

3. NARRATIVE

3.1. The Nature of the Request

The University of Pennsylvania Museum of Archaeology and Anthropology (Penn Museum) and African Studies Center respectfully request an implementation grant of \$400,000 from the National Endowment for the Humanities for an innovative exhibition prospectively entitled, *African Healing Journeys: The Penn Collections Speak*. The exhibition has an anticipated opening date of January 2013 and will be mounted initially in a 3,000 square foot gallery in the Penn Museum; it will subsequently travel to other venues in the United States as part of the Museum's highly successful Traveling Exhibits program. The exhibition will feature about 110 artifacts from Penn Museum's 10,000 African holdings, a sampling of objects from other collections, and 15 contemporary popular paintings by African artists from the Ethnomedical Collection at the Medical University of Vienna (Austria), along with Curator Janzen's ethnographic photographs, botanical illustrations, video clips, oral and written testimonies. To enhance the educational impact of the exhibition both in Philadelphia and at traveling venues, the Museum 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 scholarly exhibition publication and hands-on materials for teachers, schoolchildren, families and individuals. The exhibition website, a collaboration between the Penn Museum and the African Studies Center, will provide information about artifacts in the Penn Museum and in other important collections, including 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 healing traditions. The African Studies Center maintains the largest and most active website on African culture in the world (over three million hits per month!), with a special section devoted to health and diseases in Africa, (<http://www.africa.upenn.edu/health/>).

African Healing Journeys is part of a comprehensive University-wide effort aimed at illuminating ethnographic, verbal, visual and performative dimensions of contemporary health and healing in Africa. The project will be directed by Dr. Kathleen Ryan, Associate Curator of the African Section at the Penn Museum; guided by co-curators Dr. Lee Cassanelli, Professor of History and Director of Penn's African Studies Center, and Dr. John Janzen, Consulting Scholar in Penn Museum's African Section and Professor of Anthropology at the University of Kansas; and enhanced through the consultation of numerous Africanist scholars and medical experts from across the United States. The University of Pennsylvania has an extensive network of specialists on health and healing in Africa, as well as a long-term commitment to research and practical application in this field, as evidenced by the Botswana-Upenn ACHAP (African Comprehensive HIV/AIDS Partnerships). The *African Healing Journeys* exhibition received start-up funding from the University of Pennsylvania Provost's Office, and in 2008 the project was awarded a planning grant from the National Endowment for the Humanities in support of consultants' visits to review the collections and discuss themes and interpretive approaches. A collaboration between the Penn Museum and the African Studies Center, the project is also co-sponsored by the University of Pennsylvania's Medical School, the Africa Health Group. The project illuminates the philosophical and humanistic themes of African healing traditions so as to enrich and inform these activities in the university and beyond in circles that continue to hold the perspectives and practices of African healing. Understanding African notions of sickness, health, and healing can provide insight into **how traditional local knowledge may be more effectively utilized in efforts to cure diseases**, and to work with global medicine to the best advantage in the future.

3.2. Project Introduction

The title of the exhibition, *African Healing Journeys*, offers a universally-identifiable metaphor through which average North American visitors will be able to identify with the African experience. "Healing Journeys" refers to multiple scales and spans of quests for healing and better health: the short-term journey from diagnosis to treatment that happens thousands of times daily in African lives; larger-

scale family or community confrontations with misfortune; 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, spatially, and not isolated within supposedly narrow ethnic boundaries. Africa is a huge continent, with many environmental, cultural, and lifestyle variations; thus this journey takes many different forms. Still, there is a recognizable underlying set of concepts and practices having to do with 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 nature of local knowledge; and the flexibility and receptivity to change. Understanding traditional African notions about sickness, health, and healing can provide a reconsideration of how local knowledge might be used more effectively in efforts to cure diseases, and to care for the sick in collaboration with global medicine.

The exhibition's focus on African health and healing illuminates the way that healers, ritualists, medical practitioners, scholars, artists, scientists, and purveyors of popular culture have articulated the journey from sickness to wellness, the role of suffering and the value of life. Sickness and healing in Africa are so powerful precisely because **the burden of disease has been heavy and constant**, with ancient chronic diseases such as malaria, sleeping sickness, childhood diarrhea—leading to relatively high birth and death rates—as well as a series of newer diseases such as tuberculosis, AIDS, and Ebola. The project examines the rich array of cultural coping strategies; bases of traditional and modern knowledge including materia medica; diagnostic and therapeutic techniques; as well as elaborate religious and philosophical responses to contemporary health challenges that include an understanding of African therapeutic ethics. The North American exhibition visitor may have had only media exposure to this reality of African health, and may see that story through stereotypes. But hopefully the visitor will be drawn to the story of creativity in the face of hardship and challenge, the human response.

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 (2003). It is the main point behind *ngoma* ritualist and anthropologist Philip Guma's research (1998) 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 issue of suffering is mirrored in a much more detailed ethnographic understanding of African healing by several generations of authors. Social suffering (Kleinman, Das, et al 1996) and the everydayness of violence (Das 2007; Ferme 2001) have become common topics for anthropological study. A vast and growing body of writing has amply demonstrated the richness of African understanding of a myriad of traditional ways to cure the body and person and society, as well as very sophisticated ways and institutions that embrace suffering creatively.

The *African Healing Journeys* exhibition will be innovative in its focus on the human journey from sickness to wellness, but will also reflect the increasing global interest in African health. The challenge of health crises and adaptive creative responses has sparked a number of exhibitions on African healing in recent years. The Museum for African Art in New York mounted *Wild Spirits, Strong Medicine: African Art and the Wilderness* in 1989; *Art that Heals: The Image as Medicine in Ethiopia*, 1997, featuring amulet scrolls; and *To Cure and Protect: Sickness and Health in African Art*, 1999, which first opened at the National Museum of Health and Medicine in Washington, D.C. *Herbs, Health, Healers—Africa as Ethnopharmacological Treasury*, was staged at the Afrika Museum in Berg en Dal (the Netherlands) in 1999. *Art and Oracle: African Art and Rituals of Divination* opened in 2000 at the Metropolitan Museum of Art in New York. The Fowler Museum at UCLA and the Durban (South Africa) Art Gallery produced the exhibition '*Break the Silence*': *Art and HIV/AIDS in South Africa*, in

2002, and *Make Art/Stop AIDS* in 2008 about HIV/AIDS awareness in Africa and other parts of the world. In London's Science Museum, the Africa section on *The Science and Art of Medicine* was updated in 2005. In 2007 the Harn Museum of Art at the University of Florida in Gainesville featured *African Arts of Healing and Divination* with pieces from its collection and original fieldwork in Burkina Faso and Ghana. Also in 2007, the University of British Columbia Museum of Anthropology exhibited *The Village is Tilting: Dancing AIDS in Malawi*, a presentation about how the Chewa of Malawi have adapted a traditional masquerade festival to feature characters in popular consciousness about the epidemic. Many other exhibitions on African art, culture, and history have included segments on healing and health, reflecting the pervasiveness of these themes in African life and expression. For the most part, these exhibitions have more narrow thematic or geographic foci than the one we are proposing. The Penn exhibition will highlight the historical development of wider regional (rather than strictly local or "tribal") traditions of healing across the continent and even beyond (as in the Atlantic world following the slave trade); the embedment of medical concepts and practices in ecologies and regional disease environments with long histories of their own; and the capacities of African healers to incorporate ideas and techniques from Islamic and Western sources into their indigenous healing traditions.

