“She’s keeping her sadness like porridge in the mouth”

Some notes on the film ‘Old Spirits, New Persons. Rose – healer and diviner in Western Kenya’

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Dit artikel beschrijft de sociaal-culturele achtergrond van het Kimisambwa ritueel in de Western Province van Kenia zoals het wordt uitgevoerd door een locale genezeres, Rose, en haar assistent Musa. Het bespreekt verder de redenen voor de verfilming van dit ritueel waarin de nadruk wordt gelegd op zowel ‘off-stage’ momenten als op de ‘performance’ en de ‘sociality’ van de gebeurtenis. Tot slot gaat het artikel in op de reacties van Noord-Europees publiek op de film en op enkele problemen van culturele vertaling van het beeld.

[inheemse genezing, ‘performance’, ‘sociality’, antropologie van het dagelijks leven, etnografische film, Kenia]

For Alex

The title of this article comes from the words spoken in the film by the two healers, Rose and Musa, while they are treating their patient, Nafula:

> ‘For so long you’ve been sitting here. What kind of ancestors are these, that cannot reveal themselves?’
> ‘She’s just closed her mouth. If you don’t open, you swallow it back inside. Let the names of the ancestors fly out. Open your mouth. If she does not open her mouth, it will go back to her stomach.’
> ‘She’s keeping her sadness, like porridge in the mouth – not swallowing not spitting. The heart tries to cheer up, but she doesn’t answer.’

‘*Old Spirits, New Persons. Rose, healer and diviner in Western Kenya*’ is a 40 minute video film, edited from footage taken of Rose’s work between 1976 to 1992. The shots selected for this film were used to focus on the development of Rose as a practitioner over time. The final editing was undertaken in 1999 with the assistance of Metje Postma,[1] a professional editor.

The film opens with 16mm footage taken in 1976 which offers a short introduction to Rose and the treatments she gives. It also explains a bit about the setting in which the healing session takes place. The actual healing done by Rose and her assistant Musa forms the major part of the film and was recorded on video in 1992. This part of the healing session is locally known as the '*Kimisambwa ceremony*' and involves the patient learning to welcome ancestral spirits who wish to come and stay with her. Because one section of the healing process was unexpectedly difficult to achieve, the healing lasted five days. Besides capturing this lengthy struggle, the film documents 'backstage' events, how Rose and Musa respond to this situation and how they describe it to Shabani[2] and me. Several photos are included to show how Rose has developed as a healer over time and how Shabani (my translator) and I got to know her.

Rose was one of several indigenous healers I consulted for advice on the sociocultural context of leprosy patients in Western Province Kenya during my research between 1974-1976 (Risseeuw 1978; 1990). She taught me a great deal about local meanings of health, disease and misfortune, as well as how to relate to patients, i.e. how to 'be' with them. She and others familiarised me with the sociality needed to 'make people feel free' to share their thoughts and concerns about a disease as sensitive as leprosy. We have remained friends and in contact over the years. During some of my return visits, I have filmed and photographed her. This documentary is based on footage filmed spontaneously during one such return visit. Originally the aim was merely to provide Rose, Musa, Shabani, the patient (if she was interested), and myself, with copies. As such, the filming was done rather experimentally, with a newly acquired video camera, one videocassette, and no pre-written film-script. My filming therefore had a kind of 'home-movie' style. Not having a script gave me the freedom to include unexpected occurrences, such as Shabani's growing ambivalence when the treatment lasted five or six days instead of one. As a participating farmer in the out-grower scheme, Shabani would have preferred to keep our appointment with a director of the local sugar company, rather than stay at this healing. His work with this anthropologist and this healer was certainly taxing at times!

Many years later, in 1999, Metje Postma offered to edit this single cassette into a full-fledged film. Saul Namango offered to help with the translation of the many languages spoken in the film. He is a relative of the family with whom I lived in Kenya, and came to stay with me in the Netherlands several times during his chemical engineering education in Russia. His unexpected assistance allowed me to start envisaging how I would go about making this film.

As I edited this film, I had several goals. Firstly, I wanted to make a product that Rose and Musa would appreciate. Rose has a copy of the full footage that we have viewed all together and about which she has made comments. I have not yet had the opportunity to show her the final version.

Secondly I had to think of the type of audience I wanted to present this to. Although I have become familiar with Rose's work over the course of 25 years, I chose not to provide an analytical commentary inspired by anthropological insights into African forms of healing. My motivation was more one of providing an introduction for an interested but untrained public of diverse cultural backgrounds. In this respect I share the

view that the filmmaker Jean Lydall expressed: "We wanted the viewers to reach their own conclusions, and we hoped that they would get to feel they had encountered intelligent humane people whose way of life might be quite different, but for all that, comprehensible... We hoped that open-minded persons will gain new insights" (1992: 155). Looking back, I feel this approach had to do with my lasting memories of frustrating dialogue that I had in the 1970's with the European medical staff at the leprosy hospital. One was convinced that the local cultural setting and analysis of illness had very little to offer. Not only was it implied that biomedicine was superior, implicit too was that one had little to learn from local practices of treatment. Rose stood in contrast to their idea of what a local healer should be. She is a fashionably dressed, modern woman, whose approach mixes Islam and Christianity, and who speaks English when she wants to. If she had applied for a job at a local developmental NGO, she would have indubitably been hired.

Thirdly, I wanted to show a 'style of relating' in the film: how Rose operates – on stage and off stage – to give an impression of the sociability or sociality embedded in the event as well as the process of healing itself. The focus of the film is on 'performance' and 'event' rather than 'ritual' and aims at showing how diviners continue to work even when the connection to specific ancestors cannot take place. In doing so the diviners increase the pressure on the patient, but they do take care to reduce the tension offstage. Such offstage moments are included in the film. I will first try to explain a bit of the healing sequence and spiritual concepts on which the healing is based, before continuing with what I've called 'performance' and 'sociality' and end with comments of film viewers in Western Europe.

Stages of treatment

Here the focus is on 'stages' of treatment, which could also be called 'phases' or 'events'. Locally, they are not distinguished as such, but such distinctions can facilitate an understanding of the treatment for a cultural outsider. Although the commentary emphasises that this film can only deal with a segment of extensive treatment that lasts many months, I found viewers in academic (anthropological) circles and at European documentary film festivals, expecting, if not in a way 'demanding', a complete overview of the treatment with the guarantee of a completely cured patient. Discussions after viewing the film often took a polemical tone and centred on themes relating to the adequacy of such treatment versus that of biomedical healing. This last point was shared by a wider public. I will comment further on this 'expected film-narrative' later.

As I have stated, the film concentrates on one important part of treating a patient, which is locally known as the '*Emisambwa* ceremony'. It is a treatment often sought after locally, although until recently the Christian religious groups forbade it. 'Modern' people avoid the word '*Emisambwa*' and prefer to speak of '*inherited hyper-tension*', when discussing the set of regularly occurring ailments associated with suffering from old, sainted spirits/guardians who wish to come and live with a living person.

Rose in her twenties

For the patient in this film, this is the third phase/stage of her treatment. This phase was drawn out over several days as she was confronted with an unexpected difficulty: one type of spirits hindered another type of spirits from coming, as I will explain below. Such phases are not fixed, nor must they always take place. Rather, the cause(s) of illness or misfortune call for certain forms and sequences of treatment. I have outlined the six or seven events/stages that can be distinguished below:

– When a patient and his or her relatives look for the causes of an affliction, they will *first* consult one or more diviners. At the 'divination-session', the patient, Nafula, accompanied by her mother, came to consult Rose in her capacity as *Omulakusi* (diviner). In this stage, they try to determine the causes of her ailments. Rose has between 25 to 35 of such consultations each day. People come alone or with their relatives to inquire about their own afflictions or on behalf of others. A tall pole with a white flag identifies her house from far. Visitors are provided with tea and bread while they wait.

