

The sense(s) of suffering Social relationships and *khombola*: Illness among the Kunda of Zambia

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Zintuigen zowel als de door zintuigen verkregen kennis zijn culturele constructies. In verschillende talen worden zintuigelijke ervaringen verschillend geordend en uitgedrukt. In tegenstelling tot de op het gezichtsvermogen georiënteerde culturen in het Westen, is voor de Zambiaanse Kunda ku-mva (horen, voelen en ruiken) het primaire zintuig in het proces van kennisverwerving. De voornaamste uitdrukking van de op de Kundas zintuigelijke ordening gebaseerde kosmologie en de sociale werkelijkheid zijn te vinden in hun matrilineaire ideologie en het zogenaamde mdulo-complex.

The sensory order and the mode of consciousness it creates are inextricably linked. They are mutually influencing each other. Therefore both can only be meaningfully understood by a contrasting perspective. Although this article treats Kunda moral knowledge in relationship to the senses, the arguments are established with the help of a comparative framework. Instead of entering an elaborate theoretical discussion about the ranking of senses in Zambia and the West, however, I describe aspects of the Kundas sensory perception by contrasting it, implicitly, to my own (Western) sensory scheme. The aim of this article is to create an understanding of the Kunda moral world, as well as expose some of our own sensual biases.

The Kunda

The Kunda are a matrilineal group populating the Luangwa valley in the Eastern Province of Zambia. As subsistence hunters and small-scale farmers, they are living in small, scattered villages far away from the country's urban centres. They grow maize, sorghum, beans and groundnuts. Some of them, mostly men, gain cash income through marginal positions in the tourist industry. Visitors from all over the world come to the South Luangwa National Park where elephants, lions, antelopes, and other game are still plenty.

Among the Kunda also people from other ethnic groups are living, mainly Chewa and Ngoni. Nyanja, the *lingua franca* of the Eastern Province has become the main medium of communication in the Luangwa valley. Kunda, which has a vocabulary congruence with Nyanja of 52% (see Ohannessian and Kashoki 1978: 57), is only used in highly sacred contexts, such as traditional prayers or hunting rituals.

From March 1989 until July 1992 I lived in Kamoto, on the compound of the valley's mission hospital, where I carried out my field research on pregnancy and birth practices. The material of this article springs from a recorded, transcribed and translated conversation I had with two elderly women and a nurse in October 1990, from my field notes and general observations I made during that period. Part of the material, as well as certain arguments, also appear in my doctoral thesis (Drews 1994), albeit from a different perspective.¹

The senses

For the Kunda, *ku-mva* (to hear, taste, smell and feel) is the fundamental way of knowing. *Ku-mva* also means to understand. A child learns through listening to its parents. In this context, *ku-mvera* can be translated as listening to and obeying somebody. *Ku-mverana*, the reciprocal form of the verb, indicates the basis and the goal for social interaction, that is to understand each other. Although the role of sight in the process of knowledge construction is recognized, it only plays a minor part. Sight is a superficial sense, as it only reveals exteriors (see also Classens 1993: 7). *Mwaona* ('have you seen now?') refers to knowledge that can be acquired with the help of observable evidence. Wisdom, on the other hand, can only be gained by *ku-mvera* (to hear, smell, taste feel s.th. from s.o.).

Moral knowledge

The core of Kunda moral knowledge is expressed in the *miyambo*. *Miyambo* (the plural of *mwambo*) are particular customs that reflect and constitute Kunda moral norms. *Miyambo* can be communicated within the community or to cultural Others through performance and discourse. In healing rites and initiation ceremonies, the *miyambo* are taught and re-enacted. During the *chinamwali*, for example, little spots with negative morals are enacted by the (female) participants in order to instruct the *namwali* (the initiate) about proper behaviour. In a conversation, the elders explain and negotiate the meaning of a certain *mwambo*. As such, tradition (*mwambo*) is not something from the past, but an act in which people engage either to strengthen the good course of life or to counteract its hazards by drawing creatively upon the received wisdom.