The formulation of a distinctive project at the University of Pennsylvania began in conversations among its leading faculty and researchers at the Penn Museum and the African Studies Center, with the full support of the Provost's Office. Ideas and dreams of the project were further developed in the 2008-9 year-long NEH Planning Grant, which allowed the curators to develop the themes and vision for the exhibition through multiple conversations with consulting scholars and Penn Museum staff. Consulting scholars also studied the Penn Museum collections to identify suitable objects for exhibition. In early **October, 2008**, curators and project director met with museum departments of exhibits and education; a seminar-type discussion was held with historians Feierman, Ngalamulume, Cassanelli; folklorist Ali-Dinar; anthropologists Janzen and Barnes; art historian Curnow; historical geneticist Tishkoff; and others regarding the selection of long-term disease histories in the exhibition. In **November 2008**, a consultation was held with **West Africanists** Mary Jo Arnoldi of the Smithsonian Institution and Kathy Curnow of Cleveland State University, both art historians. From her curatorial role in the Smithsonian's *African Voices* exhibition, Arnoldi offered important insight in how to present historical change as well as the continuity of African thought and practice through contextually specific exhibitions with explanations of why certain practices are used, and what they may mean. The hope is to overcome stereotyped exoticism, ahistorical and "othered" portrayals of African healing, to demonstrate how change and human agency are part of the historical record and the contemporary reality. In **February 2009**, project director, curators, and local advisers met with Rudolph Mojalemotho and Phillip Segadika, of the Botswana National Museum, respectively curators of ethnology and archeology. They reviewed the collections from **Southern Africa** and participated in several discussions of the exhibition's goals and ways they and their museum could contribute to the project. Several artifact sets from Botswana—e.g., divination materials—will be included in the exhibition. In late **March 2009**: Polly Nooter-Roberts, Wyatt MacGaffey, and Paul Stanley Yoder reviewed **Western Equatorial** and **Central African** collections. With project curators Janzen and Cassanelli and project director Ryan, and other scholars, they discussed the exhibition themes in light of collections. The next day the focus was on **Islamic African** and **Ethiopian** collections, reviewed by Ali-Dinar, Cassanelli, Adam Mohr and Marwa Ghazali. Both groups discussed the relationship of collections to the proposed exhibit themes and perspectives.

The consultation sessions allowed an interdisciplinary group of scholars—in history, art history, anthropology, classics, folklore, public health, psychiatry, genetics and other medical researches-- to identify relevant objects from the collections and to engage in creative discussion regarding the best ways to interpret the material. As a result of these discussions and consultations, *African Healing Journeys* moves beyond the very fine focused exhibits mentioned above. A number of humanities themes consolidate the insights of existing scholarship and collections strength. Some of these themes are general to the entire project, others will be used as organizing banner sections in the exhibition (see the Exhibition Walkthrough Section 4.2).

- ***Offsetting Stereotypes through Historicization and Localization of Subject-Matter***: The project

presents an overview of African health and healing as a complex yet comprehensible single scholarly topic. It seeks to demystify for exhibition visitors who have not read the scholarly literature the topic of African healing that has been the butt of very negative Western stereotypes for a long time. It does this by stressing historical development, and the capacity of local healing traditions to incorporate new techniques and perspectives in the healing process. It recognizes a widespread openness to change, and an acceptance of medical pluralism in responses to new diseases and health challenges (Feierman 1992; Cassanelli 1995). Thus, as is illustrated in the exhibition, Niger-Congo institutions have spread over 3,000 years from West Africa to all of Sub-Saharan Africa (Vansina 1990; Ehret 1989; Schoenbrun 1998; Janzen 1992). These have been impacted by the Atlantic World and mercantilism (Janzen 1982), and colonialism (Comaroff & Comaroff 1992; Ngalamulume 2006a, 2006b; Kalusa 2003; Vaughn 1991; Hunt 1999); there has been the adoption of biomedicine; the spread of many new healing cults (Van Dijk et al 2000; Wastiau 2000); the commercial spread of imported Western drugs within African healing perspectives (Whyte, van der Geest, Hardon 2003); and the impact of formal education and science on the understanding of the body's functions. All these changes occurred alongside the persistence of distinctive perspectives toward misfortune (Whyte 1997) and healing.

- ***The Place of Agency and Story in the Elaboration of Experience and Knowledge.*** The result of these historical factors on any single community, country, or region is the co-existence of rich and elaborate systems of knowledge, some derived from social experience and sacred beliefs handed down through generations (Feierman & Janzen 2010). Others are based on practical knowledge of plants, the precolonial understanding about environmental control of diseases such as sleeping sickness (Ford, 1971), cosmologies, systems of classification, codes of pollution and purification, deep familiarity with the environment. Seen up close, these schemes of practice and knowledge are daily re-enacted by individual experts and layfolk alike. Today, practitioners speak and write about their work; scholars study this work to discover the underlying rationale for action and use of materials; developers seek to schematize such knowledge and experience for greater societal advantage (Harjula 1980; Rwangabo 1993). This knowledge also includes the embodied memory of individual and societal experience—"memory in motion" (Nooter-Roberts), particularly trauma (Werbner 1991), or the disease legacy of colonial and racial oppression (Fassin 2007). Thus, the exhibition will present the ingredients of compound medicines or *min'kisi* so as to explain why each ingredient is used, how it is used, what it means, or what its biochemical properties may be, just as one might identify the elements of a synthetic drug, plus its advertising, and the context of its use. The exhibition will profile case studies of both African indigenous healing and an Africanized biomedicine; it will identify the distinctive social and cultural features of African healing and the diverse ways of dealing with particular diseases. Where available, personal narratives of experiences of sickness and healing will be presented in the exhibition and in further educational materials. The "biography of medicine," an idea originally inspired by van der Geest's work (Whyte, van der Geest, Hardon 2003) in Africa, informs this exhibition's focus on "healing journeys" to show the uses, meanings, and outcomes of the entire process from collection of medicines to the client's final judgment. The exhibition and supplemental materials will be sprinkled with individual testimonials and case studies that illuminate broader thematic principles (see section 4.2 Exhibition Walkthrough and Appendix F).