A diviner is not simply accepted, people often fear them or are sceptical of their talents. Diviners are assessed by the quality of their work and interpersonal skills. If these are somehow deficient, the patients will not return.[3]

The task of the diviner is to correctly diagnose the ailment of the patient without the help of any spoken information from him or her. The behaviour of the healer during

this first interaction is the opposite of that of a biomedical healer, who bases his or her diagnoses on responses the patient gives to questions. In this meeting, the patient will divulge nothing. A diviner must convince those at the divination session that her or his spirits have enabled her or him to look into the unseen and make a correct diagnosis.

Depending upon the outcome of the consultation, Rose may be requested to work in her capacity as a healer to cure the patient. The cost of healing someone is much more substantial than the costs of a divining session. As such, negotiations about the financial arrangements take time. Usually, patients first return home to discuss the diviner's advice and perhaps consult other diviners. The selected treatment might take several months and can take place at the patient's compound or at the healer's, depending on the source of the affliction. A healer is paid only when the treatment is considered successful.

The causes of the disease can be numerous. Sometimes healers determine that the disease is caused by 'natural causes'. In this case, the *Omulakusi* refers his or her patients to local hospitals or herbal medicine practitioners. When 'natural causes' are ruled out, a diagnosis is done to determine whether the afflictions are caused by one of the many forms of witchcraft or by one of the many kinds of ancestral spirits. Witchcraft must be identified by and countered with medicine, ideally this is undertaken by specific practitioners. If the cause is related to the world of the dead, the ancestors must be identified for which again specialists are needed. Some types of ancestors need to be convinced to leave a patient, while some must be welcomed and will remain with a patient for life. Usually patients are afflicted by one kind or the other and not by both. The patient in this film is afflicted by both, which makes her case fairly unusual.[4]

– This 'double affliction' necessitates the '*second* phase of treatment', where one set of ancestors, '*Sisieno*,[5]' have to be induced to leave the patient.

– In the third stage of this healing, other ancestral spirits called '*Emisambwa*' must be welcomed to stay. As identifying and welcoming the spirits is the major phase of the treatment, this is accordingly a major part of the film. This is often referred to as a 'wedding' between the spirit(s) and the patient, which takes place in the compound of the patient. The patient must succeed in pleasing and seducing the spirit into forming an ongoing relationship. In the film this phase of treatment lasts much longer than expected as the *Sisieno* were not successfully ushered from the patient during stage two. If one is 'troubled' by *Emisambwa*, further treatment must follow, which brings us to the fourth phase.

– In the *fourth* phase, the identified *Emisambwa* ancestral spirits must be coaxed into entering the (newly erected) house called '*Enju wa Kimisambwa*'. At the end of the film over the end-titles one hears the voices of the ancestors circling the house. Once they are inside the patient has to learn to interact with and satisfy her spirits using her calabash.

– In the *fifth* phase, the healers assist the patient with the resumption of her daily duties and activities. Since the spirits have begun to live with the patient, he or she has become a new person. This new person has to be re-taught daily activities and re-establish relationships. In this stage, Rose will go with the patient to collect firewood, to cultivate the '*shamba*' (field), to cook, to look after her children, etc. The patient must also

remarry her husband in a traditional wedding (‘*kenyeyi*’). She must eat a ceremonial meal with him and sleep with him at night, otherwise quarrelling and the disintegration of the marriage would be inevitable. Here one sees the enactment of what could be called a ‘shift in personhood’.

At this point Rose can make variations to her treatment, which I feel are often related to her social assessment of the individual patient. In Nafula’s case, her relationship with her husband was strained. I felt this led Rose to include the rituals of married life more extensively in the healing process. As such, Nafula and her husband also had to relearn how to fight as husband and wife. The bewildered couple was asked to fight outside. After a while, the husband picked up a long stick and hit his wife, telling her that, as usual, she forgot to tie the cow last night. After a moment of silence, the wife contradicted him, picked up an equally long stick and hit him back. At this point, the bystanders and the actors laughed; only the small children were still screaming. Such a moment helped to release many tensions and offered break with the earlier intense days of treatment.

– A *sixth* phase follows if the patient can communicate with her ancestral spirits and see into the world of the dead. She can then become a diviner herself. This requires her to visit her healer several times over the course of a year or so. If one does become a diviner and a healer, they must also be trained in the uses of herbal medicines.

– As a *seventh* stage, the cured patient, clad in ceremonial paraphernalia, makes a ritual visit to relatives to indicate his or her return to health and to demand help paying for the costs of the treatment.

As previously stated, this film deals with the major part of the treatment: the ‘third phase’ or the *Emisambwa* ceremony, as it referred to by the local people. The sainted ancestral spirits, or *Emisambwa*, identified and met by the patient are central to the world view of the people. Heald describes their centrality in her study of the neighbouring ethnic community of the Gisu:

> ‘The most important practices of the Gisu, by which they define their sense of identity, indeed, which constitute their identity, are those of the kimisambwa (sing: Kumusambwa). They are the vectors of ancestral continuity … (which can best be translated as) … ancestral powers or forces, for these operate not by an insistence on a passive conformity to rules laid down but by their active interventions in human life. They ‘catch’ those who fall within their orbit. Initially, their characteristic sign is that of affliction, each being associated with a known range of symptoms, which can then be brought under control through rituals which both cure and, importantly empower the individual, aligning him or her with the particular *ancestral force*’ (Heald 1999: 152).

In his study of the northern Bukusu (the healers in this film come from South Bukusu) Jan de Wolf also describes the centrality of the *Kimisambwa* and the conceptual base it offered the 1940’s religio-political movement known as ‘*Dini ya Msamba*’. It was led by Elijah Masinde, who had a substantial group of followers. His teachings included strong accusations of the Europeans and demanded their departure from Kenya. The Europeans were to be chased away by *Maina* himself, the mythical ancestor of the

Bukusu. (Heald also mentions *Maina*, but in another context 1999:96.) The administration at the time forbade the sect, and in 1947 and arrested Masinde and some of his major followers (de Wolf 1977: 177-191). The movement enjoyed a short revival by Masinde and others in the 1960's.

Returning to the film, a successful *Emisambwa* ceremony is crucial for the next stages to proceed. The 'stages' are explained here to show that many events happen around the filmed Kimisambwa ceremony, which create for a very fluid and even elusive series of events. I have witnessed much variety in time, action and place in the treatment of specific identified *Sisieno* leave a patient. I have attended healings where the third phase was completed in one afternoon. In other cases it took much longer. Similarly, the coaxing of the *Emisambwa* to enter inside (phase four) can take from one evening to several days. Relearning as a new person (phase five) lasts as long as the healer deems necessary. The former patient may not develop into an active diviner (stage six). Likewise, wealthier patients and their families do not seek support from relatives (stage seven). But if the patient is to recover, the meeting/merging of the *Emisambwa* with the patient must occur, if the patient is to recover. With this simple overview, I hope to have offered some tools for the viewers to understand a process that is more creative and interactive than a clear-cut, sequential event.