Heat, cold, and sickness

The normative code of the *miyambo* is based on and directed at the physical and social reality which is in turn perceived through feeling and hearing. A substantial part of the *miyambo* concerns the so-called *mdulo*-complex.² *Mdulo*-beliefs are rooted in the idea

that social interaction needs to be organized according to the (ritual) temperature of its participants. Different persons in different stages of their life cycles have different (ritual) temperatures, which also vary according to their activities. The activities that influence a person's temperature are mainly located in the area of reproduction. The basic concept is that people with a different temperature should not come into contact with each other via touch or the mediums of salt, blood or sexual fluids lest one of them will fall sick or even die. Sickness can be avoided by at least one person involved in the *mdulo*-contact ('cutting' or injuring-contact, from *ku-dula*: to cut). Through the communication of *miyambo*, people continuously teach each other about conflicting ritual temperatures of different individuals, ways how to avoid *mdulo*-contact and therapeutic interventions once somebody is 'cut'.

One should note the strong sensual bases for Kunda norms as expressed in the *mdulo* taboos. The effect of deviant behaviour is painfully felt. A sufferer from *mdulo*-disease is *cut* by somebody with a different temperature. The ritual status itself is perceived with reference to touch. The dead, unborn, and newborn are extremely cold (*wozizira*: cold, *wosapsya*: not warm or unripe). Children before they reach puberty are still cool although they have been warmed up by the *kutenga mwana ceremony*³ when they were a few months old. Sexually active adults are hot (*wakupsya*: hot or ripe). Generally, men are hotter than women, but not as hot as a woman when she is menstruating. Sexual contact in an adulterous relationship makes a person hotter than 'normal' sex. The hottest person is a man who had extra-marital sex with a menstruating woman. Women after menopause are thought to have cooled down.

Mdulo-disease is caused by a clash between the different temperatures. A child (cool) who steps on the grave of a baby (very cold) will develop elephantiasis. A man (hot) who sleeps with a menstruating woman (very hot) will be affected by 'slim-disease'. Eating the salted food of an adulterous woman (very hot) will make her husband (hot) and the children (cold) sick. A baby should only be touched by its mother, its siblings and elderly women. Anybody else might have engaged in illegitimate sex that makes him/her too warm for the baby. His/her warmth might cut the baby inside its chest so that it suffers from pneumonia. The list of taboos associated with temperatures is almost endless, and so is the list of diseases which result from any break of those taboos. Not all diseases which are based on the principle of incompatible temperatures, however, are called *mdulo*-diseases. In order to conceptualize Kunda disease aetiology, we have to understand the fundamental undividedness of touch, smell, and taste. In order to make sense of the Kunda epistemology, we have to keep in mind the implicit correspondence between taste and temperature (pungent=hot, sweet=cold) which is based on the synaesthesia of *ku-mva*.

A woman's disease

My informant-friends Josephina (J) and Madalena (M) established the relationship between the sensual and the social order when they talked about *khombola* or *sere* (genital warts) to me (A) and the nurse Edith Msonda (E). The Kunda speakers explicitly placed the aetiology and therapy of *khombola* within the realm of *mwambo*,

their distinct, received wisdom, which needs to be heard and felt in order to be understood. The following fragment of our conversation is an illuminating example of how the Kunda midwives create meaning out of sensual experience. The chosen discourse serves as a basis for my rather abstract interpretations of how Kunda understand (or better: feel, hear, taste, and smell) their world. According to Stoller, who advocates a 'sensual turn' in anthropology, the following interview constitutes 'the author' of the present ethnographic text:

In more sensualised ethnographies the scenes described (people, interviews, ritual) become authors, the anthropologist becoming the intermediary between the author and an audience. These texts are then the products of socialization in two worlds (1989: 56).

