The Beginning of an Ethnographic Experience

Everything started when my father left Equatorial Guinea in the late 1970s. Massive migratory waves toward neighboring countries in Africa and Europe took place during those years when a second dictatorship took over in 1979. Life in Equatorial Guinea was not easy for many (Boleká 2003). My father migrated to Spain, but I grew up without him present in my life. Although we met in person later after a long search, my thirst to learn about Equatorial Guinea never really diminished. On the contrary, years of training and research work in anthropology outside Spain led me to finally initiate a PhD research study in medical anthropology focused on my father’s country. The interesting part was that I was not going to do this research study alone. The moment I took the decision to prepare my doctoral work on healing and health care systems in Equatorial Guinea, I acknowledged without hesitation that I have family support, partners, mentors, and colleagues among the Equatoguinean diaspora. I also acknowledged the existence of emerging imaginaries within me: the destiny to return to Equatorial Guinea as a Black woman anthropologist from the diaspora, and as the daughter and apprentice of Equatoguinean medicine women called nganga. The goal is to join forces to fight suppression and spread healing with our curative superpowers.

I learned about the existence of the nganga when I travelled for the first time to Equatorial Guinea back in 2007. I was at that time an undergraduate student in anthropology in London, completely immersed in the study of human origins, migrations, Africa, and Black critical perspectives (Ifekwunigwe 2015). When I became conscious of my status as a Black woman in the diaspora surrounded by contexts of social conflict, I felt the need to learn about my African roots. When I learned about of the existence of Black bodies as political representations, and understood that my Black body could be a cultural vessel or target for cultural interjections, I felt a fervent necessity to travel to Equatorial Guinea.

When I arrived in Equatorial Guinea in the summer of 2007, I was drawn to nature, to biological encounters. My journey consisted in reaching out to rural villages and the forestry reserves in the interior part of the country. For me to do that, I needed to first obtain a permit from ECOFAC, a non-governmental organization that preserved the national parks in the country. Though now suspended due to lack of governmental funds, ECOFAC specifically supported local and traditional doctors in the collection, documentation, and protection of biodiversity and medicinal plants. In this manner, I met traditional medical doctors, most of them women. I was even taught to identify a few medicinal plants, such as the etuya plant, a natural antibiotic. From the experience of tropical environments in relation to human bodies together at play, the theme of medicine and elements of medical practices emerged. In this manner, I met with the nganga, a Fang name for medicine men and women (Sánchez 2009). Apparently, they are well-known and non-ordinary individuals who reside in the rural areas and the cities across the country, and who offer healing services to their communities. I later learned that some adjectives and
denominations that relate to the *nganga* include: ‘people of the night’, ‘good and bad ones’, ‘charlatans’, ‘open head’, ‘restore balance’, ‘with knowledge that can be passed on through generations’ (Borrego Nadal 1994).

There is an abundance in the literature about medicinal plants, and medical knowledge and practices in Equatorial Guinea (Jiménez Fernández et al. 2018); however, there is still a relative lack of information about existing diversity in medical practice, and about forms of change and transmission in Equatorial Guinea. After my experience with medicine in the country, my focus in anthropology turned to reflections on relationships between cultures and medicine, and then, eventually, a series of events led me to reconnect with women *nganga*.

**Preliminary Fieldwork**

I resumed my studies in London and travelled to the United States, where I started a one-year fieldwork study among the Congolese diaspora in Boston, Massachusetts. The purpose was to collect perceptions of illness and healing within contexts of migration and transnationalism. I also wanted to figure out whether traditional medicinal practices transcend spaces through memory and exchange. I concluded that transnational medicinal practices and other healing practices regenerate as relevant identity portrayals among the Congolese diaspora. I also suggested that healing and restoration from social grievances and forced migration led to resistance and liberation (Major Díaz San Francisco 2016). The Congolese migrants with whom I researched perform new ways of living in unfamiliar territories, adapt, and become citizens or Congolese Americans along with their second and third generation counterparts, but they also share the collective feeling ‘Congo lives in my heart’ (ibid.). Black conscious Congolese of all ages understand the socio-political and economic crises that prevail in the Democratic Republic of the Congo and the experience of migration, and therefore they engage in expressing commitment and political activism. Congolese extend their own self toward others (or the social), community action, and leadership, and they do so through poetry and art, religion, and spiritualism. My master’s describes ‘fights’ that exist within the living spectrums of the Congolese diaspora, and points out specific roles that have been adopted to confront those fights or truths. This is the case of Congolese who assume the roles of healers and warriors to face the challenges that restrain a full consolidation of the self, to ultimately stand up for their communities and the Congo, their homeland.