The patient and her affliction

Nafula is a second wife in a polygamous home. She had no job despite her secondary education and knowledge of English. Instead, she farmers her husband's land. She had three children, the youngest of whom was a baby at the time of treatment. Nafula had become withdrawn, was disinterested in life, had occasional outbursts of anger, refused to greet neighbours, and sometimes even attempted to hit people. This behaviour was straining her relations with her in-laws. She slept badly, suffered loss of appetite, and her skin lost its shine. She did, however, continue to look after her children, which made people around feel she could probably be cured. Its only a mad woman ('*omulalu*') who no longer cares for her children. Her mother came forward to offer financial and emotional support.[6] If Nafula was left in this state for too long, she would steadily deteriorate and become like one of those ill-dressed mad people seen wandering along city streets.[7]

During the divining session, Rose saw that Nafula was afflicted by two kinds of ancestral spirits. The first were '*Sisieno*' or the spirits of close or distant relatives who have recently died and are still unsettled. After death, several ceremonies are supposed to be undertaken to help the spirit come to terms with the loss of its body and ease its acclimatisation to the world of the dead. If such ceremonies are not done, through lack of time or money, and a relative falls ill, the cause will be attributed to the unperformed ceremonies. I have seen such ceremonies undertaken (at great cost) over 25 years after someone had died. The second set of ancestors who were afflicting Nafula were 'sainted spirits', also called 'guardians', or '*Emisambwa*'. They are spirits of the forefathers of the community who died many generations ago. They are calm travelling

spirits who sometimes come to stay with the living; they are considered wise and admirable. If they are well-received, they will stay for a life-time.

Each type of spirit creates different symptoms and abilities in the patient to which the healer must respond to. In the case of *Sisieno* the healer has to identify which individual spirit of the dead is involved. The healer's task is to induce the named *Sisieno* to leave the body and the compound of the patient.

The mother brought Nafula back to Rose to complete the expulsion of the *Sisieno*. Via her ancestors, Rose can perform ceremonies ('the slaughtering of the white cock') to make the angry *Sisieno* move further into the world of the dead. This ceremony is fraught with tension, as one does not know if the *Sisieno* will move away or become further enraged and attach themselves to or 'catch', other people present. In such ceremonies which I have attended, both the patient and bystanders were frightened. The patient would allow the healer to invoke these spirits only if he or she had substantial faith in the healer.

Although Rose had invited me to Nafula's treatment in relation to the ousting of the *Sisieno*, unexpected hospitalisation prevented me from joining. A few weeks later, Rose was determined that Shabani and I join her and Musa for the second part of the treatment, involving the 'naming' and welcoming of the *Emisambwa* into the compound of the patient.

Symptoms such as sleeplessness, lack of energy, loss of weight occur, indicate the possibility of certain *Emisambwa* wanting to come 'to live' with the afflicted person, a common affliction. If not 'cured' the symptoms can last for many years, sometimes for the remainder of one's life. Such people remain socially withdrawn and lethargic, a serious affliction in a society which places much emphasis on the social skills of 'rolling with people', i.e. knowing how to subdue anger and being able to successfully mediate conflicts. In the case of an affliction related to *Emisambwa*, the healer has to identify which specific sainted spirits are wanting to come, and then find a means of coaxing them to come. Only then will the patient's symptoms subside. In this filmed sequence the *Emisambwa* treatment takes days longer than expected, as the *Sisieno* refused to leave and obstructed the welcoming of the sainted spirits or guardians.

'Performance' and 'sociality' rather than ritual

As emphasised in the commentary, my interest was mainly on what happened during the unofficial ceremonial moments, e.g. the relationship that Rose built with her patients outside of the ceremony, rather than with the explanation of the ritual which would require a lengthy commentary. I wanted to capture how Rose guided the patient through the healing process. I wanted to examine which moments Rose selected to be stern with the Nafula, which moments she chose to tease, to provoke her, to relax her, and to make her happy. I also wanted to show how neighbours and relatives contributed to the healing effort. The added dimension to this impressive but taken for granted 'sociality', was that Rose always remained available off-stage; patients always had access to her on a personal level. Especially with female patients Rose would spend time,

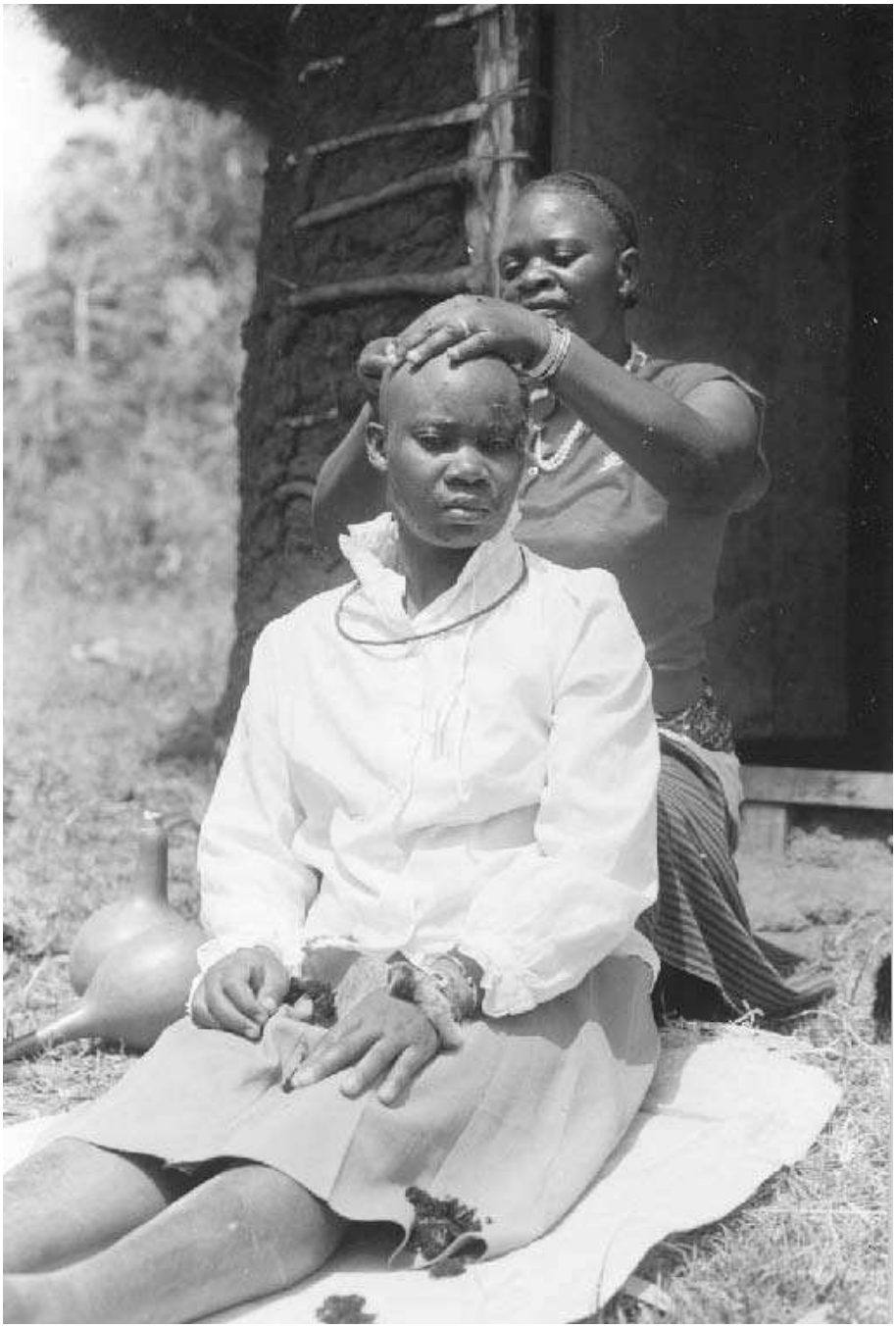
both doing each other's hair, cooking, bathing or sharing bed at night. I had always been impressed with how her treatment could vastly improve patients, who seemed too be in such deep depression. In the local language there is no word for 'depression', but people describe it as: 'someone who falls back in his own shit and doesn't want to get up'. (A psychiatrist termed '*Lilalu*' as 'psychosis': van Assen 1990).