- ***The Iconic Quality of Historic and Contemporary Objects:*** The exhibition team is sensitive to the power of objects to communicate feelings, impressions, and ideas. To offer the audience a compelling iconic "thread," consultants and project personnel selected the Sherbro Guardian of the Medicine of the Yassi Society as the iconic object for the exhibition (see photo in Appendix D). The object features a woman rising from the center of a bowl- or vessel-shaped base, her hands placed over her stomach. Her appearance parallels the ideal features of female masks of the Bondo or Sande society, of a beautiful, that is health, body. Each exhibition section will have a few objects of iconic quality, often the work of master artists (Strother 1999)—sculptures from the museum collection, photographs, paintings—that visually demonstrate the cultural messages that are formulated in the themes. For example, the simple milk container—gourd, carved jar or jug, or tightly woven bag—conveys the image of the central utensil

of all pastoral societies, the preciousness of the milk or yogurt, or blood that they contain; the twisted masked face, one side white, the other dark, conveys the pain and loss of control of the seizure. These objects speak as icons; their meaning lies in their very form and aesthetic quality, reflecting the skill and insight of the object's creative power; and in the stories they carry as evocative object that resonate with general audiences. The exhibition gives such objects fuller environmental, social, and historical contexts, where possible even the "social history" of particular pieces (Wastiau 2000b), to situate the viewer's grasp of the meaning of sickness and the quest for healing and health. To strengthen the historical perspective of constant change, classical African cultural objects from the Penn Museum collections will be juxtaposed with contemporary paintings of the Vienna collection and ethnographic photographs from the curators. The exhibition format built around iconic objects and objects in general help achieve the goals of educating the general public, K-20 audiences, research scholars, and international agencies working in African health development; to appreciate the reasons for the strategies Africans living in diverse environments have employed to cope with illness, as well as to document the unfolding ideas, techniques, and socio-cultural formations of medicine on the continent.

- ***The Measures of Humanity: Beauty and Health versus Suffering and Death:*** "African Healing Journeys"—the project and the exhibition—benefit from recent humanities scholarship to universalize the theme of "measures" by which humaneness in sickness and health are drawn. Audiences should relate to this discussion as it is portrayed in the exhibition. Already mentioned above, South African author J.M. Coetzee notes that all civilizations and societies value, frame, and make sacred birth, life, and death. In his essay on "The Humanities in Africa" (in *Elizabeth Costello*, 2003), Coetzee portrays responses to the AIDS epidemic as a struggle between the naturalist "measure of man" rooted in the classics, and the perspective that embraces the burden of suffering. He situates this tension of perspectives as a dialogue between two fictional sisters--Elizabeth Costello a classicist, and her sister who has become a nun in a Durban AIDS hospice. It is a contemporary expression of a much older disparity of the classics as perpetuated in humane studies, and the allure of religions that stress suffering, charity, and martyrdom as part of salvation. He notes that this tension exists in its own right within African traditions with their counterparts to the Greek ideal of the perfect and beautiful body, as well as embodied and orated expressions of disease and death, and in recent years the African independent churches, and certain interpretations of mainstream Christianity, and Islam. Coetzee leaves open the question of whether classical learning, with the measure of man in the healthy body, is sufficient to cope with the suffering of AIDS. The tension between these perspectives on suffering is rarely resolved in a particular circumstance of disease, or a particular epidemic, or chronic disease. It is a facet of the human condition, a central issue in the interpretation of misfortune in African ritual and healing traditions. In any event, Coetzee's portrayal of beauty and health versus suffering and death offers "African Healing Journeys" a powerful analysis for the opening exhibit section. Average audience visitors will readily grasp the sculpted idealizations of infants, fertile young women, maternity figures, leaders, ancestors, and legendary heroes along the stages of life, standing in contrast to depictions of sickness, suffering, chronic affliction, and death. The viewers will understand the "measure" for being human through idealized personae over the life-course and in disease or distress even without knowing the particulars about each individual object on display.

- ***Living in Balance with Nature:*** This theme articulates an appreciation of different environments and modes of adaptation that shape the pattern of disease, prevention, and healing (Ford 1971), and that visions of health are grounded in living in a particular place, just as healing expresses diverging ways of life. The underlying principle of balance or of a movement toward adaptation and balance holds whether the community is pastoralist and lives in an arid desert or savanna setting (Ryan 1999, regarding adaptation to animal milk; Tishkoff et.al. regarding genetic change), or agrarian and lives in a moderate rainfall savanna environment (Schoenbrun 1998), or agrarian and lives in a high rainfall forest environment (Vansina 1990), or whether it inhabits a fishing or coastal environment or an urban environment (Fassin 1992); or is a diasporic community that carries on ancestral traditions in Europe, North America (Chireau 2003), or elsewhere. Perceptive scholarship has identified the self-conscious

formulation of this theme in language and culture—e.g., the verb *kulunga* (Ngubane 1977 for Southern Africa; Janzen 1982a for Western Equatorial Africa), widespread in Sub-Saharan Bantu languages of the Niger-Congo family. Some healers are called *nganga lunga*, one who restores balance; Kalunga is the spiritual realm of the cosmic sea that surrounds the earth in Western Equatorial African thought. “Living in Balance with Nature” becomes a subsection of the exhibition.

- ***Sicknesses, Medicines, Therapies, and the Interpretation of Misfortune:*** “African Healing Journeys” project personnel and planning consultants discussed at length how to convey the rich scholarly literature on African health and healing to a general audience with minimal background, but as typical Americans, concerned with their own health and healthcare. There are common themes and echoes of common issues, as well as deep contrasts. African healing is holistic, reputed to be efficacious for both its material and technical means (Janzen & Green 2003; Harjula 1980), and for its symbolic and rhetorical power (Turner 1967; Rasmussen 2006; Devisch 1993). The charisma of the healer, the role of the healer in social order (Curnow, 2007), the persuasiveness of the narrative, songs, art and rituals; as well as the knowledge of plants and other materia medica have long attracted scholars, therapists of other traditions, and devotees alike. African healing combines these realms that are separated in modern Western scientific medicine. Yet in the African context, medicines and artifacts of healing are selected with complex concepts that govern the understanding of the inherent qualities of the materials (Watt & Breyer-Brandwick 1962; Harjula 1980); the nature and power of the universe (Morris 2000a, 2000b); how it is organized; and the intended effect of the application of those materials. Humanistic understanding and interpretation are required to grasp the role of agency of the healer, the “density” of communication, as well as the chemistry of the medical material and its efficacy. Such Central African cognates as *buka* (whence *mbuki*, or *nganga mbuki*, as the term for doctor; *nganga n’kisi* for doctor of complex medical compounds and rituals) have for centuries defined this holistic approach.

