

11. Caregiving, Therapy Management, and Power in Western Equatorial African Healing



The caregiving paradox

The most humane of sentiments, to grieve and hold the just-deceased, is how the Ebola virus spreads to next of kin and friends



The caregiving paradox: “Kinsfolk, Do not touch the body of the sick who have Ebola”



Isolation compound for Ebola suspects, Yambia, S. Sudan



1 2 3 4 5 6 7 8 9 10

The isolation ward housed up to eight patients at any one time. Over the course of the outbreak, more than 25 people were cared for in the ward by around 15 medical staff. A low perimeter fence allowed the patients to see and talk to their family and friends from a safe distance.

Care-giving: the spouse holds hand of her husband while orthopedist sets the fracture and massages muscles. Husband is a palm nut cutter and wine tapper whose security belt broke and he fell 30 feet to the ground, sustaining triple fractures.



Therapy management— with healer Madeko



Resources, choice, and efficacy in therapy management

Who makes decisions in Central African healthcare seeking? Often it is the family and kin of the sufferer, the “therapy managers” or “therapy managing group.” Here, at Kimpese Hospital in Lower Congo, they are gathered in the hospital grounds with provisions for their kin-patients in the wards.



Theapy management— at Mangembo Catholic Hospital

The family of this man with an injured foot has come to be with him at the hospital. They have brought food and drink to share with him.



Therapy management in Lower Congo-- Mangembo market

A large market near the hospital offers food, clothes, and other goods need by kin therapy managers for their brother, sister, father or mother who is a patient in the hospital.



Kin care alongside Hospital Nursing



Nursing care, Well-baby clinic



Caregiving and Therapy Management in “A History of Madness”



The case of Nzita Ann, urban mother/ wife: Onset of problems

Chapter 5: Nzita's case.

<p>1. July 1968</p> <p>—Abdominal pain treatment in Kinshasa dispensary</p>	<p>2. September 2, 1968</p> <p>—odd behavior (e.g., inability to prepare meal, continual calling cry) ***</p> <p>—“too many ideas” (not serious)</p> <p>consultation with prophet Kuniema Jacques (no improvement)</p>
<p>3. September 5, 1968</p> <p>—odd behavior ***</p> <p>—“too many ideas”</p> <p>—(not serious)</p> <p>herbal treatment from <i>nganga</i> (no improvement)</p>	<p>4. September 14–30, 1968</p> <p>—odd behavior, (e.g., burning clothes) ***</p> <p>—Thinking too much</p> <p>—insomnia</p> <p>—anorexia</p> <p>treatment at medical dis- pensary in Kinshasa with intravenous injection (improved)</p>

More troubles for Nzita

CHAPTER 5 (Continued)

<p>5. December 30, 1968</p> <p>—odd behavior ***</p> <p>—anorexia (refusal to eat for 4 days) ***</p> <p>—insomnolent nights</p> <p>treatment at medical dispensary in Kinshasa, intravenous infusion (improved)</p>	<p>6. Late January 1969</p> <p>—odd behavior (e.g., refusal to make bed)</p> <p>return to village with husband</p>
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<p>7. Late January–February 7, 1969</p> <p>—odd behavior ***</p> <p>—concern for maternal aunt's health</p> <p>maternal clan meeting</p>	<p>8. February 9., 1969</p> <p>—odd behavior</p> <p>—sporadic recognition of close kin ***</p> <p>—young man in family “playing with a fetish”</p> <p>prophetess Mama Marie consulted; clan reunion recommended</p>
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Nzita's split therapy managing group

9.
February 10, 1969

—odd behavior ***	reunion of clan; confession of kin to patient; letter written to Kinshasa kin (decision to consult "féticheur") ***
—young man "playing with fetish"	

Pastor in
family dissents—
recommends
hospitalization

10.
February 10, 1969

—odd behavior ***	Bilumbu consulted; medication until the 20th
—madness (<i>lauka</i>)	

11.
February 11-27, 1969

—odd behavior ***	admission and observation in Nsundi dispensary; lumbar puncture (negative) and general examination ***
—unconsciousness ***	
—Suspicion of meningal inflammation (unconfirmed)	

continues to
take Bilumbu's
cure in hospital

12.
March 2-6, 1969

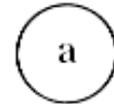
—odd behavior ***	four separate séances of <i>nsamba</i> cuts, herbal wash and drink
—"head turned" because of "eye worms" ***	
—clan problems	

Who makes the therapeutic choices in Nzita's case?