Over the years I had become familiar with various kinds of treatments as I was allowed to attend many of the ceremonies e.g. such as attracting the *Emisambwa* and expelling the S*isieno*. (I was, however, not allowed to participate in any divination sessions, unless I was the patient.). Though the technicalities of the ceremony, e.g. the purpose, the sequence etc. were always relatively easy to discuss I could not get Rose and Musa to discuss the familiarity or 'sociality' of patient relations. It was not a question of my unfamiliarity with the ceremonies, it was just too 'normal' and therefore difficult to articulate. What Fabian called 'performance' comes to mind here:

> 'What has not been given sufficient consideration is that about large areas and important aspects of culture no one, not even the native, has 'information' that can simply be called up and expressed in discursive statement. This sort of knowledge can be represented – made present – only through action, enactment, or 'performance'. In fact, once one sees matters in this light, the answers we get to our ethnographic questions can be interpreted as so many cultural performances... performances... although they can be asked for, are not really responses to questions. The ethnographer's role, then, is no longer that of a questioner, he is but a provider of occasions, a catalyser in the weakest sense, and a producer in the strongest' (Fabian, cited in Pool, 1989: 53).

In this short film, my aim was to give the viewer an impression of the relationship between Rose and the patient, the process of healing and of the 'performance' as Fabian states, and not to provide full explanations on a cultural philosophy of healing. The idea was to give sufficient 'logical' details for an interested lay-public of different cultural backgrounds to be able to follow the treatment sequence. I have attempted to provide some background on the perceptions of disease and the non-functioning relationship with the *Emisambwa*, which cause the patient's illness. But certain things have been purposely left ambiguous, in the hope that viewers might become interested to find out more about such healing processes. To cover the complexity of notions of health, disease, and death, the continuity of generations of the living and the dead and the specific notion of personhood which was one of the most difficult things to 'translate', would not only have been an impossibility but also be nearly a display of arrogance on my part, in the context of such a short film. Moreover I would have by doing so literally 'drowned' this sociality altogether.

In return trips to the area which was home to me for over two years, I would meet former patients of Rose at markets, bus-stands and at people's houses, and could see how their improved state seemed to hold out. Some patients even wrote to me in the Netherlands to say that they were better, back with their families and taking up former jobs as schoolteachers, postmasters, etc. I also saw cases where treatment had failed and when Rose refused to treat problematic cases such as a patient who had been afflicted by certain *Sisieno* for many years, leading to madness (*Omulalu*).



Back at the newly erected house: Rose shaves the patient's hair before entering

I would like to briefly return to this notion of 'sociality' which I used next to the concept of 'performance'. I strongly agree with the point made recently by Overing and Passes on the need to further scrutinise the cultural components of 'a style of relating' (2000: 5). They emphasise the need for a greater (anthropological) discussion and sensitivity to different 'indigenous notions of sociality' by isolating questions such as, "What is the domain of the social?" and "What paths do we follow the understand the social life of (other) societies" (ibid: 1/5). In their introduction they discuss how 'the Western imagery of society' with its culturally specific tendency to dichotomise the public (the cool and rational space of societal relationships which are ruled through contract and law) and the private (the hot and affective space of personal family relationships centred around everyday care and responsibility of children) has led to an under-evaluation and lack of analysis of the latter (ibid.). This social domain with its specific cultural layers of significance has tended to lose its meaning. They accuse the discipline of excluding 'domesticity' as an arena of analysis within the posed undervalued realm of 'the private':

> … the sentient, living, experiencing, speaking indigenous person was irrelevant, and the contents of an indigenous sociality remained elusive. The interactive, intersubjective social self has as Michel de Certeau notes (p. xi) been concealed by the type of formal rationality dominant in the academic culture of the modernist West (2000: 1).

They call for an anthropology of the 'everyday' and 'the ordinary', the inclusion of 'the ability to be social' ('a convivial sociality') but also a sense of beauty, aesthetics and sensuality and they note 'a lot of anthropology … (is about) … not seeing and not knowing what we are not seeing' (2000: 10). By creating such relatively new conceptual spaces, and noting 'how we falter over the clumsy technical vocabulary of our discipline' (2000: 13), they have provided me the conceptual space to centre my own narrative on the local sociality ('*khutemberisia*': see below) and to beautifully explain why I wanted to film rather than write about Rose's work. It also provides an explanation for the relative lack of awareness of this domain of sociality in certain circles of western European academic and documentary film, which I try to describe at the end of this article in the section 'Viewers and their Questions'. While some viewers spoke of the 'incredible intimacy of this film', while others asked 'Why take so much time showing nothing much?'

Cosmology and that which is unseen

To provide data on philosophy and worldview as well as notions of health, disease and death is not easy. I agree with Jan de Wolf (1969) when he says that within society and between generations differences in opinion and knowledge exist, due in part to the fact that 'traditionally' older generations were provided with more societal knowledge over the younger ones and partly due to Christianity's negative stance and to changes in society.

Even before the arrival of biomedicine and Christianity the powers of diviners and healers were feared and their qualities, capabilities and social skills were questioned.

However people believe in the connectivity between the dead and the living, between past, present and future generations and connectivity 'through blood' to one line, which are explained by the healers through concepts such as the '*ombili*'translated as 'body' in English, the '*omwoyo*' (heart) and the '*esinini*' (shadow) equated with the Holy Spirit. (In Christianity '*esinini*' can also refer to 'the soul' or consciousness). Literally these concepts are translated to mean the physical heart and shadow that one sees in the absence of light. A person is born with a body, a heart, and shadows (everyone has two to three shadows). When one dies, the body is no longer filled with life and is then called '*omukusu*'. It has lost life, as has the heart, which can never leave the body. It is only the shadows that remain unchanged after death. During life the '*esinini*' can leave the body, travel like the wind and meet other '*esinini*'. It is also said that if one person dreams of the other, their *esinini* have met.[8] Ordinary people cannot see these shadows, only the *Omulakusi* can, due to the relationship with her/his own ancestors. Not all dreams imply travelling shadows. Ordinary dreaming ('*Okhulora*': to dream) have no further meaning. The dreams of diviners ('*Amaloro ko Vungosi*'), are explained by Rose as '*I get telegrams in my head*'. The most feared dreams are of a *Sisieno* announcing itself ('*Amaloro Kevishieno*').

During one's life one can become seriously ill when an ancestor, a *Sisieno*, enters one of your shadows or moves in between your shadows. This process is not connected to specific diseases. The illness can manifest itself in any form, and the resulting physical maladies can be extremely serious, e.g. leprosy, epilepsy, AIDS, etc. Witchcraft can separate one from one's shadows and thus exposes one to harm, like accidents or sudden death. Witchcraft requires counter or protective medicine, a different response than required by an affliction caused by various types of ancestors.

Though it is relatively rare for a *Sisieno* to attack one or more shadows, treatment is urgent and the attack must be stopped for the patient to recover. A far more common and less serious affliction attributed to ancestor spirits is the attack on one's heart (*Omwoyo*). One becomes weak, thin, listless during the day, sleepless at night, lethargic, and worried, 'as if after a shock, you keep waiting for the next one'. Such a sufferer is not social; he or she has no 'heart' to make others 'feel free'. But there is no danger the person losing his or her live.

Someone who is very healthy, and has an attractive, magnetic personality, is referred to as '*Ali Omwoyo*'; she or he has heart. When your heart is affected you are visited by ancestors ('*Emisambwa*'). As said above, these ancestors come in search of a place to stay. The patient and his or her relatives have to receive these ancestors and maintain a good relationship if the patient is to recover. The patient must learn to accommodate the ancestors and give them a place in her or his life, 'fuse' them into her or his being. Once the patient achieves this she or he will acquire a certain amount of talent of an *Omulakusi*, like Rose. During treatment Rose and Musa regularly reminded the patient that they too have gone through the same process. The constellation of the ancestral group can differ, as they also 'are social'. They invite others to come to a feast or to rest in between travels. Only the diviner can tell a patient if an ancestor is involved, and if so, which ones.

The sense of relatedness between the living and the dead is a profoundly practical 'awareness' (Bourdieu's 'widest sense of limits'), which remains too obvious to be formulated. Still all diseases are not mysteriously attributed to 'unseen spirits'. In Rose's words; "If you are always drunk, you are not suffering from your heart or your shadow, just from lack of brains." But ancestors have a strong presence in life, as expressed by some – "they continue to monitor our lives. These people do not go away, they just hide and watch us from where we cannot see." People would triumphantly talk about strongly believing Christians who "went to the Omulakusi at night."

The differences between divining to find out whether an illness is due to ancestors or due to witchcraft can be minimal. Providing protective medicine against witchcraft is another matter. A diviner is sometimes called to solve domestic problems, either between a husband and a wife or between wives. Marital problems are a frequent reason for consultation. Men consult them when they want to insure the faithfulness of their wives, to help convince their present wife to agree to another wife, and to make a too-educated woman 'obedient'. Women consult them when they want to make men marry them, when they have failed to conceive, when a husband intends to get another wife, and when he 'wastes' money needed at home 'outside' of the home. *Avalakusi* (plural) are consulted when applying for jobs, hoping for parliamentary political success, and seeking promotions. If the client is gullible, the diviner can easily sow suspicion and distrust. The scepticism mentioned earlier is partly based on the fear of the diviner's powers to divide homes and ruin relationships between relatives and friends.

Khutemberisia: Have you no happiness?

Khutemberisia is word that means tricking, fooling, convincing, dealing with people, and 'coming to a relationship', all so much part of daily life. The English translation is often 'clever', but this does not cover the full meaning. It has connotations of a social cleverness, an ability, which is admired but which, if it spills over into really harming people, becomes negative. It then becomes 'a cleverness that cheats' or '*Omuches (-ches)*'.

Khutemberisia is connected with the great value placed on the aforementioned '*Ali Omwoyo'*, i.e. to have a heart, to make people 'free' with you, to be able to dispel feelings of anger and spite in others, and to make peace between people. Mothers train their children in the development of these qualities. In a mature man they contribute to a successful masculinity. Diviners and healers must have these talents too, and here the borderline between the two kinds of social cleverness can become very thin. Furthermore the threatening option of witchcraft, next to varieties of poisoning form much feared alternative routes for those whose anger and ill-feeling cannot be contained.

These social skills and conflict solving abilities resonate in the conceptualisation of the relations between the ancestors as well as the in much of the religious mythology. In the film we see that the *Emisambwa* must convince the *Sisieno* not only to leave the patient's body but her compound as well. At the river where the patient meets with her *Emisambwa*, and the *Emisambwa* succeed in convincing the *Sisieno* to leave, roasted

meat is left for the *Sisieno* to take on their journey deeper into the world of the dead. The imagery is not one of destroying or terminating the *Sisieno*. Conceptually, this is also not possible as the shadows (*Esinini*) do not know death. But in this specific context, it is only the *Emisambwa* who are considered to have enough wisdom to persuade and deal with the anger of the *Sisieno*. One more example of these values conflict resolution is found in the mythology of one of the most respected forefathers, Maina. Once Maina found his son committing adultery with his younger wife. His anger is deep but he decides to consult his elders on how to act. After this round of discussion during which his elders try to calm him and his anger, he finally decides to create the formation of clans in order to unify as well as separate his people. He was not provoked to kill his son, nor does the mythology dwell much on this option (Makila 1978: 61). Many more examples of such conflict resolution are found in Makila's book but also books of Osogo (1966) and Wagner (1970).

Returning to the film itself, I refer to a short dialogue at the start of this article. Here Rose and Musa cajole a patient by both talking to her and about her over her head in an attempt to make her co-operate and concentrate on the treatment. I will use the term *khutemberisia* to gloss this substantial element of the treatment of the patient.[9] On one hand a patient is seen as a passive recipient, while on the other hand the patient must actively co-operate and 'open' herself to the coming spirits through intense concentration. Both Jan de Wolf (personal communication) and I have witnessed sessions in which healers put substantial pressure on the patients. At least, that is how it may look to 'a European', who operates with different notions of personhood and 'relatedness' between people. In this film, the difficulties in healing mean that Nafula is cajoled for four days and four nights. The healers use different languages to put pressure on the patient. When they want to show that their patience is running out they use to *Kishwahili*. Rose also uses her own language *Kitachoni* at times. Later the healers assess the situation and determine that the *Sisieno* have only left the patient's body, but not the patient's compound which hinders the arrival of the *Emisambwa*. A *Sisieno* ceremony should ideally take place on a patient's compound, as the ousting of the *Sisieno* has to take place at two levels: the body and the compound. But Nafula's mother had insisted at the time on trying the *Sisieno* treatment straight away on Rose's compound, instead of taking time for Rose to return with them to their own homestead. On the evening of the fourth day of treatment, when the *Sisieno* are found to still be present and frightening the patient, the healing process was escalated by involving the *Emisambwa* in the process of the *Sisieno's* removal. The film captures this moment and thus shows an example of the *Omulakusi's* 'bricolage' in healing practices.

'On the ground' the viewer may perceive the pressure placed on patient as threatening, but off-stage, the patient can always reach out to her healer as a person. Van Assen, a psychiatrist who has studied such psycho-therapeutic practices in Western Province, Kenya has evaluated this side of the healing as negative. She based this evaluation on claims made by three local practitioners who said they tied or chained their patients to beds for days or even deprived them of food (van Assen 1990: 64/65; 87; 136). As local practitioners operate highly individually and secretly, it is simply not possible to contradict her findings (In this context Heald also speaks of divination as 'a purely private

system of self help', 1999: 100). I have heard of treatments in which the patient is tied up while caustic herbs are administered through the nose in order to force an unwilling *Sisieno* to leave the body, a practice which Van Assen also notes. But I have never heard nor seen patients tied up for days, deprived of food. I have heard local exponents of Christianity distort reality to create strongly negative imagery around the 'traditional healer' as well as 'traditional practices', in order to contrast them to Christianity.

Further a healer cannot easily really physically harm the patient. Relatives and neighbours are always around, and treatment is always public. Furthermore if a patient would die while under treatment, the healer would not only be refused payment, he or she would be attacked by patient's angry spirit and future customers would be sure to keep their distance. I never found patients fearing the infliction of said suffering and hunger. On the contrary, they usually showed immense signs of relief once Rose arrived and seemed to 'feel free' during the off-stage treatment periods. During the healing of Nafula, we all shared the same house at night, and she also joined in the talking and joking together. Rose was an exceptional healer because the way she handled patients in between treatment sessions involved such skillful elimination of tension. Nonetheless, people do not undergo such a treatment lightly. It is expensive and frightening and only a skilled healer can offer success. People deliberate for a long time before they have treatment, and spend a lot of time selecting and testing the healer.

Returning to Rose's way of treatment I would like to point to the energy in the dancing and singing goes on for days and nights. Relatives are invited to help by joining in the singing and dancing. The patient is repeatedly prodded to join: "You have to open your mouth, you have to cry out loud. Have you no happiness, no happiness to sing? How can we tell you not to play with rain, but only with the morning dew?" The healers and bystanders become openly joyful when success seems near. When I asked Rose about it, she uses the English word 'electric': "It is electric what is happening." When reading the books of specialists on comparable healing practices, e.g. Devisch 1993, Katz 1982 I recognized similar processes in which the patient is seemingly lifted out of his or her boundaries of experience and personhood. A sensuous and spiritual energy seems able to effortlessly reshape the boundaries of the individual and the surrounding community and allow the patient a new way of structuring his or her reality. The cultural repertoire offers a wide array of dancing and music as well as a variety of ways of a socializing and remaining connected to the patient's spiritual as well as more mundane self. Katz speaks of "the religious-spiritual dimension... of transcending themselves... and the ability ... to contact the realm where the gods and the spirits of the dead ancestors live" (Katz 1982: 43). Devisch speaks of "the margins of established order, the sensuous, the moral and aesthetic praxis … and of … healing cults ... (which) reshape and revivify the social and cultural order by tapping a source beyond the coercive order of tradition' which forms 'the very alchemy of healing" (1993: 1/2). When Rose uses the word 'electricity' to me, as we have no better words in common to share, she is speaking about this alchemy, an alchemy which indeed comes across as the "important therapeutic resources in the culture", that Devisch speaks of (ibid: 3).

This whole process is extremely physically taxing, and we often fell asleep in the compound in the afternoon, after a night-time session followed by another morning

session. Rose never complained of tiredness and continuously seems able to draw upon new energy every time progress is made, even if she has nearly lost her voice. At the same time, and this is very important, things also remain very 'everyday' in the sense that the face-to-face relationships between healer and the patient remain present. It is this 'sociality' or 'connectivity' between healer and patient that I've attempted to show in the filmed 'performance'. The sociality is constant beyond the first meeting of the *Emisambwa* during the dancing on the fourth night. At the river when the patient has drunk the blood of the just-slaughtered goat, she seemed in shock. At a little distance, Musa and others began cutting and roasting the meat and reading the intestines for signs of the unseen. Rose did not join them for longer than a few minutes, but quietly remained seated beside the patient and the mother, who also never leaves her daughter. They quietly talk to her now and then, drawing her out of the shock and preparing her for further treatment. After some time one could see the tension relaxing in the patient's face. Later when washing the her in the river, Rose can hold her head in her hand, turning Nafula's face towards her. Seemingly casually she will look into the patient's eyes and face to check her state of mind and healing progress. Later, when they arrive back at the compound, while enticing the *Emisambwa* to follow them, Rose seated Nafula on the ground to shave her hair, and softly told her that she worked well at the river. Inside the house Nafula is given back her young baby to suckle. She her smiles and relaxes while Rose drinks her first cup of tea that day.

Viewers and their questions

Since the completion of the film I have had much experience with comments, questions, and other responses to it in various North European academic and documentary festival-like settings. At small number of screenings African scholars studying in the West were present. I know from earlier documentaries I have made that it is never easy to make a cultural setting accessible to an audience from another background. On one hand, film is a strong medium for creating cross-cultural understanding and knowledge, on the other hand a filmmaker is tripped up by the simplifications and 'short-cuts in logic' made by 'the other public' on the basis of its own unarticulated assumptions. Images seem to have a life on their own and people are capable of responding to them in a wide variety of ways (MacDougall 1998: 69). A film about Africans, and especially African indigenous healers, for European audiences, one has – from this perspective – landed on a highway of (un)articulated assumptions and polarised opinions. When I first filmed Rose in 1976, this was one factor that led me to shelve the editing for a time. I did not know how to deal with it (Risseeuw 1991: 360/61). Within visual anthropology much has been written on this issue, e.g. Lydall 1992, 1998; Loizos 1992; Ruby 1980.[10]

After people viewed 'Old Spirits, New Persons' I was often asked if I believed in spirits or in this kind of healing myself. The second most common question was if the people had co-operated while a white person was filming or, when one felt that the patient was not cured, if the treatment was believed to have failed because 'a white per-

Shadani and Rose during a break

After the ceremony: Rose teaches the patient and her husband to treat each other as husband and wife by asking the husband to fight with her

son' had been present. The fact that Rose spoke to me several times during the film could have triggered this question. We included these small dialogues in the final editing to show that moments of communication with the filmmaker happen, as they did in earlier films I had made. It also reflects the decisions the filmmaker makes about his or her intervention (see Ruby, 1980 for an elaborate discussion of this issue).

Anthropologists tended to request a detailed description and explanation of all connected rituals and their meanings. Often a full cultural analysis was required by way of commentary, preferably from one or another theoretical perspective. In contrast, psychotherapists often spontaneously spoke in their own vocabulary about what I termed the 'off-stage' performance. If I was allowed to introduce the film and emphasise this importance this, more responses tended to centre around this sociality. I benefited from these questions, some of which I will try to answer now.

The viewers' questions reflected the perceived centrality of biomedicine and the need to 'take a stand', to 'have an opinion' about 'alternative' forms of treatment, which form the subject of lively debates in their own societies. These questions almost immediately brought the discussion back to the viewers' own socio-cultural setting which tended to divert such viewers away from asking more detailed questions about what they had seen of the filmed interaction between healer and patient. They did not see the interaction as a form of 'patient management', as one Kenyan viewer of the film once remarked.

The viewers also tended to be quite serious in their reaction. They would not be quick to laugh at the jokes Rose made about 'still being a teenager', if 'an old one', or about the amusing situations her travels as a healer had landed her in. Yet it is this convivial aspect of the situation that I was keen to film, for it shows how a patient experiences her healer. She is not only a specialist but an approachable and human(e) person. It was noticeable that viewers with non-North European cultural backgrounds were more likely to laugh at or with Rose. It made one wonder if parts of the educated, European audience were perhaps inhibited at times by a certain politically correct framework from which 'Third World' or in this case 'African' films may be viewed. When discussing this point at festivals I was told of similar experiences in this context by other filmmakers of 'Third World' films.

I was further asked where the climax, namely being in the possession of the spirit, was in the film. As I had been especially interested in getting a portrait of Rose and had little technical equipment for taking satisfactory shots in the darkest part of the night, we decided not to film at such times. Rose did not want me to waste any film if the shots would not come out well, seeing we had so little with us. Many years later, when editing in the Netherlands, we composed the film without such sequences. Even if we had had them, I would have been very ambivalent about using them. (During the only screening I had for a fully African audience in London, several voiced the opinion that it was not a bad idea to leave such moments out for the time being).

Here I must admit that in editing I tried to avoid what in my eyes is an 'over-focus' on such 'climaxes' in European ideas of 'alternative healing' in Africa or even the 'Third World' in general. I left out a sequence of film showing the patient drinking the blood of a freshly slaughtered goat near the river. Ritually this expresses her merging

with her *Emisambwa*; they are drinking together and will now persuade the angry spirit to leave her. I do mention this moment in the commentary, but decided, against the editor's advice, to omit this short film sequence. Local people are fearful of such ceremonial moments, which require the patient to run beyond the safety of her compound and to trust to her *Emisambwa* (and healers) coming to her aid before – in this case – the *Sisieno* (who follow) can really harm her. She runs in the direction of a river till she faints, which is a sign that the *Emisambwa* are approaching, and the healers are succeeding. In the film one therefore sees local people who are watering their cows at the river – it is early morning – quickly leaving, taking their cattle with them. They keep their distance. After some time one sees the cows, eager to drink more, coming back without their herdsmen. I was afraid that I would not be able to fully convey the specific local fear and tension of this moment, and that I would only evoke a European 'shortcut in logic' which would have the effect of a 'highway of pre-conceptions' overruling all other forms of explanation a film commentary could provide. I was also quite happy to leave out shots during which the patient merged with her spirits while in a trance, as I felt that many viewers in Europe have been overly fascinated by such scenes. This may be connected with the specific cultural experience of personhood, which in North European cultures tends to emphasise autonomy and control. From this perspective the seemingly 'complete lack of control' and 'possession' by another spiritual being therefore marked 'a climax', which one then proceeds to look at as a total outsider.[11] The local anxiety in terms of which such processes are viewed, while simultaneously such healing practices and the philosophy behind them remain cultural mainstream, every-day experiences, becomes difficult to empathise with.

Likewise, members of the audience would question whether the patient was healed as an individual. The question then would be 'Is the patient now better?' and not 'In what way is the patient now a different person and what does this mean in practice?' The notion that the patient was transformed into another kind of person after healing, as she was now 'wedded' to certain spirits, was very hard to get across conceptually. Also, a notion of personhood whereby one does not really lose anything like 'control' when one shares oneself with other seen and unseen beings is difficult to define without becoming something 'extra special', or 'different' again in another sense.

I was also struck by the persistent question about whether 'the patient was really *cured*'. It is connected with the above-mentioned notion of personhood. But my aims were less ambitious and were not based on the polarised view of alternative versus biomedical treatment. I was not trying to prove anything, but rather to show something. Whether or not the patient was cured, one still saw the 'performance' Fabian spoke of. One even saw it more clearly in a setting where the treatment proved difficult and took several days more than expected. One saw the diviners discussing the case and venting their feelings of frustration. Most of all one saw how they dealt with the patient under such taxing circumstances. Personally it had not struck me to prove anything. I had been a witness to too many cases of healing and improvement, besides meeting many patients in their homes and compounds who had not received the *Emisambwa* treatment and who had remained lethargic and 'without heart' (*omwoyo*) for the many years I had known them. It had been a sad sight. Often people are unable to finance the neces-

sary ceremonies or do not have enough 'friends' among their relatives to pay for them, and when they were brought to hospitals, I have not seen them be never cured by biomedical treatment. Local healing practices would also be unsuccessful, although it was clear that they were the only treatment for the particular symptoms shown.

My emphasis was on the process of *khutemberisia*, which is more than the 'social management of a patient' and more than a notion of personhood, as it also includes a specific cultural notion of 'relatedness' between people as well as between people and their spirits. The 'habitus' (Bourdieu 1977) is one of a connected relatedness among (dead) people of the same 'blood' and ancestors who lose their bodies but not their human qualities. At the end of the film one hears the spirits (*Emisambwa*) circling around their newly built house at night, complaining about the still moist and cold clay and asking whether any beer has been brought, while one of the wives claims that her husband cannot yet be seen. They still have to be persuaded to enter their new house. The ancestors are also cajoled, seduced and teased into co-operation, and in the imagery used, the *Emisambwa* are likewise said to persuade the *Sisieno* to leave rather than the imaginary being one of them being killed or eliminated in some way. The notion of the 'end of a person', which in (European) scientific thinking occurs at the moment of death, seemed to be conceptually absent (as reflected in the continuity of the *Esinini*). This made the above-mentioned ability to deal with adversaries, to solve conflicts, and to deal with one's own or other people's anger all the more important.

Cultural translation within film meets with more obstacles than that of 'landing on dominant cultural highways'. Sometimes there is no 'parallel highway to land on'. If an emotion is expressed in a film in a way that is not culturally recognised by the viewers, the message fails to get across. To give an example, at one point in the film, while having a lunch break, Rose discusses (in English) the reasons why this treatment is taking several days longer than intended. Only Shabani, Musa and myself are present. Rose's face is slightly puffed from the exertion and she has lost much of her voice over the past days. Even though she does not say so explicitly, one can tell that she is experiencing frustration and is suffering from plain exhaustion. At this point Shabani asks Musa whether he was also afraid of meeting the ancestors, like this patient is. The dialogue goes as follows:

> Sh.: 'Were you also afraid?'
> Musa: 'No.'
> Sh.: 'How did you see the people and how did you act?' (ancestors are usually referred to as people, visitors, guardians, enemies, and never directly by their name or that of their kind).
> Rose: 'He's telling you.'
> Sh.: 'Please let him answer. I know that he's being trained, that he is not yet qualified.'
> Rose: 'Is Musa not a Musambwa? Is he not a diviner?'
> Sh.: 'I'm not a diviner, but my mother is one.'
> Rose: 'So I'm at primary school, and you're at university. Can I talk to you?
> Sh.: 'Yes, a university person encourages one with primary school ...
> Rose: 'No, your standards are too high.'

Sh.: 'No, Mother, No.'
Rose: 'You've such a high standard that I can't ...'

After this, she stops mid-sentence and laughs. I held my breath, for I had never witnessed Rose becoming annoyed with a good friend. In her society, a mature person has to have control of feelings of anger, irritation or contempt. One has to know how to deal with people without entering into open confrontations. This is one of the social skills central to the above-mentioned set of values concerning 'having a heart'. Alongside these values, this society recognises many forms of witchcraft, which is an incentive for people to become all the more skilful in avoiding making enemies. Rose's joking claim that she is in primary school while Shabani must be at university indicates that she must have been under much more strain than she initially showed. Prior to making this point, she had already showed signs of tension in her reply to Shabani's comments about Musa's skills. Shabani takes the cue too late and tries, first jokingly, then by addressing her as 'mother', to put a curb on his words. This tension is picked up differently in different cultural settings. In the Netherlands, I observed that it was not much noticed by the audience, probably because the social norm here involves a much more confrontational mode of 'discussing' things. Viewers from African or Caribbean backgrounds tended to laugh, or at least to smile more readily at this point.

During the editing I was aware of the possibility of such a misinterpretation, but I did not know how to solve the problem. It seemed to be one of those moments that one just has to leave for the viewer with greater cultural exposure to enjoy. It would only be spoilt by an explanatory commentary and there were simply too many such moments in this film to comment on.

Finally, viewers brought up the point of the influence of the presence of 'a white person'. This is understandable in view of the current hegemonic Euro-American presence in the world, though this presence is experienced differently if one is an insider or an outsider. The rural people I met in Kenya confronted me with their specific expectations of the white race, showing unrealistic hopes of my ability to provide them with effective biomedicine. In addition to our research Shabani and I always did all that we could to help patients as much as possible. We took people who were afraid they had leprosy for check-ups in hospitals far from their area of residence, so that they might remain anonymous and avoid social stigmatisation while deciding which form of treatment to select. We offered the use of our car as well as of our contacts with the staff in various medical centres in the area. Instead of continuing to be a 'researcher', I willingly let myself be turned into a kind of barefoot doctor keeping an 'open house' where people came to visit, chat, discuss, eat, and stay overnight.[12] As biomedical facilities were often poor, this exposure to people's need for medical support was a heavy responsibility at the time. Even so, it proved easier and more satisfying to acquire some of the skills people expected of white people than to keep explaining that I was not a biomedically trained doctor.

Coming from this day-to-day work setting, it was always a relief to me, a kind of holiday even, to be with Rose in her compound or her accompany her as she travelled to patients. During those times, no one would ask of me to do anything that I could not

do. I will come back to this later. Here I would like to make one other point. Even if local people credit 'white' people with a certain power and influence, this does not mean that they consider the individual members of this race capable or good company. I have often been asked to explain the strange behaviour of certain 'white' individuals (*wazungu*). In my experience they were rarely regarded as being very mature people, as they often seemed to lack this sociality I have been trying to discuss. It was taken for granted that they were rather poor on social skills. Questions asked about Europeans were: Why were they so inhospitable? Why were they not happy, couldn't they joke? Why did they have so few children? Why did so few relatives from home come to see them? Why did old white priests have to be buried in Africa? Didn't their own people want to bury them at home? Jokes would be made about the red colour that comes to their cheeks when they are contradicted and about their notions of honesty. Yes, a white man often keeps his word, but one has to always remember that a white man can never forgive. Once his heart is hard, it will remain so. Finally, the old women just could not get over the fact that even full-grown white men remained uncircumcised. I was more than once asked if I felt no shame about having slept with such men and made to promise that I would avoid them as sexual partners in future. All these reputed traits gave white people a second aura, so that, instead of being regarded as powerful people, they came to be viewed more like 'lonely children far away from home', who were not too difficult to (gently) trick if one wanted. I elaborate this point as I have often found, when questioned about the issue of 'the presence of a white person' after a showing of the film, that this second dimension is relatively unknown, further increasing the potential for misunderstanding.

Outside the spheres of power of white people, one soon falls back on this second level of judgement. Divining and healing ceremonies form such a second level. One can only attend these if those present approve, and at the invitation of the diviners themselves. Even if diviners are marginal people in their own society, they are very much in control of their own work. As I knew Rose much better than other *Avalakusi*, I had ample opportunity to see how my 'white presence' and my assumed biomedical knowledge would fade in her presence. On days when she stayed with me overnight, it was noticeable how she and her method of treatment became 'the dominant discourse' at my 'home clinic'. The number people who came to see her and the awe in which she was held were considerable. This was true for churchgoers and non-churchgoers alike. This was apparent, for example, when people called her at night for some urgent case in which the patients seemed very ill, often could not walk, were swollen all over, and had a very high temperature. At her request, I would take her there in my car (which displayed the emblem of Nairobi-based medical services). The car could have been used to take them to hospital, but they preferred a visit from Rose; they were convinced that the hospitals could not help them. These people seemed hardly to notice the car or myself. They would politely offer me a chair and then only have eyes for Rose. Rose probably impressed them with the fact that she had a European 'taxi driver', but this remained a minor point.

During the years we visited Rose in her compound, as her reputation grew, we could see how the clients coming to consult her included increasingly more important, 'modern' people. One could find civil servants or seniors police officers sitting in the

shade in her compound, the latter politely holding their caps between their knees, a sight that was very unusual for their kind. They never took much notice of me.

The second question, namely whether my presence negatively influenced the treatment filmed, is more difficult to answer. Although I have nothing to prove it, I don't think I was an important enough factor to have much influence. Nor did I notice any signs of such influence during the many other ceremonies that I attended. Patients reacted to me in different ways during these sessions. On one occasion, one attempted to strangle me (on coming out of a trance). Others (male patients) would simply acknowledge my presence, as they did that of the many other people attending, while some women befriended me and spent much of the time in between healing sessions with me. The camera was not a very dominant presence, as I had only 90 minutes of film for five days. I used it mostly at moments suggested by the healers. And there was not much pressure on me during filming. Filming was more of a trial than of a carefully planned, professional undertaking. However, the end product remains the result of my assessment. No filmmaker can hope to do much better in this kind of context and – as said – I have not yet had the opportunity to show Rose and Musa the final film product, although they have seen and have a video-copy of the 90-minute film footage.[13]

I should finally note in this context that Rose granted me little independent agency in this respect. Originally I had come to her for advice on how to interpret the stories the patients told us. Later, when returning for research on a totally different subject, namely the impact of an introduced cash crop on family conflicts about shifting land ownership (1992), I continued to visit Rose or to join her for a few days on visits to patients' homes. I would ask her questions, and she was pleased with these, as her eyes showed me that I had become slightly more knowledgeable than I was in the beginning. She would comment that it was her ancestors who were making me interested (and not myself) and were leading me on to ask more and more questions. They were also making her 'sweet' and prepared to answer me.

In 1992, the government ban on 'traditional healing' had been lifted and international agencies started approaching indigenous healers to obtain information about their herbal cures. Rose would take me along to these public meetings, where local healers would be invited to treat patients at market places. They would be asked to sit there in rows, under the supervision of the official biomedical authorities, and provide 'cures' for patients coming to 'their stall'. Understandably, Rose found this very amusing. She would laugh at the absurdity of the setting: "They (the health services) send me people with diarrhoea or backaches, but I'm not a nurse. I can stop Sisieno, let them give me an Omulalu and I will show them what I can do. But to make me come to the market here for diarrhoea...", at which she would throw up her hands in exasperation.

Notes

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1 Metje Postma is an independent filmmaker and lecturer at the Department of Social and Cultural Studies, University of Leiden at the unit of Ethno-communication. She successfully edited this 40-minute film from only 90 minutes of footage.
2 Shabani Opio worked as interpreter and advisor during my initial research as well as during nearly all return visits.
3 In this context see Heald S. 'Divinatory failure: An examination of the religious and social role of Gisu Diviners', Africa, 61(3) 1991 (299-317) and other articles in the same issue ('Diviners, Seers and Prophets in Eastern Africa'). See also Heald, S. 1999, chapter 5 and 6.
4 When I joined Rose on two/three day journeys to visit patients in their homes, she mentioned a case of a person afflicted by both types of ancestors and witchcraft. Treating him had to be done in phases. It was something like launching a three-phased rocket, she said.
5 The spelling of (E)Vishieno or Bishieno also was used.
6 Her mother's family had a history of being disturbed by ancestors. Therefore without awaiting discussion and negotiation with her in-laws, who would undoubtedly blame her side of the family and would be unwilling to contribute to the costs, the mother must have decided to take action herself.
7 In my experience one comes across these 'mad people' in major towns, market places and small villages. Quite a number that I met seemed to have taken over certain paraphernalia of modernity. They would operate as policemen, conducting traffic and stopping people on the streets, or as bureaucrats sitting behind tables, signing papers, asking people to take them along or giving speeches to an (unseen) audience. One woman used to operate as a 'matron' at the Bungoma municipal hospital and came for her paycheck each month. She was given her own brand of envelope in return, by staff-members who would go along with her personification, as far as they could. This woman looked far less neglected than those on the street.
8 In the extensive and thorough monograph written on the Abaluyia by Wagner (1970, earlier published in 1949, based on fieldwork undertaken between 1934/38), dreams do not only occur due to the Esinini. 'When a person sleeps, his shadows are also asleep, but they do not dream like his heart.' (Wagner, 1970: 160). Wagner found that next to shadows, the heart (Omwoyo) can also leave the body when sleeping, to return when the person wakes up. According to Rose who read this text, Wagner has in certain respects confused the qualities of the heart and the shadow(s), as the heart can never leave the body.
9 A beautiful example of a comparable process is discussed in Kratz, chapter 5: What goes without saying: Coordination, concentration and progression through nonverbal means and chapter 6, the section on Ceerset: 175-197. I thank Jan de Wolf for providing me this reference.

10 Wärnlöf in this context puts this point across bluntly, by citing what Singer (1988: 74) called the 'tits and spear complex' and how to avoid it (2000: 187).

11 Writing about television Weiner in this context states: But we late-20th-century Westerners inhabit a thoroughly specularized as well as spectacularized society, a world in which the 'tendency to make one see the world by means of various specialized mediations… naturally finds vision to be the privileged human sense'…In such a world, we are very much unaware of restrictions placed on seeing itself (1997: 199).

12 With the approval of my hosts, who also taught me a certain selectivity in my hospitality and behind the scenes took care that no one misused my fairly unusual behavior.

13 With the major film I made in Sri Lanka (The wrong end of the rope, 1985), I could realize several screenings for those filmed, as well as having the actors respond to the Colombo-based audiences viewing the film. I also had the opportunity to edit the material with a Sri Lankan colleague.

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