

THE CHANGING MEANING OF DISEASE AMONG THE TONGA OF ZAMBIA (1)

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Abstract

This article analyses the changing meaning of disease among the Tonga of Zambia, resulting from the meeting between traditional and modern medical systems. It discusses the impact of "modernity" on the traditional medical system, and analyses how elements of Christianity and the western medical system were adopted, transformed, and redefined in terms of the preexisting religious and medical structures. It then focuses on the way the Tonga reinterpret AIDS and associate it with a traditional disease, using preexisting explanatory systems to give meaning to the new epidemics.

Key words: AIDS, sexual pollutions, traditional diseases, Zambia, Tonga.

INTRODUCTION

The confrontation between modern and traditional medical systems never resulted in a complete collapse of the traditional systems, nor did Christianization bring traditional beliefs and practices to an end. During the 1950s and 1960s, anthropologists predicted the demise of tradition, but despite the obvious changes which have occurred (in the economy, the way of life, the education system, the integration within the nation, etc.), most ethnic groups in Africa have kept a great number of their pre-colonial characteristics alive. Examples of this among the Tonga can be seen in their religious beliefs and practices, their system of matrilineal descent, their values and norms, as well as their family and village organization.

Rather than being incompatible, the African and Western worlds co-existed and complemented each other. The new beliefs and medical systems did not replace the existing ones but were instead given a special (and limited) place within them. They were understood and reinterpreted in accordance with what had previously existed. It is important to see this process of adoption and reinterpretation as something which has always existed, and which did not only happen as a result of colonialism. It is misleading to think that pre-colonial religions were localized within the boundaries of an ethnic group. On the contrary, there were many contacts between the different groups, and new cults or rituals could be adopted in large areas. (Ranger, 1993). Most African societies have been a part of larger systems or networks (commercial, political, or religious), and they have always been able to adapt their previous structures to new conditions and challenges. This article will analyze the dynamics of change within the medical system of the Tonga, one of the main ethnic groups living in southern Zambia.

The Tonga are mainly agriculturalists, raising maize as a cash crop. They also breed cattle,

but these are mostly used for payment of the bride-price or as a sign of prestige rather than for commercial purposes. The Tonga are divided into several exogamous matrilineal clans, defined by descent through the female line. They have a weak and decentralized political structure; the first formal chiefs were appointed by the colonial administration. A more detailed description of the Tonga, can be found in the work of Elisabeth Colson (1958, 1962).

THE TRADITIONAL CATEGORIES

Today, the Tonga classify disease in two main categories: the diseases of "black people" (bwa jintu) and the diseases of "white people" (bwa jinga). The diseases of the white people are also said to come from God (Leza), or said to be "natural diseases". (2) Their origins are unknown and do not have any moral aspect; they can be explained by western medicine in terms of germs, viruses, hygiene, etc. The diseases of "black people", on the other hand, are believed not to affect white people, and cannot be treated in hospitals. They are not contracted by chance, and they always have a moral aspect. They are mainly distinguished in two categories: diseases that come from a sorcerer (mulozi) and diseases that come from pollution (tasalale).

Sorcery is believed to be very common (3). Sorcerers usually kill people out of jealousy, or in order to become rich through magical means. To kill his victims, a sorcerer uses either medicines and black magic, or the ghost (zelo) of a previous victim, which he manipulates. Some sorcerers also use a kind of mermaid (cilomba), half human and half snake, in order to enrich themselves. However, cilomba often become independent from their owner, who cannot prevent them from killing people in order to satisfy their blood-thirst.

The victims of sorcery do not suffer from specific or easily recognizable symptoms. When somebody becomes ill, it is difficult to say whether he or she suffers from a natural disease or from one sent by a sorcerer, as both kinds have the same symptoms. This is consistent with the fact that sorcerers are said to always try to conceal their work, in order to avoid being discovered. The diseases caused by sorcery may thus appear to be some kind of natural disease (malaria or fever) but when the victim goes to the hospital or uses western medicines, his condition will not improve. People say that western medicines treat the symptoms, but not the cause of the disease. Only traditional healers can identify sorcery, either through divination, through dreams, or with the help of some kind of spirits (cf. *infra*). They can then treat their patients with the appropriate remedies, that will protect them from the attack of a ghost or from the effects of black magic.

