gallery the visitor will be able to read the exhibition statement explaining the metaphor of journeys while experiencing multiple sensations befitting of the topic. The exhibition’s iconic object, the Guardian of the Medicine of the Yassi Society of the Sherbro people of Sierra Leone, will be prominently displayed and visitors will recognize it from the exhibition banner. Extending beyond this key object will be other historical African objects and a few contemporary paintings of the exhibition section “Measure of Humanity.” The sound of African music used in healing will be audible though not overbearing. A text label of greetings from numerous African societies in which "health," "life," and "well-being" are prominently featured—e.g., *Mavimpi maku* (Kikongo) "Health to you"; *Biyoto* (Maasai) “Good health”, *Moyo weno* (Tshiluba), "life to you"; *Wabanda?* (Gipende), "Did you sleep well?" and so on, will welcome the visitor to the exhibit. The visitor should upon entry make visual, auditory, and conceptual connections to the exhibit topic, and its centrality to African culture and life.



First Section: *The Measure of Humanity*

The sculptures and paintings, evident now to the visitor entering the first exhibition section, represent, in two sets, the tension that prevails in many African cultural contexts between perfection, beauty, and wellness on the one hand, and the characterizations and causes of disease and suffering, chronic affliction, disorder and death, on the other. All bear testimony to the integral nexus between objects and healing



The exhibition section **Beauty and Health across the Lifecourse** suggests a widespread African formulation of the natural sequence of roles and stages in the continuity of life—the yet unborn, the living, and the ancestors. The figures include: two "fertility dolls" from Botswana; three Sherbro Sande society masks of young womanhood; a painting by Congolese artist Shula of a pregnant woman being attended by two other women; a sculpture of a beautifully scarified Baule woman with a child on her back; a Luba royal throne representing a woman with scarification patterns and elaborate coiffure; three Kota ancestor figures; and a Fang Eyima reliquary guardian figure.



To the right the visitor beholds a contrasting group of sculptures and paintings, in a section entitled **Characterizations of Disease and Death**: two Pende masks: the pox-marked face of Tundu, the trickster, and the twisted face of Mbangú, in the moment of seizure; a figure of the Yoruba smallpox god Ipona; an Epa society mask of an "abnormality" figure from the Ibo; three crouching Lulua figures with head in hands; two paintings from Kinshasa about HIV/AIDS (Herge Makuzay's *Le SIDA, Fleau de l'humanité* (AIDS, Scourge of Humanity), Cheri-Cherin's *Le SIDA parmi nous* (AIDS amongst us), and finally a bronze figure of the Yoruba messenger of death, Ofoe.

This set of contrasting figures echoes J. M. Coetzee's recent formulation of the struggle in African society in the throes of HIV/AIDS epidemic between a classicist "measure of humanity" and a perspective that seeks to acknowledge, even embrace, the burden of suffering and death. The visitor will leave this exhibition section reflecting on the questions "How are misfortune and disease variously explained in African societies" "Do we have similar contrasting images of beauty and health vs. disease and death?" and "How do we visualize, understand, and create health?"

Second Section: *Living in Balance with Nature*

Different African environments and modes of adaptation shape the pattern of disease, prevention, and healing. Thus health is tied to divergent ways of life in differing environments. This exhibition section tells the audience that a society's general health is not derived from medicine and therapy, but from knowledge of the local environment and how to live with its hazards and make use of its resources. This knowledge has evolved over millennia, as a long-term journey, and may be understood as a type of practical science maintained from generation to generation through particular practices and diets. Display objects are utensils, tools, and symbols that are key to a way of life.