“African Healing Journeys” will also acknowledge the social basis for African medicine. Many African societies are organized as lineages in which primary membership is based upon paternal or maternal identity. This expanded adherence of the individual affects not just the sense of self, but also the question of who in the family has a vested interest in the health of individuals, and who is responsible for well-being in times of distress. Therefore, sickness—the major form of misfortune—is often a moral issue (Turner 1975; Whyte 1997; Mendonsa 1982; Pemberton 2000). Divination is required to sort out whether a misfortune or sickness is “just there” or whether it is “human caused” (Janzen 1982; Feierman & Janzen 1992)—in some Islamic communities, whether illness falls in the sphere of Allah (the result of moral or spiritual failings) or is of human origin (provoked by jealousy, deviant behavior, etc.). By situating divination with the societal basis of African healing, we are acknowledging the social foundation of medical knowledge and the journey of healing. Divination is ultimately a family or community query about the nature of misfortune. However, the most intriguing material representation may be that of divination instruments used widely across African societies by diviners to determine whether a particular sickness or misfortune is caused by human agency or whether it is “natural,” and just happens, and needs to be referred to appropriate and distinctive healing spheres and therapeutic specialists.

If, and as, agency is determined to be present in sickness and misfortune, recourse is made to different kinds of therapies that deal with relationships, social institutions, public order, and the supernatural beings in relation to these human settings. The scholarly literature has referred to this shift in type of response as an “increased ritualization,” or “high intensity” healing of both individual and collective levels (Prins 1992: 346-260). Defensive and offensive medicines illustrated by Kongo *min’kisi* and many kinds of amulets in the Islamic and Christian healing traditions illustrate this process (MacGaffey 1991, 1993). The undercurrent of social conflict is sometimes addressed through direct therapeutic and even judicial action where human cause of affliction is apparent (Janzen 1992). Another level of institutionalization in African healing of chronic affliction deemed attributed to human or spirit agency is the healing cult of permanent membership (Janzen 1992). Recruited because of their spirit-called sickness, healers here may evoke the widespread phenomenon of the “suffering healer” (Turner 1968) or the “wounded healer” (Reis 2000). The host is “chosen”—that is possessed—by the ancestors or spirits that transform the identity of the sufferer and provide the basis of a specialized community, the

ngoma “drum of affliction” in Bantu Africa (Turner 1968; Janzen 1982; Spring 1978; Janzen 1992; Devisch 1993; Wastiau 2000a), or shrines and secret societies in West Africa (Ferme 2001), gender-specific societies on the Guinea coast, or Christian and Islamic congregations or communities. These provide social networks and support groups of the afflicted that embrace the special identity of affliction. The embrace of suffering is best illustrated either by healers' ritual dress, hats, special identifying garb, and paraphernalia, including advertising posters and signs in contemporary urban settings, or paintings of healers by contemporary artists. Artifacts from cults of affliction (also referred to as possession cults, shrines, and societies), widespread across the African continent, include drums (the voices of the ancestors and spirits), rattles, sculptures, costumes, and ritual paraphernalia.

Healing Words and Images: Although bodily “inscription” has a long history in African ritual, art, and medicine, the emergence or introduction of writing, and accompanying worldviews, offered an alternative manner of representation of suffering, healing, and health (Nooter-Roberts (1993, 2007). Sacred texts such as the Koran and Bible, and sacred images in Coptic Christianity have conditioned how the meaning of suffering and the aspirations of healing are communicated, as “drinking the word” in Islam, “reading as healing” and “gazing into the eyes” of Ethiopian Christian icons (Mercier 1997) to invoke healing. Significant collections of amulets, icons, scripts and scrolls in the Penn collection allow for the inclusion in “African Healing Journeys” of a section on NE African healing.

Throughout the exhibition interpretive texts and study materials will guide the visitor in reviewing the exhibition objects and images, and in making relevant connections to their own experience. Where African traditions exist in the North American diaspora, they will be referenced.

3.3. Description

3.3.1. Interpretive Approach: The NEH planning grant allowed us to explore the key themes described above, and to develop strategies for public interpretation of the subject matter. The exhibition's interpretive approach will combine museum objects displayed in an exhibition system to include labels, panel texts, video-films, brochures, and a catalogue. The project's scholarly foundation coordinates the general and particular themes with the objects and supporting texts, films, and other materials. Although the interpretation of the material will be historical, and socially contextualized, the exhibition's main themes do not lend themselves to chronological ordering. The themes will be presented as exhibition sections so that the viewer may follow interest and inclination, or associate two or more themes because of their juxtaposition, and connect stories of people in their different healing journeys. Each section will have a title and a thematic text; objects will receive label texts and brief additional information as warranted. Each section has one to three key objects that are so striking and whose relevance to the theme is so obvious as to be iconic—that is, understandable from their very appearance. These are shown in Appendix D: Object List. Please note that the interpretive approach will also, to some degree, be carried over into other aspects of the overall project, such as the exhibition website and related educational materials, described below in Sections 4.4, 4.5 and 4.7.

3.3.2. Exhibition Space and Design: The exhibition “African Healing Journeys” suggests a rhythm alternating between enclosed house-like structures and open spaces (see Floor Plan, Appendix G). The “walls” are constituted of modular segments including display cases, text/graphics panels, vitrines, fabric banners and “windows” and “doors” or open spaces. While there are physical strength and electronic lighting reasons to tie the exhibition units together in this wise, the design rationale seeks to convey the implicit message that health and healing are a supremely human and social story that unfolds in the semi-private spaces of countless homes and in public spaces or squares of local communities. These domestic-civic-urban spaces overlook open spaces of nature. Three levels of text guide the visitor: first level exhibition section texts are located above the exhibitions proper or from banners; second level titles, announcing the sub-sections, are on or above the exhibition components; interpretive texts are section and subsection specific; objects all have identifying texts, some have interpretive texts. Although this walkthrough follows a particular linear course through the exhibition, the sections are self-contained and

a visitor who roams through them in any order will easily grasp the depth of each theme and the logical connections between them.

3.4. Audience

Penn Museum will plan a variety of programs, both outreach and in-house, to the very diverse audiences that comprise our visitation. Our constituencies include scholars, schoolchildren, teachers, families, and tourists visiting the Delaware Valley region. As Philadelphia is one of the nation's most culturally diverse cities, we will devise programs to reach children and adults from a broad range of economic and ethnic backgrounds. For example, the city's Caribbean residents and new African immigrants should find materials in the exhibit which resonate with the folk and family medicine that is still frequently practiced in these large diaspora communities.

The subject of Africa, in all its aspects, has always proven to be a big draw for visitors in the Delaware Valley region. Penn Museum has a remarkable collection of African materials, including one of the finest groups of 17th century Benin bronzes in the United States. A large exhibition of Penn Museum's African holdings was held in 1987 at the Philadelphia Museum of Art and drew record-breaking crowds from the African-American community and the general public at the time. Additionally, a recent exhibition of Benin art at the Penn Museum drew in large numbers of visitors, particularly from African and African American communities in the area.