Suspicious of sorcery are very common, but accusations are less so. This is partly due to the state law which forbids all explicit sorcery accusations. The people accused of being sorcerers can bring the case to court and receive up to a few cows in compensation; but it also happens that the court finds them guilty of sorcery and they are ordered to stop practicing it. Many accusations still occur, especially within the family (4).

The diseases caused by pollution are also those which relate to what anthropologists call "boundary crossing" (5). One of the most common is called masoto, which gives diarrhoea to a suckling child who has come in contact with people who have committed adultery (especially its parents). Another disease caused by pollution is called cibinde, and it is especially dangerous for unpurified widows and their sexual partners. The pollution comes from the presence of the ghost of the dead husband who remains around the widow and can make her mad if she does not respect the mourning period (i.e. if she has sex with a lover). Another disease, which is terribly

dangerous because it is very difficult to cure, is called kahungo. It gives sores or coughing to a man who has sexual relations with a woman who has aborted or miscarried and has not been purified, or to any person who comes in contact with a dead foetus. A child born after a miscarriage also risks contracting kasuko (a kind of kahungo) if its mother was not completely purified. Kasuko can also be contracted by a suckling child who attends a funeral, and a child who attends such an event must be given preventive medicine. Other diseases caused by pollution include luvhumwe (which affects babies who come in contact with pregnant women) and impela (which affects immature children who have sex with adults).

The Tonga also say that these diseases are caused by misbehavior, because they happen when people transgress well-known rules. The rules must be followed in order to avoid the pollution which comes from "unclean blood" (menstrual blood, lochia, sperm and vaginal fluids), from contact with death (e.g. dead foetus in menstrual blood or in miscarriage, dead person), or from an improper mixing of categories, such as sex between unmarried partners or between immature people and adults, foetuses who are neither dead nor alive, or ghosts roaming between the world of the living and the world of the dead. The "diseases of pollution" are meant to enforce

the classificatory system, and to punish those who transgress categories, or who come in contact with things which exist between two categories (Gausset and Mogensen, 1996, 464-6). They are especially dangerous for those who are weak or vulnerable or who are themselves between two categories (e.g. undergoing a rite of passage), such as newborn babies, new mothers, pregnant women, widows and sick people.

The pollution which causes these diseases is believed to come either from unclean (tasalale) things, or from contact with death or with a ghost (zelo). These diseases can also be a result of misbehavior, since they only affect those who transgress the rules meant to protect people from the contagion of pollution. In some cases, a disease coming from pollution or misbehavior might be said to come from the spirits of ancestors (mizimu) who punish their descendants if they do not behave properly and do not follow the rules of the society. For example, if a couple has a child before all the matrimonial compensations (lobola) have been paid, it may happen that the mizimu will kill the child, because they consider the sexual relationship to be of an adulterous nature, taking place outside of proper marriage.

The mizimu are only one type of spirit, namely the spirits of ancestors, which should be worshipped or will otherwise send sickness or misfortune in order not to be forgotten (for more details see Colson, 1962: 1-65). Today, ancestor cults are strongly condemned by the church and most Tonga have abandoned them. However, spirits continue to play an important role because the muzimu of a dead man is still inherited by a close relative who comes from the same matriclan as he.

Another kind of spirit is called masabe (6). Masabe spirits often take possession of living humans in order to protect them against sorcery. Paradoxically, they manifest themselves by making the individual sick or mentally disturbed until he/she has participated in a special dance of possession. Each spirit has its own dance with its own special rhythm. When somebody falls ill and possession is suspected, a possession dance is organized in which different dances and rhythms are tried. If the sick person begins to dance to one of them, it is taken as a sign that he is possessed by the spirit associated with the particular dance. During the ensuing trance, the spirit communicates his wishes to his medium (he usually asks for cigarettes, soap, meat, etc). Illnesses

caused by masabe spirits are not usually serious and disappear as soon as the victim has been possessed. However, they may become chronic and require regular treatment in the form of possession dances.

