

Sensing Presences: Health, Illness and Resilience in Contemporary Rural Zimbabwe

by

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Abstract

This paper is based on fifteen months of ethnographic fieldwork in rural Zimbabwe, and thus, explores modes of resilience by rural Zimbabweans in a recent Zimbabwean context of acute shortages of drugs, hospital staff, acute shortages of cash and basic commodities coupled with a hyperinflation of 231 million per cent. The paper critically engages with theoretical conceptual frameworks on representationalism as well as with the Derridean notion of hauntology. It argues that there is a need for African scholars not merely to apply theoretical conceptual frameworks that are Eurocentric to Africa, however, to also appraise the shortcomings of such frameworks and theories. In this vein it explores the above frameworks and concepts as well as conceptualisations of senses by Michel Serres and Jean-Luc Nancy to also argue that in African metaphysics there are multiple ways of sensing things beyond the standard conventional five sensing. Third, it argues that it is by utilising the multiple ways of sensing that African people are resilient in everyday life. Next, the paper argues that in the light of the utility of African modes of in the way people typically act, think and feel on a daily basis via resilience in matters of health and illness is necessary to critically consider not only epistemological issues but ontological issues in rethinking decoloniality and overcoming the resilience of colonial epistemologies in Africa. It shifts attention from studies that focus on how people shuttle between “traditional” medicine and modern medicine by focusing on how people sense presences of various things that manifest, and come into play or arise in relation to matters of health. And last, the paper argues that via *(hau)ontology*, it is possible to rethink binaries between what have come to be understood in terms of traditional and modern medicine. While the notion of *(hau)ontology* borrows insights from the Derridean hauntology, it differs from that Derridean hauntology in that *(hau)ontology* is not primarily about deconstruction. Rather what is called *(hau)ontology* herein is a way of following complex ways various things and processes play out in daily life.

Introduction and Background

The night of the 5th of July 2011 was as quiet as one would expect in a village that is distant from the main roads and from busy shopping centres. On this day I lay asleep in a hut. But I was not alone; there were two young boys who also lay on the other side of the hut deep in their sleep. At about midnight I thought I heard knocks on the door which were loud enough to wake me up. Still lying on the bed, I checked to ascertain if it was not one of the children who were knocking on something, conversely, the children were still asleep. Gripped with the fear that members of the political parties who were at each other's throats had for some reason decided to visit me in the middle of the night, I remained on my bed. But before long I saw two figures enter the hut and one of them came straight up to me and then sat on me. Momentarily, I felt huge strength suddenly well up in me, and I heaved the figure off me. I rose up and then instantly the figures disappeared from the hut via the door which I was sure I had locked before going to sleep.

I had already been told many stories about experiences of villagers who were victims of midnight attacks by political party activists who sometimes broke up the doors when their intended victims refused to open them. Zimbabwe was at the time of my fieldwork gripped in interparty, interpersonal and witchcraft related violence that had escalated during the years of elections and during the period when the government embarked on a land reform programme that had turned chaotic with expropriations of farms from white farmers. The violent expropriations saw the economy tumbling thereby generating a hyperinflation of 231 million per cent at the peak in 2008, there was also formal unemployment levels of over ninety per cent, the country had acute cash shortages as well as shortages of basic commodities, and the health institution was afflicted by brain drain as well as acute shortage of drugs.

It was in the context of such violence that I carried out the fieldwork for this presentation and for my Ph.D. thesis. It was also in this context that I had the experiences narrated above. So, as the figures that had entered the hut disappeared, I was surprised, because I was sure that the door of the hut, which I had locked before going to bed, in which I was sleeping, was not broken up. The figures appeared to have simply slipped in and out, undeterred by the locked door. I was not sure if I was merely dreaming, or having what psychologists define as "paranormal experiences" or paranoia to explain the experiences that differ from those that are conventionally understood as normal. Nor was I sure that I was not manifesting the signs of traumatic experiences that are ordinarily understood to feature when one has exposure to stressful events, including exposure to the kind of violence that I was researching. What I was sure about was that I was occupying such a space where certainty and uncertainty often intersect. In the villages that were embroiled in violence, uncertainty was an inevitable part of the way people typically act, think and feel on a daily basis and had to be lived with. What further complicated my experiences was that during my preliminary fieldwork, about a year earlier, prophets in the churches that I participated in informed me that I was on my way to becoming a prophet and that I would experience and see things out of the ordinary; things which other people might consider strange.

Indeed the strangeness of things was part of what I was studying and the spaces which I sought to enter to study could have been themselves understood in terms of the strangeness of their violence and the resilience of the strength to survive. Moving from places of relative safety in towns, and from the university as I did, into violence ridden villages could itself have been interpreted as strangeness. Similarly leaving one's family in town, as I did, to stay away from them for the Ph.D. study could have been interpreted as estrangement which is in the vernacular *chivanhu* mode of engagement, a form of strangeness. However, to consider some things as a priori strange is often to demarcate space; it suggests contentment in the spaces of the familiar. It suggests unreadiness to move to the borders between spaces, between that which may be defined as strange and the familiar. Then it is often within the borders of spaces, of things that one gets shaken and challenged including by the often unexpected and inexplicable presences that visit a person. Indeed there is often no guarantee that one's own presence in such border spaces does not itself constitute both strangeness and familiarity to others. So here I was in a village, in a hut, in the middle of the night asleep in a context of violence, where like other villagers that were threatened by the violence, I often sensed that I was hovering on the borders of things. I sometimes felt that I hovered between the borders of risk/safety, certainty/uncertainty, and reality/unreality. While my experiences can be understood in terms of explications on liminality of ritual subjects whose conditions are ambiguous and elude or slip through the classifications that normally locate state and positions in cultural space, in the case of life in the villages, it can be argued that life generally was liminally, hence, marked by violence and uncertainty. As indicated in reference to the riskiness that I sensed even from inside the hut, risk and safety were not necessarily located in separate territories. In the light of such risks and violence, this work interrogates villagers' modes of resilience where resilience is understood in terms of Holling et al's (2002) rendering of the capacities to rebound, buffer change, learn and adapt after experiencing shocks.

What I call *sensing presences* is an invitation to share such border spaces, the generative moments they offer to rethink what it means to inhabit/not to inhabit the border spaces marked by the presences of things often conventionally understood as opposites. I want to argue that the kind of everyday life about which I write involved inhabiting such border spaces, between things, in which sensing things was an important part of survival. And sensing things involved intermingling with the world in various ways some of which entailed reversing the conventional order of senses. My experiences during the fieldwork can partly be understood in terms of Coole and Frost's (2010: 10) argument that in the "new materialities" we find cosmic forces assembling and disintegrating to forge more or less enduring patterns that may exhibit internally coherent, efficacious organisation, objects forming and emerging within relational fields, and subjectivities being constituted, open series of capabilities or potencies that emerge hazardously and ambiguously within a multitude of organic and social processes. Though conventional modes of sensing tend to be privileged in formal epistemologies, senses and sensing are for other scholars like Serres (2008) understood differently. Senses for Serres allow the body to mingle with the world. Understanding senses as intermingled and mixed in Serres' sense allows one to interrogate epistemologies which, for some historical reasons, often privilege and universalise the physical ocular senses in matters of knowledge.

If as Serres observes, with references to debates by philosophers such as Democritus, Aristotle and Socrates, the number of senses has not been always settled at the conventional five, it is unclear why humanity is often assumed to invariably have or stress a singular number of senses.

Few African scholars have interrogated the often taken for granted assumptions that humanity invariably have only five senses. Among the few who have questioned such assumptions is Kathryn Linn Geurts (2002) whose research in Ghana indicates that some people conceive and stress different senses. Her research indicates that in Ghana the five senses model has little relevance where other senses such as balance (physically and psychologically) are essential components of what it means to be human. These arguments by Geurts highlight the need not to assume that the five senses model is universal and applicable to everyone. Her argument suggests the need to cognise how different senses play out differently in different contexts. In the context of such contentions, it is germane to also consider how different ways of sensing play out in contexts of crisis such as the one I have studied. In the context of the crisis such as marked Zimbabwe, different senses were deployed differently in daily life struggles for resilience.

To speak of things as unstable is not necessarily to suggest binaries; rather it is merely to underscore the shifting character of things in such daily life. It is to take note of the fluid character of some things in everyday life. It is to note how villagers shifted from one mode of resilience to the other in ways that rendered complex comings and goings. Perhaps a good examples of the prevalence of such comings and goings in daily life is Chavunduka's (1978) observation that the Shona patients switched from biomedicine to "traditional" healing, and vice versa, often relying not only on their own decisions but on those of their kin (see also Simmons 2012, Gelfand 1959). While his study is useful in understanding the lack of secure moorings in the kind of way people typically act, think and feel on a daily basis that I studied, it did not dwell on ways of *sensing presences* that explain illness and health. Such switches between modes of health services, as I will show below, also prevailed in my research area, and what I want to focus on are ways of sensing things rather than merely the switches by patients from one form of service to the other. I want to focus on the comings and goings as well as manifestations not only of patients, but also of the different things of which presences were often sensed differently.

This notion of presence upon which I wish to ground modes of surviving illness in everyday life is well captured by Jean-Luc Nancy's (1993: 5) argument that presence is coming which is also a going away, it is back and forth movement, the coming that effaces itself and brings itself back. This kind of presence is one that eludes conventional modes of representation, it eludes being defined as a subject or object, and it can neither be defined as purely present or absent. Here Jean-Luc Nancy is grappling with the notion of representation that he attached to modernist epistemology, but then he goes on to argue that there is no humanity or perhaps animality that does not include representation, although representation may not exhaust what in human beings, passes infinitely beyond humanity. And for Jean-Luc Nancy the irrepresentable pure presence or pure absence is also an effect of representation.

So while Heidegger attempts to conceive and practice nonrepresentational thinking, an attempt that initially takes the form of rejecting representation (Stelladi 2000: 218-228), it has been argued that there is no thinking that is nonrepresentational. Nonrepresentational thinking as a way that is not founded on representation, which has nothing to do with it, that has no need to refer to something else in order to think something properly is problematised. For Stelladi, all we know, different from representational thinking is suspended thinking which rests neither in representation nor anything else and this differs from Heidegger's dreams of phantomatic, nonlogical and nonrepresentational thinking. For scholars, also thinking through issues of representation, like Engelke (2007), the invisibility of the invisible world is not necessarily a problem because hearing the invisible may in some cases be more important than seeing them.

With respect to this paper on health, I seek to render the idea of presence partly in terms of the back and forth movements of patients, of the context in which drugs were often available, yet also unavailable (cash was often available but unavailable), and illnesses were present, but they were also absent. It is a kind of presence, I will argue, that is understood by situating oneself in the borders of things where many different things are ongoing without reducing themselves to being invariably present in the conventional representational sense of being invariably ever-present. In this sense I wish to shift attention from studies that begin by seeking to understand what is (or deemed to be) present to a mode of analysis that begins from presences. As I felt that I was in a liminal space, I want to begin not necessarily from conventional variables such as social-cultural, biological, physical and psychiatric imperatives in health and illness (see for instance Kleinman 1986, 1988, Kiev 1972), however, from the more labile everyday life modes of engaging issues of illness and health. Thus the focus is on presence, it is on the coming into presence of things. While other scholars have understood some matters of health in terms of mysticism and esoterism (see for instance Ahyi 1997, Kiniffo 1997), I wish to understand them in terms of how things come into presence. I wish to understand the things in terms of their presences that are their comings and goings as well as manifestations of some of what may escape attention.

Understanding things in terms of manifestations, comings and goings would extend the work of other scholars that suggest the existence of mysticism in African health issues. For instance, while Kiniffo (1997) notes that needles are held to be "mysteriously" placed in the bodies of patients and healers remove the needles by the magnetic laying of hands, the idea of "mystery" can be explained in terms of the comings and goings as well as manifestations of *mweya/mhepo* (air/wind). The *mweya/mhepo* in vernacular Shona is translatable as the way in which spiritual forces manifest themselves. The presence of *mweya/mhepo* is hinted at by Simmons (2006) who argues that *muti*'s (herbs) potency is not self-evident because it comes from external sources, that is, ancestors or the healing spirits, and it is given agentive power through men and women's intentions. The ability to use *muti* implies a moral relationship with ancestors healing spirit and or God without whose support, and the *muti* remains inert. The idea that I wish to develop is that there is a need to move beyond preoccupation with which is not to say to abandon the materialities that has characterised scholarship in the past. Green (1996) for instance focuses on Catholic medicines including holy water, blessed oils, ashes, amulets and palm branches placed above doorways at Easter; the Catholic amulets include rosaries and medals won to protect from witchcraft and misfortune.

Whether or not these palpable medicines and *muti* should be regarded as fetishes has, as I will show below, been subject to debates in scholarship. For Jahn (1961: 156, 159) the respect is never for the wood itself, but for the *muntu* beings who have chosen it as their seat: with the object as a *kintu*, a thing and nothing more, not a fetish or god and so it is not worshipped. Other scholars such as Evans-Pritchard (1972: 89) argue that fetish implies the presence of an indwelling ghost or spirit, nevertheless, he proceeds to note that objects are humanely created and in their material selves have no significance. Evans-Pritchard further notes that objects only acquire the significance when they are endowed with supernatural power through a rite which also by human agency infuses them that power as objects and their virtues are thus separated.

Understanding things in terms of how they come into presence makes it possible to interrogate not only notions of placebo, but also related notions of “fetishism” in so far as they are connected to African religion, health and healing as well as to the ideas of absent presences. Though some scholars have considered modes of engagement in terms of “fetishism” (Taussig 1986), the term “fetishism” and its implications in the context of Africa have been critiqued. For instance Opoku (1978: 4) argues that the term “fetishism” as derived from the Portuguese word *fetico* meant any work of art or man-made religious object such as talisman amulets, hence, the terms latter became a synonym for African religions with the implication that such religions amounted to nothing more than the use of worship of charms. The term “fetishism” in this sense is considered imprecise because religions in Africa mean more than the word “fetish” implies as there is in African languages, a clear distinction between man-made religious objects and spiritual beings or deities. Other scholars like Rattray (1927) have similarly argued that “fetishism” entails abandoning the Africans’ own distinct classifications and divisions of beings into for instance ancestors and the Supreme Being, since “fetishism” focuses on objects. This focus on objects explains the scientific quandaries with respect to the placebo. As Harrington (1997) argues, placebos are the ghosts that haunt the house of biomedical objectivity; it is the creatures that rises up from the dark and expose the paradoxes and fissures in definitions of the real and active factors in treatment. Though some have argued that healers use ineffective or placebo dosages (Shapiro and Shapiro 1997), other scholars have argued that rationality and objectivity are not special characteristics of a single kind of knowledge-science, but results from whatever institutional practices serve a particular culture or create self-evident validity (Turnbull 2000). Recognition of different rationalities underpins Human’s (2012) observation that there are exceptional cases to diagnose disease effectively, a doctor must often break with protocol and concede to the risk inherent in this divergence from authority. By relying on traces of evidence not modelled, and by diverging from protocols, doctors depend on a type of knowledge, an excess that is considered central to the thought process, and challenges modernist ideas of classification.

A focus on presence may not be understood merely in terms of hybridity of the things that come into presence. Indeed if in daily life things come and go, life cannot be viewed merely in terms of hybridity which would privilege the moments and product of the conjugations of things.

Yet when things come and go in everyday life they often miss as much as they meet one another. In its emphasis on the product, a focus on hybridity misses what characterize the goings and comings of things in the way people typically act, think and feel on a daily basis. Presence may be inferred from what Ingold (2010) calls creative entanglements. Ingold's work is marked by his rejection of a focus on the materiality of things, and by his insistence that things are in fluid becomings where the material things are enmeshed with the nonmaterial, including the wind that he argues is understood in some societies to be life. Thus distinguishing objects from things Ingold argues that the object stands before us as a fait accompli presenting its congealed, outer surface to our inspection, the thing by contrast is a going on, or better, a place where several goings on become entwined. While Ingold's explication is useful in so far as it advises that the place to start is with the fluid character of things rather than materials, a focus on becomings risks occluding what I have called unbecomings that are also part of how people typically act, think and feel on a daily basis (see Nhemachena 2013). Such a focus occludes moments when some things cease flowing, that is when the flows are for some reasons blocked. In other words, a focus merely on flows neglects the existence of boundaries and closures, including the ritual creation of space as a way to define territory (see for instance Thornton 1980).

Some such unbecomings arguably had their presence in the state of the health services in Zimbabwe where hospitals and clinics were bedevilled by the absence of drugs, frequent strikes, brain drain, derelict equipment, and where some patients were often detained for failing to pay fees. These can hardly be defined as a becoming. Equally, the vilification of healers, who could have provided alternative health, as archaic witchdoctors (see for instance Jeater 2007, Chavunduka 1980) can hardly be defined as becomings. For these reasons I wish to understand the modes of engagement among the villagers in terms of *(hau)ontology* which partly derives from Derrida (1993, 2006), whereas *(hau)ontology* makes it possible to understand life in terms of becomings and unbecoming in terms of the various visitations and presences, manifesting the feature as part of everyday life, particularly in a context of crisis. Hence, it allows one to situate in the borders of the real/unreal, certain/uncertain, life and death, illness/wellness which also allows one to dwell in the spaces where things are not necessarily settled in spite of the often effortful struggles to settle them. Such efforts to settle the health challenges were evident at government level and in daily life. So to appreciate the daily life modes of engagements, I will start by briefly noting some challenges at the government level, highlighted by some Members of Parliament in Zimbabwe.

Some Brief Notes on Health and Survival During the Crisis

The Parliamentary debates of the 16th of May 2007, highlighted challenges in the Zimbabwean health sector including recurring industrial action, high staff attrition, inadequate funding, old equipment and infrastructure, incomplete projects, lack of drugs, inaccessibility of health services, and the collapse of referral systems. The Minister of Health and Child Welfare noted during the debates that the majority of the citizens could no longer afford to buy drugs due to high prices.

Further challenges noted included fuel shortages, poor road networks and aged fleets of vehicles which made it difficult for stock to be moved to various health centres. And in the context of the challenges raised by the Minister of Health and Child Welfare, there was a debate in which some Members of Parliament suggested that citizens should be encouraged to rely on “traditional” medicine.

One Member of Parliament, Chikava, argued that “traditional” medicine is not dangerous as they are being used worldwide. He urged the other Members of Parliament to take into cognisance the fact that the modern medicines that they trusted very much come from the roots and barks of trees, from plants, from forests, though they are then processed into capsules or tablets. He argued further that there was no reason why Zimbabweans should not use “traditional” medicines (ZPD 16 March 2010 HOA vol 36 No 27 p 1732-1733). In earlier debates prior to 2010 (ZPD 7 October 2003, vol 30, No 13 p1733) members of parliament had also been urged to notice that all medicines are derived from plants and that there was need to encourage collaborative research between “traditional” medicine and scientific medicine so as to be able to assist the majority of Zimbabweans who had resorted to consulting “traditional” healers who were usually cheaper than the western type doctors. The binary between “traditional” medicine and scientific medicine has been questioned by scholars, including Karen (2008: 10, 14, 141) who argues that European discourses on African “tradition had been self-serving, leading white colonial rulers to create false binary that painted African “tradition” as the antithesis of European modernity even though certain local herbs were available in pill form. For Karen (2008: 141) the professionalization of biomedicine needed a foil against which to protect itself as “scientific”, technologically advanced and the sole possessor of knowledge on the body, health and wellness”. Notwithstanding these arguments by the scholars, other Members of the Zimbabwean Parliament like Mr. Sibanda argued that, with respect to “traditional” medicine, one of the questions was of efficiency vis-a-vis dosage. He noted that “traditional” doctors were not well educated on the issue of dosage such that dosage became counter effective and this could kill a lot of people. He argued further that in the “technology age” there was need to be encouraging usage of scientific medicines than resort to the “prestone” age. He went on to say that there was need to prevent citizens from consulting “witch hunters” and healers who would perform divination (Hansard, March 16 2010).

Conversely, what the Member of Parliament failed to note was that Zimbabweans had for a long time relied on both biomedical health institutions as well as on healers (Chavunduka 1978). Many people took some of their illnesses to scientific medical practitioners in hospitals and clinics and private doctors’ surgeries and others to healers, that is, diviners and herbalists (see also Ross 2009). Also, some in the Zimbabwean Member of Parliament failed to note all the dynamics including the global resurgence of “traditional” medicines and the support it is having from global organizations such as the World Health Organisation (Gurib-Fakim and Kasilo 2010, Mhame et al 2010). Hence, some failed to note the fact that about eighty per cent of the population in developing countries including the African region use “traditional” medicine for their primary health care needs, and some failed to take cognisance of the fact that the notions of “traditional” and scientific emerged in a context of contestations over medical and medicinal space (see Karen 2008).

And next, Member of Parliament failed to contextualise African medicine in the emerging literature whereas Susan Reynolds Whyte (1989: 289) cited in Westerlund (2006: 133) notes afflictions which were once dealt with in monographs on African religion and cosmology are now belong to the realm of medicine and medical anthropology.

For example, for Susan Reynolds Whyte (1989) what scholars knew as divination now appears as diagnosis, what they analysed as ritual is now termed therapy and the victim of supernatural forces is called a patient while his/her relatives are the therapy managing group. While knowledge including the need to develop and apply scientific criteria and methods for proof of safety and efficacy of medicines is undoubtedly important (see also Gurib-Fakim and Kasilo), it is also important to note that knowledge alone does not guarantee survival. Knowledge has not necessarily eradicated suffering and want in the world (Maxwell 2007), and therefore it is necessary to think about survival not merely in terms of the presence/absence of knowledge, but in terms of the presence/absence of wisdom to survive.

While such everyday life modes of resilience, against ill health, including consultations of healers (see also Waite 2000) and prophets (see also Dube et al 2011) have often been judged in terms of lack of knowledge, the modes of engagement can be read to underscore the value of dynamism and diversity. But it is not only the dynamism and diversity of modes of resilience against illness that are indicated; also implied in life modes of engagement are different ways of sensing presences. Implied also are different ways of sensing the presence/absence of illness, different ways of sensing the presence/absence of things responsible for illness and for recovery. Daily life in the midst of such differences can be understood in terms of translation, in terms of movements back and forth during moments of navigating the differences. Yet, unlike in studies by Chavunduka (1978) that focus on movements by human beings seeking treatments from different practitioners, I also look at the things that are much more broadly constituted in manifestings, including movement back and forth, this I also look at some things that are responsible for illness as involved in processes of translation that enable one to have presence even where it might not be readily possible to represent it in conventional ways. In other words, I look at the shifts and flows of things in the way people typically act, think and feel on a daily basis and how they involve the shifts and flows sensed as they are deemed to impact on matters of health.

The Comings and Goings of Daily Life

When I met Fasti, she had just joined another apostolic church in her village and she was happy to have joined it. She was happy to have withdrawn her membership from her previous church, also an apostolic church, but with different rules for members. Although there were many apostolic churches in her village, some of them such as the Johanne Marange, of which she had been a member together with her in-laws, did not allow members to consult hospital medical staff. The church's allegation, as Fatsi indicated to me, was that the medicines that are used in hospitals are derived from "traditional" herbs and so the leaders ruled that the members of the church had to desist from consulting hospitals. Although she was unhappy with the rules of that church, she had been forced into it by her in-laws who were part of the leadership of the church.

The incident that saw her finally withdrawing her membership involved the illness of her four-year-old daughter. When her daughter fell ill she immediately consulted a prophet of the Mugodhi Church who upon realizing the critical condition advised Fatsi to consult the clinic immediately. The prophet advised her that if she did not consult the clinic that day her daughter was going to die at night.

Fearful that her in-laws would not allow her to consult the clinic, but also fearful that her daughter was going to die if she did not act, Fatsi decided to sneak to the clinic where injections were administered to her daughter. But unfortunately for Fatsi, she was advised by the nurses that her daughter had to spend the night at the clinic for purposes of monitoring her condition and administering treatments after every few hours. She tried to convince the nurses on the premise that she did not have money to pay for the overnight stay so she suggested she could instead return with her daughter the following morning. However the nurses maintained that she had to be continuously monitored throughout the night. So with dejection, she eventually sent word to her husband so that he would bring some clothes for her and her daughter, as well as some money.

The following morning Fatsi was advised by the nurses to take her daughter to another hospital called Murambinda which was about twenty kilometers from the clinic. Though she still had worries about the reprisals from her in-laws as well that she did not have enough money for the travel, Fatsi obliged. Luckily a couple offered her a free lift insisting that she could use the little amount of money she had for her daughter's treatment. Happy that the nurses treated her with hospitality and that some fellow patients assisted her with food, Fatsi returned back home to find out that her in-laws were already busy inviting one another for a meeting in which they wanted to accuse her of going to the clinic. But once again, Fatsi noted that she was lucky because the in-laws failed to agree among themselves since some of them argued that she could not have simply watched her daughter die.

Salient in Fatsi's case are some assumptions about presence and absence that are often missed with a focus on things that are readily ontologically present. Because the nurses focused on Fatsi and her daughter that they could see, they missed the presence of her in-laws who effectively were absent presences during Fatsi's dialogues with the nurses. Equally in considering herself unable to take her daughter to the hospital for lack of money, Fatsi may be understood to have missed the possibilities that she would be assisted with money, which seemed to have been absent, but were in fact present. In both instances, the challenge was to avoid focusing merely on what was materially present as well as materially absent. The challenge was to focus on the shifts and flows that offered opportunities even when possibilities appeared to be absent. The challenge was to focus on the presence of things, which is to say, on their comings and goings that rendered them neither present nor absent. The challenge was to think not merely in terms of pure absence and pure presence, but in terms of presence that was absence and vice versa. Suggested in all this is a need to focus not necessarily on the readily ontologically present, but on how things manifested. As shown in the case above, a focus on things as purely present and purely absent often generate and exacerbate hopelessness, even in situations where possibilities for manoeuvre exist.

The challenges of focusing merely on biomedical explanations were best exemplified by Fatsi's other experience of illness in her family. When her son was ill she took him to the hospital so that he would be treated for stomach pains that beset him. Fatsi noted that her son was examined by the doctor who then explained his illness as a genetic disease of which name she did not remember. Contrary to the doctor's explanation, Fatsi maintained that the reason why her son always relapsed into the illness as soon as he stopped using the pills was that he had been made to lick some soil bearing worm eggs by a woman in the village with whom she did not have good relations.

So for three years she consulted the hospital doctor at the hospital, however, the pain stopped each time her son used the pills, and it reappeared once he stopped using the pills. By the end of the three years Fatsi noted thus: "I heard my heart telling me to consult a prophet. I first went back to the clinic, but I tore the part of the medical report which stated that it was a genetic disease that afflicted my son. When I went to the prophet I was given a *munamoto* (prayer) comprising lemons that were prayed for. My son had to drink the *munamoto* for three weeks during which I was consulting the prophet. After using the *munamoto* my son passed out waste mixed with many long worms that could fill a cup. When he recovered the prophet gave me another *munamoto* which comprised a red string which he prayed for and tied around my son's waist so that the illness would not revisit him. Although this illness occurred when he was five year old, it has not recurred, and now he is twelve".

Underscored in Fatsi's experiences are not only her comings and goings from and to the hospital yet also, the comings and goings of the illness, hence, the manifestations of the illness. Her vacillations can be read to imply that the habitation in her mind by indecision was at the same time a decision. The vacillations can be understood in terms of the elusiveness of both truth and falsity in a context where things are often on the move, becoming present but absent, becoming absent, but present. It is, as I show by paying attention to how people typically act, think and feel on a daily basis to such presences that are absences and absences that are presences that it becomes clear that things are not necessarily what they appear to be. It is not invariably the materialities of such things that matter, and often how they are deemed to be visited by other presences/absences. The presence of the string after the prayers was no longer that of the string, it became the presence of *munamoto* (prayer) which is to say it became *munamoto* rather than a mere string. The primacy in this sense was no longer given to the materiality of the string but to the connections it was embedded in, which is to say, its more fluid life giving properties. Primacy was then given to the properties deemed to have assumed presence in the string. The challenge then is to sense (not just to see) such a string as a string and also as not a string, it is to sense not only the material aspects and also the nonmaterial aspects that convoked its morphing into or manifesting as another presence. The experiences of Fatsi do not suggest that villagers had no notion of physical causation or specific organisms causing illness (as Snow 1977: 141 suggests) because she clearly attributed the illness to the soil and worms that she saw coming out of her son's body. Equally, her experience does not imply that she had no idea of a mere string only that she considered a string that had been prayed for to have become more than a string.

It might be called a mere string after the *munamoto* by one whose presence was not at the convocation and whose senses deny them the ability to sense of it as not merely a string. But calling it a mere string as such could be a good way of saying ‘I fail to sense other presences or that the presences are elusive to one’s senses’. With the presence of things in motion, in this sense, it becomes possible for the true to become the false and vice versa in a manner that destabilises the dichotomies that are often assumed between them. Because, as I will show below, some things are held to manifest in different forms and to be highly mobile, the dichotomies between true and false are not invariable in daily life though truth and falsity are also often drawn.

One might for instance consider the narratives among villagers that the *njuzu* (half human half fish entities it to manifest as *mhepo/mweya*) do not want to be seen by some human beings, and that they (Burbridge 1924), “quickly manifest as fish”, wind/air or simply vanish upon intrusion of their spaces by human beings. Such narratives highlight the propensities of some things to manifest in impermanent forms, thereby rendering troubled dichotomies.

If such ambivalences of things in everyday life are considered in the context of the crisis in Zimbabwe marked by oscillations between the presence and absences of drugs, the presences and absences of medical staff, the presences and absences of cash, it becomes possible to conceive the ambivalences as part of a broader context. Thus, in a context where things were constantly oscillating and in flux where they could not have been taken for granted as one thing could as well have been quite another. Within the broader national context where drugs were being sold on the streets and where hospitals kept in store drugs (some of which were long past their expiry dates), the ambivalences are nothing surprising, because a thing could be what it appeared to be, however, it could as well manifest as something else.

Implied in such ambivalences and often rapid turns of things in such everyday life, are how things sometimes elude representation even if they may have presence. When a thing understood to vanish, elude glances and then reappear such as was done by the villagers in their modes of evading violence, representing a thing as purely present is often difficult where becoming absent is its other attribute. Conversely it becomes difficult to represent a thing as purely absent where becoming present is its other attribute. This suggests a kind of world where life is lived in terms of presences, in terms of the comings and goings of things rather than in terms of only that which can be readily conventionally represented as present.

A case that indicates how presences were conceived in the way people typically act, think and feel on a daily basis is that of Grub who I met on 27 March 2011. His narrative indicated how such presences were negotiated in the spaces between consulting healers and consulting hospitals. Grub said that:

There are some things that can be fixed by the hospitals: other things need *n'angas* (healers) or prophets. We consult *n'angas* or prophets first. You may not be treated well at the hospitals because there is *mhepo* (wind) that make it difficult for the doctors to diagnose well. Doctors may say after operation that they are not seeing any problem. The *mhepo* will be pushed (*kusundirwa*) so that you spend a long time without getting treatments. For prophets they treat even if the one who is ill is absent, they see the problems even for family members who may not be present and they give water to drink or to use when bathing. After doing all this we go to the clinic and we do not encounter problems. First we fix our things here because *mhepo* will be present. There is need to continue to remove the *mhepo* until the patient feels that it has been removed. But the bad people sending the *mhepo* may continue sending it so that the illness is on and off. Even our homesteads, we cleanse them of the *mhepo*, the *mhepo* will be present sitting in the homesteads. The Prophets can give us water to spray so that witches do not get in. Hence, the witches may continue to send the *mhepo*. The *n'anga* puts *midzi* (roots) in bottles which are planted during the night around the homesteads so that witches do not get in”.

The above comments were also underscored by a *n'anga* called Dhodho, thus:

“Tinorapa mumisha munenge mapinda mashavi ekuroya anongoda kuuraya vamwe. Misha inogadzirwa kuti varoyi vatadze kusvika kuroya vamwe. Pane hoko dzinoroverwa usati waisa bango rako, hoko dzemiti dzinochengetedza musha nokuti havachazokwanisi kupinda mumusha. Varoyi vanoramba vachiedza vachishevedzana kuti vabatsirane kubvisa hoko kuti vapinde. Vanozowana umwe pakati pavo anokwanisa kubvisa hoko iya. Hoko dzinoda kuiswa itsva kusati kwaperama makore gumi kuti varoyi vasapinde. Kana musha usina kugadzirwa zviru nyore kupinda, vamwe vanotouita base rekuroya. Mudzimu haugoni kuchengetedza musha pasina hoko vanokurirwa. Ukarooro muroyi kana shavi rake ririguru vanouya voita base mumusha. Murume wacho pfungwa dzake dzinenge dzisisiri mushe, anongoteera mukadzi. Mudzimu haugoni kuchengetedza musha pasina hoko vanokurirwa

(... we treat homesteads so that witches will not be able to bewitch others or to kill them. There are sticks that have to be used as pegs when you build a house so that witches will not enter. The witches will however keep on trying to enter and they seek the assistance of other witches until one of them is able to undo the pegs. So, one has to renew the pegs once every ten years so that witches will not enter. If a homestead is not protected it is easy for witches to enter. But if you marry a witch the homestead will be used as a base for witches. The husband like a zombie will simply play to the wife’s bidding. If there are no pegs ancestors will have difficulty protecting the homestead.”)

While it is often assumed that an individual is invariably an individual, here the model of an individual that is posed is one in which he/she is possibly accompanied by presences that may not be sensible to the doctor. The model in Grub’s rendering is one where the patient understands himself/herself and the homesteads as visited by presences which are held to elude the senses of the medical personnel.

On the other hand, it is a model where the doctor is understood to begin by focusing on the individual patient. Also salient in this case is the fact that on one hand, the patients start by looking at and addressing the nonmaterial as a more fluid presence before they take the sick to the hospital, on the other hand, the doctor begins by examining the individual patient. In this encounter between patient and doctor, the doctor is portrayed as rather unwary of the kind of presences the patient understands him or herself to be visited by and the meddling in the interactions between the doctor and patient. In other words, the remarks suggest that what matters is not just the presence of the doctor and the patient, however, the presence of other things as well, which are held to enhance or block processes of treatment.

While the vicissitudes and how things are understood to enhance or block processes of treatment can be interpreted in terms of the broader context in which the crisis generated national level vicissitudes, they may also be interpreted as an inherent part of daily life crisis, notwithstanding. Indeed at a material level, the vicissitudes with respect to the presence of drugs, equipment and staff in hospitals constituted blocks to the treatment of patients.

And indeed at a nonmaterial level, the presence of a social context of the crisis marked by acute shortages of basic commodities can be understood to have also constituted blocks to the treatment of patients. In this sense, the patient bearing such a model can be read to be importing the elusiveness of things in the broader national context to the particular doctor-patient context where the doctor fail to address, and if also cognise, the presence of elusive things block his vocation. In such a context where the wind that Grub referred to is understood to manifest in other forms, rather than being reducible to the *mhepo*, the model may be understood to underscore the lack of prioritized attention in formal health provisions to the vicissitudes vis flows or comings and goings of things, be they material or nonmaterial.

Grub's allusion to the *mhepo* that causes illness and to witches can be understood to underline the significance of attention to flows in everyday life. But these flows have to be understood within the context where the wind is understood to morph into and manifest as other things. They also have to be understood within a context where witchcraft is not necessarily reducible to the occult, but is explained in terms of the broader absences and presences of how people typically act, think and feel on a daily basis. When in the context of the interparty violence, some villagers claimed to have used herbicides and pesticides to poison livestock belonging to their opponents, thus, they codenamed their exercise as "operation *chidhoma*" (operation ghost) because they poisoned livestock by sneaking in during the night. By likening themselves to ghosts, the villagers can be understood to have likened their operation to a kind of witchcraft that targeted the livestock of their opponents.

Such "operation *chidhoma*" was parallel to reports in other parts of the country where political party activists often forced their opponents, some of whom abducted to camps, to drink pesticides and herbicides. In these instances, the idea can be read to have been to be absent yet present: in their hide and seek, the opponents engaged in comings and goings that rendered them absent, yet also present. The logics of such modes of engagements are not of course exclusive to how people typically act, think and feel on a daily level if the duplicities of the national and global interferences in everyday life are considered.

For instance, the sanctions imposed on Zimbabwe by western countries, the neoliberal economic reforms of the 1990s that preceded the period of crisis at the turn of the twenty first century in Zimbabwe can be understood in terms of a logic of surreptitious interferences. The idea was, as is implied in the terms *chidhoma* (ghost) to haunt the other without necessarily becoming present to the gaze of others. And suggested in the modes of engagement marked by such comings and goings of things is the issue of how to sense the world without privileging the stable present of which preponderance often obscures the messiness of the lived world.

To designate the absence that is presence of things, that is to say the duplicities of daily life, I have borrowed from what Derrida (1993, 2006) calls *hauntology* to create the notion of *(hau)ontology*. This idea of *(hau)ontology* allows a shift from privileging ontology and categories to a mode of writing that makes it possible to conceive things as coming and going in ways that often elude representation. In other words *(hau)ontology* makes it possible to write about the instabilities, duplicities and vacillations that often characterize moments of crisis, and it also allows one to take into cognisance the fact that not all hauntings are deconstructive in the Derridean sense.

Thus *(hau)ontology* makes it possible to conceive how what is haunted sometimes retains its ontological structure even as it is enmeshed in complex comings and goings, flows, fluxes and manifestings. And it makes it possible to rethink how the presences and absences of things are sensed without necessarily privileging what can be readily conventionally represented as present/absent. But also in its focus on the on-goingness of things, it conceives senses in terms of the comings and goings; and it conceives sensing as coming to sense. In this way it highlights the debatability of senses as conventionally understood, yet it also underscores the temporality of sensing as sensing that has temporal presence within the reach of one's senses. Focusing on dreams, divinations and prophecies, I now wish to show some of the different ways of sensing presences played out in everyday life.

(Hau)ontology: Making Sense of Presences through Dreams, Divination and Prophecies

The significance of dreams and other ways of *sensing presences* is indicated in the three related cases detail below and shown together.

The first case was that of Nod, a vendor who I met in February 2011. She stated:

“I was assisted by some prophets this year. Last week a prophetess I did not even know visited me because she had had dreams about me. I was not feeling well when she visited me. The prophetess assisted me with *munamoto* (prayer) which I was advised to use for bathing for nine days, now I am feeling ok. *Paive nechinhu chaivepo chakandiruma pamusana pachirema, kurwadza nekuzvimba*. (There was a thing that was biting me at the back which back was also feeling heavy, painful and swollen). “At my shop I was no longer having customers. Now I am receiving customers.

Some people burnt their *mushonga* (herbs) in a drain by my shop just before I started feeling ill. They first wrapped the *mushonga* with papers and then set it alight producing bad smoke that also made me cough. The prophetess sprayed holy water from the three perennial rivers namely Mupfure, Nyaguwi and Mazoe. She prayed for the water from the three perennial rivers and then advised me to bath using it. I only gave her money for bus fare to go to the rivers to collect the water, she helped me and so on the ninth day which was yesterday I started feeling well again. She also informed me that had I seen the thing which had bitten me I was going to die immediately”.

There are three issues that I will pull out, including the significance of dreams in matters of illness, the fact that some things that are deemed to cause illness are not supposed to be seen, and the fact that she used water from perennial rivers.

The second case is that of Mari who lived very close to where I stayed during the early part of my fieldwork in January 2011. One morning she came to fetch water from the borehole at the house where I stayed, hence, she looked disturbed. Like she usually did when she came to fetch water, she pulled a mat and sat down for a while to discuss issues in the village with my informant’s family.

But this time she narrated dreams she had just had in which many people appeared at her homestead, hunting for her. She noted thus: “I ran away and hid. One of the people chasing me then asked me “so this is where you are hiding?” The man who asked me was peeping through the window to get a glimpse of me. I pinched him and then beat him as well as the others who were with him. They wanted to catch me and my daughter. After I beat them there came some many creatures which looked like dolls that could walk. I beat them but they produced air which was smelly. I beat them using my church garment. They were resisting”.

This dream shows some of the kinds of things villagers like Mari considered engendering some illnesses as such things were deemed to be experienced first at the level of dreams and then translated into the wakeful lives. To note such things is not necessarily to imply that the villagers attributed illnesses solely to such moments: the villagers also had other ways of explaining illnesses such as common cold, which generally did not occasion connection to such dreams. It was the kinds of illnesses that were deemed to be prolonged or resistant to cures that were often connected to such dreams. Now to appreciate some of the ways such dreams were considered to translate to the level of wakefulness, I will note a dream in which I was involved and how it was translated by a prophetess afterwards.

The third and last case I wish to note is the dream that I had just after Zan visited my informant in January 2012. Zan was brother to Lee, my informant, and he had just visited him after a stint in the diaspora. Although his visit was short, lasting only about an hour and although it was my first time to meet him, I had an upsetting dream the night Zan departed from my informant’s homestead. In the dream Zan walked west holding his car in his hands, but his mother walked east. However, in between them was a man who hid from them while grinning. In the dream Zan’s mother had been driven to a sea of dirty smelly water and my sense in the dream was that it was the grinning man who was doing this.

Upon asking him, in the dream, why he did such a bad thing, he immediately bolted away and manifested himself as what I thought was an herb. The dream generated worries on my part and upon waking up I informed my informant about it. We discussed the dream as we usually did and during the discussion, I indicated to my informant that I had a sense that Zan his brother, children and mother were likely to get into trouble. I had woken up that morning feeling that I had been struggling in the dream to assist them, but I did not quite know what to do to assist.

Unknown to us was that Zan had failed to drive to his home the previous evening after his visit to my informant. Some thirty kilometers on my way to Harare, and that day I saw Zan's car parked by the road side, so I decided to drop off and have a chat with him. He was sitting beside the car and his two children were sleeping at the back. Immediately after greeting him, Zan informed me that he had failed to drive home the previous evening because his car developed some electrical faults which nearly led him into an accident that evening. What surprised me was that during his narrative of the incident he stated that from the time immediately before the incident he felt like some wind blew sand into his face such that his eyes could no longer see well because of the sand that got into them. I decided to assist him fix his car, then a few minutes after our meeting his five year old daughter fell ill and started vomiting.

After assisting Zan we drove to his home, yet, when we arrived we were informed by his mother that his two other children had also just fallen ill before our arrival. His mother also narrated what she stated to be an odd event in which she was nearly horned by cows that had been fighting that day. She had tried to intervene so that the cows would stop fighting, however, the cows turned to her and chased her away only to be assisted by other villagers. After taking his children to the clinic, Zan decided to consult a prophetess who stayed some 5 kilometres from his homestead. Keen to follow the events, I requested him to allow me to accompany him to the prophetess if it was convenient for him which he agreed. During the meeting that we had with the prophetess, I narrated my dream about Zan which she then interpreted as indicating that Zan was supposed to have been involved in an accident. She also hinted that what I saw as a grinning man in the dream was in fact a *chikwambo* (manifestation of the air of the deceased raised by witches, also called a zombie in literature) which had been sent to cause harm to Zan's family. She also noted that the fact that Zan and his mother were walking in opposite directions in the dream meant that the *chikwambo* was intending to create a rift between Zan and his mother so that they would quarrel and then when illness and death struck in the family, they would not assist one another. The prophetess advised that the *chikwambo* needed to be destroyed and removed from Zan's house so that his family would be well and he would not be involved in an accident when he travelled back to his workplace. She indicated Zan had to pay her some \$10,00 (US) for removing the *chikwambo*.

Although generally, prophets did not charge for their services, Zan, agreed to pay the prophetess before we headed back that evening to his homestead together with the prophetess and her husband. We went straight to his house where the ritual to catch the *chikwambo* was to be done.

The prophetess sang for a while, prayed and then told everyone present including Zan's mother that the *chikwambo* was hiding in Zan's wife's bag in which she kept her clothes. She indicated that the bag which was in a separate house had to be brought. Zan's wife rushed and in a few minutes she returned with the bag in her hand. The prophetess then requested Zan to check if she and her husband had anything in their pockets which they might be suspected to use to trick us. Quickly, Zan checked and confirmed that the prophetess and her husband did not have anything with which they could have played tricks on us. The prophetess then knelt down, prayed and fumbled in the bag. She brought out something wrapped in a red and white-striped piece of cloth and then staggered around as if she was carrying something heavy. After some minutes she knelt down and requested those of us who wanted to have a look at the way the *chikwambo* manifested to wash our faces with water which had been prayed for. The explanation for washing the faces with the water was that if we did not do, so the *chikwambo* would render us blind as we looked at it. The *chikwambo* manifested as an assortment of snail, herbs and some beads all of which were burnt soon after the ritual.

There are a number of issues that I want to pull out of these dreams and experiences. The first is the ways things that were not actually present were sometimes deemed to have presence, even in their absence. Thus, in the case of Nod, she may have had presence in the dreams of the prophetess even though she was actually not present at the prophetess' house. Equally, the people including the doll-like creatures that Mari dreamt chasing her might have had presence in her dreams without being actually present.

And in my case, Zan can be understood to have had presence in my dreams even though he was not actually present when I dreamt about him. This hints at a scenario in which things that are not physically available are not necessarily absent as is often assumed in epistemologies that would dismiss as inconsistent suggestions that a thing can be absent, and nevertheless present and vice versa. If things are understood in terms of becomings in which they can be absent but present in terms of their goings and comings, and it arguably becomes easier to understand why among the villagers being absent is not necessarily an opposite of being present. During the fieldwork, I was asked by some of the villagers: "*Asi murikuchikoro?*" (Are you at school?), even though I was clearly with them in the villages and therefore not at any school. What this means is that it is possible for one to be present but absent and to be at different places at the same time. It implies that we can be present where we are absent and therefore that presence is not necessarily measured on the basis of being fixed to a place, yet, rather in terms of comings and goings that make it possible to have presence in many places at the same time.

What this then presumes is a theory of presence in which there is not necessarily pure presence or pure absence. It presumes a theory of presence in which things have different ways of registering presence and absence. When the water is used as *munamoto* (prayer) it can be understood as registering its presence as a prayer rather than merely as water. When illness manifests in dreams in the form of violent creatures it can well be registering presence as a mode of oncoming violence revealed in the dreams. The challenge in such a context where things vacillate is to shift focus from analyzing things merely in terms of the mind to the various ways they come to be sensed as they come and go.

The challenge is to avoid giving illness and associated violence a home either in the mind or in the social, but to see them also in terms of their manifold comings and goings that come to be differentially sensed. It is a challenge to understand other things, including dreams not merely as objects to be analysed and interpreted as modes by which presence of other entities is actively registered in a world where being physically present in a particular space is not invariably an imperative.

Apart from sensing the presence of things through dreams, villagers also relied on divination and prophecies which can be understood to have underscored how things, including illnesses, were connected to many different experiences. My encounters with *n'anga* and prophets indicated that although they often noted particular things that engendered illnesses, they also stressed the connections between different kinds of things. In this sense, what they underlined was not just the thing as an ontological object, but how the thing was connected to many different things via their comings and goings as well as manifestings. So contrary to scholarship that portrayed *n'anga* for instance as witchdoctors with principal briefs to identify witches (see for instance Jeater 2007, Gelfand 1964), my sense was that *n'anga* dealt more with sensing connections, often also harnessing them, and the comings and goings of things than with witches as discreet ontological entities. For instance during my participation in the churches, some illnesses were explained in terms of breaks in connections and flows rather than merely in terms of a witch being present in one's life.

Madness and other forms of mischief, including witchcraft, for instance were often explained as much in terms of absence as in terms of presence: to portray such absence villagers remarked: "*haana kukwana*" (literally he/she is not enough). In this sense, "*kusakwana*" (being not enough) it can be understood in terms of a lack of what is expected in the mode of life in the midst of others, rather than merely in terms of possessing malevolence. The ideas of *kukwana* and *kusakwana* were also linked to how babies were treated with herbs in *chivanhu*. Geli, for instance, noted in an interview on 29 January 2011 that:

"Pachivanhu vana vaitsengerwa kusvika kuma 1980s kuitira mudumbu (ruzoka). Kutsengerwa uku kunoita kuti munhu agarisike, adzikame. Kana asina kudzikama munhu anonzi hauna kutsengerwa uye hauna kukwana

(In *chivanhu* babies had herbs administered to them to prevent stomach problems called *ruzoka*. This administration of herbs makes one stable. If one has not had such herbs administered villagers say that one is not enough).

For the reason that some villagers who did mischief were considered to be not enough, those who were identified as witches were sometimes not harassed, but they were invited and informed of their lack, and within the churches measures were prescribed to restore expected flows that is to render the individuals enough. Such invitation might well have been influenced by the criminalisation of witchcraft accusation since the colonial period, however, since 2004, the Criminal Law (Codification and Reform) Act has decriminalised witchcraft accusations, provided the healers and prophets can render evidence.

This then suggests a mode of engagement that is not preoccupied merely with sensing things as discreet, rather than by sensing their comings and goings. If witchcraft is understood in terms of presences that are also absences, it becomes possible to conceive how a preoccupation with only fixed, stable and objectively present things to assist in missing the nuances in the comings and goings of daily life. It is germane to follow up on the illness, and to contextualise it in matters of health, that struck me during fieldwork.

The ways such nuances are often missed can best be exemplified by my own experiences during fieldwork from 2010 to 2011. At the beginning of the preliminary fieldwork which I did in June 2010, I visited one old man in the village. And during the visit, I attended a church service. Towards the end of the service the prophet in that church pointed at me and prophesied that I would experience acute pain in my feet at some point, yet for a reason he did not quite explain, he noted that the illness would arrive in a summer season. According to the prophet, some *varoyi* (conventionally understood as witches) who were envious of me had gathered soil from my footprints, mixed it with herbs, needles and other substances. They then had placed the concoctions under cover on one path of which they knew I would walk.

When I met a *n'anga* towards the end of my fieldwork, the *n'anga* threw some carved sticks down onto a reed mat as a form of diagnosis. The six sticks fell in different directions leaving gaps between them. Zviko, the *n'anga* that I interviewed and who did the diagnosis in December 2011 said, "*Muri kuvhurirwa mhepo* (someone is opening up space for the wind to get to you) and that is why your feet are painful". She said it was because I had been trapped (*kutsikiswa*) so there was a need to *kutemerwa* (to have incision made and herbs rubbed in). "The *kutsikiswa* is causing pain in your back and in your chest. Some witches have put dirty stuff in your wife's stomach and in her kidneys so she needs herbs to cleanse the dirt in the mornings because that is when she feels the pain. Some villagers and other people lie that *midzimu* and *Mwari* are separated. *Handizvo, midzimu na Mwari murume nemukadzi vari pamwechete* (that is not it, ancestors and God are wife and husband, they are together). My *midzimu* told me to continue attending church services within the Roman Catholic Church when I had briefly stopped attending the church services. You have been bewitched by three villagers who allege that "*unoonesa*" (you see too much of our secrets in the village)".

Zviko's diagnosis helps make sense of presence that is absence in that she noted that she was seeing the witches even in their absence when we were in her hut. It also helps to make sense of presence that is absence in the sense that my wife who was talking about in her diagnosis was not with me, she was in the capital city of Harare about 200 km away. Her diagnosis also helps make sense of absences that are also presences in the sense that while she noted that the witches alleged that I was seeing too much of what they were doing in the village, I had little physical contact with the three villagers that she mentioned except when I met them during the day in the course of my fieldwork. Thus the *n'anga* helped me note various ways presence is made sense of even when a thing is not necessarily present. The presence of the illness when it was not present, the presence of the future when it was not present, my presence in the form of my footprints when I was not present and the presence of perforations in my feet even when the needles were not present all suggested modes of sensing where neither presence nor absence were deemed to be invariably pure.

Mindful of the fact that my illness resembled what Gelfand (1985: 32, 36) called a rheumatic state, as well as what is known in the vernacular as *chipotswa*, I needed to maintain the dialogue between the different ways of conceiving the illness open. I did not want to lose out by prematurely discarding other possible explanations. What I was not happy about though was to characterize the illness merely as a rheumatic state when it appeared in many ways to be a process rather than a state. So for instance while Gelfand likens *chipotswa* to a rheumatic state the *chipotswa* is more of a process than a state. His other observation which underscores process is that with *chipotswa*, the witch plants the poison on the victim's path so that when he/she steps on it or comes into contact with it, it enters the body which then circulates to other parts. The reason why I was not happy to conceive my illness as a state or condition was that it clearly had a history which could not have been discarded without impoverishing the diverse ways of sensing the presences of things. In the way people typically act, think and feel on a daily basis where things are often characterized more by processes than by stasis, emphasizing states and conditions would have made me lose the nuances about how things become, as well as their regimes of presences and absences.

My encounters with *n'anga* suggested that what matters in treatment is not necessarily the naming of an affliction whether as Gelfand above notes, as a rheumatic state or *chipotswa* because different names can be given to the same thing. Pombi noted this issue during my interview with him and on 30 January 2011 and he said,

“Unogona kupomerwa AIDS usina pane zvaitwa nevaroyi. Varoyi vave kuroya saizvozvo unoonda, unoshanduka ganda maDoctor oti tiri kushaya chirwere asi apa panenge pane mishonga inenge ichitokanganisa doctor iyeye kuti asakuonere. Madocor mamwe ave kuti zvinoda chivanhu”

Varoyi vanokudyisa vanhu. Kudyiswa kwehuroyi kudyiswa wakarara kana wakamuka. Kudyiswa nemukadzi kuti uuye nemari yese. Umwe mukadzi anenge achinzenzereka odyisa murume kuitira kuti mitauro isawande. Kudyisa murume kutsvaga mishonga wobikwa nebhurukwa mvura yacho yobikiswa muriwo netumidzi imwe ndeyekufukira, mukadzi anogara papoto utsi hwacho huchiwira mupoto hunova hunozobikiswa zvamuchadya mese. Munhu anenge asiri mukati mazvo anoti chivanhu hakuna

(You can be considered to have AIDS when actually it will be witches' activities. Witches are now bewitching such that victims have symptoms like in AIDS or they do so in such a way that doctors will say they are failing to have diagnosis and this can be because the witches' activities will be interfering with the diagnosis. Some doctors now advise patients to consult *n'angas* in *chivanhu* way. Witches cause one to eat poisoned concoctions while one is asleep or they can poison one during day time in wakefulness. Yet, other villagers are made to eat concoctions by their wives who will want their husbands to bring all the pay home. Some of the wives make their husbands eat concoctions because the wives will be engaging in adultery and so the herbs would render the husbands docile and reticent.

The wives consult *n'anga* for herbs which they cook together with the wives' underwear. Some of the concoctions involve the wives squatting over a pot with steam which fall into the pot and is used to cook food that the husband and wife will eat together. Some people say that there is no *chivanhu* simply because they are not in it).

Not much has been written about the *kudyiswa*, but Gelfand (1985: 36) mentions it when he notes that *chidyiso*, which is the same as *kudyiswa*, is caused by ingestion of food that have been "bewitched". For Gelfand (1985), *chidyiso* is characterised by foreign bodies remaining stationary or moving in the alimentary canal of the victim. The poison is believed to have no immediate effect on the victim, yet the symptoms start to show after some weeks or even months. With all this about absent presences, it is necessary to turn back to key issues raised.

A Return to a Few Key Issues about Presences and Absences

This paper has argued that resilience against illness in daily life involved navigating the terrains of biomedicine as well as the terrains of prophets and healers. The ways these terrains were navigated depended on the kinds of material and nonmaterial presences that were sensed to show up, manifest and to promote or disrupt processes of treatment/wellness. It has been noted that some things such as soil, pebbles, strings and water are assumed to assume presence in the healing sessions not necessarily as the object that they appear to be, but as *munamoto*, once they are sanctified for use. In this sense, human beings infuse agency into things of which would be understood as natural in the kind of modernist understanding that Latour (1993, 2005) argues is founded on the nature-culture divide which is the basis of the "binaries between humans and nonhumans" (things such as animals, trees and other objects). To the extent that the healers and prophets facilitate agency to the things which they then advise their patients to use they can be understood as rendering the binary between "nature-culture" fuzzy where the things manifest as otherwise than they ordinarily would be understood. Therefore, the villagers' conceptions are that such objects are rendered via the intercession by human beings with agency as in the case of *munamoto*, for instance, when they have been prayed for. On the other hand, the conceptions that *mhepo* constitutes the nonmaterial presences around materials objects underscore the need to consider not only the agency of material things, but also the nonmaterial aspects that manifest, come and go, of which they are a part of.

Taking cues from Ingold's (2007, 2010, and 2011) argument, that there is a need to start from the flows rather than from congealed objects, thus, this paper has privileged the nonmaterial things deemed to have presence and to manifest in matters of health and illness. It has argued following Ingold that materials of different sorts with various and variable properties mix and meld with one another in the generation of things. Second, the paper has focused on *mhepo* in so far as it was deemed to interfere with doctor-patient interactions. But to extend on Ingold's argument about how things mix and meld with one another, I have looked at how in life the presence of other things is sensed. In this way, I have argued that things do not just mix and meld because there is also separation of things in rituals and in treatments for instance.

So while Ingold emphasizes the mixing, melding and the becomings of things, this presentation has shown that there is much more than these issues in the way people typically act, think and feel on a daily basis. In daily life, things become and also unbecome, things mix, but they also unmix, so to speak. I have used the notion of *(hau)ontology* to characterize the lack (which is not necessarily absence of) of settledness of such things in the kind of everyday life studied. Hence, I have argued that in *(hau)ontology* there is the comings and goings of things, the manifestations of things in various forms of presence entailing complex interactions and intermingling do not invariably result in the Derridean deconstruction. In the *(hau)ontology* that I conceive the idea is not to privilege deconstruction or absolute invariable absence of ontological stability. Things and entities can be amenable to *(hau)ontology* while maintaining their ontological structures as well as their essences. This explains the resilience of African modes of health seeking in spite of the ramifications of coloniality. While other scholars argue against representationalism, the idea of structures and essences in African ontologies and metaphysics it does underscore the presence of representationalist epistemologies even in non-western contexts.

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