In 2005, the School Reform Commission, a panel that sets policy for the Philadelphia School District, mandated the teaching of African-American history in high schools—the first school district in the country to do so. The curriculum begins with a history of Ancient Egypt and moves through centuries of African history prior to the period of slavery in the United States. As of last year there were 185,000 students enrolled in 53 high schools in the School District, two thirds of them being African-American. This is an important and frequently underserved part of our local community, and Penn Museum has traditionally conducted outreach programs to these constituencies.

While there is not a widespread knowledge of the complexity and sophistication of African history in the community, there is a growing interest in learning more about ancient and contemporary African cultures. The topic of the proposed exhibition, combining the traditional and sometimes ancient healing ways with contemporary medicine, will emphasize not only the breadth of knowledge of medicinal plants in the past, but the extent to which modern medicine is integrating that knowledge in the present. At both the Penn Museum and its traveling venue hosts, the exhibition will be accompanied by a range of public programming which addresses the needs of diverse audiences. Each exhibition venue will present public programs integrated with the exhibition components to engage visitors in learning about African health and healing, both historical and contemporary. An expanded description of Penn Museum's public outreach programs, including K-12 programs for teachers and students, is included in Section 4.5 below. The exhibition's associated public programs will give the visitors the opportunity to make cross-cultural comparisons and to raise questions about the continuing relevance of healing traditions within their own cultures.

We recognize that African Americans currently make up over 45% of the population within the city of Philadelphia; and that Hispanics and Latinos account for 10% of the population (2005 American Community Survey). Also, about 20% of individuals living in Philadelphia speak a language other than English at home. Philadelphia hosts a strong medical community with 22.8% of working persons being in the fields of healthcare and social assistance. In Lawrence, Kansas, African Americans make up almost 5% of the population; and 9.4% of people work in healthcare and social assistance. The city of Los Angeles has a current African American population of nearly 10%. It is also home to numerous major medical centers, having 10.6% of the population working in healthcare and social assistance.

There is a built-in audience for the exhibition in terms of medical institutions and clinics, doctors, nurses and technicians, most especially on campuses, in the Philadelphia area as well as at other University of Pennsylvania as well as at the committed traveling venue locations. Penn has a number of groups, including the Penn clinic in Botswana, which is presently working on various diseases endemic to Africa and its many different climates and geographical areas. Educational programming through both

the Penn Museum and the African Studies Center will be designed to draw in that audience, as well as Africanists in the region. The exhibition will form the centre of a very active array of educational materials, outreach lectures, symposia, celebrations and other services to enhance the experience for as broad a spectrum of our audiences as possible.

3.5. Organizational Profile

Penn Museum's mission is to advance understanding of the world's cultural heritage through its research, collections, and dissemination of knowledge. Since its founding in 1887, the Museum has sponsored more than 350 anthropological and archaeological expeditions on every inhabited continent, and is still active at 18 current sites around the world. Collections now include over a million objects, most of which are historically well-documented. The structure housing and exhibiting these objects has grown into a complex of six buildings totaling 350,000 square feet. The Museum currently employs 114 full-time staff and 56 part-time staff, and has a cadre of 345 volunteers. The 26 curators responsible for the collections also hold faculty appointments in academic departments of the University. The Museum's annual operating budget is approximately \$17.2 million, of which \$6.9 million is provided by the University, with the remainder provided through the Museum's endowment, entrance fees, sales and service activities, membership dues and substantial fund-raising for individual projects. The Museum's annual attendance is approximately 170,000 onsite visitors. In addition to these numbers, another 17,000 children, many from economically-disadvantaged areas, are reached through Penn Museum's school-based programs, *International Classroom* and *Mobile Guides*; and approximately 10,000 individuals are reached through Pennsylvania's Commonwealth Lecture community-based programs. The Museum reaches an additional 500,000 people a year through its traveling exhibits program, and over 5 million visitors to its website and online exhibitions.

Since its founding, Penn Museum has served as a center of scholarship and public education about world cultures. The Museum annually produces a wide variety of exhibitions and educational programs, including in-school and outreach activities, gallery tours, and public events for all ages. The Museum's permanent and traveling exhibitions directly support the organizational mission by promoting a greater public understanding of the world's peoples, past and present, through their material culture. Traveling exhibitions provide a tremendous opportunity for the Museum to share its collections and research on a national level, and to reach audiences far beyond the Museum's geographic location. Since the inauguration of the Traveling Exhibits program in 1988, the Museum has produced and circulated a number of major exhibitions, documenting and interpreting the history and range of human culture. Penn Museum's production of high-quality traveling exhibitions is made possible by the strength of its documented collections, curatorial expertise, and talented in-house professional staff of designers, conservators, educators, and interpreters. The Museum is committed to displaying its collections through well-designed and accessible exhibits that convey meaning to audiences of diverse ages, backgrounds, and levels of previous knowledge. Traveling exhibitions provide a tremendous opportunity for the Museum to share its collections and research on a national level, and to reach audiences far beyond the Museum's geographic location. Since the inauguration of the traveling exhibitions program in 1988, the Museum has produced and circulated a number of major exhibitions, documenting and interpreting the history and range of human culture, such as *Ancient Nubia: Egypt's Rival in Africa*; *River of Gold: Precolumbian Treasures from Sitio Conte*; *Roman Glass: Reflections on Cultural Change*; *The Royal Tombs of Ur*; and *Pomo Indian Basket Weavers: Their Baskets and the Art Market*. Traveling venues have included the Metropolitan Museum of Art; the Smithsonian Institution (the National Museum of Natural History, the National Museum of the American Indian, the National Museum of African Art and the Arthur M. Sackler Gallery); the Baltimore, Dallas, Denver, Detroit, Cleveland and Seattle Museums of Art; and the Oriental Institute Museum in Chicago; among many others. To reach an even broader audience, both regionally and at traveling venue locations, Penn Museum regularly develops educational components which include freely-accessible website resources and downloadable educational materials.

Penn Museum's partner in developing the *African Healing Journeys* exhibition is the University of Pennsylvania's African Studies Center, whose mission is to bring together researchers and students,

along with cultural, business and media entities, to gain knowledge of contemporary and historical Africa. The Center coordinates a wide range of course offerings and events in a variety of disciplines ranging from history, language and culture to health, science and business. The geographic expertise of Penn Africanist faculty and staff spans the continent and extends to the African diaspora. They share a commitment to an interdisciplinary approach to the study of African people, their institutions, and the wider world where they now reside. Distinguished visiting scholars from the United States and Africa regularly contribute to the Center's diversity of expertise, while benefiting from the resources available at Penn and in the region. In recognition of the quality and richness of African Studies resources at Penn, Bryn Mawr, Haverford, and Swarthmore colleges, this four-school consortium has repeatedly received Title VI National Resource Center grants from the United States Department of Education since 1993.

