

Ukusebenza nethongo (Working with Spirit)
The role of *sangoma* in contemporary South Africa

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Thesis presented for the Degree of Doctor of Philosophy
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June 2005

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Acknowledgements

I wish to thank my collaborators in this project: My teacher and *sangoma* Nosibele, my mentor and *sangoma* Dr. Phillip Kubukeli, *sangoma* friend and colleague Nomagqirha and my fellow *sangoma* Zinzi. The study would not have been possible without their input, their original wisdom and support. In addition I give thanks to all those *thwasa* and *sangoma* in Khayelitsha, Cape Town who shared my experience of *ukuthwasa* and the privilege of becoming a *sangoma*. A special thankyou goes to my *n'anga* teacher Ambuya, in Zimbabwe, who first set me on the road.

Secondly many thanks to my supervisors, Dr. Owen Sichone of the Department of Social Anthropology, and Dr. Sean Field of the Department of History, both of the University of Cape Town, for their patience and encouragement of an initiate anthropologist and *sangoma*.

Enormous gratitude is also due to friends and family, and especially to my father, for their constant support.

Finally, I offer thanks to the spiritual consciousness which empowered this study and the experience of *sangoma* which it describes.

Enkosi Amakosi. Camagu.

Abstract

This thesis represents a typically boundary-crossing ethnographic experience and an unconventional anthropological study, its fieldwork grounded in the author's personal experience of *ukuthwasa* - initiation, training and graduation - to become a *sangoma*, a practitioner of traditional African medicine, in contemporary South Africa.

The study is contextualized within the contemporary health dispensation in South Africa in which two major paradigms, traditional African healing, considered within the spiritual environment of *sangoma*, and biomedicine, operate at best in parallel, but more often at odds with one another. Given the unprecedented challenge of the HIV/AIDS pandemic in the country, the thesis suggests that this situation is unhelpful and proposes first, that a more collaborative relationship between medical sectors is vital. Secondly, the thesis suggests that anthropologists can play an important role in achieving an improved dialogue, by producing research grounded in the spiritual aetiology of *sangoma* but comprehensible to academic science and applicable within collaborative medical interventions.

The thesis introduces 'sacred pragmatics' to embody the disarmingly matter-of-fact quality of *sangoma* healing which is nevertheless always underpinned by the authority of ancestral spirit solicited in terms that are reverent. Ancestral authority in *sangoma* is advanced as a credible near equivalent to Jung's 'collective unconscious', and the contemporary phenomenon of white *sangoma* is proposed as a potential source of social and political healing. In the light of the spiritual foundation of *sangoma*, the absence of spirituality in biomedicine is discussed and its effect on relationships between medical sectors analysed. The umbilical and ambiguous connection of *sangoma* and witchcraft is acknowledged, a relationship theorised as having transformative potential within kin and community. The theoretical arguments are set against the evidence of fieldwork which is characterised as experiential and described reflexively. The thesis constitutes a start in what the author hopes will develop into an ongoing conversation between traditional African healing, academe and biomedicine in South Africa.

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Introduction

'The reader may ask how to tell fact from fiction. A rough guide: anything that seems particularly unlikely is probably true.' (Mantel, 1993: x)

This thesis represents at once a boundary crossing typical of the ethnographer's experience (Cohen 1994: 128), and a less conventional anthropological study. The fieldwork is grounded in my personal experience of *ukuthwasa*, of my initiation, training and graduation, to become a *sangoma*, a practitioner of traditional African medicine in contemporary South Africa.

In her essay on interpretation (1983) Sontag exhorts westerners to open themselves to the fullness of sensory perception, to experience 'things being what they really are' (ibid: 103-104). Anthropology, possibly uniquely in academia, offers an opportunity for such experience: Few practitioners have exploited it, with the notable exceptions in this context of Stoller (Stoller and Olkes 1987) and van Binsbergen (1991; 2003 Chap 5-8). My thesis goes wholeheartedly at the project, describing a transformative experience which of necessity required my participation and rigorous observation, not only of anthropology's 'other', but also of the self. Some complex theoretical questions inevitably arose.

In Parts One and Two of this introductory chapter I establish the questions which the thesis seeks to answer. This exposition is followed in Part Three with background material including the sources of the ethnography and the fields in which it was carried out. Part Four contains biographies of the major contributors and some contextual histories. A short discussion of language and terminology is included in Part Five, and the final section presents an overview of the structure of the chapters.

Part One: Engaging biomedicine

My thesis first asks whether medical practice in contemporary South Africa would be made more successful if the system of traditional African healing of *sangoma* and biomedicine were mutually engaged in a respectful dialogue in which the theories and practices of both were incorporated and utilised. The thesis asserts the importance of such an inclusive, pluralistic approach: A fundamental shift away from 'mute coexistence' to one of mutual respect (Hountondji 1997: 17). In advocating this position it is not my intention to petrify the South African healing system of *sangoma*, or to produce a 'romanticized vision' of it (Good 1994: 26). Rather my objective is to present *sangoma* as a healing system running parallel

with biomedicine; a potential partner, equipped with another 'way of seeing' (Peek 1991), other ways of thinking about and practising, healing.

Sahlins' optimistic vision of knowledge systems being in a condition of permanent gestation, 'each social form always pregnant, at least a little bit, with its historic opposite' (1983: 517) is rarely the case for traditional medical practitioners in South Africa. Their experience is better reflected by Gudeman and Rivera's image of stratified economic systems, in which 'what is now on the margin was once a wellspring of ideas for the center' (1990: 17). South Africa, in the company of its neighbours Zimbabwe, Zambia, Namibia for example, is a medically pluralist society in which traditional healers co-exist alongside biomedicine even as they stand exiled to the margins of medical care, edged out by the dominant authority of allopathy (Hountondji 1997: 13).

Contemporary medical provision in South Africa, in a pattern which echoes the segregated history of the country, is polarised. A privatised service is available only to the minority who can afford the Medical Aid Schemes which finance it. Public Health on the other hand is overstretched and understaffed (Berthiaume 2003). The majority population continues to utilise *sangoma* before, during and after receiving allopathic treatment (Pretorius 1999). This is not out of ignorance or stubbornness, but because *sangoma* make sense of illness and the 'something else' which is understood to accompany its appearance (Janzen 1992: 86). For these existential questions people look to *sangoma* to provide the diagnosis, and the remedies of cleansing, protection, fortification, and curing.

With a few notable exceptions (Abdool Karim 1993; Farmer 1999; Friedman 1998) biomedical practitioners persist in refusing to take seriously the discourse of traditional South African medicine. I will argue that this rejection denies to *sangoma* the respect that its practitioners willingly give to biomedicine (Leclerc-Madlala 2002b: 9). I will further propose that biomedicine's refusal to engage seriously with *sangoma* healing precepts, and its own alienation from spiritual authority, may together prejudice allopathic interventions, a situation which is particularly significant in the context of the HIV/AIDS pandemic in South Africa.

Chapters Two and Three provide the main theoretical defence for this pluralistic vision. Chapter Two introduces the spiritual authority of ancestors intrinsic to *sangoma*, and here I differ with anthropologists who categorise *sangoma* as a religion or 'cult' (for example Hammond-Tooke 1989; 1994; van Binsbergen 1991; 2003). I accept, as others have (van Dijk, Reis and Spierenburg 2000: Introduction), that *sangoma* can be *understood* in terms which are religious, personal, political, social and economic. I hold that its *purpose* is

invariably one of healing. In the company of my *sangoma* teacher, I do not regard the evocation and invocation of ancestral authority that constitute *sangoma* as religious expression. Moreover, although in Chapter Two I also describe the concept of ancestors in the practice of *sangoma* (especially the training period or *ukuthwasa*) as a credible near equivalent to the Jungian notion of the collective unconscious, I do not promote *sangoma* as an exclusively psychosocial method.

I define *sangoma* as a system of healing based in reverence and respect, but not worship, of ancestral spirit, and I advance the concept of 'sacred pragmatism' to describe the relationship between healers and this ancestral authority. The word sacred (though at first sight it may appear puzzling) is employed here in the sense in which it is used to describe things – artifacts, objects, documents – held in sacred trust, invested with value, power and authority, and yet by no means always as objects of worship. This is not to deny that others (religious anthropologists as well as practitioners such as my teacher) read *sangoma* as a religion. I simply acknowledge, as the erstwhile religious anthropologist Wim van Binsbergen, a potent commentator on African religion over many years, now seems to do, that there is the distinct possibility of a dual role in the 'religio-therapeutic' complex of *sangoma* (Personal communication). In the combination of the sacred and the pragmatic which I use to describe *sangoma* practice, I acknowledge the reality (probably familiar to all healers) of the mercurial quality of *sangoma* healing, its everyday variety and idiosyncrasy.

Chapter Three contextualises the proposition, as the importance of building collaborative relationships between *sangoma* and biomedicine is identified within efforts to combat the HIV/AIDS pandemic in South Africa. I provide evidence of ongoing bi-sectoral collaborative efforts in the Western Cape Province, and the problems faced in these interactions. The piece entitled 'A Khayelitsha Story', a contemporary anecdote which has become urban myth, epitomises the risks to allopathic interventions if biomedicine persists in its refusal to take *sangoma* seriously - and offers an alternative scenario. The chapter continues with a discussion of the impact of legislation and scientific research on *sangoma* activities, and goes on to examine the considerable difficulties which stand in the way of constructing creative relationships based on trust and respect between these different medical paradigms.

In Chapters Four, Five, and Six I provide ethnographic evidence in support of my theoretical proposition of medical pluralism. The material is gleaned from my training, and describes some *sangoma* methods and techniques, including examples of the devising and

enacting of ritual as agency for an alliance between ancestral predecessors and the living. The ethnography demonstrates that these rituals are sacred, but are as often as not approached through the mundane. I present *sangoma* as socially involved beings, prepared to make changes and concessions, cutting their ceremonial coat according to the cloth. I describe several examples of the manifest ways in which ancestral spirit is displayed: In divination, clairvoyance, vision, dream and trance, in acquiescence to the fundamentally unpredictable and idiosyncratic nature of the process.

Part Two: Towards an applied anthropology; developing a language of the spiritual

This second component of my thesis is integral to the first and, in its execution, encompasses it. In the context of my case for the importance of a collaborative relationship between biomedicine and the community of South African *sangoma*, in particular an understanding of the premises of *sangoma* healing, I ask what role anthropology can play in building such a relationship. In the context of HIV/AIDS Farmer and Kleinman propound the need to foreground 'the language of suffering' in academic and public-health discourse (1989:138). My second theoretical premise posits the parallel necessity for what I call a language of the spiritual and of healing. This is not simply a question of semantics.

Anthropologists are familiar with the tasks of describing the ways in which spiritual knowledge is accessed by others, and attempting to interpret the insights which contact with the spiritual presents (see for example de Rosny 1985; Janzen 1992; Ngubane 1977; Stoller and Olkes 1987). In the context of developing a practical dialogue between *sangoma* and biomedicine however, this may both be too much, and not enough, for anthropologists must not only comprehend the subtle nuances of the healers' understandings (Treichler 1992), but also be able to evoke these meanings in a form that captures the imagination (Pratt 1986: 31-32) without alienating the intended audience. To facilitate dialogue with sceptical and refractory biomedical colleagues, anthropologists need also to be willing to apply often complex interpretations in ways which may contradict the conventions of their discipline (Coreil 1990: 17-20).¹ I offer this thesis as a practical demonstration of this applied anthropological approach.

¹ That such practice may also frustrate anthropological ambitions is shown by Frankenberg (1995).

The study of spirit distinguishes anthropology in the sciences, academia in general being more accustomed to treat the spiritual with alarm. Turner nonetheless suggests that the discipline would benefit from a more engaged relationship with spiritual experience (1994: 85-88) albeit that this may seem 'rather frightening' to some academic peers (ibid: 72). Although it may defy the scientific cognition which some western scholars prefer (see for example Gellner 1995: 237), the *sangoma* experience in which this thesis is grounded is inextricably linked to the exploration of spiritual matters, and my commitment to developing an appropriate language characterises the entire work. I have throughout endeavoured to present evidence of the existence of other spiritual realities and medical understandings in language that is simultaneously vibrant (as was the actual experience), respectful (of the subtle knowings which resulted), and not least, intelligible to the more scientifically inclined.

Part Three: Background

The fields in which the ethnography was produced are broad in their geographical spread and time scale, ranging from Mashonaland in Zimbabwe, in the years 1992 to 1997, to Cape Town, South Africa, from 1999 to the present. The events which the study describes fall into fairly distinct stages:

- i. A visit to Zimbabwe, between the years 1992 to 1997, during which time, although I was employed as an architect, I had the opportunity to meet and work with Ambuya, a *n'anga*, or healer in the Shona tradition. During this time I also made the acquaintance of Nosibele, the Xhosa *sangoma* from South Africa, who would later become my teacher in the Zulu tradition which characterised the final part of her own training.

- ii. Cape Town, South Africa 1999, where, reunited with my *sangoma* teacher, I underwent initiation, *ukuphelela*, and began training to become a *sangoma*. I was *inthewaso*, in the state or condition of the *thwasa*, initiate or trainee. This first period of training, which commenced with the 'acceptance of the call' ceremony described in Chapter Four, ended with my 'goat ritual', at which a goat was slaughtered to signify my 'second acceptance of the call. The ritual was

held on the 13th and 14th August 1999 on a friend's farm in the granite landscape of Ruwa, Zimbabwe.

iii. At the end of that year I returned to England, and enrolled in a Master's Degree in Health Promotion - a qualification recognised by Public Health - with which to supplement my earnings as a complementary therapist in London. The fieldwork from Zimbabwe and Cape Town was considered by my supervisor at London's University of East London as a potential anthropological study, and I was persuaded to document the experience in an academic thesis.

iv. Returned to Cape Town, in December 2000, I registered as a PhD candidate in Social Anthropology at the University of Cape Town, and continued my *thwasa* training. This last period included a brief but intense visit to the city of East London in the Eastern Cape. I graduated as a *sangoma* in October 2001, and proceeded to develop the thesis.

v. In March 2004, I was offered a research scholarship with the AIDS and Society Research Unit in the Centre for Social Science Research at the University of Cape Town. My research, which involves a broad ranging study of the potential for the development of collaborative projects between *sangoma* and biomedicine in HIV/AIDS interventions, continues to the present.

Four types of record are employed in the text:

a. Fieldnotes, which were generally written as soon as possible after an event or field exchange.

b. A fieldwork journal in which I attempted to keep abreast of the plethora of sensations, pleasant, unpleasant and everything in between, which confronted me during the fieldwork. The journal provided valuable space for an attempt at relating 'thought and experience' in the field (Okely 1996).

c. The third document is a personal journal, separate from the fieldwork journal, and in which I habitually recorded, and tried to work out, the agonies and ecstasies of quotidian experience. In the field these entries often took on an added significance, and emotional intensity. They are included here to evidence some acutely personal parts of the fieldwork experience.

d. These written sources are supplemented with segments from tape-recorded and transcribed interviews with the contributors.

Part Four: Contributors and Contexts

There are four main contributors to the data drawn upon in this ethnography. The first is Ambuya, a Zimbabwean *n'anga* (Shona: traditional healer), who initiated me into the principles of her healing practice. Nosibele, the second, is my *sangoma* teacher. Dr Phillip Sobantu Kubukeli, a *sangoma* mentor and adviser is the third. Finally there is Zinzi, a white South African woman and, at the time, initiate *sangoma* working with Dr Kubukeli. Healers in their own right, these collaborators in the project embodied many roles, acting variously as teacher, friend, mother, mentor, sister, adviser, consultant, and occasionally even 'trickster' in a field replete with 'profound contradictions and tactical bricolage' (Werbner 1996: 21). If this description of contributors suggests that the fragile border between myself, as initiate-anthropologist and *sangoma*, and my 'informants' was penetrated and recast during the field experience, it is no less than the reality of these often complicated relationships. Following note-taking practice during the fieldwork, the abbreviations A for Ambuya, N for Nosibele, DK for Dr Kubukeli, and Z for Zinzi are employed to represent these invaluable co-operators in the ethnographic excerpts. Other contributors appear along the way, and are introduced at the appropriate time.

There is inadequate space here for a detailed analysis of the complex of issues – race, class, ethnic identity – in terms of which *sangoma* such as Nosibele and Dr. Kubukeli may be defined and distinguished. Nor is there room to debate the undoubtedly interesting contestations for state power which have accompanied the post apartheid dispensation in South Africa, and which background the study. I have covered some of the factors affecting the place of *sangoma* within that dispensation and these can be found in Chapters Three and

Seven. Short biographies relevant to the two key contributors, Nosibele and Dr. Kubukeli, together with a collation of their living environments, and hence my fieldwork contexts, follow immediately.

Nosibele: (isiXhosa: Mother of Kindness)

Nosibele was the firstborn child of amaPondo parents, both Anglican Christians living in Pondoland (MPondo) in the Transkei (Eastern Cape). She was born in 1926 and brought up in the village of Ngqeleni near EMonti (Umtata). Nosibele was much loved by her father: her relationship with her mother was difficult. Both parents were teachers. At home she herded the family's goats, a job she remembers with relish. She was educated at Anglican mission schools, and recollecting those days, she drew a distinction between those who were "educated" and those who were "primitive," her pejorative term for those who had not received, or had refused, western-style education. Education had attracted her father's employment, salary, status, and a brick-built house (she boasts of having her own hut from a young age). But the allure of the "primitive" was powerful, and Nosibele recalled sneaking off with her sisters, drawn by the sounds of drums in the location to participate enthusiastically in forbidden dancing and singing. After reaching Grade 6 Nosibele left home for the first time to take up a teaching post at a school some distance away. Her speciality was in choir-singing (she has a powerful and melodic voice), and she boasted of winning several choir competitions for her school.

Her marriage to another teacher, she disarmingly admitted, was "a flop." According to her testimony she wed this man to help her siblings:

When my father came back from the [First World War] he treated my mother very badly and my sisters wrote to me to tell me this and asked me to please help them to find a home. The only way to get a home was by being married. I had met my future husband, a teacher, and he had proposed. So at first he was good, and he did look after me and my sisters and brothers. It was only later when his mother got in the way that it went bad.

Interview 31.03.1999

This excerpt demonstrates a theme which recurs throughout Nosibele's stories and is a particular feature of her biography. She complained of the machinations of others, over which she felt she had little or no control but which had a dramatic and negative effect on her life.

Her marriage it seems was a case in point. Nosibele attested to a literally poisonous relationship with her mother-in-law whom she accused of being “jealous”. Such was the extent of this venomous connection that Nosibele laid the blame for the death of her firstborn child, a boy aged two years, at the mother-in-law’s door. There was even the suggestion that she used “dirty things,” a synonym for witchcraft. Whether or not there was any truth in this allegation, her telling of it indicated enormous tensions in the family: A young mother distraught at the loss of her precious first born son, a new wife cut off from her agnatic natal family, who finds herself isolated by the alleged jealousy of others, a scapegoat role commonly allocated to the ‘outsider’ (Hammond-Tooke 1989: 96-98). In the past, Nosibele might have taken some polygynous solace in the company of other wives, but this dubious privilege was denied in her Christian marriage. Despite her unhappiness, Nosibele stayed with her husband for many years, bearing him nine children in all.

Nosibele’s *sangoma* calling was first indicated through reveries and ‘visions’ from the age of eleven, but she refused the call until she was aged 42, when, upset and depressed, she left her family to travel to Zimbabwe where she would meet her first teacher, an episode which features in Chapter Four of this work. In 1969 she embarked on her formal training that took her on a peripatetic journey from a Xhosa teacher in the Transkei to a Zulu *sangoma* in Natal (now KwaZulu-Natal). Graduated and returned to the Transkei, she established a very successful practice in the family homestead, assisted by her children, but frowned on by her husband. In 1972 she initiated a marital separation (the formal divorce took place in 1985), and split the family again to follow a nomadic but often flourishing career as a *sangoma* in Natal, a time which she recalled fondly and with considerable pride. At the height of the political turmoil of the 1980’s, ethnic tensions were exploited by rival political factions and fuelled violent confrontations, and Nosibele’s presence as a Xhosa woman in predominantly Zulu territory became a hazard. Forewarned of the risks by friends, she travelled to the Western Cape, settling first with extended family members in Mbekweni township outside the city of Paarl. Finally, in 1998, she moved to a tiny flat in Table View, in the northern suburbs of Cape Town, owned by her expatriate eldest son.

Of her eight surviving children, none has trained as a *sangoma*, though Nosibele maintained that at least two of them should have. All had received a western-style education, four of them obtaining University degrees. One is a practicing Catholic priest. But Nosibele’s estrangement from her family during her prolonged absence for *ukuthwasa*, and later the acrimonious divorce, undoubtedly affected her relationships with her children. “We

suffered!” was how her eldest son put it, with dramatic emphasis on the last word. A pattern of strained relationships persisted. Especially bitter squabbles broke out for example, over the inheritance of their small family homestead in the Eastern Cape following the death of her ex-husband in 1999. Nosibele’s version of these quarrels was littered with allegations of intrigue and deviousness on the part of one of her children.

It is difficult to assess how far Nosibele appreciated the extent to which her children had been affected by her earlier abandonment, but the repercussions of these agnatic schisms (especially with her eldest son) played a huge part in her life, at times influencing her self-esteem, her confidence, and even her belief in her healing skills. In the process of trying to appease her children she found herself drawn away from her work and her *sangoma* community. Buhrmann has documented the ‘sickness’ that the inability to practice can have on a *sangoma* (Buhrmann 1984). The consequences for Nosibele of such a fundamental separation played themselves out in the time we spent together, as documented in the events of Chapter Eight.

Dr. Kubukeli: ‘A flamboyant old man’

Dr. Kubukeli outlined his life story for me at his Khayelitsha home in December 2001. His origins and those of Nosibele were at least similar in their ‘respectable peasant’ background (Bozzoli 1991: 147). Born Sobantu Phillip Kubukeli at Gqala “in the outskirts of Transkei,” in December 1927, to Xhosa parents. His mother was a church choir leader in the Anglican church, and a *sangoma*. His father was a deacon of the church, and being the “very best educated man he was the court interpreter, he was also a policeman...[and] attorney for lands.” Dr. Kubukeli, like Nosibele, laid great stress on the importance of education, emphasising that his family were “in my land, my district,.....the best educated.” The Anglican faith of his parents, and a belief in the ancestors, seemed to sit as easily with him as with Nosibele. At “about the age of fifteen” he reported experiencing “symptoms” which his *sangoma* mother diagnosed as a “call from the ancestors.” He then commenced *ukuthwasa*, with his mother as teacher, and successfully graduated in 1962. He describes his training as taking a total of “fifteen years”, a discrepancy which may be the result of poor accounting or explained by a spell of additional training in Lesotho. Dr. Kubukeli left Transkei for Cape Town soon thereafter, though he maintains houses in both Gqala and Port Elizabeth in the Eastern Cape, and talks of moving back there.

