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Mildnerová, Kateřina. 2015. From Where Does the Bad Wind Blow? Spiritual Healing and Witchcraft in Lusaka, Zambia. Wien: LIT Verlag, 336 pp.

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a pity that the book is not translated into English. There is a need for academic publications even in the smaller European languages, but books of this sort could with some editorial changes be presented to a much wider array of people, both from academia and other sections of society.

Stanislav Myšička

Mildnerová, Kateřina. 2015. *From Where Does the Bad Wind Blow? Spiritual Healing and Witchcraft in Lusaka, Zambia*. Wien: LIT Verlag, 336 pp.

A current surge in research of traditional therapy in sub-Saharan Africa has revived awareness for the cross-cultural similarities of religious concepts and traditional therapy as well as for their persistency. Kateřina Mildnerová's PhD thesis contains a collection of body-mind-concepts in Lusaka, which is rich in detail and rewarding to the reader interested in medical anthropology. Her theoretical conclusions, however, are often implausible and seem to ignore violent witch-hunts which raged in Zambia in 1997.¹ Mildnerová's methodological strategy is time-tested: she has visited traditional healers and churches in Lusaka in 2008 and 2009 and draws from repeated interviews with 45 persons. She also observed and investigated eight accusations of witchcraft in her social environment. Apart from some correct generalisations, her focus on the local community does not allow for a systematic comparison within the ethnographic diversity of Zambia or other African societies.

She outlines the socio-economic setting: the crisis of Zambia's economy from the 1980s on and the subsequent impact of the HIV-crisis. Concurrently, Zambia experienced several waves of charismatic churches, which blend traditional concepts and demonologies with modernist ideals like individualism, success, universalism and internationalism while rejecting hedonism. Mildnerová establishes a clear correlation of education with distrust towards traditional healers, while the educated urban middle-class favours popular

1 Hinfelaar, Hugo F. 2007. "Witch Hunting in Zambia and International Illegal Trade." In: Gerrie ter Haar (ed.) *Imagining Evil: Witchcraft Beliefs and Accusations in Contemporary Africa*. Trenton, N.J.: Africa World Press, pp. 233.

Christian healing. Reforms in public health seem to have improved the coverage and quality of health facilities in the recent decade. According to the author, the resulting “Medical Pluralism” often leads to “Therapy Shopping,” leading patients to spend “several fold the expenses for biomedical care” (up to 500 USD) in repetitive traditional therapies. Biomedical practitioners bemoaned the lack of compliance and understanding as well as the highly unrealistic expectations among many patients who are promised miracle cures by seven categories of (neo-) traditional healers: herbalists, diviners, spiritual healers, faith healers and birth attendants, witch-finders and prophets. Their networks are acephalous, but to a certain degree traditional healers do meet and organise in associations, where they see their role as preservers of “cultural heritage.” Mildnerová presents the biographies of several healers, suggesting a specific “*ng’anga*-syndrome” in which sickness, possession by uncontrollable spirits and a liminal state is followed by rebirth and reintegration as a renowned spirit medium, witch-doctor or prophet. She reports a shift in the gender of spirit mediums since the 1980s: More women are now spirit mediums than before, which is explained by one practitioner as a predisposition of girls for tradition.

Concepts of Illness: The author elaborates on a vast range of traditional concepts of illness: “stepping on medicine” is a trans-African concept of contagious black magic attributed to hidden charms. Unlike in other African societies, Mildnerová has detected no distinction between witchcraft and sorcery in Zambia, both are regarded as *ufiti*. A racialisation of witchcraft is inherent in the definition of witchcraft as an “African disease,” which is both, caused and countered by “African science” either unfathomable by Western science or even superior to it – a narcissist compensatory strategy that can be found in any report on African religion today.