A third kind of spirit is called basangu; they are the spirits of dead chiefs or important persons. They were originally associated with rain-making and concerned with the community's welfare (Colson, 1969: 70-73). When a basangu medium dies, the spirit leaves his body and takes possession of another member of the same clan, who will then inherit the power of the dead man. Most traditional healers (banganga) are also mediums of masabe or basangu spirits. These spirits help them through dreams or trances to make a diagnosis or to prepare medicines, to cure, and to practice divination. Some traditional healers are not possessed by any spirit and instead learn medicine and divination from another healer - perhaps a parent, or somebody they pay to learn their science.

Traditional healers claim they can cure any kind of disease. They are prompt to inform people that the modern tablets one receives in the hospital are made from bark and roots, i.e. from the same materials they use in their own medicines. They will also treat "natural" diseases, although they often admit that the modern medicines are more efficient, or more "powerful". They are especially fascinated by the accomplishments of surgery and by the modern methods of diagnosis, based on microscopy, chemical analysis and x-rays (7). This explains why they themselves prefer to go to the clinic when they suffer from a disease which they think the modern doctors are better able to cure. However, everybody agrees that modern medicine cannot cure "black men's diseases" (caused by sorcery, pollution, or spirits). The occasional doctor will claim that modern medicine can cure any kind of diseases and that sorcery, pollution and spirits do not exist, but most doctors and nurses working in hospitals recognize their powerlessness in the face of certain cases, and sometimes advise their patients to consult a traditional healer. Western medicine may help to stabilize the condition of a patient suffering from a "black men's disease", but only traditional medicine can ascertain its cause. The distinction between white men's diseases and black men's diseases thus roughly corresponds to the "modern" and the "traditional" medical systems, although the latter claims that it can also treat natural diseases (sent by God).

It is important to realize that the classification of diseases into one category or another is not based on symptoms, as the same symptoms may have different causes. For example, a child's diarrhoea may be caused by the adulterous relationship of one of its parents (a pollution), by the sorcery of a jealous co-wife, by malnutrition, or by a virus (sent by God). The cure will depend on the suspected cause, and its identification depends, in turn, on multiple factors, ranging from past experiences or tensions within the family or neighborhood, to the accessibility of the clinic or the amount of money needed to pay for the treatment. Diviners may also play an important part in identifying the origin of a disease through divination, dreams, or communication with the spirits who possess them. The identification of an illness also depends on the patient's medical history

and on the success of the different treatments he has received. If a sick person's condition does not improve after visiting a traditional healer, he might suspect that the disease he suffers from is, in fact, sent by God, and he will try his luck at the clinic (or vice versa if he begins by consulting a modern doctor).

The identification of diseases may not only explain the failure of a treatment, it may also provoke dissatisfaction with a treatment which has been a priori deemed inappropriate. If a patient does not believe in the efficacy of the treatment he is given, he might continue to

complain, even

if he is pronounced "clinically cured". For example, if a man, who thinks that he is suffering from sorcery, is forced by his family to go to the clinic for treatment, he will not feel much better or reassured afterwards. Somebody who does not believe in the powers of a traditional healer is unlikely to be satisfied after having visited one. A nurse working in a local clinic told me one day that she always tried to guess what kind of treatment a person believed was best suited for his illness:

I had a patient with malaria. I gave her chloroquine for 4 days, but there was no improvement. I then gave her the tablets plus an injection of distilled water (a kind of placebo) and the patient felt much better. I know that it is the chloroquine tablets which have cured her, but without injections, she would never have felt completely cured.

In this case, the patient expected to receive a powerful treatment, which was suitable to the perceived seriousness of her illness. Similarly, people expect to receive the treatment which is best suited to the designated category of the disease from which they suffer - a modern medicine if the disease is identified as being "sent by God" or a traditional treatment if it is identified as a "black men's disease".

THE IMPACT OF WESTERN MEDICINE AND OF CHRISTIANITY

Although it is difficult to describe the complete history of the transformations in meanings of disease, it is clear that the advent of the western medical system and of Christianity brought about many changes.