Congolese communities and individuals in the diaspora encouraged me to return to Equatorial Guinea to find my own fight. Equipped with the tools of critical and applied medical anthropological perspectives that consistently review the potential impacts that power relations exert upon health and health care (Good et al. 2010), I returned to Equatorial Guinea in April 2018 to initiate preliminary research work that hopefully would launch me into a PhD program. My goal was to begin to understand the workings of social welfare, social medicine, and the political economy of health care in the country (Yi et al. 2017). The inquiry revolved around the ways medical anthropologists can understand systems of thought and practice that do not fulfill social needs in health care, in order to ultimately support the creation and maintenance of equity.
Data from the literature, interviews, and participant observation in the cities of Malabo and Bata show that Equatorial Guinea has been immersed into the ruling of two dictatorship regimes since independence from Spain in 1968. The country is one of the richest in Africa. It is the third larger exploiter of oil in the continent; however, half of the population do not have running water or access to electricity (Appel 2012). Despite national and international efforts to invest in health care and wellbeing, the HIV/AIDS epidemic has increased, infant and mother mortality rates remain high, and the elderly community do not have their health care needs covered (United Nations Development Programme 2014). While in the country, I also learned that the ruling party severely curtails the participation of the civil society in national decision-making. There is no freedom of expression in the country because individuals cannot openly communicate criticism towards the political system, and if they do, they risk losing their jobs, their freedom, or even their lives.

Preliminary research during July 2018 also included spending time with my father’s side of the family in the city of Bata. ‘From home’, I was able to learn more about my father, his family’s story, and everyday life in Equatorial Guinea. The reality is that the average family struggles to sustain each member with available clean and running water. The youth cannot find jobs, and generally, women work the longest hours and are usually under paid. I learned that there is a sense of hopelessness linked to expressions and collective sentiments among the population, especially among individuals who condemn the tyranny of the ruling the country; many claim ‘nothing can be done’ (preliminary fieldnotes, 2018).

**Afrofuturist Encounters**

Congolese communities and individuals in the diaspora encouraged me to find my own fight, but also to define my approach and positionality in Equatorial Guinea. Their transformative worlds presented the opportunity to reflect on my position as a medical anthropologist with reference to contexts of power, dictatorships, abuse, and inequality. During fieldwork among the Congolese diaspora in Massachusetts, I was the ethnographer who, from the distance and without active involvement, took note of existing forms for representing the self, roles, and possibilities of transformation that often translated into political action and conflict resolution. In the case of Equatorial Guinea, the realization of an ethnography about the political economy of healing and health care prompts me to ask: What is the role of a Black woman anthropologist from the diaspora in Equatorial Guinea.

The nganga or medicine women entered my life in the precise moment I began to question my positionality in Equatorial Guinea. It seems that thoughts about the nganga (thoughts and inquiries encountered in the literature which never disappeared once I knew about their existence) revealed hints about new forms of identities I could encounter, and which could, through these encounters, shape my own processes of identity. My encounter with the nganga happened through the imaginations of Afrofuturist movements across space and time (Womack 2013). The nganga are women, good women, who understand Earth and who belong to a larger lineage of Black women healers on the planet. These women meet often under Afrofuturistic dimensions, or forms of artistic movements that express endless possibilities of being to discuss matters of their concern, regenerate energies, and pass on knowledge about past, present, and future Black lives. Now, they have an important matter that concerns them all: dictatorship regimes in Equatorial Guinea. They know they have daughters, sisters, and mothers in the
African diaspora willing to join forces in the best way they possibly can to support understanding and transformation in Equatorial Guinea. The nganga communicate with each other, support each other, and look for ways to continue their battle as medicine warrior women during invisibility and repression.

I remember that not long ago, I asked Equatoguinean artist Nsé Ramón Esono to draw a depiction of three nganga women of different ages (Figure 1). The artist created a powerful imaginary that reveals the possibility for Black bodies to travel across space and time to share sacred knowledge and healing power. Freedom of movement as well as limitless spaces to perform and transform reside within these medicine women and offer the possibility to think that their initiatives for activism can bring social change in Equatorial Guinea.

*Figure 1: The Three Nganga. Artist: JyQ (Nsé Ramón Esono). Image courtesy of the artist.*
Freedom in Anthropology

During our Afrofuturistic encounters, the nganga invited me to look into my father’s country, and search for Equatoguinean nganga to join efforts to support freedom in Equatorial Guinea. Such an invitation transforms my ethnographic experience into an example of possibility in anthropological enterprises. This ethnographic experience, at least at its very beginning, seems to combine dynamic forms of being and performances with elements of science fiction and magical healing. The beginnings of this ethnographic experience bring forth, of course, questions about the future, for example: Will I eventually recognize a path to follow? How am I going to become an apprentice? How are my work as a PhD candidate in anthropology and the supposed training with the nganga going to lead me to community work and political action, which is my desire? As of now, this unique ethnographic experience advocates for the presence of freedom, a freedom that allows diversity in the articulation and expression of meanings of the everyday, of ourselves within the practice of anthropology.

Anthropological theories stipulate that human difference is relative and vast, and intrinsically interrelated to multidimensional changes and movements (Marcus and Fischer 2014). History lessons ‘from all walks of life’ and about transformations can help us understand the ways in which knowledge about the self-immersed in culture(s) signifies impulses toward thoughts and considerations of multiple interpretations. In this manner, our origins as humans, biological formations, environments, definitions about who we are, how we identify ourselves, or how we live and think, are altogether phenomenological properties, or products of the self that express culture (Scheper-Hughes and Lock 1987). In light of this understanding that there is a universe of perceptions and interpretations, as well as performances and expressions, freedom in anthropology interrelates with epistemological diversity and opens possibilities within creative ethnographic writing.

Consider for instance how the ethnographic work of Zora Neale Hurston highlights a centered self within the ethnographic experience. Hurston understood the importance of studying and exposing Black culture. She saw the need to advocate for Black folklore in the United States. Such a query turned into a quest with her at the core of her ethnographic work: she became ‘a native anthropologist’. In Mules and Men, an auto-ethnography published in 1935, she wrote:

_I couldn’t see it [culture] for wearing it. It was only when I was off in college, away from my native surroundings that I could see myself like somebody else and stand off and look at my garment. Then I had the spyglass of Anthropology to look through at that_ (1990: 1).

Zora Neale Hurston studied Black culture and collected folk tales and storytelling in her home in Eatonville, Florida. She returned home as an anthropologist, but also as a ‘forever’ daughter, sister, and friend among her folks. Hurston returned to her ‘familiar spaces’, to the town where she had always lived, where her father served as a mayor, and where folks knew her. ‘You come here to show off your education, but you are the same’, her folks told her on the first day of her arrival from Columbia University, New York. ‘Nah, I come to collect stories’, she responded. ‘We got plenty of those, Zora’, they said. Another said: ‘I have one now’. ‘Not right now’, replied Zora, ‘wait till I get accommodated. Later, you and the others can come over to talk and tell stories of God, the master, and the devil’ (my own words referencing a conversation in _Mules and Men_).
Zora Neale Hurston was an ambassador of her culture in Eatonville. Although Eatonville was an all-Black people town, her home was irrevocably affected by the African American contexts of repression, segregation, racism, violence, and conflicts with ‘the white man’. Hurston wrote, ‘The white man is always trying to know into somebody else’s business… I’ll put this play toy in his hand, and he will seize it and go away. Then I’ll say my say and sing my song’ (1990: 3). Hurston developed a fascinating representation of her own self in interpretative freedom, and gifted the world with a political product of the Black pride that engineered the Harlem Literary Renaissance and the African American civil rights movements.

Moving Forward

Zora Neale Hurston was the first Black woman anthropologist I learned about while studying in London. She became my example of epistemological diversity in ethnographic anthropology. She and I met for the first time during one of my last classes of the final year: ethnographic writing. Our first readings in that class were the first two chapters of *Mules and Men*. Her life and work impacted my life and anthropological research. I learned from her that the art of writing ethnographic reports as a mean to share with others findings collected during fieldwork is infinite. Hurston immersed herself in communities, and envisioned African-American life, relationships, and language through innovation. Her work was based on Black pride, reflections on social conflict, and connections with Africa, our past, and spiritual worlds (Boxwell 1992; Meisenhelder 1996; Domina 1997; Li 2020). I realized she could be my mentor. She taught me that anthropology can also serve as a political tool toward conflict resolution, and that the worlds of the African diaspora can be interconnected through time and space. The learning of who we are, and where we come from can empower us to fulfill our roles on this earth.

I believe Hurston and I continue to be interconnected through our careers as Black women anthropologists, our experiences with ‘returning home’, our awareness of social conflict and violence, and our shared beliefs in ancestral African families. This interconnection inspired me to locate my own references in Equatorial Guinea, and move toward the goal to identify my roles. In this manner, after my first trips to Equatorial Guinea in 2017, and the summer of 2018, I returned in November 2018 to continue recording conflicts perpetuated by oppressive political systems, and find ways of social immersion as the daughter of an Equatoguinean man, and the apprentice of the *nganga*. During that last visit, I stayed in the capital of Malabo and focused on visiting biomedical healing spaces. My visits included the regional hospital with its maternity and children’s departments, the infectious diseases department, the emergency department, and the INSESO, a private health care facility. I also visited the Ministry of Health and Social Welfare, a large and modern building situated in the center of the city, which also serves the Department of the Association of Traditional Medical Doctors. I arrived at the department, and the director received me in his office. The director was holding a meeting with some delegates of the association, whom I had the pleasure to meet. I was welcomed and encouraged to return to learn more about their projects focused on the collection and protection of medical traditional knowledge and practice.

During that last visit, I also became familiar with the locations and workings of public and private clinics, community pharmacies run by Chinese immigrant communities, and more importantly, the meanings and significance that these spaces represent in daily life. I learned that biomedical service and care are in
critical states, and they do not work to serve healing functions. I also learned about the narratives about existing conflicts from Equatoguinean individuals, inside and outside the country. People in the country survive in misery and there is no freedom of expression. A despotic dictatorship rules the country since 1968 under repression, violence, discrimination, arbitrary detention, torture, detrimental prison conditions, injustice, death penalty, corruption, and lack of freedom of expression, association, and assembly, or political rights (Boko and Liniger-Goumaz 2010). Official reports published by the Equatoguinean government demonstrate attempts at committing to investment in the design and implementation of programs targeted at eradicating poverty and hunger, disease, illiteracy, environmental degradation, and discrimination (Instituto Nacional de Estadística de Guinea Ecuatorial 2017; United Nations Development Program Equatorial Guinea 2018). Some of these programs target HIV/AIDS’ maternal, infant, and children health' and medical coverage. However, the HIV/AIDS epidemic continues to rise, maternal and infant mortality rates remain high, and vulnerable populations, including political prisoners, do not receive medical coverage or primary health care as they should. Biomedical health care in Equatorial Guinea, according to the population and voices of dissent, needs to focus on sexual and health care education, pregnancy in adolescents, high risk abortions, sexually transmitted diseases, malaria, diarrheal diseases, acute respiratory infections, malnutrition, parasitic diseases, typhoid fever, deficiency of pre-natal and post-natal care, and insufficient monitoring, equipment, and medicines at hospitals.

This is my work for now. Anthropology, freedom, and possibilities have opened doors toward Equatorial Guinea and dictatorship regimes. It is time to consider how the tools of critical and applied medical anthropology perspectives can meet and understand the nganga, the diversity of medical practitioners, and ultimately, how the discipline can contribute to community organizing, transition, and collaborative work to promote freedom of expression and political participation.

References


Notes