The subsection **Foraging & Fishing, Pastoralism, Cultivation** features large photos of livestock herds with herders, and of cultivators in their fields, to show these major and contrasting modes of making a living. A large map of Africa shows the somewhat overlapping boundary between herding and cultivation extending like a vast arc across the Sahel, eastern highlands, and southern Africa. From East African pastoral societies, displayed objects will include milk containers of different sizes used for milking; storage, and fermenting; wooden cattle bells and cattle tail fly wisps; spears and irikan clubs, and regalia, such as lion mane and feathered headdresses worn by Maasai warriors, the main protectors of the herds, jewelry worn for protection at different stages of life (such as the first pendant with special herbs that is blessed by a ritual specialist and given to a very young girl). Displayed objects from the wet savanna and rainforest regions will include fishing traps, and iron agricultural tools and pottery. The map will also show the distribution pattern of rainfall (high in the center, low or even absent in the Sahara, Kalahari, and Horn of Africa deserts), vegetation (rainforest, savanna, and scrub brush and desert).

The visitor, having grasped the basic features of the map of environments and mode-of-living adaptations, will be able to make the connection between them and two ancient endemic diseases, named in the title of the next subsection: **Sleeping Sickness & Malaria**. The first (scientifically known as trypanosomiasis), carried by the tsetse fly, affects both humans and large domesticated livestock over a wide area of the African continent. Small inset maps and charts will demonstrate how West African pastoralists such as the Fulani seasonally move their herds toward green pasture in otherwise dry areas

and away from the fly infested regions; in the dry season they move their herds back toward agricultural lands where forage is available in the form of harvested stubble, while farmers benefit from the animal manure for their lands. This adaptive pattern has deep historic roots going back to the spread of bovines some eight thousand years ago across the Sahel. Around 5000 years ago, cattle herders moved south into East Africa when the tsetse fly belt moved west—no longer posing a threat to humans or animals—and a change in rainfall patterns facilitated the burgeoning of the savannahs providing ideal conditions for cattle. Cattle herders spread into southern Africa around 2000 years ago. In Africa today cattle herding still forms an important part of the economic base.

Ironically, the non-cattle keepers, the farmers, carry the ancient human resistance to animal milk, known as lactose intolerance, considered close to a health problem in the modern world. Whereas the pastoralists, who gradually were able to digest animal milk—as early as 2000 years ago, according to current research—became lactose tolerant, considered “normal” in the modern world. As for African cultivators who live in tsetse-infested territory, a text will explain their knowledge of settlement location and care, how they recognize a tsetse fly, and the story of wildlife eradication to control the tsetse fly in some precolonial cases of the southern savanna. By contrast, text will describe outbreaks of sleeping sickness epidemics—e.g., the Lower Congo—following settlement disturbances and forced labor migrations in the early colonial era.

The story of malaria is similar to that of sleeping sickness in that both are vector (insect)-borne micro-organisms that produce disease. Malaria is carried between humans by several species of mosquito who reproduce in still-standing water pools in and around human settlements. Thus the spread of sedentary agricultural villages and cities became the habitat in which malaria took root and spread. As in the case of sleeping sickness, malaria also engendered a biological adaptation in the form of the mutation that provided immunity in certain forms, and was lethal in others. This condition is known as “sickle-cell anemia” in the modern world and is known among African immigrants to the Western world.

This exhibition section has several levels of learning for the audience. Most generally, the visitor should learn that disease and health are in constant and dynamic relationship, defined in relative terms with particular points of reference in the environment and the living beings that reside in that setting. The visitor is invited to grasp this general principle in its particular version: Africa’s major adaptive lifestyles—herding (represented by an array of milk containers), cultivation (represented by various iron-made tools)—have a deep historical association to the endemic diseases of sleeping sickness and malaria. The attentive visitor will come to understand particular technical, genetic, and social mechanisms that emerged to provide adaptive advantage to the populations in question. Some visitors will be eager to learn the historical background of the health conditions they themselves harbor: lactose tolerance or intolerance, and sickle-cell anemia. The details of these insights will be repeated at greater length in exhibition websites and educational material.

Third Section: *Sicknesses “that Just Happen”*

Sicknesses that “just happen” are contrasted in the storyline to those where “something else is going on.” These are plain English formulations of a very basic dichotomy that is frequently drawn in African medical thinking. The goal of this section is to make the visitor aware of the dichotomy and to show medicine as a response to the first, most straight-forward, type of sickness, that is what it appears to be and responds readily to therapy. Many practical cures are known by laypeople and healers for such sicknesses. Modern pharmacies and clinics are widely used for basic health needs.