First, the category of "natural diseases" expanded as a result of modern medicine's claim to cure all kinds of disease, and its denial of the existence of sorcery, spirits and sexual pollution. It is clear that the medically trained staff working in the clinics will identify many diseases as "natural", as opposed to the local definitions which are usually linked to sorcery or pollution. Doctors may diagnose malnutrition in a child whose mother believes it to be suffering from masoto. They may diagnose stress or hysteria whereas others would call it cibinde or possession by spirits. They may believe that a patient has a normal case of malaria, while a traditional healer will say it is caused by sorcery. Modern doctors can explain how a disease is transmitted and how it affects the body, but they cannot explain why a person becomes ill while another does not. To take the well-known example of Evans-Pritchard: people know how a granary can collapse due to the devastating work of termites, but only witchcraft can explain why it collapses precisely when there is somebody under it, and why it injures that specific person rather than somebody else. One of the main differences between "black men's diseases" and the diseases "sent by God" is thus that the former are better understood and make more sense; they explain why a certain person becomes ill at a certain time in terms of sorcery (jealousy), the anger of the ancestors, or breaches of taboos. It is one reason why the traditional medical system is still so important today, despite the competition from the western medical system.

Another change brought about by the advent of "modernity" (in this case, Christianity) concerns the definition of "pollution" or "misbehavior". Traditionally, "misbehavior" referred to the transgression of rules which were created to protect the world's and the society's order by prohibiting the mixing of improper categories. The establishment of different churches (many of them being Pentecostal or independent African churches) broadened the definition of

misbehavior to include the transgression of the Christian commandments and a lack of faith. Some Christian fundamentalists believe, for example, that AIDS is the disease mentioned in the Deuteronomy (ch.28, v.22) as one of the signs of the approaching apocalypse. Many churches do not deny the existence of sorcery (as is sometimes the case in the modern medical system) but they associate

it with the work of the devil and are fiercely opposed to it. Some churches also condemn traditional healers, especially those who practice divination which is associated with the work of Satan.

This attack of the church on some aspects of Tonga religion and traditional medicine also challenges the traditional definition of "good" and "bad", which are not seen as clearly opposed. The spirits of ancestors, for example, can provide rain and a good harvest, but they can also send diseases to those who do not follow the traditional rules. Masabe spirits send diseases but at the same time protect people from sorcery. Traditional healers are fighting sorcery, but they are doing this with powers which are akin to those of sorcerers, and they often are suspected of using this power for selfish interest - some of them are suspected of purposely sending diseases to people so that they will have more patients to treat. Traditional powers are thus quite ambiguous, and can be used either for approved (often collective) purposes, or for asocial and personal interests.

The advent of Christianity has challenged these ideas, by proposing a much clearer frontier between "good" - everything connected to Christianity, faith, and western "Christian" values - and "bad" - the rest. The church tries to convince people that possession dances, ancestor cults and divination - which have to do with a spiritual power not accepted by the church - are the work of Satan, despite their positive aspects in healing, protecting against sorcery, and providing fertility and abundance. This subject is still being discussed and negotiated by the Tonga. There is no consensus, and it is difficult to generalize since the attitude of the different Christian churches in this matter can vary to a great extent. However, it is clear that, despite their condemnation by many churches, traditional healers and diviners are still very popular in rural areas.

It is interesting to see that traditional healers have incorporated a part of the Christian symbolism and rituals into their own work. Many masabe spirits are said to be mangelo (angels) protecting their medium against sorcery (Satan). Although some Christians reject the idea that mangelo are real angels (they associate them with the devil), many accept it, and thus accept possession as something which is compatible with Christianity (8). Most of the traditional healers are Christians, and many of them (whether they are possessed by angels or not) claim to cure with the power of God - some of them even use the Bible or a crucifix as part of the healing ritual. Furthermore, some African local churches have developed anti sorcery cults. When a person suspects someone of sorcery, he can report it to one of these churches (for example the "Central African Spiritual Church"). Several members of the church will come to the bewitched house and organize a dance. One of the participants then goes into a trance and runs into the bush or around the house, chasing after a ghost. When he has captured it, he comes back to the group which applies medicine on it to neutralize its power. This continues as long as there are more ghosts to capture. Although this kind of church is much closer to African tradition than to occidental churches (they do not come from and are completely independent of the larger organized churches), they still claim to use the power of God to fight Satan. It shows how flexible people can be when it comes to reinterpreting a new religion in terms of the one which previously existed, and using a new power to fight old problems.