3. 6. Project Team

The project team for *African Healing Journeys* consists of a Museum Exhibition Committee of Africanist scholars and professional museum staff; scholarly consultants from the University of Pennsylvania; and consultants from collaborating institutions and others who bring specific expertise to the project. The University of Pennsylvania has an extensive network of specialists on health and healing in Africa, as well as a long-term commitment to research and practical application in this field. The distinctive roles and contributions of these team members are detailed below:

3.6.1. Museum Exhibition Committee

Dr. Kathleen Ryan, Project Director, Associate Curator of the African Section at the Penn Museum. She served as a Research Scientist at Penn Museum's Applied Science Center for Archeology (MASCA) and has extensive experience studying medicine and other facets of culture of the Maasai pastoralists of Kenya, with a focus on the emergence of cattle and milk in the diets of highland Kenya peoples. She is with Dr. Lee Cassanelli curating the case study on East African pastoralist medicine.

Dr. Lee Cassanelli, Co-Curator, is a Consulting Scholar in the African Section at the Penn Museum; Professor of History at the University of Pennsylvania; and Director of the African Studies Center. His expertise in the Horn of Africa will provide insight and guidance for this region in the project's implementation. As co-curator he will coordinate the participation of faculty from Penn's School of Arts & Sciences and its other professional schools.

Dr. John Janzen, Co-Curator, is a Consulting Scholar in the African Section at the Penn Museum, and Professor of Anthropology at the University of Kansas. He is a senior scholar of African health and healing, the author of several monographs and many papers on African health and medicine, and he has trained MA and PhD students in medical anthropology. He has extensive research experience with African collections –e.g., his book on the historic Lemba healing cult, and his work with the [Kansas African ethnographic collections](#), and a decade of museum experience as developer and director of the [Kauffman Museum at Bethel College](#), North Newton, Kansas, where he oversaw two NEH planning grants, three exhibit implementation projects, and an endowment challenge match. He has drafted the exhibition storyline. He will oversee the preparation of major interpretive texts and edit the catalogue.

Dwaune Latimer is the Jean Friendly Keeper of the African Section Collections. She will contribute her understanding of the collections and assist in the selection of artifacts, and in the compilation of registration information and any background that may be available in the Museum.

Dr. Klare Scarborough is a consultant on the exhibition project, with extensive experience in exhibition development and management. She will assist with the project implementation as needed.

Gillian Wakely is the Merle-Smith Director for Education at the Penn Museum. She is an experienced developer of educational exhibitions, programs and outreach materials. She will lead the development of educational programs, materials and school activities.

Anastasia Shown is the Assistant Director for Outreach at the University's African Studies Center. She will help coordinate outreach programs with the Penn Museum's Education Department.

Lynn Grant is Senior Conservator for Traveling Exhibits at the Penn Museum. She will assess the conservation needs of the exhibition objects and oversee all conservation work.

Kate Quinn is Lead Designer and Head of the Exhibits Department at the Penn Museum. She will be responsible for oversight of design and installation of the exhibit at Penn Museum.

Aaron Billheimer is Exhibits Technician and Graphic Designer at the Penn Museum. He will be responsible for graphic design, fabrication, and installation through to production.

William Whiting is an Exhibits Designer and Mount Maker. He will create structural mounts for artifact display and assist with the design and installation of the exhibit.

Robert Thurlow is Traveling Exhibits Coordinator and Interim Loans Registrar at the Penn Museum. He will coordinate all of the arrangements with the traveling venues.

Amy Ellsworth will oversee design of the Penn Museum web site content related to the exhibit. She will also liaise with Dr. Ali B. Ali-Dinar, Associate Director and Outreach Coordinator of Penn's African Studies Center, who oversees the Center's extensive website on African culture.

3.6.2. University of Pennsylvania Consultants

Dr. Steven Feierman is Professor of the History and Sociology of Science at the University of Pennsylvania. He is an internationally-recognized Africanist historian and a leading scholar of the social history of medicine in Africa. His special areas of research include the history of health and healing in Africa, the content and uses of orally transmitted knowledge, and the place of knowledge about Africa in the social sciences. His expertise in East Africa will be critical in the interpretation of related collections.

Dr. Sandra Barnes is Consulting Curator in the African Section at the Penn Museum, and Professor of Anthropology at the University of Pennsylvania. She is the co-founder and co-director of the Africa Health Group, which forges interdisciplinary links for students and faculty of the Penn School of Arts and Sciences and the School of Medicine who share interests related to health in Africa. She is a former Director of Penn's African Studies Center. Her expertise in West African cultures and societies will be critical in the interpretation of related collections. She has studied the Hall Sherbro collection of medicinal objects at the Penn Museum and will be instrumental in the interpretation of that collection.

Dr. Ali B. Ali-Dinar is Associate Director and Outreach Coordinator of Penn's African Studies Center. He is the keeper of the Center's internationally-reputed website who will oversee all aspects of the website relating to the project. He is an expert in Sudanese and Darfurian healing traditions in an Islamic context and has been involved in the review of Penn Museum's Islamic and northeast African collections

Dr. Audrey Mbeje is African Language Coordinator of Penn's African Studies Center. Dr. Mbeje's extensive network of contacts with African language experts throughout the country will be of great value to the project as we seek to integrate African verbal concepts into interpretive material.

Dr. Sarah Tishkoff is Associate Professor of Genetics, University of Pennsylvania. **KATHLEEN RYAN WILL ADDTEXT from her bio.**

3.6.3. Outside Consultants

Dr. Wyatt MacGaffey, Professor of Anthropology Emeritus Haverford College, is a leading scholar on Central African religion, art, and society, in particular the *min'kisi* or power figures of Western Equatorial Africa that are significant in the representations of historic African healing culture. He has also recently begun work in northern Ghana. His understanding of the Museum's Central and West African collections has been invaluable in the selection and interpretation of exhibition artifacts, in particular Loango *min'kisi*.

Dr. Allen F. Roberts is a socio-cultural anthropologist and Professor in the UCLA Department of World Arts and Cultures. He has conducted extensive research in southeastern Congo (DRC) and has studied visual cultures of Senegal for the last fifteen years. His broad experience in African Studies and his significant expertise concerning problem-solving and healing, visual practices, arts and AIDS awareness, and expressive culture of Islam will contribute to the review and interpretation of relevant collections. His NEH-funded exhibitions "The Rising of a New Moon: A Century of Tabwa Art" (1986) and "Animals in African Art" (1995) bring important perspectives to the present project.