Equally prevalent is the “zero-sum” expectation of illness: To heal means to make someone else sick, to “throw back” a curse or give it to an innocent person. Another theory mentioned is the “hot and cold”-theory and the colour-theory of diseases. Of special interest might be the association of female vaginal fluids during sexual intercourse with “coldness” and therefore threatening, while “dryness” of the vagina is considered as warmth and as the ideal state. This unrealistic expectation has increased HIV and caused women to “dry up” their

vagina with chemicals. Health in general is measured through fertility, digestion/secretion and blood circulation/temperature. Intestinal problems are associated with a parasitic snake or other alien things. Witchcraft beliefs deserve special attention. In Zambia the feature of witches-covens, cannibalism of souls, trade in souls, zombification, penis theft, infanticide and incest is thought to cause exhaustion, infertility, poverty, disturbed relations. Highly interesting is the observed interpretation of sickness as unpredictable and the consequent absence of a concept of preventive medical examination, as “one cannot be protected from a witchcraft attack until it happens.” On the other hand, the author lists a number of precautionary treatments like preventive cleansing and fortification of houses through *ng’angas*.

All concepts are well-known and confirmed for Zambia, large parts of sub-Saharan Africa and beyond and Mildnerová’s work serves as a valuable update on their modifications, prevalence and specifics.

Diagnosis: Trance is a major feature of traditional healers and prophets alike. The author differs between involuntary, domesticated possession with spirits (healers) and benevolent possession with the holy spirit (prophets). While the traditionalists use geomancy and mirrors, the prophets use the bible and induce ecstatic trance on the patient. Some Diviners also make use of hallucinatory drugs. The high importance of dreams for individual and “professional” diagnostics is confirmed for most African religious systems. Other strategies imitate biomedical procedures like x-rays and chirurgical methods to visualise disease. According to Mildnerová, witchcraft is diagnosed in 20 % and spirit possession in 40 % of the cases.

Treatment: Mildnerová’s description of the case of Agnes offers insights into an accusation of witchcraft, counter-witchcraft and the subsequent exorcism through Doctor Kaleni. As in Evans-Pritchard’s showcase-study of the Azande, revealing magical objects and thus concretising disease into visible symbols still plays an important role in traditional treatments. Incisions, “vaccinations” and bleeding (venesection) are widespread traditional practices but seem to have modified in Lusaka with precautions against HIV-transmission. The application of herbs is versatile and expanding due to commercialisation pushing herbalists to offer herbs for any special use – a phenomenon that should raise concern for biomedicine, as it

often involves experiments with chemicals and pulverised anti-biotics. Other forms of treatment consist of purgatory potions, laxatives, herbal dilutions, washing and the observation of taboos. Overcoming sickness sometimes allows for a career as a healer.

Occult Economies: Essential for concepts of body/mind today are “occult economies.” Exhaustion is interpreted as caused through “zombification” and the transport of souls by witches and their accumulative spiritual economy. Mildnerová explains this individual feeling of exploitation with the “collective” experience of real exploitation and slavery. Despite the tempting allegory this widespread paradigm often turns out too orthodox in its materialism. Many people in the young societies of sub-Saharan Africa don’t even associate white economy with slavery any more, but rather with benevolent witchcraft and desirable traits. While Africans in general are aware of the long-lasting effects of primitive accumulation meted out on Africa, Mildnerová’s assumption of a transgenerational trauma seems far-fetched and like many materialist approaches it suffers from the suggestion of a harmonic past and colonialism as the primordial trauma. Colonialism outside of the genocidal areas was experienced as ambivalent by many African societies and is sometimes remembered as more benevolent than the crises following independence, which gave rise to Afro-pessimism. Mildnerová delivers examples for this ambivalence with the description of particularly powerful but benevolent alien spirits like Queen Elizabeth, Gandhi or David Livingstone. Also a Tanzanian form of Mami wata has spread to Zambia in the form of *mansalamba*.

Discussion: Continuing a relativist branch of literature reaching back to E.E. Evans-Pritchard, Mildnerová rules out any competition of the biomedical with the traditional system and interprets them as “complementary.” Together with most anthropologists, she tends to underestimate the quality and diversity of biomedical philosophical concepts and reduces them to the positivist ideal haunting science today. Mildnerová repeats the paradigmatic interpretation of traditional therapy as “holistic”: It would cover mental, spiritual, social and environmental aspects, while biomedical therapy would ignore everything but the physical. Mildnerová mentions the inconsistency and “non-system” of many traditional systems, but then suspects a functional logic behind them while exaggerating the

cultural aspect of biomedicine. While there is little evidence that the physical of psychosomatic causes are addressed properly by traditional practitioners, her analysis often seems to ignore or trivialise the outstanding importance of physical causes especially in tropical and sub-tropical conditions, where even a very limited set of drugs and surgery can cure a wide range of diseases (malaria, worms, typhoid, cholera, venereal diseases) that traditional therapy simply fails to cure. As most other anthropological research on the subject Mildnerová's lacks a scientific understanding of cure that pays due respect to the efforts, possibilities and progress of biomedicine. Even more, biomedical theory in the West originated from religion and diversified quickly into philosophy of the mind, psychosomatic concepts, public health, psychoanalysis and medical sociology. While fallibility is accepted in a self-reflected biomedical concept, most problems (like the absence of psychotherapy) are a question of economy, not of the theories and methodologies involved. In juxtaposition, while some traditional practitioners may have evolved professionalism and skills (mainly in the areas of fractures and wounds) and therefore sometimes reach successes that fall into a scientific definition of cure, the concept of spiritual spheres and physical souls as present in any religion is simply disproved. And at the same time as failure with biomedicine is experienced as frustrating, it seems to be acceptable in traditional therapy: failure is interpreted either as more powerful witchcraft or as a disturbance of obligations, taboos or rituals. The method is never questioned – as Mildnerová states several times, there is 100 % confidence in the diagnosis of the traditional healers. She also seems to downplay manipulation and exploitation as a major motive in traditional and charismatic treatments alike – healers and prophets appear as acting only out of altruism.

Her interpretation of charismatic strategies seems equally roseated. She states that “by praying the person reinforces his body and mind.” This seems rather questionable when it comes to strenuous nocturnal prayers and exhausting, repetitive fasting sessions. Whether the prayers objectively do “prevent moral pollution” depends on the scientist's identification with the moral concept of the churches. Nonetheless, she refrains from telling fantastic stories about the supposedly inexplicable abilities of diviners and admits that “the efficacy of healing is in most parts based on the ‘placebo effect’.”

Employing the relativism of authors such as Werbner, Devisch, Turner and especially Lévi-Strauss' concept of bricolage and symbolic interactions, the author explains spirit possession and witchcraft beliefs as something else than what they are. They would be a "metaphor," "a sort of postcolonial cultural resistance against the loss of economic certainty" and offer a "comprehensible whole" to the confused patients. Here the reader could object: The diagnoses of healers might not be totally random, but they never meet the standards of psychological expertise and most often cause and increase social stress through blaming illness on others. Feeling bewitched instead of just experiencing a hangover induces paranoia and serves as a nocebo, which then leads to an accusation and subsequently induces suffering on another healthy person. Disease is multiplied by witchcraft-accusations, not levitated.

This leads to the question of social conflict and the "greater public good." Mildnerova concludes from eight cases that social conflict would be the root for a witchcraft-accusation. "The fear of being accused and the effort to avoid this accusation represents an effective way of exercising social control in situations where practical forms of control are complicated or impossible." Nonetheless, her cases do only show the average, unavoidable conflicts of all societies, not unexpected deviant behaviour. (Her showcase "Agnes" thinks she provoked jealousy because of "wearing short skirts and trousers.")

The stabilisation of any "moral order" through witchcraft-accusations remains a perennial, but disproved musing of functionalism since Evans-Pritchard. Mildnerová adopts the "social leveller"-theory: witchcraft beliefs would enforce a kind of Afro-socialism. In accordance with functionalist literature, she heavily sympathises with the position of the "bewitched," ignoring the position of the accused. These concepts fall short to explain why the accused are rather poor and cannot be blamed for any uncommon psychological stress. A vast range of studies has highlighted how class-hatred is rather curbed by occult economies and then directed at neighbours or relatives who are blamed for mystically causing unemployment or economic failure. With only few exceptions, violent witch-hunts target the poor and lower middle-classes. Often envy is provoked by sharing and giving: the philanthropist or the market-woman thus becomes an easy target of witchcraft accusations. Moral obligation is not established but denied

within the witchcraft accusation, which serves to destroy the social network of the accused and allows the accusers to mete out tabooed, anti-social and beforehand “immoral” aggressions against the victim. The individual African experience of the collective order is therefore often rife with aggression and frustration.

As Mildnerová further highlights, Zambian witchcraft accusations were pacified through colonial legislation, which modified poison ordeals (*Mwawi*) into non-poisonous concoctions (*mchape*). As the same happened in Ghana, the Democratic Republic of the Congo, the Republic of South Africa and other African countries, the (often fragile) peaceful character of many accusations today is a result of state intervention and not an inherent trait of witchcraft belief. Mildnerová has “no doubt that the personification of evil is a typical sign of African religiosity,,” and she knows perfectly well that “the accused person rarely has any other option than to accept his status of a scapegoat.” Witchcraft-accusations also in Mildnerová’s cases seem to be arbitrary and impose shame, discrimination and compliance on individuals. Accusations are interpreted as driven by envy, jealousy and hate by the Zambians whom Mildnerová interviewed. The practitioner then “ensures that an accused person is convicted.” But against all caution that social science should hedge against such personifications, she eulogises this scape-goating as “symbolic violence,” as “an allegoric form of catharsis of a social conflict created by tense social relations and at the same time a sort of effective group psychotherapy.” This is hard to accept for any researcher dealing with violent witch-hunts. Coming from a field in which elderly women are frequently tortured and killed, and in the light of a rich ethnography of violent witch-hunts in sub-Saharan Africa and beyond, I can only take a defensive position and say: the victims are not to be blamed for the social conflict that witchcraft-beliefs cause, aggravate and provoke. Witchcraft beliefs *are* the social conflict, they don’t derive from it and even the accusers don’t see them as a mere “tool of interpretation for political actions.”

Mildnerová’s position is by no means marginal: it is the dominating mindset in the anthropology of witchcraft beliefs. With their popular paradigm of the “modernity of witchcraft”² Jean and John Comaroff

2 Comaroff, Jean and Comaroff, John (eds.) 1993. *Modernity and Its Malcontents: Ritual and Power in Postcolonial Africa*. Chicago and London: University of Chicago Press.

introduced a concept that first raised awareness to the failure of modernity's promises, which Mildnerová also notes but then elevates the resulting ideologies to the status of a "multiple modernity." Culturalism is the logical consequence of such an inconsequent theory.

While Mildnerová furthers all essential elements for a thorough critical analysis of witchcraft beliefs and traditional healing in Lusaka, she steps back from the consequences of her facts and represents African societies as the essential other, where even scape-goating and witch-hunting benefit the social order, where values like human rights and truth are culturalised and therefore withdrawn from the reach of the infantilised African subject. Although her interpretation is oriented after the ruling paradigm in the anthropology of spirit healing she neglects the criticism this culturalist perspective has drawn especially among current African intellectuals. When she states that "individualism is considered to be a threat for collectively shared egalitarian norms," she does not defend individualism, but the egalitarian norms. In the same way, witchcraft accusations are not an "expression of resistance to the erosion of traditional social values around family and community loyalty," they do not "enable the society/community to change or amend its structure and to rid itself of certain moral obligations and unnecessary or excessive relationships," as Mildnerová posits against her own data, which nonetheless contributes to the understanding of current processes in sub-Saharan Africa.

Felix Riedel

Baldwin, Kate. 2016. *The Paradox of Traditional Chiefs in Democratic Africa*. New York: Cambridge University Press, xv+237 pp.

The book under review makes part of the prestigious series Cambridge Studies in Comparative Politics in which many dozens of monographs and some edited volumes on politics in Africa and other parts of the world have appeared in recent years. The author belongs to the young generation of political scientists who trespass the usual topical concentration of their discipline. Therefore her venture into the