A final point which we will discuss is the appearance of new epidemics, such as venereal

disease, Tuberculosis, and AIDS. Each time a new disease appears, it challenges the previous categories and initiates a discussion about its classification. AIDS is a good example of this, which we will now analyze in detail.

AIDS AND KAHUNGO

The Tonga have known about AIDS since the end of the 1980s, through radio programs as well as through posters and education which they received in clinics. The western definition of AIDS which they are confronted with is very challenging because of the incurable nature of the disease. Here is a "white men's disease", or a disease sent by God, which cannot be cured at the clinic. When the clinic fails to cure a disease is it usually defined as a "black men's disease" and is cured by traditional healers, who, in the case of AIDS, are still trying hard to find the cure. Although AIDS is not directly defined as a "black men's disease", (9) it has nevertheless come to be associated with kahungo, the disease which one contracts through sexual relations with a woman who has miscarried or through contact with a dead foetus. Many people say that "AIDS comes from kahungo", "AIDS is a new and deadly kind of kahungo", "kahungo is the beginning of AIDS, it becomes AIDS if you do not treat it", etc.

And yet, AIDS (in its western definition) and kahungo (in its traditional definition) are quite different from each other. The first is contracted through mixing of blood and sexual relations, while the second is contracted through sexual relations or contact with a dead foetus. The first is contagious while those who suffer from kahungo cannot infect others, as it is only contracted through contact with a dead foetus or with its mother. The symptoms of AIDS are quite complex, but its most visible signs - at least in the last stages of the illness - are diarrhoea and coughing. The symptoms of kahungo on the other hand, are mainly sores and coughing (10). AIDS is a disease sent by God and is incurable, while kahungo is acquired through misbehavior and is curable. Despite these differences, AIDS and kahungo are often associated. This is done on the basis of several common points (Gausset and Mogensen, 1996; Mogensen, 1995, 1997).

Firstly, both AIDS and kahungo are acquired through contact with polluted blood and bodily fluids (e.g. sperm or milk). Secondly, the pollution of both diseases stems from some kind of disorder within, or improper mixing of categories. In the case of kahungo, a foetus is an undefined person, neither living nor dead, not completely formed but already almost human. It is thus between two categories, and therefore threatening for the good classification and the order of the world (Douglas, 1966, 34-9). A dead foetus is even more abominable, since death is the biggest and most polluting disorder which can be encountered, always contradicting the ideal of a smooth life or of a society without troubles. In the case of AIDS, its origin is also seen in terms of breaches of categories, since it is said to come from homosexuals and from men having sex with animals (two abominations or improper mixing of categories, both for the Tonga and for the Old Testament). Furthermore, the Tonga say that it came to Africa from white men who had sex with black women, that it was spread in every African country through businessmen who trade across national boundaries, and that it arrived among the Tonga because of sexual relations across ethnic boundaries (perhaps the most serious of the three transgressions of categories).

Thirdly, the disorder brought by both diseases has its origin in misbehavior, which is typically found in towns. AIDS has, from the beginning, been presented as a town disease which

is contracted through sexual relations with prostitutes. Towns are also described as the places where traditional rules are losing ground. Town people are said to value money more than pride (or more than cattle, the traditional money) and hence to prostitute themselves. People often live with partners who do not belong to the same ethnic group, without being married, and often have many

lovers. They do not follow the traditions regarding the cleansing of widows or of women who have miscarried. They often have no link with relatives, who should be the ones who carry out the cleansing of such pollution. The lack of concern with cleansing is thus associated with prostitution, and is particularly shocking for people living in villages. Many people think that there is a resurgence of kahungo in town, due to prostitutes who do not wish to have children, as pregnancy would disturb their clients. Pregnant prostitutes are accused of aborting in secret - both because abortion is unlawful in Zambia and in order to avoid the long period of isolation and cleansing which should follow the loss of the foetus. They then go back to work in their polluted condition, and transmit kahungo to their clients.

