

2016

# Migration, transnationalism, illness and healing: toward the consolidation of the self among the Congolese diaspora in Boston and Lynn, MA

---

<https://hdl.handle.net/2144/16996>

*Downloaded from DSpace Repository, DSpace Institution's institutional repository*

BOSTON UNIVERSITY  
SCHOOL OF MEDICINE

Thesis

**MIGRATION, TRANSNATIONALISM, ILLNESS AND HEALING:  
TOWARD THE CONSOLIDATION OF THE SELF AMONG THE CONGOLESE  
DIASPORA IN BOSTON AND LYNN, MA**

By

**CAROLINA MAJOR DIAZ SAN FRANCISCO**

B.A., University of East London, 2007

Submitted in partial fulfillment of the

requirements for the degree of

Master of Science

2016

© 2016 by  
CAROLINA MAJOR DIAZ SAN  
FRANCISCO  
All rights reserved

Approved by

First Reader

---

Dr. Linda L. Barnes, PhD, MTS, MA  
Professor, Department of Family Medicine and of the Graduate Division  
of Religious Studies  
Director, Master's Program in Medical Anthropology and Cross-  
Cultural Practice

Second Reader

---

Dr. Lance D. Laird, Th.D  
Assistant Professor, Department of Family Medicine and of the  
Graduate Division of Religious Studies  
Assistant Director, Master's Program in Medical Anthropology and  
Cross-Cultural Practice

## **DEDICATION**

To the Congolese diaspora

## **ACKNOWLEDGMENTS**

I would like to thank my participants, Dr. Linda Barnes, Dr. Lance Laird, Dr. Bayla Ostrach, Dr. David Garbin, Dr. Willy Moka-Mubelo, Vivian Kamba, Vivian Laurens, Erin Mellett, Staci Rosenthal, Ashley Houston, Katie Lynch, Kirsten Resnick, Stephanie Treadwell, Nicholas Emard, Dylan Proctor, Nacho Diaz, my parents Bony and Angela, and Tobias Major. Thank you all for your support throughout the process of making this thesis possible.

**MIGRATION, TRANSNATIONALISM, ILLNESS AND HEALING: TOWARD  
THE CONSOLIDATION OF THE SELF AMONG THE CONGOLESE  
DIASPORA IN BOSTON AND LYNN, MA**

**CAROLINA MAJOR DIAZ SAN FRANCISCO**

**ABSTRACT**

This thesis explores the perceptions of illness and healing among the Congolese diaspora in Boston and Lynn, MA, and within the contexts of migration and transnationalism.

With this thesis, I argue that the Congolese who participated in this study perceive illness as social suffering, and healing as the consolidation of the self. Participants express their perceptions of illness and healing according to their identities, or the orientations of the self. Perceptions of illness were expressed as illness narratives framed under the theories of structural violence, and from the perspectives of the Congolese as displaced and migrant people. Congolese extend their perceptions of illness also to other non-Congolese communities they have come to belong to through transnational and global social formations. Congolese demonstrate that healing means the consolidation of their self, or identities, as Catholic Congolese in diaspora, advocates for refugees, African-Americans, Blacks, and “the Priest” in Lynn. Congolese emphasize that building and maintaining their newly acquired identities form part of their strategies to establish themselves in the USA, and bring healing to themselves and others. This exploration is limited, and thus, further research is recommended on: 1) other Congolese community groups; 2) the local and global Congolese diasporic activism for conflict resolution directed to the DRC; 3)

practical proposals for collaborative research in order to resolve the socio-cultural and economic barriers that Congolese have in clinical settings.



## TABLE OF CONTENTS

TITLE.....	i
COPYRIGHT PAGE.....	ii
READER APPROVAL PAGE.....	iii
DEDICATION.....	iv
ACKNOWLEDGEMENTS.....	v
ABSTRACT.....	vi
TABLE OF CONTENTS.....	viii
LIST OF TABLES.....	xiv
LIST OF ABBREVIATIONS.....	xv
CHAPTER ONE: INTRODUCTION .....	1
<b>Why a Thesis about Congolese Migrants? .....</b>	<b>4</b>
<b>Stating the Problem .....</b>	<b>5</b>
<b>Research Perspectives.....</b>	<b>7</b>
<b>The Concepts of “Illness” and “Healing” .....</b>	<b>10</b>
<b>Thesis Outline.....</b>	<b>12</b>
CHAPTER TWO: BACKGROUND.....	15
<b>The Democratic Republic of the Congo.....</b>	<b>16</b>

<i>Postcolonial Congo...</i>	17
<b>Migration and Resettlement</b>	22
<i>Africa</i>	22
<i>Europe</i>	24
<i>The United States</i>	25
<i>Lynn and Greater Boston, Massachusetts</i>	27
<b>The New African Diaspora</b>	29
<i>Diaspora</i>	30
<i>Transnationalism</i>	31
<b>Transnational Identity Formations and Belonging</b>	32
<i>Memory</i>	35
<i>Postcolonial Disorders and Social Suffering</i>	36
<i>Transnational Spaces</i>	38
<b>African Immigrant Health in the USA</b>	40
<i>The Body Politic Revisited</i>	42
<b>Medical pluralism in the USA</b>	43
<i>“Healthworlds” and Religious Healing</i>	45
<b>The Congolese Diaspora and Christianity</b>	49
<b>Embodiment and Phenomenology</b>	51
<i>Embodiment</i>	52

<i>Phenomenology</i> .....	54
<b>Conclusion</b> .....	55
CHAPTER THREE: METHODS AND RESULTS .....	56
<b>Original Research Design</b> .....	56
<b>Fieldwork</b> .....	58
<b>Interviews, Participant Observation, and One Focus Group</b> .....	60
<b>Qualitative Data Analysis</b> .....	61
CHAPTER FOUR: “A BLIZZARD OF ILLNESSES” .....	63
<b>Illness Narratives of Social Suffering</b> .....	66
<b>Concern for Congo</b> .....	69
<b>Transferences and (Ill) Connections with the DRC</b> .....	75
<i>Jealousy, Unhealthy Competition and Poisoning</i> .....	76
<i>“Illnesses that Come From the Culture”</i> .....	78
<b>Illness and Migration</b> .....	81
<b>The Perceptions of Illness of an Advocate for Congolese Refugees</b> .....	86
<b>Illnesses of the Black Community in “urban America”</b> .....	89
<b>Africanness and Youth Cultures in Lynn</b> .....	93
<b>Embodying Suffering and Structural Violence</b> .....	98
CHAPTER FIVE: <i>MWINDA</i> , THE LIGHT OF THE WORLD.....	104

<b>The Catholic Congolese: Healing through Social Cohesion and Religious Faith....</b>	105
<b>Saint Mary’s Parish: A “Centered and Sacred Space” .....</b>	107
<b>The Beginning of Religious Healing and Social Cohesion: A Story .....</b>	110
<i>The Naming: Mwindu</i> .....	113
<i>Strengthening Centrality, Structure, Social Roles and Gender</i>	
<i>Differentiation</i> .....	114
<b>Religious Healing and Social Services.....</b>	115
<i>Charismatic Pastors</i> .....	116
<i>Perceptions of Healing</i> .....	118
<i>Diagnoses and Referrals</i> .....	121
<i>Healing Energy</i> .....	125
<i>Mama Estelle and Group Therapy Management</i> .....	129
<i>Social Services, NGOs, and Medical Systems</i> .....	135
<b>From “Sacred Space” to Sociality and Gender Differentiation .....</b>	136
<b>The Consolidation of the Self as Catholic</b>	
<b>Congolese</b> .....	138
<b>CHAPTER SIX: GARDENS, MOTHERS, AND RHYME CULTURES .....</b>	
<b>Advocacy: “Healing is Being Myself” .....</b>	143
<i>Providing “Infinite Support”</i> .....	144
<i>Providing Safe Places</i> .....	147

<i>Introducing Lynn and Community Gardens</i> .....	149
<b>Remembrance, Narrative, and Healing Mothers</b> .....	151
<i>Memory and Healing</i> .....	153
<i>Memory and Empowerment</i> .....	156
<i>Bringing Healing and Empowerment to New Spaces</i> .....	161
<b>Healing, Rhymes and Black Consciousness</b> .....	164
<i>Rhyme Cultures as Vehicle for Self-Expression and Creative Narrative</i> .....	165
<b>“Healing is a Learning Process”: The Journey toward the Consolidation of the Self</b> .....	166
<i>Self-Discovery and Consciousness</i> .....	167
<i>Self-Expression: Sharing Poetry and Social Activism</i> .....	170
<b>“Healing is Rhythm. The Way You Move is Healing”</b> .....	173
<i>The Movement</i> .....	174
<b>“Keeping the Movement”: Spaces, Rhymes, and Ritual Performances</b> .....	176
<b>Healing Social Suffering through Narrative and Self-Expression</b> .....	180
CHAPTER SEVEN: CONCLUSION.....	182
<b>The Politics of Home</b> .....	186
<b>Further Recommendations</b> .....	191
<b>Collaborative Clinical Research</b> .....	192
<b>Conclusion</b> .....	197

APPENDIX.....	198
REFERENCES.....	213
CURRICULUM VITAE .....	238

## LIST OF TABLES

Table	Title	Page
1	Broad Periods in Congo's Political and Economic History	19
2	Refugee flows, June 2012~UNHCR	26

## **LIST OF ABBREVIATIONS**

CDC.....	Congolese Development Center
DRC.....	Democratic Republic of the Congo
CWANE.....	Congolese Women Association of New England
UNHCR.....	United Nations High Commissioner for Refugees



## **Chapter One**

### **Introduction**

I come from a family of migrants. My father left his home in Equatorial Guinea in the early 1970s, and he moved to Spain along with other Equatorians. Just like in many postcolonial African countries, dictatorship regimes flourished in those years like never before, and Equatorial Guinea was not an exception. Right after independence from colonial Spain in 1968, the chaotic socio-political situation in the country brought Macias to power, and an era of terror and oppression started. Macias controlled the country until 1979. His regime would be one that Equatorians would never forget.

My father was one among the few fortunate who escaped Macias' non-democratic rule. He arrived in Madrid when he was barely 20 years old, and did not return to Equatorial Guinea after many years later. He would often speak about Guinea, but not much about his feelings. I remember how on few occasions, he would express himself through anguished narrative and tales of the colonial legacies he knew, nationalist movements he remembered, and the frustrating short-lived liberation right before Macias. In those counted occasions, he would open up and say: "I am angry," "I am unrooted," "lost," and "betrayed." It was mainly with his relatives and acquaintances when he was more at ease. With his acquaintances also in exile, my father would engage in never-ending conversations about "life in Spain," and "life back in Guinea." The Equatorians I

met in Madrid expressed their suffering and frustration in their own particular and individual ways. So I must admit that among the few important things I learned while growing up is that my Spanish and African families were different. While on my mother's side, life was relatively easy and settled up, my father and his family struggled economically and emotionally in both Spain and Guinea.

Now that I am older, I understand that my father as a migrant perceived his major ills not just as physical problems, but he also blamed the social conflict in his country. To him, corruption, death, agony, separation, change, loss, and the challenging experiences of resettlement were the constant discourses of his life. But he, as far as I know, came to terms with his self. He is now a happy man, but it is true that he had to work hard to consolidate his "being in the world" (Csordas 1994). Everything he did in Spain was motivated by his much-needed wellness. Within the "new spaces" in Madrid, he made the effort to make a good living, return to education, start a family, and integrate socially and culturally. But I also think he was (and still is) the happiest and the most reconciled with himself when he was around his own kin. With folks, he would speak Fang, discuss the latest news, engage in political discussions, and share travelling plans to Guinea. Once he said while tapping on his chest: "El hogar está aquí dentro" ("Home is where the heart is"). To me, that phrase said it all. I think that after some time, he could say he finally found his home.

Many years later, his own daughter would also become a migrant, just like him, but for very different reasons. My leave was not forced, nor did I escape a deadly war or

political persecution. In a sense, I was privileged. I chose to travel and backpack around Europe for as long as I wanted, occasionally returning home, and then I would embark again for other new adventures. I settled in London during my undergrad studies, then travelled to the USA, and returned home once again. Now I am in Boston, and as always, I plan a return.

I think I inherited from my father a sense of global vision and movement, but also double consciousness. This is a featuring element that characterizes individuals who experienced migration and transnationalism. Double consciousness is the feeling of divided sense of belonging (Arthur 2010). Living in between Spanish and Equatorian cultures, gave me a sense of difference. We were the only mixed family in my neighborhood. We were a minority. But I was privileged in the sense that I have been able to explore the phenomenon of mixed cultures. As soon as I learned my mixed family was not the only one in our contemporary world, a new world opened to me. The migration of my father and his Equatorian family and friends is actually one story among the millions in the history of postcolonial Africa and the phenomena of modern global migration (Konadu et. al 2006).

The history of postcolonial Africa and the global African migration helps me contextualize my family history. As I know more about it, I am certain that immigrants who forcibly leave their country, do stay in their host countries, yet one always finds stories of consolidation of the self: change and integration, new identity formations, re-imaginings, and strategies to keep up with one's own roots.

## **Why a Thesis about Congolese Migrants?**

While living in the USA, I decided to start graduate school and conduct anthropological research on perspectives of illness and healing and health care practices among migrants Guineans in Boston. I concluded that while at BU, exploring the life of Guineans in the USA would be an excellent start to later advance into a PhD on Guineans in Equatorial Guinea and Spain. But as I searched for “relatives” in the area, I realized Equatorians hardly ever travel or migrate to the USA. They do so mostly in Africa and Europe. The high concentration of Equatorians (less than 200) is in Washington, DC, with most employed at the Equatorial Guinea Embassy.

I did not worry when I discovered that there are almost zero Guineans in Boston. Instead I turned my gaze to another amazing country I have always loved: the Democratic Republic of the Congo (DRC). The history of the DRC and its people is one of the most amazing stories. I do know that Equatorians from the Fang ethnic family are related linguistically and historically to the Congolese through the Bantu line. In addition, from the coast of Equatorial Guinea across Cameroon, and the entire Congo and well into Uganda, one can find the Central African rainforest, one of the richest in biodiversity in the world. The geographical position of the DRC (The heart of Africa), its grandeur in physical size and biodiversity wealth is what captivates me.

Yet, the real reason why I decided to focus on the Congolese in Boston and Lynn, is because they are forced migrants. The Congolese in Massachusetts belong to the mass migration of millions of Congolese who left (or rather fled) the Congo during the 1970s

up until the 1990s (Demart 2013). The history of the DRC is full of stories of abundant resources and thick forests, but there is also misery that commences with the Belgian colonization and continues with the illegal and international exploitation of minerals, and the consequent wars, invasions, violence, assassinations, and corruption (Nzongola-Ntalaja 2002; O'Ballance 2000). These tragedies and conflicts are the main reason why many Congolese are here in the USA in the first place, as well as in other parts of Africa, Europe and Canada. So, impelled by my personal experience of migration and my medical anthropology training, I decided to learn more about this community in Boston, their experiences, as well as their perspectives regarding illness and healing.

### **Stating the Problem**

The first problem I want to state is that the Congolese diaspora who left the DRC after the 1960s left their home forcibly, searching for a better life. To me, the fact that they left forcibly their home country is already a problem. Leaving one's home is a life changing experience that might even worsen after resettlement in new host countries. Literature on forced migration portrays a multitude of challenges related to legal statutes, "legal papers," socio-cultural dilemmas, identity issues, health complications, and barriers to health care (Konadu et. al 2006). This is the case of Congolese refugees in Uganda and Tanzanian camps, as well as in Canada and the USA, and the illegal Congolese immigrants of South Africa (Inaka 2014; Lakika 2011). Therefore, my goal

with this thesis is to reveal whether or not the Congolese in Boston in Lynn go through similar challenges and, if so, how they confront them.

A second problem is the lack of studies among Congolese in the USA and in Massachusetts in particular. An estimated 5 million Congolese nationals had left the DRC between the 1960s and the 1990s (Demart 2013). The countries of arrival of the forced and survival migration of the Congolese people are registered mainly in Africa and Europe. Nearly 500,000 fled from Congo into neighboring countries. Around 55,000 Congolese reside in Belgium as immigrants today, and they now make up three generations (Demart 2008; Vause 2012; Demart 2013). Paris (France) and Germany are other popular destinations. The Congolese are the fastest growing francophone community in London, with over 15,000 in that city alone (Demart 2013).

The Congolese population in the USA is relatively smaller than in Africa and Europe: in 2013 it was estimated that more than 11,000 Congolese lived in the USA, and yet studies on these communities are rather limited.<sup>1</sup> In addition, literature examines the migration of the Congolese people from other perspectives that are not concretely focused on perceptions of illness, healing, and health practices (Arthur 2010; Koser 2003; Garbin 2013; Adogame and Spickard 2010). There are only a few studies that share the focus of this thesis. For instance, Lakika (2011) explores the perceptions of illness and healing of the Congolese migrants arriving in Pretoria, South Africa, after the traumatic

---

<sup>1</sup> <https://congoleseamericans.wordpress.com>

events in the DRC. The study aims to examine the help-seeking behavior of the Congolese in response to their health problems.

Currently, there are no similar studies in the United States. Instead, phenomenological studies are limited to two, and they are focused only on the Congolese refugee experience and settlement in Texas (Penn 2012). In Boston, two compelling studies also focus on the refugee community. The studies examine perceptions of mental illness in addition to attitudes, knowledge, and beliefs about screening and treatments among Congolese and Somali refugees. These studies nonetheless are limited to “patients” or Congolese who enrolled (Piwowarczyk et. al 2013; Piwowarczyk et. al 2014). In order to contribute to the literature of anthropology and migration on the Congolese experience, I propose a study in the Massachusetts area that considers all perspectives.

### **Research Perspectives**

After a 3-month research study during the summer of 2015 and a complete year internship with the Boston based non-governmental organization African Community Health Initiatives, I conclude that perceptions of illness and healing reveal diasporic social and cultural dynamics. The experience of migration among the Congolese diaspora in Boston and Lynn includes the spatial and ideological negotiation of the self, and reflects orientations and perceptions of “illness” and “healing.” Congolese perceive illness as social suffering, and healing as the consolidation of their self. “Social

suffering” refers to the Congolese people’s individual expression of their experience of pain and distress linked to the wider social conflicts of postcolonial Congo as the ultimate source of illness (Kleinman et. al 1997). Healing among the Congolese means consolidation, that is, the reestablishment of their identities, their coming to terms with their situation as migrants and as dutiful Congolese concerned about their home country the DRC.

The Methods chapter will examine the process of this research study more in depth, but it is my intention here to state the perspectives for this research. I designed my questions within the frameworks of qualitative research in order to get closer to my participants, not just as a researcher, but also as an individual who shares common migratory experiences. Qualitative research is:

An interpretative, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Creswell, 2013:44).

I designed my research questions while thinking about my father. I remember that at times we would sit together, and I would ask him questions about Guinea, his past and his feelings with respect to Spain. I would listen to his personal experiences at his own pace. This drew us closer, enriched our connection, and I grew to understanding him better. My questions revolved around my father’s natural settings, that is, our home. In this regard, I wanted to meet Congolese living their lives in their own natural settings in Boston.



My research questions are qualitative and in addition, follow medical anthropological perspectives. I take Keesing's concept of anthropology as "an interpretive quest" (1987) to establish the foundation of this research:

Anthropology is an exploration, and excavation, of the cumulated embodied symbols of other peoples, a search for meanings, for hidden connections, for deeper saliences than those presented in the surface evidence of ethnography (1987:16).

Taking anthropology and qualitative research as a background, I designed my questions based on my conceptualization of the Congolese diaspora as a diverse group of people.

This means that all Congolese came from the DRC and share the experience of migration, however, each individual has diverse ethnic legacies, personal experiences at home, and different resettlement processes. Geertz compares "cultures as texts" and states:

Cultures provide people with ways of thinking that are simultaneously models for reality (...) suspended in webs of significance (Keesing 1987:7).

I use this quote to explain my initial intentions to explore "the culture of the Congolese diaspora in Boston and Lynn" through the perspectives of phenomenology, the "descriptive science of existential beginnings, not of already constituted cultural products" (Csordas 2002). In order for me to learn about perceptions phenomenologically and subjectively, I also use Kleinman's concept of explanatory models. Although designed for clinical spaces, Kleinman's questions (1978) are an inspiration as they provide me with the guide to reach my participants' explanatory models of illness and healing during the transaction of the ethnographic encounter. Thus, I designed my

research questions for my participants around the following: What are the perceptions of illness and healing among the Congolese diaspora in Boston and Lynn? What are their challenges accessing health care here in the USA?

### **The Concepts of “Illness” and “Healing”**

My key concepts of inquiry are “illness” and “healing.” In this thesis, I use the concept of “illness” as “the person’s perceptions and experiences of certain socially disvalued states including, but not limited to, disease” (Singer and Baer 2007:65). The concept of illness in this thesis represents personal, interpersonal, and cultural reactions to disease or discomfort (Kleinman et. al 1978). “Illness” also refers to the patient’s psychological construct of the perception, experience, and understanding of suffering. “Illness” is subjective and open to cultural impact. In sort, “illness” is a conceptual system of thought based on experience, socially, biologically and historically situated that shape even the experience of disease.

Disease in this thesis is viewed as a product of experience, a biological element shaped by culture. Disease refers to:

Abnormalities in the structure and/or function of organs and organ systems; pathological states whether or not they are culturally recognized; the arena of the biomedical model (Singer and Baer 2007:66).

These abnormalities are embedded within social, political, economic, biological and cultural contexts, and ultimately present as somatic expressions of environments and

conceptual translations. The illness experience of disease is expressed in many different ways, as it is shaped socially and culturally. For instance, the perceptions of illness among Ethiopian immigrants in Israel are certainly not the same as the illness perceptions among Congolese immigrants in South Africa. Illness perceptions among Ethiopians in Israel use conveyed terms of the biomedical framework (e.g., cold, cough, asthma, injury, vomiting, allergy), but also culture-specific meanings—conveying information on illness relevant for Ethiopians, such as “thinking too much” (Reiff et al. 1999). Illness perceptions of the Congolese in South Africa are physical illness (stress and high blood pressure), yet they always presented as somatic symptoms for socio-economic pressures (Lakika 2011). These examples and my father’s case, demonstrate that perceptions of illness among immigrants are influenced by the factors of country of origin, reasons for migration, and individual experiences. As Keesing writes: “Human illness is fundamentally semantic or meaningful” (1987:10).

In this thesis, I use the word “healing” as a concept that can be translated and interpreted also according to socio-cultural contexts. “Healing” refers to therapeutic systems that are products of conceptual systems, cultural knowledge, and historical continuous streams of interrelated theory and practice. I use the definition that Barnes and Sered (2005) use:

[Healing] can mean the direct, unequivocal and scientifically measurable cure of physical illness. It can mean the alleviation of pain or other symptoms. It can also mean coping, coming to terms with, or learning to live. Healing can also mean integration and connection among all elements of one’s being reestablishment of self-worth, connection with one tradition, or personal empowerment. Healing can

also be about repairing one's relationship with friends, relations, ancestors, the community, the world, the Earth, and/or God. It can refer to developing a sense of well-being, or wholeness, whether emotional, social, spiritual, physical, or in relation to other aspects of being, repenting from sin, the cleaning up of one's negative karma, entry into a path of purity, abstains, or more moral daily living, eternal salvation, or submission to God's will (2005:10).

These descriptions are clear and straightforward. Healing means "completeness, balance, holiness" (Aho and Aho 2008:5). Perceptions of illness and healing are social constructions. Both concepts are elements of social fabrics.

This thesis argues how the Congolese diaspora in Boston and Lynn perceive illness as social suffering, and how they identify healing as the consolidation of their self. This thesis explores the perceptions of illness and healing of the Congolese diaspora in Boston and Lynn within the contexts of migration and settlement in the USA as a host country. The migration contexts are actually new platforms for anthropological study of perceptions and healing practices because resettlement signifies multi-dimensional mobility: not only geographical, but also transformations and new formations of the self, relationships, and actions. If perceptions of illness and healing are culturally and socially embedded, then this study will reveal insights about the Congolese migratory experience, as well as their possible challenges and ways for healing.

### **Thesis Outline**

The Background chapter contextualizes this study. In this chapter, I return back in time to the DRC and explore the historical causes that triggered the massive migrations

out of the country after the 1960s. I follow the Congolese people's trajectories in Africa and around the globe to finally arrive in Boston and Lynn. In this section, I conclude by conceptualizing the Congolese as "bodies-in-motion" (La Barbera 2015), as they embody from the moment they leave the DRC to their arrival and progressive consolidation, the movement and migratory experience in multiple dimensions. In this chapter, I examine the concepts of migration, diaspora, and transnationalism. In addition, this chapter also examines the impact of migration and resettlement on health. Using literature about African migration to the USA, I also explore the ways in which African immigrants negotiate their health-seeking behavior within the larger medical pluralism in the USA.

The Methods chapter explains how I reached my overarching argument. In this chapter, I explain in detail why I chose qualitative research over quantitative applications, or mixed methods. I include all the details of my research design, from sampling methods to my plan of action on how to reach out to the Congolese, initiate participant observation, and conduct interviews and a focus group for triangulation. After describing my original plan, I follow by describing the real trajectory of fieldwork, what actually happened. Here is where I emphasize how I met my participants, and how and why Lynn became an important and central place. This chapter also exhibits my data and summarizes my results in terms of number of participants, interviews, as well as the unexpected challenges of forming a focus group. I finally conclude by including how I analyzed my data.

Chapter 1 reveals how the Congolese express social suffering according to the orientation of their “being in the word” (Csordas 1994), but also according to the new identity formations. Here illness perceptions convey multiple perspectives. The Congolese as a collective and diasporic group, concern for Congo. Congolese also express their dilemmas as migrants in the USA. Lastly, the Congolese express additional perspectives of social suffering according to their newly formed identities. The focus of their perceptions lay strongly in the realities of non-Congolese communities in which they have become part of. This is the case of advocates for the refugee and immigrants, Congolese, African-Americans, Africanists and Lynn residents.

Chapter 2 and 3 examine perceptions of healing and health care practices among the Congolese in Boston and Lynn. These chapters are reflections of forms and strategies for the consolidation of the self. Chapter 2 describes how the social cohesion through Church enhances wellness and strengthens and reestablishes Catholic Congolese identities. In addition, this chapter reveals the active roles Congolese have in taking charge of their own healing by establishing community networks and alliances that act as intermediaries between their community and the health care system in the USA. Chapter 3 examines non-religious perceptions of healing. This chapter argues that Congolese perceive healing as the self-expression of their self through art and narrative.

I finally conclude with my overarching argument: the Congolese diaspora in Boston and Lynn perceive illness as social suffering, and healing as the consolidation of the self. In this final chapter, I integrate useful recommendations for further research.

## Chapter Two

### Background

Up to this date, an estimated three hundred Congolese live in Massachusetts.<sup>2</sup> The Congolese who participated in this study live in Boston and Lynn. Lynn is a small city about ten miles north of Boston. These Congolese represent some of two hundred ethnic groups found in the DRC, and they speak English, French, Lingala, and Swahili (Meditz & Merrill 1994). The oldest of the four Congolese generations living in Massachusetts came to Lynn during the 1970s: “*I know of someone who came before than me ... in the 70’s ... yes,*” said elder Jean, a Congolese man and longtime citizen of Lynn. The Congolese in Lynn and Boston arrived at different stages in their lives between the 1970s and the 1990s. After the independence of the DRC from Belgium in 1960, the Congolese people started migrating *en masse* to neighboring countries in Africa, Europe, and North America (Demart 2013).

This chapter explores the (multi-dimensional) impacts that history, geographical movements, displacement, and the experience of resettlement and beyond can have upon the body, the self (or the identity), perceptions, and actions. This exploration commences in postcolonial Democratic Republic of the Congo. I then follow the migratory patterns of the Congolese people and settlement in Africa, Europe, and the United States. I

---

<sup>2</sup> <https://congoleseamericans.wordpress.com/2013/01/30/diaspora-statistics/>

contextualize the Congolese migratory movement as “the new Africans on the move” (Arthur 2010), and I use anthropological perspectives on the body and the concept of bodies-in-motion in order to demonstrate how Congolese, and migratory peoples in general, move physically but also culturally and socially. These experiences provide new formulations for meanings, and perceptions of illness and healing.

### **The Democratic Republic of the Congo**

The Democratic Republic of the Congo (DRC) is located in Central Africa and is the second largest country of the African continent. With a population of over 75 million, the DRC is the most populated official Francophone country. Geographically, the DRC is a condensed country with a tropical climate. The country’s vast rainforests endowed with a wealth of biodiversity, abundant natural resources, and the presence of high-value resources such as coltan and diamonds are well known (Montague 2002). The country is currently divided into ten provinces, and the city-province of Kinshasa is the capital. Over 70 tribes or ethnic groups are spread out across the land, and more than 600 languages are spoken (Meditz & Merrill 1994).

The DRC is rightly notorious for being one of the most “pathological” countries in Africa, and in the world (Murru and Pavignani 2011). The country is known for its fragile political apparatus, permanent ethnic division, deadly armed conflict in the East, and detrimental impacts of war and human displacement upon the population and biodiversity. During postcolonial Congo in 1960s and onwards, massive migration



movements occurred among the Congolese as a people. What follows is an historical outline that illuminates the main reasons that triggered these massive migrations out of the country.

### ***Postcolonial Congo***

Independence in 1960 did not bring stability to the chaos provoked by Belgium's control over Congo and the existing tribal rivalries. The political awakenings and civilian movements that emerged in the mid-1950s rose to power the *Mouvement National Congolais* (MNC) formed in Léopoldville by Patrice Lumumba in 1958 (O'Ballance 2000), but the First and Second Republics resulted in disaster.

The leaders of the First Republic (1960-65), Joseph Kasa-Vubu, president of the national government and Lumumba, the nation's prime minister could not agree on how to best run the newly independent country. Rivalry among tribal groups represented a constant problem, and the ideological directions of both the government and civilians split into two disparate nationalist movements—the radicals and the moderates. In addition, the inattention and disorganization of the government cabinet sparked a mutiny of the Congolese National Army. On 5 July 1960, the disgruntled military attacked Belgium officers, who were still in the country, and targeted resident Europeans. These undisciplined Congolese soldiers from the New Congolese National Army were led by General Victor Lundula and Colonel Joseph-Desiré Mobutu (Ikambana 2006). Although the DRC was independent, Belgium was not entirely out of the picture and proceeded to

intervene defensively. In response, Lumumba appealed to the United Nations and the Soviet Union for support under the suspicion that Belgium was trying to impose its authority over Congo, but that unwise move brought forth more instigation and division (O'Ballance 2000).

The First Republic turned into a fraudulent government for the Congolese people also because of the separatist movements in the Katanga and South Kasai regions. The government's offensive against Katanga and South Kasai caused widespread massacres and massive migrations out of both regions (Nzongola-Ntalaja 1975). President Lumumba resolved once again to seek the intervention of the UN and the Soviet Union, a decision that led to his arrest, and eventually to his assassination. His opponents charged him with the sins of communism and betrayal (Ludo de Witte 2002). The *Union générale des étudiants congolais* (UGEC), a national student organization founded in 1961 was the only organization that continued to carry out the progressive agenda that Patrice Lumumba commenced as prime minister, until Mobutu banned the organization in 1968.

TABLE 1: BROAD PERIODS IN CONGO’S POLITICAL AND ECONOMIC HISTORY (source: Flahaux 2013)

Period	Political situation	Economic situation
1960-1965	Political instability after Independence	Stagnation
1965-1974	Mobutu seizes power. Relative political stability	Growth of the economy
1975-1982	Shaba wars in the late 1970s	Deterioration of the economy
1983-1989	Relative stability	Economic reforms and slow growth
1990-1996	End of Cold War, democratization process and start of serious political Instability. Riots in the early 1990s, start of the first Congo war in 1996	Economic deterioration, negative growth rates, decrease in international Development aid.
1997-2002	Regime change (Mobutu replaced by L.D. Kabila), first and second Congo wars. Assassination of L.D. Kabila in 2001, replaced by his son J. Kabila	Negative growth rates
2003-2009	End of the war, election in 2006 of Joseph Kabila.	Improvement of the economic situation, resumption of international aid

During the Second Republic (1965-1990), Mobutu took advantage of the leadership crisis and garnered enough support within the army to launch a *coup d'état*. With financial support from the United States and Belgium, and under the guise of Western aversion to communism and leftist ideologies, Mobutu set out on a quest to maintain “order” in the new state (Ikambana 2006). He first neutralized the power of the

government and eventually proclaimed himself the president of the country after his military coup in 1965. The Second Republic was an ostensible popular mandate. During his regime, he bargained all foreign capital, and in 1966 created the Bakajika Law through which he established the state's rightful claim to all land and mineral resources in the country. The privatization of the state and a kleptocratic ruling class in the administration provoked the collapse of the economy of the DR Congo during Mobutu's regime. Correspondingly, this regime deteriorated the physical infrastructures within the country, hampering the production and distribution of goods, and limiting the capacity of the health and educational sectors. Mobutu continued to suppress his people despite heightened international criticism (Nzongola-Ntalaja 2002:172).

The chaos in the country reached unprecedented levels in 1994 during the conflict between the Hutus and the Tutsis of Rwanda, a period of turmoil which resulted in the genocide of thousands of innocent people. The conflict affected the DRC because the Hutus' extremist militia fled over the borders into Kivu in the eastern Congo, and sought refuge with others fleeing the violence in the camps of the United Nations High Commissioner for Refugees (UNHCR). The Hutus eventually seized and controlled the area, and they continued raiding Rwanda from the relative safety of the camps. Mobutu ignored the conflict and massacres continued until Laurent Kabila, a revolutionary, assisted by PPF (the Hutus and Tutsis peaceful front), decided to intervene to bring peace (Reyntjens 2009; Stearns 2011:52).

The Congo Wars that followed aimed at overthrowing Mobutu and stop the conflicts on the borders, but violence and the death toll escalated nonetheless (Turner 2007). The First Congo War (1996-1997) led by the Alliance of the Democratic Forces of Liberations of the Congo (AFDL), and supported by the Rwandan government removed Mobutu, thus inaugurating the beginning of the Third Republic (Nzongola-Ntalaja 2002). The Second Congo War (1998-2002) started when Kabila asked Rwandan soldiers to leave DR Congo, which in turn sparked rebel movements against his new regime that surged in the northern part of country. The Southern African Development Community (SADC), an all-African states union, came to his rescue, but the Second War followed the same path as the first one. The Second Congo War was ultimately characterized as “a violation of basic human rights” (Turner 2007). The international community maintained an unusual neutrality, while the records speak of illegal exploitation of natural resources, an increase in the spread of sexually transmitted infections, prolific gun trade, high rates of rape, violent conflicts over land rights, and illegal land occupation. In 2001, Kabila was assassinated by the opposition, only to be replaced by his son. After the war, the conflicts in the country involved post-electoral crises and ideological and physical divisions of the country between the Eastern Congo and the West (Nzongola-Ntalaja 2002).

## **Migration and Resettlement**

An estimated 5 million Congolese nationals had left the DRC between the 1960s and the 1990s.<sup>3</sup> According to the theories of migration, the models of “voluntary,” “individual,” “survival,” and “forced” migration can explain the international movement of the Congolese during those years (Betts 2013; Brettell 2003; Vertovec 2007; Lamphere 1992). The “voluntary” and “individual” models present educational pursuits and economic opportunities as the primary drivers for the Congolese migratory movements prior to 1960. After the 1960s, the models of “survival” and “forced” migrations cover most of the global migration of the Congolese as a people.

### *Africa*

Since the 1990s—prior to and following the outbreak of the First Congo War—nearly 500,000 fled from Congo into neighboring countries.<sup>4</sup> Congolese left the DRC as refugees, legal immigrants and asylum seekers, and moved towards neighboring and southern countries in sub-Saharan Africa.<sup>5</sup>

---

<sup>3</sup> <http://www.iomdakar.org/profiles/content/migration-profiles-democratic-republic-congo>

<sup>4</sup> <https://refugeesinternational.org/where-we-work/africa/dr-congo>

<sup>5</sup> A refugee is someone who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...”(The 1951 Convention relating to the Status of Refugees)

The four primary host countries that provide residence in camps to Congolese refugees are Uganda (113,000), Rwanda (68,000), Burundi (38,000), and Tanzania (60,000).<sup>6</sup> South Africa has also become a host country for many forcibly displaced individuals and families from across the African continent especially since the 1990s after the abolition of apartheid (Steinberg 2005; Sumata 2002). The Congolese are urban refugees, and they are the largest refugee population in South Africa. An estimated 26,000 urban refugees are concentrated in Johannesburg but they also live in Cape Town, Pretoria, Durban, and Port Elizabeth. Most arrived between 1998 and 1999 although a smaller, more well-established groups have been in South Africa for more than a decade. Congolese urban refugees comprise a growing part of the population in Nairobi, Abidjan, Juba, and South Sudan (United Nations High Commissioner for Refugees, UNHCR 2012). The city of Kampala, Uganda hosts some 2,000 Congolese urban refugees, and the number is increasing due to ongoing conflict in surrounding areas.

Congolese also left the DRC as legal immigrants and asylum seekers. For instance, Inaka (2014) states that most of the Congolese refugees arrived in Pretoria, South Africa with legal visas. A considerable number of Congolese arrived in South Africa before 1993 voluntarily, either to work or to study. Most were young, single, and from middle-class backgrounds. After 1994, the lack of job opportunities, the desire to

---

<sup>6</sup> [cdc.gov/immigrantrefugeehealth/profiles/congolese/population-movements/index.html](http://cdc.gov/immigrantrefugeehealth/profiles/congolese/population-movements/index.html) \* Refugee population numbers include refugees from multiple countries, not exclusively DRC. Some locations are refugee camps and others are urban refugee populations.

pursue and further their studies in another country, and fear of political persecution motivated the “survival” and “forced” migrations among the Congolese (Morris 1998).

### *Europe*

The arrival of the Congolese to Belgium prior to 1960 consisted primarily of elites—students or high-skilled migrants—sent by companies for training. The relationships between the Congolese high classes and colonial Belgium motivated the “voluntary” and “individual” models of migrations. The first migratory movements of the Congolese to Belgium revolved around education opportunity, scholarships, and political protocols. Those who reached the European continent as students and as members of the elite returned to the Congo after completing their education. Some Congolese remained in Belgium. Diplomats, civil servants and tourists were part of this new Congolese population in Belgium, and their living standard was significantly high. A total of 5,244 Zairians resided in Belgium in 1970 (Demart 2013).

The deteriorating economic situation and political turmoil that resurfaced between the 1960s and the 1990s intensified migration flows, and diversified socio-economic profiles. In the 1990s and onwards, the Congolese migration increased, pushing them to emigrate as asylum seekers and refugees. These were the first “forced” and “survival” migrations of the Congolese to Europe. Around 55,000 reside in Belgium as immigrants today, among them a growing number of women and less educated migrants. The Congolese population in Belgium now makes up three generations (Demart 2013).



The Congolese migratory patterns in Belgium can be characterized by highly mobile arrivals, constant returns before the 1990s, progressive settlement, family reunions, decrease of returns, stays-on, and movement to France after the 1990s. Paris (France) increasingly became a popular destination, while more recently the United Kingdom and Germany have attracted a sizeable number of Congolese as well. Although in the United Kingdom many Congolese live in Derby, Manchester, Edinburgh, Merseyside, Yorkshire, and Cardiff, the Congolese are the fastest growing francophone community in London, with over 15,000 in that city alone (Demart 2013, Koser 2003:17). The Congolese movement and settlement in Europe has become noticeable during the last decade, and individuals tend to stay for longer periods of time, although the desire to return to Congo never vanishes.

### *In the United States*

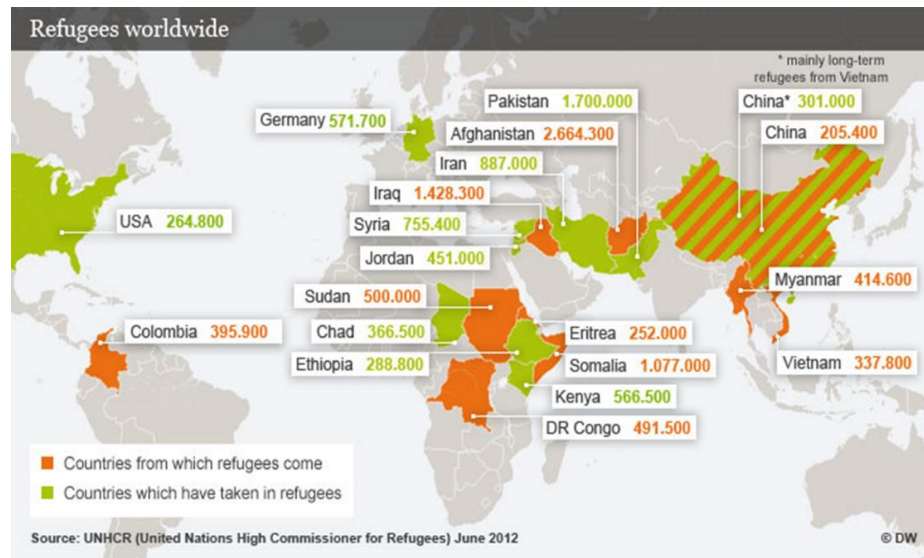
The Congolese migration to the USA is significant from the mid-70s onwards.<sup>7</sup> In the 1960s, Congolese came to the United States mostly for educational reasons, and later many “forcibly” stayed because of the exacerbating instability in the DRC. In addition to this privileged population, war refugees began to land in the United States in the 1990s, with the largest caseloads arriving from the camps in Tanzania (Skogstad 2011). Refugees resettled in Texas, Arizona, Kentucky, and New York, and secondary re-

---

<sup>7</sup> <https://congoleseamericans.wordpress.com/2013/01/30/diaspora-statistics/>

settlement also took place as more Congolese joined family members scattered across the country. Most (55%) Congolese refugees who resettled in the United States during the 90s were aged 15–44 years, and 40% were children under 15 years old. Because of the long history of violence in the DRC, repatriation does not appear likely for Congolese refugees anytime in the near future (Twagiramungu 2013).<sup>8</sup>

Table 3: Refugee flows, June 2012~UNHCR



As of 2010, 11,000 Congolese-Americans lived in the United States. They are called the “new” Congolese Diaspora as 80 percent are foreign born. This means that only 2 out of 10 Congolese Americans have been born in the United States. In 2012, the US Bureau of Population, Refugees, and Migration (PRM) announced a new initiative to

<sup>8</sup> <https://congoleseamericans.wordpress.com/2013/01/30/diaspora-statistics/>

resettle approximately 50,000 Congolese refugees in the United States from now until 2018.<sup>9</sup>

### ***Lynn and Greater Boston, Massachusetts***

The Congolese in Massachusetts mostly live in Lynn. Congolese started arriving in Lynn from Boston's settlement agencies in the 1970s and their numbers proliferated in 1980s. Today, Lynn has an approximate population of 90,000 and continues to thrive as a community of immigrant and hard-working people with a strong multicultural character.<sup>10</sup> Lynn is a "receptor" city:

Settlements agencies in Boston have re-settlement branches in Lynn because the cost of living is high in Boston. They resettle refugees in cities where the cost of living is a little lower, so the refugees ... most refugees ... when we ... We have an office here because they have been resettled here in Lynn, and the surroundings, but most of the main offices are located in Boston (Interview, Julie, July, 2015).

Lynn is home to Congolese refugees and long-term residents. It is the city where most Congolese live during their first years in the USA, and where some keep returning to stay for longer periods:

I think people also ... Lynn ... the first immigrants when they arrive—their families, other family members—they tend to stay together based on affiliation. They say: "Ok I have a brother who lives there, I have a sister or cousin," and then they tend to aggregate around the people who came earlier. So ... that's how it is. And then, when they adjust, they can find the way to go elsewhere, or just choose

---

<sup>9</sup> <https://congoleseamericans.wordpress.com/2013/01/>

<sup>10</sup> [http://www.cityoflynn.net/aboutlynn\\_factandfigures.shtml](http://www.cityoflynn.net/aboutlynn_factandfigures.shtml)

to stay. But I think ah most immigrants find Lynn a friendly place (Interview, Julie, July 2015).

Lynn is the third city in Massachusetts where most refugees settled.<sup>11</sup> Boston and the cities of the Greater Boston area represent alternative places to live for those who want to grasp the opportunities of the metropolis, but Lynn, the biggest city in Essex County, still has the largest population of Congolese in Massachusetts.<sup>12</sup>

The New American Center is a post-resettlement agency in Lynn funded primarily by the state in the 1990s, and later by the Massachusetts Office for Refugees and Immigrants in 2001. The New American Center, which began in a basement office of Union Street, is a coalition of seven partner agencies with one goal: to serve the refugee and immigrant communities of Lynn. These agencies are the Bosnian Community Center for Resource Development, Haitian-American Public Health Initiative, Jewish Family & Children Services, Refugee and Immigrant Assistance Center, Russian Community Association of Massachusetts, the Southern Sudanese Solidarity Organization, and the Congolese Development Center. The Congolese Development Center (CDC) joined the New American Center in the 1980s. The Center is a post-resettlement organization that

---

<sup>11</sup> Settlement for refugees in Massachusetts: Worcester (22%), Lowell (15 %), Lynn (13%), West Springfield (11%) Springfield (10%), Boston (7%) (MDPH/Massachusetts Virtual Epidemiological Network. MAVEN)

<sup>12</sup>In New England, the (approximate) Congolese population in each state is as follows: 370 in Massachusetts, 197 in Connecticut, 51 in Rhode Island, 150 in New Hampshire, 22 in Vermont and 12 in Maine (<https://congoleseamericans.wordpress.com/2013/01/30/diaspora-statistics>).

aims to help refugee and asylum seekers from the time when the resettlement assistance ends—after eight months—until five years later.

The story of the Congolese Diaspora who participated in my study, and which now makes up four generations, commences in Lynn. Only a few among the first generation of the Congolese community arrived in Boston between the 1960s and 1980s directly as migrants and students from Canada, France, and the DRC. They entered “America” with student visas and scholarships, and they stayed on. But most Congolese in the area first arrived in Lynn as refugees and asylum seekers. Later, most remained in Lynn, and a few others dispersed to Boston, Malden, Everett, and outside the Boston Greater area.

### **The New African Diaspora**

The Congolese migration during the 1960s and onwards belongs to the latest African migratory movements in the United States. The Congolese as a group, along with other recent African immigrants, are the “new Black or African Diaspora” (Portes and Rumbaut 2014; Okpewho and Nzegwu 2009; Dufoix 2008). Koser (2003) examines several recent diasporic African groups, which include the Francophone African migrations to the UK, Somalis across Europe and North America, West Africans in the UK and the USA, and Congolese in the UK.<sup>13</sup>

---

<sup>13</sup> For modern, global migrations and trends of migration from economic and work perspectives, see Samers 1999.

The African immigration is not a new phenomenon: “Africans have always been migratory and thus hybridized people” (Koser 2003:57). Nonetheless, the Congolese and other African migratory movements into the USA are especially significant in the 1980s and the 1990s after post colonialism, and the wars in the Congo in the 1990s. The main “pushing” factors for these modern forms of migrations are economic hardships and political exile. Liberal and asylum programs also contribute to the increase of these modern (and global) migrations (Konadu et al. 2006; Koser 2003:5).

### *Diaspora*

Diaspora is a common denomination for displaced groups of people. Anthis (Koser 2003) outlines six criteria that defines a group as diaspora: “dispersal and scattering, collective trauma, cultural flowering, troubled relationships with the majority, sense of community transcending national frontiers, and promoting a return movement” (4). The Congolese diaspora thus refers to all Congolese living outside the DRC. In addition, it is important to consider that the Congolese diaspora is not a uniformed collective and that they had left the DRC or arrived in the USA at the same time under similar circumstances. Groups in diaspora do not necessarily share the same migration experience, or a sense of unity even if they originate from the same country. Koser (2003) proposes the following definition for diaspora:

There is arguably nothing wrong with defining fixed criteria in the definition of diaspora—a flexible approach is perfectly appropriate for a plural and dynamic

concept. Indeed, for Stuart Hall, one of the hallmarks of the diaspora experience, is that it is not defined by essence or purity, but by the recognition of a necessary heterogeneity and diversity (2003:5).

The notion of a unitary formation of the African diaspora rarely exists (Koser 2008:56). For anthropologist Ifekwunigwe, “across the continuum of space and time, new African diasporas are dynamics, interlocking and interdependent global networks of geographical spheres each of whose localized constituencies are also sensitive to and impacted by the particular nation state of which they are part of” (Koser 2003:58). The Congolese diaspora around the globe follows this idea. Modern diaspora is mostly compounded by ethnic minority groups that socially and culturally disperse in a variety of forms.

### ***Transnationalism***

Transnationalism is the “the articulation between the place whence a migrant originates, and the new place or places of arrival and settlement” (Cano 2005). The concept of transnationalism explains how immigrants settle, adapt, become their own selves in the new spaces, and bring forth cultural change (Vertovec 2007:98).

Transnationalism is a social space occupied by a wide range of actors or social agents that exchange a multitude of ideas. Transnationalism captures these social interactions and formations.

I use the term transnationalism to explore how the Congolese diaspora in Boston and Lynn resettle. Diasporic groups transnationally intersect, explore, and appropriate

spaces and new forms of identity according to experience and constructions of meaning (Jackson et. al 2004:12). Transnationalism is the interconnection and intersection of all types of cultural forms, and involves every individual. Business persons, political activists promoting social movements, as well as Christian Africans attending church in New York City, for instance, relate transnationally with other individuals in new spaces. Transnationalism is the social and spatial dialogue between the appropriation and exchange of travelling ideas (Bauböck and Faist 2010).

### **Transnational Identity Formations and Belonging**

Migration transforms identity. “Cultures, identities, the self, and traditions change with movement and travel,” writes Agnew (2005:12). I define identity or the self as “a theoretical construct that can be provisionally conceptualized, not as an entity, but as a creative energy or process, which actively engages the world, integrating the human biological organism with its physical and sociocultural environments, continually moving, becoming, maturing, making and organizing meaning” (Boddy 1988:5).

Identities and orientations of the self are defined by forces of the internal conditions of the country of origin, structural changes of all sorts, and the experience of migration and settlement in new spaces. From the moment migrants (individual, families, groups) leave their country, they often go through intense legal and health scrutiny at borders, security points, upon arrival and beyond. Migrants’ identities are shifting entities



which form out of elements of personal and cultural identity brought from the place of origin (or other), and negotiated upon arrival and settlement in the new environments.

In this regard, I can say that diasporic groups are cultures of entanglement (Clifford 1994). The USA is a site for cultural formations, manifestations and contestations of socio-cultural forms. Immigrant groups do not live in isolation, but are exposed to the global influences of pluralism in the USA. To me, diasporic groups are “hybrid” as they perform orientations of adaptation and integration, and are in the wake of “dissemi-nation” (Bauböck and Faist 2010:13; Westwood and Phizacklea 2000:57). Hybrid-centered cultures are “specific manifestations of an underlying pattern in world history, that cultures have always encountered and changed each other” (Giovanni 2012), or as Werbner et al. (2015) express:

[Hybrid cultures] juxtapose and fuse objects, languages and signifying practices from different and normally separated domains (Werbner et al. 2015:15).

Arthur (2010) claims that this “hybridism” and “myriads of identities” among the African diaspora may be found within the cubicles formed by family-based and kin group cultural liaisons, and communities in which members are united by a sense of identity (i.e. trans-Africans). I cautiously agree with Arthur’s orientations. The transnational immigrant community may incorporate in the new host countries with a strong need to retain cultural traditions, unique national identities, and have the impulse to create and recreate “the homeland” with a united collective. These diasporic groups and individuals might be strongly inclined to represent themselves as “us” as opposed to “them” from nationalistic

stands and homeland orientations (Bauböck and Faist 2010:37). Consequently, migrants and diasporic groups “invent” homes and homelands in the absence of territorial, national bases through memories of, and stamp claims on places they can or will no longer corporally inhabit (Malkki 1992:24). In Koser’s work, Perouse’s study exemplifies how Somali communities in Canada are little integrated and “have their minds in the homeland” (2003:37). Although the Somali diaspora appear to be developing a new, possibly “hybrid culture” especially among the second and third generations, the tendency is to withdraw towards their community and extended family.

Some individuals in the diaspora feel strongly inclined to engage in the networking with other ethnic minorities, migrants, religious groups, global ideologies, and native communities (Bauböck and Faist 2010). The intersection with other immigrants and minority groups, as well as native-born Americans, compels new immigrants to learn new cultural forms. This interaction involves complex trajectories and the phenomena of the development of new paradigmatic social, cultural, and ideological constructions. Gupta and Ferguson (1992:101) argue that, in a world of diaspora, transnational culture flows.

The social spaces of home and host countries are connected and treated as extensions at various degrees according to the migratory experience and processes of resettlement. Whereas Congolese refugees in Kampala (Uganda) suffer from a “sense of worthlessness,” other African immigrants in England discover “cultural kinship” that redefines their self-worth. The encounter between African immigrants and British

Africans reinforces African cultural systems, a sharing heritage, and the memory of a historical discrimination (Den Boer 2015; Cohen 1997:7). In her study, Ifekwunigwe reveals how African diaspora consciousness self-define and self-construct Pan-Britishness, Africanists, Black, and African orientations as primary identity markers (Koser 2003). These are part of the global movements of Black African consciousness, and Pan-Africanism adopted for the creation of new cultural constructions and identities.

### ***Memory***

The process of transnational settlement and transnational social networks occurs through memory. Memory builds transnationalism as it serves as a means for both holding onto cultural roots and forming and maintaining multicultural alliances within local and global spheres. Memory is:

[The] capacity for conserving certain information or a group of psychic functions that allow to actualize past impressions or information represented as past (Le Goff 1992:51).

Memory is both a tool and a strategy to rebuild and re-construct patterns from a past into new contexts. Within the contexts of migration and transnationalism, memory aids ultimately to create and recreate new diasporic lives. Memories are creations, often subject to the vagaries of the mind, and seldom static. Memories also evolve and change throughout time, and are constantly updated “to suit the recollection and needs of the individual or society that creates them” (Creet & Kitzmann 2011; Cole et al. 1972).

Memory contributes to the maintenance of networks linked to home and new social formations and alliances that come together through shared history, cultural heritage, ideology, relations of kin, social roles, and social norms. Dispersed groups and migrants maintain alliances, preserve relations, and create networks and “sense of belonging” through shared memory traces (Westwood and Phizacklea 2000:11).

For the immigrant, memory is the bridge that unites “back home” and “here.” Personal and collective memories are shared representations and knowledge of past social events that are collectively constructed and reconfigured in the new spaces (Agnew 2004:198). Memory recalls a past. Diasporic populations and host nations retain a rather strong identity awareness—which is linked to the memory of its territory and the society of origin—with its history. This implies the existence of a strong sense of community and community life (Bauböck and Faist 2010).

### ***Postcolonial Disorders and Social Suffering***

Recalling a (common) past may signify the celebration of a cultural heritage, but also social suffering. Social suffering is the individual experience of pain and stress to the wider social events and structural conditions that are often the ultimate sources of human misery (Kleinman et al. 1987). Personal accounts of the illness experience are narratives, or discourses featuring human adventures and suffering, connecting motives and acts, and

consequences in causal chains. Illness narratives recall actions around a particular illness from the core elements (Mattingly and Garro 2000).

Postcolonial immigrant groups such as the Congolese in Boston and Lynn often recall their experiences of conflict and war, displacement, migration, and settlement. The experience of migration among the Congolese in my study, carries underneath its many layers, “traumatic suffering, suffering fractured identities, and political estrangement,” altogether expressed through narrative and “tragedy stories.” (Kleinman et al. 1997). Tragedy stories and social suffering are the result of postcolonial disorders. Postcolonial disorders are the powerful political, economic, and state entities impacting those that are marginalized. The impacts of dictatorship regimes are migration, displacement, and psychological dilemmas (Good et al. 2010).

Illness narratives are brought forth through memory and are reflections of structural violence. Structural violence is used to describe sinful social structures characterized by poverty and steep grades of social inequality, including racism and gender inequality:

Structural violence is violence exerted systematically, that is, indirectly by everyone who belongs to a certain social order (...) the concept of structural violence is intended to inform the study of the social machinery of oppression (Farmer 2005:369).

Refugee groups coming into the USA, and other communities living in host countries, share illness narratives of social suffering. In that respect, the “suffering” people

resemble the “body-politic,” that is, a body subjected to socio-political regulation, surveillance, and inequality (Scheper and Lock 1987).

### ***Transnational spaces***

Diasporas and “their” communities are drawn together through memory, common legacies, and by building together “their spaces.” These spaces are symbols of the orientations of their self, collective cohesion, replicas of the homeland, ideologies, and community reinvigoration. The concept of “territorialization” is the negotiation of new spatial realities, of contrasting forms of “the imagined home,” and multicultural spaces (Westwood and Phizacklea 2000). Appadurai (Werbner et al. 2015) speaks of territorialization as a new dynamic and constituent principle of culture which draws “transnational ethnic groups or individuals,” and “transnational cultural communities or individuals” closer to each other (Werbner et al. 2015:37).

The perpetuation of memory and transnational social formations is expressed in new spaces through elements of iconography. Iconography, as Bauböck and Faist (2010) suggest, include sanctuaries (churches, synagogues, and mosques), community premises such as conference rooms, theatres, libraries, clubs, and monuments. These iconographies transform spaces and represent symbols of social formations. These spaces, and their

histories, provide useful tools to understand the dynamics of the transnational social spheres.

Churches provide excellent examples of this territorialization. For instance, Garbin (2013; 2014) concludes that the “new spaces” of the Catholic Congolese in London (UK) and Atlanta (USA) bring into the “global city” Congolese cultural dimensions. The territorialization strategy through religion among the Congolese communities in London “reveals the manifold negotiation of temporal horizons through exilic imaginaries, prophetic ancestrally, collective political memory or, for born-again Pentecostals, a rupture with a past of sins and *magie*” (Garbin 2013). According to Garbin, the spatial paradigm revolves around the “production and appropriation of centrality as part of struggles for the ‘right to the city’” (Garbin 2013).

Spaces are maneuvered also by those in diaspora who strongly mingle and become part of the multi-cultural population, and other social movements that do not correspond with their own diasporic group or ethnicity. These new diasporic individuals transform the macro-societal contexts in the new spaces by investing their own positionalities in a multiplicity of relations (Koser 2003:3). Westwood and Phizacklea (2000) contextualize the fluidity and malleability of ethnic identities in the city and the importance of the spatial in reproducing cultural identities with their study among Latin American Diasporas in the USA. In their work, the authors explore the ways in which Puerto Rican and African American men share rap and graffiti, dance forms and social space in New York which

promotes a “growing together” (2000:67). These spatial encounters spark new cultural identities (“migrant,” “artist,” “AmerRican,” “Nuyorican”) based on the agreement over discourses of masculinities, livelihoods, and experiences.

### **African Immigrant Health in the USA**

African immigrant health is important because literature claims that African-born immigrants “tend to arrive in the USA either healthy, or with some unique health problems” (Venters and Gany 2011). Foreign-born in the US have different health behaviors, health outcomes, and health care compared with the native-born, in part resulting from their personal characteristics, and in part from their exposure to their places of origin, their places of destination, and the process of movement (Cunningham and Narayan 2008).

When compared with native-born individuals of the same race or ethnic group, the foreign-born are even in better health in terms of almost all outcomes. Studies reporting that immigrants are in better health generally contend that this is attributable to better lifestyles before and immediately following migration than the native-born in the US, to more extensive social support, or to health selection through immigrant screening (Venters and Gani 2011). When immigrants are found to exhibit worse health, other explanations are generally invoked: immigrant health is negatively affected by the stress of the migration process, by deleterious work and living environments resulting from



their low occupational status, by predispositions to particular conditions, and by poorer access to health care, lack of health insurance, receipt of lower quality health services, and lower likelihood of seeking medical assistance and preventative care (Cunningham and Narayan 2008).

African immigrants have complex medical needs. Economic, political, and socio-cultural contexts cause impressive and serious influence on health. The effects of ecological and socio-economic environments, war, social conflict and displacement on health are detrimental. Biological illness such as infectious diseases (tuberculosis, HIV, chronic diseases and mental illnesses) acquired in the country of origin, come often accompanied by stress and trauma, and the impacts of migration, displacement, and issues with regard to the USA immigration laws, health policy, and health access. On occasions, policies with regard to overseas medical examinations serve as exclusion processes, and might not identify all health conditions that an immigrant might have.<sup>14</sup>

In the USA, there is a growing concern over delivery of primary care to the immigrant population, and especially among refugees. The barriers that immigrants encounter upon arrival in the USA convey low rates of insurance, legal status, and acquisition of new risks (Allotey 2004). These “new risks” are new illnesses encountered in the “new spaces” and the result of the impact of “new biology” (Venters & Francesca 2011). The new risk factors for the immigrant populations include chronic diseases such

---

<sup>14</sup> (MDPH/Massachusetts Virtual Epidemiological Network. MAVEN)

as coronary artery disease, hypertension, and diabetes. These are biological impacts on the body (McElroy 1990). In addition, the provision of health care to resettling immigrants and refugees depends to a large extent on the policy environment towards migrants. Inequalities rooted in immigrant policies results in the lack of appropriate service provision and the problematic schema to confront the realities of cultural barriers such as stigma and low English proficiency (Russell et al. 2004).

### ***The Body Politic Revisited***

The approach for the study of African immigrant health in the USA departs from the conceptualization of the body as the “body-politic” (Scheper-Hughes and Lock 1987). The “body-politic” is the “body-self” when threatened and under control by structural powers such as government and states that exerts regulation and surveillance. When the sense of social order is threatened, as in the case of the postcolonial DRC, the symbols of regulation and control over bodies in relation to social and spatial boundaries, medicalization, the classification of disease and policy, become intensified (Morgan 1990).

For my study among the Congolese perceptions of illness, healing, and health, I also employ the concept of structural violence. Galtung and Farmer define structural violence as “one way of describing social arrangements that put individuals and populations in harm’s way” (Farmer 2006:1686). This concept applies to the socio-

economic and political triggers for displacement and migration, but also to the hegemonic control of institutions that create insecurity, marginalization, and stigma. The relationship between the immigrant and institutionalized systems are based on power relations, control, and subjugation. Foucault defines these relations as a system or network of interactions in which the governmentality of political ideologies, medicine, and immigration international policies reign, and produce forms of power and knowledge over bodies (1973). Foucault's model leads into the main argument of critical medical anthropology. The critical perspective of medical anthropology defines health as "access and control over the basic material and nonmaterial resources that sustain and promote life at a high level of satisfaction," and asserts that struggle is a key component of health when it turns into a commodity (Baer et al. 1986).

### **Medical pluralism in the USA**

African immigrants enter into the realm of medical pluralism in the USA, and although biomedicine may seem to be the dominant health system in the USA (Baer 2004), it is not a bounded or a unique system. Medical or ethnomedical systems consist of a dyadic core formed by a healer and a patient. The medical system of a society consists of the totality of "medical institution" or "system" of medicine which includes:

- (1) an elaborate corpus of medical knowledge which continues to embrace aspects of cosmology, religion, and morality; and
- (2) the beginnings of medical pluralism, manifested by the presence of a wide variety of healers, including general

practitioners, priests, diviners, herbalists, bonesetters, and midwives who undergo systematic training or apprenticeships (Baer 2004:109).

Erickson (2008) explains all medical systems share in addition, and as part of medical and specialized knowledge, a theory of disease causation, taxonomies for diseases, preventative and curative strategies, and organizational systems of the ill.

The USA pluralist medical systems started forming with the medical knowledge and practice of the Native Americans, the following European colonizers, Gaelic traditions, the slave trade, and Chinese traditional medicine. Later Judaism, Christianity, Islam, and a variety of African religions and healing traditions entered the Americas through individuals and groups of people that transnationally introduced perceptions of illnesses, healing, and healing traditions to new spaces in “America” (Barnes and Sered 2005; Baer et al.1995). Kaptchuk and Eisenberg (2001) conclude in the article “Varieties of Healing. 1: Medical Pluralism in the United States” that “at all points in the history of the United States, several medical options have been available to its citizens” (Kaptchuk and Eisenberg 2001). Medical pluralism, or the interrelationship of existing medical systems, cohabits with one another in the USA (Baer 2004).<sup>15</sup> For instance, Kim (2006) shows that the boundaries between East Asian medicine and Western allopathic medicine in the USA are more porous than imagined: “In practice, they are always mingled and

---

<sup>15</sup> Medical systems are also ethnomedical. Ethnomedicine is the study of medical systems as social institutions (Erickson 2008:2).

mixed without recourse to a sole worldview or epistemology.” Such mingling and mixing has long existed in the country.

Socio-cultural ideals shape medical knowledge and practice, just as Kaufman (2015) expressed: “our medical practices define the kind of society we have” (49). The medical sphere in the USA allows the coexistence of various medical systems with socio-cultural values and visions of personhood that powerfully shape the kinds of medicine found in the USA.

### ***“Healthworlds” and Religious Healing***

New African immigrants must negotiate in between the health care systems in the USA. The concept of “healthworld” contextualizes the constitution of the healing landscapes and trajectories in the US created by immigrants and newcomers.

“Healthworlds” explains the empirical complexity of the multiple ways of understanding health and plural or mixed health-seeking adaptive strategies. The concept of healthworld refers concretely to the new world set up by transnational motilities of medical knowledge and practice, and “the ways people construct their understandings of health and illness in local contexts, through coherent, organized patterns of interpretation that guide their health-seeking behavior” (Germond and Cochrane 2010).

Changes in health landscapes affect how people perceive illness and health care (Weianman and Petrie 1997), and Cohen states, “what a person living with ill health feels is not only biologically determined but is situated in a web of social-cultural and

psychological means that also exist as social and cultural phenomena with a range of practical and emotional meanings, values and effects” (Cohen 2001). This view illuminates the manifold and multidirectional flows of medicine as well as healing, that is, “cure of physical illness (...) the alleviation of pain or other symptoms. (...) coping, coming to terms with, or learning to live (...) integration and connection among all elements of one’s being reestablishment of self-worth, connection with one tradition, or personal empowerment (Barnes and Sered 2005).

Here I argue that “healthworlds” incorporate various medical systems, and they unfold according to social categories and constructions, and views of reality. For instance, a study among Chinese immigrants in the USA demonstrates ethno-centered patterns of health seeking behavior. This means that in the onset of mental illness, the sufferer remains with the family for a prolonged period of time prior to biomedical diagnosis. According to the Chinese traditional view, the high tolerance by the family in the initial stages of mental illness is rooted into familial loyalty, and the etiology of the illness for mental illness: punishment for wrongdoing or immoral acts (Lin et al. 1981).

Regarding the “healthworlds” among African migrants, studies demonstrate that apart from the biomedical approach, therapeutics from “back home” are transplanted in subtle ways into “new spaces.” Migrants from Ghana and southern African living in the United Kingdom maintain both local and transnational networks that impact their understandings of ill health and consequent health-seeking decisions and responses.

African immigrants established in London (UK) consider southern African “ways” of

healing through social networks with which they are linked to hold personal and cultural significance in their pursuit of a positive health outcome (Krause 2008).<sup>16</sup>

African immigrant health care practice as well as therapeutic systems (Congolese included), remain unexplored in the United States. For instance, Barnes and Sered (2005) point out that “religiously rooted,” non-biomedical approaches to healing are as pervasive in the African diaspora communities as they have proved to be in the other religious and cultural communities of Boston. However, such approaches have received relatively little attention in the scholarly or medical literature.

Apart from the health care system in the USA, and the conjunction of many possible forms of therapy, narrative, performative arts, as well as religious healing are important elements that may also be implicated within a “healthworld.” From the ethnographic perspective, the performance of narrative is a healing strategy (Mattingly and Garro 2000:31). The expression of narrative has a therapeutic effect because it is a reflective process that implies the construction of the sense of self. Narrative and forms of expression through the arts entail the articulation, revision, and deconstruction of maladaptive life stories in favor of more life-enhancing alternatives. The engagement of emotion in narrative and expression creates a constant evolving, more adaptive, and empowering meanings and sense of self (Mattingly and Garro 2000).

---

<sup>16</sup> See also Waldstein, A. (2008), *Diaspora and Health? Traditional Medicine and Culture in a Mexican Migrant Community*. *International Migration*, 46: 95–117. In her study, the author argues that Mexican migrants take charge of their own health by maintaining traditional medical knowledge and social networks. Those are links that help minimize threats to health.

Community support and religious congregations are also important healing strategies among diasporic groups and individuals. Religion plays a significant role in helping others to adapt to a new situation. Often, affiliation to church involves family and community members from the same country, or who are ideologically affiliated, and as such the therapeutic effect is mutual (Barnes and Sered 2005).

Growing populations of immigrants, having experienced the intense dislocation of geographical and cultural change, may be particularly attracted to rituals that offer spiritual healing associated with their homeland. For instance, consider the Somali and Congolese refugees in Washington DC and Kansas City. According to Janzen (Barnes and Sered 2005:159-161), the role of religion in coping with trauma becomes particularly significant, when individuals “seem to respond quickly to the healing churches.” Kwakye-Nuako (Konadu et al. 2006) claims that most Africans in diaspora who are Christian “still praise God in a new land” because Church means “salvation” and serves multi-purpose functions to their members. For some Congolese in Montreal, their Pentecostal Church is the frame of their lives in diaspora. According to Adogame and Spickard (2010), “the transnational circulation of Congolese migrants is framed by religious networks and by a Pentecostal paradigm that both work beyond national categories.” Church is part of a healthworld from where Congolese develop their sense of belonging, sense of self, and the necessary global and local negotiations they need in their lives.



## **The Congolese Diaspora and Christianity**

It is important to consider that all Congolese in this study claim to be “Christian.” The “Christian” identity implies complex (and constant) ramifications of epistemologies and practice present in the DRC and diaspora (Marshall 2014). Wild-Wood (2008) provides, through her study on modern migration and Christian identity in the DRC, a picture of the historical transformations of Christianity across the country. In the DRC, Christianity represents the production and re-production of Charismatic Catholicism, Pentecostalism, and Kimbanguism. These are religious movements that emerged from the colonial religious heritage, but also that also break away from missionary values. Social and cultural mobilities are viable instruments for the expansion, transmission and renegotiation of religious attitudes and practice (Wild-Wood 2008).<sup>17</sup> In this respect, religious movements and identities are always under constant change:

Every religion reproduces in more or less symbolic forms of history of migrations and fusions of race and tribes, or great events, wars, establishments, discoveries and reforms (Johnson 2007:30).

Diasporic religions not only reproduce the homeland religion, but also transform it in response to the constraints and opportunities posed by the host country (Johnson 2007). Kalu (2013), in his work on African Christianity, enumerates some of the (African) religious ramifications present in diaspora:

---

<sup>17</sup> See also Marshall, Ruth (2009) *Political Spiritualities: the Pentecostal Revolution in Nigeria*. University of Chicago Press.

Mission churches (Methodist, Catholic, Coptic, Orthodox); African Instituted Churches (AIC type such as the Aladura, Kimbanguism); Charismatic/Pentecostal (Classical and Neo-Pentecostals), groups existing within foreign-led churches (such as the African Christian Church, Hamburg under the Nordelbian Kirche in Germany). There is also an increasing number of African clergy within or outside mainstream churches ministering solely to African groups. Supportive ministries, fellowship groups and house cells (Inter-denominational) is a common feature of the new African religious diaspora (2013:495).

In the case of the Congolese diaspora, the Kimbanguist, Pentecostal and Pentecostal Catholic Charismatic Churches, provide the frameworks for cultural references and healing resources in (diasporic) contexts of change and crises. Churches in diaspora acquire symbolic and powerful meanings that engage Congolese abroad in a “spiritual continuum” of religious worship:

We, in the diaspora, can work for the Congo in different ways: political, economic, sending money, and also spiritual, by praying and sending spiritual energy to our country. [...] It is our spiritual energy to our country is revealed by God (Garbin 2014:7).

Religious individuals and communities in diaspora are actively involved in the making and re-making of their “familiar” religious geographies, thus contributing to a contemporary “globalization of the sacred” (Dawson 2010). The movement of the Catholic Charismatic Renewal is present in Lynn. This is a movement within the Roman Catholic Church characterized by its integration of Pentecostal elements into Catholicism:

Catholic Pentecostals participate in the late 20<sup>th</sup>-century shift among Christians from emphasis on suffering and self-mortification as an imitation of Christ, to

emphasize on the possibility of benefit and divine healing as practiced by Jesus in the Gospels (Good 2010:92).

As we will see in chapter 2, the Catholic Charismatic Renewal movement is present in Lynn, and it is characterized by: 1) its integration of the Baptism in the Spirit, or the infusion of the power and blessing of God; 2) healing ministries; and 3) and prayer groups (Good 2010:92). Churches like Saint Mary's Parish embrace the Congolese diaspora experience, and sense of belonging.

Saint Mary's Parish as well as other churches support the Congolese spiritual orientations in diaspora, remap old religious landscapes, negotiate the ambiguities and socio-cultural intricacies of the migration experience, and explain migration through religious discourses. These "sacred spaces" also provide social spaces as they often involve community (re)arrangements which combine kinship and/or ethnic affiliations with the maintenance or creation of transnational social linkages with the homeland (Dawson 2010).

Religious identity can be a crucial resource for decision-making processes in the home countries and in diaspora. Religious identity also serves as a means for vitalizing cultures of origin and actions within the integration processes in a host context. In addition, religious institutions provide migrants with opportunities of vital import for mixing with people from different cultural backgrounds under the umbrella of a common religion.

## **Embodiment and Phenomenology**

Finally, I want to dedicate this last section to the concepts of embodiment and phenomenology. By focusing on the anthropological paradigms of “the body,” I intend to exemplify how the postcolonial history of the Congo, the experience of migration and settlement, diaspora, transnationalism, as well as changing in health patterns, affect perceptions of illness and healing among the Congolese in Boston and Lynn. I focus on the body first from the critical perspective of subjection to external forces pushing movement, biopolitics, and medicalization, and on how migrants may or not embody these pressing forces. Perhaps Frances’s term “bodies-in-motion” (2011:482) helps understand how the change of geography, and social and symbolic contexts of the Congolese produce meaning. Bodies-in-motion circulate through geographic spaces while embodying the experience of movement.

### ***Embodiment***

The body-self is “the existential ground of culture” (Csordas 1994). This means that culture and experience are inscribed onto the body. The body is “a material, physical, and biological phenomenon which is irreducible to immediate social processes and classifications,” a possible “theoretical space and actual object of analysis” (Shilling 1993:10), and thus, a receptor of social meanings, and the tool that expresses fields of cultural activity (Shilling 1993). The body-self is “simultaneously a physical and symbolic artifact, as both naturally and culturally produced, and as securely anchored in a

particular historical moment” (Scheper-Hughes and Lock 1987:7). In this regard, the body-self plays as a symbol of society and culture through embodiment:

[Embodiment is an] indeterminate methodological field defined by perceptual experience, mode of presence, and engagement in the world. It presents an outline of the structure of human agency in the relation between our bodies and the world; a discussion of how this structure is refracted and complicated by sexual difference; and ten components of corporeality that must be taken into account in examining embodiment as a methodological field (Csordas 2002:38-87).

Embodiment refers to patterns and the ways in which the body internalizes cultural meanings. The body is a source of perception into the realms of agency, practice, feelings, customs, the exercise of skills, experience and performance (Frances 2011:389), language and consciousness (Shilling 1993:19), and engagement with the world (Aho and Aho 2008:18). The body is at once a fount of symbol, the instrument of experience, and an ontological construction of knowledge and ideology movements. Kleinman (1978) writes that individual illness interpretations are bound up in history, self-identity, and culture.

Scheper-Hughes and Lock argue that the body can represent a “multiplicity of bodies” (1987). This phenomenon is what Shilling (1993) calls “transpersonal self” (179). Thus, the body-self can be part of the social body, or the organic whole, and become interdependent to it (Aulino 2014:424). In this regard, the body-self encapsulates human action and performance, with corresponding social roles. The body-self and the body-social relate to “society” or institutions. And finally, the body can transform into

the body-politic under the stings of power, and as an object and subject (Scheper-Hughes and Lock 1987).

### ***Phenomenology***

Phenomenology, the study of how individuals experience the world, captures the expressions of the self. Phenomenology is a “descriptive science of existential beginnings, not of already constituted cultural products” (Csordas 2002) that can reveal the self-concept of “being-in-the-world” (Becker 2004). Phenomenology partakes from the perspectives of embodiment, that is, the body -self and its thoughts, memories, afflictions, feelings, and responses and responses to experience (Aho and Aho 1988:12). The body-self is communicative and a tool for expression (O’Neil 1985:16)

For my study, I use the perspective of phenomenology to explore how illness and healing is constituted as social, intersubjective, and experiential realities (Good 2010: 80). I am interested in conceptually framing the body as a “phenomenally experienced individual body-self” (Scheper-Hughes and Lock 1987). I follow the theoretical conceptions of the person that identifies the “I” or the “self” with a state of permanent consciousness unique to the individual. Geertz describes the body-self as “a bounded, unique . . . integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgment, and action” (Scheper-Hughes and Lock 1987).

The embodiment theory deals with personhood (the self) and definitions of the person (Frances 2011:398). For instance, Frances (2011) explains that crucial aspects of the self or personhood and identity are played out in embodied ways and bodily expression, such as ideologies through narrative, song, dance, and poetry, improvisation, and change. In this respect, I conclude with the vision of embodiment of experience and the approach of phenomenology to capture the experience, and therefore the perceptions of illness and healing among my participants.

## **Conclusion**

This chapter looks at the Congolese as phenomenological “bodies-in-motion” and questions the socio-historical contexts that shape their perceptions of illness and healing. If perception is shaped by experience, then it is necessary to look back to postcolonial DRC to understand how political chaos, wars over territory and resources play a part in the mass migration of the Congolese people after the 1960s, and their settlement in the USA. The process of bodies-in-motion, applied in the contexts of migration and transnationalism, continue during resettlement and afterwards. Congolese, as the new African Diaspora, must negotiate who they are and strategize memory and space in order to face the many challenges that the “migrant” status offers.

## **Chapter Three**

### **Methods and Results**

In this chapter, I examine the process of my research among the Congolese migrants in Boston and Lynn. With this chapter, I review the development of my research project from the initial proposal to the BU IRB, until the end. I commence by reviewing my original study design set to address my research questions.<sup>18</sup> I then explain what actually happened, and how realities in the field led me to modify and adapt my original plan. I conclude by specifying the actual data I ended up with, and I end the chapter with the analytical stage.

#### **Original Research Design**

I originally proposed a qualitative research study to investigate “traditional medicine,” or non-biomedical knowledge and practices transferred from the DRC to the USA. Initially, I also intended to register the perceptions related to illness, healing, health issues and health-seeking behavior among the diverse Congolese migrants in the USA. Accordingly, I planned on sampling first. Sampling means “random selection of cases so that every unit of analysis has an equal chance of being chosen for study” (Bernard 2006:146). My projected sample aimed to include individuals that descend directly or

---

<sup>18</sup> Refer to Background.



indirectly from the DRC, living in the greater Boston area, who also speak English, and who are over eighteen years old.

I chose a qualitative research enquiry because of my interest on getting to know the community and individuals from “the interpretative, naturalist, and meaning approach” (Creswell 2013). I wanted to meet as many participants as I possibly could, introduce myself, and explain the purpose of my research. Throughout the entire project period, I followed Nilan’s work on how researchers need to immerse themselves among the participants and adapt to individuals and their environment (Nilan 2002).

From the beginning, I planned on recruiting (using pamphlets for enrollment and scheduling interviews) at the Congolese Development Center (CDC) in Lynn. The CDC is a refugee post-resettlement agency. I also planned starting recruiting at the office of the Congolese Women Association of New England (CWANE), a supportive immigrant agency. At those sites, I thought I could meet first informants and distribute recruitment flyers and questionnaires. The flyers were informative about the purpose of my research, and they requested voluntary participation into my study. The questionnaires included close-ended questions regarding age, and place of birth, for instance, and open-ended questions that targeted notions of healing, illness, health care practices, and social networking. These questionnaires were intended to provide preliminary data about demographics, socio-economic situations, and perceptions and healing practices from a wide sample of the population.

I planned on starting participant observation at those sites as well. Participant observation puts the researcher “where the action is and lets you collect data” (Bernard 2006:342, 244). I then reasoned that after collecting questionnaires, I could select a stratified random sample (n=10) for one-on-one, semi-structured interviews. The stratified random sampling consisted of dividing the population into females and males, and then into key age groups that go over eighteen. This is done to ensure that “key subpopulations are included in the sample” (Bernard 2006:153). Semi-structured interviewing “has much of the freewheeling quality of an unstructured interviewing (...), but is based on the use of an interview guide” to answer specific research questions, while allowing freedom to follow new leads (Bernard 2006:212).

Eventually I thought I could stop the questionnaires and conduct only informal and semi-structured interviews until the end. I aimed at interviewing at least once a week, and begin recruiting participants for a focus group session by the end of July. Focus groups, according to Bernard, are a complement of participant observation, interviewing, and questionnaires, and useful for comparison and triangulation purposes (Bernard 2006:234).

### **Fieldwork**

My first initial contacts did not happen at the offices of the CDC and the NEWCA, as I planned. Both places needed to, according to their directors who spoke to me over the phone, arrange appointments prior to any visit. Both places were private

settings for one-on-one meetings. It was at the 2014 Boston Congolese Gala in Lynn, and at the Health Disparities event held in March 2015 in Boston, where I met my first key informants.

I initially planned on limiting my fieldwork just within the Boston area, but my first key informants directed me to Lynn and encouraged me to reach out to “the elders” and “the leaders” at Saint Mary’s Parish. Once my project got approved by the IRB in May 2015, I re-contacted potential informants. At Saint Mary’s Parish, semi-structural interviews resulted most appropriate. Father Keme accepted my interview, and later, more recruitment and interviews came forth through a process of never-ending recommendations. The recruitment for my study adopted the snowball sample technique, which is built “using each participant as part of the recruitment team” (Sobo 2009:136). That allowed me to increase my sample size and connect to more individuals at different places, and under different circumstances.

My initial research questions in the interview guide remained constant throughout the entire study except for those related to “traditional medicine.” My participants knew about “traditional medicine” (mainly herbal medicine grown in the Congo), however they seemed largely to ignore it. Most participants did not relate “perceptions of illness and healing” with “traditional medicine.” Their concerns focused mainly on themselves as migrants, their access to biomedical care in Massachusetts, and the DRC. Only a few registered “traditional medicine” as a healing strategy, yet in unexpected ways.

“Traditional medicine” for some Congolese in diaspora becomes a product of memory

and narrative. Whenever I could, I used that data to create additional questions for corroboration purposes.

### ***Interviews, Participant Observation, and One Focus Group***

A total of fourteen individuals participated in my study. Seven participants agreed to have semi-structured interviews with me. All of the interviews lasted about an hour. My participants are all born in the DR Congo, and they were three females and four males, with ages ranging from twenty-four to sixty years old. They all speak English, French, and Lingala. Four of them live in Boston, one in Lynn, and another in Malden.

I also conducted informal interviews. They are all born in the DRC, and all spoke English, French, and Lingala, except for two, who only spoke French and Lingala. They were one female and three males, all ranging from thirty to sixty years old. Two were relatives, and Lynn residents, and the others were newcomers to Lynn. In the end, the director of the Congolese Development Center and I met at her office. This participant later led me to the community gardens on Cook Street, Lynn, where she needed to be every Saturday morning to supervise the place and the gardeners. The community gardens became my second field site, in addition to Saint Mary's. I visited the gardens almost every Saturday morning.

My focus group comprised five members from the *mwind* movement, the Catholic group from Saint Mary's Parish. The session lasted less than one hour, and the

participants' ages ranged from nineteen to fifty years old. All were born in the DRC, spoke English, French, and Lingala, except the youngest who only spoke English.

Through the entire three-month research project, I did participant observation and was able to take field notes at the church and gardens. I also took notes and had informal conversations at two private homes in Cambridge and Dorchester, at social events such as the Boston African Festival in Back Bay, a basketball tournament, and a political meeting.

### **Qualitative Data Analysis**

My data includes the narrative and the discourses of all my participants, as well as their opinions and behaviors. I recorded all of my interviews using a Sony IC recorder. At the start of my interviews, I read the consent form. I also took notes. I transcribed all my interviews and field notes using Nvivo, a free software, which was easy to use and allowed time for me to enter all the recordings at my own pace. I chose to use a coding software instead of hand coding, because the software allowed me to keep my data organized and centralized.

I analyzed all of my collected data using memos, coding (thematic and comparative content), and discourse analysis (Harding 2013). During the first stage of my analysis, I read all the semi-structured interviews and created summaries and memos for each of them. I aimed at identifying themes and pieces of information most relevant to my inquiry about perceptions of illness, healing, health care practices, and social

organization. Other additional themes also arose. After a first round of coding, I was able to create the first draft of the code book.

During the second stage (after fieldwork ended on August 15<sup>th</sup>), I transcribed the last set of interviews, which was the focus group interview. I proceeded by doing more summarizing (memos) and coding almost simultaneously. Once all of my interviews and field notes were transcribed and coded, I started the second round of coding. Eventually, the second and final draft of the code book emerged. The final stage allowed me to subtract and layout major themes into a document in order to be able to finally draw conclusions.

## Chapter Four

### *“A Blizzard of Illnesses”*

*This is not about American Idol, The survivors or America's Next-Top Model  
This is about Health Care Disparities because Blizzard of Illnesses is A **REALITY**  
**SHOW***

*Today's episode: **Depression**, due to Losing affordable housing, or can't afford health care, **while** low-income families are becoming the joke of American politicians! Playing chess with Single-Mother's paychecks! Because in a single-parent household, depression kicks in, so many Bills have to be paid, Kids have to be fed, no hope, become depressed and thinking... why not dance for a living because Open Legs make money!*

*So Welcome to Urban America*

*Where life IS... A **Reality Show** and every day is an episode:*

*Where Broken Family Court systems! Are cracking jokes on Good-Fathers! While broken Health care systems are distributing inequalities like candy.*

*And don't realize the Health care system does not benefit minority community and is complex and is a multi-million dollar business because of Institutional Racism and gangsters in corporate CEO! While! Many in low-income communities are on suicidal watch or*

*While the most populated in prison are Black men from the age of 20's and 30's, in the name Of capitalism, poverty. Lack of economic prosperities and Health care disparities  
So Welcome to Urban, Where **life is a Reality Show**.*

This is the first part of “Urban Nightmares,” a piece of writing that Conscious Poet read out loud at Saint Katharine Drexel Parish Hall last winter. I recall it was a cold night, yet inside the feeling was cozy. About twenty self-defined African-Americans, men and women of all ages, sat together at a large table and discussed politics and social problems

after Conscious Poet's performance. That meeting (on the sub-basement) was actually a "community workshop" about "The Black Community and Health Care Disparities." Everyone at the meeting had something to say about health and illness, but I mostly recall the importance it was given to the "not knowing what to do when one is ill," "whom to ask of help," and self-education. After an hour or so of discussing and sharing views in a very friendly manner, I ended up inquiring about the meanings of "Urban Nightmares."

Conscious Poet explained:

A blizzard of health issues is the theme tonight because we have this winter in Boston where you see lots of snow and blizzards. It is very cold! So the same thing with illnesses: we have lots of health issues out there, so just imagine! (Field notes, 2015)

Conscious Poet is Congolese-born who "escaped the war at 16" (Field notes, 2015), and he has lived in Boston ever since. He is a friendly, social and energetic person who worries about the Congo. Whenever I met Conscious Poet (at Saint Katharine Drexel Parish Hall, community halls and schools), he always would say that "the issue of minerals in the Congo" is a tragedy, and that "especially the women and children" are the ones who suffer the most.

Conscious Poet grew up in Boston. He is a second generation Congolese. When he introduced himself to me, he said he is "a Congolese, a husband, father, a Christian, Conscious Poet, and a Black man, an "urban soul," an African-American man" (Interview, June, 2015). Conscious Poet has a full-time job with a medical insurance company, but he is also a community organizer. He actively collaborates with different organizations that



aim to solve the issues in Congo.<sup>19</sup> But Conscious Poet is also focused on his church, the Black Catholic Church, and his “new” family in America: the African-Americans, whom he calls the “urban souls” in “urban America.”

On another occasion, I was glad I got invited to attend the Boston Congolese Gala 2014 at St. Michael’s Hall Community Center in Lynn. That Gala was special because it was the first of its kind, and also because it came to be born out of extenuating circumstances: the passing away of Brother Bala Busunga to cancer. About 380 Congolese from all over the state of Massachusetts gathered that night with their minds on “bringing the Congolese community of Massachusetts together to help raise funds to confront the challenges experienced by members of the community” (field notes). The ceremony commenced with the Congolese anthem and continued all along with music everyone knew, food, and even a fashion show. Often individuals would fetch a microphone and would speak of Brother Bala Busunga to honor him as a loving Christian father and husband. The organizers of the Gala took turns on several occasions to also talk about “cancer,” “high blood pressure,” and “the child labor in the mines.” Later that night, I learned that the Congolese had reunited to collect funds for the Busunga family.

The Congolese that gathered in Lynn did so as members of “the Congolese community.” They came to the gathering from all over the state of Massachusetts, but mostly from Lynn and Boston. Most have lived in Boston and Lynn for many years, and

---

<sup>19</sup> Boston For Congo, Action for Congo

are American citizens. Some probably see each other often. They also have families, and small and grown-up children. The gathering was the product of an active social networking and their strong sense of identity as “Congolese.” That night, they became united Congolese, and together voiced their concerns and supported one another.

### **Social Suffering and Illness Narratives**

The stories presented above illuminate how some among the Congolese diaspora in Boston and Lynn perceive and express illness in transnational contexts. In this chapter, I introduce all the perceptions of illness I collected, and I argue that the Congolese diaspora in Boston and Lynn perceive illness as social suffering.

Social suffering is “the immediate personal experience of broad human problems” caused by the exercise of political and economic power, such as war, oppression, torture, and poverty (Das 2000). According to Singer, social suffering is also “the encrustation of bureaucratic and theoretical talk that have muffled the voice of individuals in pain” (Singer 2005:7). Singer’s quote demonstrates that my participants embody social suffering through their voices.

Illness narratives are “a discourse featuring human adventures and suffering connecting motives, acts, and consequences in causal chains” (Mattingly 1998:275). The voices of my participants express narratives of meaningful events that are the products of memory, the experience of migration, change and movement, and “rupture.” Through

these illness narratives, I am able to examine “individual experiences [that] serve as one means of bringing what might be termed the micro-macro dilemma” (Singer 2005:7).

Illness narratives of social suffering offer insights of health risks, social conflict that brings forth physical maladies within political-economical frameworks. From a critical medical anthropology perspective, illnesses are the result of the impacts, not only of individual choices or ecology, but mainly of structures of social relations and oppressive connections (Singer 2005).

In addition, illness narratives (or perceptions) reveal life histories, and the existence of a multiplicity of the orientations of the self or identity. These narratives not only express the embodiment (through voice and experience) of post-colonial disorders, migratory and settlement experiences, but also diasporic social formations, “emotions, sentiments of longing and belonging” (Westwood and Phizacklea 2000:11). Migrants like the Congolese in Boston and Lynn travel across territories and borders, and bring along with them their own self. Transnationalism dissolves this self, transforms it, and brings forth new “fluid formations” (La Barbera 2015:90). These transnational formations are:

Intersectional processes towards identification and affiliation, and responses to a sense of multiple belongings, and to the diverse ethnic and cultural affiliations and locations (La Barbera 2015:92).

The narratives shown above and the ones that follow involve both illness narratives of social suffering, and social engagement in the “new social fields,” or diverse orientations (Garbin 2013; Westwood and Pizacklea 2000:7). Congolese are spread out across the

state of Massachusetts, and in similar ways D'Alisera (2004) describes the Sierra Leonean communities' geographical and social layouts in Washington, DC:

The Sierra Leonean community is spread out geographically. It is not a bounded community in the sense of other ethnic or immigrant communities or neighborhoods in American cities. Nor is it a "vertical" community occupying entire apartment buildings (...) rather, in a sense a "horizontal" community extending across the District of Columbia and outlying suburban areas in two states, Maryland and Virginia. Instead of being linked physically, the Sierra Leonean community in this area is linked by a range of affiliations that are connected to ethnic, religious, and national constructions of identity. This "horizontal" spread reflects the way in which the Sierra Leoneans in America situate themselves in a transnational circuit that has become home (2004:14).

Similarly, the Congolese who participated in my study mainly live in Lynn and Boston in a “non-community format.” My participants know each other, yet each one of them have their own lives, and engage with diverse communities, groups and individuals. Some are employed, others are students, or travel often within the country and abroad. All are engaged in extensive social networking, and often attend weddings and other social (Congolese and non-Congolese) events. Some send money to their families in the DRC. Most have formed new families in diaspora, and they have their children born in the USA. Others came with young children, who are now adults. The migratory experience of the Congolese in Boston and Lynn is different for each individual.

Despite their engagement with multicultural environment in the USA, social belongings (such as the “the Congolese community,” and “the Black American Church”) age, and individual (and transformative) trajectories, they all identify as Congolese.

Conscious Poet, for instance, grew up in Boston, yet he is a Congolese, who nonetheless

juggles between “a multitude of identities,” or his Congolese and African-American “self.” He has two young children, whom he talks to often about the DRC. The Congolese who gathered in Lynn are American citizens, or were born in the DRC, and/or have children born in the USA. However, they value their “Congolese community” membership.

This chapter is about perceptions of illness expressed through “a multitude of identities,” the “old” and “new” self (temporary locations), and “there” and “here,” among the first and second generations of the Congolese in Boston and Lynn. Some perceptions strongly reflect the fact that Congolese are part of the global diaspora and “migrants.” From these perspectives, Congolese concentrate on the DRC and on the physical and social challenges that they as immigrants have in the USA. Other perspectives are more directly focused on non-Congolese communities to which Congolese have come to belong.

### **Concern for Congo**

All Congolese I met express concern for Congo. The common themes I found in their narratives include remembrance of the DRC, the constant use of “here” and “there,” “over there and over here,” and “collective anxiety” (Samers 2010:280, 287; Westwood and Pizacklea 2000:5). These narratives are reflections that revolve around preoccupation and anger due to social injustice and failure of the DRC government to protect the Congolese people.

Congolese graduate students at various universities in Boston provided me with the frameworks of displacement, being “out of their element,” and “disconnected from home.”<sup>20</sup> This group of political activists is engaged in various Congolese NGOs created in diaspora. They state that the main problems of the Congolese as displaced people traces back to colonialism, and the non-stop power struggle in the country.<sup>21</sup> Historically, Congo tribes had engaged in warfare over territorial rights and for other reasons, but it had never been entirely at the command and for the benefit of a foreign power. In addition, these activists are concerned about external aid intervention, rebel military power, and control over lands. As Twagiramungu wrote, this group of students agree that the situation in the DRC is “a complete failure of leadership to deliver national security, public safety, rule of law, human development, and the ability of citizens to participate in the political process freely and fully” (Twagiramungu 2013).

The students, Conscious Poet, and other Congolese worry about the mineral conflict in eastern part of the country. The DRC, as one of the richest countries in the world, suffers from the greed of international (and illegal) mineral exploitation companies at the expense of cheap and child labor. The exploitation of the mines is, according to my participants, a destructive conflict that affects millions of indigenous populations, and especially women.

---

<sup>20</sup> Field notes, 2015

<sup>21</sup> Congolese NGOs in Boston: Boston for Congo, and Action for Congo

Julie is a middle-aged Congolese woman who has lived in Lynn for over 20 years, and who currently works as an advocate for Congolese immigrants and refugees at the New American Center. I met Julie in her office several times. She is a Lynn resident who interacts on a daily basis with staff and other advocates, and clients (immigrants and refugees) at the New American Center. Her life revolves around the DRC and Congolese refugees. Julie is angry and feels frustrated about the large number of Congolese who are forced to leave their homes in the DRC. Julie believes the conflict in the eastern part of the Congo certainly affects every Congolese:

Oh—we don't like what has been imposed to us, a war that is not our war, ahh this is not who we are, we are not a people of war.... We have conflicts but we don't fight that way ... This is not us, this conflict in the East so ... We don't have two tribes, we don't have eh ... we are multi-ethnicity, we are multi ... we have a huge country with a lot of tribes, and everything, we joke, you will say: "oh this person is this"—we laugh. Or: "this person eat beans like that," or "this person cook like that" ... we are ... we tease each other, but we don't hate each other, so what is going on in the East is not us, we are not like that, so that is why we don't like that. Those who are fighting can just go on fighting, but if they would leave us alone that would be great (Interview, June, 2015).

Julie talks of ethnic division, and the never-ending war in the East as the root of all the problems in the Congo. She embodies her experience with social suffering in relation to the historical events in her country, through her new self as an advocate. As an advocate for Congolese refugees, she tries to understand the situation in her country. Julie believes that colonial favoritism worsened the social division. Julia often exhales when she describes how these conflicts in the East affect the rest of the country and herself. That's the reason why she now lives in Lynn.

Congolese speak of atrocity stories. For example, consider Mama Estelle.<sup>22</sup> Mama Estelle lives in south Boston. She is from the Luba tribe, and I met her at Saint Mary's Parish in Lynn.<sup>23</sup> From the beginning, all my participants encouraged me to meet her. She has been all around Africa, the Middle East, and Europe. She has family all over. Mama Estelle currently holds a position as a coordinator for the Student Affairs Office at Boston College. In addition, she is also the President of the Congolese community in Massachusetts, a position that allows her to know almost every Congolese in the state. Mama Estelle leads a busy social life. She knows people from all over, and interact with Congolese and non-Congolese regularly, yet, when I met her, she said: "I am Congolese, and a mother, and the President of the Congolese Community."

Mama Estelle tells me she keeps updated with the latest news in the DRC. She regularly watches the news about politics and follows the 2016 presidential elections. Mama Estelle comments that this news is "too exacerbating."<sup>24</sup> "I don't know if you have heard about the mass grave they found in Kinshasa," she says. She then describes the case of the 400 unidentified Congolese bodies found in shallow graves in the outskirts of the city. She informs me of the upcoming 2016 elections planned for November:

Science tells the president wants to stay even though he is so corrupt. I cannot understand why the President continues changing the Constitution to accommodate his needs. I mean, it is a lot of garbage (Interview, June, 2015).

---

<sup>22</sup> Mamas: a name for Congolese women as a sign of affection and respect.

<sup>23</sup> Mama Estelle lives in Boston, but attends church every Sunday in Lynn.

<sup>24</sup> Interview, June 2015



Pastor Keme shares similar views with respect the elections in the DRC. Father Keme is one of the first Congolese I met at the 2014 Gala. He lives in Boston. He is a Jesuit pastor from Kinshasa, who serves at various Catholic churches in Lynn, Malden and Boston. Pastor Keme is also a professor of philosophy at a university in Boston. He has lived in the USA for the last 5 years, and he plans to return to Kinshasa to continue with his teaching and religious careers. Pastor Keme expresses his concerns about the impacts of the wars in the DRC upon Congolese women:

People have gone through difficult experiences. They have experienced atrocities, experiences of abuse. In the eastern part the Congo you have that problem of women being—being raped. The war has been going on for almost twenty-five years, and many people have been killed (Interview, May, 2015).

The issue of violence against women during the conflict in the DRC is a prevalent theme among the Congolese diaspora because it is an ongoing issue. These violent assaults had a massive impact on the Congolese. Sexual violence, as a weapon of war, occurs on a massive scale called “*systematic rape*—each armed group uses this method to torture its victims to the maximum” (Sipsma et al. 2015). In addition, these assaults produce severe breakage of social kin relations and disruption in all reproduction, and are often accompanied by sexually transmitted infections (D’Errico et al. 2013).

When talking about the DRC as country of many ills, my participants also mention the degradation of the health care system, and in particular of the hospitals in Kinshasa, and the disorganized health care facilities. My participants relate social suffering to the physical illness as a result of socio-political factors that induce poverty

and unequal access to health care. Conscious Poet, when talking about “his beloved country,” expresses he has family in the DRC. He says:

The Congolese community has lots of family. The community’s concern is about the health of the people back home. The health care system in the Congo is pretty much collapsed. They need lots of help. There is no hope, I mean, I think at one point the Congo had the best hospital in Africa, I think it is called Mamama, I don’t know if I was born there, in Kinshasa (Interview, June, 2015).

This comment suggests that structural forces and the lack of governmental investment in health care infrastructures, affect health negatively. Some participants such as Tome offer the insight that not all Congolese in diaspora are under economic strains. However, the embodiment of social suffering through their voices and the experience of others, is common among all Congolese regardless of social status.

Tome is a 30 years-old businessman from the Back Bay area in Boston. He tells me he and his family moved from the DRC to Detroit when he was very young. Less than a decade ago, Tome and his family moved to Boston. Tome’s narrative focuses on health. He tells me that he is a healthy individual, and that he has excellent insurance coverage, but that “back home” is different. Tome adds that Congolese always need to pay upfront for health care services, and that is a problem. His narrative corresponds with a study on the Northern Eastern areas of the DRC. According to the authors, the health status of Congolese people ranks among the most inferior in Africa. The lack of governmental financing support over the last decades led to the current decentralized health care system. This health care system consists of primary and health referral services run by

public or religious health centers, yet those centers charge user fees and drug prices.

Studies demonstrate that the Congolese living in war zones are willing to pay for health care but for many that may require sacrificing other basic needs (Gerstl et al. 2013).

Mama Estelle often compares the health system in the USA with the one in Congo, and she comments how the lack of governmental support exacerbates poverty and limited access to care:

We came from a country where healthcare is existent but not as organized as here, so most parents ... so back home, we didn't see a doctor, even though I was privileged. I could see a pediatrician for my children, a general practitioner, but not everybody (Interview, June, 2015).

Herp's study supports Mama Estelle's claims. Herp and his colleagues covered areas affected by war, troop withdrawal zones, as well as no conflict zones, and asserted that two thirds of the population did not seek medical consultation, or obtained treatment because of poverty (Herp et al. 2003).

### **Transferences and (III) Connections with the DRC**

The concern for Congo that all Congolese I met in Boston and Lynn have suggests it could be a link to understand that the Congolese in diaspora as a unified force. In addition, all Congolese I spoke to in Boston and Lynn aspire to the unity of all the Congolese in Massachusetts. However, this unity is far from reality. Conscious Poet states clearly: "The Congolese diaspora are not as united as they should be."<sup>25</sup> Although

---

<sup>25</sup> (Interview, May, 2015)

he does not specify the details of his claim, he says Congolese live “emotionally” away from each other. Conscious Poet feels constantly frustrated because his “folks” are not as integrated with each other as much as he would like.

In a sense (geographically at least), Congolese in Boston and Lynn live spread out, and away from each other. Some are deeply engaged in the belief that the Congolese diaspora should be united, while they claim that that is not the case. The majority live their own lives, often preoccupied about meeting (economic) ends while supporting family in the DRC. Although the Congolese diaspora are concerned equally about Congo, and they have grown aware of the importance of their unity, they are socially divided. “Everyone is doing their own thing,” says Conscious Poet. Congolese claim that this is so because they have managed somehow to bring into the USA specific ill traits of social maladies. My participants express that social ills that exist among the Congolese migrants in Boston and Lynn, originate from the DRC.

### ***Social Division: Jealousy, Unhealthy Competition, and Poisoning***

Mama Estelle considers jealousy to be a type of illness that contributes to social division just as “back home.” She believes jealousy is present here, which is a diseased human emotion that spreads mercilessly. To her, social conflict conveys jealousy, an unhealthy competition that can ultimately lead to poisoning:

You know, there is a lot of misery. Conflict, jealousy—they feel like yeah yeah yeah they feel like having that position—they say even that the poison is on the door handles, anything you touch. So you have to be very careful, like for instance,

you are with somebody like the way we are now: “don’t even stand up and leave me with your glass here because ...” And when you go dancing, you keep your glass with you (Interview, June 2015).

Congolese bring into the new spaces “detrimental” social behavior through memory.

According to Mama Estelle, poisoning is a social illness that ultimately brings death.

During our conversation, she refers to Mobutu as being an example of an unhealthy leader motivated by greed. Mobutu, she tells me, had an apparatus that controlled the population, and that perpetuated further divisions, distrust, killings, dangerous poisoning and death.

Poisoning had such an impact among the Congolese “back home” that it has managed to reflect its presence in Boston and in Lynn in subtle ways. The phenomenon of poisoning, according to Sabuni (2007), is popular in Central Africa; therefore, it is perhaps not surprising to find it in the “new diasporic spaces.” Sabuni explored the Congolese perceptions of illnesses in various areas in the DRC, and in his study he identified *poisoning* as one of the seven main categories of causes of illnesses.

Other Congolese support Mama Estelle’s claims with regard to poisoning. Tome, the young business man, talks openly about it. He narrates the story of the famous singer Alain Moloto, killed in 2013 by poisoning for rebelling against Kabila’s regime:

I hear a lot of stories about the phenomenon of poisoning, and it is very scary. People are poisoning each other! Even now, I do it now, when I go over to some places, the host or whoever needs to open the bottle in front of you. If I go to a Congolese house, I do—I mean we do it on purpose. You have to know. That’s jealousy. People know how to do it. The poison is a plant. You can put it on doors. We are always watching, and that’s not natural. We as people hate that. I love my

people, but I just don't go everywhere. This is one of the issues we are trying to work about, the trust among us (Interview, June, 2015).

Tome specifies that feelings of distrust and jealousy encourage some individuals to resort to poisoning. He also suggests that he is always on his guard. In this regard, elder Jean, a man in his 60s, and whom I met in his home in Cambridge with his wife, also touched upon the issue: "Jealousy! We are our worse enemy" (Field notes, July, 2015).

### *Illnesses that "Come From the Culture"*

Cultural memory and "Congolese" practices are present in the spaces that Congolese inhabit in Boston and Lynn. Congolese tell me that another social ill that exists among them (the Congolese diaspora) is "bewitchment." On my last day of fieldwork, during the focus group meeting, Antoine, a man who lives in Lynn, points it out:

Like I said, for me when I am sick is because I didn't take care of myself, ah—that is the main reason. For other people, because I come from a culture, when they feel sick they think it is because of somebody else... (Focus Group, August, 2015).

Antoine regards his self as part of "a culture." He shares with "other people" that same culture, yet he reasons that it is "other people" and not him who believe in illnesses that come from "someone else." Antoine removes himself from such a belief, showing that Congolese might not always recognize that this type of illness would affect them directly.

Pastor Keme follows all these comments and says:

You can think you have been bewitched, because the person does not like you, or you didn't give him what he wanted, or you didn't do what he wanted, and finally the person says: ok, if you don't give me this, something bad will happen to you—and when you become sick, even though it has no relation with the other person... but then, since the guy told you. Therefore that is what is happening (Focus Group, August 2015).

Once Antoine and Pastor Keme spoke, the rest of my participants in the focus group followed with a myriad of “for example if you have been bewitched ...,” “any person can evoke demons,” “witches,” “sorcerers,” and “bad spirits” to bring and provoke illness. Only witchdoctors and pastors can help with the healing of this type of illness (Focus group, 8/15/2015).

After that meeting, I started thinking about other past conversations that could also refer to “bewitchment.” I collected what Pastor Keme had said about his role as a spiritual healer:

Ok, let me give you an example. If someone is convinced that she or he has been bewitched—that can be the result of hallucinations. So you have this culture in which people think: “if things are not going well in my life it is because my uncle or my grandparents are not happy.” And then the person internalizes that way of thinking (Interview, July, 2015).

Pastor Keme recognizes “that way of thinking” is part of the “Congolese culture.” In diaspora, Congolese bring with them some elements of the “Congolese culture” and “that way of thinking.” Tome confirms “that way of thinking” indeed exists among the Congolese in Boston and Lynn. He explains how even physical illnesses can be caused by “bewitchment”:

Some do not know how to deal with the understanding that certain symptoms pertain to certain illness. Even back home, you hear people passing away, and people want to justify the event as witchcraft and all sort of things. Even here there are some elements of that, it is not that widespread, but one can still find elements of that. People believe in witchcraft more than others, you know, other Christians, but I am a realist and practical and sometimes I run into that, you know, you hear: “somebody has put a spell on you.” Here not so much, but back home that mentality still exists (Interview, June, 2015).

These comments reveal how all Congolese in diaspora (in Boston and Lynn) are united symbolically and culturally by “old cultural traits.” Anthropological studies demonstrate that witchcraft and bewitchment among Africans is an element embodied in the culture, and in particular inside contexts of social dilemma, disagreements, or lack of cooperation with established systems. This salient cultural element is subject to change in parallel to socio-political and historical contexts (Comaroff & Comaroff 1993). Congolese, other African migrants, or the “new African Diaspora” (Koser 2003), transfer the concept and practice of witchcraft into the new host countries as a tool to be used and adapted in multidimensional ways. For instance, Sabar investigates witchcraft among the Congolese refugees living in camps outside the DRC, and argues that “modernity has injected postcolonial witchcraft discourses with a new dynamic, which reflects the ability of witchcraft beliefs to adapt to the modern nation-state and to new types of entrepreneurship” (Sabar 2010). In *West African Witchcraft, Wealth and Moral Decay in New York*, Parish shows how among the Akan migrants from Ghana in New York, witchcraft is a product of jealousy, and served “both to undermine [the new phenomenon of] inequalities of wealth and power and to achieve economic prosperity” (Parish 2011).



In the case of the Congolese in Boston and Lynn, much work needs to be done in order to comprehend the deeper roots and causes of “bewitchment” in their transnational context. In this section, I have only included the comments and reflections of some of my participants who openly spoke of an apparently delicate topic.

### **Illness and Migration**

This section enumerates all the illnesses related to migration and settlement. Congolese think they acquire “new illnesses” as they enter (and settle) in the USA. Congolese tell me that Congolese, in way or another, feel the pressures and effects of their migratory experience. Some arrive healthy, others ill, yet displacement and adjustment exacerbates or worsens their physical and mental statuses, as well as social and economic conditions. Congolese thus embody social suffering multi-dimensionally: through voice and narrative discourse, and socio-political factors that determine their health and health care.<sup>26</sup>

According to my participants, psychological trauma is one of the gravest issues transferred to Massachusetts from the DRC. Although my participants recognize the Congolese community in Lynn and Boston are better off than many other displaced individuals (because of the excellent and supportive Massachusetts health care system), they confirm that nonetheless there exist among them cases of severe trauma and mental

---

<sup>26</sup> See Castaneda (2010), for discussion on immigrant health in the USA.

health problems. Pastor Keme recognizes that he has witnessed serious traumatic experiences in the DRC, but the Congolese here suffer from them as well.

Nemi lives in Malden, and tells me that she arrived in Boston with her mother and siblings from the DRC when she was a baby. I met her through connections and communications via social media. When we met for the interview, she told me she recognizes the trauma prevalent here:

But one of the things I was saying—mentally, they experienced all this violence—and the atrocities—the trauma is really a big problem (Interview, June, 2015).

For Nemi, psychological trauma arrives here through Congolese women, the primary receptors of violence, and victims in the contexts of war and its consequences. Nemi understands psychological trauma, and how badly it affects women she knows in Boston.

Some Congolese arrive in the USA suffering from psychological trauma, others healthy, however, according to my participants, Congolese always acquire new “illnesses” here. In some cases, these new illnesses are serious, chronic diseases such as cancer. Cancer is an issue for the Congolese. The 2014 Gala reflected this big concern among Congolese toward cancer. Mama Estelle says: “When three members die of cancer in a small community, it is striking” (Interview, July, 2015). The passing of Brother Bala Busunga greatly affected all Congolese I spoke of. In addition, I later learned about another case: elder Jean. Elder Jean is also ill, and I can see how all around him, including Pastor Keme, are aware of his need for care.

Most of my participants also started contextualizing their perceptions of illness with “things around the heart” as Nemi comments (Interview, May, 2015). Diseases of the heart are a common theme among Congolese when addressing illnesses. For instance, Nemi tells me she has “seen a lot of high blood pressure issues” (Interview, May, 2015).

Mama Estelle claims:

For all the people it is high blood pressure, because most of the time ... I don't know eh—in Africa being fat is associated with good health, and it is here that we learn it is not, that it is not good. You are supposed to keep fit. And in Africa, a woman is not supposed to be skipping ropes, or running. It is not respectable. You have to stay respectable. Physical activity is associated with youth, and we feel as you are getting older, you are not supposed to be moving around as much (Interview, June, 2015).

Mama Estelle expressed that the prevalence of high blood pressure among the Congolese here relates to the pressures of new ecological and cultural setting. Congolese often speak of how they notice the changes happening in their bodies as a result of the new life in new environments and a new diet. Some also speak of the changes in their lives that led to high blood pressure and obesity, supporting thus McElroy (1990) argument on how the interface between biological and cultural factors affect human well-being. Mama

Estelle puts it this way:

I also notice that people do not eat salads, and that is part of our culture. They'd rather eat cupcakes and fried food and stuff like that because it tastes good. They don't eat a lot of fruit, but they drink beer—they are not alcoholic. If you go out to visit a friend and say that you want water. It is not an insult but it is kind of: “oh I have something better than water”—so most problems are yeah high blood pressure, obesity among adults (Interview, June, 2015).

Congolese acquire the first symptoms of high blood pressure after their arrival in the USA. Those living in Boston and Lynn always know about someone else suffering from high blood pressure. In some cases, bad diet, lack of exercise, and in short, a more sedentary life are not the primary causes for the disease. Tome mentions that he recently found out he has high blood pressure. He said his overall health is good, and that his blood pressure is due to stress. Stress is also a recurrent theme among my participants. For the Congolese, stress is an illness that originates from hectic (traumatic) living.

Congolese, especially recent immigrants, frequently express how different America is from what they are used to “back home.” Antoine remembers his arrival in Lynn as a stressful period. He believes that many Congolese suffer from stress due to the transition into employment and independence. He mentions some Congolese like himself often feel pressured to overcome (fast) their traumatic past in order to succeed and start achieving in the host country.

Stress among recent Congolese may be related to the challenges and impediments non-English speaking immigrants have when they arrive in the USA. Low English proficiency problematizes the smooth transition into the USA, or “the American culture” as some Congolese say. For some, coming to the USA is intimidating. Congolese specifically tell me that some are skilled and qualified “back home,” yet the limitation of the language impedes them from tackling good jobs, or education. A language barrier and a low-paying job amount to stress. Mama Estelle refers to fatigue when she explains the

situation of many Congolese, especially women, who like herself have to work the hardest in the beginning:

When I came I was almost 40 and started a retail job, and I had the bad shift, and definitely no time to take care of myself, or supervise my children. I woke up late, and all I knew was to get ready to go work. All that does not help, and work here is very exhausting (Interview, June, 2015).

To Mama Estelle, “not speaking the language” considerably lowers the process of changing status from “not having your papers” to full legality. In addition, initially newcomers have to start their new life by working low paying jobs, which leads to poverty and limited access to health care (Bollini & Siem 1995). Mama Estelle continues:

Some don’t have health care because they are illegal, or because uh—hey don’t have enough means to afford health care. That is a different situation affecting poor people in this country, which is kind of different from those who have a certain standard of life. That is the biggest issue for anyone living in poor conditions (Interview, June, 2015).

“New spaces” can result aggressive for the immigrant. African immigrants may come to the USA with “some unique health problems” such as psychological trauma, (Venters and Gany 2011), yet the health statuses and needs of this diverse population remain largely unexamined and poorly characterized. As the number and diversity of Africans in the USA increases, there is a growing need to assess their health attitudes, health care needs, and practices.

## **The Perceptions of Illness of an Advocate for Congolese Refugees**

This section examines how Julie's experience as advocate, or community worker, leads her to perceive illnesses that revolve around Congolese refugees in Lynn. Julie is a Congolese woman who migrated in Lynn more than 10 years ago, and who has become a full time advocate for immigrants and refugees at The New American Center in Lynn. However, her work focuses on Congolese refugees. Her accounts also include social suffering from her perspective as a Congolese, migrant (woman). Julie's narratives transfer us beyond "Congo," and bring us more closely to the assertion that in some cases, Congolese in diaspora combine "traditions," hybridity and change within their lives. Julie's narratives also speak of another way of social suffering embodiment.

Julie is the only Congolese among all my participants who talks about Congolese refugees. Congolese who had the refugee status were hard to reach, or even meet. I know in my search for "refugees," I was paying attention in church and at the gathering spaces, but Julie recommended I should "stop looking" when she said: "Refugees do not carry labels that say: I am a refugee" (Interview, July, 2015). Although this group was certainly the most difficult to reach, Julie spoke to me about them. She knows who they are because she meets with them as soon they arrive from the resettlement agencies in Boston:

The refugee population is the smallest actually. Refugees are the most vulnerable population because they have multiple problems with the language barrier, and they come with acute trauma and with non-typical illnesses (Interview, July, 2015).

The first thing I learned from Julie was that Congolese refugees “have lots of problems,” that they are the smallest group, yet the most vulnerable, and perhaps the most ill of all the refugees that arrive in the USA. This is because the resettlement agencies in Boston would send the sickest to Massachusetts, the most health-care-friendly-and-free state in the country. Julie claims she develops strong and close relations with them, and that they tell her their personal stories:

Every refugee has a story. When I see the refugee coming from the camp, they tell me what is going on, how they feel, their frustrations, so that is what I am seeing ... what is happening ... (Interview, July, 2015).

According to Julie, Congolese refugees come to her with narratives of lost hope and difficulties while living in the camps:

I don't think people believe there will be any change. That's what refugees say. They say: “there won't be any change.” That's what they think. In the camps, they say that there is not hope, that they think nobody cares, that their situation is profiting some people that they wish they could go back but the reality is that they can't. And life is hard when they arrive. Some of them are elderly! The conditions they have been exposed to in the camp are... They have been living in the wildness. Sometimes just to receive treatment in the camp they have to walk miles because the doctor comes only once a month. Some hospitals are far ... {sigh} it is hard! It is hard! They had a rough life so when they come they appreciate they have a hospital here, they can receive treatment and medicine (Interview, Julie, 2015).

Congolese refugees bring with them memories from the camps they lived in for more than an average of 10 years. In addition, Julie expresses Congolese refugees arrive in the USA with what she calls “non-typical illnesses”:

They come with non-typical illness. Some will come with scars, some will come with seizures, some will come with mental schizophrenia, or chronic diseases like

HIV, could be TB. Another person will come trying to manage high blood pressure, or arthritis, severe arthritis. It is a wide range of these (Interview, July, 2015).

Julie, as their advocate and intermediary, has to refer them to the Lynn Community Health Center for compulsory checkups and treatment, and she adds that refugees also tell her about the encounters the refugees have with medical doctors at the center.

Congolese refugees, according to Julie, do not trust their doctors:

But then there is also the issue of trust. They tell me that they say among themselves: “do not trust what the doctor says. They don’t want to treat you. They just want you to get worse so that you can die.” So these are the little things we are trying to do so that they can keep up with their appointment, and their meds .... At the beginning it is a little tough, so ... (Interview, July, 2015).

Julie knows about their experiences with the clinical encounter, and she emphasizes the issue of trust is prevalent among this community. She says she still needs to set up appointments and follow up visits for them as part of her job, but she knows that some feel coerced.

Julie thus highlights maladaptation and difficulty adjusting to the medical system in the USA, and to their new life in Lynn. Maladjustment during resettlement exacerbates illness and mental distress. This is also related to the new living conditions, difficulties finding a job, and moving on toward independence:

It is hard they came! It is not what they are hoping to get. They promise you that life will be better in America, but sometimes ... you need to see the conditions in which they are coming, they pack them in one apartment (Interview, July, 2015).

Julie describes how resettlement agencies exert pressure as they stop providing assistance to refugees after eight months of arrival, then, Julie says, “You are on your own. Some



will adjust quickly, they can find a job, can make more money and then rent a better apartment but some are ill, and they will never find a job in one year. Life is tough!” (Interview, July, 2015).

### **Illnesses of the Black Community in “urban America”**

Conscious Poet shares the same perceptions of illness that the rest of the Congolese have as migrants in Boston and Lynn but also he also speaks about illnesses that affect “all demographics” (Interview, May, 2015). “All demographics” according to Conscious Poet, includes African-born individuals who have fully acquired American citizenship and African-Americans. To him, they are the Black community. Conscious Poet’s perceptions of illness do not exclusively revolve around Congolese migrants, but also his “newly” formed identity (since 16) in diaspora as Black and African-American.

His narrative is a reflection on the possible ways in which second generation Congolese conceive themselves and perceive illness. He focuses on “his” community, that is, African immigrant and African-Americans he knows and interacts daily through his Black American Catholic Church in Boston. Now, as an adult, he uses the physical and social spaces of his Black American Catholic Church to embrace his Congolese and African-American heritages. His Church, a multi-ethnic space, resembles the “union of African-American and West-African traders within the space of the market in Harlem” (Stoller 1996). The market in Harlem, according to Stoller, unites all social (Black) complexities in one place. This complex space involve different discourses, historical

fragmentations, and even religious ideologies, among Africans and African-Americans, yet “business” and “market” are the unifying forces among them. In that regard, Congolese use niches and spaces that make them comfortable, and where, as at Conscious Poet’s Church, the unifying force is Blackness, and a social history of slavery and marginalization.

Conscious Poet uses the social and physical space of his African-American church as a vehicle to express (and exchange) his perceptions of illness. In “Urban Nightmares,” he claims that “urban souls,” or African-Americans often suffer from depression, or “emotional famine,” low-income, and injustice. Conscious Poet believes that the large number of existing single-mother families, cases of prostitution, urban gangsters, cases of suicide, and Black men in prison are all maladies rooted in institutional racism. Institutional racism “refers to the informal barriers that exist in organizations that prevent minority members from reaching higher level positions in the system” (Jeanquart-Barone et al. 1996).

Conscious Poet continues adding to the pile more illnesses that are ultimate products of institutional racism. “Urban Nightmares” gives voice to his views on health care disparities:

*Oh, believe me, when I tell you, this is not about American Idol, but this is about Urban souls because Life in Urban America **IS A REALITY SHOW.** AND the real SCANDAL is not on Thursday night but, at the local and federal level! With Cutbacks on State Contracts, closing MENTAL HEALTH SERVICES and wonders why*

*we got so many shooting sprees! ... And when the government doesn't do laundry? Social and federal policies stink from economic and health disparities.  
!... You see, you have to forgive me, y'all may think I am losing it, but Urban nightmares got me wondering if we are-really living the American dream or if we are really BUILDING-STRONG-FAMILIES, strong blended, foster,... Families! Strong mix-racial/same sex, FAMILIES! Or are we living in a darkest Time, going through Historical, Spiritual, Cultural genocide!..., So Welcome to Urban America, Where life IS A REALITY SHOW AND TODAY IS THE LAST EPISODE AND ITS TITLE THE DESTRUCTION OF A NATION, BEGINS IN THE HOME OF ITS.*

The main issue for Conscious Poet is that the Black community as a minority suffers the most in “urban America.” Conscious Poet is a voice for the Black community. His concerns claim that the health care system in Boston does not benefit the Black minority community because of social determinants, such as poverty. He is certain the Black community suffers from many health problems due to lack of support, delays in seeking treatments due to inadequate insurance, mistrust, and bias and discrimination by clinicians and providers towards minority communities. Conscious Poet believes there is war going on in America, that is, the virus of cultural ignorance and racism that has the long, steady record of “historical, spiritual, cultural genocide” (Field notes, 2015).

These perceptions are intrinsically linked to his identity as Black and African-American, and the ways in which he shares his self with his community. In one of his albums, “The Blues in Your Conscious: A Voice,” Conscious Poet speaks about his own feelings on adapting and forming a sense of his self in the USA. He does so by stressing

the double burden of being a person of color, or an African entering into “race conscious America”:

*I am talking about the feeling of being in this modern day American,  
But, now that I think about, why should I talk about being an American, knowing that I  
am not American, I don't even have an American accent, cause I am actually, African,  
come from the world's second largest continent, born and raised in Congo, Kinshasa,  
this beloved mother country of mine, but now, I am adopted by this step-mother, called  
America!*

*This beloved stepmother of mine.*

*So, I just want to talk about being an American, so, I can tell you, that the Congo in me,  
challenges me to never dismiss Congolese values and is tripping over the fact, that I am  
racing in this race of getting my piece of pie of the American dream.*

Conscious Poet's formation of his self departs from the DRC and continues all the way through “him being adopted by America.” His identity as American does not dismiss his Congolese values, despite the fact that his new identity immerses him into the “residential, ideology, and socio-economics of the Black cultural entities” (Samers 2010). This means that Conscious Poet finds a place in America where he can center his self as both Congolese and African-American, and on the values and the characteristics of the Black community (Samers 2010:272), or as Grayman (2009) writes, “share experiences, ideologies, heritage, rituals and/or behaviors, values, lifestyle, and ethnic identities” (Grayman 2009).

Conscious Poet shows through his narrative (and performative action), how he has assimilated and embodied the history of “urban America.” The history of Blacks in America, slavery and the slow process of Black toward equity have had a strong impact

on him. He embodies the social suffering of “blackness” when he says “inequalities at the institutional level affect people of color” (Field notes, 2015). In this regard, Conscious Poet focuses on “his” Black community in Boston. Through this social (and spatial) communion, he expresses his African, Congolese and African-American “self” through his poetry and performance.

### **Africanness and Youth Cultures in Lynn**

I met Big Brotha Sami the Priest at the 2014 Congolese Gala. That night he went up to the stage and started:

*A (n) arm and a leg,  
A leg and a (n) arm then a head  
Cost of living, damn near half the soul: A (n) arm and a leg  
A price on the other half, another one on the head:  
That’s your life, you’re wanted for dead  
But they’ve got you running instead*

I was drawn to his words because that night they spoke of “bodies,” “life,” “soul,” and “cost of living.” I wanted to learn more about him, so after the Gala I followed him on Facebook and attended some of his performances. The first time we met was at the Hibernian Hall on Malcolm X Boulevard, in Roxbury (Boston). I remember how that day he managed to talk to me between shows, and rap and hip hop rhymes. He told me about himself and his family story.

Big Brotha Sami the Priest was born in Lynn, and brought to the DRC with his parents and two older sisters when he was very young. He and his entire family lived there for about 12 years, and then all of them came back to Lynn. Big Brotha Sami the Priest has an extended (Congolese) family in both the USA and the DRC, but his sense of belonging, according to what he said to me (and does in his public performances), leans strongly toward “the diversity community” (Interview, May, 2015). To him, “the diversity community” is the W S Movement, a group of rappers of hip hop from Lynn.

The W S Movement is a popular (youth) culture that was born in Lynn in 2003 and created by city youngsters. The Movement group’s “youth” are from different ethnic backgrounds (Africans, African-Americans, Anglo Americans, Asians, and Latinos), ages, gender, and sexual orientation. When Big Brotha Sami the Priest talked to me about the W S Movement, he described the Movement as “his tribe” consisting of rappers, deejays, and artists who meet more than once every week to share their artistic and musical creations with each other. “The tribe” performs around places with great vibes and motivation, even in inclement weather. They overtake public spaces such as T train stations in Boston, squares in downtown Lynn, and bars and clubs in Salem and Providence, Rhode Island.

The story of Big Brotha the Priest suggests a sense of double consciousness, or double belongings. Although I haven’t spoken to many first generation Congolese (or parents about their children), I know all Congolese in Boston and Lynn, regardless of age

and place of birth, consider their Congolese identity to be most important. In “We Owe Our Children the Pride,” D’Alisera (2004) writes:

Inscribed by their parents with the "imagined geography" of homeland, children become the terrain on which boundaries between "there" and "here" are crossed and re-crossed. Parents recreate Sierra Leone for their children-and in their children-juxtaposing their African homeland with their understanding of the American experience (2004:44).

Parents (or individuals that belong to the first generation within a migrant community) maintain their culture, as in the case of Sierra Leoneans, by reviving cultural elements such as the naming ceremonies, which are “ways to name children properly.” The youth may be in that regard, in possession of an “essentialized nostalgia” in relation to the homeland (D’Alisera 2004). Big Brotha Sami the Priest travels with his family to the DRC, and attends family and Congolese gatherings, while he lives and performs his self as the Priest with the W S Movement in Lynn and beyond.

When I asked Big Brotha Sami the Priest about his perceptions of illness, or what illness meant to him, he responded: “For me illness means letting yourself go” (Interview, May, 2015). I asked to expand on his answer, and I understood that “letting go” means for him “to forget African (Congolese) roots”:

Our traditions were good until the Europeans came. The Europeans brought with them new ways, and a new religion. Now everybody is religious, even the intellectuals and researchers. There are no more rituals, no more spirits to call upon. People don’t go by those traditions anymore. Now everyone follows the European medicine. There is no tradition, no indigenoussness. I am the only one who believes (Interview, May, 2015).

Sami considers as illness the violent disruptions of European colonialism, French language, and Christianity upon the integrity of African indigenous cultures and traditions. Sami perceives Christianity, and in particular the Catholic Church, is dominated and maneuvered by colonialism as an intrusion of greed for power and prestige at the cost of others. In addition, he believes that the negative effects of the conflicts in his country originated with the marriage of Catholicism, colonialism, and capitalism. This union created forced migration, un-rootedness, and the risk of forgetfulness. His concerns revolve around the loss of African indigenous systems in diaspora as he continues explaining:

They [the Congolese diaspora] do not believe in African indigenesness. They do not practice those anymore. You have a better chance to find African indigenesness among the African-Americans...they are more into it, more than the Africans (Interview, May, 2015).

Big Brotha Sami knows about the history of the DRC. He grew up in the DRC, and absorbed the religious life in the country. He also learned at an early age about the conflicts and social issues in the Congo, and about the greediness of the powerful and the Church. He now identifies himself as a traditionalist and Africanist who believes in God, but who stands against any religious greed.

In “Black Child,” Big Brotha Sami express his new socio-cultural role as the Priest among “his tribe” in Lynn. He has a compromised mission towards the youth in Lynn, and considers his poems to be prayers:



*Big Brotha [Sami] The Priest, I pray for those Children.  
One strip (with) about three to four rival churches,  
Same religion, misinterpreting Bible verses.  
Selling false hopes and dreams on making a million,  
Pastor screaming “thou shall not kill” while making a killing*

The formation of his identity in the transnational spaces of Lynn compels him to act as the Priest in Lynn. Lynn is a city known for its high migrant community, as Julie knows, but also as a city with the highest rates of crime and low-income in the state of Massachusetts. Big Brotha Sami the Priest dedicates his poetry to tackle the social problems that affect the youth in Lynn. Consider this excerpt from “Poverty is Real”:

*They [youth] run around with no shoes  
Hungry, no food,  
Up to no good,  
Folks couldn't afford to pay tuition no school.  
Not enough resources, poor education.  
Both doctors and patients (are) losing their patients/patience, no medication.  
The Food doesn't look too healthy but hey! That's something to eat.  
The boy is mentally challenged but Yo! He's running the streets.  
Off a man who doesn't make enough bread to break with his children.  
(He) fights with the wife every night, keep waking the children.  
Fell out of love but still together for the sake of the children.  
No lights.  
No respect, they call you out of your name...*

In this piece, Big Brotha Sami the Priest addresses the issues of low social or economic status, impossibilities of retirement, fatigue, “divided and conquered,” “pain” and “hunger.” He also includes children as victims of poverty. In “That’ Same Ol’ Sh#!” Big

Brotha Sami speaks of the life on the streets, crime and gun violence. The poem also highlights the rationale of life on the street, but he ultimately asks: “Hey, aren’t you fed up with that same old shit?” For him, illnesses are social exclusion and marginalization due to poverty, inadequate social and political participation, lack of social integration and power. Big Brother Sami the Priest has written over a hundred of pieces of writing, half of them are published on social media platforms.

### **Embodying Social Suffering and Structural Violence**

This chapter argues that the Congolese diaspora in Boston and Lynn perceive illness as social suffering and according to the orientation of the self. Social suffering is “the immediate personal experience of broad human problems caused by the exercise of political and economic power, such as war, oppression, torture, and poverty” (Kleinman 1988).

The theme of social suffering is identified through the illness narratives that my participants expressed as embodied within their new self as “the Congolese diaspora,” “migrants,” “advocate for Congolese refugees,” “Black and African-American,” and “Priest in Lynn.” This means that the Congolese diaspora now living in Boston and Lynn “shift entities constructed from elements of personal and cultural identity brought from the place of origin, and negotiated on arrival and settlement in the new environment” (Wild-Wood 2008). New spaces provide migrants a venue for aligning personal experience to cultural knowledge, and a process of self-making within the traditional,

new hybrid conceptions, and change (La Barbera 2015:23). These are hybrid orientations and transformations that characterize diasporic groups in their “processes of adjustment, modifications, negotiations, and acceptance” (Bauböck and Faist 2010:13).

As it is in the case of the Congolese diaspora in Boston and Lynn, new experiences and “new spaces” signify the arrival of cultural entities brought with them, such as ideologies, as well as “new illness” and new narratives. In this regard, the Congolese as “the new African diaspora” and “migrants,” reflect on forms of violence, postcolonial-disorders, “pathologies” and “social suffering,” while remembering their place of origin (Good 2010:469). Through remembrance, voice and expression, social suffering is embodied as the lived experience (Green 1998).

In addition, the Congolese narratives of social suffering are related to new challenges and barriers. Migration, according to Sargent & Larchanché (2011), generates particular health risks underlined under political, economic, and social structures that produce particular patterns of health and disease among transnational migrants. Congolese express concerns for their unity and as a united front, agree on the existence of structural constraints in the utilization of health services. These constraints, as seen in the narratives, are status of citizenship (referring to policies of entitlement that demarcate the rights of citizens and noncitizens), and work and living situations that make them vulnerable to ill health, even if they land in the new country healthy. The health of immigrants is directly correlated with their degree of social integration, such as speaking the language. Cultural constraints are issues among the Congolese, especially in clinical

settings, as is the case of Congolese refugees who do not trust the medical services they are provided with upon arrival from resettlement agencies in Boston. Migrants tend to be among the most disadvantaged when it comes to medical care coverage and access (Castaneda 2010).

In their travel between spaces, and old and new discourses of illness narratives, my participants' perspectives bring to the table the concept of structural violence. Johan Galtung (Farmer 2005) uses the term broadly to describe social machinery of oppression, poverty, social and health inequality. Structural violence is violence exerted systematically and indirectly by everyone who belongs to a certain social order. As Kleinman et al. (1997) observed, "Social suffering results from what political, economic, and institutional power does to people." Power is, according to Foucault:

Basically power is less a confrontation between two adversaries (...) rather it designates the way in which the conduct of individuals or of groups might be directed: but also modes of action, more or less considered and calculated, which were destined to act upon the possibilities of action of other people. To govern, in this sense, is to structure the possible field of action of others (1977:221).

Power and governmentality are exerted over the body, or "the body-politic" when governmental actions force citizens to leave their homes and countries. This control becomes "biopolitics" when displaced individuals are subjected to "legal scrutiny," and "the appropriate medical status." These forms of subjections are "under spoken, under recognized inequalities" (Good et al. 2010).

These reflections apply to other perceptions the Congolese express beyond the “migrant” and “Congolese” identities. Three Congolese in particular demonstrate through their narratives embodiment and diffusion of their self, attending to aspects related to age, experience, the formation of new ideologies, and relationships with “other” social fields: refugees and migrant communities, “urban America,” “the Black community as urban souls,” and “the youth in Lynn.” These are other new social spaces in which my participants consider their socio-political spaces, or niches. Through these new community groups Congolese express a sense of belonging, and thus, express illness narratives and social suffering relative to that sense of belonging (La Barbera 2015:67). Their stories also speak of “social suffering” because they convey reflections on refugees, urban Blacks, and the marginalized youth in Lynn. These narratives convey displacement and marginalization brought forth by structural violence and structural constraints suffered by these groups, which are viewed as minority groups in the USA.

In addition, Conscious Poet, as a second generation Congolese raised in Boston, points out “institutional racism.” Conscious Poet refers to institutions as capable of being racist. Institutions can behave in ways that are overtly racist (i.e., specifically excluding Blacks from services) or inherently racist (i.e., adopting policies that result in the exclusion of Blacks). “Color conscious” American society brings out race and consequently class as one of the major bases of division in American life. The USA history of racial disparities, especially in health has been pervasive. Studies on income, and health according to “race” and ethnicity in America, reveal that Black communities

tend to be further differentiated areas of racial inequality in the history of Blacks in the USA (Jackson et al. 2004).

Just as Conscious Poet reflects on color and race, Big Brotha Sami focuses on economic aspects. Whereas for Conscious Poet, the major ill is racism, Big Brotha Sami, a Congolese born and brought up in Lynn, believes societal instruction marginalizes not only ethnic minorities, but also poor communities as a whole. Big Brotha Sami refers to “his home,” and believes the youth in Lynn are at a disadvantage and “hidden” due to low socio-economic status, low income, poor housing, and the commodification of health care. Big Brotha Sami claims that high levels of substance abuse, psychological disorders, and jail time, are only a few of the issues he sees in Lynn.

As bodies-in-motion, the Congolese diaspora in Boston and Lynn go through transformations. New values are being produced and incorporated into the old ones within the new contexts. Illness narratives as perceptions of illness are strong indicators of new formations, transmission, transformations and exchanges. Perceptions of illness reveal the articulation of the sense of self and belonging in the new spaces. Perceptions of illness are products of biographical, social and cultural constructions.

The question now is: how does the Congolese diaspora perceive healing? What do they do in order to resolve these conflicts? As Kleinman et al. (1997) observes, “Social suffering results from what political, economic, and institutional power does to people and, reciprocally, from how these forms of power themselves influence responses to

social problems.” The next chapters examine not only the perceptions of healing of my participants, but also the functionality of the various utilized healing strategies.

## Chapter Five

### *Mwinda, the Light of the World*

*At Saint Mary's Parish in Lynn, about 50 Congolese, elders, and families with young children attend Mass every Sunday from 3 to 6 pm. Although Pastor Keme visits the church every two months, other Congolese pastors take turns to direct Mass every Sunday. In addition, two Congolese men called "leaders," are the caretakers of the place. They look after the building, but the church runs under the direction of Pastor Keme.*

*Mass at Saint Mary's Parish follows the same structure. All pastors direct Mass alternating between Lingala and French and with their Bible in hand. During the ceremony, two young Congolese, a boy and a girl dressed in white gowns, sit next to the pastors in order to assist them. At the beginning of Mass, these two youngsters bring the pastor water and a white towel so that he can wash his hands. During Mass, the pastor's speech integrates encouraging words from passages in the Bible. Pastors speak of responsibility, wisdom and knowledge, and mention mwinda several times as a reminder of who the Congolese attendees are. Throughout the entire ceremony, the pastor repeats the same words "mande comoboto" and afterward the crowd repeats the same words, lowering their heads while raising their hands. At least once at each gathering, the pastor names one or two members in the community. These members stand up in Lingala tell the crowd a positive experience they have had during the week. These are supposed*



*to be encouraging stories about how they have overcome, with the help of God, a difficult obstacle. At the end of their stories, the audience applauds.*

*Families with their small children sit spread across the chapel. All women dress in their Congolese attire. A group of about 5 women always sit in the front near the organ player, each holding small drums. These women sing in Lingala throughout the entire ceremony. Their singing alternates between the speeches of the pastor. Sometimes the women sing alone, at other times, with the rest of the crowd. At least once or twice, the crowd stands up and accompanies the women with their own singing and clapping. By the middle of the ceremony, the pastor asks people to stand again and greet the person next to them. By the end of the ceremony, the young children sitting next to the pastor bring him one golden plate containing “the sacred” bread and a cup. The pastor washes his hands again, drinks from the cup, and proceeds to feed the “sacred” bread to the adults standing and queuing in front of him (Field notes, June-August 2015).*

### **The Catholic Congolese: Healing through Social Cohesion and Religious Faith**

The excerpt presented above is a common scene at Saint Mary’s Parish during Sunday Mass; a gathering place for most Congolese in Massachusetts. For this majority, who are Catholic Congolese, attending Mass and meeting other Congolese to pray and sing together in their own language is the most important event of the week. Assembling together signifies the cohesion of their families as kin, and also the transformation of

Lynn as “their space” and collective memory. What is more, these meetings gather not only Congolese who have strong familial-based orientations, but also “homeland orientations.” Saint Mary’s Parish is a “sacred space” where elements of the Congolese identity fuse together like no other place in Massachusetts. In Lynn, the consolidation of their self, as both migrants and Congolese, grows, diffuses, and receives nourishment (Garbin 2014; Arthur 2010; Samers 2010:287).

In this chapter, I argue that Congolese perceive healing as the social cohesion of the self as Catholic Congolese. The migratory experience leads Congolese who identify as Catholic Congolese to construct spaces, and negotiate tradition and new forms of discourses. Saint Mary’s Parish integrates “traditional” forms of Charismatic Catholicism structured under new hybrid forms of healing discourses produced by the change of socio-cultural contexts. Saint Mary’s Parish also unites Congolese of all ages, and with different (and new) social roles.

The Catholic Congolese at Saint Mary’s Parish find healing through their worship of God, social cohesion, and support for all the issues that they as migrants confront in the USA. In addition, Saint Mary’s Parish serves as a space for the maintenance of “the Catholic Congolese” identity through cultural transmission, especially to children and the youth born in the USA. Maintaining this new self, that is, the consolidation of the self as Catholic Congolese, is the ultimate healing achievement.

## **Saint Mary's Parish: A "Centered" and "Sacred Space"**

The powerful effect of religion on healing and wellness among African immigrants is well documented in literature (Barnes and Sered 2005; Adogame and Spickard 2010). Consider, for instance, this abstract regarding the adaptation of migrants in South Africa:

Religious beliefs are useful in restoring the inner balance of an individual and reducing the levels of anxiety amongst immigrants. Many of these immigrants have found ways of expressing their identity and asserting themselves in the local community by participating in religious organizations in their new country. Churches and other religious organizations in the lives of immigrants play an important role in the creation of community and as a major source of social and economic assistance for those in need. In the case where they have been uprooted from the familiar context of their home countries, immigrants do tend to turn to religious organizations for social and spiritual comfort as well as for material assistance (Muthuki 2014:126).

Transnational religious practices are means to preserve and maintain individual self-awareness and identity through the cohesion of individuals who share commonalities. In doing so, migrants engage more comfortably with the affairs they must deal with in the host countries and perhaps connect to the homeland (Arthur 2010). Concretely, studies on the Congolese diaspora in London and Atlanta, speak of forms of "territorialization," that is, cultural transplants onto geographical sites such as churches. These churches are key sites for multiple-healing purposes and the multidimensional entanglements of religion, culture, and other needs, such as social services, political engagements and activism

directed to a country of origin. Churches like Saint Mary's Parish are examples of these multiscale sites where "the local and global" intersect (Garbin 2014).

Out of all the religious forms that have been transferred outside the DRC through the Congolese diaspora (for instance, Kimbanguists and Pentecostals),<sup>27</sup> Saint Mary's Parish is a dominant (Congolese) Catholic Church in Massachusetts.<sup>28</sup> There are other churches where Congolese gather. These are the Pentecostal Church in Everett and the Catholic American churches in Malden, Boston, and others spread out across the state. However, Saint Mary's Parish is a central space for most Congolese in Massachusetts, and was the first place my initial participants recommended I should visit if I wanted to meet Congolese:

I suggest you meet the leaders at our places of gathering. Churches and soon, the community, are going to have a town hall meeting to vote for their next government. It would be a great thing if you vote for their next government. It would be a great thing if you can develop contacts with these various leaders and let them help you encourage others to meet with you and answer your questions. Saint Mary's church is a good place to start. The priests are especially helpful and a great gateway to other members of the community (Field notes, Gabrielle, 2014).

These comments demonstrate that Saint Mary's Parish is a "centered, sacred space" for the Congolese I talked to and who professed to be Catholic (Jackson et al. 2004). In addition, and just as it happens in London, "Congolese Catholics [at Saint Mary's] can

---

<sup>27</sup> See Devish, 1996

<sup>28</sup> The Catholic Congolese Church dominate in Massachusetts. Scholarship on diasporic Afro-Christianity has rather overlooked the role of Catholics. It is true that, in the Congolese diaspora, where Pentecostal churches predominate, Catholics are the minority (Garbin 2014:368). In addition, as in London, "Congolese Catholics can rely on both the pre-existing local 'parish' structure and the transnational organizational scope of the Roman Catholic Church."

rely on both the pre-existing local ‘parish’ structure and the transnational organizational scope of the Roman Catholic Church” (Garbin 2014). Saint Mary’s Parish plays a central role for the “religious re-organization” of the Congolese in Lynn and Boston, and where collective memory materializes. Saint Mary’s Parish, as a space for a particular Congolese community, is an example of the embodiment of memory, transmission, and healing practices. For instance, consider the Islamic Center of Muslims Sierra Leoneans in Washington, DC. According to D’Alisera (2004), Muslim Sierra Leoneans “look to spaces, gestures, images, and objects [and key symbols] to embody memory”:

[Sierra] Leoneans perform community, the construction of the imagined geography of homeland provides a terrain on which boundaries of differentiation from the host society and continuity of community identity are simultaneously realized (2004:41).

The Islamic Center, according to D’Alisera, is a place in which the cultural and social dramas of everyday life are acted out. Symbols and traditions are manipulated and given expression, relationships are negotiated, and new social identities formed. At the Islamic Center, “multiple voices of religious discourse are incorporated into the everyday practice of religion, lending substance to a search for, and validation of, an authoritative definition of what it means to be a Muslim” (D’Alisera 2004:66). Similarly, the Catholic Congolese in Lynn use Saint Mary’s Parish to construct “community,” revive the “traditional,” absorb “the new,” transmit cultural values, and consolidate their identities.

## **The Beginning of Transnational Religious Healing and Social Cohesion: A Story**

Elder Jean is a Congolese who was among the first Congolese to arrive in Lynn from Montreal, Canada in the late 1970s. Over a dinner with his family, elder Jean told me about himself and the story of the Catholic Congolese in Lynn: the process of arrival, resettlement, and formation of the “hundred percent Congolese” Church at Saint Mary’s Parish.<sup>29</sup> From him, I learned that individuals and the few scattered Congolese families in the early 1970s first got together because, as elder Jean explained, “New Congolese always came looking for somebody in the community. Congolese emigrate to the church and where their families gather” (Interview, June, 2015).

The process of the social cohesion, which in turn, was a process of healing and a journey toward the consolidation of the self, started in the 1990s. About 15 Congolese, along with several Christian-Jesuit pastors from Boston and Lynn started meeting sporadically for Mass at random Catholic American churches spread out across Boston. Elder Jean said he and his wife were among them. He explained that they eventually drew closer to each other because they wanted to pray together in both French and Lingala, and in short, have Mass like in the DRC. Just as Agnew states that “Language is embedded in cultural norms” (2005:45), the Congolese in Boston and Lynn established their churches and prayer groups from “parent churches” in the DRC as a form of connecting with their roots.

---

<sup>29</sup> Interview, June, 2015

Elder Jean's story suggests that the first Catholic Congolese, who are now first and second generations, had the need to meet other Congolese. Despite multi-cultural interactions, they chose to dedicate time to their "Congolese self." The need for the "Congolese self" was so strong that in 2004, the group finally identified Saint Mary's Parish as their place of gathering and worship. According to elder Jean, most Congolese lived in Lynn, an inexpensive place to live for most of them, and the perfect territory where they could easily and regularly meet at one place. Elder Jean recognizes that although some Congolese went separate ways (to attend other churches), this particular group preferred to continue having their Mass in the Congolese way:

It is part of the tradition, yes, of course, because when you move you bring your own traditions. That's the way we celebrate Mass. We gave ourselves a name to allow these people to celebrate Mass the way they celebrate back home. They may not be as comfortable in English. They may need integration. When they are with their own people, they feel more comfortable (...) There are other Catholic churches, but this one is hundred percent Congolese (Interview, 7/10/2015).

The effect of such an historical cohesion was, and still is, empowerment:

They [the church] like to focus on Congolese empowerment. They are concerned about the Congo. They deal with immigration issues. The church gives a force to the Congolese. It is through the church that they empower each other (Interview, Conscious Poet, 7/10/2015).

The Catholic Congolese remain traditional. The members of the church empower each other by sharing Mass in their own language and by bringing forth African-Congolese elements such as dress codes, music and songs, and acoustic instruments such as drums and tambourines. It is in this way that they "feel more comfortable," as elder Jean

explains. The church sustains “the breaking away” from what they left behind in the DRC. It is at Saint Mary’s where the attachment to “home” is maintained. Their powerful cohesion is what Wild-Wood (2008) calls “corporate belonging.” The idea of “corporate belonging” resonates the common African proverb on “being-in-relation”: “*mutu ni watu*, a person is people” (Wild-Wood 2008:7). Similarly, Father Keme also claims the following with regard to church:

The person is not alone. You feel that sense of people being with you. Being together of togetherness, and this is an old African philosophy: “I am because we are. I am because we are” (Interview, June, 2015).

Saint Mary’s Parish is not the only church the Congolese attend in Boston and Lynn, but this one in particular is “hundred percent Congolese” (elder Jean, Interview, June, 2015). This means it is a “sacred space” that allows the continuation of “divine healing,” a stage for belonging, and a platform for wellness and consolidation of the self (Konadu et al. 2006). Garbin (2014) describes Congolese Catholic churches in London as “transnational organizations” where Congolese “serve God lively,” in their comfort and own language, and how using drums, musical instruments, and prayer make the site sacred, and a reproduction of cultural legacies within the new transnational contexts:

The Congolese way. For those who want to live the Church according to the Congolese culture...It’s also a link with the Congo (Garbin 2014).



This church in London is characterized, according to Garbin (2014), by “flexibility and ‘portability’ of charismatic Christianity,” and contains many of the elements Catholic Congolese need to continue their lives here in the USA.

### ***The Naming: Mwind***

In addition to creating and establishing their church, the Catholic Congolese assigned a name to their newly formed group:

When we moved our church to Lynn, we decided to work as an organization. We needed to give our organization a name. We called ourselves *mwind*. In Congo, there is the basic community in the city, which are the churches and their structure. That is what you call the basic community in the city. Beside the church, people will meet in the community. They also have their leader in the community, in the city. We transferred all here (Interview, 7/10/2015).

*Mwind* originates from the Christian tradition in the DRC of naming the youth in the church *mwind*, a Lingala word for “light of the world.” The Lingala word, derived from the biblical passage of Matthew 5:14-16, states:

You are the light of the world. A town built on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven.

Naming the youth *mwind* (as a form of transference from the DRC to the USA), sets them up for the mission of being good examples to the rest of the world. Similarly, the Congolese in Boston and Lynn asserted they liked that name and were familiar with it. Naming their new Catholic movement meant the beginning of their church, their social

organization, and their identity as Congolese in the USA. Their mission, as elder Jean explained, is to be exemplar Christian devotees to the rest of the world, including the USA and the DRC. With that name, the Congolese demonstrate to “the world” their unity and who they are despite each of them having come from different ethnic backgrounds.

### ***Strengthening Centrality, Structure, Social Roles and Gender Differentiation***

The Congolese population in Boston and Lynn eventually grew, not only in numbers, but also in terms of religious affiliation. The *mwinda* group remained in Lynn, while other Congolese, including the Pentecostals, went their separate ways, and set up their own church.<sup>30</sup> This split meant the division of the Congolese. The Congolese in *mwinda* decided, according to elder Jean, Pastor Keme, and Mama Estelle, to map the geographically the Congolese population and characterize the Congolese population in Massachusetts as three different groups: “the Catholic Congolese community,” “the non-Catholic community,” and “the Congolese community”:

Mama—no, Mama is not ... We are talking about three things here: there is a Congolese Catholic community, and then we have the non-Congolese Catholic community, that originates from the church. Then you have the Congolese community which includes all the Congolese. Mama is the leader now, not only of the Catholic Congolese, but also of the entire community (Interview 7/10/2015).

---

<sup>30</sup> Pentecostals are a majority in Atlanta and London, (Garbin, 2014).

The division of the Congolese population in Massachusetts into groups by members of *mwinda* demonstrates an inclination toward a certain kind of centrality, or socio-political organization based on religious affiliation and gender. Congolese in *mwinda* call all Congolese in Massachusetts “the Congolese community.” In making these distinctions, the Congolese in *mwinda* also decided to separate their own church into the religious and the social services—political spheres. That meant relegating assumed responsibility to additional leaders other than the pastors. From the beginning of *mwinda*, the Congolese had their pastors.

Pastors in *mwinda* (male Catholic Congolese) are elected every two years. They also act as cultural arbiters and religious leaders, yet, there was a need to address non-religious matters as well, as more Congolese continued to arrive in Lynn. These supported Congolese accessing social services and dealing with immigration issues. In view of these social growing needs, the appointment of Mamas (Congolese mature women) as Presidents of the Congolese community started soon after the 2004 division.

### **Religious Healing and Social Services**

Saint Mary’s Parish is a “sanctuary.” The idea of sanctuary suggests that the church is a “place of worship, a refuge, a place for solidarity and community, a ‘family in Christ’ ” (Garbin 2014). Saint Mary’s Parish provides healing that takes many forms: functional networking, social cohesion, religious healing, social services, and the

necessary support for the strategic navigation within the pluralistic health care systems in the USA (Erickson 2008; Bandele 2010). Church offers the immigrant group a place that invigorates them and gives strength to confront life “outside,” in the core of the “new” society. Church is a social space shaped and reconfigured especially to meet pressing Congolese needs in the USA, and which include spiritual and social needs. These needs also involve structure and order. In this respect, Congolese have specific roles within the church: pastors in *mwinda* are in charge of spiritual needs. They are Catholic Congolese male exclusively, as women cannot serve as priests. The President of the community, such as Mama Estelle is in charge of social needs. Other women’s roles involve the singing and music during Mass, while Congolese male are appointed as “leaders” to take care of the Parish.

### ***Charismatic Pastors***

The Charismatic Catholic Renewal (religious) healing helps Congolese confront and deal with integrity, faith, and sin. The healing of this religious movement in diaspora consists of communal and individual prayers to God as the divine healer, savior, and protector. Mass on Sundays deliver sanctuary ceremonies in which prayer, song, clapping, and drumming parallels customs that lift the spirit. As Garbin writes, Afro-Christian churches are chosen in diaspora because they are alive (in contrast with American Catholic churches), and resemble the ways of church “at home” (Garbin 2014).

In addition, Pastors, as “full-time religious specialists,” play a key role in the Mass ceremonies of Mass at Saint Mary’s Parish (Stein and Stein 2005).

I was first directed to the leaders or pastors, and one of them turned out to be Pastor Keme. He is a highly respected and trusted person. I present him here because he is devoted to Saint Mary’s Parish and the one pastor my participants recommended I should talk to. His narrative and comments provide only examples on how religious healing happens at Saint Mary’s Parish. He has been part of *mwinda* since 2010 when he first arrived in Boston, and he has been the pastor of Saint Mary’s Parish for about two years. He was a pastor in Kinshasa, and he continues his role as such in diaspora. His role, as he explains, is being a spiritual father and a friend. This demonstrates that Pastor Keme in diaspora, attains his new role as a priest and healer in *mwinda*. He explains that a pastor’s “relationship with the community is not just about going to say Mass, but also about sharing their moments of joy” (Interview, June, 2015).

Pastor Keme’s new role in diaspora as a spiritual healer exemplifies one among the many re-constructions of the self among religious leaders. The migratory experience of Pastor Keme has led him to *mwinda*. Through *mwinda*, Pastor Keme finds a platform to reinforce who he is. His experience and growth in *mwinda* gives him his “presence” (as an example to the world) at his other social fields, such as the university where he teaches at. At his place of work, (a Jesuit school), he exchanges religious knowledge with other religious leaders, while he visualizes and absorbs “the globalization of Christianity.” His diasporic experience and ways of transmission and exchange are

similar to the case that Johnson (2007) presents in his work on the diasporic experience of a shaman from Honduras in New York. This shaman in diaspora “mixes” his knowledge and practice from “back home” with what he learns from his encounters in New York with Cubans, Haitians and African religious individuals. This shaman is able to read “religions tradition in light of other religions traditions,” and thus, transform his own self (Johnson 2007). In this regard, Father Keme lives and teaches (and performs) at “cultural cross roads” (Stoller 1996) with other non-Congolese individuals. Within these new social fields, Pastor Keme learns and teaches religious epistemology, while he interchanges his visions as a Congolese (Pastor) in diaspora.

### ***Healing Perceptions***

Pastor Keme perceives healing in relation to (all) the Congolese diaspora and *mwind*. He considers all of the Congolese (without exception) in Massachusetts to be “the sons and daughters of their culture.” He certainly knows that the Congolese diaspora go through challenges as migrants. He claims that *mwind* serves a practical purpose in diaspora:

You have two groups of people. Once they leave their country and their way they used to live they easily became lost, they embrace the worse of a culture, other culture, and they are completely lost. Another group of people are those who are really rooted in their culture, so it becomes even more difficult. They are not open to other culture despite the fact they have moved out of their culture, but they still behave like they are living back home. And we can say there is a third group of people who really know how to find the balance in embracing their own culture and taking what is valuable in their own culture. Don't forget these people are the sons

and the daughters of their culture. They are precisely the church people. In church you have this culture (Interview, June 2015).

For Pastor Keme, the Congolese as “the sons and the daughters of their culture” need to consider balance for the new life in the USA. Church and *mwind*, according to him, can bring this balance. In addition, Pastor Keme recognizes that all Congolese are in a delicate state due to the effects and impacts of the chaotic situation in the DRC and the experience of displacement and resettlement. Pastor Keme mentions that Congolese can lose their identity (as Catholic Congolese) through the challenges of migration and the challenges that “a culture [has] within another culture” (Interview, June, 2015). Pastor Keme believes Congolese can lose their faith and question the benevolence of God after traumatic events and if things do not go well here in the USA:

People who have experienced all of these atrocities and abuses, at a certain moment you see them starting doubting the presence of God. If God is a merciful God, how it is that he allows all these terrible things to happen? They have troubles with themselves and that is a challenge for their faith, and they will need that healing (Interview, June 2015).

Therefore, according to Pastor Keme, the first step for healing a Congolese individual is Church. Through Church, social cohesion, and communal prayer, Congolese can restore their faith and strengthen their identities as Catholic Congolese and “examples to the world.” Pastor Keme talks about the consolidation of his own self in diaspora. He says he is deeply rooted in *his* culture. This suggests that even in diaspora, Pastor Keme maintains who he is, a Catholic priest. Through this consolidation, he is able to find a

balanced navigation between the spaces of his culture and the American culture through his church. According to him, Church provides the perfect context for such a balance. More directly, Pastor Keme mentions his role as a priest also involves the healing of individuals who came to the USA suffering from psychological trauma. That is his “new” role:

This is where my role as a priest comes into place. For example, when a person has difficult problems. Let’s see... the parents have committed suicide for instance. Or when someone goes through difficult moments. In that moment I talk to the person. I assist the person. My experience has shown that when you let people talk, you start the process of healing (Interview June 2015).

Pastor Keme’s modes of healing include talking to the ill person and are oriented to individual interactions and “to combating pathologies one-on-one,” or individually (Toit & Abdalla 1985). In intimate and private settings, Pastor Keme would pray with and listen to the afflicted individual. Pastor Keme often speaks of Congolese individuals in the DRC and in the USA who had suffered atrocities and had come to him. Individuals in the community have developed a strong and intimate relationship with him, prompted by trust and friendship. During my time at Saint Mary’s Parish, I observed how individuals approached him after Mass. Also, on several occasions, I heard participants saying that the pastor visits them regularly in their homes for prayer. This was the case, for instance, of elder Jean, who suffers from cancer. Elder Jean says he and Pastor Keme are close friends. Although Mama Estelle and others assist in various ways with the travelling



expenses for his visits to doctors in New York, the pastor visits him weekly at his home to pray together.

### ***Diagnoses and Referrals***

Pastor Keme's methods of healing are based upon "the stock of cultural knowledge" brought from the DRC (Mattingly and Garro 2000). His healing encompasses familiar forms. The following demonstrates how cultural practices and legacies are sustained transnationally in the new spaces of Lynn, and how they are mixed at the same time with the medical constellations in the USA.

After talking to the ill individual, Pastor Keme would diagnose the illness and assess his or her needs. He explains:

This is not to say that when a person needs surgery, or something like that, I don't send them to the doctor. They need more than prayer. My role is spiritual. People have to go through that healing process: it is psychological. It is mental. It is also physical. Women have been abused. They have been raped, so they need medical care. Those who have been traumatized by those events need psychological care. They need psychological care, and of course, they need spiritual healing (Interview, June 2015).

In this instance, Pastor Keme acts as a spiritual (Christian) healer, charismatic, and traditional diviner during a healing session in his attempt to diagnose illness. His ways of healing are elements of the Catholic Charismatic Renewal (Good et al. 2010:92). This means that Pentecostal elements have been introduced into Catholicism. Some of these healing elements are the Baptism in the Spirit and healing ministry. Healing ministry

consists of prayer accompanied by the laying on of hands for the treatment of physical, emotional, or demonic illness. Inner healing may be aimed at removing the effects of a particular life trauma, and Pastor Keme does so by eliciting supernatural guidance from God (Stein and Stein 2005:130; Du Toit and Abdalla 1985:84). Through trust and charismatic healing, Pastor Keme may diagnose the person with a physical illness. If so, Pastor Keme refers the person directly to a medical doctor. This is relevant as members of the church express that their illnesses may require different kinds of doctors. For instance, Marie, a Catholic nurse who attends Mass at Saint Mary's Parish every Sunday, and who is also one of the singers in the church, differentiates doctors according to illnesses:

[In the city] in my family we had sickle cell anemia, it runs in the family, and we know that is biological, it can be explained. I have a sister-in-law, very well educated. She went to see—she had a child with the disease. She went to see the traditional practitioner, and instead of taking the child to the hospital where they can take good care of her, experts on the disease, she took her to the traditional practitioner (...). She took her to the traditional practitioners despite the fact we were giving her advice, she just believed in those (Focus group, 8/15/2015).

Marie's narrative suggests that discourses on etiologies or causes for illness and disease exist among the Congolese diaspora, as was the case with her family: the mother of the sick child thought the disease had a non-biological cause, and she initially considered seeing the traditional practitioner, while Marie and other members in the extended family thought the disease was biological. Marie said the child continued to suffer from the

disease for many years and believes the mother did not perceive the disease under the same terms as she did. Elder Jean also has his ideas of illness as scientific explanations:

Illness is just ... eh—you know—eh ... we have a body made out of cells, and then you can have an accident in the cell that provokes a chain of a continuum of more accidents. Once a cell goes bad... Illness is a scientific explanation, one cell goes bad, and others too, and that is sickness, the meaning of the illness (Interview, 7/10/2015).

For elder Jean, as well as other Congolese and participants in the focus group, the scientific explanation offers a supported evaluation of the origins of certain illnesses. Congolese express that biological or physical illnesses include high blood pressure and cancer, and even dilemmas related to immigration can bring forth mental and physical distress. According to Erickson (2008), these types of illnesses are based upon “naturalistic explanations,” or on systemic terms of the following causatives: biology, the body and the environment. These types of illnesses have their own pre-determined collection of indicative symptoms and are disclosed, diagnosed and managed by biomedicine. Erickson also classify illness as “personalist explanations” and emphasize “the socio-cultural, spiritual and the supernatural world as the causes for illnesses and diseases” (Erickson 2008).

My participants understand illness causation can be derived from “someone else.” Illnesses are also caused naturally. In this respect, spiritual healers in diaspora like Pastor Keme, understand there are different causes that prompt illness, yet the reasoning and the concreteness on the specific causes deserve more attention. According to Pastor Keme,

the classification is (at first hand) rather explicit: if an individual is having difficulties with accessing healthcare due to poverty or language barriers, the Pastor would recommend the individual talk to Mama Estelle. Mama Estelle, as we will see in the following section, holds an important roles within the community. If Pastor Keme diagnoses the illness is a spiritual case, he would then proceed as a healer.

Theories of causation among the Congolese in diaspora follow “Congolese” cultural models. In diaspora, a researcher can find at first hand, preliminary systems of categories for the causes of illness and disease, as pointed out by Erickson, “the rationale for the treatment and prevention of illness and disease” (2008: 5). My data speaks of “difficult problems” that Pastor Keme refers to as spiritual dilemmas and issues related to trauma, faith, but also confusion about the causes of physical and non-physical illnesses:

If you believe that the illness is coming from somebody, then, you have to think. You need to see somebody who can give you let say, some medicine. If they believe in God, then they can go to the pastor (Focus group, August 15, 2015).

These are types of illness that create confusion and perplexity in the minds of the Congolese. Under this causative category, the Congolese do not seem to know how to describe or identify the cause of their illnesses and tend to keep the matter rather private. Elder Jean explained that “in the Congolese culture every illness has a source, a source of malediction.” The cultural explanation, according to him, “make Congolese slaves of their own culture and paranoid, just as it happens in the DRC.” To him, constantly living

in that tangled mentality of jealousy and malediction between Congolese individuals and families never ends.

The Pastor, as elder Jean confirms, can help with those types of illnesses that involve confusion and doubt. Cases of bewitchment and witchcraft, for instance, are also included in the category of “personalist explanations.” A witchdoctor, a traditional healer, or a pastor may need to step in (Focus group, 8/15/2015). Tome, a fervent Christian man explains during our interview that these are the type of illnesses the Congolese do not know about. When Congolese are not able to recognize the cause of their suffering, they cannot openly share their condition with others.

### ***Healing Energy***

If an individual is going to continue her or his healing process with Pastor Keme, it is because, at a fundamental level, Pastor Keme understands that the individual lost his or her identity as a Congolese, their and faith, and also their self-confidence and self-esteem. Pastor Keme would encourage that individual to keep talking, express their sorrows and experiences, and “tell their side of the story” (Interview, June, 2015) in order to reach an understanding of what is happening and why. In addition, Pastor Keme assures the individual that he will listen. “It is like doing psychology,” he said, “listening is the most important thing. You listen to people, and you give them the opportunity to talk about their problems. When individuals tell their side of the story, that’s precisely the way of healing” (Interview, June 2015).

At a certain moment during a healing session, the power of the Pastor would manifest its presence. Pastor Keme referred to this power as healing energy:

I am referring here to the kind of energy I have within me, and how I generate and channel that energy. So when there is a disruption of this energy, you need that healing to go back to the right track, to let trust in again, to let people believe in themselves also. That's spirituality (Interview, June 2015).

During the talking process, Pastor Keme uses his healing energy, or faith, to restore others.<sup>31</sup> Pastor Keme believes all Congolese are in possession of such energy, but he also recognizes that such energy can be broken. According to Pastor Keme, these spiritual problems need to be addressed by pastors. The use of healing energy is part of what Stein and Stein (2005) argue, in his work on the anthropology of religion and ritual, to be “the soul retrieval in therapy rituals” and ultimately that is how you heal those illnesses that cannot be dealt with by using biomedicine and medical technology. Then the Pastor is capable of bringing forth incredible outcomes, just as he explains:

When people listen to one another, when people tell their own side of the story, they build the community. Some come out of shame; others acknowledge and accept they have done something wrong. Through this process of reconciliation, people make the decision of repairing. But repairing does not mean you are going to replace what has been broken, or bring back the lives we have lost, but at least you are telling the people there is a possibility to bring the community together again, and from there you build the community. So it is a very important process, talking and sharing a story. Not only other people telling the story on their behalf,

---

<sup>31</sup> Transpersonal healing is similar to Catholic Pentecostal charismatic healing. This term applies to the variety of culturally unorthodox healing methods that do not ordinarily or necessarily involve the use of material objects (herbs, drugs, crystals, etc.), but rely chiefly upon the healers' (1) beliefs in scientifically unknown and non-validated forces, powers, and energies, (2) the intervention of spiritual or spiritistic. The myths of healing: A descriptive analysis and taxonomy of transpersonal healing experience. Cooperstein, M Salner, Marcia (advisor); 1990

but yourself, you tell your side of the story, and that fact is precisely the way of healing (Interview, June 2015).

The Pastor's healing arts restore broken faith and self-confidence, and by doing so he brings the community together again. This is the goal of Pastor Keme as a spiritual healer at Saint Mary's Parish. Using the therapeutic narrative approach, Pastor Keme instills in the person the need to break the silence and speak up. For some, as he specifies, this means accepting the shame of doing something wrong, while for others, it means understanding what happened to them. This is the reconciliation, as Pastor Keme said, those individuals bring not only to themselves but also to their self as part of the "social body" of the Church.

On occasion, Pastor Keme refers an individual directly to medical doctors through Mama Estelle, but these people would come back to him. He explains this turn of events as follows:

You can go to the doctor, and say: "I have a headache," "I cannot sleep." You are not sleeping because you are too tired, or things like that, and then you try it (the medical doctor's advice) for the first month, then the second month, and then you conclude: "maybe somebody is trying to bewitch me (Focus group, 8/15/2015).

Pastor Keme shares particular cases with me in which individuals go to their medical doctor, receive biomedical care, but then they return to him when they do not heal. "It is a question of perception," claims Pastor Keme. Congolese individuals sometimes think, or perceive that they are suffering from an illness "that comes from the culture," or "bewitchment." These individuals tend to describe their physical symptoms as: "they

never go away,” “I have been having bad dreams,” or “I think somebody is trying to take my life” (Interview, 7/10/2015).

Pastor Keme understands that, on occasion, physical illnesses hinder other kinds of illnesses. He explains that the individual and even the healer do not realize that fact until the individual has seen both doctors: the medical one and the charismatic Congolese pastor. Pastor Keme refers Congolese he thinks are having hallucinations to a medical doctor or psychiatrist. But if Pastor Keme decided this is indeed a case of bewitchment, it is because there has been a conflict between two or more individuals. This social conflict takes place, as he explains, “when a person doesn’t like you,” or “didn’t give you what you wanted,” or “didn’t do what you wanted,” as well as jealousy.

If Pastor Keme is going to invest time on those suffering individuals as a cultural arbiter and healer, he would do as follows: First, individuals who suspect they are a victim of “bewitchment” must always seek the pastor. The Pastor would see the person privately in order to reassess the root of the illness through divination and communication with God through prayer. The Pastor would pray with that person, and then ask the individual again to speak up and “tell their side of the story.” Pastor Keme then asks the person to reach out to the other person or persons the individual thinks is perpetrating the bewitchment.

In theory, both the victim and perpetrator (s) are supposed to “tell their side of the story” to each other, and thus arrive to an agreement. If these means for reconciliation fail, Pastor Keme explains (although he did not specify exactly how), that he would meet



with the individual once more to “test out demons,” and finally “cast out demons” (Interview, June 2015). These are “anti-witchcraft rituals” or “prescriptive rituals” that might be required to be performed according to tradition and by a religious authority (Stein and Stein 2005:84). These are also formal Church rites of exorcism, according to Catholic Pentecostalism. Evil spirits identified are dispatched by a “prayer of command” in the name of Jesus Christ (Good 2010:93).

### ***Mama Estelle and Group Therapy Management***

Saint Mary’s Parish is a site for religious healing, gendered social networking and roles with kin relations, and the forging of identities and sense of belongings in the midst of the “global” in Boston and Lynn.

The social services that Saint Mary’s Parish provides as a Catholic Church in diaspora resembles the charitable nature of Christian churches in the DRC (Wild-Wood 2008). Churches in diaspora also fulfill both spiritual and social needs. For instance, the Nigerian Catholic Church in Riverdale, California (USA), provides “social insurance” by offering assistance with cultural issues and barriers confronted in host countries as immigrants (Arthur 2010:133). Saint Mary’s Parish is a site that provides experts in transnationalism such as Mama Estelle and other Congolese who initiate civic movement for support for pressing their needs. Saint Mary’s Parish organizes religious and national Congolese festivals and celebrations, as well as familial-based celebrations such as births,

funerals, and weddings. Saint Mary's Parish is also a site for the deliverance of support with the new and necessary negotiations with host countries.

Mama Estelle is the second President in the history of the Congolese presidency in Massachusetts:

You should talk to Mama [E.] She is the president of the Congolese in Massachusetts. Everything not related to religion or prayer, is under her jurisdiction (Interview, June, 2015).

When I first interviewed Mama Estelle at her home in Dorchester, and asked her to tell me about herself, she identified herself first as a mother and a grandmother, and then as the President of the Congolese community. Mamas are mature Congolese women that are called as such because they inspire respect and affection. Mama Estelle has extensive experience working with "communities and lives," she says. She is a community organizer at a department of student affairs, and she has been doing this in schools in Africa, Saudi Arabia, and France. She describes the initiative that created her role in Massachusetts:

We notice that the Congolese community is divided into small groups. Like we have church, we have different churches; we have then the Protestant Church, and the Catholic Church. This pastor, and that pastor. And then you have the Congolese New Women, so you have those NGO's, but not coordination. We, the Congolese people feel like there should be a head that can contact the head of all of those subgroups (Interview, June, 2015).

Mama Estelle, as a Congolese woman in diaspora, has gained social power and status to procure for herself her role as a President. Her role in diaspora is presidency. As the

President of the Congolese community in Massachusetts, and as part of *mwinda*, she feels the need to unite all Congolese. In addition, she understands the role of Church, but also prioritizes solutions to non-spiritual problems, such as issues related to immigration and physical illnesses that can be cured with biomedicine. Although Mama Estelle is an educated woman who feels prepared to deal with legal knowledge on immigration and health care, she states that the healing process is, in the end, not a private matter or one-on-one intervention, as Pastor Keme believes, but a concerted effort:

Well, I thought, it is a concerted effort, like I was trying to organize wherever I was. I found people who were trying to organize before me, so I found something that was there, but not working properly, is on and off (Interview, June 2015).

Mama Estelle recognizes that cooperation from the entirety of the Congolese community “is on and off,” and that they should all work together. Her perspective on healing is oriented, in contrast to Pastor Keme’s individualist therapy, to group therapy management, or the management of “the set of individuals who take charge of the selection and evaluation of treatment, as well as support of the sufferer, with or on behalf of the sufferer” (Janzen 1985). Mama Estelle believes that healing is the responsibility of every member of *mwinda* and every Congolese in Massachusetts. This is similar to the concept of “biosociality” that Rainbow suggests. The terms refer to subjects who organize around common illness experiences to fight for recognition therapy, consolidation, or reparations (Rainbow 1996).

Mama Estelle carries out her group therapy management perspective as a coordinator and intermediary between the Congolese and the medical system in Boston and Lynn. As a leader, Mama Estelle aims first at establishing and maintaining unity and coordination. As she says, she is “always making the effort to put the community together, the people of Congolese descent,” because she recognizes that at times maneuvering “the different kinds of mentality of the Congolese who had come from different regions and tribes” can be a challenge. Mama Estelle believes that communication and dialogue are most important:

You have those who never say anything to you but they will backstab you, and then will be the poisoning. Those are never violent. They are always polite, they are never violent, smiling to your face—but they will do something to you. And then those who, you know—who say: My friend let me tell you something. You have those who tell you something to your face, fight you and then you solve the issue and then you are fine. My friend, what you did I don’t appreciate it. We agree, ok, we shake hands and then it is all forgotten. You have—you talk to each other, and say: I don’t appreciate that (Interview, June, 2015).

Here, Mama Estelle presented some social norms, or expected behaviors that, according to her, consolidate unity. She points out that when people “talk to each other,” and “shake hands,” everybody “makes our stay wherever we are, more comfortable.”

Mama Estelle’s group therapy management embraces ideals of unity, coordination, dialogue, and communication. Mama Estelle explains that she organizes regular meetings at her home, sometimes at others’, or via Skype with those Congolese who cannot be present. At those meetings, Congolese express their concerns and make inquiries and

assessments about what is needed, and/or who among those they know is ill. Some of the attendees at those meetings are what Mama Estelle calls “other leaders” or “district representatives of the state of Massachusetts” (Interview, June, 2015). Mama Estelle, in her capacity as President, had assigned these Congolese a region in the state so they could act as representatives in those meetings.<sup>32</sup>

When the committee and Mama Estelle learn that a person is ill, or in need, they deliver the message to Saint Mary’s Parish. The caretakers of the Parish would normally ask the pastor to announce the matter, as well as the possible healing resolution, but Mama Estelle always suggests community contribution and solidarity:

One of the things mmm—is really to see a wonderful community. People have their sense of solidarity. If a man of the community does not have the necessary means to go to the doctor, you see people contributing, to help that person, and then there are people who know doctors, or referrals, to make sure that this person or family is being helped. The generosity is really expressed by taking care of their own members. You really do that, and you see people really being generous to provide what they provide. So and so is sick for instance, and then if they don’t have enough sources, then the community contributes (Interview, June 2015).

Solidarity is an integral part of the group therapy management that Mama Estelle tries to foment. This sort of therapy is a uniting force for all Congolese in Boston, Lynn, and beyond. It is through difficult moments of illness and death that the Congolese feel most united. Mama Estelle claims that in times of sickness and death, “they [Congolese] act as

---

<sup>32</sup> See the political division of the Congolese in MA. Appendix II.

one family because they feel they live in a very individualist society.” Mama Estelle believes Congolese in diaspora have retained their sense of unity and solidarity.

The Congolese continually demonstrated their unity and solidarity during my fieldwork, even beyond *mwinda*. Other Catholic Congolese (and Pentecostals) attend other Parishes, yet they know each other, and they always contribute in the case of need. When Brother Bala Basunga became ill, Mama Estelle and her committee, composed of Congolese who live outside of Lynn and attend other churches, decided to contribute to his treatment expenses. When he passed away two years later after treatment, the Congolese in *mwinda* and others organized the 2014 Boston Congolese Gala in order to raise funds for the family. As stated previously in Chapter 1, about 380 Congolese assembled that night. The gathering focused on “bringing the Congolese community of Massachusetts together to help raise funds to confront the challenges experienced by members of the community.” The gathering was also an occasion for the Congolese to celebrate pride in their music, food, and fashion styles.

This demonstrates the efforts of Saint Mary’s Parish to fulfill the needs of their members. This is also a sign about the interaction of active networking between all the Congolese and their Church. This definitely deserves further inquiry. But one thing is certain, and it is that in their efforts to help those in need, members at Saint Mary’s Parish do communicate with others. This communal effort continues after illness, death, and throughout funeral arrangements:

I know that we are very ... we are a tight community, in case a bad issue happens, someone is very sick, or there is death, we contribute, and we pray about it (Interview, Mama Estelle, June 2015).

In the case of Papa Onoko, an elderly man from Lynn who passed in August 2015, Mama Estelle explains that they designated somebody to collect money, so that “the funds go to the widow, or the person who has lost, it can help with the burial costs, and things like that.” In addition, Mama Estelle arranged for Papa Onoko’s home to remain open during two weeks so all of the Congolese could visit and contribute to the family.

### ***Social Services, NGOs, and Medical Systems***

Mama Estelle also serves as an intermediary between Congolese and the medical system in Boston and Lynn. She does so through the Congolese NGOs established in Lynn, or what I call “healing satellites”:

We have the CDC [Congolese Development Center] that helps everyone who’s a refugee and in need. At some point, I worked with them as a volunteer, and then we have the CWANE [Congolese Women Association of New England], that helps with immigration cases (Interview, June 2015).

The NGOs originated thanks to the initiatives of members of *mwinda*, yet these organizations aim at helping everyone. Mama Estelle helped form and fund them, along with advocate Julie and other Congolese, the Congolese Development Center (CDC). For a number of years, Mama Estelle volunteered at the Center. The CDC provides basic resources, services, information, and skills needed to facilitate the transition and

integration of new Congolese into life in the United States. The programs of the CDC include education on the English language and how to obtain legal papers and primary physicians.

Another NGO funded and coordinated by Mama Estelle and other Congolese women is the Congolese Women Association of New England (CWANE). These Congolese women have social power, and resources, and decided to create an association whose goal is to help refugee and immigrant Congolese women and their families adjust to American life, achieve self-sufficiency, and improve their welfare. Though the CWANE primarily offers social services to help women who had experienced trauma, they help all Congolese. The founders of the CWANE are educated Congolese women who have sustainable resources to offer social, educational, medical, and economic assistance.

### **From “Sacred Space” to Sociality and Gender Differentiation**

Perceptions of healing reveal the specific roles that Father Keme, Mama Estelle, and other Congolese in *mwinda* have to fulfill in order to bring healing. Their perceptions as well as the actions I witnessed at the Parish, lead me to reflect on forms of gendered social organization. Congolese in *mwinda* aim to be a united (and exemplary) community to the rest of the Congolese in Massachusetts, and the world. Their sense of order and social structure reflect on the ways in which they conduct and behave themselves during Mass, and organize social initiatives and social services in relation to needs and leisure.



In addition to help maintaining NGOs, Mama Estelle also supports social events that assimilate specific organizing principles. Mama Estelle, as the President, supports all the youth initiatives that pertain to Congolese gatherings and leisure. This is the case of the annual Boston Congolese Gala, a celebration that has a theme each year. The 2015 Gala brought together about 200 Congolese and emphasized the importance of supporting those who want to go on to graduate school. Mama Estelle also collaborates with other Congolese in *mwinda* and across the state with the organizing of the basketball tournament in Everett, and the Boston African Festival in downtown Boston every year. In the organization for these events, Mama Estelle participates with the logistics and in assigning organizers.

On August 18<sup>th</sup>, 2015, I was invited to the annual basketball tournament in Everett. The event lasted all day, and gathered about 50 Congolese youth and a few parents from all churches across Massachusetts including *mwinda*. The basketball tournament is a very exciting event for most Congolese I met. The tournament is also very competitive. Parents and elders feel proud, and the youth definitely have a good time.

On that day, all attendees were mostly youth and a few parents. All of the players were male. There were about 4 or 5 teams who competed against each other for about 30 minutes. I noticed that the women arrived later with food, and started to set up for the barbeque with tables at the back of the field. I saw Gabrielle (Mama Estelle's daughter), and one of the first Congolese I met at the 2014 Gala. We greeted each other. She was

there with the rest of the women, who were of the same age, preparing hamburgers. But the tournament continued as the main part of the event. After the game, everybody went to the barbecue setup to eat and drink. After eating, everybody hung out for about another two hours. Women remained together and the boys stayed together respectively.

The tournament game was an example of diasporic territorialization and assimilation, but also of the structured social organization in *mwindá*, and in relation to other Congolese churches. Congolese religious leaders and parents from all over often meet in the middle to support the “youth,” and reinforce social values and gender roles in diaspora.

### **The Consolidation of the Self as Catholic Congolese**

Congolese find healing and respite through the consolidation of their identities as Catholic Congolese. Healing radiates from the centrality of Saint Mary’s Parish as a “sacred space,” and also as a gathering place that strengthens togetherness: “Together we [all Congolese] are stronger.<sup>33</sup>”

Saint Mary’s Parish is a space where Congolese in *mwindá* re-negotiate traditions and discourses about healing. This re-negotiation takes place when Congolese choose to have their Mass in Lingala and French, and with Congolese music. Memory takes on new

---

<sup>33</sup> Consider these other comments as well: “we the Congolese,” “our community,” “us,” “growing as a community,” and “the Congolese community has lots of family, we are a people of family.” Participants commented on several occasions “we are united” and “we are better together” (Field notes, 2015).

forms through the awakening and sharing with others, religious beliefs and values. New spaces merge with transferences of symbols (i.e. dress code), systems of belief, social roles, identity, new goals, and new forms of healing for “old” and “new” illnesses. Healing also involves the establishment of leaders and experts in the culture with the sufficient “authoritative knowledge” to serve as guides and folk healers (Jordan 1993; Stein and Stein 2005). The role of these healers and intermediaries is ultimately directed towards Congolese individual’s health, or the balance, unity, and coordination of their community. Saint Mary’s Parish is the favorite place the Congolese in *mwinda* choose to be at after their engagement with the multicultural environment in US.

The Catholic Congolese demonstrate “attachment to their culture and traditions of the homeland” (Agnew 2005: 6). In their dealings with their illness as Congolese migrants in the new spaces, they “look at the world, perceive and interpret [healing] within their own frames of reference” (Booth 2014). Their own frame of reference is their Catholic Congolese culture, and a vision that reflects the constant “use of African lens, African ideas, African systems of thought” to interpret the “new” world (Koser 2003:75).

In this regard, I conceptualize the Catholic Congolese as “one body” embedded in a domain of knowledge, expected behaviors, morals, as well as social roles that have ultimately united to confront their illnesses together (Scheper-Hughes and Lock 1978). This can be regarded to the concept of “social body”:

In essence, I primarily conceive of the “social body” as an actual living organism of which everyone is a part. From such a perspective, “group harmony” and its maintenance have particular significance. If (...) one considers that “health” is to

an individual body what “group harmony” is to the social body, then the import of so-called social unity begins to present itself. All the organs must be functioning; all systems must be operative and working in an integrated fashion with all other parts. For example, the kidneys cannot be expected to do the work of the liver, cells cannot reproduce at too fast a rate, and so forth (Aulino 2014: 417).

The perspective of the social body brings the idea that its components are socially constructed bodies, receptors of social meanings, and ultimately symbols of the “bigger” body (Shilling 1993; Lambert and McDonald 2009; O’Neill 1985). The Congolese at Saint Mary’s Parish regarded as a “social body” reflects the transnational and social construction of a (new) integrated “body” in which individuals, with their respective social roles, represented the elements of that “body” (Scheper-Hughes and Lock 1987:15). Saint Mary’s Parish is a reflection of diasporic corporate belonging, and a place for healing their social suffering as displaced people and Catholic Congolese.

## **Chapter Six**

### **Gardens, Mothers, and Rhyme Cultures:**

#### **Healing through Narrative and Self-Expression**

This chapter introduces participants who approach healing from perspectives that are not primarily biomedical or religious, or as Barnes and Sered expressed, from the perspective of “overly institutionalized structures of organized religion and (...) overly mechanical focus on the physical body” (Barnes and Sered 2005:10). The healing perceptions of the following participants rely primarily on self-expression and narrative. Self-expression is the creative and “performative form of constituting actions, and tangible embodiment of the understandings of the self” (Becker 2004). Narrative is “a fundamental mode of thought, a way of ordering experience, constructing reality, and a reference of the involvement with the world” (Mattingly and Garro 2000).

This chapter argues that some Congolese perceive healing as self-expression and narrative. Self-expression and narrative are tools for healing and empowerment because they communicate the processes of “becoming” in transnational and migration contexts. Self-expression and narrative are also tools for healing and empowerment because they reveal self-discovered abilities of embodied social roles and agency for the diffusion of empowerment (Shilling 1993). In this respect, Boston and Lynn provide the Congolese diaspora with new platforms for the negotiation of traditions, hybridity and discourses of

“illness” and “healing.” The Congolese narratives included in this chapter demonstrate how the constructions of who they are suit their goals. In this chapter, my participants acknowledge their body-self as a social resource for agency. Expressing the self through action, memory, narrative, creativity, voice and word, these Congolese contribute to the process of healing themselves and others.

These forms of expression are embodied according to social-cultural contexts, and personal experiences. The Congolese in *mwinda* construct and maintain their sense of self as part of the social and symbolic structures of their Church. The Congolese presented in this chapter, express through narrative and action the strategies of healing that are more important to them. These participants, like the Congolese in *mwinda* live in “multi-cultural America,” have jobs and go to graduate school. I learned from them that they juggle between the “traditional” or “the old,” and “the new.” This is the case of Julie, who by expressing and acting herself as an advocate for Congolese refugees (at The New American Center in Lynn, her new home), strengthens and consolidates her sense of self, and she finds healing. This is also the case of some Congolese women who “as daughters” tell stories about their mothers back in the DRC through African-centered womanist perspectives, or the global ideological movements adopted by people of color from all over (Okpewho et al. 1999). These stories are sources of empowerment, reaffirmation, and also consolidation of the self.

Both Conscious Poet and Big Brotha Sami the Priest find healing by exercising their conscious African and Congolese social roles within “their” (new) communities. In

doing so, they have transformed and became “Conscious Poet” and “the Priest.” Their new roles provide them with a voice. Through their voices and creative rhymes, both Congolese, in different contexts, consolidate their self, tell who they are, heal others, and find peace.

**Advocacy: “Healing is Being Myself”**

Julie perceives healing as “being herself,” that is, as an advocate for Congolese refugees in Lynn where she has lived for almost two decades. Expressing who she is consolidates her identity and helps her find healing. She knows almost everything about Lynn and is also an expert on immigration affairs. During our interview, Julie spoke at great length about the difficulties that Congolese refugees have when they first arrive in the city from Boston’s resettlement agencies. For her, as seen in Chapter 1, illness means physical and socio-economic challenges that affect Congolese refugees from the moment they leave the refugee camps, where they lived an average of 10 years, until well after their arrival in Lynn. When I asked her what “healing” means for her, she responded:

For me, healing is being myself and also being respected as who I am. That is because we have our values, we have our land, and we are people (Interview, July, 2015).

Julie is an advocate for Congolese refugees, “the program manager here at the Congolese Development Center” (Interview, July, 2015). When Julie said “We have our values, we have our land, we are people,” she included herself in the immigrant community in Lynn:

We have been here in this agency in nineteen ... ah since two thousands and seven, since then we have been working with ah eh mostly refugees, we also have asylum seekers, we also extend ourselves with people who have been referred to the community center as needed, and if we have the capacity to help them we also extend our services to them (Interview, July 2015).

Julie acknowledges that she is able to extend her services to other immigrants and refugees from other nationalities. She believes all refugees and immigrants who arrived in Lynn, and at the immigrant center (The New American), automatically become part of Lynn's immigrant community.

As advocate for the immigrant community in Lynn, and with especial focus on Congolese refugees, she aims to help them "be themselves," or as she expressed, "to return to their own selves and move on with their lives as independent individuals" (interview, Julie, 2015). Julie receives, leads, and guides Congolese refugees through the process of resettlement and towards independence. She does so by providing infinite support, safe places, and by introducing the refugees to their neighboring communities in Lynn. Therefore, I argue that her position as a Congolese migrant in Lynn is one of resistance. Julie, in her capacity as an advocate, attempts to mend and restore the damage derived from conflict, war and forced displacement.

### ***Providing "Infinite Support"***

The first stage in the process of resettlement is the reassurance to the refugees that Julie will be with them not only throughout the entire process of re-settlement but beyond



as well. Julie notes: “This is infinite support, after and forever” (Interview, July, 2015). She mentions how her office and the New American Center continue supporting resettled individuals even after the financial aid from resettlement agencies has stopped. The importance of social support correlates with qualitative studies, concluding that a prominent factor that contributes to resilience and motivation to move on and succeed in the United States is support received upon arrival in all aspects including: financial, emotional, and educational (Penner Dawn 2012; Twagiramungu 2013).

The support that Julie provides upon the arrival of Congolese refugees includes introducing and providing a smooth arrival into their new homes. Making sure these newcomers stay with their own families is also a priority. Julie mentions:

When they [refugees] arrive, their families and other family members, or other Congolese receive them. They tend to stay together based on affiliation. They say: Ok, I have a brother who lives there, I have a sister or a cousin who lives there. Then they tend to aggregate around the people who came earlier. So ... that's how it is (Interview, July 2015).

Julie recognizes new adjustments are not always easy. The apartments provided are, by the norm, way too small, “they pack them together,” Julie said. She recognizes the benefit of bringing Congolese into small apartments is that they are together: “They become stronger because they support each other. Congolese refugees stay together. It is reassuring for them to hear other refugees’ stories. That makes them stronger.”

Julie also listens and offers her friendships to the newly arrived refugees. According to her, Congolese refugees often open up to her, and tell her stories. Julie says

that “every refugee has a story.” Refugees tell her about their lives in the DRC, their experiences leaving the country, their difficulties in the camps, and in Lynn. Through these stories, refugees express grief, and their loss of hope. Julie notes, “They want to go back, but they can’t,” and hears that “they say there is no hope for their country.” Congolese refugees also tell her of their experiences with the “clinical encounter” at the Lynn Medical Center. They often complain and reveal they are scared of their doctors. Julie recognizes she is only a mediator between the New American Center and the Medical Center, and that she has her hands “tied.” Although she knows her role as advocate has its limitations, she believes listening offers excellent support to the refugees. One refugee expressed to her: “It gives you a family feeling. There are things I can discuss with them that I couldn't with other people” (Interview, July, 2015).

Julie also listens and offers her friendship to the newly arrived refugees. According to her, Congolese refugees often open up to her and tell her stories. Julie says that “every refugee has a story.” Refugees tell her about their lives in the DRC, their experiences leaving the country, their difficulties in the camps, and in Lynn. Through these stories, refugees express grief and their loss of hope. Julie notes, “They want to go back, but they can’t,” and hears that “they say there is no hope for their country.” Congolese refugees also tell her of their experiences with the “clinical encounter” at the Lynn Medical Center. They often complain and reveal they are scared of their doctors. Julie recognizes she is only a mediator between the New American Center and the Medical Center, and that she has her hands “tied.” Although she knows her role as

advocate has its limitations, she believes listening offers excellent support to the refugees. One refugee expressed to her: “It gives you a family feeling. There are things I can discuss with them that I couldn't with other people” (Interview, July, 2015).

### *Providing Safe Places*

The New American Center provides a sense of safety for the newly arrived refugee. The Center is a coalition of different non-profits serving the refugee and immigrant population of Lynn, MA, and one of the first places the refugee encounter when they arrive in Lynn. The Center building is dedicated to immigrants and refugees.

When talking about the Center, Julie spoke at length:

We have the Bosnians ... they have been here since the nineties. We have the Russians who have been here since the eighties ... The Somalis were here ... So we are the youngest agency, the youngest. The Sudanese are also here before us. So these agencies have been here ... everything goes by the arrivals. There was a large number of Russians, so they opened the Russian agency. There was a large number of ... Bosnians, then we have to open the Bosnian agency. Then the Somalis ... (Interview, July, 2015).

It is at this center where Julie first establishes her relationship with refugees. In the privacy of her office, she listens and prepares newcomers for their new lives in Lynn. The center is a safe space for establishing friendships, relaxing, meeting other immigrants and refugees, and sharing stories and expressing fears. According to Julie, the Center grows parallel to the immigrant needs. Julie expressed that the immigrants, refugees, and advocates at the Center are a community:

That is how the community tries to ... a leader in the community tries to organize their people and services basically to help the resettlement agencies [in Boston] because they are limited in terms of time when they work with refugees so ... we continue.

As post-settlement agency, the Center provides wellness through education, legal, religious, and social support. Everyone who is part of the “Lynn immigrant community” has the liberty to spend as much time as they desire inside the Center and can fully participate in the programs without cost.

Church is another safe space which Julie provides to newcomers:

The first thing they do when they arrive is to ask for a church. We have some churches here that when they hear there is a refugee or their family arrives, they will go to visit them. The church will send a pastor to pick them up and welcome them into their parish (Interview, July 2015).

Julie provides support by referring the refugees to the church they wish attend. She believes that refugees’ resilience strengthens extraordinarily through church and religious support. In addition, Julie wants refugees to feel safe in Lynn. She regards Lynn as her home and as a multi-cultural city:

Lynn is a friendly place. Lynn is very diverse. I think the first impression people always have is: “Oh! Why do you live in Lynn?” They ask you because they think: “Oh! Lynn the city of sin! They think there is something about Lynn, but once people live here they realize it is not all about that. It is completely different. We barely witness crime and so. Well, depending where you live because Lynn is really big, and so, in some areas you barely see what people say: “Oh! Lynn is bad, oh! Lynn!” Lynn is basically a city where ah <pause> we have ... we can find an area where there is low income, we can find an area that is middle class. We have lawyers, we have doctors, and we also have house keepers. Lynn is many parts of everything, and anybody can find its place. When you take a tour of Lynn ... you

start from the beach all the way to the hospital, you can go on ... up to the East. Lynn is so big that anyone can find its place and call it home here (Interview, July 2015).

Julie knows Lynn well. During our meeting, she gave me directions to the hospital and the beach. She also told me all types of people from different economic backgrounds live in the city. For Julie, Lynn is the ideal city for immigrants and a safe place. Julie concludes that Lynn is in the end a place where most Congolese live during their first years in the USA, where some stay, and where others keep returning.

### *Introducing Lynn and Community Gardens*

Julie also connects refugees to the city by joining efforts with Lynn residents. This is the case of the relationship Julie has with The Highlands Coalition organization. The organization's motto is "fighting for our neighborhood." The organization acts on economic, social, and political matters to improve life in the neighborhood and as a pathway out of poverty. The Highlands Coalition intends to build a community in low-income neighborhoods of Lynn, and the group works with residents to meet their needs for improving skills that enable residents to find alternate sources of livelihood.

Every Saturday during the spring, and throughout the summer, Julie includes Congolese refugees in the Food Project which is organized by the Highlands Coalition. The Coalition has managed to grow and maintain a community garden alongside Cook Street with the help of The New American Center, other immigrants, and residents. This

community garden is a public space dedicated to individuals and families with scarce resources, so they can grow their own food in allocated lots. Throughout the summer, I witnessed how Julie, Congolese refugees, and others took care of their lots in a slow, yet caring and nurturing process of seeding, watering, and growing vegetables and culinary herbs.

The community garden on Cook Street is a space for the developing of community cohesion. Every Saturday at the garden, I saw how refugees from Cameroon, Congo, and from other countries share the space sparsely and in a relaxing way. I witnessed how individuals spent time on their lots, while sharing time and communicating with one another memories about their homes and the gardens they also used to have. Consider for instance the similar effect that community gardens have on refugees in Twin Cities. In Twin Cities, immigrants and refugees gather together, have social time, and bring out memories by saying: “Everyone in my country had gardens” (Price 2000).

Through community gardens, refugees “find the connection at the personal level, and reconnect with the familiar image” (Slavin 2014). “They [community gardens] have an impact that is different to the services provided by local authorities . . . There’s a social value far beyond just gardening” (Jacobs 2008). “There’s definitely a very therapeutic element to gardening. One or two people are the catalysts and then it snowballs, healing the community” (Lenk 2011).

## **Remembrance, Narrative, and Healing Mothers**

Some Congolese women I met find healing through the expression of their self and narrative as “daughters” of women healers. Their narratives are “bounded narratives” of the memory of mothers and grandmothers, and the healing herbal gardens they used to have in their homes in the DRC (Mattingly and Garro 2000:15). In this section, I include their accounts since they demonstrate a strong effect upon their own self. These are stories about the mothers of Congolese growing healing gardens in their home in the DRC, and it is my argument here that the self-expression of these Congolese women as “daughters of women healers” glorifies the healing power of their mothers as a means to empower themselves.

The Congolese women represented in this section come from all backgrounds: some are members of the *mwindi* Catholic movement; others attend the American Catholic Church, while others, such as Julie, have lives revolving around Lynn and immigrant communities. However, they all claim through their stories they are the daughters of women healers from the DRC. In doing so, they pertain to the “diasporic populations and host nations that retain a rather strong identity awareness from their place of origin” (Bauböck and Faist 2010). The stories are framed from ethno-centered perspectives as they embrace the interconnection with their past in the DRC, but these stories also reflect African-centered womanist perspectives that according to Joyce (Okpewho et al. 1999:538), reflect the transnational global liberal movement of Black women across the globe. African (some) women in the Diaspora argue that their diasporic

process of the formation and transformation of their identities has strengthened memories that serve as a celebration of a cultural heritage, family values, healing, and empowerment. African-centered women in the global spheres reconnect to Africa through African women, feminist discourses of style, authority, power, and resilience (Okpewho et al. 1999:547). In this regard, the connection with transnational discourses of Congolese migrants is that they are united by womanhood and the reclamation of “the power” they witnessed back home.

The claim of power happens through narrative, which, as “a fundamental mode of thought, a way of ordering experience, construct reality, and a reference of the involvement with the world,” is also a tool for empowerment (Mattingly and Garro 2000). Through narrative, or the process of decoding and restructuring the past with memory, these women evoke a world or a “healthworld” that opens up a window for them that builds and establishes comfort, consolation, and a coherent sense of self (Mattingly and Garro 2000:27; Germond & Cochrane 2010). Their narratives convey the remembering and thus the connection with “healing words” they experienced in the DRC. The disruption and alteration of their self experienced through migration and displacement gets reestablished and consolidates through the “cultural specific senses of order,” that is, past realities of curative actions of herbal or traditional medicine, and as such, they also serve as bridges for the transference of healing performances into the new spaces.



## *Memory and Healing*

I met Bezaleri at the community garden on Cook Street on a Saturday morning. Bezaleri is a beautiful Congolese woman who brightened the moment I approached her and inquired about her life and thoughts about illness, healing, and community gardens. With her small children running restless around her, she told me she arrived in Lynn already married for many years, and since then had been a Lynn resident with a husband, small children, parents and siblings, and a few members of her extended family. She is a Christian Congolese and attends an American Catholic church in her neighborhood.

Bezaleri also told me she was visiting her newly allocated lot at the gardens on Cook Street for the first time that summer. She truly lit up when she started talking about her idea of healing, which was her mother's garden in their family home in Congo:

We used to have lots of medicine in my mother's garden. Lots of medicine! That is what we have left from the traditional ways. People might not practice it now, but they know about the herbs. Lots of herbs! *Kongobololo* is a piece of Congo. It has bitter leaves and it is good for rushes. You need to smash it and then boil for tea. We had the tree *mfillo*, a tree that grows little fruits, like little eggs. We had lots of them in our gardens. My mother grew them in our garden, near our home. This tree [*mfillo*] is good for cough. Boil the leaves, make a tea, and take it three times a day with sugar and milk. My mother taught me a lot about this, all what her grandmother taught her. Another herb is *masinda*. It has a beautiful smell. It will grow very tall. The tea is for anything. It will heal when you are sick, and it is also preventative (Field notes, summer, 2015).

When Bezaleri told me this, I was enchanted by her expressions, smile, and bright eyes. She showed me the sizes of the leaves of the herbs, and each time she described the scent of the herbs, she would close her eyes. I sensed she looked remotely towards her home

while she was talking to me. Her words strikingly inspired me. I tried to imagine the texture of those herbs as well and the look of the garden she described. Her narrative evokes a past world of healing places, mothers and grandmothers, and traditional medical knowledge and practice.

Bezaleri's story, as well as her lively performance, resembles Mama Estelle's. For her, healing means the cohesion of all the Congolese in Massachusetts, so that together as a community they can confront all of their illnesses. But Mama Estelle also talked about her mother's gardens in her family home back in the DRC.

I remember my mother always used to keep chickens in the yard. It is not a farm but she had chickens that sleep outside. We had eggs and everything. And every time during the dry season and when it was cold, but it is nothing like the cold we have here, the chickens would start like having-- like getting sick, and then they would die because the weather was just different. My mother would take the cayenne pepper, the small one, not the big one eh, and would grind it and mix it with water. She would also add *lumba lumba* in it, and eh- would open the chickens' mouth and made them ingest that. And then, you will see the chicken all of the sudden feeling better. Now I see that cayenne pepper contains capsicum. Capsicum is something that makes anything hot. The other thing we had was eh- the oil, palm oil. You massage the baby with palm oil, and it is good. And eh- the other thing we did was...you know Vicks? We use eucalyptus leaves for inhalations. We normally took eucalyptus leaves from the garden (Interview, June, 2015).

Mama Estelle laughed the most when she shared her memories about her mother, her healing abilities and some of the herbs they used to grow. This sort of "healthworld" that entered her living room through her narrative gave us a sense of relief. The evocation of "a green healing garden grown by her mother" soothed us. This story emerged from deep

within her, and when she finished her story, she grew quiet and pensive. I understood how meaningful this story was to her.

The memories of these two women are not only about their home gardens and healing herbs, but also about their mothers as healers. These stories inspire comfort and consolation. “Women healers,” or “mothers” and “grandmothers” are common themes that other participants also expressed when talking about their homes in the DRC. For instance, Conscious Poet talked often of his memory of Congo, and how, despite the many years he had not returned, he keeps Congo in his heart. Between his memories about Congo, he expressed the following:

Growing up in the Congo, yeah, my grandmother used to use these herbs ... and I am sure the average Congolese have the same experience. Speak to the elders, I don't remember much .... This is coming more obviously from the indigenous people. We are nonetheless people of nature, and I think that any Congolese, if you ask them, can tell you that in their family history, there is always a grandmother, or an aunt. You can learn if you have a relative like a grandmother who lives in the village (Interview, May, 2015).

“Women as healers” was also a theme or category found in the vocabulary of Antoine, who while speaking of “looking after yourself,” included the following as well:

I have heard some people using some herbs ... some people grow up with that. The mother would use herbs anytime she cook. She would put herbs in the food. They know how to do it. Once you are sick, they would not go to the doctors (Focus group, August, 2015).

“Mothers,” “grandmothers,” and “aunts” are significant actors in the interwoven narratives I collected from participants who introduced their discourses, the aspects of Congolese healing traditions. According to their stories, Congolese women, in their

capacity of mothers, act as caregivers and use herbal medicine in the realm of the household as a primary care place.

The comments above confirm numerous studies on African medical systems and African and gender studies. According to Bodecker (2007), 9 of 10 herbalists in Africa are women. African mothers are typically the first line of intervention and will often administer herbs. They draw on the knowledge they have acquired from their mothers. In addition, African women play a significant role in medicinal plant conservation and cultivation. The general trend in the African continent is that in the rural areas, the woman herbalist grows most of her herbs in her home compound. With the help of her children, others are collected from surrounding grass, scrub, or swampland. Mothers and women are frequent keepers of domestic gardens, and in some places, promote medicinal plant conservation and cultivation for use in local health care. In the urban areas, women's healing microenterprises are expressed in the marketplace (Tumwesigye 1996).

### ***Memory and Empowerment***

The healing abilities, knowledge strategies for healing of Congolese mothers back home, convey multiple healing dimensions. According to Bodecker (2007), "Many traditional health systems in African take into account the mind, body, behavior, spirit, and environment" (324). Accordingly, treatments can emphasize both natural herbals and spiritual/supernatural approaches (Bodecker 2007). For instance, Marie, a nurse and fervent Christian in *mwindá*, said:

I guess we are talking about traditional medicine. Well, back home, if you are sick the first thing you do is to see a traditional practitioner, who can do some concoctions or rituals to bring physical wellbeing, mental or psychological wellbeing. That is very current in my country, and it is not only for ... even people which has been well educated do this ... (Focus group, August, 2015).

Marie confirmed that traditional healing, and which involves herbs (Nemi, interview, summer, 2015), is a holistic healing and also includes a symbolic healing ritual. For instance, consider how the herb *lumba lumba*, just like “mothers” turned to, is a recurrent theme among my participants. Bezaleri explained:

And then *lumba lumba*. How does it look? It is a plant, close to nettles. It smells like lemon-ish, it is for babies. You smash the leaves with palm oil. The mix looks like a red paste. Do not cool. Use one teaspoon twice a day, for the baby when it coughs. The baby has to be one year or older, but the baby can be 6 months (Interview, June, 2015).

President Mama Estelle also mentioned the same herb:

I think you do like paste from it with palm oil, yeah, almost like a suppository. I don't know how they use it, but we eat it and it is delicious. Yeah, yeah. It reminds me of oregano. Only that oregano's leaves are small. *Lumba lumba* is between oregano and basil. It is really, really good. I mean, it tastes good. I know it is a tradition like—it is curative (Interview, June, 2015).

*Lumba lumba* is significant because it became part of the narrative discourse of women from different orientations of the self and Congolese ethnic groups. *Lumba lumba* is also significant because is “the most popular” herb (Marie, focus group, August, 2015), and a symbolic element of transformation rituals (Parker et. al 1996). President Mama Estelle said:

If a woman has a baby and you are her friend, once she has that baby you never bring a plate without that herb. They call it eh—sugar leaf. But you never bring it

cooked. They eat it with potato grains. If you never bring it to her, you are not a real friend. But we eat it in all ceremonies, even in traditional ceremonies. It is our big herb in Kasai (Interview, June, 2015).

Mama Estelle expresses the symbolic significance of *lumba lumba* in her life back in the DRC. She talks of the key use of *the herb* in traditional ceremonies. These traditional ceremonies are transformation rituals, or “symbolic performances and rituals of formation designed to produce a decisive alteration in the religious and social status of the person. Through them, something new is birthed, affirmed, blessed, and empowered” (Parker et. al. 1996).

Through her narrative, Mama Estelle brings the symbolic empowering performance of the herb *lumba lumba* into Boston. This transference is a form of celebration, commemoration, and remembrance of (good) healing-transformative times. The narrative of celebratory and empowering past experiences keeps their memory alive and sparks similar uplifting and empowering sensations. The ultimate result, according to Parker et al. (1996), “is not mere reminiscence, but communion” (83).

The evocation of and communion to the knowledge, practice, and power associated with their mothers as healers, is most profound when considering the resilience of African women herbalists in protecting their status and social roles as professionals. For instance, for comparison purposes, consider the case of the role of herbal medicine women among the Tuareg, a seminomadic, socially stratified, Islamic people in the Republic of Niger, West Africa (Rasmussen 1998). The study demonstrates

that herbal medicine women, in their herbal and psychosocial healing, must keep a low profile and accept a specialized niche within the long-standing social conflicts, uncertainties, and changes in the social relationships in the country. However, Tuareg herbal medicine women guard their professional role and protect their special powers by being resilient and dynamic social agents. Their resistance and endurance in maintain healing traditions are forms of strategic preservation that negotiates, transforms, and reinterprets the dynamic and contested spheres in Tuareg culture and society.

The memory of healing and ritual abilities and resilience empowers my participants when considering issues of gender marginalization. From African ethno-centered perspectives among the African Diaspora, memories about women and mothers as providers for the house, often include discourses of gender oppression, sexist expectations of social roles both in the home and in the professional arena. The African-centered perspective nonetheless, aims to exalt African pride, resilience, and the partnership in the struggle.

The empowering memory of healing and ritual abilities and resilience empowers my participants when considering not only the issues of gender marginalization, but the historical fragility of African traditional medicine as well. According to Janzen (2015), a few medicinal plants are still available in local markets of the DRC, “but not nearly as voluminous as in the 1960s.” Pharmacies and biomedicine expanded in the DRC due to the neoliberal economic climate and the absence of strict controls on imported drugs.

Programs to valorize “traditional medicine” collapsed alongside other initiatives of the former Zairian state in the 1980s and 1990. Traditional or herbal medicine faded into the shadows for the modern and urban Congolese, just as Nemi commented: “Traditional medicine died! That’s with old school, like in the village” (Interview, summer, 2015). This is also what Mama Estelle expresses when talking about traditional ceremonies and powerful herbs like *lumba lumba*:

Other people would laugh at us, they’ll say: “Oh it is an herb!” They don’t understand—so they are surprised to see that we still did that (Interview, June, 2015).

Janzen (2015) explains that despite the changes on the hierarchy of resorts and marginalization, many Congolese still go to the herbalist first and that traditional medicine has survived in the DRC. The belief in the efficacy of medicinal plants and the high trust in herbalists are still highly popular.

Narratives and stories of mothers and grandmothers, gardens, holistic healing, symbolic ritual, resilience, and continuation empower the Congolese women I talked to. My participants recall their mothers as dynamic social agents, influential and influenced. Healing rituals and the art of healing conveys powerful constructions of personal meaning and self-representation, and all these aspects are saved and brought into new spaces by “the daughters” in Diaspora.



### *Bringing Healing and Empowerment to New Spaces*

Within the contexts of migration and transnationalism, memory expressed through words and narrative aids ultimately leads to creating and re-creating new diasporic lives. Memory and its subsequent transformation into narrative is both a tool and a strategy to consolidate the self in diaspora, that is, through re-building and re-constructing patterns from a past into new contexts (Agnew 2005). It is my argument here that medicine and healing is brought here to Boston and Lynn by Congolese, not only through words that ultimately has an empowering effect, but also through actual practice and action. Memories in the Diaspora “participate in this rhythm of guidance to transform and refashion the past into future actions” (Mattingly and Garro 2000:32).

Participants demonstrate that small elements of medical knowledge and practice are brought forth here transnationally. These women, as shown in chapter 2 and chapter 3, do have different medical and healing resorts, such as social cohesion through Church and religious healing in conjunction with the navigation through the medical system in Boston and Lynn, but in addition, they also simulate their mothers’ healing practices.

Literature has expressed on many occasions that African therapeutic systems and Congolese in particular remain unexplored in the United States. For instance, Barnes and Sered point out that “religiously rooted, non-biomedical approaches to healing are as pervasive in the African diaspora communities as they have proved to be in the other religious and cultural communities of Boston. However, such approaches have received

relatively little attention in the scholarly or medical literature” (2005). Venters and Gany (2011) write:

Another aspect of life for African immigrants that bears on health is traditional medicine and healing. These practices often involve the use of herbal medicines and may represent an overlap between traditional dietary and medical practices, and biomedicine. A survey of over 500 Ghanaians living in Canada revealed that 75% retained a positive attitude about traditional medical practices [83]. Although there have been no published surveys concerning traditional medicine practices among African immigrants in the U.S., our experience with several African advocacy organizations in the N.Y.C. area supports the idea that traditional medicine and traditional healers maintain a robust role in the lives of newly arrived Africans (339).

In this sense, “traditional medicine” from the DRC appears in my research through the vehicles of memory and narrative. This form of presence suggests new diasporic views and conceptions of “traditional medicine.” For some Congolese in diaspora, “traditional medicine” is “an old practice that died,” and that “comes from the village,” while for others, the term acquires new (powerful) meanings. “Traditional medicine” or herbalism arrives in new spaces symbolically, and as means to reinforce Congolese (and women) identities. Therefore, “traditional medicine” is material culture that reconnects diaspora with women ancestors. It is also a symbol of power and healing.

Bezaleri recognizes that although “here, there are places where we can bring the seeds, and plants; ultimately, it is not the same weather” (Field notes, summer, 2015). Others like elder Jean, Marie, Julie, Estelle, and Nemi confirm that certain traditional healing, learned from their mothers, are here, in Boston and in Lynn, not only through memory but also in practice. For instance, Nemi expressed:

I don't know much about the DRC, but here I know [traditional healing] because my mum tells me. She uses palm oil, or honey a lot. I do it sometimes as well for pimples. It helps sometimes (Interview, June, 2015).

Within the new spaces and transnational contexts, other Congolese claim that the legacy of (Congolese) herbal medicine is present here. For instance, consider the following quotes:

Exactly, that's what I am saying. Even here you are going to have some mothers who knows exactly *lumba lumba*. They still have it here for the kids, for the family members. They will keep doing it (Antoine, Focus groups, August, 2015).

According to Antoine, it is possible to trace *lumba lumba* in Boston and Lynn. Conscious Poet Leo expressed that “parents, mothers, and grandmothers can tell”:

It helps to ask about the family history, and if you ask anything of traditional medicine used here, parents, mothers, and the grandmothers can tell. The youth do not know much, but also the elders, and mothers, especially grandmothers surely do (Interview, May, 2015).

Mama Estelle took her memories and the herb *lumba lumba* with her when she left the DRC and moved to Paris, France:

A guy, from eh south of France came to our house, and I had cooked that [lumba lumba] my kids adore it! So, he came to the house, and he finished all the chicken, he loved it! He said: “Oh white people like that too! On pizza they put it!” Like oregano, like a condiment (Interview, June, 2015).

Mama Estelle feels so strongly attached to the memories of the healing herbs she learned from her mother, that she carried it in her home in Dorchester, Boston:

Believe me, I show you my bag full of cayenne pepper. So I read it—my sister-in-law called and said: that cayenne pepper is really good. I use it as soon as I am feeling I have a cold or something; I do a fish soup or something, some soup, stuff with cayenne as much as I can stand. I eat it, and before you now, I start feeling

better. I also grow some eucalyptus leaves here ... (Interview, June, 2015).

These quotes support the idea that traditional medicine and traditional healers maintain a robust role in the lives of newly arrived Africans. What is needed is further investigation in relation to how these herbals are being introduced in the new spaces, and their significance.

### **Healing, Rhymes, and Black Consciousness**

The following sections introduce the perceptions of healing of Congolese Conscious Poet and Big Brotha Sami the Priest. Their experiences and narratives about healing demonstrate how they combine both their Congolese and American identities. These two participants perceive healing as the continuous practice and exercise of the expressive performance of their selves as poets and Spoken Word artists embedded within the re-imagination of Africa and global ideology of Black Consciousness.

The performance of the self can be defined as “tangible expressions” of the embodiment of narrative, creativity, and metaphor (Becker 2004). Conscious Poet and Big Brotha Sami the Priest use the performance found in rhyme cultures as the framework in which to perform and heal, and be healed. Rhyme cultures are performative arts that include poetry, Spoken Word, and Hip Hop. Within these forms of expressive art, the primary elements and symbolic values are the bodily constitutions of voice, rhyme, and rhythm (Clapan 2014).

### *Rhyme Cultures as Vehicles for Self-Expression and Creative Narrative*

Poetry and the creative conjunction of words belong to rhyme cultures, and are creative elements born within the self. In her thesis “Poetry as the Soul’s Language: Healing through Creative Expression,” Donnelly (2012) writes that the soul, or the force within the self, regenerates creative expression, which is encouraged through processes of knowing the force within, its powerful potential, and self-discovery. By expressing oneself, an individual may allow the soul or the force within to shine through and beyond the body’s container. In creative expression, the soul is the driving force: “Whether suffering, in pain, in trauma, or grieving, souls beg for nurturing. One may moan, wail, dance, paint, and make music and poetry in response to the yearning of the soul.” (Donnelly 2012).

Another form of self-expression that uses the means of poetic creation and vocalization is Spoken word, a performance-based form of poetry that focuses on the aesthetics of wordplay and storytelling (Donnelly 2012). Spoken Word often includes collaboration and experimentation with other art forms such as music, theatre, dance, rhyme, repetition, rhythm, and improvisation.

Lyrics in Spoken Word along with music, vocalization, and bodily performances can turn into Hip Hop music, a trans-global music genre consisting of a stylized rhythmic music and speech. Hip hop emerged during the 1970s among African-American youths residing in the Bronx (Powel 2011), and is “a vehicle of artistic discourse which echoes the concerns, anger, hate, love, pain, hope, vision, anxiety, desire, and joy which had

gone unheard in the public sphere known as the American media” (Miller et al. 2014).

The following sections describe the ways in which Conscious Poet and Big Brotha Sami perceive healing: as processes of self-discovery that enhances words, voice, and the body as it ultimately constitutes the bridge for social collectivities and healing.

### **The Journey toward the Consolidation of the Self: “Healing is a Learning Process”**

When I first talked to Conscious Poet about his perceptions of illness, he explained illnesses are physical maladies, such as “colds, headaches, allergies” (Interview, May, 2015), but also socio-political issues and “institutional racism in urban America” (Interview, May, 2015). He explains that his understanding of healing is a learning process:

Health means... I mean in the beginning healing means just the body, is like you know, your heart, the physical aspect... you have a headache, you have to take medicine, but I think as you evolve, as you really understand the whole health... Mind, body, and soul. Healing is a learning process (Interview, May 2015).

Conscious Poet specifies that the concept of healing is linked to the evolving process of knowing that the self does not refer exclusively to the physical body. The body, to him, is a multi-dimensional entity:

Normally, it depends ... if it is small stuff, headache, whatever, or coughing, and sore throat, I just treat myself you know, I would go to Walgreens, or CVS. But if it is like something serious, I will have a checkup. As human beings, ahh ... we have to think about our health in all this dimensions. We need to heal our bodies, our minds, our souls. Healing means being physically healthy, emotionally healthy, mentally healthy, spiritually healthy ... the whole human person ... the human person as a whole. That whole is the mind, body, and soul. Add to the physical dimension ahhh mmm the religious dimension as well. Add the mental and soul dimensions to the spiritual aspect. The world healing means a lot of things. I am a critical thinker. For me healing is also being comfortable and in peace. For me, I

think it is also about consistency and balance (Interview, May, 2015).

Conscious Poet perceives illness and healing from the multi-dimensional angles of a “whole person.” His perception of healing is intrinsically linked to the growth of the self-consciousness. The more he learns (by critically thinking) that his body is not only physical but also a “mind” and a “soul,” the more he understands the holistic enterprise of healing. Through this realization, he finds comfort and peace, and he aims to maintain the wellness through balance and consistency.

Learning, according to Castro (1990), is “a process by which human beings attempt to make meaning” (17). This means that new levels of personal understanding are continuous movements of self-knowledge, discovery, and identification until a certain level of consolidation takes place. Because discoveries of the self are educative processes that transform the individual through a combination of interpretative actions, these discoveries also imply concepts of healing. Healing is influenced by the fusion and the impact on the self of socio-cultural contexts, experience, self-understanding, and consciousness.

### ***Self-Discovery and Consciousness***

Conscious Poet embraces the process of self-understanding. He had grown self-aware of his self as Conscious Poet, his “symbolic form of ethnic identity, or socio-political expression of cultural identity” (Cohen 1994:118). This acute awareness, “subjective or phenomenal experience” (Moerman 2012:193), evolves through his own learning experience and personal journey. For him, balance and consistency of who he is

allows self-expression:

I am about the conscious movement, I believe in the consciousness movement, and the feature of empowerment (Interview, May, 2015).

Healing for him is a learning process that ultimately takes him toward the consolidation of his self and through the Conscious Movement, the recognition of structural barriers, or “the racial situation” of Black people around the globe (Hraba et al. 1974:66-67). The Movement was born in South Africa from Christian roots, and although it has changed and adapted to the social realities from the 1960s, it is still a global, socio-political and cultural movement found in Africa and among the African diaspora. Hirschman (1990) defines “the Black Consciousness Movement” as:

Black Consciousness is in essence the realization by the black man [and black women] of the need to rally together with his brothers [and sisters] around the cause of their operation—the blackness of their skin—and to operate as a group in order to rid themselves of the shackles that bind them to perpetual servitude. It seeks to demonstrate the lie that black is an aberration from the ‘normal’ which is white. It is a manifestation of a new realization that by seeking to run away from themselves and to emulate the white man, blacks are insulting the intelligence of whoever created them black. Black Consciousness therefore takes cognizance of the deliberateness of God’s plan in creating black people. It seeks to infuse the black community with a new-found pride in themselves, their efforts, their value systems, their culture, their religion, and their outlook on life (1990:3).

Black consciousness is both a global and intercultural discourse about what it means to be Black in the world, and in the case of Conscious Poet, in the “race and color conscious American social system” (Arthur 2010:207). Black Consciousness is a process of transnational and widespread definitions, interactions and awareness that aims to unite all



of the variations of black identities: Black people share a common ancestry, struggles for civil rights movements and against colonial powers, negative experiences with discrimination, and same color of skin, “a marker of ethnic, cultural identity, and belonging (Arthur 2010). In addition, the Black Conscious Movement address contextual issues confronting people of color unite while attempts to enrich, praise and enlarge the cultural mosaic of Blackness.

For Conscious Poet, healing is the learning process that has taken him toward the Black Conscious Movement. In new transnational contexts, he understands he is a man born in the DRC, but that he also has a larger mission: provide a healing voice not only to all Congolese, but also to the Black community in Boston. Conscious Poet focuses on drawing the circle around his role of being a larger and more inclusive presence in the community:

I use my poetry to advocate about ahh the issue of minerals in the Congo, to advocate about the people from Eastern Congo, especially the women and children, and the men, but in addition to that I am also the founder of Conscious Exposed Café, which is a local community forum that address issues impacting African-Americans, and it is open to all demographics, you know. My focus is on community and empowerment among the youth. I am also involved with the Black Catholic Church; I am always involved in different Christian initiatives. My main concern is to give a force to the Congolese themselves, within the community, empower each other, share information, you know... (Interview, June 2015).

Notice in this narrative how Conscious Poet defines himself and his focus on the diverse communities. Conscious Poet includes Congo, the Black Catholic Church, African-Americans, and “all demographics” in his efforts to empower. Through the Conscious

Movement, Conscious Poet involves his self in the strong and positive assertion of pride in being a black person. Pride in blackness is an important step for personal liberation and dignity. The final aim is black “re-groupment” in order to attain self-determination.

### ***Self-Expression, Sharing Poetry and Social Activism***

Conscious Poet’s life revolves about reflecting, writing, expressing, and organizing. Through his poetry, one can learn about him, his dreams, and preoccupations. For instance, looking at his recorded CD album “The Blues in Your Conscious: A Voice of Congo,” one can see the following dedication:

I dedicate my poetry to my beloved people in the Democratic Republic of the Congo, but also to African people, the Black Diaspora, Americans, to all human beings, and to anybody who gives a damn about Africa, Urban America, and humanity problems.

This album contains 15 poems. Using English, Lingala, and French, his poems speak of identities, God as savior, and his position as a voice from the Congo in Boston. These poems are about acceptance, resilience, and social change. For instance, consider the following excerpts:

*“Can’t We Talk About Being An American?”*

*So, can’t we talk about being an American, for minute, or talk about real notion of freedom or American values, because I happen to care, that, regardless of race, we’re all, in this America together,  
And I am sick and tired of this American bashing cycle,  
Since, I don’t want to be trapped in this cycle, So, I want to talk about being an real an American, so, I can ask you, question, like, is America shinning or is America bleeding?*

*And whatever your answer may be, let's continue to improve America!*

In this poem, Conscious Poet believes that “improving America” means avoiding the perception of difference regarding to race or color. Conscious Poet claims that “when the US dollar says, “In God we trust,” we must live by this motto as politicians, American citizens, societies, nations, and humanity.” Conscious Poet believes America can conquer “evil by getting on God’s side,” that’s real patriotism. God’s wisdom, according to him, is “a theory that has the advantage over foolishness, over human intelligence, as much as light has advantage over darkness.” In the following poem, Conscious Poet argues that rhymes heal:

*On Rhymes*

*Can a lyric affect the conscious of our children?  
If we going to be creative by telling our stories, urban realities or American politicians  
ego-tripping,  
Are we going to create, in the name of negativity?  
Or can we focus on finding solutions instead of contributing to America problems.  
So, Wise up,  
And Purify, sanctify your thoughts, for liberations.  
Realize that Rhymes nourish, the conscious of our children, psychologically,  
Cause I'm all about true consciousness, and preaching about positive lyrics.*

In this poem, Conscious Poet praises rhythm and the arts as ways to “stand up to elevate thoughts and liberate.” Through his expressive art, Conscious Poet believes he can bring “true artistic and political values back to urban America.” He wants to instill into the

Black African-American community in Boston a motive to inspire their own consciousness and thus consolidate who they are, just as he does for himself. In this poem, he specifically focuses on the children, as he realizes “that not all kids in the inner cities have parents to teach them.” He uses poetry, as well as “graffiti, break dancing, urban fashion” as mediums to transform the system. Art is revolutionary, he believes. In this poem, he wants to remind “the Black urban souls” that art revolutionized the Congo:

You see, my love for Hip Hop was back in my mother country, Congo, When Hip Hop gave me an anthem to battle European imperialism. I used to be a Congolese MC, spitting verses in French, to curse out Belgium colonialism (excerpt).

Conscious Poet adds the impact of art as “a voice of liberation, of cultural rebirth.”

Conscious Poet uses the space at the Catherine Catholic Parish in Ruggles, his Black Catholic (and American) Church, as a platform for his poetry. He uses his poetry as openings for his regular meetings and educative workshops. To him, this workshops and meetings are venues for “transformative reparations through discourse that elevate privilege, heal the spirit, and unite the community” (Interview, July, 2015). During meetings, he presents one or two new pieces of poetry. In addition, he always invites others to share their own poetry, or Spoken Word work. African-Americans and other African immigrants attend these meetings. According to the topics of the sessions, Conscious Poet invites key speakers to the workshops. Some speakers include doctors, alternative healers, teachers, artists, and writers.

Conscious Poet chooses the topic for the workshops. He does not forget Congo.

Indeed, he brings Congo to the Black community and shares all of his concerns with respect to his country. In his workshops, sometimes he dedicates sessions to Congo. For instance, one workshop titled: *“The Conflict of Minerals in the Congo: Does your Cell Phone have blood in it?”* But mostly, his workshops focus on the empowerment of the Black community of “urban American.” Some of these were: *“Mental Illness & The Black Church,” “Black Violence and the Black Community,” “Do Blacks Really Matter for the Black Community?” “Do Police Really Matter?”* and *“Internal Affairs in the Hood: Trust Issues with Law Enforcement, Faith-Based & The Medical Community/Mental Health Professionals,” “Sexuality and Gender: Ain’t I A Man?”*

**Big Brotha Sami the Priest: “Healing is Rhythm. The Way You Move is Healing”**

In this last section, I examine the perceptions of healing of Big Brotha Sami the Priest. For him, healing is self-expression through narrative and rhymes. I first met Big Brotha Sami the Priest at the 2014 Gala in Lynn, and it was there I discovered he was a hip hop and spoken word artist, and “the Priest.” Big Brotha Sami the Priest is always on the move: he travels several days a week along with his “tribe” or “the diverse community,” as he calls the W S Movement, all around the Massachusetts area and as far as Providence (RI), to perform in clubbing bars, community centers, outdoors squares, and even in T Stations in Boston.

In between performances, recitals, and music, Big Brotha Sami the Priest

managed to tell me that illnesses for him are maladies of the physical body, products of bad nutrition and care. In addition, he also considers illness as “letting yourself go” from the African roots that every Black person has, as well as poverty and marginalization in Lynn. When I inquired about healing, he responded:

Healing is a way of life. Healing is paying attention to diet. Healing is synchronicity and balance in the body. Healing is inner peace. Healing is rhythm. The way you move is healing (Interview, 2015).

For Big Brotha Sami the Priest, healing “is a way of life.” To him, healing means control over the nutritional needs of the physical body, and its movement: physical, intellectual, and spiritual. The ultimate state of wellness is inner peace, and which can be obtained by synchronizing and balancing the body’s rhythm from the physical domain as well as thoughts. In this sense, Big Brotha Sami the Priest perceives healing through the movement in his body while on the stage and through vocalization. He also perceives healing through the movement of thought towards the realization of the self. As a “traveler” Congolese, he shows he is immersed in the Black Movement through his realization as “the Priest,” and his means for expression or platforms in alliance with the youth cultures in Lynn.

### ***The Movement***

In view that healing for Big Brotha Sami the Priest is a way of life embedded in rhythmic movement, I argue his diasporic experience as an American born in Lynn, MA

(but who grew up in the DRC, and later returned to the USA) is a journey of self-discovery, self-definition, and self-expression sustained by rhythmic movements that bring him inner peace and healing. According to him, this rhythmic movement commences with his story of “our movement” as Black people:

Our movement starts with Moses. Do you know who Moses is? **Yes.** Moses led the children of Israel through the Exodus Movement. **Ah.** People move to better themselves, to better the state in which they are. They go from one state to another. So our first movement was leaving Egypt. The second movement was Christ. This time our movement focuses on acquiring a better knowledge of God. The rich appropriated all sacred knowledge and excluded the poor from it. Power. Jesus came and spread the word that knowledge of God is for everybody. Everyone with knowledge can teach. Then came Marcus Garvey with the Black liberation movement, and then the Rastafarian movement of the first black king of the prophecy of Marcus Garvey. The Civil Rights movement in the 1960s was next, and then followed the graffiti arts, rap music, the DJs, and Hip Hop. Outside the culture, we integrated break dance, Capoeira, and Sky boarders. This is our movement. To better ourselves. Rhythm, dance (Interview, 2015)

This is the story of his movement of thought that embarked him toward his journey as the Priest for the W S Movement in Lynn. The story of “Our Movement,” or the Black Consciousness Movement commences with ancient Christianity that supported the poor and continues today with the integration of multiple means of expression and arts. For Big Sami the Priest, the Black Consciousness Movement re-works the meaning of Blackness through time and space in order to bring back pride to Blacks, people who have suffered from poverty and marginalization throughout history.

Big Brotha Sami the Priest also believes in Pan-Africanism, the philosophical part within the movement that represents the aggregation of the historical, cultural, spiritual,

artistic, scientific, and philosophical legacies of Africans from past times to the present (source). Whereas the Black Consciousness Movement is global and attempts to raise pride to all Blacks in the globe, Pan Africanism calls Africa the natural home all of Blacks and conveys the importance of pride on African indigenous heritage. Pan-Africanism is an ethical system that traces its origins from ancient times and promotes values that are the product of the African civilizations, undisrupted from Western colonization and the corruption of Christianity.

The African continent, to him, is the cradle of humanity and civilization, a source of self-respect and pride for Black people all over the world. His Africanist ideology feeds and sustains his “natural rhythm,” that is, Africanness without the disruption of oppression. Sami reinforces on the importance and value of his African roots. He claims that African immigrants should not forget who they are, or where they come from. He is a traditionalist and holds on to “a glorious” past. Big Brotha Sami the Priest says he is different from the rest of the Congolese diaspora: “I am the only one who believes” (Field notes, July, 2015). The memory of Africa as his natural home and Africanness as his natural rhythm are ways of healing the experience of displacement and harnessing re-settlement.

### ***“Keeping the Movement”: Spaces, Rhymes, and Ritual Performances***

Big Brotha Sami the Priest uses the historical knowledge of the Movement to situate his self as “The Priest,” a Black-Congolese man in diaspora. Big Brotha Sami is



nostalgic and returns to “the old (good) days” in Africa, of when there were prophets of God who weren’t subverted by the greed of Christianity. The greed for power of “religious authorities” is a colonial legacy he believes to have corrupted God’s teachings. In this regard, using “religious rhetoric, theological analyses and discourses in his popular Hip Hop” (Miller 2013:4), he calls himself the Priest. Big Brotha the Priest brings this character into his poetry and the Hip Hop movement in Lynn:

*What they teaching in the churches is preschool.  
This is Priesthood.  
Love And Comfort  
You have to be ordained for this*

In his poem “The Movement,” Big Botha Sami the Priest expresses the following:

*(It’s) not that kind of party  
It is rebel music  
(That’s) getting you ready for revolution  
(It’s) ghetto music  
For (the) ghetto movement  
Come on, let’s get it moving  
Each and every single one of us should be teaching,  
Reaching...  
...out, stay active and practice what you’re preaching  
Y’all (are) hearing these rhymes  
Like damn, that’s one serious mind-ed...  
...brother taking serious measures for serious times  
It’s grown man rap music teaching the youth  
This is more than just speaking what’s true,  
This is speaking the truth!*

As a Priest, and Black man, he is motivated to inspire and motivate others. Big Brotha Sami the Priest joined the W S Movement in 2003. The W S Movement used to be the name of a Hip Hop showcase held at Club America Youth Center in Lynn, MA in the early 2000s. The Movement was a youth-centered workshop of Hip Hop. As the showcase continued, it helped develop the local Hip Hop scene North of Boston and eventually in Boston which steadily attracted support from all over MA and different parts of New England. The group or the Movement includes a roster of talented artists, producers, and DJs as well as promoters, organizers, designers, videographers, photographers, and creative souls.

The W S Movement is a social, popular culture formed by individuals from all ages and gender, ethnic backgrounds and sexual orientations. The W S Movement is a family of creative souls who travel, and move across Massachusetts and Rhode Island. They travel in order to spread the “movement” of unification, education, and empowerment. Their motto is to reach the people and give back to the community. The W S Movement is about building community, spreading knowledge, love, and furthering Hip Hop culture. Their mission is to carry the legacy of a cathartic vehicle that heals social ruptures through the integration of nationalistic concepts, political concerns, and spiritual beliefs.

The W S Movement gathers in public and open spaces, and it showcases artistic and social dynamics through the ritualized expression of performance. Big Brotha Sami the Priest sees the performance of “his tribe” as ritual ceremonies:

In the ceremonies, the host is the MC, is the Master of the Ceremony. The rappers are also masters. The DJs are the primary rappers. They tell stories, address issues, go up in stage for live performances and so on (Interview, June, 2015).

In those ceremonies, Big Brotha Sami the Priest said, that “if someone do a good ritual, it will kill it” (Interview, June, 2015). Performances on stage are part of the rituals in Hip Hop. The rituals or ceremonies include style of delivery, or “the physical mode of presentation, and how performers employ movements, facial expressions, and clothing within performance context” (Smith 2003:60). Ceremonies also include sound quality, in which “the characteristic delivery of a hip hop verse is unlike the monotone recitation of literary poetry. The highly punctuated, chant-like, rhythmic and pulsating flow of a hip hop lyric uses all elements of vocal inflections to communicate its message” (Smith 2003:70). The mixing of music (reggae, or rap), “keeping it real,” and “killing it” (Interview, Big Brotha, June, 2015), are the products of the soul and the beatings of the spirit that produces all the power to which the crowds would be drawn into:

The reason these young audience members feel the need to have their concerns mitigated artistically is contained in the belief that art, and music specifically, serves as a cathartic vehicle that heals social ruptures through the integration of nationalistic concepts, political concerns, spiritual beliefs, and group dynamics through the ritualized expression of performance (Smith 2003:99)

According to Priest the Nomad in Washington (Smith 2003), rhythms are the “prime” place of order and structure in reality. Each rhythm corresponds to a deity or a meaning. In ceremonies and rituals of rhythm, like Hip Hop performances, rhythm “facilitates the

movement of the dancers and creates the embodiment of the spirit, and the words are a means to communicate to the spirit” (Smith 2003:67). In short, these are ceremonies of liberation, or as Parker et al. (2006) calls them, “liberation rituals.” Liberation rituals help individuals release, and therefore, recover from trauma. They also help restore by the symbolic removal of or disengagement from obstacles to healing. By encouraging “the creative soul,” and audiences to express and relegate previous pain to the past, healing rituals empower them to embrace the future with hope.

### **Healing Social Suffering through Narrative and Self-Expression**

This chapter examines the perceptions of healing among those Congolese whose therapeutic focus leans strongly toward the expression of the embodied self. These Congolese show how they have grown to know their own self and their spaces (literal and symbolic), in which to exercise their (relatively) newly formed self.

We have seen how Julie sees healing as the full expression of who she is: an advocate of Congolese refugees in Lynn. This form of expression allows her to find healing by delivering healing to others. We have also examined the narratives of Congolese women, who recall a past in which their mothers as healers attended healing gardens. Through memory and narrative, these women identify themselves as “daughters of women healers,” and as such, they find healing and empowerment. Conscious Poet and Big Brotha Sami have equally found their own self within new transnational spaces, or new homes. Both artists find healing through searching their identities, glorifying their

roots, and expression their self toward others.

These participants demonstrate perceptions of healing through self-expression and narrative created and formed transnationally, “a mixture of new forms of social forms, practices, visions of life, and identification, models composed of a multiplicity of cultural frameworks and reference systems” (La Barbera 2015:67). These Congolese have found “spatial, ideological, and identity niches” in which to express and consolidate their self (Koser 2003:124). These Congolese maintain their Congolese identity and their religious orientations while forming alliances with other non-Congolese communities.

By focusing on these new ways of embodiment, Congolese pursue healing through the projection of their embodied self and new cultural social roles across multi-ethnic alliances. They have come to realize that the consolidation of their own self can also heal others. Through social communion, they also become the body-politic in their purpose to eradicate the social suffering of their “threatened communities” (Scheper-Hughes and Lock 1987).

## **Chapter Seven: Conclusion**

This thesis is about the consolidation of the self. In this thesis, I argue that Congolese in Boston and Lynn perceive illness as social suffering, and healing as the consolidation of the self. Consolidation of identity refers to adapting, coping, the nurturing of resilience, or “the use of an information-oriented, self-reflected style seen as a preferable course for controlled-orientation of the self” (Luyckx et al. 2007).

Consolidation, applied to the contexts of migration and settlements in new spaces, “defines the place of an individual or group within the social structure by expressing the value of the self symbolically” (Verkuyten and Yildiz 2010). With consolidation, I also mean the coming to terms with “being here or there,” finding a common ground for being in the world, and “in between” and “in the middle” (Koser 2003:20).

I conceptualize the impact on migration upon the phenomenon of the Congolese migration as the spatial and ideological negotiation of the embodied self. Through my inquiry of perceptions of illness and healing, it was possible to understand some of the social and cultural dynamics (and impacts) among my participants. The Congolese diaspora in Boston and Lynn are part of the dynamics of globalization, a socio-economic sphere that allows the meeting of memories with the “new.” My field sites (Saint Mary’s Parish, Lynn, and Boston) are certainly places inhabited now by a multitude of Congolese of different ages, social and economic background, and I conclude that the diasporic

experience signifies different meanings for each one of them. The youth, or Congolese who were born or came to the USA when they were very young, do not perceive “illness” and “healing” as those Congolese who arrived in the USA more recently do. However, all my participants share common themes in their narratives, such “concern for the DRC.”

I return to my father’s diasporic experience in this conclusion to exemplify the concept of double consciousness that most migrants have, and especially the youth. My father needed to reconfigure his identity, understand the meanings of his memories about Equatorial Guinea, adapt and learn, and in addition, figure out what he would tell his children about who he is, why he arrived in Spain, and his feelings about his home country. Giordano (2014) writes about “presence” when thinking about migrants in Italy. This “presence” among some migrants is the self that it is still standing despite its potential vulnerability “to external influences,” or crises—“the distinction between presence [as consciousness] and the world that makes itself present crumbles” (2014:82).

The Congolese diaspora use spaces in the USA as platforms for their presence, and the consolidation of the self. First, my participants use the “spaces” of memory and narrative to express themselves. My participants tell stories of tragedy and limitations, reasons why they have migrated, and of their engagement in (new) transformative and innovative ways for healing. Congolese want to see themselves in the USA as one diasporic group. Some achieve unity through specific social fields and spaces, such as Church, or clubs and T train stations across Lynn and Boston.

Diasporic groups such as the Congolese in Boston and Lynn do not necessarily remain as one diasporic block. The Congolese demonstrate through their perceptions hybridity, multi-cultural and global transformations, and individual trajectories. In this regard, the migratory experience is transformative. Their experiences suggest that within the “new spaces,” there is the inevitable opportunity to grow “into someone else.” Sometimes, there is the need to adapt quickly, as is the case among some Congolese who talked about the stress and the pressure they feel they have to succeed almost immediately after arriving in the USA.

These new forms of being (i.e. half Congolese, half American), are choices built up embedded in socio-cultural contexts. I also argue that the Congolese in Boston and Lynn adopt healing strategies that are the most convenient for them. Congolese in diaspora, as well as those born and brought up in the USA, have found their own niches for the nurturing of the self. These forms of healing involve their connection with the DRC, Africa and the USA in various ways and degrees. These healing forms are negotiations. Although all Congolese share the experience of migration, they assert they need to learn how to navigate through the “new” global spheres and spaces.

Congolese at Saint Mary’s Parish feel that maintaining and reinstating their Catholic Congolese identity is the most important venue to achieve healing in diaspora. These Congolese work to establish and maintain their self despite their obligations with “the outside world,” and need to interact with multi-cultural America. Through their Catholic Church, spatially and symbolically, these Congolese mend rupture, are able to



regain themselves, and obtain divine care and protection. Although these forms of social re-grouping have their own challenges (as Congolese expressed: “The Congolese are as not united as they should be”), Church and social cohesions are strategies that Congolese want to maintain and strengthen.

Other Congolese agree that self-expression, narrative, and the arts are the most important venues for them in order to reach healing. Along with the new social roles they embody, artistic, innovative non-religious self-expression are also important to these other Congolese I spoke to. These Congolese are also Christians, or believe in God in their own way. Some are active members of Christian churches across Lynn and Boston, however, they emphasize their new social roles and source for healing expand beyond “being Congolese” or “Christians.”

Throughout this research project, I learned about a “blizzard of illnesses” that seems to constantly be pouring over the Congolese diaspora in Boston and Lynn, but I have also been able to learn that Congolese find refuge and means for protection. Studies based on migration and diaspora agree with my conclusion. Literature about migration, transnational movements, and globalization describe migrants as always being on the quest of searching for “their” home, and finding and reconstructing their identities (Agnew 2005). These studies often include narratives of immigrants who left their home forcibly or voluntarily, about experiences and memories that are forms to reconstruct a present state. Studies often emphasize the in which migrants give relevant importance to the means in which they can connect with the homeland from abroad. These include the

territorialization according to familiar patterns, the maintenance of the mother language, and in short, transplanting and transferring their cultural stock knowledge into new spaces. Studies also examine the ways in which the new host country impacts the flourishing or the strengthening of new forms of identities among Africans such as “African diaspora,” “migrant,” “American,” “Black,” or “African-American.” Literature addresses the process for consolidating these new forms of identity that religious practices, political action, and artistic expressions unfold (Agnew 2005; Arthur 2010; Konadu et al. 2010; Koser 2003).

### **The Politics of Home**

I want to dedicate this last chapter to the Congolese diasporic activism, or the “politics of home” among the Congolese in Boston and Lynn. The Congolese diaspora are active agents and in charge of their own healing, and the consolidation of the self, yet this consolidation also involves compromising with Congo. I could say that action toward peace in Congo is the middle point where all Congolese in Boston and Lynn meet. Some may belong to the *mwindá* Catholic movement, the Lynn youth communities, or other churches across Boston and Lynn, but I found that they are all united in “saving the Congo” (Garbin et al. 2013). This means that the role of the Congolese here is not only about sorting out their lives as migrants, but also as compromised “sons and daughters” of Congo (Interview, Pastor Keme, June, 2016).

As seen in chapter 1, “concern for Congo” is an overarching category shared by all my participants. These concerns include narratives of social conflict, the mineral conflict in the eastern part of the Congo, illegal exploitation of minerals, rape and sexual violence as weapons of war, and the lack of the governmental support in creating jobs, security, and health care facilities. The Congolese diaspora in Boston and Lynn uses their own means to build and maintain collaborative work for conflict resolution back in the DRC. In this sense, the Congolese narrative unifies them as one social body in need of healing through direct action. Some of the ways in which the transnational politics for conflict resolution takes place are as follows.

Saint Mary’s Parish provides the non-governmental organizations. These are NGOs created by Congolese and for Congolese. These organizations serve and fulfill social needs for Congolese in the USA and back in the DRC. The Congolese Women Association of New England (CWANE) dedicates a page to a brief historical outline of the DRC:

In August 1998, the Congo was invaded by Rwanda, Uganda Burundi, under that false pretext of tracking rebels, in order to shamelessly exploit Congo’s riches. To date more than 3.5 million Congolese have died from war and war-related causes: infectious diseases, HIV/AIDS, TB, starvation. Women and girls particularly have been the victims of rapes and intense sufferings and violence by all armies and militia involved in the war, as well as by the UN forces “peacekeepers” (<http://cwane.cfsites.org/custom.php?pageid=1532/>).

In other pages on the same website, the CWANE writes extensively about the status of Congolese women in the DRC. In addition, the organization writes that they “will offer a

wide array of programs, referrals, and services throughout New England and the Democratic Republic of Congo” (<http://cwane.cfsites.org/custom.php?pageid=1532>).

The Congolese diaspora in Boston and Lynn commemorates the DRC national celebrations. For instance, Mama Estelle attempts to maintain the unity, pride, and remembrance of the Congolese by organizing the celebration of Independence Day every June 30<sup>th</sup>. However, the celebration this year got cancelled:

We will not celebrate [Independence Day] this year. I will try to organize instead reflections on the DRC. I and a few other[s] feel this is not the time to celebrate Independence Day. I don't think it is time to celebrate. I know young people want to celebrate. Maybe they don't know what that takes, what is at stake. (Interview, June, 2015).

This year 2016 is indeed important for the Congolese diaspora in Boston and Lynn. They decided not to celebrate the 2015 Independence Day due to the atrocious stories she heard about in the news about the mass grave of 400 people found in the outskirts of Kinshasa. According to her, these people marched against the cancellation of the 2016 elections. Congolese in Boston and Lynn are concerned that current President Kabila wants to stay in power, even though according to the Constitution, he is supposed to step down in 2016. Despite these circumstances, President Mama Estelle encouraged the collective to gather to reflect about the crisis in their country.

On August 15<sup>th</sup>, 2015, a few members of the Catholic Congolese Church gathered with the Congolese Pentecostals at the Parish of the Immaculate Conception Parish in Everett. The reason for the meeting was to meet with and listen to Freddy Matungulu

Mbuyamu, the 2016 Congolese candidate to the presidency. Mbuyamu was on a tour visiting the USA to introduce his party, the Congo Nouveau Foundation, to the Congolese abroad. This meeting was delivered in French, yet all the Congolese reunited in the basement of the Parish and attentively listened to what Mbuyamu had to say. This meeting demonstrates the deep engagement of diaspora with the socio-political affairs in the DRC.

There are many other ways that show the proactive “politics of home” among the Congolese in Boston and Lynn. For instance, Father Keme is working on his second book related to conflict resolution through his concept of reconciliation, that is, a model which is inspired by the Truth and Reconciliation Commission (TRC) in South Africa, and that aims to restore harmony through spiritualism in civic forums. In addition, Conscious Poet is an activist and member of the Boston-based NGOs Boston for Congo and Action for Congo. He proposes the Mineral Conflict Resolution model, which attempts to implement global awareness, education, and a code of conduct related to the negative repercussions of illegal exploitation upon indigenous populations.

All these initiatives, inspired by the diaspora and directed toward Congo, relate to what Bandele (2010) argues, “Diaspora is in itself a political enterprise”:

Usually, émigrés settle in more than one country but keep in touch with “sister communities” as well as the homeland. The totality of these communities composes a diaspora. To sustain and grow the economic well-being of their communities (and if resources allow, help their homeland), political networking develops between those communities within the diaspora that are well connected and interested in collective political activism. However, such activism usually involves a cadre in each active community until such time that an event or program peaks diaspora

interest (2010:745).

Therefore, considering my data and the work of others on the Congolese diasporic activism, I suggest further research on this topic. My recommendations focus on further research about the ways in which the “politics of home” take place in Massachusetts and from which approaches and perspectives. Garbin argues that the “focus on the fragmentation and heterogeneity of the diasporic political sphere starts first by examining the role of first generation activists, religious groups, as well as youth and women’s organizations” (Garbin 2013). In this regard, I suggest further study on: 1) the existing activism in Boston and Lynn, which includes models for conflict resolution focused on specific settings in Kinshasa and in South Kivu Providence; 2) female roles in activism and deliverance of social services (Godin and Mado 2010); 3) and local and global networks in order to discover the extent to which the Congolese in diaspora present competing “visions.” In addition, I suggest further research on the ways in which diaspora activism can be conceptualized in relation to the “social body of the nation” and “healing,” the reasons for the impulse of the Congolese diasporic activism in Massachusetts and throughout the globe, and how these initiatives correlate with each other and contribute to peace in the DRC.

## **Further Recommendations**

The information presented in this thesis is limited. I was only able to cover a small spectrum of the entire community despite the fact the community is composed by less than 400 individuals in the entire estate. This correlates with Koser's claims (2003) about a study on Congolese in Boston:

In London, Congolese communities are the largest national group, but in itself divided into numerous smaller entities (2003:18).

I believe this is also the case in Massachusetts, USA. Although I was able to do research among the Catholic Congolese group and others, some other Congolese are excluded. They are the Congolese youth, and those Congolese who belong to the American Catholic churches in Lynn, Boston, and Malden. The Pentecostal Congolese Church in Everett also remains unexplored.

Other groups and communities that remain unexplored due to lack of time and access are Congolese refugees. To answer the questions about their own perceptions, and why they fear their doctors is necessary. The healing herbal gardens (and "traditional medicine") that some Congolese in Boston and Lynn keep in their back yards is also another research topic. In addition, there are many other Congolese that did not participated in my research. I therefore recommend expanding research towards other groups and individuals within the Congolese population in the state. I also encourage future researchers to expand on: relationships and social networks, gender differentiation, generational and age dimensions, constructions of "Africa" and "Africanness" among the

youth, and the Congolese diaspora, and relations between Congolese and African-American communities in the USA.

### **Collaborative Clinical Research**

Chapter 1 enumerates some of the perceptions of illness that revolve around physical illness derived from the structural factors of displacement, such as stress, fatigue, and barriers due to limited English, low-paying jobs, poverty, and lack of access. Through Julie, the advocate for Congolese refugees in Lynn, I learned that the refugee group arrived in Lynn with “non-typical illness” which seemed to worsen due to fear and lack of trust in the clinical encounter. Despite all the issues Congolese must confront, they are not powerless victims. As seen in chapters 2 and 3, Congolese form and maintain a system of reference in which pastors and community leaders act as advocates and intermediaries. Congolese, as is the case of Conscious Poet and Big Brotha Sami, resort to the arts and poetry as methods for healing. Congolese resort first to the care that is most comfortable to them. This is therapy of resort within the myriad of pluralistic healing in Boston (Janzen et al. 1978).

Nonetheless, the challenges remain. Congolese still go to doctors and the pharmacy when they have to. Pastor Keme and Mama Estelle often refer ill Congolese, who reach out to them for help and advice, to family medicine doctors and even psychiatrists. Julie, in her role of advocate at the post-resettlement agency in Lynn, must receive refugees and send them almost immediately to the hospital in Lynn for their



compulsory checkup. In many occasions, the Congolese would not respond to therapy, or simply would stop visiting the doctor. Refugees, as Julie explained, would tell her they don't trust their doctors. In other cases, as Mama Estelle expressed, delays often took place because the legal status of some Congolese did not comply with legal requirements. Conscious Poet stated that poverty would mean significant lack of health care among African immigrants and African-Americans.

In view of these findings, I recommend further research among the Congolese communities within the clinical setting. My question here is: Where and why do the healing therapies stop functioning for the Congolese? Why do issues related to the therapeutic alliance occur? Critical medical anthropology explains these discordances as health disparities and health inequities ultimately linked to political-economy power structures. Critical medical anthropology is:

Critical medical anthropology emphasizes the importance of political and economic forces, including the exercise of power in shaping health, disease, illness experience and health care (...). It looks "toward a more holistic understanding of the causes of sickness, the classist, racist and sexist characteristics of biomedicine as a hegemonic system, the interrelationship of medical systems with political structures, the contested character of provider-patient relations and the localization of sufferer experience and action within their encompassing political-economic contexts" (Baer and Singer 1995:6).

Critical medical anthropology stresses on the phenomenon of medical hegemony, the process by which capitalist assumptions, concepts, and values come to permeate medical diagnosis and treatment. Medical hegemony refers to:

[T]he process by which one class exerts control of the cognitive and intellectual life

of society by structural means as opposed to coercive ones. Hegemony is achieved through the diffusion and constant reinforcement throughout the key institutions of society of certain values, attitudes, beliefs, social norms, and legal precepts. Doctor-patient interactions also constitute an arena of hegemonic interaction. Studies of these interactions show that they commonly reinforce non-egalitarian hierarchical structures in the larger society by (1) stressing the need for the patient to comply with a social superior's or expert's judgment, and (2) directing patient attention to the immediate causes of illness (e.g., pathogens, diet, exercise, smoking) and away from structural factors (over which physicians feel they have little control) (Singer 2004:28)

CMA considers health as a commodity and hegemonic in the distribution of access according to ethnicity, gender, and class, and socio-economic factors. These political-economic approaches explain how medical hegemony is an inherited factor that contributes to the suffering among immigrants and minority groups who are socio-economically disadvantaged. As Arushi and Gibbs (Singer 2004) explain:

The result of this approach [CMA] demonstrates that definitions of health and health care have a correlation with ethnicity, class, sexual orientation, and gender that serve as lenses through which the biomedical establishment may be viewed. If good health is a scarce commodity in a complex society such as the United States, its distribution is necessarily dependent upon social status (2004:200).

The health care system in the USA is mainly characterized by “considerable inequity based on ethnicity” and social status. Studies confirm that African-Americans, Latinos, Immigrants, African immigrants and the poor are the most heavily affected (Jackson et al. 2004). This thesis verifies that Congolese, as migrants and minorities, are also part of the disadvantaged group.

I propose further exploration on the barriers that Congolese express they have at the various levels in Boston in Lynn, and how these can be solved. Following the claim

that the primary objective of CMA is the transformation of social relations, I therefore propose the impulse of cultural competency in the medical practice through collaborative and cross-cultural research. Cultural competency in clinical settings is:

[The] ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery of care to meet patients' social, cultural, and linguistic needs (Baer and Singer 2007:162)

Cultural competency means that health-care providers are able to meet the needs of ethnic minority patients. It also means ensuring that the patient receives effective, understandable care, and that that could lead to relevant relations with other cultures and with family members. Cultural competency, in addition, means that:

Physicians, nurses, social workers, and other health-care providers need to be aware of their own cultural beliefs and biases to be cognizant of their own cultural sensitivity, and to examine the cultural relevance of the health care service they provide. This includes assessment and possible modification of the medical culture within which the health care is provided (Tseng and Streltzer 2008:12)

The development of cultural competence in clinic settings may involve implementing principles and standards, as well as curricula in order to bring awareness of culturally conditional understandings and experience among health practitioners, yet these initiatives may not be enough. Collaborative work in health promotion and intervention programs, and in multi-disciplinary research, is mostly needed for the betterment of the Congolese in Boston and Lynn. Collaborative research is a form of coalition towards health movements that aims to erase the problematic power relations in constructing medical knowledge. In this respect, I also recommend community-based participatory research (CBPR). CBPR is:

[A] Collaborative approach to research that seeks to equitably involve all partners in the research process and recognizes the unique strengths that each brings to the process. Community-based participatory research begins with a research topic of importance to the community with the aim of combining knowledge and action for social change (Cartwright and Schow 2016:2).

CBPR thus would involve the community and research partners, including clinicians in decision making at all phases of the research, including data collection, interpretation of results, and the application of those results to the practice. Collaborative exploration can define areas of potentially important inquiries on elicit beliefs about causation, health, well-being, disease symptomology, and treatment. Collaborative research can help elaborate the social, political, and economic realities, as well as define the issues addressed by community concerns. The ultimate objective of CBPR is informed action that leads to social change, justice, as well as to enduring networks (Begun 2010).

Finally, I not only recommend anthropological engagement with affected communities, but also with policy makers. Merrill Singer (2005) analyses the anthropology of engagement in the policy arena. Singer claims that strategies are needed in the policy setting such as community organization and research on policy makers in order to alter institutional policies and make changes in the distribution of power (Farmer 2005). Singer (1995) pushes medical anthropology, as an applied discipline, to merge with public policy from the approach of system challenging. This approach can bring forth truly effective health policy and clinical interventions (Anglin 1997). Singer encourages medical

anthropologists to connect with and persuade policy makers in establishing community health- based promotions (Inhorn and Wentzell, 2012:197).

## **Conclusion**

This research project taught me several things. I have learned to prepare for and execute anthropological fieldwork. This has been a very intensive experience. I have gone through lots of frustration, but overall, it has been a very enriching exercise. I met some wonderful participants. Without them, this thesis would have been impossible. As a result of this project, I have made friends. I have grown to love the DRC more than ever before; for now, I know more about its history and its people. I have been able to immerse myself in a world different from my own, yet I have found great commonalities with the Congolese I met and my own experiences as a migrant. With this thesis, I attempt to offer the Congolese's vision about their own lives and experiences here in diaspora, as well as their visions for the future of the DRC. I included several recommendations for further research, and it is my hope that anthropology continues contributing to the knowledge of the humanities and our never-ending changeable world.

## APPENDIX

### APPENDIX I

#### URBAN NIGHTMARES

*This is not about American Idol, The survivors or American Next- Top Model  
This is about Health Care Disparities because  
Blizzard of Illnesses  
Is a reality show!  
Today episode: Depression, due to losing affordable housing,  
Or can't afford health care,  
While low-income families are becoming the joke of American politicians!  
Playing chest with Single-Mother's pay checks!  
Because in a single-parent household, depression kicks in,  
So many Bills have to be paid, kids have to be fed, no hope,  
Become depress and thinking... why not dance for a living because Open Legs make  
money!*

*So Welcome to Urban America*

*Where life IS... A Reality Show and every day is an episode:  
Where Broken Family Court systems! Are cracking jokes on Good  
-Fathers! While broken Health care systems are distributing inequalities like candy.  
And don't realize the Health care system does not benefit minority community and is  
complex is a multi-million dollars business because of Institutional Racism and gangsters  
in corporate CEO! While! Many in low-income communities are on suicidal watch or  
While the most populated in prison are Black men from the age of 20's and 30's, in the  
name Of capitalism, poverty. Lack of economic prosperities and Health care disparities  
So Welcome to Urban, Where life is a Reality Show*

*Oh, believe me, when I tell you, this is not about American Idol, but this is about  
Urban souls because Life in Urban America is a reality show.  
And the real SCANDAL is not on Thursday night but, at the local and federal level! With  
Cutbacks on State Contracts, closing MENTAL HEALTH SERVICES and wonders why  
we got so many shooting spree! ... And when the government doesn't do laundry? Social  
and federal policies stink from economic and health disparities.  
And When Traditional Families collapse!.....You see, you have to forgive me, y'all may  
think I am losing it, but Urban nightmares got me wondering if we are- really living the  
American dream or if we are really BUILDING-STRONG--FAMILIES, strong blended,  
foster,.. Families! Strong mix-racial/same sex...FAMILIES! Or are we living in a darkest  
Time, going through Historical, Spiritual, Cultural genocide!..., So Welcome to Urban*

*America, Where life IS A REALITY SHOW AND TODAY IS THE LAST EPISODE AND  
IT'S TITLE THE DESTRUCTION OF A NATION, BEGINS IN THE HOME OF ITS.  
Conscious Poet Copyright (C) 2015 All Right Reserved*

## **APPENDIX II**

### **COMMUNAUTE CONGOLAISE DU MASSACHUSETTS** **APPEL DES CANDIDATURES**

La Communauté Congolaise du Massachusetts lance un appel de candidature pour combler les postes suivants au sein du Comité Exécutif, du Comité Régional et du Conseil des Sages :

1. Président
2. Vice-Président
3. Secrétaire
4. Trésorier
5. Coordinateur de la Région du Nord Est
6. Coordinateur Adjoint de la Région du Nord Est
7. Coordinateur de la Région du Sud Est
8. Coordinateur Adjoint de la Région du Sud Est
9. Coordinateur de la Région Centrale
10. Coordinateur Adjoint de la Région Centrale
11. Coordinateur de la Région Ouest
12. Coordinateur Adjoint de la Région Ouest
13. 5 membres du Conseil des sages

Les candidatures peuvent être envoyées :

- A l'adresse suivante : 36 Nahant place Unit 1, Lynn Ma 01902
- Sur le Site web :
- Remise en personne sous enveloppe scellée auprès des membres du comité exécutif actuel :

La date limite de dépôt des candidatures est fixée au dimanche 31 Mai 2015, à minuit.

Les élections auront lieu lors de l'Assemblée Générale Extraordinaire de la CCMA qui se tiendra le samedi..... de 16 heures à 20 heures, à l'endroit ci-après :

### **NOTE AUX CANDIDATS POTENTIELS**

La Communauté Congolaise du Massachusetts invite les candidats potentiels à réfléchir profondément sur la contribution qu'ils ou elles voudraient apporter à la CCMA. Servir la



communauté est un sacrifice qui demande une grande disponibilité, un esprit d'humilité, d'abnégation, d'amour et de tolérance pour le développement d'une communauté Congolaise épanouie dans l'État du Massachusetts.

## APPENDIX III

### Let's Build

Peace to the Gods, the Goddesses, the **Suns and the Earths too**  
Kings and Queens, and daughter and **sons they give birth to**  
All for One, One Love, this **one is a virtue**  
You're sinning, feeling that Love, that **One's gonna hurt you**  
Code name: Big Brotha, **I'm universal**  
Twenty four bars: a verse **one then a verse two**

Sixteen bars a piece when I'm spitting a **three verse**  
The voice of the people laced up with a **reverb**  
True, eternal living, every death is a **rebirth**  
Spontaneous with **these words**  
No need to **rehearse**  
*Youngin'*, slow it down, stop and put it on **rever**  
Hood dude went Hollywood, bad acting *gon'* **need work**  
Try(ing) to reach for the height that you yet have to **see first**  
Album (is) fitting to drop, and I'm hoping its **feet first**  
I ain't mad at you, you ain't the bad guy: I've **seen worst**  
(I) could've taken a shot but I passed, that's **team work**

Behold! The **God's in the building**  
The science is mind construction, we are **God in the building**  
Inherit the name, that's between **God and his Children**  
Knowledge's the key, they wonder how we **got in the building**

A (n) **arm and a leg,**  
A leg and a (n) **arm then a head**  
Cost of leaving, damn near half the soul: A (n) **arm and a leg**  
A price on the other half, another **one on the head:**  
That's your life, you're **wanted for dead**  
But they've got you **running instead**

For the money, the power, **and for the glory**  
That's all they've ever got leaving for, they've **ended your story**  
That's funny

How they're experimenting you **crash dummy**  
Testing your reaction to **fast money**

Notice (that) money (has) got easy but time (has) **got harder**  
Sami went from Big Brother, Uncle to **God Father**  
Doggz, you's a **Rottweiler**,  
(You) **pop collar**  
And chase **top dollar**,  
(You) really need to get at the **God: holler**

Who's there **fronting on me?**  
Stop **fronting Homie**  
You're rocking with the One who's one with the **one and only**

The original man: Big Brotha the **O. G.**  
Far beyond ganster, (you) should be thinking **G. O. D.**  
I see Youngin' taking shots thinking his (is) **Kobe**,  
A few line over these **oldies**,  
He *finny* be **O'Dea**  
He's *gonna* get this work, I'm putting in **O. T.**,  
(I) serve him, (he's) wrapped in a bag (and) ready to **go, Peace!**

A wise man can play the fool, a fool can never play the **Wiseman**  
A wise man do respect a wise man, that's **recognizing**

The Big Brother the **God: SaMi**  
Combination: **God / Body**  
Yo, I heard **Hard Body**  
Just **got bodied**

Fighting the Truth: in other words, **boxing with God**  
Arms ain't even **long enough to box with the God**  
Fall back, you ain't **strong enough, don't f... with the God**  
Live right or you're dead **wrong enough come rock with the God**

## APPENDIX IV

### **Black Child, by Big Brotha Sami the Priest**

Black frown and **black smile**,  
Brown eyes, clear tears, baggy fit, **black style**.  
(An) Addict to nicotine, (they) got him puffing on **Black & Mild**.  
(They) got him in shackles, cuffs, cages... come on, and he's not **that wild**.  
Does what he does for a reason, he ain't **stupid FAM!**  
Surviving this madness got him thinking he's **Superman**.  
Black Child, **who's the man?**  
His boys say: "**you're the man**,  
Go ahead, **do your Thing**."  
Police (is) like: "Damn, (it's) **you again!**"  
Potential **hooligan**.  
(He) want it all, **Jewels and things**.  
(He) once had a dream like Martin **Luther King**  
Of becoming an intelligent **black man**,  
White pages and **black pen**,  
That was **back then**,  
Now it's green papers and **Mack Tens**.  
First, it was **Smack then**...  
...it was **Crack, FAM**...  
...don't know how to **act when**...  
... (He's) sipping on Black Labels and **Jack Dan**.  
(He's) always **husling something**.  
Refuse to lose, its **double or nothing**.  
(He's) expected to start **trouble or something**.  
This is **struggle no fronting**,  
Flexing **muscle and stunting**.  
If the cash ain't flowing, I'm packing a **duffle: I'm hunting**.  
I am leaving the **mother land**  
For those **other lands**;  
Now, brother **man**...

... (Is) on the fifth floor, next door to Mr. **Gutter-man**  
Who (has) got a bible in one hand and rifle in the **other hand?**  
And a long lost hope to his million-**dollar plan.**  
I heard Mother Africa **hollering:**  
Black Child, it's time to come back home, your route to self-destruction (has) **got to end!**

(He went) from playing around to playing for real in the streets:  
The Black Child playground (that's) **where it all starts:**  
"Hey now, **you're an All-Star**"  
Buying out bars and **balling out hard,**  
(He) didn't know (it's) just a matter of time before it **all fall apart.**  
Black child playing with chrome, nickel and **black nines**  
With sex, drugs (and) money on his young **black mind.**  
(He's) playing turf: **flags, signs.**  
Fellow black children (are) killed for crossing **that line.**  
Playing with power (is) leading to black on **black crime.**  
Now (it's) the law (that) he's starting **trouble with**  
While the folks **struggle with...**  
...rent, working an overtime or may be a **double shift**  
Hoping to turn on the **phone this week,**  
Hoping the children are **home asleep**  
But children, **alone? They creep**  
And **roam the streets**  
Like they **own the piece.**  
(Piece) of what, this **system?**  
Man, **listen;**  
It's all **prison:**  
Concord, Middleton, Ryker's Island, Sing Sing, **Attica,**  
Divided state of **Africa,**  
United States of **America,**  
**Passing on...**  
...the **trap along**  
With the traditions of **Babylon.**  
**Crack alone...**  
...kept black children in **battle zones.**

Africans (are) trying hard to get along in the states (but) still at war **back at home.**

Divided and **Conquered**

**Under...**

... Strife pain and **hunger,**

We went from Genesis to **genocide.**

Beef between the east side and the west side of your home is **Homicide.**

The Life is **do or die**

And (if) all you can **do is die**

(Then) **you and I...**

...know (that) it's **suicide.**

Black child, **you are Christ**

And you ought to be **crucified;**

**You will die...**

...in the flesh, but in Spirit **you will rise.**

## APPENDIX V



### Can't We Talk About Being An American?

Can't we talk about being an American, just for a minute?  
I am talking about the feeling of being this modern day American,  
But, now that I think about, why should I talk about being an American, knowing that I  
am not American, I don't even have an American accent, cause I am actually, African,  
come from the world second largest continent, born and raised in Congo, Kinshasa, this  
beloved mother country of mine, but now, I am adopted by this step-mother, call  
America!  
This beloved stepmother of mine.

So, I just want to talk about being an American, so, I can tell you, that the Congo in me,  
challenge me to never dismiss Congolese values and is tripping over the fact, that I am  
racing in this race of getting my piece of pie of the American dream,

So, can't we talk about being an American, for minute, or talk about real notion of  
freedom or American values, because I happen to care, that, regardless of race, we're all,  
in this America together,  
And I am sick and tired of this American bashing cycle,  
Since, I don't want to be trapped in this cycle, So, I want to talk about being an real an  
American, so, I can ask you, question, like, is America shinning or is America bleeding?  
And whatever your answer may be, let's continue to improve America!  
And when the US dollar it says, "In God we trust", we must live by this motto, as  
politicians, American citizens, societies, nations and humanity.  
America can conquer Evil by getting on God side and win some victory.

And may our beloved American soldiers who die in Iraq, rest in peace; and may God healed their families' inner-crisis, And let's continue to talk about being real Americans, about some real patriotism, And that, this war on terrorism will never be complete until the world, American politicians, world leaders return to God's wisdom? So, **there can be prevention of destructive time**, because "God's wisdom is a theory that has the advantage over foolishness, over human intelligence as much as light has advantage over darkness". .....So, may real Americans, Real human being, stand up and rise fight all virus that kill the soul of America and triumph, in the Name of American Patriotism!

Written by Conscious Poet Copyright@2004. All Right reserved



## APPENDIX VI

### The Movement

(It's) not that kind of **party**  
You're probably thinking: **Bacardi**,  
Hotties in skimpy clothes looking **Slutty**,  
Pimps and hoes, **Gotti's**,

Willies and thugs,  
Drug **using and abusing**,  
And **music for amusement**  
Wake up! It's a **movement**

Y'all can relate to the way we do **weights on the block**

**Creating a lot...**  
...of ways of making it **happen**  
Whether we're **rapping**  
Over foot hand **clapping**,  
**Foot tapping**  
And finger **snapping**,

Little brothers will grow to big daddies so it'll definitely be no half **stepping**

**Repping the real**  
Without **clapping a steel**  
**Weapon's the deal**,  
We (are) in the house, Negro, **step on the field**.

F... a **role model**  
That tip **moe bottle**  
(While) try to impress you with six, fives and **four double**  
**O model**  
Benzes, Lexus, Rolexes and **Movado**  
It's gonna take **mo (re) struggle**  
(UN) til it's no **mo (re) trouble**

And I'd be damned if my life goes by **pass in the Porsche**;  
I rather master the art of caring and **passing the torch**.  
Let me talk **to you partener**  
This is a **walk through the darkness**,  
Not a **walk in the park**. This...  
...is not a red carpet **walk in the garden**

With the glory **and the fame**  
It **ain't a game**,  
I **ain't playin'**  
(It) may sound **entertaining**,  
It's not **entertainment**

It's not a waist like **gas fluid**  
This is **class students!**  
(This is) not for your girl to shake her **ass to it**

It's the **history**  
Of the **mystery**  
Behind our **misery**  
Forget the **industry**,  
We (are) **in the streets**  
Doing a seven days a week **ministry**

We charge for the art, the culture won't **cost a dime**  
(We're) leading both old and new school when I **bust a rhyme**  
Somewhere in the course of satisfy your **lust for crime**,  
You've either **lost your mind**  
Or simply **crossed the line**  
Homie thought it was gangster when he **bust(Ed) that nine**  
(But) what about the **loss of time**:

That ass was **locked in jail**  
He and the crew (are) **sparking L's**,

They all **rock jew-el**  
**But** (what) **the hell**  
With the *mic* device, they don't **rock that well**  
(They are) telling to **rock the bells**  
Like *Fox* or *L*  
Or I'm **not gon' sell**,  
I told them: eh, **watch yourself**,  
This is **not for sale**

It's deeper than your underground, **it's bigger than pop**  
It's bigger than Hip Hop, it's bigger than *Big*, and it's **bigger than Pac**

Its **rebel music**  
(That's) getting you ready for **revolution**  
(It's) **ghetto music**  
For (the) **ghetto movement**  
Come on, **let's get it moving**

Each and every single one of us should be **teaching**,  
**Reaching...**  
...out, stay active and practice what you're **preaching**

Y'all (are) **hearing these rhymes**  
Like damn, that's one **serious mind-ed...**  
...brother taking serious measures for **serious times**

**Regardless**  
If you **are the**  
**Hardest**  
**Artist**,  
(The) status of a super **star is...**

**...irrelevant**  
I'm **telling them**  
This is way more than four **elements**

It's grown man rap music **teaching the youth**  
This is more than just **speaking what's true,**  
This is **speaking the truth!**

**By Big Brotha Sami the Priest**

## REFERENCES

Abdoulaye Kane; Todd H Leedy (2013) *African Migrations: Patterns and Perspectives*. Bloomington: Indiana University Press.

Adogame, Afe; and Spickard, Jim (2010) *Religion Crossing Boundaries: Transnational Religious and Social Dynamics in Africa and the New African Diaspora*. Brill.

Agnew, Vijay (2005) *Diaspora, Memory, and Identity: A Search for Home*. University of Toronto Press.

Aho, James Alfred; Aho, Kevin (2008) *Body Matters: A Phenomenology of Sickness, Disease, and Illness*. Lanham: Lexington Books.

Allotey, Pascale, et al. (2004) *Reproductive Health for Resettling Refugee and Migrant Women*. *Health Issues* 78 (2004):12-7.

Apter, Andrew (2012) *Matrilineal Motives: Kinship, Witchcraft, and Repatriation among Congolese Refugees*. *Journal of The Royal Anthropological Institute*. Vol.18 (1), pp.22-44 [Peer Reviewed Journal]

Arthur, John (2010) *African Diaspora Identities: Negotiation Culture in Transnational Migration*. Lexington Books.

Aulino, Felicity (2014) *Perceiving the Social Body*. *Journal of Religious Ethics* 42.3: 415-441.

Bandeled, Ramla (2010) Understanding African Diaspora Political Activism the Rise and fall of the Black Star Line. *Journal of Black Studies* 40.4: 745-761.

Baer, H. A., Singer, M., (2007) *Introducing Medical Anthropology: A Discipline in Action*. Rowman Altamira.

Baer, Hans A. (2004) Medical Pluralism. *Encyclopedia of Medical Anthropology*. Springer US. 109-116.

Baer, Hans A., et al. (1995) Medical Pluralism in the United States: a Review. 493-502.

Baer, H. A., Singer, M., Johnsen, J. H. (1986). *Toward a Critical Medical Anthropology*. *Social Science & Medicine*. Vol. 23(2), 95-98.

Barnes, Linda L, and Susan Starr Sered (2005) *Religion and Healing in America*. New York: Oxford University Press.

Bauböck, Rainer and Thomas Faist (2010) *Diaspora and Transnationalism Concepts, Theories and Methods*. Amsterdam: Amsterdam University Press.

Becker, Gay (2004) Phenomenology of Health and Illness. *Encyclopedia of Medical Anthropology*. Springer US. 125-136.

Bermúdez, José Luis; Eilan, Naomi, and Anthony Marcel, eds. (1998) *The Body and the Self*. Massachusetts: MIT Press.

Bernard, H. Russell (2011) *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Rowman Altamira.

Betts, Alexander (2013) *Survival Migration Failed Governance and the Crisis of Displacement*. Cornell University Press.

Bhatia, Sunil; Ram, Anjali; Bhatia, Sunil (correspondence author) (2009) *Theorizing Identity in Transnational and Diaspora Cultures: A Critical Approach to Acculturation*. *International Journal of Intercultural Relations*. Vol.33 (2), pp.140-149 [Peer Reviewed Journal]

Biehl, João Guilherme; Byron Good; Arthur Kleinman (2007) *Subjectivity: Ethnographic Investigations*. Vol. 7. Univ of California Press.

Boddy, Janice (1988) *Spirits and Selves in Northern Sudan: The Cultural Therapeutics of Possession and Trance*. *American Ethnologist* 15.1: 4-27.

Bodeker, Gerard (2007) *Women and Herbal Medicine in Africa*. *The Journal of Alternative and Complementary Medicine*. 3(4): 323-325.

Bollini, Paola, and Harald Siem (1995) *No Real Progress towards Equity: Health of Migrants and ethnic minorities on the eve of the year 2000.* *Social science & medicine* 41.6: 819-828.

Booth, Ken (2014) *Strategy and Ethnocentrism*. Routledge.

Brettell, Caroline B. (2003) *Anthropology and Migration: Essays on Transnationalism, Ethnicity, and Identity*. Altamira Press.

Brettell, Caroline B. (2000) *Theorizing Migration in Anthropology: The Social Construction of Networks, Identities, Communities and Globalscapes*, in C.B. Brettell and J.F. Hollifield (eds). *Migration Theory*. New York: Routledge, pp. 97.

Cano, G. (2005) *The Mexico-North Report on Transnationalism*. Washington DC: Mexico-North Research Network.

Caplan, David (2014) *Rhyme's Challenge: Hip Hop, Poetry, and Contemporary Rhyming Culture*. Oxford; New York: Oxford University Press.

Cartwright, Elizabeth, and Diana Schow (2016) Anthropological Perspectives on Participation in CBPR Insights From the Water Project, Maras, Peru. *Qualitative Health Research* 26.1: 136-140.

Castaneda, Heide (2010) Im/migration and Health: Conceptual, Methodological, and Theoretical Propositions for Applied Anthropology. *Bulletin* 34.1 (2010): 6-27.

Castro, Judy; Herda, Ellen (advisor) (1999) Healing as a hermeneutic process through adult learning. ProQuest Dissertations and Theses.

Clark-Kazak, Christina R. (2011) *Recounting Migration: Political Narratives of Congolese Young People in Uganda*. McGill-Queen's Press-MQUP.

Clifford, James (1994) *Diasporas Cultural Anthropology*. Vol.9 (3), pp.302-338 [Peer Reviewed Journal]

Cohen, Lawrence (2001) The Other Kidney: Biopolitics beyond Recognition. *Body & Society* 7.2-3: 9-29.

Cohen, R. (1997) *Global Diasporas: An Introduction*. London, Routledge.

Cohen, Anthony P. (1994) *Self Consciousness: An Alternative Anthropology of Identity*. Routledge.

Cole, Michael, and John Gay (1972) Culture and Memory. *American Anthropologist* 74.5: 1066-1084. [Peer Reviewed Journal]



Comaroff, Jean, and John L. Comaroff. (1993) *Modernity and its Malcontents: Ritual and Power in Postcolonial Africa*. University of Chicago Press.

Crang, Philip; Claire Dwyer; Peter Jackson (2004) *Transnational Spaces*. Routledge.

Creet, Julia; Andreas Kitzmann (2011) *Memory and Migration: Multidisciplinary Approaches to Memory Studies*. Toronto; Buffalo: University of Toronto Press.

Creswell, John (2013) *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. SAGE.

Csordas, Thomas J. (2002) *Body/Meaning/Healing*. New York: Palgrave Macmillan.

Csordas, Thomas J. (1997) *The Sacred Self: A cultural Phenomenology of Charismatic Healing*. University of California Press.

Csordas, Thomas (1994) Introduction: The Body as Representation and Being in the World. In *Embodiment and Experience: The Existential Ground of Culture and Self*. Thomas Csordas, ed. Pp. 1-26. Cambridge: Cambridge University Press.

Cunningham, Solveig Argeseanu, Julia D. Ruben, and KM Venkat Narayan (2008) Health of Foreign-Born People in the United States: a Review. *Health & Place* 14.4 (2008): 623-635.

D'Alisera, JoAnn (2004) *An Imagined Geography: Sierra Leonean Muslims in America*. University of Pennsylvania Press.

Das, Veena (2000) *Violence and Subjectivity*. Univ of California Press.

Dawn A. Penner (2012) *Surviving War: The Congolese Refugee Experience*. ProQuest Dissertations and Theses.

Dawson, Andrew, (2010) ed. *Summoning the Spirits: Possession and Invocation in Contemporary Religion*. Vol. 15. IB Tauris.

De Boeck, F. (1996) *Postcolonialism, Power and Identity: Local and Global Perspectives in Zaire*, in R. P. Werbner and T. O. Ranger (eds.), *Postcolonial Identities in Africa*. London: Zed.

D'Errico, Nicole C., et al. (2013) 'You say rape, I say hospitals. But whose voice is louder?' *Health, aid and decision-making in the Democratic Republic of Congo*. *Review of African Political Economy* 40.135: 51-66.

De Young, Mark; Robertson, Gregory (advisor) (2012) *God, Empire and the Hip hop Prophets Twenty-first Century Contexts for Prophetic Theology*. ProQuest Dissertations and Theses.

Demart, Sarah (2013) *Congolese Migration to Belgium and Postcolonial Perspectives*. *African Diaspora*. Vol (6) pp.: 1–20 (20).

Demart, Sarah and Bodeux, Leila (2013) *Postcolonial Stakes of Congolese (DRC) Political Space: 50 Years after Independence 1*. *African Diaspora*. Col (6) pp.: 72–96 (25).

Den Boer, Roselinde (2015) *Liminal Space in Protracted Exile: The Meaning of Place in Congolese Refugees' Narratives of Home and Belonging in Kampala*. *Journal of Refugee Studies* 28.4: 486-504.

Devisch, René (1996) 'Pillaging Jesus': Healing Churches and the Villagisation of Kinshasa. *Journal of the International African Institute*. Vol. 66, No. 4 pp. 555-586.

Diaz Guevara, Raul (2013) Pan-Africanism: A Contorted Delirium or a Pseudonationalist Paradigm? *Revivalist Critique*. DOI: 10.1177/2158244013484474

Ditto, Ph (1999) Perceptions of Health and Illness: Current Research and Applications. *Psychological Medicine*. Vol.29 (6), pp.1467-1472 [Peer Reviewed Journal]

Doná, Giorgia (2002) 'Refugees' Wellbeing in Countries of Resettlement. *Social Work in Europe*. Vol. 9(1), pp. 41-48.

Donnelly, Meghan; Miller, Kathee (advisor) (2012) *Poetry as the Soul's Language: Healing through Creative*. Pacifica Graduate Institute.

Dufoix, Stéphane (2008) *Diasporas*. Berkeley: University of California Press.

Erickson, Pamela (2008) *Ethnomedicine*. Waveland Press.

Farmer, Paul (2006) *AIDS and Accusation: Haiti and the Geography of Blame*. Univ of California Press.

Farmer, Paul (2005) *Suffering and Structural Violence beyond Borders: Thinking Critically about Global Issues* (2005): 368-384.

Farmer, Paul (2004) *An Anthropology of Structural Violence*. *Current Anthropology*. Vol.45 (3), p.305-325 [Peer Reviewed Journal]

Flahaux, Marie-Laurence, et al. (2013) Determinants of Migration between Africa and Europe: the DR Congo Case. No. MAFE Working Paper (23). UCL.

Frances, Mascia-Lees, ed. (2015) A Companion to the Anthropology of the Body and Embodiment. Vol. 22. John Wiley & Sons.

Foucault, Michel (1977) Discipline and Punish: The Birth of the Prison. Vintage.

Foucault, Michel (1973) The Birth of the Clinic, trans. A. Sheridan, London: Tavistock.

Garvin, David (2014) Regrounding the Sacred: Transnational Religion, Place Making, and the Politics of Diaspora among the Congolese in London and Atlanta. *Global Networks-A Journal of Transnational Affairs*. Vol.14 (3), pp.363-382 [Peer Reviewed Journal]

Garbin, D. (2013) The Visibility and Invisibility of Migrant Faith in the City: Diaspora Religion and the Politics of Emplacement of Afro-Christian Churches. *Journal of Ethnic and Migration Studies*. Vol. 39 (5), 677–96.

Garbin, D. and M. Godin (2013) “Saving the Congo”: Transnational Social Fields and Politics of Home in the Congolese Diaspora. *African and Black Diaspora*. Vol. 6 (2), 113–30

Garbin, D. (2012) “Marching for God in the Global City”: Public Space, Religion and Diasporic Identities in a Transnational African Church.’ *Culture and Religion*. Vol. 13 (4), 425–47.

Garbin, D. (2011) Symbolic Geographies of the Sacred: Diasporic Territorialization and Charismatic Power in a Transnational Congolese Prophetic Church, in G. Hüwelmeier and K. Krause (eds) *Traveling Spirits: Migrants, Markets and Mobilities*, New York: Routledge, 145–64.

Garbin, D. (2010) “Embodied Spirit(s) and Charismatic Power among Congolese Migrants in London”, in A. Dawson (ed.) *Summoning the Spirits: Possession and Invocation in Contemporary religion*, New York: I.B.Tauris, 40–57.

Gelbard, Alexandra (2013) *Religion Crossing Boundaries: Transnational Religious and Social Dynamics in Africa and the New African Diaspora*. *Sociology of Religion* 74.3: 423-425.

Germond & Cochrane (2010) *Health worlds: Conceptualizing Landscapes of Health and Healing* *Sociology* vol. 44 no. 2 307-324.

Gerstl, Sibylle; Sauter, Justin; Kasanda, Joseph; Kinze (2013) *Who Can Afford Health Care? Evaluating the Socio-Economic Conditions and the Ability to Contribute to Health care in a Post-Conflict Area in DR Congo*. *PloS one*. Vol.8 (10), pp.e77382 [Peer Reviewed Journal]

Gilles Bibeau; Rashim Ahluwalia; Bernard Méchin (1980) *Traditional Medicine in Zaire: Present and Potential Contribution to the Health Services*. Ottawa: International Development Research Centre.

Giordano, Cristiana (2014) *Migrants in Translation: Caring and the Logics of Difference in Contemporary Italy*. Univ of California Press.

Giovanni Porfido (2012) *Cultural Hybridity* *Sociology: the Journal of the British Sociological Association*, Vol.46 (1), p.177 [Peer Reviewed Journal]

Godin, Marie; Chideka, Mado (2010) *Congolese Women Activists in DRC and Belgium*. *Forced Migration Review* 36: 33-34.

Goffe, Leslie (2013) Remembering W.E.B. Du Bois ... the Father of Modern Pan-Africanism. *New African*. Issue 534, pp.82-85.

Gondola, Didier (2002) *The History of the Congo*. Greenwood Press.

Good, Byron J.; Michael M. J. Fischer, Sarah S. Willen, Mary-Jo DelVecchio Good (2010) *A Reader in Medical Anthropology: Theoretical Trajectories, Emergent Realities*. Wiley- Blackwell.

Grayman, Nyasha (2009) "We Who Are Dark . . .": The Black Community According to Black Adults in America: An Exploratory Content Analysis. *Journal of Black Psychology*, 2009, Vol.35 (4), pp.433-455 [Peer Reviewed Journal]

Green, Linda *Lived Lives and Social Suffering: Problems and Concerns in Medical Anthropology*. *Medical Anthropology Quarterly*, 1998, Vol.12 (1), pp.3-7 [Peer Reviewed Journal]

Gupta, Akhil, and James Ferguson (1992) Beyond "Culture": Space, Identity, and the Politics of Difference. *Cultural anthropology* 7.1 (1992): 6-23.

Harding, Jamie (2013) *Qualitative Data Analysis from Start to Finish*. Sage, 2013.

Herp, Michel Van, et al. (2003) Mortality, Violence and Lack of Access to Healthcare in the Democratic Republic of Congo. *Disasters* 27.2: 141-153.

Hirschmann, David (1990) The Black Consciousness Movement in South Africa. *The Journal of Modern African Studies*. Vol.28 (1), pp.1-22 [Peer Reviewed Journal]

Hraba, Joseph; Siegman, Jack; Hraba, Joseph (correspondence author) (1974) Black Consciousness. *Youth & Society*. Vol.6 (1), pp.63-90 [Peer Reviewed Journal]

Ikambana Jean-Louis Peta (2006) *Mobutu's Totalitarian Political System: An Afrocentric Analysis*. Routledge.

Inaka, SJCKM (2014) *Congolese Immigrant Workers in Pretoria, South Africa: a Sociological Approach in the Age of Migration*, MSocSci Dissertation, University of Pretoria, Pretoria.

Isakson, Brian and Gregory J. Jurkovic (2013) *Healing After Torture: The Role of Moving On*. *Qualitative Health Research* 23(6) 749–761.

Jacobs, Emma (2008) *Refuge from a Painful Past: Emma Jacobs Reports on the Healing Powers of Community Gardens*. *Financial Times* [London (UK)] 26 Apr 2008:15.

Jackson, James S., et al. (2004) *The National Survey of American Life: a Study of Racial, Ethnic and Cultural Influences on Mental Disorders and Mental Health*. *International journal of methods in psychiatric research* 13.4: 196-207.

Janzen, John M. (2015) *Science and Spirit in Postcolonial North Kongo Health and Healing*. *African Studies Quarterly* 15.3 (2015): 47.

Janzen, John M., and William Arkininstall (1978) *The Quest for Therapy in lower Zaire*. No. 1. Univ of California Press.

Jeanquart-Barone, Sandy (1996) *Implications of Racial Diversity in the Supervisor-Subordinate Relationship*." *Journal of Applied Social Psychology* 26.11 (1996): 935-0944.

Johnson, Paul C. (2007) *Diaspora conversions Black Carib Religion and the Recovery of Africa*. Berkeley: University of California Press.

Kalu, Ogbu (2013) *African Christianity: An African Story*. Dept. of Church History, University of Pretoria.

Kaptchuk, Ted J., and David M. Eisenberg (2001) *Varieties of Healing. 1: Medical Pluralism in the United States*. *Annals of Internal Medicine* 135.3: 189-195.

Katz, Richard, and Stephen Murphy-Shigematsu (2012) *Synergy, Healing and Empowerment: Insights from Cultural Diversity*. Brush Education.

Kaufman, Sharon R. (2015) *Ordinary Medicine: Extraordinary Treatments, Longer Lives, and Where To Draw The Line*. Duke University Press

Kim, Soonhyang (2006) *Academic Oral Communication Needs of East Asian International Graduate Students in Non-Science and Non-Engineering Fields*. *English for Specific Purposes* 25.4: 479-489.

Keesing, Roger M. (2006) *Anthropology as Interpretive Quest*. *Anthropology in Theory: Issues in Epistemology*. 258-266.

Kleinman, Arthur, and Peter Benson (2006) *Anthropology in the Clinic: the Problem of Cultural Competency and How to Fix It*. *PLoS Med* 3.10 (2006): e294.

Kleinman A, Das V, Lock M, eds. (1997). *Social Suffering*. Berkeley: Univ. Calif. Press.

Kleinman A. (1988) *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books.



Kleinman, A; Eisenberg, L; Good, B (1978) Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research. *Annals of Internal Medicine*. Vol.88 (2), pp.251-8 [Peer Reviewed Journal]

K.N. Ngbolua 1,\* , B.M. Benamambote 2, P.T. Mpiana 3, D.M. Muanda 2, E. Ekutsu1, D.S.T. Tshibangu 2, B.Z. Gbolo 1, C.L. Muanyishay 1, N. B. Basosila 1, G.N. Bongo 1,

Konadu-Agyemang, Kwadwo; Baffour K Takyi; John A. Arthur (2006) *The New African Diaspora in North America: Trends, Community Building, and Adaptation*. Lanham, MD: Lexington Books.

Koser, Khalir (2003) *New African Diasporas*. Routledge.

Krause, K. (2008) 'Spiritual spaces in post-industrial places: transnational churches in north east London', in M. P. Smith, and J. Eade (eds) *Transnational ties: cities, identities and migrations*, New Brunswick: Transaction Publishers, 109–30.

Kunii, Osamu; Tanaka, Yasuo; Lewis, Alyson; Wakai, Susumu (2006) Uvelectomy and Other Traditional Healing Practices: Traditional Healers' Perceptions' and Practices in a Congolese Refugee Camp in Tanzania. *Tropical Medicine and Health*. Vol. 34 No. 4, pp. 159-166.

La Barbera, Maria Caterina (2015) *Identity and Migration in Europe: Multidisciplinary Perspectives*. Cham: Springer International Publishing.

Lakika, Dostin Mulopo. (2011) *Understanding Illness and Treatment-seeking Behavior among Congolese Migrants in Johannesburg*. Diss. Faculty of Humanities, University of Witwatersrand.

Lambert, Helen, and Maryon McDonald (2009) *Social Bodies*. Berghahn Books.

Lamphere, Louise (1992) *Structuring Diversity: Ethnographic Perspectives on the New Immigration*. University of Chicago Press.

Le Goff, Jacques (1992) *History and Memory*, trans. Steven Rendall and Elizabeth Claman, New York.

Lenk, Laura. McClatchy (2011) *Community Gardens Help People, Neighborhoods Heal*. Tribune Business News [Washington].

Levine, Lawrence W. (2007) *Black Culture and Black Consciousness: Afro-American Folk Thought from Slavery to Freedom*. Oxford University Press.

Lewis, Joseph (1997) *Hip-Hop*. Health Quest. Issue 18, p.35.

Ludo de Witte, Ann Wright (2002) *The Assassination of Lumumba*. Verso

Lin, Tsung-Yi, and Mei-Chen Lin (1981) *Love, Denial and Rejection: Responses of Chinese Families to Mental Illness. Normal and Abnormal Behavior in Chinese culture*. Springer Netherlands, 1981. 387-401.

Luyckx, Koen, et al. (2007) *Information-Oriented Identity Processing, Identity Consolidation, and Well-Being: The Moderating Role of Autonomy, Self-Reflection, and Self-Rumination*. *Personality and Individual Differences* 43.5: 1099-1111.

Maketa, Vivi; Mimy Vuna, Sylvain Baloji, Symphorien Lubanza, David Hendrickx, Raquel Andrea Inocência da Luz, Marleen Boelaert, Pascal Lutumba (2013) *Perceptions*

of Health, Health Care and Community-Oriented Health Interventions in Poor Urban Communities of Kinshasa, Democratic Republic of Congo. PLoS One. Vol. 8(12).

Malkki, Liisa (1992) National Geographic: the Rooting of Peoples and the Territorialization of National Identity among Scholars and Refugees. Cultural Anthropology 7.1 (1992): 24-44.

Marshall, Ruth (2014) Christianity, Anthropology, Politics. Current Anthropology. 55. S 10: S344-S356.

Marshall, Ruth (2009) Political Spiritualities: the Pentecostal Revolution in Nigeria. University of Chicago Press. 2009.

Mattingly, Cheryl (1998) Healing Dramas and Clinical Plots: The narrative structure of experience. Vol. 7. Cambridge University Press.

Mattingly, L, and L Garro (2000) Narrative and the Cultural Construction of Illness. University of California Press.

McElroy, Ann (1990) Biocultural Models in Studies of Human Health and Adaptation. Medical Anthropology Quarterly 4.3: 243-265.

Meditz, Sandra W., and Tim Merrill, eds. (1994) Zaire: A Country Study. Federal Research Division.

Merten, Sonja Schaetti, Christian; Manianga, Cele; Lapika, Bruno; Chaignat, Claire-lise; Hutubessy, Raymond; Weiss, Mitchell G (2013) Local Perceptions of Cholera and Anticipated Vaccine Acceptance in Katanga province, Democratic Republic of Congo. BMC Public Health. Vol.13, pp.60. [Peer Reviewed Journal]

Miguens, Sofia; Gerhard Preyer (2012) *Consciousness and Subjectivity*. Frankfurt: Ontos Verlag.

Miller, Monica R. (2013) *Religion and Hip Hop*. New York: Routledge.

Miller, Monica; Hodge, Daniel; Coleman, Jeffrey; Chaney, Cassandra (2014) *The Hip in Hip Hop: Toward a Discipline of Hip Hop Studies*. *The Journal of Hip Hop Studies*. Vol.1 (1), pp.6, 10-12.

Moerman, Daniel E (2012) *Society for the Anthropology of Consciousness Distinguished Lecture: Consciousness, "Symbolic Healing," and the Meaning Response*. *Anthropology of Consciousness*. Vol.23 (2), pp.192-210 [Peer Reviewed Journal]

Montague, Dena (2002) *Stolen Goods: Coltan and Conflict in the Democratic Republic of Congo*. *Sais Review* 22.1: 103-118.

Morgan, Lynn M. (1990) *The Medicalization of Anthropology: a Critical Perspective on the Critical-Clinical Debate*. *Social Science & Medicine* 30.9: 945-950.

Morris, Alan (1998) 'Our fellow Africans Make Our Lives Hell': The lives of Congolese and Nigerians in Johannesburg *Ethnic and Racial Studies*. Vol.21 (6), pp.1116-1136 [Peer Reviewed Journal]

Mukalenge F. Chenge, Jean Van der Vennet, Numbi O. Luboya, Veerle Vanlerberghe, Mala A Mapatano, Bart Criel (2014) *Health-Seeking Behavior in the City of Lubumbashi, Democratic Republic of the Congo: Results from a Cross-Sectional Household Survey*. *BMC Health Services Research*. Vol.14:173.

Murru, Maurizio, and Pavignani, Enrico (2011) Democratic Republic of Congo: the Chronically-Ill Heart of Africa. University of Queensland. Brisbane.

Muthuki, Janet (2014) Religion as Mechanism of Adaptation for Immigrants: The Case of African Migrant Students in a South African Tertiary Institution Muthuki, Janet Muthoni. *Journal of Social Development in Africa*. 29.1 (2014): 109-132.

Nzongola-Ntalaja, Georges (2002) *The Congo from Leopold to Kabila: a People's History*. London; New York: Zed Book.

Nzongola-Ntalaja, Georges (1975) *Urban Administration in Zaire: A Study of Kananga, 1971-73*. Vol. 1. University of Wisconsin--Madison.

O'Ballance, Edgar. (2000) *The Congo-Zaire Experience, 1960-98* New York, N.Y.: Macmillan.

O'Neil, John (1985). *Five Bodies: The Human Shape of Modern Society*. Ithaca: Cornell University Press.

Okpewho, Isadore; Carole Boyce Davies; Ali Al'Amin Mazrui (1999) *The New African Diaspora: African Origins and New World Identities*. Indiana University Press.

Okpewho, Isidore, and Nkiru Nzegwu, eds. (2009) *The New African Diaspora*. Indiana University Press.

Orr, Gregory (2002) *Poetry as Survival*. University of Georgia Press.

Panford, Kwaminaan (1996) Africanism, Africans in the Diaspora and the OAU. *Western Journal of Black Studies*. Vol.20 (3), pp.140-150 [Peer Reviewed Journal]

Page, Ben; Mercer, Claire; Evans, Martin. Introduction: African Transnationalisms and Diaspora Networks. *Global Networks*, 2009, Vol.9 (2), pp.137-140 [Peer Reviewed Journal]

Parker, Radha J.; Horton, H. Shelton, Jr. (1996) A Typology of Ritual: Paradigms for Healing and Empowerment. *Counseling and Values*. Vol.40 (2), p.82-97 [Peer Reviewed Journal]

Parish, Jane (2011) West African Witchcraft, Wealth and Moral Decay in New York City. *Ethnography* 12.2: 247-265.

Penner, Dawn A. (2012) *Surviving War: The Congolese Refugee Experience*. ProQuest Dissertations and Theses.

Piowarczyk, Linda ; Bishop, Hillary ; Saia, Kelley ; Crosby, Sondra ; Mudymba, Francine; Hashi, Nimo ; Raj, Anita (2013) Pilot Evaluation of a Health Promotion Program for African Immigrant and Refugee Women: The UJAMBO Program. *Journal of Immigrant and Minority Health*. Vol.15 (1), pp.219-223 [Peer Reviewed Journal]

Piowarczyk, Linda, et al. (2014) Congolese and Somali Beliefs about Mental Health Services. *The Journal of Nervous and Mental Disease*. 202.3: 209-216.

Popper-Giveon, Ariela (2009) Paths of Power: Traditional Palestinian Women Healers in Israel. *Women's Studies: An Interdisciplinary Journal*. Vol.38 (5), pp.505-537 [Peer Reviewed Journal]

Popper-Giveon, Ariela; Ventura, Jonathan (2008) Claiming power through hardship: Initiation narratives of Palestinian traditional women healers in Israel. *Social Science & Medicine*. Vol.67 (11), pp.1807-1816 [Peer Reviewed Journal]

Portes, Alejandro; Rubén G. Rumbaut (2014) *Immigrant America: A Portrait*. University of California Press.

Powell, Vonda (2011) A Social Identity Framework of American Hip Hop Cultural Performance. *Social Identities*. Vol.17 (4), p.459-476 [Peer Reviewed Journal]

Price, Susan Davis (2000) *Growing Home Stories of Ethnic Gardening*. Minneapolis: University of Minnesota Press.

Rainbow, Paul (1996) Artificiality and Enlightenment: from Sociobiology to Biosociality. In *essays on the Anthropology of Reason* (pp. 91–111).

Rao, Deepa (2006) Choice of Medicine and Hierarchy of Resort to Different Health Alternatives among Asian Indian Migrants in a Metropolitan City in the USA. *Ethnicity & Health*. Vol.11 (2), p.153-167 [Peer Reviewed Journal]

Rasmussen, Susan (1998) Only Women Know Trees: Medicine Women and the Role of Herbal Healing in Tuareg Culture. *Journal of Anthropological Research*. Vol.54 (2), pp.147-171 [Peer Reviewed Journal]

Reiff, Marian; Weingarten, Michael (1999) Illness and Treatment Perceptions of Ethiopian Immigrants and their Doctors in Israel. *American Journal of Public Health*, Dec 1999, Vol.89 (12), pp.1814-8 [Peer Reviewed Journal]

Reyntjens, Filip (2009) *The Great African War: Congo and Regional Geopolitics, 1996-2006*. Cambridge University Press.

Robijaona Baholy (2013) Ethno-botanical survey and Ecological Study of some Medicinal Plants species traditionally used in the District of Bas-Fleuve (Bas-Congo Province, Democratic Republic of Congo) Research Journal of Chemistry Vol.01, Issue 02, pp.01-10.

Rudolph, Alexander Jr, (2005) Racism, African Americans, and Social Justice. Rowman & Littlefield Publishers.

Russell, Scott C., and S. Andrew Spooner (2004) Barriers to EMR Adoption in Internal Medicine and Pediatric Outpatient practices. Tennessee Medicine: Journal of the Tennessee Medical Association 97.10: 457-460.

Sabar, Galia (2010) Witchcraft and Concepts of Evil amongst African Migrant Workers in Israel. Canadian Journal of African Studies/La Revue canadienne des études africaines 44.1:110-141.

Sabuni, Louis Paluku (2007) Dilemma with the Local Perception of Causes of Illnesses in Central Africa: Muted Concept but Prevalent in Everyday Life. Qualitative health research. Vol.17 (9), pp.1280-91. [Peer Reviewed Journal]

Samers, Michael (2010) Migration. Abingdon.

Samers, Michael (1999) Globalization, the Geopolitical Economy of Migration and the Spatial Vent. Review of International Political Economy. 6.2:166-199.

Sargent, Carolyn; Larchanch, Stephanie (2011) Transnational Migration and Global Health: The Production and Management of Risk, Illness, and Access to Care. Annual Review of Anthropology. Vol.40, p.345-361 [Peer Reviewed Journal]



Saunders, Tanya L. (2011) Black thoughts, Black activism: Cuban Underground Hip-Hop and Afro-Latino Countercultures of Modernity. *Latin American Perspectives*. 0094582X11428062.

Scheper-Hughes, Nancy and Margaret M. Lock (1987) The Mindful Body: A Prolegomenon to Future Work. *Medical Anthropology Quarterly*. 1(1): 6– 41.

Schumaker, Lyn Diana Jeater and Tracy Luedke (2007) Introduction. Histories of Healing: Past and Present Medical Practices in Africa and the Diaspora. *Journal of Southern African Studies*. Vol. 33, No. 4.

Skogstad, Grace Darlene (2011) Policy Paradigms, Transnationalism, and Domestic Politics. Vol. 35. University of Toronto Press.

Shilling, Chris (1993) *The Body and Social Theory*. Sage Publications.

Singer, Merrill (2005) *The Face of Social Suffering: The Life History of a Street Drug Addict*. Waveland Press.

Singer, Merrill (2004) Critical Medical Anthropology, In Ember, Carol R., Ember, Melvin (Eds.) *Encyclopedia of Medical Anthropology. Health and Illness in the World's Cultures Topics - Volume 1; Cultures - Volume 2*, pp. 23- 30.

Singer, Merrill, and Hans Baer (1995) *Critical Medical Anthropology*. Baywood Publishing Company.

Sipsma, Heather L., et al. (2015) Violence against Congolese Refugee Women in Rwanda and Mental Health: a Cross-Sectional Study Using Latent Class Analysis. *BMJ open* 5.4 (2015): e006299.

Skogstad, Grace Darlene. (2011) *Policy Paradigms, Transnationalism, and Domestic Politics*. Vol. 35. University of Toronto Press.

Slavin, Samuel (2014) *Opening A Channel: Finding Connection And Healing Beyond The Clinic*. *Health Affairs* 2068-71.

Smith, William; Robertson, Carolina (advisor) (2003) *Hip Hop as Performance and Ritual: A Biographical and Ethnomusicological Construction of a Washington D.C. Hip Hop Artist named Priest da Nomad*. ProQuest Dissertations and Theses. ProQuest Dissertations Publishing.

Sobo, Elisa Janine (2009) *Culture and Meaning in Health Services Research: a Practical Field Guide*. Left Coast Press.

Stearns, Jason (2012) *Dancing in the Glory of Monsters: The Collapse of the Congo and the Great War of Africa*. Public Affairs.

Stein, F. and Stein P (2005) *Anthropology of Religion, Magic, and Witchcraft*.

Steinberg, Jonny (2005) *A Mixed Reception: Mozambican and Congolese Refugees in South Africa*. No. 117. Johannesburg: Institute for Security Studies.

Stoller, Paul (1996) *Spaces, Places, and Fields: the Politics of West African Trading in New York City's Informal Economy*. *American Anthropologist* 98.4: 776-788.

Strathern, Andrew (2014) Bodies Unbound: Creativity, Ritual, and the Mindful Body. *Journal of Ritual Studies*, 2014, Vol.28 (2), pp.93-94 [Peer Reviewed Journal]

Sumata, C. (2002) Migradollars and Poverty Alleviation Strategy Issues in Congo. *Review of African Political Economy*. 29, no. 93/94: 619-628.

Tageldin, Shaden M. The Place of Africa, in Theory: Pan-Africanism, Postcolonialism, Beyond. *Journal of Historical Sociology* 27.3 (2014): 302-323.

Toit, Brian M., and Ismail Hussein Abdalla, eds (1985) African healing strategies. Conch Magazine Limited.

Tseng, Wen-Shing, and Jon Streltzer, eds (2008) Cultural Competence in Clinical Psychiatry. American Psychiatric Pub.

Tumwesigye O, (1996) Bumetha Rukararwe: Integrating modern and traditional health care in Southwest Uganda. *JAltern Complement Med* 1996; 2(3):373-376.

Turner, Thomas (2007) *The Congo Wars: Conflict, Myth and Reality* Zed Books

Twagiramungu, Epimaque (2013) A Phenomenological Study of Lived Experiences of Congolese Refugees Resettled in the United States. Reason, Lisa (advisor). ProQuest Dissertations and Theses. ProQuest, UMI Dissertations Publishing.

Van Wolputte, Steven (2004) Hang On to Yourself: Of bodies, Embodiment, and Selves. *Annual Review of Anthropology*.: 251-269.

Venters, Homer; Gany, Francesca (2011) African Immigrant Health. *Journal of immigrant and minority health / Center for Minority Public Health*. Vol.13 (2), pp.333-44 [Peer Reviewed Journal]

Verkuyten, Maykel; Yildiz, Ali Aslan (2010) Religious Identity Consolidation and Mobilization among Turkish Dutch Muslims. *European Journal of Social Psychology*. Vol.40 (3), pp.436-447 [Peer Reviewed Journal]

Vertovec, Steven (2007) Introduction: New Directions in the Anthropology of Migration and Multiculturalism. *Ethnic and Racial Studies*, 2007, Vol.30 (6), p.961-978 [Peer Reviewed Journal]

Viruell-Fuentes, Edna A.; Miranda, Patricia; Abdulrahim, Sawsan (2012) More than Culture: Structural Racism, Intersectionality Theory, and Immigrant Health. *Social Science & Medicine*, 2012, Vol.75 (12), pp.2099-2106 [Peer Reviewed Journal]

Waite, Gloria (1992) Public Health in Precolonial East-Central Africa. *The Social Basis of Health and Healing in Africa*. 212-231.

Waldstein, Anna (2008) Diaspora and Health? Traditional Medicine and Culture in a Mexican Migrant Community. *International Migration* 46.5 (2008): 95-117.

Weinman, John, and Keith J. Petrie (1997) Illness Perceptions: a New Paradigm for Psychosomatics? *Journal of Psychosomatic Research* 42.2: 113-116.

Werbner, Pnina, and Modood, Tariq, eds. (2015) *Critique Influence Change: Debating Cultural Hybridity: Multicultural Identities and the Politics of Anti-Racism*. London, GBR: Zed Books.

Westwood and Phizacklea (2000) *Transnationalism and the Politics of Belonging*. Psychology Press.

Wild-Wood, Emma (2008) *Migration and Christian identity in Congo (DRC)* Leiden; Boston: Brill.

Williams, D. R., & Collins, C. A Williams, D. R., & Collins, C. (1995). U.S. Socioeconomic and Racial Differences in Health: Patterns and Explanations. *Annual Review of Sociology*, 21, 349e386.

## **Curriculum Vitae**

Carolina Major Diaz San Francisco (1979)

E-mail: [cmdiazsf@bu.edu](mailto:cmdiazsf@bu.edu)

**Interests:** Community Health, Multi-disciplinary Clinical Research, Team Effort, Qualitative Research, Fieldwork, Interviews, Focus Groups, Data Collection, Publication

### **EDUCATION**

#### **Master of Science in Medical Anthropology & Cross-Cultural Practice**

Boston University School of Medicine, 2016

#### **Bachelors of Arts in Anthropology & Native American Studies**

University of East London, United Kingdom & University of New Mexico, United States, 2007

### **RESEARCH**

#### Qualitative Research Assistant

Boston University & BMC Department of Family Medicine, May 2015-Present

- Worked closely with PI, faculty and peers in the project ACHIEVE
- Used the Nvivo software application for qualitative analysis
- Transcribed and translated interviews with key and consenting informants and focus groups
- Coded and analyzed data
- Recruited and conducted interviews in person and over the phone
- Maintained accurate records of interviews, and safeguarded confidentiality according to the study protocols

### Client Support Advocate

Family Aid Boston, March 2015-Present

- Worked with families that share shelter apartments as part of Massachusetts' Emergency Assistance family shelter entitlement
- Provided general supervision of program participants, and oversaw adherence to program rules and expectations designed to promote client wellbeing and safety
- Provided support to families with problem-solving and immediate need, and maintained client confidentiality

### Qualitative Research Project

Boston University, May 2015-March 2016

- Master's Research Project: The Perceptions of Illness and Healing, and Health Care Practices among Congolese Migrants in Boston and Lynn, MA
- IRB proposal development, submission, and renewal
- 11-Months of fieldwork: recruitment, participant observation, informal and in-depth interviews, and one focus group
- Data collection and qualitative analysis with Nvivo software application

### Project Assistant

Boston Medical Center, Center for Refugee Health and Human Rights, Sept-December 2015

- Project: Update of Caring for Torture Survivors Online Course
- Online Course: a free, internet-based course for individuals from a variety of backgrounds who want to learn about caring for and working with survivors of torture
- Evaluated the full course, and documented strengths and weaknesses
- Interviewed staff to learn about how they envision an updated course to be

- Made recommendations for the full course on content and technological platforms

#### Intern~ Outreach, Research

African Community Health Initiatives (ACHI), June 2014-May 2015

- Supported ACHI in improving access to and utilization of health and health-related services for people from Sub-Saharan Africa in Massachusetts
- Worked with healthcare and social service providers to promote and improve cultural competence
- Promoted research by ACHI and other research organizations aimed to identifying the health issues affecting the Sub-Saharan African community in Boston
- Collaborated in health fairs and educational workshops on health prevention delivered to the different African communities in Boston

#### Research Assistant

Brown University, Institute for Community Health Promotion. Providence, RI  
October 2011-May 2013

- Assisted the research study's field coordinator and research assistants in recruiting study participants
- Screened for eligibility, registered eligible participants, and scheduled survey appointments
- Conducted baseline and follow-up surveys, and followed up with participants as needed
- Compiled and entered data into project logs and databases, and reviewed and edited literature in research newsletters as needed

#### Independent Research

*Farmacy Herbs*, Community Health Care & Education Center. Providence, RI, 2008-2013



- Gathered data on Occidental and Native American herbal medicine for future publication
- Participated in the community programs focused on education and nutritional healing
- Assisted with cultivation and formulation of herbal products
- Experienced teamwork and contributed with ideas for initiatives
- Translated informational pamphlets from English into Spanish to reach Spanish-speaking communities

Independent Research. Summers 2008-2010 in Equatorial Guinea, West Africa

- Worked with biodiversity conservation organization ECOFAC
- Conducted research on historical facts on traditional medicine and its importance today
- Researched topic for thesis in future PhD program and fieldwork

**CORE QUALIFICATIONS**

- Dedicated researcher with outstanding academic record, and exceptional oral and written communication skills
- Reliable, motivated, and a cooperative professional who respect subjects rights and individual needs
- Excellent interpersonal skills, and able to network with educational and research leaders within the community

- Careful attention to detail, and strong organizational skills with hard copy materials and database files
- Experience using Microsoft Excel, Access and Word, and knowledge of medical terminology
- Knowledge of clinical research protocols and clinical trials process
- Experience in qualitative research, with the ability to learn quickly other research methods, and to work independently
- Bilingual: proficiency in English and Spanish

#### **ACADEMIC AWARDS**

- 2014-2016 Provost and Levine Merit Scholarships
- 2015 Community Service Award, Graduate Medical Sciences, Boston University School of Medicine

#### **CONFERENCE PAPERS**

Boston University, African Studies Center, 2015

- Medicine and Health in Equatorial Guinea and the Democratic Republic of the Congo

Pan-Africanist Anthropological Association, 2016 Conference Nigeria

- The Congolese Diasporic Activism, and the Anthropology of Conflict Resolution

#### **ASSOCIATIONS**

- American Anthropological Association, 2015-Present

## **PUBLICATIONS**

- *Mi Madre Es Una Estrella* (Palibrio, 2011)
- *The Fantastic Herbs* (Little Creek Books, 2013)
- The Midwife of Wetzel County, in *Broken Petals* (Mountain Girl Press, 2014)

References available upon request