African healing includes the preparation and transformation of plants and other raw materials used directly or combined into compounds for use by common people, technicians and consecrated experts. In addition to the power of these transformed materials, healing includes ritual actions by healers and clinical care by biomedical practitioners or actions within the context of relations between therapist and patient, family and community.

This exhibition section opens with the subsection **African Traditional Medicine Today**. It includes photographs of several Central African healers collecting plants directly from trees and shrubs, in the wild. One of these, Kongo healer Nzoamambu Oscar, is also shown alongside a scheme of all the

domesticated plants he keeps in his village compound for medicinal, food, and ceremonial purposes. In a related photograph he is applying such plants, along with oil and a hot iron, to a patient with a back spasm.

A second subsection is entitled **African Medicine in the Marketplace**, that shows glimpses of the vast trans-national, trans-regional, indeed, global market, illustrated by Luba healer Tambwe Antoine at a Kinshasa urban market purchasing materia medica from Hausa merchants from the West African Sahel. A Johannesburg *Muti* (medicine) shop is depicted in a second photo. African traditional medicine has become big business in most rural and urban settings.

The subsection **Precolonial African Medicine** features a 1900 era doctor's kit from Eastern Congo with contents shown and identified--plant substances, duiker antelope medicine horns, a small medicine pot, and medicine packets--as well as the healer's performance paraphernalia--skirt and double gongs. A dance skirt and a double gong indicate the central role of rhythm and dance alongside herbal medicine in the overall performative character of this medicine, and the approach to health awareness and social prominence. Other items displayed here include a medicine horn, a finely carved wooden box which features two carved duiker horns, which are used to hold medicines suggesting this box's medicinal contents, two carved enema funnels, teeth-cleaning twigs. A map showing the widespread geographic distribution of selected words of healer roles like *nganga* and the basic medicinal materials *ti* and *kaya*, with associated historical dates, demonstrate the deep historical roots of these traditions.



Pharmaceutical Developments of African Medicines presents the emergence of research institutes and commercial development around African medicine. A Kivu-based research center's herbarium shows large-scale production of medicinal plants, and Bukavu-based pharmacist Byamungu in his lab offers 23 manufactured medicines in regional pharmacies. A sampling of local or regional pharmaceutical products and globally-derived pharmaceuticals demonstrate the range and richness of pharmaceutically-developed medicines available to African clientele.

The Power of Healing in Ritual and Clinic presents a set of photos and a series of paintings depicting healers' and biomedical clinics in Central and East Africa: A healing service of an Independent African Church, a nurse touching/holding a sick child; two paintings by Shula, *Chez le guerisseur* (At the healer, depicting massage), *A la recherche de l'enfant chez le tradipraticien* (The quest for a child--fertility--at the traditional practitioner), and a painting of the Muhimbili Teaching Hospital surgery theater in Dar es Salaam. For many clients, the source and tradition of a medical product or treatment is less important than whether it works, and meets their immediate needs.

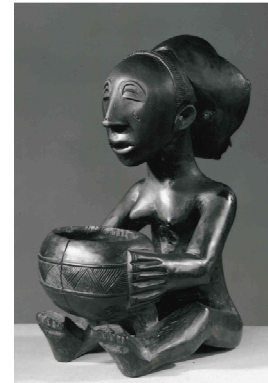
Change and Pluralism is a final subsection that makes the point of the parallel and alternate use of medicines. Modern pharmaceutical drugs are available everywhere in Africa, sometimes replacing pre-existing treatments, as evidenced in the medicine figure that was exchanged for quinine malaria treatment early in the 20th century. Also shown is a painting depicting Muhimbili Hospital in Dar es Salaam as a full service mega-hospital, and a Kinshasa clinic of healer Lobiro whose billboard advertises his "international qualifications."

After viewing this section Western visitors will be confident that African approaches to medicine and healing are quite similar their own medicine. African treatments will seem familiar, as is the extensive knowledge of plants for treatments of many kinds of common ailments, the practice of massage, and bone setting. The objects displayed and depicted in photographs suggest practical treatments, some resembling Western medicine of an earlier era. The inclusion of images of biomedical clinics and hospitals will demonstrate the availability of modern medicine. This exhibition section provides a familiar foundation for the more complex aspects of African sickness and medicine that follow.

Fourth Section: *Divination, Interpreting Misfortune*

Divination is a family or community inquiry about the nature or causes of misfortune, to determine whether sickness is "just there" or whether it is "human caused." Most cases of sickness are assumed to

"just happen." Recourse to a diviner occurs when therapy is not efficacious, or in connection with conflict or disaster. Diviners, family leaders, and other ritualists address the underlying causes of the misfortune and may guide the patient toward a course of healing. The visitor should be able to perceive the logical situation of divination within problematic cases of the previous section, or within the full discourse of the next section, "where something else is going on." The goal of this section is therefore to familiarize the audience with some examples of divination paraphernalia from the Penn Museum's collections, and to explain how it is used to answer the "why" question of misfortune.



Divination Across the African Continent begins with a depiction of a divination session shown in a painting from Senegal of a contemporary Wolof diviner and a client. The other objects exhibited in this section are used for divination and stem from a wide range of cultures across the continent, reflecting the widespread use of divination in connection with healing in Africa: the paraphernalia of divination in the Ifa tradition of the Yoruba peoples of Nigeria (an elaborately carved bowl with a lid to hold the shells or nuts that are used in the divination throw to elicit the verbal epithets of the insight; an *Apo Ifa* beaded bag to store the shells; an *Opon Ifa* divination tray onto which the shells are thrown, and the tapper that is used in rousing the spirit that guides the "reading" of the constellations of shells; a sculpted female figure used in Luba Mboko divination (Southern Savanna, Congo) with a bowl containing chalk, which is associated with the beneficence of the spirit world; a Kuba Itombwa wooden dog figure from the Kasai region of the Southern Savanna that is used in divination involving friction; a basket with about 40 symbolic figures from the Ovimbundu people of Eastern Angola of the widespread Ngombo divination tradition that covers societies from the Atlantic coast to the Ndembu of northern Zambia (each symbol and constellations of symbols in the basket represent particular circumstances in individual and social life that the diviner "reads" to make an interpretation of a particular case). Finally, from the National Museum of Botswana, a collaborating institution in Africa, the exhibition includes a set of "bones" and a bag used by *zingaka*, *amagqira*, or *sangoma* (thus over a wide region of Southern Africa) to interpret misfortunes of clientele in a procedure known as "throwing the bones."

The array of displays of these various divination techniques will be amplified and clarified for the viewer by still photographs and a film depicting at least one of these traditions. Divination sessions are often public and are held in the out-of-doors, with clients seated on the ground. The arrangement of the display cases will suggest a divination place or courtyard that allows a guide to stage a teaching moment for a visiting group in this setting.

A contemporary painting by the Congolese painter Shula, *Sorcellerie à la Barre* (Sorcery in the Court) (2004), offers an example of the kind of issue that might lead to a divination. The painting depicts the story of a woman who addresses both the judges and her uncle as to who or what has caused her bareness and her singleness. The implication is that her uncle, through his ill will and possessiveness, has rendered her sterile and therefore unable to keep a husband. Although set in a modern court, the judges refuse to recognize her complaint since



by their protocol her evidence is inadmissible. The drama of this case lies in the irony that a modern court cannot deal with an issue that everyone knows a diviner would address, possibly initiating resolution if not reconciliation, and hopefully restoring her good status.