- J: How do you know that the child suffers from a women disease? We recognize it from what the elders in the past told us about when a child was born. When this child does not really have the life. It suffers from this and that. It goes to the hospital, comes home and goes again. We sit down and discuss: 'What is wrong with this child? Very often, it is sick, why?' When this happens to the child we sit down: 'No, this child, let's bring it before the elders so that they can see it.' Because its mother is sick, we agreed on that. We know that this sickness is too much for this child. 'Let's go with her to where they have medicines.' They will find that the mother has warts, perhaps two or four. They are on the very body, they are long-long. Then they say: 'No, this child looks sick.' Because when the child started to get sick, everything was erect like this.
- E: How old must the child be for you to know that its mother suffers from that disease?
- J: After three months we look at the condition of the child. When it is three months, we see that this child gets pale. 'What makes its body so hot? Go with it to the hospital!'
- M: It is like salt when you taste its palms.
- J: First, with three months, we say: 'Go to the hospital.' Perhaps it has stayed there for two weeks and comes back today. This child has not slept, its body ... what causes it to be like this? Now we elders know that perhaps the mother is sick. We taste in the mouth of the child like this. We taste that it is pungent *like hot peppers*, as if you take chilies. There are two diseases. When it is sweet it is the other type. We have said that in the past we suffered from a disease there inside and we died from it. These days we scrape it and now we control this disease. This disease was a women's disease. You can discover it by tasting the child like this. They say: 'No, the mother has got *sere*.' That's what you told us. You taught us about *sere* there inside. They took a razor blade, medicines – *kwa, kwa* – they scrape inside. Mrs. Msonda, there is a lot of blood! They take the medicines and apply them. Then they say: 'Go! Don't touch the cooking pan from inside, you have to be served from the pan. Don't season the food, don't touch salt until you are better!' We want this child to live, Mrs. Msonda! Now these nine here, as they are long, give this pungent sensation in the mouth. We say: 'No, the mother is sick.' We say: 'Let's go with her.' If you saw it you would be surprised. You would not know what it is.
- M: They cut them with the razor blade.
- J: You don't cut them? These long ones? So, how do you do it there (in the hospital)? So, in the past, the mother had to lie down and they put the child on her heart. There they examine the mother. They apply all the medicines for this disease on the woman's genitals. Everything is erect like in a man's body. Perhaps there are four all standing up... After they sprinkled the medicines like this, they say: 'Come and see your sick child!' Perhaps there are six. Then they cut all the six. They put them on the leaves, even when they are big like this, they cut them with a new razor blade. When she brought it, they cut it. That's it. They put everything there. They say that when they cut it, it should not stand up, no!
- M: When they get hard again, she kills the child.
- J: It (the child) won't get up, it will die, it won't recover.

- M: Because when it stands up, she has thrown away the whole life of her child.
- J: They say: 'Don't stand up!' By cutting you secure the life: 'Don't get up, not even a little bit!' Because they put your child there so that you pull yourself together, you make firm your heart until they saved the life by cutting everything. Perhaps they are six, they put them on
45. the leaves. When they did so, they take the medicines, tear small rags of cloth and put on the dressings. They say: 'Go the village there!' Now when these wounds are healing, you should not put salt in the food or touch the inside of the pan. You should keep to yourself. The husband has to stay alone until the wound heals. Now when the wound gets better, also the child gets better when it sees that its mother's condition changes. It gets very well and strong and walks
50. around everywhere, Mrs. Msonda! This is as if the mother had bewitched the child. We elders know that this disease signifies the wish to kill the child, because others killed a lot of children. (...) Some (warts) allow the children to grow, others will kill them. Is this a lie, Madalena? Others are also big, but your child will stay alive. When she gave birth and this child died,
55. after they have cut it, it won't happen again. They say: 'No, with this one you can raise children. You can leave it there.' She will give birth to twenty children. Without one of them dying. It is long, long like this. She has got this disease which does not affect the child. This is our women's disease. (...) This is how we did it in the past. This is how we raised our children. Even when the husband has got them, they examine the wife. There is no examination of the husband, no. They don't fear it in men. They have got it in their cleft, or
60. there where they urinate. It is long like this.

Questions emerging from the dark

When Josephina and Madalena told me about *khombola* for the first time, I frankly failed to understand them. Used to symbolize intellectual activity in visual metaphors, all I remember of that interview was that I felt lost in the dark. Actually we were talking in the semi-dark of Josephina's mud hut. The two small windows of the house were covered by reet mats in order to guard the privacy required for the discussion of ritual knowledge. The only light entering the rather spacious hut, came from the door which was left ajar for the sake of ventilation. There was just enough light to see what was going on, once your eyes got accustomed to the darkness. This image of the 'illuminating' beam encouraged me to continue with the story of *khombola*. All of a sudden, I felt confident that once my intellectual eyes got accustomed to its environment, my perception of *khombola* would become clearer. A first step was to summarize the statements concerning *khombola* made in the present text.

- The Kunda do not call *khombola* a *mdulo*-disease, but a 'woman's disease.'
- *Khombola* or/ *sere* are genital warts.
- The warts significance does not lie in the discomfort they cause to the sufferer but rather in their impact on the sufferer's child.
- Although warts occur in men and women, their life-threatening influence on children under the age of one, is only exercised through women.
- There are harmless and dangerous warts. The difference lies in the hotness/pungeny they cause either in the child's mouth or palms or in the mother's palms. If the palms taste sweet, the mother's warts will not hurt her child.
- Dangerous warts must be cut in order to save the child's life.
- The child's prognosis depends on the outer appearance of the warts. When the warts are erect, the child will die.