Dr. Kubukeli is the youngest of five children. Unlike Nosibele, his *sangoma* career was clearly supported within his family. His younger brother William is a gifted herbalist, who supplied many of his *amayeza* (isiXhosa: medicines). His only sister, a nurse, also practised as a *sangoma* until her death. Several of his many children are *sangoma* trained by himself. His first wife having "passed away" he took a second, Nomagqirha, for whom he has a considerable respect. They have been separated for some years, although she lives close by in Site J, Khayelitsha. His third partner is a buxom younger woman with a warm smile but possessing a dour look when (as I suspect she frequently did), she felt put upon in her capacity as housekeeper, lover, organiser of rituals, carer of sundry patients, to say nothing of irritating ethnographers and their ambitions to become *sangoma*.

Different histories, different practises

Dr. Kubukeli presented a very different portrait of *sangoma* to that of my teacher. Nosibele's junior by one year, he was seventy-three when I met him, though he appeared younger. He was a practising *sangoma*, and ran his surgery from his house in Makhaza's Ematyeni Street, in Khayelitsha, opposite the bustling 'Emazizini' shop. Unlike some in the community he was an enthusiastic promoter of white people becoming *sangoma*, and two years previously, in 1999, he had presided over the graduation of his first white initiate, an Afrikaner man. The event hit the headlines. At the time of our first meeting he had several white *thwasa* training with him. He was an active supporter of the 'professionalization' of traditional healers (Chavunduka 1998). He was chairman (somewhat contentiously) of his local Western Cape branch of the African Traditional and Spiritual Healers' Association. My introduction to Dr. Kubukeli came through Dr. Mthobeli Guma, *sangoma* and then lecturer in Medical Anthropology at the University of the Western Cape, who, at a particularly difficult time in my training, suggested that I might benefit from a meeting with this "flamboyant old man in Khayelitsha." Dr. Kubukeli characterised a *sangoma* firmly embedded in his community, confident of his skills, and secure in his beliefs, the opposite in almost every way to Nosibele.

Gender also played a part. Dr. Kubukeli was unlikely to be accused of abandoning his family to his healing, as was the case for Nosibele. Indeed, despite his frequent absences, his *sangoma* status may have offered a distinct advantage; but for his doctor role he would almost certainly have been forced to join his peers in their migration to the city in the search of paid wage labour (Comaroff and Comaroff 1999: 22). Unlike my teacher, his practice in

the cosmopolitan environment of Khayelitsha offered him the chance to increase his repertoire of healing skills and allowed him to develop the political and social expertise necessary to maintain his position as a leading *sangoma*.

Note the contrasts with Nosibele. She was a mother and healer. Her vulnerability was intimately connected with her withdrawal from her customary responsibilities as carer, and her self-doubt was reinforced by her family's rejection. She lacked peer group support, or place in the community. Despite her western education, and her extended residence within a predominantly white community, she had had little opportunity to develop the 'streetwise' skills of Dr. Kubukeli. The consequences are explored in Chapter Eight.

Township living: Dr. Kubukeli

The differences between these two advisers extend to their domestic and living arrangements. Cape Town is a coastal city built on a peninsula, with a population variously estimated as up to one and a half million. Ten years into democracy, the city, possibly more than any other in South Africa, continues to reflect the racially segregated policies of apartheid, a situation mirrored in the different locations, and housing conditions, of Nosibele and Dr. Kubukeli.

The doctor has his Cape Town home in Makhaza, one of several 'sites' in Khayelitsha, the largest black residential area in the province of the Western Cape (Pick *et al* 1990). Black people have flocked to South Africa's cities since colonial times, drawn by the promises of employment and the possibility of an escape from the grinding poverty that increasingly characterised the rural areas. The cynical implementation in the 1970's of the 'home ruled' 'Bantustans' - in Transkei for example - only exacerbated rural deprivation and the exodus to urban centres. Desperate 'illegals' persistently returned to the city in search of employment despite 'influx control' policies enforced by punitive measures like the infamous Pass Laws and the resettlement camps of the 'homelands'. Some were joined by their families, but many set up new living arrangements. To accommodate themselves they erected shacks - fragile constructions of timber, cardboard and tin sheets, which sprang up around the periphery of Cape Town. Regularly and brutally razed, they were as swiftly rebuilt.

From their inception, the 'townships' were expected to reverse this trend of 'African urbanisation' - an ambition especially urgent in Cape Town, which the apartheid government had determined to preserve as a 'safe White homeland', in which 'coloureds' would be acceptable but from which blacks were to be excluded (Kinkead-Weekes 1992: 483-484). The townships resonate as a potent symbol of apartheid, and the economic, social and

political privations which that pernicious system inflicted on black and 'coloured' South Africans. First conceived in 1983, the settlement that developed into Khayelitsha was only the latest of Cape Town's administrative response to the apartheid dictum of 'separate development'. Accompanying the legacy of resentment caused by forced removals and relocations (Bozzoli 1991: Chap 7) the rapid growth of the townships, and their ethnic sweep, led to a gradual loosening of community and social ties and commitments (Marks and Anderson 1990: 32-37). Economic recession during the 1970s increased unemployment and poverty, and the resistance movement of the 1980s saw an angry younger generation take control of political protest and effectively usurp the previously held authority of their elders, which enhanced this structural breakdown (ibid: 51-55). Post-apartheid, successive administrations continue to struggle to reverse rural impoverishment, and this straitened urban population has continued to grow (Marks 2002: 19).

Spread across the windblown and sandy eastern wastes of the Cape Flats, the first developments in Khayelitsha boasted the 'biggest single removal' of Africans from the uncomfortably adjacent (for the white regime) Crossroads and KTC encampments (Marks and Anderson 1990: 38-39). The settlement lies 35km away from Cape Town's centre, a distance which is resonant not simply of apartheid's insistence on racial segregation, but of the cruel interracial stratification which further typified that oppressive regime: Khayelitsha stands at the end of the line, as it were, well beyond the coloured township of Mitchell's Plain. A journey there by road or rail takes a minimum of half an hour. Access to water and electricity remains limited, and nighttime movement is considered hazardous even by long-term residents. Unemployment is estimated in the region of 80%, and the township is unsurprisingly subject to high levels of crime. While it is difficult to ignore the general reputation of the township at night as lawless and violent, the vibrancy of daytime life there, with its constant stream of humanity, loud conversations, laughter and music, and ubiquitous petty traders, often seemed to me preferable to the sterile and security bound suburbs of Cape Town.

Living arrangements in Khayelitsha are extraordinarily dense and overcrowded and the place can feel like a formless sprawl. Estimates in 1995 suggested a population of 500,000, a massive growth from the 80,000 people first settled there in the mid 1980s (Bickford-Smith et al 1999). The area is divided into 'Sites', named alphabetically. Thus, in response to the question "*Uhlala phi?*" (Where do you live?) residents respond with "Site C, B" and so on. Major tarred thoroughfares divide the sites, but within them the roads largely

revert to dirt. Taxis old and older still ply their trade, often at breakneck speed, along the main routes, making detours to drop customers at their preferred destinations. There are several clinics, community centres and schools, and a hospital. Accompanying these social and infrastructural developments the phenomenon of backyard development has appeared in the shape of tumbledown shacks built in the yards of existing dwellings. Each one accommodates at least one household and while this brings in valuable income for the original site occupants (Spiegel and Mehlwana 1997: 5-6), it also stretches the capacity of services like water and sewerage, often beyond their limits.

A variety of small businesses housed in shacks through the kerbsides of the major roads, selling foodstuffs, secondhand building materials, car parts; hairdressing salons operate out of steel containers which they share somewhat incongruously with cell phone franchises. The place bustles. Local shopping centres have recently sprung up, and increasingly feature the chain store brands which are familiar in the distant white neighbourhoods. Here too, can be found traditional healers from other parts of Africa, dentists, and with more and more frequency, funeral directors.

Suburban life from Table View to Blouberg Sands: Nosibele

In stark contrast to the township, my first training and initiatory fieldwork was carried out in Nosibele's flat in Table View, Cape Town. Owned by her eldest son, the flat was a godsend for someone who had been without a proper home for several years.² Situated between the Koeberg Road to the east and Marine Drive in the west, the suburban sprawl is split in half by the major highway known as Blouberg Road. Table View is an overspill suburb in Cape Town's northwest, and was 'zoned' by apartheid for lower and middle income white families. The area has never been home to black people, and the forced removals and relocations which were a commonplace in nearby suburbs such as Milnerton and Maitland throughout the apartheid years, were unnecessary here.

Table View remains an unusual, even alien environment for black residents. Black people are service providers here, walking to and from their places of employment as domestic workers and gardeners, or waiting at the intersections of Blouberg Road in the hope of a casual day job. In lieu of an efficient public transport system to the distant townships

² For two or three years prior to my arrival Nosibele had been unhappily sequestered in a room built in the backyard of a relative's township home in Mbekweni, outside Paarl in the Western Cape. She had never been made welcome, and when the chance to move to Table View came up she could scarcely refuse it.

battered transit vans operate a private taxi service, ploughing the length of Blouberg Road and other highways, with random stops *en route* to the city centre or nearest railway connections at Maitland Station.³ Despite its suburban feel, Table View sits uncomfortably close to the environmental pollution of the Caltex oil refinery at Milnerton, and the stench from the works became unpleasantly familiar during my stay.

Table View is an incongruous environment for a practising *sangoma*, and Nosibele's status as a putative homeowner distinctly unusual. The nearest African settlements are a taxi ride away at the Marconi Beam squatter camp, and the newer high density housing of Joe Slovo Park, off the Koeberg Road. Nosibele's flat was the last in a two storey block in which all the other residents were white and Afrikaans speaking, and Nosibele preferred to maintain a very low profile. During her time in Table View Nosibele had become increasingly isolated and struggled to continue her practice. She greeted my arrival as her new white *thwasa* as a sign of the reactivation of her career, confessing that she had begun to doubt herself and her *sangoma* skills.

In the year 2000 this fieldwork situation changed when Nosibele's son returned to South Africa after spending over twenty years in the United Kingdom, the latter part in northwest London. He had left South Africa after being accused of political activities while studying at Fort Hare University, travelling to the UK through Zimbabwe where the family had relatives. On his return to South Africa he arranged to sell the Table View flat while building for himself (and rather as an afterthought, for his mother) a substantial house in Blouberg Sands. This new suburb stretches beyond Table View further up the north west coast. A maze of streets accommodates a predominantly white and middle-income stratum of South African society living in houses exhibiting the brashness of a conspicuously selfish consumption.

Why did Nosibele's son choose homes in Table View and Blouberg? This is a complex question encompassing race and class, as well as the customary duties of an African eldest son to his mother. Nosibele never made a secret of her aspirations and ambitions for herself and her family. She had not "served a white" and was determined that the same would hold true of her offspring. Nosibele's son was at this time in his middle forties. He was a qualified accountant, married to a European woman. In South Africa he drove a red Alpha Romeo. The flat and house can be represented as a schizophrenic investment in the new

³ Most people in Table View travel by private car and my appearance, especially when walking along the street with Nosibele, caused surprise to whites and blacks alike.

dispensation not untypical of the experience of those returning to South Africa from the diaspora. On the one hand, his choice of domicile reads as a pioneering slap in the face for separatist white South Africans, a decisive declaration of racial equality. Conversely, his determination to reside in these 'white' suburbs suggests a desire to separate himself from the living conditions shared by most of the black South African population. The latter fission flowed into his relationship with his mother. He refused to speak isiXhosa with her, and showed no interest in Nosibele's *sangoma* work. Indeed he was positively hostile, as a remark made in a conversation about his mother's beliefs makes clear: "It means something to her - it means *nothing* to me."

Notwithstanding its symbolic significance for him, the new home in Blouberg Sands was a liability for his *sangoma* mother. The house appeared spacious and bright, but for Nosibele, who lived in one room with a separate bathroom, it became prison-like. Her son spent more and more time sequestered in a large 'entertainment room' connected to the internet or watching television. Our training sessions here became increasingly fraught and uncomfortable for they could only happen in secret, behind her son's back. Eventually her son's ambitions for lucrative employment in South Africa were dashed. After fruitlessly seeking work for twelve months, he sold up and returned, dejected, to England. Following family negotiations, six months before my graduation, Nosibele was dispatched in April 2001 to live with her third born daughter in East London (eMonti) in the Eastern Cape. It was during this distressing stay in Blouberg that one of the repercussions - the battery of witchcraft stories which form the context of Chapter Eight - appeared. Further implications of the differences between these two practitioners are considered in the discussion on white *sangoma* in Chapter Seven.

Part Five: Terminology

In support of my thesis of the importance of a language of the spiritual and of healing, two terminological puzzles require elaboration before I proceed to the body of the text.

Sangoma

The first is the question of what to call the traditional healers whose world I entered and embraced, and whose work encompasses the skills of the diviner, herbalist, psychotherapist and community counsellor, not to mention artist, detective, mediator and sensor. The anthropological literature offers several possibilities. Berglund, Fernandez, and Ngubane

prefer 'diviner', using the Zulu *isangoma* interchangeably (1976; 1991; 1977). Hammond-Tooke roams between 'traditional healer', *isangoma*, and the Xhosa *igqirha* (1989). Feierman resists 'traditional healer' protesting that the name assumes an unnecessary 'supernatural' causation for African beliefs (1985). I disagree, and find his solution of 'popular healer' curiously patronising of the intellectual skills and social status he correctly assigns to traditional medical practitioners. Una Maclean, who concentrates on the psychotherapeutic role of divination, dubs Yoruba healers 'African therapist[s]' (1978). Malidoma Some from Burkina Faso and South African Zulu *sangoma* Credo Mutwa, join Sodi in describing themselves as 'African shamans', an unusual term in the context of traditional African healing (1994; 1996; 1988).

The Zulu word *isangoma* is the title most generally used by patients, traditional practitioners, and biomedical doctors to describe traditional medical healers. The term is employed with variations, throughout Southern Africa (Arden 1996; Hall 1994; Janzen 1992; Reis 2000). Berglund's early study of Zulu diviners cites 'the idiom *ngoma*' (1976), with a specific reference which suggests that '*ingoma* and *isangoma* denoted diviners who, according to the old Zulu society, divined with sticks known as *izibulo*' (ibid: 186). Janzen's linkage of *ngoma* in Southern Africa has similar stick connotations, but his emphasis is on the drumming, music and song which define *sangoma* healing ritual (1992). Linguists may argue about the semantic purism of the term, and query its authenticity, but this study approaches the issue from the standpoint of the language of practising healers in their environment.

I discussed the terminology with my field advisers. Nosibele, who graduated in the Zulu tradition, not unnaturally favoured *sangoma*. Dr. Kubukeli, who commonly introduces himself as an 'African traditional medical practitioner' rather than use the isiXhosa *igqirha*, was also quite content for the purposes of this paper with the less cumbersome *sangoma*. *Sangoma* it generally is then. For the sake of convenience the noun prefix *i*, (pl: *ama*), and verb prefix *uku* are generally omitted in the text, and I use the word *sangoma* interchangeably as the title ascribed to spiritually inspired traditional healers, as a noun, and occasionally as a verb. In those instances in the text where the title *sangoma* does not seem specific enough, the terms traditional healer, diviner and therapist are used as appropriate. The word *thwasa* (v. *ukuthwasa*) used in both isiXhosa and amaZulu to describe the person and the process of undergoing training to become a *sangoma*, was acceptable to both N and DK. One other term has already appeared in the text. The Shona word *n'anga* embraces the role of

benevolent 'healer' in Zimbabwe. It is accepted as a near equivalent to *sangoma* in the traditional medicine lexicon, and the titles are often used interchangeably. As if to underscore the pluralist thesis of this work, *n'anga* is also used in Zimbabwe to describe biomedical doctors (Chavunduka, 2004: 5): healing methods may differ, but a healer is a healer no matter the discipline.

'Traditional' healing

The second category concerns the title 'traditional' which is employed throughout the thesis to describe the healing practice of *sangoma*, despite objections to the phrase in anthropological and philosophical discourse (Abu-Lughod 1990; Feierman 1985; Hammond-Tooke 1989; Hountondji 1997; Hours 1986). This decision largely rests in the language of my teacher and mentors, the healers themselves. They remain convinced and satisfied of the appropriateness of the title. I am content that the choice of this phrase is theoretically valid. There may indeed be advantage in the word 'traditional' as an implicit acknowledgement of the very longevity and genealogy (though much of it be unwritten), of the healing skills of Africa. These are after all medical systems 'practised by Africans before the arrival of Europeans and the brutal transformations associated with colonial rule' (Hours 1986: 43). Far from the fixed definitions of culture and history asserted by some African 'traditionalists' (Mndende 2000), they continue, not at all unchanged, but thriving and adaptive.

Part Six: Structure

The thesis is presented in eight chapters with an Introduction and Conclusion. In Part One of this chapter I outlined the construction of the thesis as it relates to my theoretical propositions. The content of the chapters will now be presented with more detail and context.

Chapter One discusses first, some examples of the literature of collaborative efforts between traditional African healing and biomedicine. I draw attention to the tensions which develop from the generally uni-directional and educative stance of these projects, and use them to defend my premise of the importance of medical pluralism based on mutual respect. Part two of the chapter explores the literature as it pertains to the development of a scholarly language of spiritual matters. This is contextualised within the experiential approach to fieldwork which distinguishes my study, and includes a discussion on the notion of 'going native'. For balance, I look at other anthropological examples of the study of African traditional healing, including the *sangoma* experience, and in respect of the personal

testimony characteristic of much of this study, I examine the various 'fictive' allegations to which an experiential ethnographic report such as this is vulnerable. The final part of the chapter discusses literary coverage related to some methodological issues that affected the study.

Chapter Two constitutes a four-part examination of the notion of ancestral authority which is central to *sangoma*. First, I look at ancestors as part of the cyclical understanding of existence which underlies African cosmology. Second, I discuss the idea of ancestral power and responsibility as a credible near equivalent to Jung's psychotherapeutic concept of the 'collective unconscious'. This leads to a development of my thesis of ancestors as essential players in the 'sacred pragmatics' of *sangoma*. Finally I briefly consider the complexities which the initiation of whites introduces into the ancestral connections of *sangoma*.

Chapter Three constitutes the theoretical context for my argument of pluralism in medical understandings, set within attempts at bi-sectoral medical collaborations in the HIV/AIDS pandemic in the Western Cape. The chapter is more hypothetical and abstract in comparison to the rest of the thesis, but it nonetheless reads as a discrete whole, part of a larger study still in progress. The lack of meaningful dialogue is highlighted, together with the fundamental misunderstandings and avoidable errors which result. Alternative scenarios are offered, but the chapter concludes by suggesting that the perpetuation of allopathic ignorance about traditional healing practice may actually prejudice biomedical interventions, especially in the field of HIV/AIDS.

In Chapters Four to Eight I present the body of the ethnography, examples of the processes of *sangoma* training and practice, offered from the relatively unique perspective of a white initiate. Neither unstructured and haphazard nor rigidly fixed in traditional conventions, I illustrate the vibrancy of contemporary *sangoma*. I provide evidence for the importance of ritual in all *sangoma* work, whether customary or inspired by the personal idiosyncrasy of the teachers. Chapter Four examines *ukuthwasa*, the complex of stages in the training of *sangoma*, starting with the verification of the candidate, followed by an ideally prolonged instruction process under the tutelage of a qualified *sangoma*, finally leading to graduation. As evidence of the *sangoma*'s way of seeing, and one part of their sacred pragmatics, the divination method of *umhlahlo* is investigated. Dreamwork evidence is submitted to support my thesis of a paradigmatic parallel between *sangoma* and the discipline of Jungian psychotherapeutic methods. In Chapter Five I present episodes of powerful experiential fieldwork from my graduation ceremony, the *goduswa*. Chapter Six explores

another example of sacred pragmatics, this time the percipient skills of *sangoma* developed and expressed through trance.

The phenomenon of the white or 'long-nosed' *sangoma*, is examined in Chapter Seven where I analyse some of the reactions to, and consequences for *sangoma* practice, in this contemporary development. The chapter concludes with the suggestion that there may be an enhanced healing role for white *sangoma* in South Africa in the process of establishing dialogue between *sangoma* and biomedicine. In Chapter Eight I examine the umbilical connections between *sangoma* and witchcraft. Here I present excerpts from my *sangoma* experience to illustrate the many ambiguities in this often confusing relationship. I first examine witchcraft in the context of relationships with biomedicine and suggest that witchcraft (and western interpretations of it) makes a significant contribution to the schismatic connection between allopathy and *sangoma*. I argue that, as is the case with *sangoma*, to ignore witchcraft in South Africa is to stand profoundly disengaged from a discourse which underscores so much of the meaning of South African traditional healing. I then discuss witchcraft as I discovered it in the field, from a perspective of the micro-personal, a different modernity to the macro socio-political vision of Geschiere (1997). I present ethnographic episodes to demonstrate witchcraft discourse as a powerful and mutable system of clarification, interpretation and healing of kinship and social relationships. The work ends with a conclusion in which I draw together my theoretical propositions and demonstrate how these are supported in the thesis.

This introduction has served to present the theoretical arguments of my dissertation, and to show how these are developed in the chapters' contents. In the next chapter I review the literature framed by an examination the main theoretical and methodological questions which inform the work.

Chapter One: Conversations in anthropological theory and method

"There's more to [this]....than meets the blinking eye" (Rushdie, 1990:19)

Introduction

This chapter contextualises my thesis within the literature of anthropological theory and practice. I present it in three parts. The first, 'Acts of collaboration: *Sangoma* and HIV/AIDS interventions in Southern Africa', explores examples from the literature focused on efforts at medical co-operation involving interventions into HIV/AIDS. Most of the texts are based in Southern Africa, but given the small sample available I have included one study from East Africa. The intention in this review is to inform my thesis on the importance of bi-sectoral medical understanding and collaboration. As a corollary, in my study of contemporary relationships between traditional and allopathic medicine in Chapter Three, I make some recommendations for alternative practice based on the shortcomings suggested by the literature.

In Part Two of this chapter, 'Experiential practice, reflexivity and the language of spirit', I explore the literature dealing with the second element of my thesis, the development of an academic language of the spiritual, a premise of obvious relevance to a work in which I propose to explain and translate to personnel in academia and scientific medicine the experience of becoming a *sangoma*. The review encompasses a discussion of the advantages and challenges of experiential fieldwork and reflexivity in fieldwork reportage, and includes a discussion of one anthropological *bete noire* - going native - to which this study is probably susceptible. My version of the *sangoma* experience is one contribution to what is already a substantial library of anthropological texts on African traditional healing; as I have reviewed many of these elsewhere they do not feature here (Wreford 2005). I do, however, by way of comparison, reserve a place for texts which describe personal explorations of African healing (de Rosny, 1985; Stoller and Olkes 1987; van Binsbergen 1991; 2003) and, in respect of the personal testimony which characterizes these and my own study, I examine the various 'fictive' allegations to which an experiential ethnographic report such as this is vulnerable.

Part Three of the chapter, 'Methodological issues', discusses some personal and practical issues which I faced in the field, and examines the literary records of other anthropologists who were similarly challenged. Finally, in Part Four, I present the notion of 'mimetic ethnography' - the ethnographer as mimic - as an appropriate, but often ignored or

simply overlooked, methodological tactic of fieldwork. The chapter closes with a short conclusion.