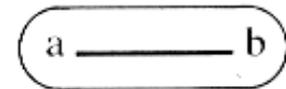
Case	Episode	Chapter 3: Luzyadio									Chapter 4: Axel & Cécile							Chapter 5: Nzita													
		1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	11	12		
Decision-Makers																															
Father(s)				x	x	x	x		x	x			x	x	x																
Father's Sister(s)						x			x	x																					
Paternal Peers																															
Paternal Kinship, Unspecified					x	x			x	x																					
Mother(s)				x		x		x	x	x	x	x	x	x	x	x									x	x	x	x	x	x	
Mother's Brother(s)				x	x	x	x	x	x	x															x	x	x	x	x	x	
Maternal Peers																									x	x	x	x			
Maternal Kinship, Unspecified		x	x		x	x		x	x	x				x	x		x	?	?	?	?	?	?	x	x	x	x				
Sufferer																															
Spouse																		x	x	x	x	x	x	x	x	x	x	x	x		
Professional Peers																															
Specialist														x	x	x											x	x			

Therapy management: Simple combinations of persons, roles, and relationships

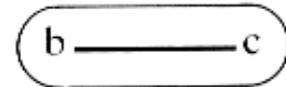
1. Self-treatment



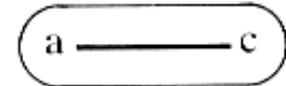
2. Dyadic formation of group: sufferer and kinsmen



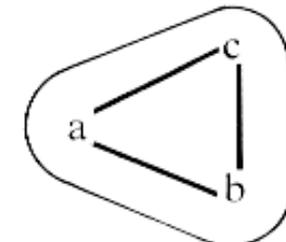
3. Kinsmen and specialist



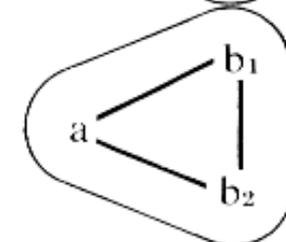
4. Sufferer and specialist



5. Sufferer, kinsmen, and specialist

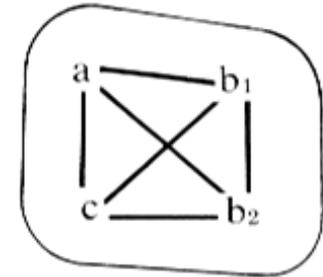


6. Sufferer and kinship factions



Therapy management: Complex combinations of persons, roles, and relationships

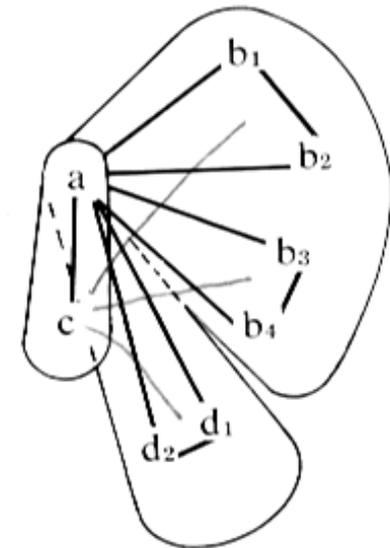
7. Sufferer, kinship factions, and specialist



8. Complex formation of therapy managing group: sufferer, kinship factions, non-kin factions, and specialist

a sufferer
 b kinsmen
 b₁ b₂ kinship factions

c specialist or professional
 d non-kin
 d₁ d₂ non-kin factions



Infirmier graduates, Lower Congo Swedish Covenant Mission, with Dr. Mattsen, 1930s-40s



Midwife Aides, Kibunzi Swedish Covenant Mission, Lower Congo



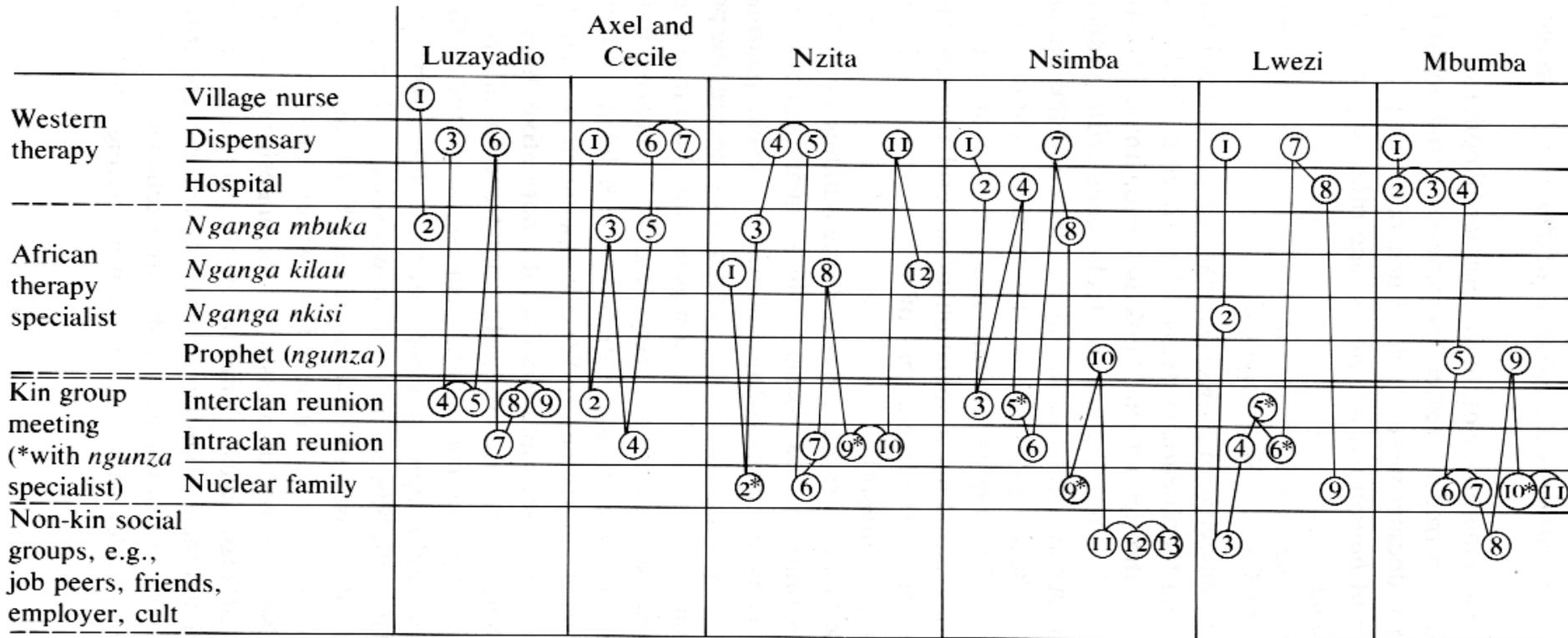
Therapy management— to diviner Mama Marie



Therapy management— the interclan reunion



The quest for therapy



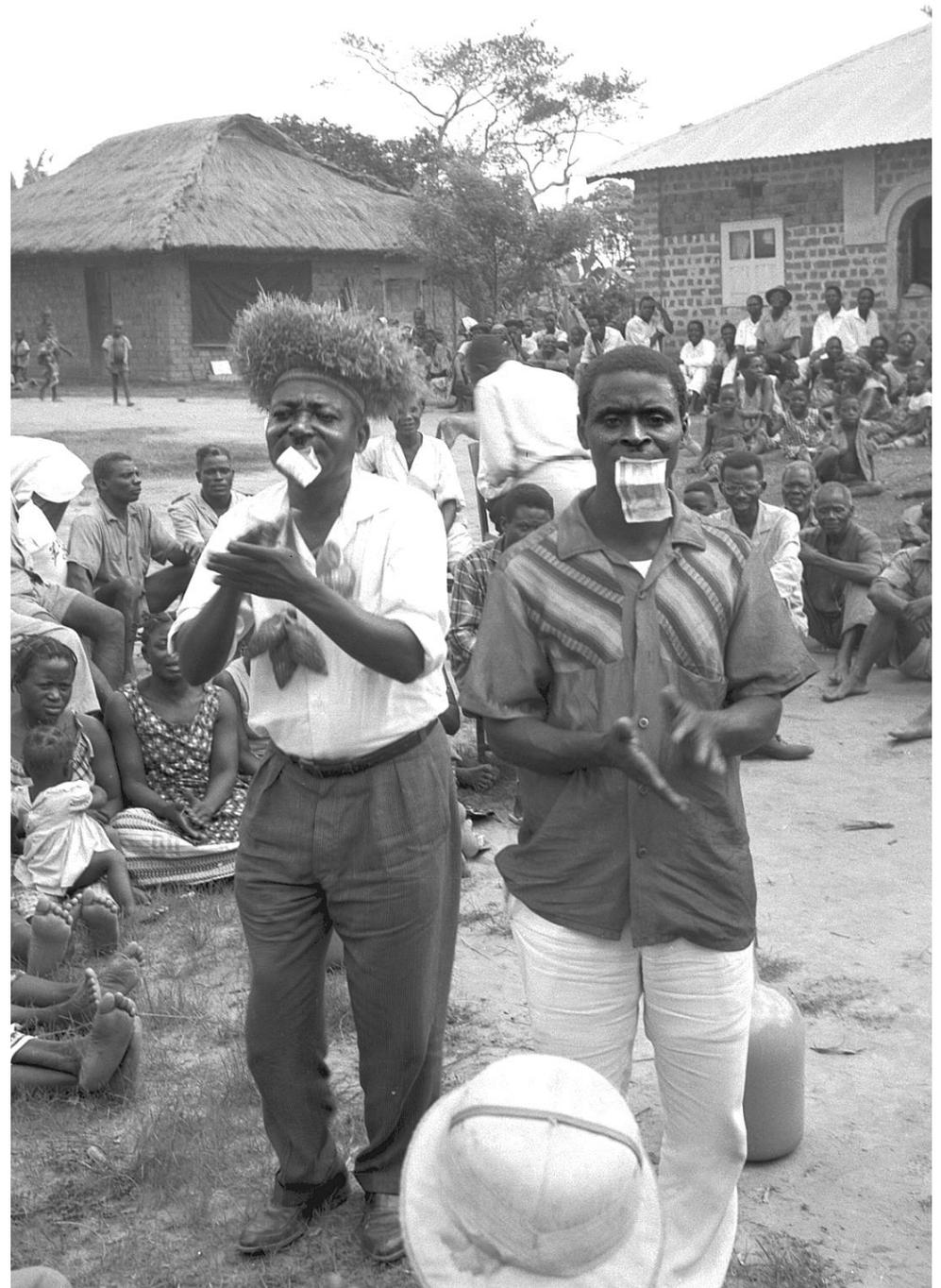
The Kin group meeting episodes marked with an asterisk indicate that the kin groups sought the assistance of a inspirational diviner or *ngunza* to sort out the issues and to determine the appropriate next step.

Nurse as Lineage Headman



Nurse in Politics:

Head nurse at local Mission Dispensary (left) demonstrates oratorical and power-charm talents in closing moments of huge conflict settlement between two clans



“The Nurse,”
Kalela Dance,
Zambia:
Guardian of
Hygiene; Witch
finder;