Dr. Mary Nooter Roberts is an art historian of western and central Africa and the Indian Ocean

World. Formerly Deputy Director and Chief Curator of the UCLA Fowler Museum (1999-2008), she is now Professor of Culture and Performance in the UCLA Department of World Arts and Cultures. Her research and publications on divination, memory, and representation will be useful in the review of collections and their use in exhibiting project themes. Her acclaimed NEH-funded exhibitions, "Memory: Luba Art and the Making of History" (1996) and "A Saint in the City: Sufi Arts of Urban Senegal" (2003) demonstrate Dr. Roberts's ability to make humanities themes accessible to broadest possible audiences.

Dr. P. Stanley Yoder, a Research Anthropologist with ORC Macro in Calverton, Maryland, has conducted many health survey and research projects, and designed public health campaigns for a wide variety of programs in African countries. Together with Jill MacDougal he has designed and studied theater in relation to public health campaigns. He is a PhD anthropologist (UCLA) with an appreciation for culture and history. He will bring to the project a wealth of illustrations of the way that popular culture and popular images meet specialized healing as well as public health campaigns and policy. His interview protocols always incorporate local language and culture in an attempt to understand the way disease is understood and how people relate to it behaviorally.

Dr. Mary Jo Arnoldi, is an art historian and Curator for African Ethnology and Art in the Department of Anthropology, National Museum of Natural History, Smithsonian Institution where she works extensively with museum collections. She has carried out research on art and performance in Mali since 1978. Dr. Arnoldi's work on the "African Voices" permanent Africa exhibition at the Smithsonian will bring to the project an expert eye for the review of collections, particularly from West Africa, and ways that they can illuminate the themes of the project.

Dr. Kalala J. Ngalamulume is a social historian of medicine at Bryn Mawr College, where he teaches courses on the history of medicine in Africa, urban history, Francophone West Africa, public health and witchcraft in Africa. He grew up in the Kasai region of the Congo, studied in Kinshasa, and expanded his research interest to Senegal with his PhD research. He will bring to the project a wide background in the layered story of colonial medicine in relation to African healing and health.

Dr. Susan Watkins, currently Professor of Sociology at UCLA, leads the Malawi Diffusion and Ideational Change Project of the Population Studies Center. She conducted research in rural areas of Kenya and Malawi to study the effects of gossip on the dissemination of information about AIDS.

Charles R. Regier is Curator of Exhibits at the Kauffman Museum of Bethel College, North Newton, Kansas. He has extensive experience with designing and creating traveling exhibits, and he has produced a preliminary floor plan and elevations for *African Healing Journeys* (see Appendix G). He will assist with the design and fabrication of the exhibition during the implementation phase as needed.

Minda Borun is Director of Research and Evaluation at The Franklin Institute Science Museum and a consultant with Museum Solutions. A leader in the field of museum learning and evaluation, she conducts exhibition, program, and web site evaluation for museums and other informal learning institutions, organizations and federal agencies. She will be enlisted to conduct both front-end and summative visitor evaluations on the exhibition.

Dr. Rudolph Mojalemotho is Head of the Ethnology Department of the Botswana National Museum. He will assist with the selection and interpretation of exhibition materials from Southern Africa, currently focused on divination paraphernalia.

Dr. Phillip Segadika Head/Principal Curator, landscape Archaeologist, Archaeology and Monuments Division, Botswana National Museum. He will oversee all loans, and assist in interpretation of relevant materials.

Dr. Adam Mohr has field experience in Ethiopia and Ghana with healing, and with healing churches in the Philadelphia area. He will assist in the final selection of Ethiopian healing objects, and in contacting healers in the Philadelphia area working in African traditions.

Dr. Reinhild Kauenhoven Janzen is Professor of Art History at Washburn University, Topeka, Kansas. She has training in African art, and extensive experience in exhibition development, particularly curatorial work of object selection, description, text editing, and copy and label preparation. She will work with John M. Janzen in curatorial work of the exhibition and editing of publications.

3.7. Work Plan

Storyline & text development	Exhibition design & production	Education & programming	Catalogue	Website
2010: July-Sept. consultants confirm objects, themes, sections;	Design begins: refine concept, themes, sections; review object list;	Identify text for use in K-20 educational materials;	authors begin catalogue chapters; select images to be included;	Ali-Dinar incorporates AHJ into health section of Center website;
2010: Oct-Dec. text and design coordination; interpretive text	Develop exhibit model, visual identity; begin graphic design;	conference/speakers selected; invited, dates established;	coordinate design features with exhibit & text;	design elements coordinated;
2011: Jan-Mar. object labels & text written	Technical design; develop full size prototypes of components;	begin program planning; speakers, topics selected; dates established		Conversion of images and Interpretive text to website begins;
2011: Apr-June	Develop interactive elements; continue graphic design; work on maps & charts			
2011: July-Sept write catalogue introduction; edit	Prepare fabrication drawings & select builder	Design brochure; educational materials	First drafts submitted for proofreading;	AHJ website provides advance notice/information on other aspects of project.
2011: Oct-Dec	Select suppliers & subcontractors		Revisions & editing of text; final selection of images;	
2012: Jan-Mar	Begin fabrication, basic exhibit components final graphic design, text, photographs		Submit copy to publisher/printer	
2012: Apr-June	Continue fabrication; graphics into production	print brochure and educational material		
2012: July-Sept	Final fabrication, assemble all components, install graphics, ship components to Penn			
2012: Oct-Dec	System install at Penn, object installation		Publish catalogue;	
2013: Jan-Feb	Public Opening	Opening—conference; educational events		
2013: Mar-Jun		Ongoing educational		

		and public programs		
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3.8 Samples of Previous Digital Work

This is not applicable. However, as stated in Section 4.7 below, please note that we will seek additional outside funding to develop an exhibition website that contains many useful educational resources and links. This will be a collaboration of the Penn Museum, www.museum.upenn.edu, and the African Studies Center, <http://www.africa.upenn.edu>, which features a web section about Penn's Africa health interests, <http://www.africa.upenn.edu/health/pennprojects.htm>, along with a special section with resources on health and diseases in Africa, <http://www.africa.upenn.edu/health/>.

3.9 Fundraising Plans

The Penn Museum is enthusiastic about the prospect of raising funds for *African Healing Journeys*, and we are currently exploring potential donors and sponsors who will subsidize the costs associated with the implementation of the exhibition and all aspects of the larger project. With a wealth of in-house scholarly expertise and a professional museum staff, we already have the necessary intellectual and human resources, as well as the experience, needed to produce a major traveling exhibition about health and healing in Africa. We also have dedicated Board members, who view exhibitions as having great potential for fulfilling our educational mission among diverse public audiences.

Our fundraising plan calls for approaching both traditional and unique funding sources to sponsor and/or underwrite the exhibition, including both individuals and foundations with a stated interest in projects dealing with Africa, such as Hewlett, Carnegie, Ford, and others. Additionally, we will approach both individuals and foundations that have an interest in and a history of support for the Museum’s exhibition program, and we will also identify, cultivate, and solicit new individual and foundation prospects. We are currently working with Penn’s Development Research Office to pro-actively identify private individuals interested in African art and medicine. We will also explore potential corporate sponsors, such as pharmaceutical or medical companies with an interest in reaching new audiences with information about global health and healing.

The planning phase of the project has already received initial financial support from Penn’s Office of the Provost. In addition, the project was awarded a one-year Planning Grant from the NEH in 2008. Alongside this current application to the NEH for implementation funding to support the direct costs associated with producing the exhibition, we will also seek additional funding from both federal and private sources to subsidize the total costs of the comprehensive exhibition project. This include funds for some of the exhibition enhancements, such as audio-visual components, as well as funds for other aspects of the larger project, including public educational programs, an exhibition-related publication, a website, marketing and promotional costs, and object conservation as needed. We are confident that we will secure the funds needed to make every aspect of this exhibition project a tremendous success.

4. SPECIAL REQUIREMENTS

4.1 Public Accessibility and Admission

Founded as the Free Museum of Science and Art on land donated by the city of Philadelphia, Penn Museum supports open access to its programs, collections and scholarship. Admission to Penn Museum and all exhibitions is free everyday to all University of Pennsylvania employees, Penn and other local college students, young children, and Penn Museum members. In keeping with our founding tradition, the museum suggests a donation for general admission on most days, and no one is turned away for lack of financial resources. A special effort is made to welcome all visitors with advertised open admission each first Tuesday of the month. In addition, each year Penn Museum secures corporate and foundation sponsorships to underwrite educational tours and programs for low-income children throughout the Delaware Valley region. No special admission fee is planned for *African Healing Journeys*, and general admission donations will not be used to defray the costs of this project.

Exhibition venues following the installation period at Penn Museum will be finalized during the implementation phase of the project. The selection process will include review of each venue's admissions policy for compliance with NEH public accessibility requirements. In keeping with Penn Museum's educational mission, all web-based components for the project will be freely accessible to the public for online viewing and downloading.

4.2 Exhibition Walkthrough

4.2.1 Entrance Area: Special Features

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,¹ 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.

4.2.2 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 living, the ancestors, and the yet unborn. 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, to the right 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 Mbangu, 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?" The visitor should be drawn next to the exhibit entitled **Living in Balance with Nature**. However other exhibit sections are also related and sufficiently self-contained that little would be lost in the visitor's unfolding grasp of African medicine and

¹ Object numbers are given in Appendix D.

healing by going through the exhibit sections in any order.

4.2.3 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.

4.2.4 Sicknesses “that Just Happen:” Medicines and Therapies

Sicknesses that “just happen” are contrasted in the storyline to those where “something else is going on.” This is a plain English formulation of a very basic dichotomy that is frequently drawn in African medical thinking. The goal of this section is to make the exhibition 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. The story is that of a traditional healer in Africa today.

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 seen 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 from linguistic historical analysis, 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, regardless of its ultimate tradition of origin.

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.

4.2.5 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?"

4.2.6 Sicknesses "When Something Else is Going On:" Medicines and Therapies

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.

4.2.7 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.)

4.2.8 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.

4.2.9 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.

4.2.10 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.

4.2.11 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.

4.3 Travel Schedule

The exhibition will open in Philadelphia in January 2013 and will travel to its first venue in September 2014. We have secured the commitment of two other major venues, on the west coast and in the central United States (see below). We are also exploring possible venues in the southeast and in the northwest of the United States. The preliminary traveling schedule is listed below:

Home venue: 1.????2013 to 8.????2014 – Penn Museum

First venue: 9.12.2014 to 11.30.2014 *extra interval for holiday

Second venue: 1.15.2015 to 4.12.2015

Third venue: 5.21.2015 to 8.16.2015

Fourth venue: 9.24.2015 to 12.20.2015 *extra interval for holiday

Fifth venue: 2.14.2016 to 5.1.2016

Sixth venue: 6.9.2016 to 9.4.2016

ADD COMMITTED VENUES

4.4 Publications

Funding for publications will be sought elsewhere. We envision producing an edited scholarly volume that includes contributions from all of the Africanists involved in the project. This volume will allow for a more in-depth examination of the major thematic sections and components of the exhibition. The precise content of the volume and other particulars will be determined during the first year of the implementation project. Publications will also include hands-on materials for teachers, families and individuals, a possible “News in Education” supplement to the Philadelphia Inquirer and Daily News which is distributed freely to over XXXX K-12 schoolchildren and XXXX teachers in the region. Additionally, the exhibition website will provide freely-downloadable publication resources for visitors.

4.5 Public programs

Public programs in both Philadelphia and at traveling venue locations will range 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.

In conjunction with the exhibition, the Penn Museum's Special Events Department will offer an array of public events including a lecture series of popular illustrated talks by Africanist scholars; and a family day event focused on modern African cultures. African American audiences make up the majority, but not all, of the audience for the Museum's successful Celebration of African Cultures (now in its 19th year), which annually draws from 1,000 to 2,000 people. Over the years, special opportunity programs the Museum has hosted, including a Senegalese dance troupe performance and a talk by authors of a photographic book about Africa, have drawn packed, largely African American audiences. In addition to these events, Penn Museum will develop special gallery tours led by docents and Museum scholars for the general visiting public, school groups, and other organizations.

Penn Museum's Education Department will coordinate lectures associated with the exhibition in its Commonwealth Speakers Program, which operates throughout the state of Pennsylvania in libraries, community centers, small museums and historical societies. This service provides access to Penn Museum programs for small organizations with severely restricted budgets through subsidized visits from scholars. Teachers are a vital segment of our local and regional audience and their specific needs will be served in part by a series of teacher workshops providing continuing education credits. Online teacher resources as well as educational supplements in regional newspapers will extend the outreach to our traditional school audiences.

4.6 Oral histories

This is not applicable.

4.7 Audiovisual and/or Multimedia Formats

The exhibition will utilize various audiovisual and multimedia formats in both the traveling physical version as well as the online web-based virtual exhibition. Funding for the audiovisual and multimedia formats will be sought elsewhere, and will be developed within the context of the exhibition design process during the first and second year of the grant. The exhibition website, a collaboration between the Penn Museum and the African Studies Center, will provide relevant materials in the Penn Museum and in other important collections, including 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 healing traditions.

4.8 Conservation treatment

Funding for conservation treatments will be sought elsewhere. Costs will be determined in the first year of the NEH implementation grant by Penn Museum's conservation department staff. Some objects deemed unsuitable for travel will be substituted with other objects from Penn Museum or the partner institutions.