- After the removal of the warts, it is important for the healing of mother and child, that the mother keeps the *mdulo* taboos.

This global outline helps us to formulate relevant questions in order to gain a better insight into the concept of *khombola*. First, we need to know more about the connection between conflicting temperatures and the onset, progress, and cure of the disease. After exploring the nature of the relationship between *mdulo* and *khombola* we should be able to address the remaining two questions. Why are the mother's genital warts harmful to her child, but not the father's? And why does Josephina speak of the mother's vicious will to kill her child when she is suffering from *khombola*? What does witchcraft have to do with the occurrence of genital warts?

The heat of the penis

Through the link between the hotness and the salt my attention was directed at the importance of the ritual temperature. Salt and chilies are 'hot' substances. A baby is 'cold' especially when it has not yet gone through the *kutenga mwana ceremony* and needs special protection against the 'hot' forces that surround it. When its mouth tastes 'like hot peppers' (18) and its palms are salty (14) this indicates a ritual contamination with heat. Also the mother who is supposed to be 'cool' after childbirth must have been 'cut' by a warm agent as also her palms taste pungent. Eventually the pungency turns out to be the decisive aspect of the disease. Genital warts that do not cause the sharp sensation in the mother and child's body do not cause the child's death and require no special treatment (54-7). Obviously (some) genital warts cause hotness in the mother's body and consequently in the child's. Why are genital warts interpreted as 'hot'? Josephina and Madalena gave me three clues. First, they underlined the importance of the state of the warts for the prognosis of the disease in the child. 'When they (the warts) get hard again, she kills the child. It (the child) won't get up, it will die, it won't recover.' (39-40) Second, when they talked about *khombola* they emphasized that *even* when the warts are long they do not necessarily kill the child. This emphasis made me aware that apparently for the narrator the outer appearance of the warts bears crucial significance. As such, seeing plays a sustaining, decisive role in the diagnostic process. Josephina compared the warts explicitly with a penis in erection various times (10, 33-4). A penis in erection is one of the strongest symbols of male sexuality. Therefore it must be the hotness of male sexuality *on the mother's genitals* that makes her palms salty and damages the 'cool' child. In its erect state, the heat of the 'penis' kills the susceptible child. When the warts are cut the mother must abide by all rules that prevent a clash between the different ritual temperatures. When the wounds are still bleeding, she should not put salt in the food (25-6, 47-8). Salt, apart from being 'hot' itself, is also an agent that transmits ritual warmth to others. Remember that when a woman is 'hot' due to her menstruation she is not allowed to season the food lest she will damage the 'cold' family members. In order to avoid contamination the sick mother must not touch the inside of a pan. She has to gradually 'cool down' herself. Therefore she must 'keep to herself' (47) which means that she has to avoid any sexual contact that could warm her

up. Also her husband should not touch her until the wounds are healed (48-9). When she gets 'cooler' (and better) also her child will recover. The mother's ritual state is allegorical with respect to the child's health.

The gift of life

The ritual temperature itself as a 'natural' process, however, bears little moral connotations and cannot explain the witchcraft of *khombola*. Why would a mother with genital warts want – admittedly on a subconscious level – to harm her child? It is explicitly stated that 'when it stands up, *she* has thrown away the whole life of the child' (41). In order to understand *khombola* better we have to link its association of male sexuality in or on the female body with more fundamental ideas of procreation. According to the Kunda, progress in society is guaranteed by respecting two contradicting principles: the continuity of the matriline and the establishment of exogamous alliances. Children belong to their mother's descent line. When a woman conceives a child from a stranger (all husbands who do not belong to the woman's matriclan are 'strangers'), his contribution, the 'gift of life,' must be specially acknowledged. In former times, the clan's indebtedness towards the father's matriclan was often expressed by following certain preferential marriage rules (see also Vuyk 1991: 74). Today a matriclan shows its gratitude for the father's gift of life mainly through gifts and services. Life, especially under adversative circumstances, depends on such mutual interdependence of different clans within one community.

The combination of the two principles (continuity of the matriline and the establishment of exogamous alliances) in one person is a tremendously powerful act because it is the base of a self-contained creation of a new people. Only kings, however, are assigned the privilege of the first foundational incest. Vuyk affirms that in many matrilineal societies of Central Africa

kings are brothers and husbands at the same time. As brothers, they represent, together with a sister, the unity of the 'womb', as strangers/hunters they are the husbands who are the bearers of the generative power that comes from the forest (1991: 185).

The powers of incest are feared because ultimately they are destructive as they free the individual from the mutual interdependence that constitutes society. As such, incest threatens the continuity of life on a fundamental level, and is incompatible with fertility. This notion also appears in the Kunda aetiology of sexual impotence. A man's impotence mostly originates from his early days. After birth, the umbilical cord (which is seen as part of the mother's genitals) dropped on his private parts. This contact causes lasting sterility. Only when the sterile man 'goes back to his birth' and cleanses the early incestuous contact ritually he will be able to produce children.

With genital warts, a woman turns into a hermaphrodite on a symbolic level. Like the intercourse of male and female originating from one womb, this condition is seen as potentially dangerous for the continuation of life. But not all warts are dangerous, only the ones clearly associated with male fertility, the ones that make a child 'hot' like salt or chilies. Men are 'hot' like salt especially in a sexually aroused state. The

(excessive) consumption of salt makes a person 'hotter' both in its ritual sense and in terms of lewdness. After the warts are cut, the woman should not touch salt nor sleep with any man. She has to 'cool down' in order to leave her ambiguous state. Her hot status is still dangerous for others so that she should not touch the cooking pot. When her heat slowly subsides, the child will little by little grow stronger. Life has been secured by rigorously taking away the woman's maleness.

The mother's will for power

What about the witchcraft of *khombola*? 'When they get hard again, she kills the child' (39). This is the image of the self-contained fertility, of an essentially incestuous act that tempts the woman by promising autonomy and great power to her. The woman has to resist this promise by exerting a maximum of control over her body and her will. The very existence of the warts is a sign of her will for power. When she suffers from the disease it is said that the child 'does not really have the life' (2-3). The mother's ambition is incompatible with the emergence of a new generation. This will for individual power at the expense of the interest of the community as a whole is considered the very root of witchcraft. Like most other practices of witchcraft, the evil wish underlying *khombola* exists primarily on a subconscious level. This does not mean, however, that *khombola* cannot be controlled. The individual can keep a grip on the disease but it requires a great effort to fight the temptation. If the sick woman fails to control her will – and through her will the body – her witchcraft will kill the child. As a case of genital warts provokes the reaction of a morally responsible agent, *khombola* is part of the moral knowledge described in the discourse of the *miyambo*.

Conclusion

Khombola as a disease is *seen* (the warts are long, 8; the child is pale, 13), *felt* (the child's body is hot, 13), and *tasted* (the mouth of a child who is affected by its mother's *khombola* taste like chilies, 17-8). As such, the diagnosis of *khombola*, requires the healer's sensibility. More than for myself, for the Kunda the intelligible ultimately depends on the senses. The therapeutic interventions are based on the Kunda sensory faculty of *ku-mva*. They are expressed in *miyambo* similar to those concerned with *mdulo*-taboos. Rooted in the cultural archive of the Kunda, *khombola* can only be understood with reference to a matrilineal ideology of exogamy and the unity of the womb on the one hand and notions of ritual temperature and witchcraft on the other.

Notes

The author got her degree in Portuguese language and literature at the State University of Utrecht. At the moment, she is working at the Department of Cultural Anthropology and Non-Western Sociology of the University of Amsterdam, where she is finalizing her doctoral thesis on pregnancy and birth among the Kunda of Zambia. Her fieldwork from March 1989 until January 1993 was financed by the WOTRO (Netherlands Foundation for the Advancement of Tropical Research).

1. This article is based on the chapter '*Khombola*: The dangers of incestuous wishes' in my forthcoming doctoral thesis (Drews 1994).
2. For more details see Drews 1991.
3. The very cold child must be protected from the hot forces prevailing in the community. Six weeks after birth, the child's parents engage in a ritual coitus interruptus. Then they rub in the baby with the father's semen and pass the child over the fire lit in the hut. The father's hot fluids and the heat of the fire help to prevent many *mdulo*-diseases. Similar incorporation rites are also known to other peoples of the region.

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