Since divination is one of the more enigmatic features of African healing to the Western viewer, despite the global presence of similar types of inquiries of human misfortune and concern, exhibit text will need to anticipate questions viewers may have, and provide some basic answers. For example, why is divination so widespread in the first place? Sicknesses or misfortunes that "just happen" are amenable to secular empirical therapeutic solutions, including biomedical hospitals or herbalists or self-treatment. "Human causation" is however more complex and requires sorting out of relationships, attitudes between individuals, and perceptions of security. Further text will make the point that relationship issues as a source of misfortune are prevalent in Africa where individuals are integrated into strong family units such as lineages and clans, in contrast to the more individualized Western societies. Divination is not "fortune telling," rather it is more like social diagnosis of particular episodes of sickness and misfortune. Viewers are expected to wonder about the question "How do we deal with similar issues in our lives?"

Fifth Section: Sicknesses "When Something Else is Going On"

This Kikongo idiom "When something else is going on," best expresses the subject of this section, the suspicion that sickness or other misfortune is caused by the feared effects of anger, a simmering feud between lineages or families, jealousy and back-biting in the kin group—for all of which specialized treatment is required. A digest from a chart in Janzen's *Quest for Therapy in Lower Zaire* details various "journeys" seeking to deal with this "something else." "Witchcraft" and "sorcery"—perjorative English words that have been used mostly by outsiders since the colonial era to describe this realm of concern—do not begin to convey the varied ways that African medicine is pressed into service to deal with emotionally charged and conflicting situations. In Africa, medicine involves not just an understanding of the inherent qualities of materials, but also the nature and power of the universe, the intended effect of the application of healing materials and the way these are affected by relationships between people, and between the living and the world of ancestors and spirits. A course of healing may involve a hierarchy of resort from simple to complex, from matter-of-fact to social causation and techniques to achieve resolution of tensions and related physical problems. The goal of this section is to lead the visitor, who will have just come from the section on divination, through the labyrinth of ways that sicknesses are dealt with "when something else is going on."

Medicine as Protective Charm and Aggressive Defense is one approach widely used to the uncertainty of "something else going on." A medicated figure of the Southern Savanna Songye people collected in 1906 is the self portrait of a man who is trying to protect his family—represented by hair from heads of each member as part of the "medicine" attached to the figure. A Kongo statue from the Loango coast in white chalk shows a similar measure for protection. From the Sherbro of coastal Sierra Leone come well-preserved plant substances to protect a garden from theft along with a recipe for an antidote should an individual trespass and be stricken by a headache caused by this medicine. More ominous is the anthropomorphic carved cup from the Awongo of the Kasai-Kwilu border area along the Loange river in Congo that is reported to have been used to administer the poison ordeal to someone suspected of having caused another person's death or sickness.

A further subsection is called **Healing as Reconciliation**. Healing may also be sought through reconciliation of groups in a conflict suspected to be causing sickness, or public order may itself be buttressed through community medicine or appeal to a spiritual foundation of strength. A photo shows a reconciliation gathering of two Kongo lineages that have been at odds for a long time, but took the sickness of one of their prominent members as a justification to end the feud. A medicine mask from Liberia demonstrates how medicine may create or strengthen community authority in order to protect and enhance well-being.

Embracing the Affliction: Responding to Spirit Calling presents a further approach to handling the sickness believed caused by "something else going on"—aggression, pollution, ill-will, deformity, variously afflicted etc. Under the tutelage of a healer, the afflicted organize as a socially-

sanctioned support network comparable to a Western self-help group or twelve-step program. "Embracing the affliction" as a mode of healing is commonly accompanied by the attribution of the condition to a spirit or ancestor who has possessed the individual(s) and seeks recognition and placation. Initiations, long-term therapies, and rituals of purification and counseling characterize these therapies. Many conditions that are regarded as chronic are accepted as the will of ancestors or spirits. Family and diviners urge sufferers to embrace the affliction, join a support network of the afflicted, and perhaps become a healer. Such specialists are frequently referred to as "suffering healers," "chosen" by the ancestors or spirits whose identity is transformed by the "drum of affliction" and whose song-dance is the calling voice.

Four photographs of *ngoma* in Capetown, South Africa, will show novices wearing white clothing and anointed in white chalk to demonstrate their liminal status of being in close association with the spirit world, in contrast to colorfully dressed fully-qualified healers of the *ngoma* network. These outward embodied representations—animal skins, costumes, beads, caolin—demonstrate the individual's transformation as he or she overcomes or stabilizes the spirit-called affliction and becomes a healer. Two furs are exhibited from *sangoma* apparel in Capetown. From Bulawayo, Zimbabwe comes an *ngoma* drum used by a spirit medium, and a painting about *Becoming a N'anga* by a Bulawayo artist. The painting shows the sickness-vision quest with the water spirits under the water, and the preparations for the final celebration of the sufferer-novice turned healer. Videofilms of the Capetown and the Bulawayo *ngoma* setting will be shown in this section.

Chronic Sickness and Spiritual Calling as Identity presents insignia of two healing orders: bracelets of members of the historic Lemba order of Lower Congo that emerged with the coastal trade to reconcile the contradictions that traders had to deal with, and a necklace from the Zar cult of NE Africa.

Exorcism as Response to Spirit Calling presents an alternative to embracing the affliction that is promoted in mission churches and evangelistic Christian churches in the 21st century, namely the exorcism of the spirit as an evil spirit. This subsection shows the painting *Eglise de Dieu* (Church of God) in which a Christian cleric in fine suit exorcises a possessing spirit from a young woman.

This section may well be the most difficult of the entire exhibition for an average Western visitor to comprehend. To address this challenge, stories of particular cases of individuals will occur throughout the section—as elsewhere in the exhibition. Questions will be raised that offer visitors a bridge of understanding from their experiences to those depicted in the exhibition. How do we deal with chronic affliction? The ways that the disabled or specially-gifted are organized? How do we handle the lingering memories and feelings of past strained relationships? Of persons who died, were killed, disappeared, without proper burial and commemoration? How do we deal with situations where conflict is believed to affect the health of individuals? Does African medicine have insights that Westerners can learn about with benefit, especially since the features covered in this section and their therapists continue in strength even after the establishment of modern biomedicine.

Sixth Section: *Healing Words and Images*

Widespread inscriptions on the body and personified representation in image have conditioned how the meaning of suffering is communicated in Africa. The rise of literacy and the introduction of sacred texts such as the Bible and the Koran provide powerful mediums for healing. "Drinking the word" in Islam, "reading as healing" and "gazing into the eyes" of Ethiopian Christian icons, provide alternative transformation in African healing. The goal of this section is to use a number of excellent objects in the Penn collections to teach about the widespread use in North, Northeast, and Eastern Africa—often within Islamic, Coptic Christian, and Hebrew traditions—of words and images in healing.

Visible Images and Hidden Scripts illustrates the situated nature of African Judaism, Christianity, and Islam and related knowledge forms with an object that dramatically juxtaposes traditional African self-representation with writing: a Poro men's society face mask from Liberia that has Arabic numerals and texts inscribed on its inside surface. The juxtaposition of ceremonial knowledge of the mask and hidden written text combines to produce a powerful ritual object for ceremonial and therapeutic efficacy.

Reading as Healing features Hadi's *Commentary on Mohamed's Words*, from Morocco, printed in Cairo, 1354, to provide, with excerpted translation, a better grasp for the exhibition visitor of how sacred texts are understood, or how other texts are used, in a healing role. This is accompanied by a photo of Tanzanian Sufi *mganga* Kingiri-Ngiri of Dar es Salaam reading an Arabic book to heal a woman of menstrual problems. Several examples of wooden writing tablets are shown from which the ink inscriptions are washed off to prepare a therapeutic drink, "consuming the words of God." These tablets are accompanied by a photograph of a scribe writing on such tablets, and tea leaves, in the compound of Sudanese Sufi Sheikh Mohmed, North Khartoum.

Words of Protection identifies numerous examples of amulets featuring Arabic script, possibly from the Koran, and packets of text or medicines sewn on to or inserted in pockets of cloth or harnesses to be worn. These objects include two large robes worn by warriors for protection in battle, an Egyptian Hebrew boy's phylactery with passages from Deuteronomy and Exodus, and an amulet with cowrie shells and an Arabic text inserted into a pocket. This is accompanied by an Egyptian Coptic rosary and crucifix.

Images that Heal begins with an Ethiopian painting that alludes visually to the subject of the previous display. In the lower part of two panels of a painting a cleric is reading to a sick patient, while in the top panel an angel is driving away the afflicting "Satan" with his sword. Another amuletic Ethiopian icon shows three panels, the first of Christ's crucifixion, the second of St. George killing the dragon, and a third of Daniel with raised hands before two passive lions. There follow several Ethiopian healing scrolls with several familiar icons, including the eyes of God, and the outline of a patient.

Although the visitor to this exhibition section may recognize some familiar words and images—e.g., biblical characters, references to God—their use in protection and healing may seem strange. One lesson that may be drawn from this section is that the religious tradition that many claim as their own is applied differently in other cultures of the world. Learning the appreciation of difference within common broad cultural understanding is one obvious teaching point.

The final part of the exhibition features three case studies which provide viewers with a more direct, localized presentation of medicine and healing in a few African societies to compliment the earlier thematic cross-cultural sections of the exhibition. Based on a convergence of richness in the Penn Museum collections and scholarly expertise, three such case studies will be presented: that of the Sherbro of coastal Sierra Leone, the BaKongo of Western Equatorial Africa, and the largely pastoral societies of the Maasai and the Somali. (See Appendix G for the proposed location of these exhibition sections.)

Seventh Section: West Africa: Focus on the Sherbro of Sierra Leone

This exhibition section, curated by Professor Sandra Barnes, illustrates the themes of **Divination** and "**Sickness 'When Something Else is Going On.'**" It highlights the way that the secret societies in Sherbro society back up and control knowledge and keep the peace. Henry Usher Hall, a curator of the Penn Museum, undertook an expedition to the Sherbro in 1937, and formed a significant collection of medicines and objects of their major secret societies, the Poro society for men and the Bundu, Sande, and Yassi societies for women.

Medicine as Social Control is the subsection title where Hall's collection of more than sixty—possibly as many as a hundred—medicines with very detailed descriptions of their materials and uses, will be presented. It will also feature several headpieces of the women's secret societies, and one of a men's society, along with Hall's photographs. Many of the medicines are defensive, for the protection of fields and crops from theft and destruction. Although called "medicines," they are actually considered to be poisons, whose formula for efficacy seems to always include an antidote. Both poison and antidote are controlled by a particular secret society. The Sherbro material excellently illustrate for the viewer the relationship of health and medicine to societal power and the control of knowledge in an African society and more generally.

Eighth Section: Western Equatorial Africa: Focus on the BaKongo of Lower Congo

The Kongo collections consist of about a dozen anthropomorphic *min'kisi* figures from the

Vili/Loango coast and one very fine example of a ceremonial wand from the Nkimba society in Mayombe, representing the double rainbow which stands for the cosmic two-headed serpent Mbumba Luangu. MacGaffey and Janzen will use these objects, along with Janzen's photos of Manianga-Kongo healers, their gardens and forests, and their practices, to depict the relationship of medicine to those afflictions that are believed caused by relationships and formerly—perhaps still today--addressed by *minkisi*.

Late 20th Century Kongo Healers presents the healers encountered in Janzen's fieldwork, through photos of their healing sessions and their installations. He dealt extensively with the two conditions of *lubanzi*, "stitch in the side," or muscle cramp, and heart pain, heart palpitations, or "fear in the heart." These two conditions are widely considered to be caused by this "something else going on," that is to say other people and social conditions behind an individual's physical symptoms in the side and ultimately affecting the heart and driving the individual mad or even causing death. These healers revealed that they had been initiated to the knowledge of *nkisi* Ngombo (for divination), Mpodi (the cupping horn for purification), Nkondi (for conflict resolution and return of aggression), Lunga (for setting and healing broken bones), and a number of other *min'kisi*. Most used the title *nganga nkisi*, although the diviners sometimes were called *ngunza*, prophet. Those who refused or were reluctant to probe social issues were called *mbuki*, simple herbalists.

Medicine for Relational Conditions will interpret the Penn Museum's Kongo *nkisi* figures through the work of 20th Century healers. We do not know precisely what their names may have been, but they were of the kind that was used in *minkisi* described for *lubanzi*, or lingering hostility leading to heart conditions and madness. We hope to produce an exhibition section that shows the BaKongo have a medicine that addresses what we today in the West would call stress, tension, or social conflict and the way it produces physical effects that can be damaging. Hans Selye's explanation of stress-related tension in his Generalized Adaptation System updates the Kongo theory of fear in the heart but does not substantially improve upon it.

Framing the Universe features the ceremonial staff Thafu Maluangu to demonstrate the procedure used in Kongo healing to produce ritual power, a process also usually seen in the composition of *min'kisi*. Thafu Maluangu was held by a priest in a ceremonial procession of Nkimba initiates. But it also was placed above the head end of a human-sized trench (*diyowa*) that was filled with earth from an ancestor's tomb moistened by palm wine, thus defining the most powerful quadrant of a four-cornered space of water, earth, sky, and the horizon points (or entirely horizontal to represent the mediation between the spirit world and the human world. The construction of an *nkisi* required elements—plants, minerals, allusion to anything alive—at these four points.

Ninth Section: East African Pastoralists: Focus on Maasai and Somali

This case study of local and regional—East Africa—healing cultures in herding societies with livestock, curated by Lee Cassanelli and Kathleen Ryan, is situated in the exhibition immediately next to **Living in Balance with Nature**, where the contrasts between environments and modes of living are featured in relation to, sleeping sickness and malaria, two ancient and widespread diseases. Photos will emphasize the close dependence of people on livestock, the impact of indigenous knowledge of veterinary medicine on human health practices, rainfall. The medicine of pastoralists, just like their overall culture, features use of plants and techniques of hygiene, environmental conservation, and strategies of surviving in a challenging environment of shifting resources, rainfall, and neighborly relations. Milk containers from each culture and region, and samples of plants used for treatment and prevention of a wide range of diseases will be featured—e.g., remedies or prophylactics for malaria, sexually transmitted diseases, tuberculosis, diarrheal disorders, parasitic infestation, prostate problems, arthritis, and respiratory disorders in humans. The WHO's smallpox vaccination campaign reached the last known cases in Somalia in 1977, greatly assisted by pastoralists who knew the value of vaccines in preventing the spread of serious livestock diseases such as East Coast fever and anthrax, as well as minor ailments. Traditional and modern health systems exist side-by-side.

Concluding Section: *Continuing the Journey: Final Thoughts, Connections, Questions*

This section is not just a conclusion, but rather an invitation to the visitor to reflect on what is universal about African health, medicine, and healing, and what is unique about it. Insofar as visitors will have seen bridges to their own experiences, they are invited to imagine their own healing journeys. How do we visualize health and sickness in our Western (or other) culture? How do we relate our health to the environment, to our adaptive relationships to resources, materials, and the natural world? To what extent do we link social determinants to health? What is our equivalent to divination—the unscrambling of relationships, emotions, concerns over security? What are the objects that express these realities—visually, verbally, bodily, in medical materials? Brochures and further study materials will be available to the visitor leaving the exhibition.

October 28, 2009

John M. Janzen,

Co-curator, African Healing Journeys project

A more detailed list of exhibition objects—artifacts, photos, charts, maps, paintings—is shown in PDF file: “Appendix D Object List with key pieces photos August 16, 2009”

The exhibition floorplan and elevation rendering are shown in PDF file “AHJ Floorplan-Elevations”