As we can see, both AIDS and kahungo are linked to pollution, to an improper mixing of categories, and are associated with towns, where prostitution, and sexual relations across ethnic categories are mostly found. Both diseases are thus reinterpreted in terms of each other (Gausset and Mogensen, 1996; Mogensen, 1995). This does not mean that the Tonga misinterpret or misunderstand the definition of AIDS. In fact, they know quite well its western definition, and they know what to do to protect themselves from it. However, the continuous preoccupation with some kind of association between the two diseases allows them to give meaning to the new in terms of the old (and vice versa), in order to understand and accommodate it.

CONCLUSION

A confrontation between two systems of belief does not always result in the complete demise of one or the other. People adopt what brings them satisfaction for one reason or another. The fact that the Tonga adopted Christianity does not mean that they have rejected all their previous religious beliefs and practices, nor does it mean that they have adopted all the new ones. They remain Tonga, and continue to retain religious practices which are an important part of their traditional identity (for example, the basangu possession). Similarly, although they use the western medical system, this does not prevent them from visiting traditional healers, who are able to explain in traditional terms why somebody suffers. Contrary to the expectations of functionalist

anthropologists in the 1950s, traditional systems are not on the verge of collapse; they are being adapted to new situations. Ethnic groups in Africa are not isolated with their separate and unique religious, political and medical structures. They are in contact with their neighbors and they adopt and transform new elements to the existing rituals and practices in a complex and dynamic process. The redefinition of AIDS among the Tonga is a good example of this process. Although AIDS is first and foremost defined as a disease "sent by God", and despite its differences from "black men's" diseases, it is nevertheless closely associated with kahungo and shares some of its features, especially those associated with pollution and the negative aspect of modernity in towns. This allows the Tonga to better understand a new and frightening disease, and to situate it within the pre existing classifications of diseases.

Notes

1. This article is based on data which were collected during 10 months of fieldwork in Zambia, between January and October 1993. The project was directed by Henrik Trykker and financed by the Danish International Development Agency (DANIDA). I gratefully acknowledge the involvement of Hanne Overgaard Mogensen as co-investigator on the project.
2. The Tonga had the notion of a high God before the Christianization of the area (Hopgood, 1950). This God was considered to be the creator of the universe but did not communicate with humans. It is probable that this category of diseases "sent by God" already existed in pre-colonial times.
3. Evans-Pritchard introduced the distinction between witchcraft (based on hereditary power) and sorcery (black magic which is learned or purchased). The Tonga do not have any concept of inherited malevolent power and only use magic or medicines, which is why I use the term sorcery instead of witchcraft.
4. Sorcery accusations usually take place within the matriclan (Colson 1958: 253).
5. The anthropological research concerning this subject often refers to the works of Leach (1964), Douglas (1966) and Turner (1967). The assumption is that humans have a desire to categorize the world, i.e. to give it order by naming what they see and by classifying things into categories. However, the world is a continuum and any categorization will always be approximate; there will always be some overlapping between the different categories. The overlappings ("mixing of categories", or "boundary crossing") are seen as a threat to the order of the world, and are usually surrounded by taboos, to prevent the contagion of disorder to society or nature. The taboos are typically present in rites of passage, diseases linked with ambiguous status (symbolic pollution coming from death, menstrual blood, etc.), and technological activities such as iron making, pottery and beer-making, which use a chemical process that transforms things from one state to another.
6. A detailed description of both masabe and basangu possessions can be found in Colson (1969). The present article deals only with the aspects of possession which are associated with disease and healing.
7. Some traditional healers even use an antelope horn as a kind of microscope or stethoscope which they apply to the body of a patient in order to identify what he or she is suffering from.
8. Again, it is difficult to generalize, as different churches have different attitudes towards possession by spirits (for example Lan, 1985: 150-1).
9. Sorcerers are tricky and send diseases which look like natural ones although they are not. In the same way, sorcerers cannot send AIDS to their victims, but they may send diseases which look like AIDS.
10. Today, diarrhoea is more and more seen as a symptom of kahungo, due to the process of redefinition of this disease in terms of AIDS.

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