Part One: Acts of collaboration - *Sangoma* and HIV/AIDS interventions in East and Southern Africa

Maria de Bruyn describes some advantages of working collaboratively with traditional healers in HIV/AIDS interventions as able to:

‘(1) expand the number of people actively involved in disseminating information and participating in counseling; (2) provide avenues for altering healing practices which might form a possible transmission route for HIV (1992: 258).

I include this citation to illustrate the educative and behavioural-change emphases which have generally characterised bi-sectoral medical collaborations in Africa (King *et al* 1994; Leclerc-Madlala 2002b; Mberesero and Mngao 1999; McMillen *et al* 2000; Nshakira *et al* 1995), and which continue to characterise HIV/AIDS interventions (Rugalema 2004). Although the relevance of the ‘health belief’ model which underpins this approach has been questioned (*ibid*: 191-193) all of the texts reviewed below display the same tendency. However, especially in the latter cases, they are more imaginative and at least willing to encourage the application of the *emic* insights of traditional healers.

Educating the Trainers: South Africa 1992-1993

I start with Green’s 1995 paper which reviews the outcome of an ‘HIV/STD prevention program’, started in late 1992 and focused on traditional healers in South Africa (Green *et al* 1995). The study introduced the concept of ‘peer education’ in which a small group of healers were selected for initial training in HIV/AIDS and STD prevention, and then committed themselves to educating other healers.

Green highlights the practical problems of an educative strategy, obstacles which appear prophetic in the light of the current South African government’s response to the HIV/AIDS pandemic; several are still obstructing the successful implementation of all AIDS interventions whether collaborative or not. The shortfall of condoms, for example (exacerbated now by short supplies of antiretroviral therapy (ARV), counsellors and trained personnel), continues to be problematic (Deane 2004; Hassan, 2004; Kamaldien, 2004; Siegfried 2004). As Green points out, it is all very well educating *sangoma* and their clients

about the practice of safer sex, and the importance of knowing one's HIV status, but without an adequate supply of materials and access to clinics able and equipped to provide ARV (antiretroviral therapy) the lesson will be harder to teach. Another obstacle, administrative and political, emphasised by Green, concerns the effects associated with changes of personnel. Finally the confusion and obfuscation which characterises the South African administration's HIV/AIDS policy is a hindrance which has been noted as especially problematic in South Africa's response (Beresford 2001b; Dinat 2004; Makgoba 2003; Natrass 2004).

Despite its collaborative aspirations Green's study confined the *sangoma* to the role of community educators whose task was to absorb biomedical information (albeit couched in 'local terms' (Green *et al* 1995: 505)), and spread the word. Given Green's avowed allegiance to traditional concepts of health (1989a; 1989b; 1992; 1994), it is curious that this project showed far less evidence of extending the boundaries of collaboration. The key to this anomaly may lie with the agencies who financed the project (a hindrance familiar to anthropologists working in the public health sector as Coreil (1990) emphasises).

Engagement in practice: Manica Province, Mozambique 1991-1992

Another of Green's projects, set in Manica Province, Mozambique (1999a), suggests that he has built on his previous experience to develop a far more imaginative collaborative venture with an unusual emphasis on the importance of understanding and utilising 'indigenous health systems'. Green here seems more confident of *sangoma* skills. He suggests for example, that even though their role remains largely educative, the familiarity of *sangoma* with customary healing practices renders them preferable collaborators to the majority of trained biomedical staff, precisely because they 'already share - and strongly influence - the health beliefs of those who consult them' (1999a: 74).¹ Green's engagement with the healers uncovers *emic* ideas of health and illness which he is able to conflate with biomedical health precepts. He cites for example, the category of sexually related illnesses known as *isiki* (ibid: 68-71) which are ascribed to a group of STDs commonly appearing as 'cofactors of HIV infection' (ibid: 72). Described as 'naturalistic' or impersonal illnesses, this category is 'fundamentally compatible with the medical model' and treatment is remarkably similar to biomedical remedies.

Green is not alone in identifying Southern African illness categories², and some of their obvious connections to the characteristics of STDs and HIV/AIDS, the links with blood and bodily fluids and with sexual relationships for example (especially suspicions of infidelity, or the breaking of sexual mores). Ingstad's findings on this subject (1990) are pertinent. She emphasises the similarities with traditional illness categories in cause (the sexual linkage), in symptoms (wasting, coughing, diarrhoea), and above all in the route of pollution (blood and semen), to the biomedical understandings of the sexual connections, symptomology and means of transmission of HIV/AIDS. Her research in Botswana furthermore demonstrates that these 'striking similarities' (gathered in the years 1984-1985 before AIDS became an issue of biomedical concern in that country) predated allopathic health information on the pandemic.

Future interventions in South Africa may add to this database of *emic* sickness categories, but it is in his commitment to their application in the design of collaborative programmes with traditional healers that Green's researches are distinguished from the more abstract and theoretical approach of conventional anthropological studies. Along with the familiar emphases on encouraging condom use, referring suspected patients to the clinic, and never re-using razor blades or other tools of traditional injection, Green devises innovative practical applications. He develops an intervention strategy for instance in which HIV/AIDS is envisaged as a new illness in the existing *isiki* category. As Green points out, the fact that the healers recognize *isiki* illness in terms which reflect germ theory (1999a: 72), and already advocate practices which are allopathically sound in relation to existing *isiki* categories – sexual abstinence and no alcohol until better, for example (ibid: 69) – seems likely to make this approach a good fit.

Contamination and cleansing

The biomedical complementarity continues with the Manica Province healers' understanding of *isiki* illnesses as transferable through 'contamination'. The concept of 'pollution' or contamination is a notion familiar in most Southern African healing systems (see for example Berglund 1976; Jewkes and Wood 1999; Leclerc-Madlala 2002a; Ngubane

¹ Rugalema (2004) emphasises that such 'lay discourse' includes 'inaccuracies and myths which have to be corrected and demystified', a role for which *sangoma* should be ideally fitted.

² John Lloyd Lwanda researching HIV/AIDS in rural Malawi identifies them as 'markers' (Lwanda 2004: 29).

1977), and, as Green finds it, 'not so mystical' (1999a: 70). Pollution illnesses in Manica Province are thought to be highly contagious. Infected through physical contamination with a person or substance considered unclean or 'dirty', the affected individual is kept apart until a ritual cleansing, usually the administration of herbal remedies, has been carried out by a recognised healer.³

Green (1999a) introduces an additional health concept familiar to the healers in Manica province and his informants in Zimbabwe, that of *nyoka*, an internal force in the body powerfully reminiscent of the immune system (ibid: 70 -71). Green's findings suggest that the *nyoka*-related illnesses best fit conditions usually defined biomedically as not sexually transmitted but having an effect on the genitals and lower abdomen. Some of these fall into the category of opportunistic infections for HIV/AIDS, and treatments reflect biomedical remedies, comprising herbal mixtures taken internally or applied externally. Green applies this insight by incorporating *nyoka* into educative strategies on the causes of HIV/AIDS as a symbol of a personified immune system.

Sending sickness

Only one sexually related illness is identified by the Manica Province healers as attributable to witchcraft: A 'dangerous medicine used by men to 'protect' their wives and lovers from sexual contact with other men'.⁴ The discourse of witchcraft may have other more insidious implications for HIV/AIDS interventions however, and here I return to Ingstad's earlier work in Botswana (1990). She stresses that HIV/AIDS may be interpreted in different ways by different healers in different places. Thus the Batswana healers of her study choose to classify the disease either as a 'Tswana', or, as a 'modern' illness, representing a division of 'the familiar from the unknown' (ibid: 33-38). Farmer's research (1999) in Haiti finds that the sources of illness there are also divided according to 'natural' and 'supernatural' (the latter including witchcraft): AIDS or 'SIDA' is attributed to both. Treatment is a different matter however, for while Haitians accept that preventive measures

³ From KwaZulu-Natal in South Leclerc-Madlala supplies a comprehensive list of the methods available to her *sangoma* informants as a 'first-line defence' against the pollution of illness (Leclerc-Madlala 2002b: 89). Descriptions of some versions of this regimen - bathing, washing, steaming, smoking, enemas or emetic herbs - which I experienced during my training to become a *sangoma*, are included in Chapters Four and Five of this study, and in Chapter Three I provide further coverage of the notion of pollution in the context of contemporary biomedical HIV/AIDS interventions in the Western Cape, South Africa.

⁴ The use of 'fidelity medicines' is discussed in more detail in Chapter Three.

can be applied to either form of the disease, they believe that condoms will only protect against the natural or 'infectious' SIDA and are quite useless against the 'sent' version (ibid: 175-177). Similar constructions of the disease should be investigated amongst the traditional healers in Southern African contexts, for the implications for behavioural intervention strategies are obvious.

Applying the knowledge

Green shows that the notions of health and sickness understood by the healers of Manica Province could be applied to HIV/AIDS and STDs, reemployed and integrated to provide new, culturally appropriate, explanations of familiar illnesses as well as to the HIV/AIDS pandemic. The traditional healers were given biomedical information which, because it was framed within the context of their own understandings and against a background of contemporary social issues, helped them to explain HIV/AIDS to self and to others. Green raises important methodological questions for anthropological researchers in the field of collaborative efforts in HIV/AIDS. Early in the piece he reveals some of the professional pressures experienced by anthropologists who opt to engage in this sort of 'task-oriented' study (Neumann and Lauro 1982: 1823). Coreil and Mull (1990) draw attention to the academic criticisms of applied anthropology. Frankenberg meanwhile, describes the frustrations of fieldworkers from the opposite end, as anthropologists try to contest the limited categories imposed by epidemiological researchers (Frankenberg 1995). Green feels compelled to defend his methodology against the anticipated criticism of those who prefer more 'traditional', long-term field techniques (1999a: 66). But his attempts to apply his anthropological understandings I suggest, demonstrate an exemplary start in the task of bridge-building between traditional and biomedical colleagues in specific health interventions (Yoder 1997: 131).

Another South African experience: The AIDS Foundation in KwaZulu-Natal 1995-2001

Philosophically Green's pioneering example of applied ethnography (1999a) served as the model for a collaborative effort in KwaZulu-Natal run by the AIDS Foundation of South Africa from 1995 to 2001. My coverage here refers to the final evaluation of the scheme carried out by the anthropologist Suzanne Leclerc-Madlala (2002b). The project by that time had trained over 6000 healers drawn from rural, urban and peri-urban sites. Leclerc-Madlala

emphasises the ‘deeply empathetic and genuinely concerned...engagement’ of AIDS Foundation personnel to the scheme (Leclerc-Madlala 2002a: 4). Her report accepts that the vast majority of clients with STD symptoms approach a traditional healer before a biomedical practitioner, and under these circumstances the role of the traditional healers is pivotal. Practically, the scheme also echoes the Green’s 1995 peer review methodology (Leclerc-Madlala 2002b: 3-5).

Despite the emphasis on empathy and liaison, the limited involvement which characterised Green’s earlier work (Green *et al* 1995) seems to be perpetuated here. Crucially the scheme lacks any mention of the *emic* insights, and their practical application, which single out Green’s Manica Province project (1999a). The stress is placed on educating the traditional healers, and more than hints that this education is designed to educate the healers *out of* practices considered unacceptable, as much as into biomedical praxis. Leclerc-Madlala points to ‘a growing respect’ between the two sectors (although actual evidence of this is not included). She goes on to accept that an improvement in the relationship is ‘an ongoing long-term project’ (2002b: 5). The unidirectional limits of the scheme are underlined in her suggestion that:

‘healers must take it upon themselves to persevere in developing workable relations with local health authorities.... Healers should explore ways to turn this good intention into the services they desire, and the healers themselves should seek to define the parameters and tone of their engagement.... It is recommended that the healers take the initiative to ensure that the collaboration between the two sectors is not a one-way promotion of biomedicine amongst the healers’ (ibid: 9; emphasis added).

It is difficult to correlate the AIDS Foundation’s ambitions for two-way communication with the single-handed responsibilities asserted by Leclerc-Madlala.

Developing a healthy respect: Examples of collaboration from Uganda, Kenya and Tanzania early 1990’s to present

Three sample projects reviewed under the ‘best practice’ ordinances of UNAIDS offer a more proactive strategy for collaborative projects (Anderson and Kaleeba 2002). The Tanga AIDS Working Group in Tanzania (TAWG) is involved with national research establishments in scientific research into the healers’ *materia medica* (McMillen 2000).⁵ The Traditional and

⁵ Examples of similar research in South Africa are included in Chapter Three of this work.

Modern Health practitioners Together Against AIDS (THETA) in Uganda, similarly includes research on plant remedies and works with healers on principles familiar to the schemes previously reviewed. THETA however includes an emphasis on the education of biomedical personnel in the healing ideas and practices of their colleagues in the traditional sector.

The third scheme, Women Fighting AIDS in Kenya (WOFAK), also provides familiar support such as training for traditional healers in counselling, basic education and home-based care. This scheme additionally features a significant innovation: A clinic and 'Drop-in Centre' where biomedical and traditional health services are provided 'side by side', and two-way cross-referrals are common and encouraged. The presence of the traditional healers in the clinic, and client feedback on successful treatments, render the biomedical staff in WOFAK less able to ignore their traditional colleagues, and more willing to exchange knowledge. Although still relatively small scale these three schemes demonstrate important innovative directions for collaborative interdisciplinary health projects. Anderson and Kaleeba attribute their collective success to:

'a mutual willingness on the part of traditional healers and conventional practitioners to collaborate, and....a genuine interest in the beliefs and values of traditional healers' (2002: 8).

In essence this message may sound very similar to Green's, but the practical execution of this aspiration to healthy respect extends his approach. Thus, although the educative and behavioural emphasis of Green's examples is not neglected, these schemes concentrate on developing a proactive strategy in which the knowledge of the traditional healers is employed *in tandem* with that of biomedicine. Importantly, in the case of WOFAK, this is not only in meetings or seminars, but in the treatment room. Of course, as Green noted (1986: 138-139) the involvement of government research institutions in the experiment also reinforces the confidence of biomedical personnel in this partnership direction. The co-operative engagement pioneered in the WOFAK example will serve as a launching point for my description of a more radical collaborative effort featured in the second part of Chapter Three.

Learning from experience

It is with respect to their relevance to the implementation of a pluralist agenda within the South African medical landscape that I have reviewed the texts thus far. I have attempted to show that anthropological and practitioner insights into the construction of illness and the

causes of disease in traditional medicine can lead to innovative collaborations in health programmes. But lack of reciprocity, rather than partnership, is evident even in the more supportive studies reviewed here, and emerges twofold. The first concerns the emphasis on the low cost of such schemes for impoverished public health care systems (Good *et al* 1979: 152). This is likely to reinforce *sangoma* suspicions that they are envisaged as a cheap second-class option in relation to their biomedical counterparts and is very unlikely to lead to sustainable long-term co-operation between the sectors.

The second aspect of reciprocity, arguably far more important for being more intractable, concerns the lack of intellectual appreciation and respect from biomedical professionals for traditional healers, especially those, like *sangoma*, who operate from a spiritual base. This literature review has underlined the emphasis on the 'health education' approach of the majority of co-operative efforts to date. Under this shibboleth *sangoma* and, by association, their potential clientele, are perceived and treated as the only ones in need of education - in scientific facts portrayed in terms of biomedical ideas and techniques. As the ethnographic content of Chapter Three will show however, biomedical practitioners, eschewing partnership, continue to be handicapped by 'entrenched attitudes' towards traditional health practitioners (Green 1999a: 76). Leclerc-Madlala came to a similar conclusion:

'the AIDS epidemic itself has provided a context for government and a historically arrogant and dismissive modern health care sector to reach out to healers and seek collaboration....The future will tell whether biomedical practitioners become health delivery *partners* who are open and sympathetic to healers' (2002b: 2; emphasis added).

In contrast, in Chapter Three I will advocate education as a two-way process in which both sets of ideas, traditional and allopathic, are treated, and *utilised*, as different, but serious and complementary, health systems. This approach, I will suggest, is more likely to lead to the liberated bi-sectoral co-operation, hinted at in the schemes I have reviewed, but as yet unattained.

Part Two: Experiential practice, reflexivity and the language of spirit

The chapter now moves on to a discussion of the ethnographic practice which informs my thesis, and its importance to my premise of the need for dialogue between biomedicine and traditional African healing. The rationale for the experiential approach to fieldwork adopted

in my study was never entirely my choice. Having been called to become a *sangoma*, I was committed to the process of initiation and training (*ukuthwasa*) which that involved, for as long as it took. My commitment to *ukuthwasa* demanded full participation and involvement in the rituals and ceremonies, practices and procedures, customs and practices of *sangoma*. This was taken for granted, and in most instances, compulsory. The option of choosing which practice to try, which ceremony to join, how far to participate regardless of 'personal preferences or prejudices' was unavailable (Wax 1971: 364). The experience was guided by ancestral spirit through dreams, visions or other messages, in a different, augmented version of the 'authority of the personal experience' (Platt 1986: 33).

Nervous discoveries

Since intersubjectivity is inescapably ambiguous, an anthropology that makes intersubjectivity its focus forfeits the search for ahistorical and determinate knowledge, describing instead a forcefield of human interaction in which contending needs, modes of consciousness, and values are forever being adjusted, one to the other, without any final resolution (Jackson 1998: 14)

The anxiety which characterised my fieldwork (and fed through into the writing phase) is well captured by Jackson's quote. For I discovered myself challenging (albeit from the innocent position of a *very* naïve anthropologist) the idealised tenets of objective anthropological reportage, not least the 'rigid discrimination' against self-consciousness implied therein (Cohen 1992: 223). Even the category 'data' was problematised as an appropriate term in the context of the profound and emotionally charged fieldwork experience described in this study. Some have alleged that reflexive field practice is detrimental to the quality of data (see for example Gellner 1992: 29). My study attempts to refute that judgement, and, while I accept that the academic rendering of the ethnographic evidence presented here is of necessity in a language unavoidably different to that of the *emic* situations in which it was obtained, I hope to avoid the charge of 'representation' which a more *etic* exercise might have attracted.

I do not suggest that the particular intensity of experiential practice exemplified in this study should serve as an object lesson for all anthropologists, although it is arguably an uncomfortable situation which is especially congruous, and probably inescapable, in the experience of healing initiation. Whether as sorcerer's apprentice (Stoller and Olkes 1987:

xii) or as *sangoma*, the ethnographer as healer-initiate must dare to blend 'magical authority with the ethnographic' (Werbner 1996: 21). To re-experience enchantment the fieldworker-initiate must be prepared to 'plumb the depths' (Cohen 1992: 225) and there is much that is 'uncosy' in the 'menacing and capricious' (Gellner 1987: 153) world of spirit which such diving brings to the surface. In the present work I try not to disguise the emotional discomfort which the out of the ordinary in this anthropological experience generated (Goulet and Young 1994), or my reactions to it.

Jackson urges ethnographers to open themselves up to events which challenge 'our shifting sense of ourselves as subjects and objects, as acting upon and being acted upon by the world...of belonging and being estranged' (1989: 2). This sense of shifting identities was apparent in what I have called the experiential approach of my fieldwork. Others have offered different terminologies: 'ethnographic "holism"' suits Agar (1980: 76), while Edith Turner's dialogic anthropology suggests a new determination to 'speak from within a culture' yet still seems curiously unwilling to admit to more than a parallel experience of her informants' liminal insights (1994: 86-87). Elizabeth Hsu's definition of 'participant experience' to describe her roles as observer and student of healing knowledge comes close to my purpose (1999: 15), but in this work I hold that 'experiential anthropology' best encompasses my meaning.

Reflecting on experience

This comforting category came later however, for my commitment to *ukuthwasa* preceded my decision to translate the process into an academic work. And the most difficult challenge after becoming a *sangoma* was the task of separating myself from the experience sufficiently to metamorphose into the conventional 'objective' anthropologist and to produce a suitably removed ethnographic account of the experience (cf. Hirst 1990; Janzen 1992; Ngubane 1977). Other had blazed the trail. Van Binsbergen (van Binsbergen 1991; 2003: Part 3) eschewed the restrictions of anthropological reportage (and avoided the vivisectionist tendencies of academia), contenting himself (however reluctantly) with his new status as a *sangoma*. Unlike van Binsbergen, at the time of becoming *sangoma* I had yet to fully enjoy the role of anthropologist, much less discover its contradictions.⁶

⁶ In the intervening period of course van Binsbergen has metamorphosed academically speaking from anthropologist to Professor of Intercultural Philosophy (van Binsbergen 2003). Time will tell whether I am forced to follow the same path.

As it was, I took the lead of other scholars (see for example, Clifford 1986(b); Fabian 1991; Hastrup 1994; Reed-Danahay 1997) and included personal experience (some of it quite intense) as a logical and necessary component of my reporting. The task of sorting and translating precisely which parts of this experiential fieldwork should be incorporated, and how they should be presented, was nonetheless complicated, and not just by my naiveté about conventional anthropological methodology. Platt offered me a theoretical pointer to this predicament:

To convert fieldwork, via field notes, into formal ethnography requires a tremendously difficult shift from the latter discursive position (face to face with the other) to the former. Much must be left behind in the process (1986: 31-32).

This conversion process, the difficult shift which Platt refers to, has been described by van Binsbergen as a 'cumbersome trajectory' (2004: personal communication). In this, my description of an embedded experience of becoming a *sangoma*, I acknowledge that the effacement of the experiencing subject was neglected and often impossible; I have exorcised fewer shreds of my experience than most. But I hope that this has ensured a rich, and engaged version of events which were after all, largely subjective. Above all I hope to have avoided Platt's accusation of dullness (1986: 31-32).

The ethnography in this thesis then, attempts to encapsulate *sangoma* practice as I discovered it and in language which is accessible to skeptical scientific and academic colleagues. It was an experience in which I placed myself literally in the place of others, in an attempt to perceive 'something of the systematically hidden' (Hastrup 1995: 142), and to experience, through my own eyes and body, an enhanced reality, different visions. My experience of becoming a *sangoma* went beyond 'mere presence' in the field (ibid). In the process I discovered that anthropology is rather analogous to *sangoma* divination: Not a quantitative science replete with replicable data, but a process of collecting fragments which may later come together to make some sense (Comaroff and Comaroff 1992: 16).

Going native - or our shadow selves?

going to some far-away place where you honour and take "literally" (as a matter of belief) those alien reality-positions in order to discover other realities hidden within the self, waiting to be drawn out into consciousness (Shweder 1991: 68).

Shweder challenges anthropologists to a deeper, more engaged experience with the 'alien' realities that are the stuff of most ethnographic description. He asks them to take "literally" another's discourse and accept their reality. A thorny anthropological question arises from Shweder's challenge: Does his literalism correlate to 'going native', that 'impossible dream of anthropology...counted dangerous' (Denning 1994: 469)?

I found the consternation which accompanies the mention of 'going native' in anthropological literature rather puzzling (especially when employed by postcolonial authors (see Turner 1994; Stoller and Olkes 1987; Goulet and Young 1994), and peculiarly redolent of the fear of becoming 'other'. Perhaps the construct operates as a mask for the fearful insecurity of Europeans which Taussig uncovered (1993: 254), in which case the act of 'hobnobbing with the Africans' is to invite opprobrium and suspicion of somehow letting the side down (Kuper 1973: 140). It may be overstating the case to suggest that in 'nativity' white ethnographers fear being reborn as black (Some 1994), but the fear of becoming 'native' seems to me to inhere in being identified with the 'other', and by inference, being seen as lesser, inferior, unworthy of the privileges that generally accompany whiteness (Fields 2001). This is arguably of particular relevance to fieldwork in post apartheid South Africa, where the limits of privilege, position, education, health, employment and so on continue to be defined in terms of racial difference.

Karen Fields's fascinating and fearless expose of postcolonial blindspots in contemporary America is pertinent. She uncovers the 'invisible ontology' of 'racecraft' (2001: 299), a culture subtler than apartheid, but nonetheless prescribed by automatic assumptions of difference based on racial distinction. Supported by irrational beliefs, those addicted to 'racecraft' (and Fields suspects that few in the white population manage to escape it (ibid: 311)), 'naturally' vest goodness in the white while the black is inevitably labelled bad. Early anthropology's complicity in the fostering of this 'savage' blackness, has been described as reflecting its own 'tangible, if inverted, self-image' (Comaroff 1993: 308), while western philosophy has tried to insure against a return to the implicit blackness of the 'dark ages' through 'temporal distancing' (Fabian 1983: 30). But in the context of the particular racecraft of South Africa I venture to suggest that the ethnographer's fear of nativity touches on powerful stereotypes of black as the antithesis of all that is 'white', and, therefore, not good, clean or positive.⁷

⁷ Western metaphors for blackness (notably African blackness) confirm as much: 'Black as night' (and therefore all that goes on in the 'dead of night'); 'darkest Africa' and Africa as the

There is little doubt that the traumas of being in the field, of the loss of the familiar, the comforts of home - Taussig's 'disconcertion' (1993: 237) - are all real enough in the fieldwork experience. (Here I also acknowledge that, in my own fieldwork the level of physical discomfort was minimal). But I suggest that it is possible to redefine 'going native', especially in contexts such as *ukuthwasa* and becoming *sangoma*, as an opportunity to delve deeply into self, and self-identity. Pictured thus, as a transformative experience of uncovering, fieldwork promises enormous rewards, but is inherently painful (Buhrmann 1984: 37-38) and is rarely safe. But there is little doubt that, in the opinion of the *sangoma* with whom I worked, this concentrated immersion in the field is as ontologically sound as the role of 'objective outsider' is dubious - as de Rosny (1985) also found in Niger:

I had asked Din [a Songhay *nganga* or healer/sorcerer] for knowledge - and had gradually come to perceive that he desired to communicate experience. Ever since I had understood that, I no longer had the feeling that he was making fun of me when he talked about initiating me into his art. What did that mean for me, in view of the immense cultural chasm between us? But that was precisely the key to the answer: what is generally understood by 'cultural' was completely foreign to his concepts. *If I desired to "know", in his eyes this could only mean I wanted to work something out existentially.* And this is what he sought to "initiate" me into (ibid: 85; emphasis added).

My teacher put it succinctly: "What you are doing is better, because now, you are seeing it from the inside. You won't have to guess."

Comparing Versions

There are some examples in the literature of 'experience based' ethnography in the healing traditions of South Africa. Manton Hirst offers a dry and remarkably disengaged account of his *thwasa* experience in the townships of Grahamstown (Hirst 1990). This report is singularly lacking in the sort of intense reflexivity which I found to be inescapable in *ukuthwasa*, and, although Hirst includes an abundance of data, his study appears to have excised anything suggestive of a visceral response to his experience. In sharp contrast, in van Binsbergen's version (1991) I recognise some of the peculiarly wrenching process of remaking identity which is *sangoma*, and - although in that version he appears to deny it

'heart of darkness', the 'dark continent'; black as the shadows on which we fear to tread; and of course, the suspect arts of 'black magic'.

(ibid: 324) - for me reflects some psychotherapeutic parallels which I develop in Chapter Two of this work. For example, his description of the 'display of self and loss of self, past and present' (ibid: 320) with which van Binsbergen characterises 'becoming *sangoma*' is particularly reminiscent of the dramatic psychological challenges which for me characterised *ukuthwasa*.

There are questions however. Van Dijk and Pels (1996) portray van Binsbergen's text (together with that of Paul Stoller, another anthropologist and healer-initiate (Stoller and Olkes 1987)) as a description of the anthropologists acting 'as if they accept the hegemony of the 'other' cultural practice while being initiated' (Van Dijk and Pels 1996: 247; emphasis added). I find this suggestion of part-playing problematic, albeit that it is reflected in van Binsbergen's original text (1991: 333) and in Stoller's version (1987: 100,123). I maintain that there was, and could not be, any pretense or role play in my experience of becoming *sangoma*, a naïve assumption which perhaps reflects my comparative ineptitude as a nascent anthropologist.⁸ Like van Binsbergen, I have gone on to practice as a *sangoma*, continuing my healing vocation whilst developing an academic career.⁹

Real Fictions, or fictive inventions?

The risks [of writing anthropology as a good read]...leads to a thoroughgoing revision of our understanding of what it is to open (a bit) of the consciousness of one group of people to (something of) the life-form of another, and in that way to (something of) their own....to convey in words "what it is like" to be somewhere specific in the life line of the world (Geertz 1989: 143)

Geertz's insight reflects a hazard of experiential fieldwork uncovered in both Stoller's and van Binsbergen's texts, and which refers me back to the practice of ethnographic writing. The anthropologist as a creative writer, with a responsibility to provide 'a good read' (ibid: 142), has few more enthusiastic champions than Clifford Geertz. He is prepared to accept that 'I-

⁸ That there was room for mimicry is made clear in the last part of this chapter.

⁹ Significantly, the professional hazard of losing 'ethnographic authority at home' (van Dijk and Pels 1996: 247) seems thus far not to have materialized for van Binsbergen. Indeed, though he may have set aside his anthropological identity, he appears far from losing professional face and is now able to marvel at the width the academic world has been prepared to offer him in his intercultural encounters (van Binsbergen 2003: 222). Van Binsbergen it seems, has come to terms with the contradictions of 'acting like' by asserting

witness' ethnography (Geertz 1989: 79) may thus be construed as 'home made', visions of the describer not the described (ibid: 145): As Landau puts it 'representations about the real: as philosophers know...can only be true or false, not the real itself' (1996: 92). Since anthropology is of its nature 'difficult to check' (van Dijk and Pels 1996: 251), imagination is required, of reader and scribe, a quality for which western culture is not renowned, especially with regard to other understandings (Eagleton 2000: 49). Frohock discovers a similar problem in translating unusual western alternative healing experiences: 'One either knows or does not, and telling is not much help' he writes (1992:113). This question of surety, of knowing or not knowing, applies all the more to profound ethnographic experience of fieldwork in which the anthropologist becomes healing initiate (Stoller and Olkes 1987: 228).

In his first presentation of becoming *sangoma* van Binsbergen refused academic text, preferring to couch his account of the events in a 'narrative form' (van Binsbergen 1991: 336). Van Dijk and Pels interpreted this as van Binsbergen's resolution of the 'profound complicity of ethnographic and magical authority' (van Dijk and Pels 1996: 254). In the context of my thesis of the importance of developing a language of the spiritual I read his method differently but empathetically, as a comprehensible tactic for the *sangoma*-initiate and academic ethnographer. Jackson exhorts anthropologists to 'testify *through engagement* to the ways things are *and keep an open mind*' - exemplary but probably idealistic advice (1989: 9). The interpretation of metaphysical events to academic text continues to be acutely problematic (Turner 1994: 72), and spiritual matters, whether described as imaginary (Young and Goulet 1994: 309), 'beyond language' (Turner 1992: 14), magical, non-rational or supernatural, reverberate uncomfortably in the chilly indifference of academe. Reflecting my previous references to reflexivity, ethnographic reportage of the metaphysical, the enchantment of the reality of 'otherness', is nearly always approached by anthropologists with extreme caution - and appropriate apologia (Stoller and Olkes 1987: Prologue). Anthropologists continue to fear academic censure or derision (Turner 1992: 2-3). Through his narrative version of events, van Binsbergen escaped the 'cumbersome trajectories' required of the objective ethnographer to more intensely engage with his portrayal of the experience of *sangomahood*.

In this study, in which, as anthropologist, I describe personal episodes of a direct engagement with 'sensing the unreal' (Hastrup 1994: 232), I may be trying 'to have my cake

his integrity as *sangoma* and as a senior academic through 'intercultural mediation' (ibid: Chapter 6).

and eat it too' (van Binsbergen; personal communication). But I make no excuses for my attempt to draw out, through my own experience of it, the reality of an 'other' place where voices usually silent are heard, and things normally unseen or unsaid, are made available. And, notwithstanding the ethnographic evidence of the existence of this expanded sensory world, and the descriptions of the rituals which enabled it, I accept, with Geertz, Landau and others, that, even in a virtual world, the charge of fiction may well stick.

Us and them

Postcolonial critics may draw a like 'fictive' conclusion regarding the epistemology of this work from a different, and less charitable perspective. Mudimbe alleges that the ethnocentric vision of the western ethnographer creates an 'intellectual construction' of the field experience constituting a very 'questionable "invention"' (1988: 67). Thus denounced, I cite in my defence my experiential involvement in the episodes described. I hold that my study constitutes a crucial opposition to Mudimbe's alleged 'epistemological ethnocentrism', and offers a rebuttal to his declaration that western ethnographers assume that 'there is nothing to be learned from "them" unless it is already "ours" or comes from "us"' (ibid: 15).

Similarly, I trust that the work will successfully counter Gandhi's allegation of limited ethnocentric thinking (1998: 40). Although I harboured doubts (and even fear) as to the consequences, I set out, eyes wide open and focused, precisely to learn: Far from seeing others as 'mere objects' I became my own object, making a literal version of the sort of "'out of myself" leap' which Scheper-Hughes describes (1992: 24). Simultaneously of course, I was still the 'Others' other' familiar in fieldwork (Bell 1994: 534), and experienced myself cast variously as 'different and exotic, awaking curiosity, fascination and amusement, as well as astonishment and indignation, or rejection' (Paerrgaard 2003: 326).

Part Three: Methodological issues

How was it for you?

Favret-Saada is refreshingly candid about her predicament in doing fieldwork in a world of magic and sorcery in rural France. She talks of the 'vague perception that *something in this cannot be coped with*' (1980: 22) and alludes to her physical responses to the field, daring the ethnographer 'who has never had psychosomatic troubles [to] cast the first stone' (ibid: 62). Favret-Saada's honest testimony prompts two questions: To what extent does being in the field impinge differently on those, especially women, who work as I did, unaccompanied?

And does the subject of ethnographic scrutiny (in this case witchcraft) enhance the fear of 'not coping'?

Powdermaker is distinctive in emphasising her unaccompanied status in the field. She describes being treated simultaneously as child and student (1967: 121), fieldwork roles which while by no means gendered, being commonly remarked by fieldworkers male and female (see for example Amadiume 1993; Bretell 1997; Stoller and Olkes 1987; van Binsbergen 1991). But, as Bell insists, gender does 'make a difference' to ethnography (1993: 3), and female anthropologists (though they be sidelined in consequence) are more likely to 'engage' with the awkward questions which accompany fieldwork (cf. Cesara 1982; Golde 1970; Platt 1986; Shostak 1982; Weidman 1970). Returning to Powdermaker, she seeks a balance between the advantages of singularity - its 'greater intensity' and 'more intimate data' - and the disadvantage of the her (disarmingly understated) 'loneliness, and, perhaps, getting "fed-up" more often' (1967: 114).

I experienced emotional and physical reactions, often violent, always disturbing, in the field, a situation which was exacerbated when I was confronted with discourse as dangerously perceived as witchcraft. Did the fact that I was female and alone also contribute? Certainly at times I felt the absence of a confidant sufficiently to call upon the few female friends I had made outside the field for moral support and reassurance. As Chapter Eight will demonstrate, in the always strange and often troubling witchcraft world of Nosibele and Dr. Kubukeli, I found myself beset by bouts of foreboding and dread. At times like this I drew on the experience of the *sangoma* and anthropologist Dr. Mthobeli Guma for guidance and advice. But, faced with witchcraft, even male fieldworkers have been prepared to admit to the sort of anguish normally excised in ethnographic accounting (Platt 1986: 31-33). Stoller, for example, in his study of Songhay *sorkos* confesses to being frightened of the power of sorcery, and, tellingly, of '*the notion that sorcery was real*' (1987: 123; emphasis added). Geschiere too, admits to the difficulty of maintaining academic distance (and keeping one's head) in the world of witchcraft (1997: 19). When it came to the translation of this experience to text I also resorted to Stoller's language of notions, and the even more remote 'witchcraft discourse' (Geschiere 1997: 21) to cloak what were then very real fears.

Learning on the hoof

My thesis makes the case for the development of a spiritual language, a 'language of healing'. But I encountered other more prosaic, and ethnographically familiar language issues

during the fieldwork. Most certainly, and lamentably, I was far from being 'perfectly bilingual' (Mudimbe 1988: 67): My proficiency in the local languages was grievously lacking and often severely embarrassing.¹⁰ I was rescued from my inadequacy by my teacher Nosibele and Dr. Kubukeli, both of whom speak good English. I did make rudimentary attempts to learn isiXhosa, at least enough to avoid giving the impression that I did not want to learn the language, an assumption commonly made (and often justified) by black people about white South Africans.

In my defence, the issue of language was typical of the sense of urgency which percolated my entire fieldwork process. From the very start there was no time for the luxury of acclimatisation or familiarisation described by others in the field; no possibility of 'hanging out', no period of adjustment, or for language lessons. *Ukuthwasa* commenced on the day I arrived in Cape Town, and learning of all sorts took place on the hoof as it were. The language I did learn was that of the healers themselves as I was successfully initiated into South African healers' ways. The language of this study became the language of healing, necessitating as much an eye for the symbolism of gesture, signal and drum roll as for a literal translation. The meanings I derived from this experience of *ukuthwasa* are almost inevitably different to those of the *sangoma* who guided me, yet in our sharing there were moments of profound commonality and mutual understanding. The *sangoma* inner-eye vision - an intuitive comprehension of meaning and substance in nonmaterial, and distinctly non-'literal' ways of knowing - was the vernacular which *ukuthwasa* enhanced.

Part Four: Mimetic ethnography

a peculiar existence can be a selective affirmation of pure being; that the freeing of consciousness goes hand in hand with feeling "astonished" by the variety of ways there are to see and be (Shweder 1991: 8).

I have emphasised that the ethnographic experience described in this work is an unusual one, neatly encapsulated in Shweder's phrase - 'a peculiar existence' (ibid). Problems of translation and representation predominated methodologically in the project. As my earlier discussion of the rationale of this study explained, the experience of initiate-*sangoma* and

¹⁰ I suspect that Obeyesekere would take a grim view of my ethnographic translation. He accepts that culture is 'not coterminous with language' (1990: 230), but suggests that such 'mirrors' of the original are 'entirely dubious' (ibid 219). If I take this metaphor further however, a ripple in the mirror's surface inevitably produces an entirely new image and once settled, both the original and the new image will be found in some way changed.

initiate-anthropologist *are* congruous - there are boundaries to be crossed, competencies evidenced, and knowledges obtained. But the knowledges of *ukuthwasa* are accessed not simply by observation, nor even by participation (no matter how enthusiastic). How does the anthropologist (especially one engaged in the experience of healing initiation) prepare self for such experience? How does anthropological fieldwork fit within these complex power relationships? How does the ethnographer, starting as 'professional stranger', become 'friend' in the field (Powdermaker 1967)? I suggest that there exists a preliminary phase. Present in all learning, I have found only rare references in anthropological literature to a reversal I discovered in the customary 'enlightened' ethnocentric position in which 'they' always mimed 'us' (Schwartz 1994: Introduction). As *thwasa*-anthropologist I found myself frequently miming 'others'. I categorise this as 'mimetic ethnography'.

It was in the early stages of fieldwork, a crash course of comprehension in the field, that the act of mimicry was foregrounded. Golde refers to this childlike phase as a 'replication' of infancy, an experience of 'direct intuitive learning that seeps through all the senses, as it did when we were children' (1970: 11). Stoller too, hints at mimesis (and its embarrassments), as he recalls being scolded for his ignorance by his teachers (1989: 54). But while his phrase '*acting like* a Songhay sorcerer' surely suggests mimicry (*ibid*; emphasis added), description is curiously absent in the text. Van Binsbergen also intimates mimesis in his description of 'convincingly play[ing] the role of *twaza* novice' (1991: 333), but again he does not elaborate.

Arguably such reticence reflects western ambivalence towards mimicry *per se*.¹¹ Certainly the assumption of superiority and the inadmissibility of imitative behaviour of 'natives' were powerfully in evidence in the colonial encounter (Noel 1997; Schwartz 1994; Taussig 1993). Colonial authority rested in the automatic assumption of power-over, of the superiority of one culture to all others, and in such 'enlightened' illumination the others' savagery would naturally be exaggerated not imitated (Mudimbe 1988: 75). Dazzled by the brightness of the 'Enlightenment', European explorers failed to recognise their own mimicry of the 'Others' as *their* means of communication and comprehension. Taussig emphasises a

⁶ Mimicry, copying, impersonation are means of learning, knowing and understanding. The one miming attempts thus to comprehend how an other works and how to work with them. To make a copy however also tacitly acknowledges an acceptance of the power invested in the one being copied – the master-copy for instance. Unfortunately western ideas of self-consciousness and ego override the childhood methods of learning; miming in adulthood is portrayed as social inadequacy, interpreted as weakness.

brutal mimesis in a critique which is applicable to South Africa, when he writes of the savagery attributed by the colonists in the name of civilisation as:

‘a colonial mirroring of Otherness that reflects back onto the colonizers the barbarity of their own self reflections’ (1987: 134).

‘Cultural undecidability’

Discomforting or no, in his discussion of spiritual possession and alterity (a means to healing familiar to many *sangoma*), Taussig returns to the personal, with a reminder that in this transcendent state ‘self is no longer as clearly separable from its Alter’ (Taussig 1993: 252), a definition which fits ‘mimetic ethnography’ as I perceive it. There exists a mimetic necessity for anyone entering a strange, alien culture of indubitable power and influence. Mimicry is indispensable for those who must penetrate an entirely foreign culture, be they black South Africans seeking an ‘ambiguous belonging’ to westernness (Field 1998: 234), or European anthropologists knocking at the door of a ‘native’ knowledge system.

This generates the cultural undecidability familiar to anthropological fieldwork. But does the ‘desire to own the coloniser’s world’ or, referring to the contemporary ethnographer, to understand part of the once-colonised world, inevitably result in a repudiation of one’s own - in ‘disowning’ (Gandhi 1998: 12)? I argue not. The experience does however, lead to confusion, and a radical reassessment of the self (see for example Abu-Laughed 1991; Amadiume 1993; Bell 1993; Cohen 1992; Hastrup 1992; Lutz 1990; Okley and Calloway 1992), and perhaps this explains why descriptions of a ‘mimetic ethnography’ feature so little in the literature. Whatever the case, anthropologists generally appear to remain unwilling to abandon the comforting notion of self as ‘distanced from the people we study’ (Jackson 1989:4).

Other anthropologists may resist my confidence in the creativity and empowerment of imitation, that the act of copying other in the field creates something different, transformed and other, no longer an imitation, not quite the original, but possessed of its own originality and power. The copy is never a replica, and ceases to be a copy as soon as mimetic mastery is achieved. Arguably this is simply a version of Werbner’s ‘postmodern tribal, the hybrid in perception’ (1996: 21). Be that as it may, I maintain that this precarious state has value in producing not invention, but an altered, and very real, original.

Conclusion: Pushing the frontiers

This thesis attempts to encapsulate the essence of the experience of becoming a *sangoma* using an 'informed subjectivity' (Goulet and Young 1994: 313). Its primary purpose is to make *sangoma* more accessible in scientific academia. In this Chapter I first offered some examples from the literature of the application of anthropological insights into efforts at bi-sectoral medical collaboration. I next explained the rationale for my reflexive and autobiographical approach to ethnographic writing, and considered the question of 'going native' as a particular complication in experiential fieldwork. Finally, I looked at the literature as it relates to some of the methodological issues I encountered. Van Binsbergen has requested 'illuminating intellectual commentary' on African religious knowledge rather than the destructive, interpretative and reductionist projections with which he characterises much of the anthropological output to date (1991: 337). Given the resistance of academe to 'experiential verification' in the field (Willis 1999: 196) this seems an improbable aspiration, but I intend that this study should take up the baton, or the *tshoba* (the *sangoma*'s stick).

I undertook *sangoma* in the belief, attested by my teacher, that I was answering the call of my ancestors. In the process I was asked to act as proxy, surrogate, medium and intermediary. Throughout the experience, and this includes the writing of this thesis, initially as a *thwasa* and later as a *sangoma*, I was, as Vera Buhrmann's Xhosa informants describe it, acting 'under the ancestors' (1984: 100); I was working on their behalf. The next chapter examines the question of ancestors, one of the principle notions upon, and with which, *sangoma* works.

Chapter Two: On the Question of Ancestors

'The ancestors are in me. When they are in me I know that they are there. I feel them. They are happy with me and I am happy with them. I think of them always. They know that I am thinking of them' (*Sangoma* testimony: Berglund, 1976: 197)

Introduction

This chapter considers one of the essential elements of *sangoma*, the question of ancestors: a complex web of ancestral relationships, a panoply of beings, local and alien, who stand to be consulted, made acquainted and empowered in *sangoma*.

The subject has been meticulously categorised and examined in anthropological reportage, and in Part One of this chapter I correlate selected interpretations and descriptions in the literature with those of the *sangoma* with whom I worked. In Part Two I develop the concept of 'sacred pragmatism' (introduced in the previous chapter) to encompass the healing strategy I have prioritised in this study of *sangoma*, in which reverence and reciprocation are distinguishing factors in the development of the healer's relationship with the spiritual power of the ancestors. Finally, Part Three explores some conceptual notions of ancestral spirits that may contribute to a potentially greater healing role for white *sangoma* acting on behalf of their antecedents in South Africa.

In his recent reflections van Binsbergen (2003) refers to an epistemological problem which continues to tax my understanding and interpretation of *sangoma*: What is meant by ancestors? Van Binsbergen's description of his present *sangoma* practice as engaging with the spirits 'as if they really exist' (van Binsbergen 2003: 220) seems to acknowledge what for me has been the ongoing struggle of being *sangoma*: not the existence of spirit, or the reality of engagement with its healing capacity, but with the 'real-life' definition of ancestral spirits - as other living beings - which is envisaged by my teachers. This chapter will attempt to explain the difficulty and offer my resolution of it.

Part One: Conceiving ancestors

To start at ancestral beginnings, there are the least-long, or living dead, an ancestral group which constitutes a patrilineal descent line and includes all those tracing their genealogy through several generations to a common ancestor, usually a great-great-grandfather (Hammond-Tooke 1989: 60). This relatively small collectivity, which Hammond-Tooke categorises as a 'lineage' or 'agnatic cluster' (ibid), appears to conflate with Nosibele's

version: "All those back to your great-great-grandfathers and grandmothers - your family." Much oral history goes no farther than the stretch of this great grandfather route. However, Nosibele and Dr. Kubukeli, in common with most black South Africans also recognise a separate, much larger group, again descended from a male ancestor, but this time one who lived many generations before, who gave his name to the whole. This collection of beings, living and dead, they call their clan. The ancestral members of this group, or 'all the clan dead', again conflates with Hammond-Tooke's definition (ibid: 60-61), encompassing everyone who can be traced back by patrilineal principle to a 'common clan founder in the male line who gave his name to the clan'. Unlike members of the lineage, who are often endearingly and easily recalled by their progeny - remembered with all their human qualities and frailties - the clan is obviously an enormous company, including many beings never known to the living. Perhaps this explains why this category generates oral histories possessed of a mythical, even poetic quality. In the next excerpt for example, Nosibele describes some clan founders:

There is one who gives us his name from the word for grass, *utyani*, only this was mature grass, *utyandinjiyela*, very long, so it is a different word. He tried to escape from Shaka by hiding in this long grass! But Shaka discovered him, and took him to his kraal to become his servant, so he was called 'he of the long grass'. And now, this woman, [a mutual friend], her husband is of the same clan as mine!

Our founder was a poet, storyteller and a great warrior at Shaka's place! He killed and cooked a black sheep and with the fat from that sheep he mixed *muthis*, to protect the warriors when they went into battle.

Interview: 05.12.2000

There is much of the mythic character of oral history in these evocative snatches (Figlio 1988: 121), prompted perhaps by the very remoteness of this ancestral grouping. Nosibele's imagination, her 'evidence from the underside' comes into play (Haley 1998: 26). These, and other stories like them, told and retold by the latest transmitter (Raphael and Thompson 1990), enact these distant ancestral beings to power (Nasson 1990: 120).

Although colonialism and capitalism have undermined the customary expectations of respect which longevity in Africa bestows (Comaroff and Comaroff 1999: 20-21), these venerable beings are yet spoken of with an esteem and awe which is further reflected in the attribution of their powers. Thus as Nosibele describes the ancient clan spirits she attributes

more power and authority to them than to the comparatively youthful and accessible 'grandfathers and grandmothers'. Nosibele and Hammond-Tooke (1989: 61) both emphasise the exogamous status of these clan ancestors, and their considerable influence on quotidian reality. As one example, members of the same clan, or from the clans of their grandparents, are forbidden to marry, thus explaining the question "*Khawuzibonge?*" (What is your clan?) asked of all new acquaintances. Clan connections not guarded by marriage prohibition on the other hand (as in Nosibele's story above), promise a friendly relationship in the group.

River People and *Amakosi*

There are other, more distant denominations of ancestral spirits in Nosibele and Dr. Kubukeli's telling of it, and further distributions of power. First: "The people of the river, or the people of the forest - even sometimes, the people of the mountains, especially if the ancestors were warriors. Some people are even called by the animals, and then you must find the skin and wear it." Here, Nosibele's separation of the ancestors from materiality is even more pronounced, and sacred power is commensurately enhanced. This category seems to have especial significance in the business of *sangoma* calling, as Buhrmann's study (1984: Chapter 7), and Janzen's analysis demonstrate (1992: 96). These distant figures represent the original ancestors, and rituals like that of "Going to the Sea" described in Chapter Five of this work, and in Buhrmann's texts (1984: Chap. 7; 1996), are designed in their honour.

One intriguing finding offered by Buhrmann's Xhosa diviners describes these numinous beings as 'white, [with] long, flowing blond hair' (1984: 29). This at first incongruous image offers an explanation for the ancestral anomaly of the 'Abelungu, i.e. the whites', a clan found in the early eighteenth century along the Mpondo coast of the Eastern Cape (Wilson and Thompson 1969: 233). The progenitors of this clan, still in existence as recently as 1965, were survivors of a shipwreck who were so equably absorbed by the local populace as to merit clan status. Given a myth of human origin which includes blond haired whites, it is less problematic to account for the fact that these foreign beings, dragged dishevelled and bedraggled from the ocean, could be accepted as suitable material for a new clan. This unusual route to kinship has ramifications for the debate about the provenance of white *sangoma* and their ancestors which I develop in Chapter Seven.

But this is not the end of the ancestral lines of communication. There are the "higher spirits" or *amakosi*, as Nosibele calls them, using the Zulu word (isiXhosa: *izanusa*). These entities, yet further removed from the material of living memory, are possessed of even more

powerfully imagined qualities. They suggest deity, being more amorphous, and are attributed with greater wisdom and strength than the “River People”. None of these beings however, are ‘gods’ and all are clearly separated by Nosibele and Dr. Kubukeli from the “Supreme Being.” *Amakosi* are said, however, to be the inspiration for the “highest healers, the most powerful ones,” as the doctor puts it.¹ But this gradually ascending communication with the River People and then the *amakosi*, cannot be rushed. “First”, says Dr. Kubukeli, “you must deal with the *ithongo*, the general spirits!”

Living beings and the collective unconscious

In an early conversation in Harare, Zimbabwe, Nosibele gave me her reading of ancestors. These are living beings, inhabiting a universe which interacts, and is very much concerned with, the land of the living:

They like it when you do what you are supposed to do. You are sent here with a task, and they want you to do it. If you do what you should, they get points - they do well as well.

In Nosibele’s description, each of these groups, or layers, or ‘descent categories’ (Willis 1999: 24) act independently or together, as motors, motivators, operators and actors in the here and now world of their living relatives. They are, as Bond puts it, ‘deeply implicated’ in everyday life (2001: 137). I struggle to conceptualise the imagery of ancestral spirit as living beings in an alternative universe in the mode of my teacher. With Buhmann, I find in the Jungian concept of the ‘collective unconscious’ a credible equivalence (1984; 1996), perhaps because the earlier stages of my *ukuthwasa* were drawn out in that western psychotherapeutic system. Nonetheless, however it may be conceived, I have come to recognise in *sangoma* practice that this unconscious authority - the living dead - may indeed manifest in very real ways to support and assist the *sangoma* healer. Evidence of this is included in this, and the following chapters.

Obeyesekere suggests that it ‘simply will not do’ to suggest that before psychotherapy (or for that matter germ theory, penicillin, antibiotics and vaccinations) ‘all of us went our muddled ways in the abysmal dark of ignorance’ (1990: 21). But it is not my intention here to make an invidious comparison between *sangoma* and the logic of western therapy (Fernandez 1991: 217). Rather, following Obeyesekere’s train of thought, I suggest that systems such as

¹ Community leaders in contemporary South Africa, and at least one football team, share the same title, perhaps in hopes of sharing their transcendental gifts.

Jungian psychotherapy signify in the west (as indeed in westernised South Africa) as *sangoma* signifies within the black South African population. *Sangoma* solicit the spiritual assistance of their ancestors in the resolution of personal problems. Western therapists might argue that it is the inability of deceased kin to resolve difficulties whilst they were alive which provides the impetus for much therapeutic work. If positivism has rendered western societies largely bereft of moral consolation (Gellner 1992: 59), it is yet available through spirit and divinity (Buhrmann 1984; Some 1994). Psychotherapy was designed within a disenchanted cultural idiom and works because, and perhaps, in spite of it. The process cannot replace the spiritual, but may serve to open up channels to a deeper, even ecstatic self-consciousness (Obeyesekere 1990: 21). As such, psychotherapy bears useful comparison with *sangoma* methods in training and practice.

Van Binsbergen, in his 1991 narrative of the *ukuthwasa* experience, argued that *sangoma* aetiology is absent of 'psychologizing', but nonetheless acknowledged its therapeutic purpose (ibid: 324). In more recent work he appears to have gone further, accepting (at least in respect of his *sangoma*-derived practice of bone-throwing (2003: 228)) the influence of western therapeutic process on *sangoma*. His description of *sangoma* therapeutics presents a remarkably close fit to western analytical techniques:

many problems in a person's life stem from the selective acceptance and repression of the past - some aspects of the past are simply so painful that we cannot face them, and instead warp our lives and personalities around ignoring them or compensating for them. Even if the information content of the *sangoma* oracle comes mainly or exclusively from the client's subconscious and not from the universe at large, then this readdressing and rearticulation of the past is likely to be immensely important and powerful as a redressive therapeutic tool (ibid: 269).

Whilst I accept the broad thrust of van Binsbergen's analysis here, I find the distinction he suggests at this point in the text between an individualised western therapeutic method and the universal subconscious of *sangoma* specious. Rather I argue that the individual, African or western, is part, particularly on a subconscious level, of a collectivity, access to which is constrained, not by the process of engagement itself, but only by the individual's desire to interact with it. *Sangoma* perceive of a spiritual collectivity of living beings available and accessible to heal those who respond to the 'calling' and commit themselves to that call. Jungian therapists and their clients call on the 'collective unconscious' (amongst other

images) to draw out ancestral messages and patterns from the past to resolve them in the present.

Different paradigms

In making the conflation between western therapy and *sangoma* however, I am very aware of discrepancies in theory and method. The nebulous distancing for example, which Jung's unconscious categories suggest, is quite absent in African understandings, in which ancestral beings are ever present to the living, with the power to impose their will for the benefit of the collective (Bond 2001: 133). Jung may have been 'a seer', but he inhabited a scientific world, and translated his visions of ancestors and spiritual others into 'archetypes', and psychic 'daimons' (Noel 1997: 114). By this 'drastically unscientific maneuver' (ibid) Jung hoped to render the stuff of dream and vision less fanciful to a sceptical biomedical audience sufficiently divorced from spirit as to label psychotherapists as 'alienists' (Blier 1991: 74). In an interesting reverse, contemporary South African psychoanalysts have suggested that such psychic events, enacted in possession, dramatic or mundane, may indeed evidence the reconstitution of ancestral traces (Ensink and Robertson 1996: 141).

A further divergence in the paradigms of *sangoma* and psychotherapy resides in the latter's focus on the private resolution of problems, on the individual rather than the whole. Systems of family therapy do of course exist in western psychotherapies, but the emphasis generally remains on a single client. In contrast, *sangoma*, as a process of healing and a healing process, concentrates from the beginning on the broader spectrum - the individual as part of the whole - and emphasises the integral role of the ancestors in that cosmology. As Buhrmann describes it, 'the relatedness of all participants *in* the ancestors' contributes to the therapeutic success of *sangoma* (1984: 96). Finally, the quality of the sacred which underpins *sangoma* is also absent in the more quotidian collectivity of Jung's remote collective unconscious. Psychotherapy, a '*rational* self-reflexivity' produced in a world demystified of the religious (Obeyesekere 1990: 21), may lead to a spiritual awakening, but this is not its primary purpose.

Working on behalf

There are important congruencies however, as Turner's parallel between the Zambian healing rituals of *ihamba* and the literal translation of psychoanalysis as "soul un-loosen" might suggest (1992: 60). Both psychotherapy and *sangoma* have essentially similar functions of

sensitisation to the metaphysical world (van Dijk, Reis and Spierenburg 2000: 5). *Sangoma* envisage this process as an engagement with a collective of spiritually living, tangible beings, while Jungian imagery presents a more ephemeral unconscious collectivity. Each is part of a common reality available to those who are prepared to surrender to a broader sensory perception. Such a conflation is more likely to occur to the western practitioner of *sangoma*. As van Binsbergen has admitted in his descriptions of his *sangoma* practice ‘eclectically, themes from the more dominant Western therapeutic traditions seep through (especially the psychoanalytical and the Jungian-analytical traditions)’ (2003: 228).

Thus the *sangoma* novice and the psychotherapist’s client learn how to draw out, acknowledge and express layers of material, from an unconscious, or as conceived by *sangoma*, ancestrally inspired level (Buhrmann 1984: 57). Becoming a *sangoma* enabled van Binsbergen, for example, to ‘address my deceased parents directly, propitiating them and bringing them to rest in myself’ (ibid: 231), a precise description which I suggest harmonises closely with therapeutic process. I also propose that it is from this recognition, whether through *sangoma* or psychotherapy, that Nosibele’s concept of ‘working on behalf of’ a spiritual collective is derived. The initiate-client I suggest, is chosen to operate as conduit, as spiritual go-between, a surrogate actor for and with ancestral consciousness. There is reciprocity in this relationship. In return for submission to the numinous, which empowers the resolution of ancestral patterns - of debts, grudges, regrets and so on - the wounded one is healed and may eventually become a healer (Hirst 1990; Janzen 1992; Reis 2000; Taussig 1987).

In *sangoma*, as in psychotherapy, rituals bind the predecessors to the local and larger community (Buhrmann 1984: 56), incorporating respect and honour for the past in order to secure both the present and the future. The *thwasa* and *sangoma*, like the psychotherapist, act as conduits, vehicles and diviners for the unconscious or ancestral spirit manifested by their clients. *Sangoma* and psychotherapists work through divination, clairvoyance, vision and dream, and in some instances, as Chapter Six of this work manifests, trance. Although perhaps with more difficulty than their traditional African counterparts (ibid: 94) psychotherapists learn to listen and observe, watch for signs and symbolic connections through which to interpret distress. Just as the individual in Jungian analysis becomes aware of ancestral patterns as ‘archetypes of our particular spirit’ and learns to create a mutually responsive relationship with them (Hillman 1983: 60), there is mutuality as *thwasa* learn to communicate with the spirit of their ancestors.

Unilinear interpretations

I venture to suggest that the western existential struggle to come to terms with ancestral influence through psychotherapeutic method is discomfiting *precisely* because of the separation of the living from their predecessors. Lock wittily describes this western existential predicament:

‘nothing is watching over us, and we only go round once’ (2002a: 199).

This unilinear interpretation of reality created by the empirical world produces ‘a dead and nonspiritualized nature’ which offers little in the way of solace (Taussig 1993: 97). The inevitable reality of death and dying is thus assiduously avoided by the living, who often abandon the deceased as unwelcome reminders of the impermanence of material existence. Quoting Walter Benjamin, Lock remarks on the western preference for flattening out history (2002a: 204), and the loss of collective and individual memory which results. This may, as she accepts, have cleared the decks of tradition, but this loosening of the past also leaves ‘a perpetual despair’ (ibid: 206). Pioneering works in bereavement therapy offer examples of the potential for psychological damage in the scientific unilinear paradigm, and its attendant ancestral schism (Kubler-Ross 1981; Levine and Levine 1989).

In contrast, the cyclical understanding of time incorporated in *sangoma* cosmology and utilised in their healing practice allows for an acceptance of nonmaterial realities (Buhrmann 1984: 100) embodied in the ‘still-living’ ancestors (Fabian 1983: 34). There is fluidity in existence, where one can literally be in two places at once. In *sangoma*, the burden of the ancestral ‘assemblage of customs and beliefs’ (Geertz 1992: 121) remains to be dealt with pragmatically, *by the living*. To *ukuthwasa* is to “work on their behalf” as my teacher described it. For a *sangoma*, a rupture from the living, though it be painful, is less a matter of prolonged grief than of acceptance, and the prospect of work to be done. The living have “gone to the other side” as Nosibele expressed it; their legacy remains to be taken up. Death, unless it be sudden and unexplained, is neither to be feared or ignored. Death and the dead are not avoided by *sangoma*.² On the other hand, a breach with the ancestors is seen as life-threatening, literally cutting the victim off from ancestral protection, rendering them vulnerable to illness or worse (Buhrmann 1984: 37; Hammond-Tooke 1989: Chapter 4; Kiernan 1982).

² Rituals of cleansing are required after attending a funeral, to ensure that the collectivity of spirits at such a gathering does not pollute the healer.

'Unbroken threads'

There are additional congruencies between the *sangoma*/therapist, and the ancestors/collective unconscious revealed through an analysis of the matrix of personal and kinship relationships into which the *thwasa* is drawn as part of her training. This subject forms much of the basis for my exploration of witchcraft in Chapter Eight, but here I will briefly outline the implications of this psychological emphasis. My initiate relationships with Nosibele, as *thwasa* and as anthropologist, were paradigmatic. They entailed interpenetration, interactions between her patterns and processes, and my own - classic transference and counter-transference. Okely dubs this exchange process in the field as 'cultural transference' (1996: 39), an exchange which she and others recognise as an inescapable feature of the anthropologist - informant relationship (see also Obeyesekere 1990: 231). Buhrmann extends this interpersonal fieldwork linkage into an 'unbroken thread' running between ancestors, *igqirha* (isiXhosa: *sangoma*) and trainee (Buhrmann 1984: 71). In my own case, and my double initiation as *sangoma* and anthropologist, these complexities of field relationships at times became decidedly overcharged, as events described in Chapter Eight will demonstrate.

Part Two: The sacred pragmatism of *sangoma*

In Part One I showed that in *sangoma* the ancestors are directly involved with the living. As 'once-lived' beings, forebears are not forgotten or to be forgotten, but are evoked and invoked in a relationship which is focused on healing. I examined my teachers' interpretations and understandings of ancestors against anthropological findings, and established a conflation between *sangoma* and Jungian therapy. Taken together the analysis thus far serves to introduce my concept of 'sacred pragmatism' - the healing spirituality of *sangoma*, a reciprocally healing objective which is the subject of this piece. I will argue that, as is the case with biomedicine, once a *sangoma* has completed her training, the practice of her skills becomes quotidian, a question of pragmatics and everyday experience. However, unlike biomedicine, that pragmatic quality is always underpinned and defined within the intrinsically spiritual cosmology in which the ancestors are pivotal.

Something of my meaning in sacred pragmatism has been recognised by other anthropologists, although not in these exact terms. In his contemporary researches in southern Zambia, for example, Kirsch discovered that religious choices - and sources of healing power - were often governed by pragmatism (2004: 9). Janzen also denies the religious category for his study of *ngoma* in Southern Africa, stressing instead its healing and therapeutic function

(1992). He presents *ngoma* as an explanation for, and healing of affliction in Africa, a concept which brings into play the crucial, and spiritually-loaded question of 'something else going on' (ibid: 86). This mysterious something may be a matter of 'other persons, spirits, ancestors, or the social setting itself' (ibid), a linking of the ancestral past with the lived present which as Jackson explains, affords a deeper vision of the world in the 'here and now' (1989: 155).

Porous positions on the spiritual

Nosibele and Dr. Kubukeli, both have somewhat porous positions regarding the sacred and the spiritual. They combine Christian beliefs with *sangoma* and find no apparent contradiction in this absence of a 'dividing line' between the 'African' and the 'Christian' (Janzen 1992: 118). A similar porosity is confirmed in the more recent researches of Kirsch into prophet-healing churches in southern Zambia, where belief itself is treated as a flexible feast, and engagement is dependent on results (Kirsch 2004). Nosibele and Dr. Kubukeli however, also emphasise a distinction between their 'worship' of God and the reverence and respect they consider due to the ancestors. Their God, whom they sometimes call the 'supreme being', is to be worshipped; ancestral spirits are to be revered and honoured. This picture is also reflected in the literature (Berglund 1976: 198; Buhrmann 1984: 27). I have heard Dr. Kubukeli refer to *sangoma* as "a priesthood," but it was a depiction he employed when addressing a western audience, perhaps in an effort to make the African traditional more palatable to their understandings. The conflation after all does reflect on the more quotidian realities of *sangoma* - the material privations and seclusion in the training is similar for priests and *sangoma* for example (Ngubane 1992: 370). Whether or not Nosibele or Dr. Kubukeli would go as far as Catholic Archbishop Milingo in his unequivocal claim that Jesus has superseded older 'deities' and 'neutralised their power, unless they work with him' (1984: 82), Nosibele certainly had no qualms about connecting her Christian belief with *sangoma*. At our first meeting in Zimbabwe for example, she remarked, "Jesus is like us!"

I acknowledge that other anthropologists insist on the religiosity of *sangoma* (for example Hammond-Tooke (1989, 1994) and van Binsbergen (1991, 2003). In placing the emphasis on the healing purpose of *sangoma* I do not exclude a religious component to *sangoma* expression, but rather seek to underscore the fact that while healing is by no means a religious (or even sacred) experience for the healer or the healed, religious worship - as belief in and worship of a sacred entity deemed powerful - may indeed be healing. Although

he eschews his earlier ‘discursive deconstructions’ of African religions (van Binsbergen 2003: 200), van Binsbergen nonetheless continues to identify *sangoma* as a religion, even (and perhaps with the same intent rehearsed above for Dr. Kubukeli) describing himself as a ‘diviner-priest (*sangoma*)’ (ibid: passim). Yet I would argue that the transformation and intensity of his ‘ecstatic’ initiation experience (1991: *passim*) also constituted a journey of personal psychotherapeutic healing experienced through the sacred pragmatics of *sangoma*. And, while I have no doubts about the epistemological basis of his acceptance of *sangoma*, and applaud his analysis of the system as providing ‘access to valid forms of knowledge’ previously rejected by the scientising west, his repeated references to *sangoma* in terms of ‘therapy’ seem only to support my thesis of its sacred pragmatics (2003: *passim*).

Part Three: *Ndiki amandawu* - healing ‘otherness’

The healing emphasis of the sacred pragmatics of *sangoma* is reinforced by Nosibele’s references to another spiritual derivation of sacred healing authority, and a further category of spiritual ancestor, which she called “*amandiki amandawu*”. These entities, Nosibele explained, “are connected to the great-great-grandfathers and grandmothers,” although she also linked them to the “*amakosi*, the higher spirits.” She emphasised the gift of healing attributed to these beings: “the finest healers,” she said, “work through communication with them.” In her description she distinguished the category as part of the Zulu panoply:

Just you say *amandiki, amandawu* when they [Xhosa colleagues] ask you where your spirits come from. They know them, though they don’t use them. They are very high.

Nosibele related this with a sort of grim veneration. She clearly expected that other *sangoma* would understand that *amandiki, amandawu* demand respect and reverence. I later interviewed Dr. Kubukeli who made an apparent reference to the same spirits, though the titles were slightly different, and their genealogy more confused. But again the link with the *amakosi*, or higher spirits was underlined:

Yah, but that one [a *sangoma* who features in a trance incident related in Chapter Five] is being possessed by *amakosi*. There’s a natural *amakosi*, *amakosi ndawu*, *amakosi ndabukho*, well, they don’t cause you to fall down. When they come to talk to you they just make you sit down and then you will talk. Some of them will just whistle...up here (pointing at ceiling)..Yes! (he whistles to illustrate) right inside, those are the *amakosi*,

those are the spirits from the river....those are the great spirits from the river.

Interview: 13.12.2001

Notice here the common references to the 'highness' of these spiritual beings, to describe their perceived power and to distance them from material realities. Note also Dr. Kubukeli's distinction of these 'natural' *amakosi amandawu* as spirits who 'don't make you fall down.' Here he infers that the *sangoma* need not be possessed but merely has to sit and they 'will talk.'³

Anthropologists have referred to these mysterious spirit beings, and I will employ their descriptions first, to throw additional light on the role of *amandiki*, *amandawu*, and secondly to reinforce the particular emphasis on their healing purpose. Sundkler refers to the phenomenon as:

[a] modern form of ancestor-possession....*amandiki* or *amandawe*-possession...directed at curing some illness, and initiation into the cult is regarded as a healing agency, for it is believed to be therapeutic...the initiates of *amandawe*-possession are relatively quiet...an *amandawe*-doctor is called to heal a patient (1961: 23).

Sundkler locates the belief in *amandiki amandawe* in the Zulu system, corroborating Nosibele's evidence. The gentler characteristics he attributes to *amandiki amandawe* are intriguing, and clearly reflect Dr. Kubukeli's description in the excerpt above, and discussions with Nosibele on the subject of trance. Sundkler's description of the 'quiet' habit of *amandawe* possession seems to confirm Nosibele's portrait in which she emphasised letting go: "Let them speak through you. They will do it how you want.". *Amandiki amandawe* require their chosen progeny, the '*amandawe*-doctor', to heal, and offer themselves as assistants in this scheme.

A second reference to *amandiki amandawu* comes from Hammond-Tooke (1989), and presents a rather different genealogical picture. Quoting from Sundkler and Ngubane, he differs from both and tells us that '*amandawe*' are 'not part of the ancestral 'collectivity' that forms the descent group pantheon' (ibid: 127). Instead, he suggests that they are a sort of individual 'troubling' ancestor. Like Nosibele, Hammond-Tooke locates these spirits in Zulu cosmology drawn south from Zimbabwe, where the belief is known as '*shave*' (ibid). He

³ This report mirrors an almost nonchalant possession exhibited by my teacher, and the gentle en-trancement of Ambuya in Zimbabwe both of which are described in Chapter Six.

defines an essential difference between these and the ancestors of lineage or clan, for the former are 'alien spirits' specifically connected with cults of possession. Unlike Nosibele and Dr. Kubukeli, Hammond-Tooke separates the *amandawe* from the '*amandlozi*' (higher spirits), and categorises them as connected with a general quality of "otherness" and individuality...not part of the traditional social structure' (ibid: 126-128).

Ria Reis contributes my next *amandiki amandawu* citation, in a different but apposite interpretation. Bringing what she calls a 'micro-political' analysis to the question of 'foreign' spirit possession, Reis conflates foreign spirits and the 'wounded healer.' She suggests:

[foreign spirits] may be interpreted as a reaction to historical processes of social and cultural fragmentation. The transformation of illness caused by foreign spirits into healing capacities of tangoma [sic] represents and deals with these processes.....The wounded healer complex, that is the complex of ideas pertaining to ancestor illness in chosen people and the transformation of sufferer into healer, authorizes this micro-political work (2000: 62).

There are echoes here of Kirsch's research in southern Zambia which uncovered the *masabe* spirits, who are held to represent severally "the wild", neighbouring tribes, [and] aspects of European culture and Western technologies' (2004: 6). When sufficiently incorporated during ritual sessions it is believed that their 'initially afflictive influence' is altered to beneficence (ibid). Green's researches with healers in South Africa (Green *et al* 1995) expand on this theme. The paper names these spirits '*emandau* or *emanzawe*', and describes them as spirits of tribes 'other than one's own who were slain during the period of tribal warfare'. Such spiritual beings it is suggested, can form the basis of an *impande*, a 'named network or association of *sangomas*', possessed of their own insignia, in this case a necklace of white and red beads (ibid: 509-511).

Societal un-wounding

Taken together, these literature references and the attributes of *amandiki amandawu* which they describe - the wounded healer role, the foreignness which includes European influences, and the beings not of one's own group who were slain in battle - can, I suggest, be usefully connected to the white experience of becoming a *sangoma*. The ability to alter the activity of spiritual predecessors through ritual practice, for example, which Kirsch and Reis describe, fits with Van Binsbergen's characterisation of his experience of becoming a *sangoma* as an 'act of atonement' (1991: 337). It is precisely this sort of commitment to a 'micro-political'

transformation which Reis recognises in *tangoma*. By acting on behalf of white ancestors (who deliberately undermined and derogated African healing practice), the European *sangoma* post apartheid may become a conduit for a potentially immense cultural and political act of healing.

There may be further potential for societal un-wounding. Later in her piece, Reis refers specifically to the possession of individuals by 'indiki, i.e. *amandawe*' [sic], involving 'the spirits of men for whom no funeral rites have been performed to unite them with their ancestors' (2000: 71). This fate is all too familiar to migrant workers in South Africa as Reis points out. But in the context of the alienated relationships between black and white in South Africa and the role of *sangoma* in their healing, there is another, broader therapeutic possibility. In its emphasis on the intensely emotional wounding of the person separated from kin and ancestors, the experience symbolized by *indiki amandawe* must also have been familiar to white settlers and visiting soldiers in Africa. Thus, and with profound healing purpose, the white *thwasa* may be seen as settling the collective spirits of her ancestors, slain in battle and lying far away and forgotten in a foreign land. I do not think it too much to suggest that Nosibele, by naming the healing spirits accompanying my training as *ndiki amandawu*, recognised, and implicitly acknowledged, the concepts of foreignness, alienation and grief in the European colonial experience, and the opportunity for healing through spiritual acknowledgement.

This interpretation raises one other intriguing possibility. I suggest that Nosibele's description of *amandiki amandawu* as instrumental in my calling, constituted her recognition of 'otherness,' a link perhaps not unrelated to her own ties with Zimbabwe and Zulu tradition. Nosibele's training began with a *n'anga* in Zimbabwe, then moved to a Xhosa *igqirha*, and ended with a Zulu *sangoma*. The array of spirits that she may have accessed by her connection with each of these teachers is potentially huge. Literally as well as spiritually foreign, many of these beings would surely not constitute part of the traditional social structure. As for the teacher, so it is for the *thwasa*: With her *sangoma* insight I suggest that Nosibele recognised that it was in the unknown-ness of my 'alien' ancestors that their mysterious healing power resided. This hint at a societal healing role serves to introduce my last remarks.

My final remarks in this piece are contextualised within the experience of becoming a white *sangoma*. The embeddedness in black South African identity and healing traditions of ancestral spirit, the centrality of clan and lineage, which I outlined above, advantages the

'endogenous' experience of *sangoma* (Hountondji 1997: 17). The black African *ukuthwasa* experience is gifted with the enormous depth, the intrinsic sense of belonging, the living and lived history of the continent, which I believe is less available (being harder to find) to a white graduate, no matter how authentic their calling. The significance of belonging, and the potential for a deeper knowing which Noel's text on 'shamanthropology' draws out has still to be retrieved by the western candidate to *sangoma* (1997: 96). The complexities of this predicament form the basis for the discussion on white *sangoma* in Chapter Seven.

Conclusion

Sangoma may appear evasive or uncertain when faced with direct questions concerning the manifestation of ancestors. This is not evasion however, but an acceptance of a fundamental unpredictability. The answer is inevitably idiosyncratic: it depends. It depends on the initiate, on her relationship with her teacher and her own unconscious, intuitive self, on her frame of mind at the time, on her humility, and so on. Certain processes may enhance manifestation, for example by communicating just before dawn, or after dusk. According to Nosibele, "You must catch them before dawn, and when you go to sleep. They are still around then." This 'out of hours' approach is confirmed by Berglund's Zulu informants: "It is because they work in darkness. It is in the darkness that they do their work. There is no shade that appears very much in the light." (1976: 110). Ancestors may appear, with information or advice, in dreams, as events in Chapter Four describe, or as part of more mundane reality (Berglund 1976; Buhrmann 1984; Ngubane 1977). Whatever their cast, these spiritual boundary-crossings are possessed of a cleansing and healing purpose, at a deeply unconscious level.

This chapter has given some insights into the meanings and functions of ancestral spirit for *sangoma*, and acts as an essential context for the next, which examines contemporary relationships between healing paradigms in medical practice in South Africa. In the context of my assertion of the importance of a pluralist interpretation of medical knowledge, the chapter discusses the extent to which the loss of the spiritual in biomedicine (still available to *sangoma* in concepts such as the ancestors) enhances the mutual alienation of these potential healing partners.

Chapter Three: Biomedicine and *sangoma*:

Fundamental misunderstandings and avoidable mistakes

'traditional medical culture is routinely analyzed as a set of beliefs, explicitly or implicitly juxtaposed, to medical knowledge, and a central question for research is "how traditional medical beliefs" (which are obviously false) can hold out in the face of biomedicine's efficacy and claims to rationality' (Good 1994:40)

Introduction

One of my original intentions in writing this thesis was to produce a thoroughgoing interrogation of the relationship between biomedicine and traditional African healing in South Africa. Time and financial constraints (the thesis was self-financed), and the immensity of the subject, soon established this as an impossible objective. Nonetheless, the topic provides an essential context for the understanding of the social and political contexts of medicine in contemporary South Africa, and is thus integral to the whole study. While the discussion in this chapter may appear somewhat hypothetical and abstract in comparison to the rest of the thesis, it can be read as a discrete whole, derived from ongoing work which will cover far more than can be presented here.

The question addressed in this chapter asks whether my assertion of the importance of a pluralist interpretation of healing paradigms has weight and can bring positive benefit to medical practice in South Africa. In particular I attempt to discover how biomedicine deals with the spiritual aspects of the traditional paradigm, the sacred pragmatics discussed in the previous chapter, and to what extent the absence of spirituality in allopathic practice has alienated traditional healers. I will argue that biomedical professionals, who are more accustomed to deny or decry traditional African healing, would better emulate the few of their number (Abdool Karim 1993; Farmer 1999; Friedman 1998 for example), who have positively engaged with traditional practice. Supported by the work of these exemplars I will show that taking seriously some of the fundamental ideas of African healing and its spiritual evocations - the question of healing and cure, theories of pollution and cleansing, the functions of ritual, the purposes of witchcraft and the healing of witchcraft - can empower biomedical practitioners, and enable them to work *with* rather than against *sangoma*. To this end, I will argue for an applied anthropology in the design of biomedical interventions. My promotion of a pluralist approach to health and healing and, implicitly, to some form of collaboration, is not intended to deny to biomedical personnel their technical expertise nor to question the commitment of practitioners to health and healing, but rather to address the risks

to biomedicine's performance in the hubris which drives this 'reified' system to remain disengaged from its traditional counterparts (Taussig 1980).

Much of the chapter's content is contextualised within arguably the key challenge facing health services in the country: The HIV/AIDS pandemic, but Part One prefaces the remainder with a short discussion of biomedicine's denial of the spiritual, and the consequent disjunctive relationship between traditional 'belief' and biomedical 'knowledge' (Good 1994: 19-20) which seems to exemplify and prejudice bi-sectoral medical relationships in South Africa. Part two analyses traditional healing and HIV/AIDS policy in the country and includes the anecdote 'A Khayelitsha story' which I suggest is uncomfortably symptomatic of biomedical attitudes to traditional practice in connection with HIV/AIDS interventions. Part Three of the chapter discusses patterns of scientific research into traditionally derived therapies for HIV/AIDS, the role of pharmaceutical investment, and the vulnerabilities of *sangoma* to theft of intellectual property rights. In Part Four, 'Professionalising *sangoma*' I look at the related topic of a proposed legal framework for *sangoma* practitioners. Part Five examines some more prosaic examples of the uneasy relationships between allopathy and traditional practice, and is followed by a conclusion

Part One: Medical disjuncts?

The precise date at which medicine was transformed into 'biomedicine' may be mysterious, but from thence to the present it is clear that in its commitment to 'radical materialist thinking' (Scheper-Hughes 1987: 8) biomedicine turned its back on things 'traditional'. The 'variants of Dr. Faust' (M'Bokolo 1995: 124) - herb grannies or sin eaters, charmers, wise women and men, sorcerers, shamans and witch-doctors, healers using herbs, potions, lotions, spells, mantras or magic notions - anyone in fact, who resisted subjection to scientific testability, could expect to be categorised as practising not medicine, but nonsense (Shweder 1991: 50). The rationalistic, logical, mechanistic principles underpinning biomedical theory and practice appropriated an intellectual superiority which is employed to justify biomedicine's legitimacy as the universal medical model (Ingstad 1989: 269): A presumption which conveniently belies the relative infancy of the 'suzerainty of the gaze' in the medical scheme of things (Foucault 1975: 3) - rubbing salt in the wound as it were.

Whether comparisons of 'popular' medical beliefs (Feierman 1985: 112) are valid or not, African and biomedical ontologies of illness, from common roots, have *become* fundamentally unlike, the dissimilarity resting in their constructions of the causation of ill-

health (Horton 1993: Chapter 7). Traditional African healing draws upon a cosmology of ancestral connections and spiritual power to explain and verify its efficacy (see Beattie, 1966; Horton, 1993; Hountondji, 1997; Noel, 1997; Winch, 1972). In Chapter Two I introduced the phrase 'sacred pragmatics' to describe the *sangoma* version of traditional African medical practice which considers the human body as but one part of a cyclical structure, simultaneously social, spiritual, emotional, physical and non-material (for example Buhrmann, 1984; Feierman, 1992; Iwu, 1986; Janzen, 1992; Ngubane, 1992; Turner, 1992; Willis, 1999). Treatment is embedded in this framework, and characterised by a reverence for ancestral authority established through ties of clan and kinship. Practice may involve altering and reshaping relationships, natural and spiritual (Gualbert 1997: 236). In this scheme of things, not unlike Fabian's notion of 'temporal coexistence' (1983: 34), space is made, literally and figuratively, for the simultaneous existence of ancestral spirits within the material world. To treat the sick in isolation from 'the ontology of invisible beings' (Appiah 1992: 112) which constitutes the spiritual community of their ancestors, or of the living community, represents to the traditional healer its own non-sense (Iwu 1986; Ngubane 1977; Yoder 1982).

Spirituality rarely finds a place in the practice of technomedicine¹. Western medicine has increasingly inclined towards the treatment of illness as a bodily matter, a situation which alienates patient and practitioner alike as predicted by Foucault (1984: 262). The human body so mechanised becomes a matter of botched biochemistry (Cunningham and Andrews 1997: 5-6), and eventually, as Lock's contemporary researches suggest, pure commodity - a 'thing' on which scientific knowledge may work; which it may alter, adjust, even rebuild (2002a: 47). There is little room here for the legitimate suffering which, if not its direct cause, usually accompanies illness experience (Farmer and Kleinman 1989: 138). The practitioner is indeed 'hedged in' (Kleinman 1995: 29-34). As a 'high priest' in industrialised health the western-trained medical doctor is implicated in a political and economic system based on exploitation (Gabe et al 1994: xiii). Paradoxically but self-servingly, biomedical specialisations tend to increase sickness categories until the normal or healthy seems more likely to be the exception than the rule (Scheper-Hughes 1987: 26; Harding 1997: 145). At the same time a plethora of behaviourist strictures (Taussig 1980: 10) is designed to uphold and manipulate belief in the utopian (or science fiction) ideal of the 'inalienable right to health' (Lock 2002b: 251).

¹ With the notable exception of psychotherapy and psychoanalysis.

But to label traditional healing practice as a sum of fallacious beliefs is to conveniently ignore the parallel beliefs of allopathic doctors and patients - in the power and efficacy of biomedicine. As Anderson puts it, western medicine is 'embedded in culture just as is any health system...shaped by a *belief system*...shot through with symbolic innuendo and learned behaviours' (1996: 406; emphasis added). The adage of 'doctor knows best' may provide comfort to a patient who wants to be well, but the hapless patient is rendered powerless by this belief - in awe of, mystified and frustrated by the 'reification' of science in which medicine is bedded (Taussig 1980).²

South African medicine: dominance and subjugation

While much of the foregoing applies in the South African medical experience it is biomedicine's claim to hegemony which I will now interrogate. The provision of medicine in South Africa (together with other public services) continues to be stratified, an example of the 'dominant-subjugated' developments which accompanied the first appearance of scientific medicine (Foucault 1975: Chapter 5). Indeed, Foucault's notion of two types, or layers, of doctoring which emerged with the introduction of hospitals and the development of pathological science, also fits the South African scenario. The 'doctors', scientifically trained and with '*clinical* experience', were to focus their practice on the hospitals and an increasingly privatised service, an adequate replication of the heavily privatised biomedical operation offered to an exclusive clientele in South Africa. On the second level Foucault identified 'officers of health', whose skill rested in their 'years of *practice*' and whose job was to treat 'the people' (ibid: 81-85): A neat correspondence to the subjugated position of traditional African practitioners.³

In the past access to health care in South Africa was determined strictly according to race. In the present, provision is decided on the basis of the patient's capacity to afford the service. Thus in the contemporary South African scenario an elite multiracial clientele (albeit still predominantly white), avails itself of biomedical health care at its most mechanised and sophisticated. At the other end of the spectrum, a creaking Public Health Service, struggling

² That this description of the powerplay at work in the biomedical encounter could be similarly applied to a *sangoma* session only serves to underline my thesis of the importance of pluralistic understandings of health and healing systems in South Africa.

³ I accept that this second-tier position is also occupied in contemporary South Africa by practitioners in the Public Health Service. However, even assuming a sufficient investment of personnel and funding to regenerate that beleaguered sector, the traditional is likely to be expected to continue to act (without being *seen* to act) as the medicine of the masses.

against inadequate facilities and deficiencies of staff and often very basic necessities (Motsuku 2003; Shisana 2003: Chapter 3) endeavours to fulfil its ministry to the majority black population (Beresford 2001; Berthiaume 2003; Farren 2002; Kamaldien 2004; Ndaki 2004).

Given this far from perfect scenario I argue that it is spurious and even indefensible for biomedicine to make any claims for medical paramountcy in South Africa. Nor is it any wonder that, since biomedicine has failed to reach the 'health for all' objectives which might have justified its hegemonic drive (WHO 1978) 'subjugated knowledge' - though it is expected to remain concealed and disguised beneath 'expert' knowledge (Foucault 1986) - continues alive and well in the country (Leclerc-Madlala 2002b). For the traditional health sector in South Africa does thrive (Pretorius 1999), albeit by and large in isolation from its more dominant biomedical cohort. Successful dialogue between healing paradigms requires mutuality, as testified by medical anthropologists (see for example Feierman 1985; Good 1994; Hahn 1995; Kleinman 1995; Pool 1994) and traditional healers (Leclerc-Madlala 2002b: 25). Sadly, in South Africa, the diverse interpretations of medical knowledge encompassed in the traditional (Hahn 1995: 39) are at best being only very slowly countenanced (Leclerc-Madlala 2002b: 5-9). Even in the face of HIV/AIDS, changing biomedicine's position is envisaged as a long-term and unidirectional project, with the traditional healers expected to make most of the running (Bateman 2004). The excerpt which follows serves as an example.

Practising medicine

N reported back to me on a meeting which was organised by DK's Traditional Healers' Association. Doctors from Johannesburg were present she said, "to give the *sangoma* 'advice' about HIV/AIDS." According to N's report the doctors were interested "only in showing us how to work with patients - not to use razor blades more than once - that sort of thing, and to tell us about 'safe sex' and condoms. But I know all that!" She was disappointed. "They did not seem interested in sharing our remedies. But we can help!" Fieldnote: March 1999

In this incident - an educational session organised by the local healers' association - the subject was HIV/AIDS. Nosibele, who attended the evening meeting without me, returned disgruntled. The excerpt illustrates what she perceived as a lack of respect shown by

biomedical personnel for their traditional counterparts, even, as is the case here, when the former were acting with the best of intentions.

Nosibele concluded that the doctors assumed too much, and not enough. First, there is the inference that *sangoma* knew nothing about HIV and AIDS (the debate about condoms in the context of transmission for example), and were still re-using razorblades. Nosibele may have been unusual, but she already knew about the dangers of the use of razorblades in treatment, a subject we had discussed more than once. On the question of condoms Nosibele fully appreciated the necessity of the sheath and behaviour change in sexual practice: She felt patronised. Thus what may simply have been scientific confidence was interpreted as arrogance, alienating the powerful healing agency of *sangoma* (Leclerc-Madlala 2002b: 13). The accepted accreditation of professional skill, knowledge, wisdom, insight, which the *sangoma* must earn before graduating or practicing was discounted, the healers' intellectual authority in their community ignored (Feierman 1985: 113). By refusing a bilateral, mutually educative debate, biomedicine in South Africa may perpetuate the wounds of an apartheid past and appear to underline its antipathy toward *sangoma*.

Green emphasises that the issue of respect between biomedicine and the traditional sector is long-standing and slow to change (1999b: Chap 7). As Chapter Two illustrated, biomedical approaches made to *sangoma*, including the one above, are typified by offers of 'training', 'advice', or 'education' (see Anderson and Kaleeba 2002; de Bruyn 1992; Haram 1991; Pillsbury 1982). It is the *sangoma* who are generally expected to adapt and change, they who should 'take it upon themselves' to encourage collaboration (Leclerc-Madlala 2000b: 9). The idea that a bilateral trade of skills and knowledge might be encouraged and developed is rarely considered. In this situation it is small wonder that the traditional healers feel frustrated. Occasionally this produces such a thoroughgoing alienation from biomedicine that, as the following short episode demonstrates, a *sangoma* may falsely inflate a treatment, and thereby confirm allopathic scepticism of *sangoma* as a whole.

'Uyaxoka!' – 'He was a liar!': Charlatans and dissidents in sangoma

This episode took place at a meeting co-ordinated by the Hope Foundation at the Tygerberg Hospital in Cape Town. The meeting, the third in a series, was convened in May 2004 to allow a group of *sangoma* (largely organised by Dr. Kubukeli), to address a group of biomedical doctors, students and paramedics from the hospital on the principles of *sangoma* practice in the context of AIDS. Previous meetings had comprised reciprocal educative

information for the *sangoma* in the biomedical history, pathology, symptomatology and treatment of HIV/AIDS. I was present at this session in my capacity as a *sangoma* colleague of Dr. Kubukeli, and as a research anthropologist for the Aids and Society Research Unit attached to the Centre for Social Science Research at the University of Cape Town.

The meeting was scheduled to run from early morning to mid-afternoon. The previous evening the *sangoma* had chosen one of their number (not one of Dr. Kubukeli's group), to act as convenor of the meeting. This man was a fluent English speaker, confident and assured at the microphone. Shortly before the morning teabreak he suddenly announced:

If someone comes to me who is taking ARVs I tell him to stop taking them.
If he refuses I would not treat him. Why? Because I can cure AIDS, and
within four weeks!

Fieldnote: 21.05.2004

The *sangoma* refused to discuss the matter further and left the platform without offering any evidence for his claims. This extraordinary statement was greeted with a palpable 'sharp intake of breath' from the biomedical staff present in the hall. Coming as it did in the context of a meeting to describe *sangoma* understandings of healing in general, and HIV/AIDS in particular, it spectacularly achieved two things. First, by fulfilling all biomedicine's worst nightmares about the *sangoma* as peddlers of 'extraordinary beliefs' (Swift and Strang 1993), it alienated all the allopathic representatives there. Secondly, it put Dr. Kubukeli and his entourage on the back foot with their biomedical counterparts, and undermined his supporters from the Hope Foundation. Visibly discomfited, Dr. Kubukeli sought to reassure the hospital staff by repeating his own conviction that "AIDS is a modern disease, and we have no cure for it." Others from his team affirmed that they would always refer a patient with HIV "direct to the clinic." But the damage was done, and these assurances fell on deaf ears. The number of hospital staff who returned to the meeting after the tea break which followed was severely depleted.

It is interesting to note that the *sangoma* in question had spent some time studying biomedicine in what was then the Soviet Union, and his failure to qualify as a medical doctor may conceivably have fuelled his hubris about traditional medical practice. Namibian research shows however, that traditional healers there have adopted similar 'hardline' attitudes to biomedical treatments, suggesting that traditional remedies cannot be used alongside allopathic treatments (LeBeau 2003: 180). When I asked Dr. Kubukeli later about this incident, the doctor dismissed the *sangoma* as a 'charlatan', and expressed his confidence

that government legislation on *sangoma* professionalisation (discussed later in this chapter) would expose such fraud. Nomagqirha, a credible *sangoma* who practises in Khayelitsha, was less charitable. She immediately branded the man *ixoki* (liar) and dismissed his claims with disdain. Nonetheless, like the doctor, Nomagqirha, had no intention of exposing him, adopting instead the disarmingly *laissez faire* attitude to rogue practitioners which is familiar amongst *sangoma* and unfortunate in the context of collaborative efforts. For if co-operation is to succeed, the *sangoma* will have to convince incredulous biomedical colleagues that they are willing to accept responsibility and act against poseurs. As LeBeau points out:

it is the traditional healers themselves who must overcome problems to which they may also contribute. Too many traditional healers, wishing to promote themselves, make claims for treatments they do not possess (2003: 43).

The Tygerberg excerpt also addresses the popular notion that *sangoma* operate under some sort of umbrella of belief, and that these ideas are uniformly held. But *sangoma* are by no means a 'homogenous category' (Ensink and Robertson 1996: 142), and this incident illustrates that they differ in practice as well as 'motivation' (Ingstad 1990: 38). *Sangoma* too, have 'dissidents' who 'clamour to return to the past' amid scepticism about modernisation (Makgoba 2003).⁴

Healing, curing and other ambiguities

A third question integral to *sangoma* healing also arises from this excerpt, that of the understanding of 'healing' and curing which in traditional terms differs dramatically from that of biomedicine (Chavunduka 2004: 11). *Sangoma* and their clients assert that 'absence of symptoms' equates with a cure. Nomagqirha, for example, shortly after branding the dissident *sangoma* a liar, asserted, in the context of a discussion on sickness, that "If there are no symptoms, the patient is cured." This opinion was echoed by Dr. Kubukeli, and is underlined in Leclerc-Madlala's researches in KwaZulu-Natal (2002b: 13). It is an interpretation of healing and curing which has obvious and serious ramifications for the treatment of HIV and AIDS, for while *sangoma* do recognise and successfully treat symptoms of the opportunistic infections of HIV/AIDS, they cannot yet affect the virus.

⁴ Recognising these disparities may assist biomedical professionals in understanding the different interpretations placed by *sangoma* on illnesses such as tuberculosis and HIV/AIDS, and to design interventions with these in mind.

The episode might also be explained by a simple question of misdiagnosis. Since AIDS displays similar symptoms to other recognized sexually connected diseases the *sangoma* may have misread the case and believed it curable. As LeBeau demonstrates in Namibia, AIDS is possessed of similar symptoms to other sexually-related illnesses which can lead to misdiagnosis and the belief in a cure using traditional remedies (LeBeau 2003: 133). In this scheme of things the dissident or charlatan may have claimed (and believed) that he had produced a cure whilst in fact only dealing with associated symptoms.

Part Two: HIV/AIDS and the ‘traditional’ in South African medicine

The policies of the South African administration towards the devastating pandemic of HIV/AIDS have drawn criticism as being fraught with ‘missed opportunities, inadequate analysis, bureaucratic failure and political mismanagement’ (Nattrass 2004: 41). President Thabo Mbeki’s controversial stance is unhelpful, however it may be cloaked in justifiable concern about the role of poverty in the disease (Craddock 2004: 5). Messages from the government about the benefits of antiretroviral therapy (ARV) are confusing (Medecins Sans Frontieres 2003), and the Minister of Health has repeatedly reneged, backtracked or undermined commitments to biomedical treatments (Makgoba 2003). The administration’s alternative ‘holistic’ policy with its ‘indigenous’ slant is a regime only vaguely defined to include nutrition, and herbal, or ‘traditional’ medicine (Green 2004; Tshabalala-Msimang 2004).⁵

The extent to which *sangoma* are actually involved in, or even cognisant of their position in the administration’s ‘alternative’ HIV/AIDS campaign is questionable, and in the particular context of the pandemic there are potential and significant liabilities for traditional healers in this ambiguity. The minister’s heralded support for traditional remedies as an alternative to biomedical drugs for HIV/AIDS has already led to unhelpful and unseemly squabbles in the field. Thus the Treatment Action Campaign (TAC) and some traditional healers are engaged in vociferous arguments about the relative merits of antiretroviral therapy versus traditional remedies. The TAC find themselves accused of collusion with international pharmaceutical companies while themselves questioning the economic and political connections of the traditional healers, especially with recognised AIDS dissidents (Ndenze 2005)

There are other liabilities. As the Tygerberg incident cited above illustrated, *sangoma* will surely pursue their attempts to stem HIV/AIDS, especially as the vast majority of patients, frustrated by the inadequacy of public health facilities - themselves overwhelmed by demand - continue to rely on *sangoma* services (Leclerc-Madlala 2002b: 4; Green 1999b: 136). Some traditional practitioners, as the Tygerberg excerpt also demonstrated, may continue to claim that they have a cure for the disease, an assertion which is likely to disappoint patients and may be interpreted by biomedicine as evidence of the 'quackery' of all traditional healing. On the other hand, in the event that traditional treatment is contraindicated, scientific medicine - whose responsibility for the outbreak of the disease remains unclear (Harrison-Chirimuuta 1997; Hooper 2000) - may be tempted into an 'I told you so' position, or take the opportunity to camouflage its shortcomings by blaming its failures on the 'traditional' paradigm (Hountondji 1997: 14). The next excerpt illustrates a contemporary version of the latter scenario.

A Khayelitsha story

one medical system may be knowledgeable, but unable to put its knowledge into effect, whereas another's techniques work, despite relative ignorance (Hahn, 1995: 34)

The following story exemplifies Hahn's argument about the intrinsic complications of attempting to assert biomedical knowledge while refusing to take cognisance of a pre-existing medical system. The episode described will be used to defend my case for an inclusive, pluralistic approach to South African traditional healers, and demonstrate potential consequences for biomedical interventions should *sangoma* remain exiled in the margins of the country's health care structure. The narrative illustrates some elemental issues: First, the difference in approach to diagnosis and treatment between the two systems; second, the absence of biomedical understanding of those differences, and finally, the consequences. To end the commentary I provide an alternative scenario that assumes an enhanced co-operation between allopathic and traditional practitioners.

⁵ At the same time the government is enacting a legislative framework for traditional health practitioners, the Traditional Health Practitioners Bill (THPB 2003) which I will discuss later in this chapter.

Several versions of the following story exist;⁶ a reality that I suggest serves not to undermine the veracity of the tale, but to reinforce the influence of an invisible ontology (Fields 2001), in this case, within biomedical thinking in South Africa. In other words, whatever its roots in actual fact, this piece of oral history is symptomatic of the attitude of biomedical suspicion and ignorance of *sangoma*. The story concerns a patient who was received at a Medecins Sans Frontieres (MSF) clinic in Khayelitsha, Cape Town. He was seriously ill with full-blown AIDS. The MSF clinic is one of three sites established in community health centres in the township since May 2001 where highly active antiretroviral therapy (ARV) is available (Medecins Sans Frontieres 2003). After tests, it was decided that this patient was a candidate for ARV therapy, and his regimen commenced. The patient began to make a good recovery. Then, “something appeared to go wrong,” and the patient visited a *sangoma*. As a result of the consultation it appears that the *sangoma* prescribed a cleansing substance which produced profuse purging in the patient. In the course of this, so the story goes, the ARV was expelled from his body, and the patient relapsed. He died some time later.

My purpose in narrating this anecdote is not to use it as an indicator of the inadequacy and dangers of traditional healing knowledge and methods. Rather I employ it as an illustration of the risks of *prolonging the ignorance of biomedicine* about the knowledge systems and methods which inform traditional African healing. I fully recognise the pressures on the dedicated MSF professionals, and their desperate efforts to help their patients. I acknowledge too their frustration at the effects of a *sangoma* diagnosis which may appear to them to deliberately undermine their efforts. But I contest the position that responsibility for the death of this patient rests solely with the traditional healer.

Some of the facts of this Khayelitsha story have assumed almost mythical status, but a review of what is alleged of the case may be useful. The patient, suspecting perhaps that he has AIDS, visits the MSF clinic, and on receiving the diagnosis, assents to ARV treatment. It is presumed that he was carefully counselled, and understood the importance of continuing the treatment, every day. same time, no matter how much better he appeared to be (Medecins Sans Frontieres 2003: 3-6). Somewhere along the line however, “something went wrong.” What this was remains mysterious, but it was serious enough for the patient to visit a

⁶ I am grateful to Dr Stephan Hippler of the Hope Foundation in Cape Town for this rendering.

traditional healer. The blame for the situation which followed was placed wholly upon the *sangoma*. I hold that there are alternative scenarios to this one-sided interpretation.

For example, might the patient, before his visit to the *sangoma*, have experienced side-effects of ARV, and stopped taking the treatment? Might other family members, not previously consulted about the regimen, have persuaded him to halt the therapy? It is often assumed that unless there is harmony within family or community relationships applied medicines will be ineffective: Was there some underlying and unspoken dispute that required 'confession' and resolution through a *sangoma*'s diagnosis (Berglund 1989: 112), or did the client fear that witchcraft was involved? In other words, is it reasonable to allocate responsibility for this event (and others like it) solely with the traditional healer? What I am suggesting here is that had the doctors engaged in a meaningful dialogue with *sangoma* practitioners, treating their knowledge and understandings as different but complementary to biomedical insights, they might better have comprehended, and *taken account of*, the context within which the *sangoma* offered the cleansing medicine.

Green hypothesises that existing African traditional health concepts can be 'promotive of health, damaging to health, or of no direct health consequence' (1999a: 75). I suggest that all medical interventions may be so defined, their efficacy being affected by the patient's initial state of health and state of mind. Thus, a traditional cleansing remedy applied to a healthy client might be health promotive or perhaps of no consequence. But in the case under discussion, not only was the patient's immune system severely compromised, but his body was also dealing with the effects of the ARV. Perhaps the putative action of the remedy in purging the body of the ARV did indeed prostrate the patient. Whatever the case, the result was a rapid deterioration and eventually death, and the biomedical judgement on the *sangoma*'s practice – made as it was with little, if any, understanding of the context in which it was applied – was that it was 'damaging to health'. The remainder of this section will seek to obtain a more nuanced exploration of the events.

Funny Questions

My examination starts with the mysterious "something" which occurred to upset the patient's equilibrium. Significantly, the nature of this "something" remains vague and ill defined. Its import however, was sufficient to require a visit to the *sangoma*, and it is safe to assume that it fell within the "Why me? Why now? Who has sent this?" system of causation indispensable to traditional African healing, for clients and practitioners alike (see for

example Ashforth 2002; Green 1992; Kruger 1974). Several questions now arise, the answers to which are critical to *sangoma* understanding of illness and health, and biomedicine's misconceptions of the same.

First, did the patient inform the healer that he was taking the ARV? A significant difference between biomedical and *sangoma* practice rests in the fact that the *sangoma* patient rarely proffers information about a condition before receiving a diagnosis. Nosibele often referred to occasions at which the patient was not even identified in a family group, and the first task for the healer was to discover "Which one is ill." There were no 'funny questions' at the start of a consultation (West 1975: 17). The idea that a doctor should ask a patient "What is wrong with you?" is thus seen as risible, evidence of a doctor's incompetence, or inadequate communication with ancestral messages (see Berglund 1976; Buhmann 1984; Hirst 1990; Ngubane 1977; Peek 1991). Successful diagnosis (that is, one that satisfies the patient) may be followed by discreet and indirect questions about relationships amongst the living, and importantly, between the living and the deceased. Broader societal relationships may well be investigated later in an effort to ascertain the source of the problem. Only after a thorough search, and after the family has expressed themselves satisfied that such an examination is now exhausted, will the *sangoma* attempt to offer remedial action and prescribe the treatment which will effect a cure.

Pollution and cleansing

The next question highlighted by this episode is why the *sangoma* considered a cleansing remedy essential in the first place, and this brings into play the twin notions of 'pollution' or contamination (LeBeau 2003: 98-100) and purification. These are fundamental concepts on which much *sangoma* healing practice is premised (ibid: 77; Hammond-Tooke 1989: Chap 6; Leclerc-Madlala 2002b: 89), but which have often been ignored or have eluded many anthropologists (Green 1999b: 83-85), let alone medical practitioners.

Significantly for this case, the notion of being 'dirty' or polluted is especially powerful in relation to diseases connected to sexual and moral behaviour, and to blood, all axiomatic in HIV/AIDS (Green et al 1995; Green 1999b; Grundfest Schoepf 1992; Haram 1991; Ingstad 1990; Jordan-Smith 2003; LeBeau 133; Niehaus 2001a: 28; Pool 1994). Such pollution is thought to be dangerous, even contagious (Green 1999b; Leclerc-Madlala 2001b: 42), and may also diminish resistance to disease and increase the victim's susceptibility to illness (Ngubane 1977: 77), another symptom typical of AIDS. Adultery is a particular cause

for concern (Werbner 2001: 203), for patients and healers imply a potent link between adulterous relationships and the idea that pollution may be 'sent' through witchcraft as a punishment for adultery (Bawa Yamba 1997; Farmer 1992; Grundfest Schoepf 1991; Leclerc-Madlala 2001b; Niehaus 2001a). Whatever the source of the pollution, the remedy necessitates some form of cleansing (Green 1997: 94-96; Hammond-Tooke 1989: 91-93).

In the Khayelitsha scenario it would seem that the *sangoma* diagnosed pollution, and adjudged the need for cleansing. Once diagnosed (and pollution is implicated in the majority of illnesses (Hammond-Tooke 1989; Green 1999b)), action to rid the body and spirit of the corrupting influence is the first step to recovery. Herbs for this purpose abound, varying in their strength and effects (Gelfand *et al* 1985: 85-86; van Wyck *et al* 1997) methods of ingestion can take the form of an enema or drinking a herbal mixture, but methods such as steaming, smoking, ointments, and bathing in herbal mixtures are also available.

'Fidelity medicines'

It is unlikely that, following his visits to the MSF clinic, the Khayelitsha patient failed to understand the likelihood of a sexual causation of his illness, but paradoxically this knowledge may have further contributed to his anxiety as to its 'real', or underlying cause (Green 1999b: 82). Here, another question pertinent to *sangoma* understandings of illness arises: The connections between HIV/AIDS, sexual behaviour and witchcraft (LeBeau 2003: 128-129).

Enforced changes in social and family networking, first, as a consequence of apartheid and, progressively, through the economic privations of contemporary urban living (Marks and Anderson 1990: 36-47), have produced shifts and challenges to sexual mores in South Africa, and increased the incidence of the potential for sexual misconduct (Hammond-Tooke 1989: 100). The use of medicines to ensure fidelity (especially of husbands seeking to control their wives) has often been reported (Hammond-Tooke 1989: 100; Green 1992:122). Leclerc-Madlala offers evidence for a modern reversal of the practice in which 'out-of-control' women are accused of employing 'love potions' to attract men 'unfairly' (2001a: 543). There is no space here for a discussion of the gendered position that Leclerc-Madlala's article argues. Rather I seek to introduce a profound ambiguity in *sangoma* healing, a confusion which results from the ubiquitous interchangeability in popular discourse between the titles *sangoma* and 'witchdoctor' (Louw and Pretorius 1995: 42). A more comprehensive examination of this confusion is presented in the final chapter of this work, but for the

purposes of my discussion here, the difference between *sangoma* and witchdoctor is defined by intent. As Nosibele categorically put it,

“The *sangoma* works for the good, the “witchdoctor” is evil.”

In Nosibele’s understanding, the *sangoma* should be treated as the healer of, not the practitioner, of witchcraft; like the diviners of Yombe belief in Zambia, they work for the public good rather than for selfish or hurtful ends (Bond 2001: 148). However *sangoma* and witchcraft continue in the popular (and biomedical) mind to be jointly understood and implicated in the distribution of medicines including those to secure fidelity.

Fidelity medicines are expected to pollute any man who engages in sexual relations with a woman so treated. In a discussion on the subject, Nomagqirha insisted that such treatments “are only available from a witchdoctor,” but the fact that *sangoma* too, have historically adopted the role of ‘morality custodians’ (Ngubane 1992: 366) inevitably creates tension. Bodibe’s contemporary rendering of the *sangoma* as ‘sex therapist[s]’ (Bodibe 1992: 164) threatens to confuse the situation still further. Indeed, as Green’s studies in Southern Africa demonstrate, traditional healers are increasingly unwilling to make ‘fidelity medicines’ because they are so often identified with ‘a type of witchcraft’, and thus expose the healers to false accusations of wrongdoing (Green 1994: 67).

At the same time, both the old scourge of tuberculosis (Farmer 1990: 23), and the new HIV/AIDS pandemic have been attributed to witchcraft (Ashforth 2002; Bond 2001: 155; Grundfest Schoepf 1992: 272; LeBeau 2003: 132-133; Susser and Stein 2004: 136). I have rehearsed that the Khayelitsha patient had made the connection between HIV/AIDS and sexual behaviour. This association may well have led him to fear and suspect not only pollution, but also witchcraft (Green 1999b: 82), and hence to his consultation with the *healer of witchery* - the *sangoma*. At the consultation, he would also have predicted a diagnosis which would involve purging (ibid: Chapter 5), a radical cleansing of the “dirty blood” (a description common to Nosibele and Nomagqirha), which had infected him. Whether the cleansing medicine prescribed was particularly fierce, or whether the patient’s damaged system simply could not cope remains imponderable, but the story has now come full circle.

Obtaining a better outcome

My purpose in dissecting this incident so painstakingly has been to emphasise notions implicit in, and essential, to *sangoma* healing, ideas that western doctors have apparently

failed (or not even attempted) to comprehend. I argue that a more considered engagement with these principles could have contributed to a better outcome for this case, and for the rollout of HIV/ARV in the future. Having grasped something of the complexity of the reasons why their patient, with his mysterious problem, had consulted a traditional healer, something of the 'local knowledge' (Yoder 1997: 139), biomedical doctors would have been enabled to design an ARV treatment regimen in tandem with, rather than in opposition to traditional practice. Thus, in this instance, an emetic, enema or other internal cleansing substance could have been arranged before the ARV treatment commenced. In the event that the patient was too infirm, alternative external cleansings such as steaming, bathing or smoking could conceivably have been arranged.

To develop this point I offer the following scenario. I envisage the sort of small-scale treatment and advice model illustrated by WOFAK in Kenya (Anderson and Kaleeba 2002)⁷. The facility would comprise a treatment and counselling centre for HIV/AIDS and STDs, similar to the health centre facilities provided by MSF in Khayelitsha but offering both biomedical and traditional diagnosis and prescription. The traditional healers would have been biomedically educated and be HIV/AIDS-aware. In this scenario, in the course of their working collaboration - as co-operative partners rather than passive students - the *sangoma* would have explained their purification methods and be aware of the most appropriate application of them. I now want to take this co-operative scenario a step further than the WOFAK example, and apply it to the Khayelitsha case, I contemplate the application of a more spiritual principle of *sangoma* healing: The enactment of a purifying ritual treatment, before the start of the ARV regimen, for a patient who has been diagnosed with HIV/AIDS and is traditionally considered polluted.

The active incorporation of the healers' practice that I have outlined would recognise and empower the health promotive, social and psychological benefits of *sangoma* healing (Green 1999a: 75). Without such incorporation, the patients and healers would remain insecure and uncertain of the long term viability of biomedical treatment, a situation which offers the distinct possibility that at some later stage traditional purgings would be sought and administered (although not by a healer attached to my exemplary clinic) to cleanse the body still considered polluted. Far more deleterious effects could be expected from this scenario, as the Khayelitsha case hints, than would have been the case had a purification been appropriately incorporated before the biomedical treatment regimen commenced.

⁷ See Chapter One, Part One

The engaged involvement I have envisaged would not only avoid the disastrous outcome alleged in the case of the man from Khayelitsha, it would effect positive results for all parties concerned. The patient would be reassured that the traditional, ancestral, metaphysical and moral attributes of his illness - its 'underlying cause' (Green 1992: 126) - had been addressed in the *sangoma's* remedy. The biomedical professionals equally could be satisfied that the ARV treatment, once commenced, would remain in place, and their client would continue healthy. Finally, the traditional African healer would be content in the knowledge that she or he was being respected and included, and that traditional explanations for healing had been accounted for.

Considered together, the Tygerberg incident and the Khayelitsha story tell a tale of two halves, opposite sides of the same medical experience. In both examples medical personnel adopt an uncompromising position which insists that 'their' treatment - traditional or biomedical - is the *only* treatment, an intractable situation which not only excludes the idea of alternatives but leads to mutual alienation. The events help to explain the persistence of the disjunctive relationship between traditional and biomedical practice in South Africa which I outlined in Part One of this chapter.

Part Three: Indigenous discovery, pharmaceutical profit

Despite a polarised medical setting, government and medical academics in South Africa are actively involved in the promotion and development of some aspects of the traditional, categorised as 'Indigenous Knowledge Systems' (IKS). The pioneering initiative by the Human Sciences Research Council (HSRC) noted by Crossman and Devisch (2002: 98), has since been joined by other programmes, including major players such as the Medical Research Council (MRC), and the National Research Foundation (NRF). A fundamental question for the promotion of IKS in South Africa - which, in this developmental context includes traditional medicine - is whether an IKS consciousness can escape the hegemony and reductionism of science, and avoid marginalisation as part of 'an archaic, ahistorical or even 'primitive' past' (Crossman and Devisch: 99). The signs thus far, at least on the medical front, are not too hopeful.

Areas of research interest are already being determined based on their usefulness and relevance to development technology: the pharmaceutical industry being the prime suspect in the case of traditional medicine. In the face of the materiality of financial profit a pluralist vision of an 'expanded rationalism' continues to look idealistic (Hountondji 2002: 255-7).

Biomedical studies into the *materia medica* of traditional healers have been published, but conspicuously lack consideration of the spiritual aspects of the practice (Hutchings 1996; Van Wyck et al 1997), an indifference incisively characterised by Crossman and Devisch as perpetuating an 'apartheid model' (ibid: 107).

The Medical Research Council's IKS Initiative serves to illustrate a few of the problems and pitfalls of IKS for traditional African healers. This unit is based in the 'Technology and Business' directorate of the MRC at Tygerberg, which from the outset suggests that the research is to be firmly circumscribed by the development priorities of pharmaceutical technology (Medical Research Council: 2004). The unit operates in conjunction with TRAMED, the Traditional Medicines Database, based within the University of Cape Town's Traditional Medicines Research programme in the Department of Pharmacology, and the University of the Western Cape. TRAMED's research concentrates on the analysis of the chemical compounds in plant material, which may make the traditional easier for scientists to understand (Ingstad 1989: 257), but ignores the spiritual and ancestral significance attached to the discovery and choice of remedy; an omission which renders the purpose of the research highly questionable in the understanding of the traditional practitioner (ibid: 269).

And how is it envisaged that the *sangoma* community fits into the MRC's scientific scenario? The next excerpt will describe an earlier episode in the history of this enterprise. It involved Dr. Kubukeli and demonstrates the difficulty for the traditional practitioner drawn into the 'medical market' (Foucault 1984: 273) of pharmaceutical research. The events should be read against the background of the search for a cure to HIV/AIDS, and in the context of the education, training and 'professionalisation' of traditional healers, rehearsed later in this chapter.

Debacle at the Medical Research Council

The events which follow pit Dr. Kubukeli, a recognised authority in the *sangoma* community, against the 'legitimate' scientific authority of the MRC. The events took place at the MRC offices in Delft, outside Cape Town. The episode demonstrates the doctor's vain attempts to get alongside biomedicine, a struggle which (although in this instance unsuccessful), points to his determination that African medical practitioners should not be left stranded as 'society's sweepers' in the shadow of its biomedical counterpart (Feierman 1985: 113). The

notes here are taken from a series of fieldnote entries related to several separate incidents which took place between May and September 2001.

It appears that DK has been invited by the Medical Research Council (MRC) of South Africa to represent the traditional healers in an ambitious scheme. The project would be based at Delft where MRC have offices. DK shows me the documentation on the project which appears to propose a co-operative venture between the MRC and the traditional healers, with the latter represented by DK. He is promised a base at the Delft centre, and land for the development of what sounds like a nursery of indigenous healing plants. DK is waxing lyrical about the scheme, and already counting on the remuneration he expects to receive for his role as 'co-ordinator' of the *sangoma*. He has been allocated two pieces of land by the MRC at Delft which he says, "We will use to grow and harvest indigenous medicinal plants." DK plans to establish in the offices "promised by MRC" a "College of Traditional Medicine." He plans that this should include "All the healers - *sangoma* and acupuncturists, reflexologists and other Western practitioners." He wants the Government to recognise the project and help to fund it.

The MRC strategy here appears fairly transparent, and clearly in line with its nascent IKS project. Their research would concentrate on scientific analysis of plant substances, quite the opposite approach of traditional practice as Chavunduka stresses (2004: 12). Quite how the doctor was expected to pay, or be paid, for his investment of time, energy and expertise was an issue unfortunately left 'pending' by the MRC. That the MRC strategy played on Dr. Kubukeli's plans for himself as leader of one of the *sangoma* associations in the Western Cape may have been simply fortuitous. Whatever the case on that score, it is scarcely conceivable that this national scientific institution, even at this early stage, was unaware of the sensitivity of the issue of ownership of intellectual property rights related to traditional plant remedies.

Several questions occurred to me. Who elected or chose Dr. Kubukeli to represent the *sangoma*? Had he thought through the question of ownership of the remedies? Where was the funding for the nursery, or the college to come from? What did MRC expect to get out of the association, and how far would their jurisdiction extend over it? Where in their proposal was there any suggestion that the doctor (or any other participating traditional healer) would be

paid for their work? What would the 'offices' for the *sangoma*, mentioned in the documents, be for? In the event of an indigenous plant nursery being successfully established it could only be presumed that MRC intended to use this to research the medicinal value of the plants, presumably with a view to developing proprietary drugs: what about patent rights for these medicines? If Dr. Kubukeli were instrumental in 'handing over' customary knowledge of these plants by *sangoma* and herbalists, surely he stood to lose far more than he could ever hope to gain? Dr. Kubukeli seemed to be being led by the nose, beguiled by the idea of a regular monthly salary.

The scheme unravels

In late September, however, the MRC scheme unravelled entirely:

It seems that MRC representatives have been less than forthcoming about how DK and his supporters (who mostly appear to be members of his family), are to be paid. Suspicions grow about MRC's motives and intentions. The fax machine at DK's is constantly on the go with messages sent out requesting meetings or replies or information. Nothing returns. The final straw is DK's discovery that a certain person, not a *sangoma*, but with a Public Relations background, has been appointed by MRC as 'Co-Ordinator of the *Sangomas*' and with a handsome salary! DK is outraged. "What does he know about *sangoma*?" Faxes fly, but there is a resolute silence from MRC. Our previous contact has left for work in the UK. Finally DK admits, "I was being used," and the scheme is forgotten. I am relieved. Now DK declares, "We will set up the college here, in Khayelitsha!"

22.05.2001

The MRC was able to run rings round Dr. Kubukeli, and eventually, perhaps frustrated by his continual demands for a salary, they decided to cut him out of their plans. Their decision to appoint a PR consultant to replace the doctor - a professional with 'media savvy' but no experience or qualification in the healing field - suggests that their priority was all along to secure funds and backers for the scheme, and Dr. Kubukeli's ambition for a college of traditional medicine in Khayelitsha remains unfulfilled.

These incidents, which illustrate the MRC's preliminary attempts at the establishment of their IKS initiative, further provide evidence for legitimate concern regarding property

rights over indigenous or 'endogenous' knowledge (Crossman and Devisch 2002). As biomedicine starts to express an interest in the healing pharmacopeia of South Africa, who will reap the financial benefits, and who will retain control over these valuable assets?⁸

MRC IKS Initiative: The Final Outcome

Most recent publicity for the MRC IKS Initiative promotes the idea that 'traditional health practices' will be advanced by the availability of the TRAMED database to 'indigenous people' (MRC 2004). Beyond giving *sangoma* 'scientific' evidence and information on substances which originate in their own botanical and spiritual science, and with whose efficacy they are already quite familiar, it is singularly unclear how this vaunted 'advance' is to be achieved. Meanwhile, the MRC's ambitions for the IKS unit as a locus for the 'integration of traditional and contemporary scientific knowledge' (ibid), suggest that the organisation is going wholeheartedly at the project of co-optative rather than collaborative efforts in the practice of health. At the same time, the questions of intellectual property rights rehearsed above, and the 'equitable sharing' of the expected rewards of this research, although they rate a mention in the initiative's statement of aims and objectives, remain singularly opaque (ibid).

Vaccinations modern and traditional

One example of the South African administration's relationship with IKS specifically concerns the development of treatments for HIV/AIDS. There can be few in medical circles, traditional or otherwise, who are not alert to the potential for financial gain⁹ (and, in this context, scientific kudos) in the successful development of an antidote for HIV/AIDS (Boseley 2002).

The biomedical establishment of South Africa is certainly employed in the search for a preventative. The MRC, for example, with government backing and in collaboration with American pharmaceutical researchers, is even now advertising for volunteers to undergo

⁸ A groundbreaking agreement has recently been agreed to ensure that an albeit tiny share of the profit from the exploitation of the hoodia plant by a British pharmaceutical company should revert to South Africa's 'San' people who sourced the plant (Wynberg 2003). Described as setting 'important international and national precedents' (ibid) the deal has yet to be tested.

⁹ The embarrassing medical fraud of 'Virodene', a 'miracle cure' for HIV/AIDS which later proved to be a concoction of useless, if not actually toxic substances, nonetheless attracted presidential support and government investment (Beresford 2001b).

trials for a vaccination to prevent AIDS (Deane 2003a). This official support for an overtly biomedical solution - while simultaneously prevaricating on ARV therapy - is at first sight bewildering. The government cannot be faulted for hoping for, and encouraging an African biomedical breakthrough in the field. Such an achievement would not only be a symbolic demonstration of IKS at work, but would meet the aspirations of supporters of the African Renaissance (notably President Mbeki), to see 'modern Africa re-emerge as a significant partner in the New World Order' (Jana 2001: 38). In this context the administration's investment in the activities of the MRC makes sense, albeit that the project is harnessed to a scientific structure, tied to pharmaceutical investments (Tshabalala-Msimang 2004) and presented in language and format acceptable to the dominant interests of the 'North Atlantic' (van Binsbergen 2003: 441-442).

Yet in the light of its enthusiasm for traditional alternatives to ARV, it may be that the administration is drawing on customary medical convention in this advocacy of vaccine development. Despite the recent commencement of the 'roll-out' programme of ARVs across the country, take-up thus far has been low, a situation not solely attributable to the haphazard distribution of the medication and shortage of trained personnel. The continuing stigmatisation of HIV/AIDS renders patients reluctant to admit to their status in order to receive treatment (Coetzee and Natrass 2004; Stein 2003). Low take-up may also be connected to the 'for life' label attached to the present ARV regimens, the strict conditions required for acceptance onto a ARV programme, and requirements for prior disclosure of status and commitment to adhere to the medication (Medecins Sans Frontieres 2003: 6-7).

Vaccine campaigns by comparison are often administered through injection, a technique that is also familiar to traditional practitioners. I discussed the question of vaccination versus ARV therapy with the dissident *sangoma* who featured in the 'Uyaxoka' episode at Tygerberg Hospital described earlier in this chapter. An outspoken opponent of ARV, he was far more sanguine when asked about the use of vaccines: "They will work better" he told me, "because we are used to injections." This comment can be read at once as reinforcing the role of the *sangoma* as a medical 'expert', and acknowledging the vexed question of treatment supervision. As biomedical interventions in the treatment of tuberculosis have discovered (Farmer 1997), it is the capacity to monitor compliance which is paramount, and especially difficult, in health environments characterised by poverty of resources and circumstances usually quite beyond the control of the patients (ibid: 351-352). The *sangoma*'s answer signalled his familiarity with injections, and his appreciation of the

advantage of this form of treatment over the self-administered ARV. Considered thus the government's position appears rather more enlightened.

Negotiating the medical market

The MRC events recounted above reflect other odds stacked against the *sangoma* when dealing with the medical market. For example, there is the question of qualifications. The biomedical professional, black or white, is equipped with an extensive western education and training. The *sangoma* is equivalently qualified in her paradigm and has been examined by her peers both living and transcendent, but lacks qualifications considered credible by biomedical standards.¹⁰ On a very practical level such disparities in education present *sangoma* with another hurdle, especially, as in the case of the MRC, where officialdom or bureaucracy is involved. Charles Good notes the potential problems associated with 'low levels of literacy and formal education' of the traditional healers in their relationship with biomedical staff in Kenya (1987: 301). In the South African context, handicapped by historic, and continuing, educational inequalities, the traditional healer in South Africa still has a mountain to climb. Nosibele and Dr. Kubukeli are examples of a relatively advantaged minority in the *sangoma* community. Both have received a basic western education and have a good command of English and Afrikaans. The doctor is possessed of telephone, fax, a computer; he is confident and assured of his skills and social position, and would certainly consider himself one of Feierman's 'traditional intellectuals' (1985: 113). But in a match against the MRC, unless he accepts the rules of the game as dictated by the larger player, he is rendered powerless and in the end, impotent. It does not require much imagination to visualise the struggle a less well-educated traditional healer might experience in a similar situation.

Spiritual languages

Finally, in all their dealings with the medical market there is the question of the language of *sangoma*. To explain this I refer again to the Tygerberg Hospital meeting cited in Part Two of this chapter. The *sangoma* addressed their western trained audience in '*sangoma speak*' as it were, language which to them is quotidian and normal. But references to 'being called' and 'ancestors', to take just two very basic examples, perplexed the listeners, and, when even the

translator provided for the meeting declared himself unable to find appropriate equivalents, the audience was left bemused, and the subtleties of *sangoma* understandings and practice were obscured.

The Tygerberg meeting illustrates one other aspect of *sangoma* language – that of ritual. The event was ‘opened’ with a *xhentsa*, a ritual dance involving all the *sangoma* present, accompanied by vigorous drumming, clapping, singing, and the sharp aroma of burning *imphepho*. The audience was again puzzled, possibly a little derisive. What had this to do with healing? Yet all *sangoma* gatherings (*inthlombe*), and especially those connected with healing intent, involve a supplication to the ancestors, whether in the form of quiet contemplation or the more aggressive dancing of Tygerberg. Thus the ancestors are persuaded into the arena, their presence brought to bear on proceedings. The *xhentsa* served this purpose at the Tygerberg meeting. Here again, the importance of translation, to render the concepts of *sangoma* intelligible to sceptical biomedical personnel, looms large.

Part Four: Professionalising *sangoma*

Associated with the South African government’s interest in IKS, especially as it relates to health, is its policy on the professional designation of traditional medical practitioners. The government is following the recommendation of the World Health Organisation (1977; see also Pillsbury 1982: 1826), and, like earlier examples in Ghana, Tanzania, Zambia and Zimbabwe, is enacting legislation designed to ‘professionalise’ traditional healers (Last 1996). The Traditional Health Practitioners Bill (THPB 2003) envisages a regulatory system which includes proposals to register all traditional healers – defined as *sangoma* practitioners, herbalists, traditional birth attendants and surgeons.

The enactment promotes a radical redefinition of the training for traditional practitioners, most notably for the *sangoma*, in proposing to monitor and regulate ‘institutions’ at which ‘courses or training.....may be taken’ (THPB 2003: 20). In the context of *sangoma* I suggest that it is the opposition of scientific learning to the idea of the spiritual that poses a particular challenge. The regulatory structure includes for example, definitions of the curricula, and ‘minimum standards of education or examination’ required within such establishments. While the legislative framework may satisfy biomedical demands for

¹⁰ The attempt to constrain *sangoma* training and certification within a legislative framework (as envisaged in the Traditional Health Practitioners Bill which I discuss next) may result in a further distancing from its spiritually inspired base.

certification and training, there is a risk that much of the subtlety of traditional knowing gathered:

'through the intellect, through feelings and intuitions, through bodily automatisms....doing all kinds of things in addition to engaging in intellectual communication', (Hsu 1999: 2)

will be quietly displaced.¹¹ The act may thus result in a two-tier arrangement for future candidates: Those who have passed and been certified to western standards, and those who have followed their ancestral calling.¹²

The South African regulatory framework does include prohibitions on traditional practitioners making unrealistic claims for 'cures', with the possibility of prosecution for those who persist - an important sanction in the context of HIV/AIDS - and one which the healers themselves expect to be a useful tool to prevent the activities of 'charlatans' as the Tygerberg Hospital excerpt showed. It remains to be seen how far such legal niceties will serve to forestall *sangoma* pretenders. The existence of legislation for biomedicine in the United States has neither prevented 'sanctioned physicians' from practising, nor halted the prescription of untested drugs (Hahn 1995: 147), and, in the United Kingdom, 'rogue doctors' still appear despite longstanding regulatory frameworks (Andalo 2004). As to whether this legislation will improve bi-sectoral relationships, even Chavunduka, a staunch supporter of professionalisation, and chairperson of ZINATHA confirms that the Zimbabwean legislative framework has not made the *n'anga* any more acceptable to biomedical doctors (2004: 6). In the light of my argument for pluralism in the understanding of health systems in South Africa it is instructive to note that the THPB includes only passing references to liaison between biomedical and traditional practitioners, and offers no practical suggestions for implementation.

¹¹ Comparable displacements exist in the biomedical field: Good's researches at the Harvard Medical School for example show students struggling to remain 'caring' as they learn to become medical scientists (Good and Delvecchio Good 1993: 91).

¹² It is unclear how these differences in qualification will be viewed by practitioners or their patients. It may be that these stratifications will simply come to reflect existing distinctions, for example, between herbalists, who choose their profession and garner their knowledge from parents or other professionals, and *sangoma*, who are chosen by their ancestors and in their training submit to spiritual others. Possibly South Africa will follow Zimbabwe, where the national association of traditional practitioners recognises as equal spiritually guided healers, and those who qualify through western institutions (Chavunduka 2004: 2).

Part Five: Further Contestations and uncomfortable predicaments

None of the initiatives discussed in the chapter thus far - scientific studies of traditional herbal remedies, research into HIV/AIDS vaccines or professionalising legislation for traditional practitioners - directly address the question of the potential for, and means of establishing, a co-operative relationship between traditional African healers and their counterparts in biomedical practice. But regardless of the outcomes of IKS developments and professionalising initiatives, the existing condition of separate development, the divergence of attitude and approach to healing between medical sectors, has practical consequences for black African doctors training in contemporary South Africa. This may not always be as extreme as the 'schizophrenic position' which Neumann and Lauro allege (1982: 1823), but healers who choose the biomedical path to practice may certainly find themselves caught in uncomfortable predicaments. Versed in the idiom of *sangoma*, these medical professionals are obliged, as Chavunduka confirms (2004: 6), to repudiate 'unscientific' traditional principles in the face of superior 'knowledge'.

This dilemma is illustrated by the following excerpt concerning Nosibele's grandson (Nd), who was at the time in his second year of Medical School at the University of Cape Town:

Nd tells N and myself of his experiences at medical school. He has been working in the wards and one evening this week was called to the bedside of a very young female patient who was clearly distressed. He sat with her and spent a long time talking with her until she had calmed down.

N approved of his method, seeing in it evidence that Nd was also a *sangoma* candidate.

But as Nd told us ruefully, "I was so late getting home, and so tired, and no one really appreciates me for doing this. It's not the way they do it."

He tells us that the training techniques of dissection which start very early on inure the students to pain and suffering. "You learn to forget that the body is a body with feelings."

But later Nd is apparently confused and a little embarrassed at his grandmother's *sangoma* antics, as she scatters snuff around the *umqombhoti* barrel and then sips greedily from the plastic pot, and bursts into a spontaneous song with the words "It is my grandfather who made me what I

am.” She says later, “He thinks I will get very drunk!” she smiles, laughing about it, but it’s clear that she is as upset as he at the schism between them.

Fieldnote: 10.04.1999

Nd’s obvious discomfort with the dissection process reflects Good’s researches in medical education in the United States (1994), where students are subjected to the break up and invasion of cadavers in the aptly named ‘gross anatomy lab’. So shocking is this experience that one of his student informants describes it as akin to ‘changing my brain every day’ (ibid: 65). It is hard to resist the connection between this patient-body attitude and the gruesome science-as-fiction references to ‘living cadavers’ discovered by Lock in her researches into the industry of human organ transplants (2002a: 192).

Nosibele, the *sangoma*, is justifiably proud of her grandson’s achievements in the biomedical world. Nonetheless, just as she hopes that his compassion and empathy will protect him against the alienation of his chosen profession, she also anticipates that he will eventually recognise the value of *sangoma* and even undergo *ukuthwasa* himself. “He is a natural!” she says. I was struck by Nd’s empathy, and his multiple evocations of the pain of illness, qualities that may well turn out to be the defining factor in his medical practice. For Nosibele, these traits single him out as a future *sangoma* candidate.

The patient knows best

Another characteristic of *sangoma*, generally either ignored or deplored by biomedicine, is the fact that for traditional medical practitioners and patients alike the question of its efficacy is already answered. The anthropological notion of the ‘therapeutic itinerary’ (see for example Auge 1998:115; Hours 1986: 48) is valid, even if it results in a tendency to assume a patient entirely ‘free’ to make multiple health choices. It is self-evident that in South Africa as elsewhere, the idea of voluntarism in health choices is a chimera, prejudiced and confined by practicalities social, economic and political (Good 1994: 43). Nonetheless, in a remarkable demonstration of consumer power and eclectic reach, the African clientele (traditional practitioners themselves being no exception) unabashedly sample traditional, allopathic or other treatments in their search for the appropriate remedy (Haram 1991: 173; Good *et al* 1979: 141). In this pluralistic scheme of things biomedicine simply becomes one amongst several medical systems on offer, and traditional healing is certainly *not* a matter of last resort.

A consultation with a *sangoma* will often incorporate a referral to a biomedical institution (Le Beau 2003: 85), the *sangoma* very likely suggesting that the patient return for further non-allopathic remedial action in order to get to the root of the trouble (West 1975: Chap. 6). Rituals and treatments are designed to correct whatever is identified in the ancestral or relationship pantheon to be the 'real' source of the problem. The decision about whether to follow up such ritual remedials is left with the family and the patient. Doubtless people will continue to assay the biomedical route in South Africa, as elsewhere on the continent, availing themselves where they can of the services offered by clinics and hospitals (Good *et al* 1979; Neumann and Lauro 1982; West 1975). But they will also continue to visit *sangoma* and, especially in cases that encompass the possibility of illness causation in witchcraft and sorcery, the traditional healer is the expert of choice (Chavunduka 2004: 3). A tale from Dr. Kubukeli's surgery instances one such:

At the surgery, DK takes a phone call from someone. He looks concerned and asks how they are, so it is clearly a client. Receiving what seems to be a favourable report DK responds, "Good! Good! So when can you come?"

Later he gives us the background. "This man is from Cameroon. He is a medical doctor at Stellenbosch. But he has been very sick. When he sleeps at night he feels breathless and cannot breathe and he wakes up feeling as though something is sitting on him here." (He points to his chest). "Now I have seen him and given him some medicine. It is a *tokoloshe!*"

When I query this he replies smiling, "Of course! This is what it is! And he has tried by all means to get better and none of the doctors could help! But now he has just told me that he has slept well tonight! He will come soon and bring me the money!" We hear on our next visit his vexation that this patient has not yet visited with his payment. DK is expecting a sizeable fee for this cure. Fieldnote: 20.11.2001

Dr. Kubukeli described a patient, a West African biomedical professional, faced with unexplained illness which had defied biomedical treatment: A textbook case of witchcraft (Ashforth 2002: 126). The patient, had unsuccessfully sampled several allopathic treatments, but eventually discovered in Dr. Kubukeli someone who comprehended the 'semantic totality' of his ailment (Auge 1998: 67). Unlike his biomedical colleagues, Dr. Kubukeli engaged with his patient in language and meaning familiar to him (Favret-Saada 1980), and supplied an interpretation which encouraged a successful cure.

The traditional doctor is unlikely to judge the patient who has tried the allopathic system - or any other - nor rule out the possibility that he may do so again. Biomedical doctors are less charitable. In an interview, Dr. Kubukeli laments:

Yes...that is what we are fighting against sometimes. Why can't we people have our 'specialists'? When they always say refer the person to the medical practitioner. When are they going to say "Refer the person to the traditional healers?"

Here he laughs ruefully. "So that is always the question sometimes..."

Interview: 13.12.2001

Dr. Kubukeli's complaint about 'one-way' referrals is well taken, and often repeated (Bateman 2004: 74; Haram 1991: 174; Ingstad 1989: 269; Leclerc-Madlala 2002b: 16-17). Dr. Kubukeli on the other hand proudly displays certificates attesting to his attendance at a variety of workshops and seminars, HIV/AIDS training courses and so on, as evidence of his repeated attempts to get on terms with the interests of biomedicine.

Trouble at AGAPE

Sangoma exchanges with biomedicine do vary in intensity and in their degree of animosity or cooperation. As the next example illustrates, Nosibele's engagements were marked with distrust and antipathy (the noticeable exception being her personal treatment at local clinics, which she rarely criticised). In this next excerpt Nosibele recounts and interprets the reactions of doctors and staff at the Paarl East Hospital to her visits as a *sangoma* to their newly-established AIDS/HIV 'