

MADUMO

THE EXPERIENCE OF WITCHCRAFT

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Anthropology, with its implied relativity and subjectivity, is rife with uncertainty. The anthropological literature surrounding witchcraft reflects the difficulty with which anthropology as a discipline arrives at agreed upon characterizations of cultural phenomena. Mary Douglas argues that witchcraft accusations are a means of solidifying social relations and encouraging some types of behavior over others (Douglas 1970: xvii). Alternatively, Peter Geschiere frames witchcraft in an African context as a response to the dislocations of modernity and urbanization (Geschiere 1997: 2-3). Adam Ashforth's book, *Madumo*, presents another analysis of witchcraft through the story of a young South African man who feels that he has been bewitched (Ashforth 2000). Ashforth's depiction of Madumo's experience may support the idea of witchcraft as a manifestation of mental illness.

At the start of the book, the main character, Madumo, grieves the death of his mother. However, Madumo's grief codified into an all-encompassing problem when his family was told by a prophet in their church that Madumo had used witchcraft to kill her. Madumo's situational descent seems to stem from feeling a loss of autonomy upon internalizing the idea that he is bewitched.

Madumo's situation arises in South Africa, a country with the null hypothesis that witchcraft exists and is active in the world. Post-apartheid, the fight for freedom disappeared as a unifying force in black African communities, leaving a void that allowed the belief in witchcraft to reemerge as a more potent, ubiquitous cultural force (Ashforth, 2000). During Apartheid, there existed an extended kinship network in South Africa to which people would turn in times of misfortune. Accordingly, a person like Madumo could react with an acute bout of dys-

function to an emotionally traumatizing accusation of witchcraft and still be met with support instead of rejection and isolation. Madumo's experience of being accused of witchcraft is depicted as emotionally traumatizing given his intermittent bouts of anxiety, paranoia and hyper-arousal. Unfortunately, Madumo suffers at the hand of a culture that would give immense weight to a claim of witchcraft, but, post-apartheid, would provide none of the pre-existing support mechanisms by which a person would recover from such a claim.

Madumo's recovery from witchcraft does not match the trajectory of recovering from a death. While his behavior and emotions following his mother's death are characteristic of bereavement, his subsequent experience of witchcraft seems to provide the means by which these manifestations of bereavement are fertilized and preserved into something more enduring and serious. His situation appears to house some forces of depression. An understanding of the aptness of a depression diagnosis would be best achieved by ascertaining that the year following the accusation of witchcraft was permeated by the feelings of worthlessness, diminished interest in activities, and suicidal ideation that the book insinuates may have been present.

If not adequately suited to a depression diagnosis, Madumo's experience of witchcraft could be better characterized by what Nigerian psychiatrist Adeoye Lambo notes as transient psychoses without a biomedical cause but generated by socio-cultural factors (Lambo 1965: 62-83). Madumo's forms of hallucination and delusion don't seem to be pathological symptoms of a lasting, cohesive psychosis. Cultural belief in witchcraft facilitates a different attribution of the origin of stimuli than what is deemed acceptable in Western thought. Accepting Rosenham's notion that the capacity to hallucinate is

directly correlated to the capacity to believe, it can be inferred that Madumo's hallucinations, which arose in the context of his fervent belief in witchcraft, were neither unusual nor indicative of actually being psychotic. What the Western world would call Madumo's delusions, or fixed false beliefs, are based on being culturally primed to interpret and assign a witchcraft origin to stimulus, such as bodily sensations. Accordingly, in Madumo's case, what could be deemed delusions have a cultural basis that make them incompatible with the definition of a psychotic as someone with an impaired ability to judge what is and is not real.

The modes of treatment for depression and psychoses in the United States share some basic characteristics with the modes of treatment for victims of witchcraft in South Africa. The patient and psychiatrist relationship in the U.S loosely parallels that of traditional healer and witchcraft victim in South Africa with the ideas of prescription and trust. In both contexts, a substance and set of activities are proscribed with the understanding that the trust and ethos transferal existing between the two entities works in synergy with the placebo effect of the substance proscribed, regardless of any actual biomedical or physical changes that take place because of the substance. The psychiatrist advises therapy or pharmaceuticals, the traditional healer proscribes herbs for vomiting, ritualistic cutting, and feasts for the ancestors.

One major difference, ultimately, is that while the psychiatrist views his role as treating mental illness, inyangas purport to battle a kind of corporeal attack on their patient. One facet of witchcraft that Madumo experiences, the *isidliso*, is described as a "small creature lodged in the gullet" (Ashforth 2000:187). The expression of physical pain caused by the *isidliso* is reminiscent of the neurasthenia model in China, in which one legitimizes an emotion or conviction based on a physically experienced symptom. This kind of bodily experience coupled with a propensity to define life events as tangible signs of witchcraft shapes a cognitive model of witchcraft that necessitates the kind of physical treatments and practices of an in-

yanga. The inyanga upholds the body's role as vessel for witchcraft by practicing a mode of treatment that includes vomiting, as well as absorbing herbs.

After two years of experiencing witchcraft and seeking help from an inyanga, Madumo has a traditional feast for his ancestors and feels that he is cured. But Ashforth is left unsettled. In addition to ethically rejecting the presumption that a culture's belief system can be utterly invalid, Ashforth recognizes that the same dramatic, dogmatic culture that generated witchcraft also produced Madumo, thus providing the context for his and Madumo's fraternal bond. Even after identifying an ingrained, pervasive cultural belief as source of distress, one cannot remove its victim or strip them of culture as a means of "treatment." Culture itself lacks a cure, and none are immune to its isolating effects on our perception of what makes someone ill or well. Given that it is inseparable from culture, good anthropology seems to require a measure of comfort with ambiguity. Ashforth is a product of a culture that cannot fathom the faith required of succumbing to and emerging from witchcraft. Ultimately, Ashforth cannot respond to Madumo's quandary with a definitive or guaranteed solution. ♦

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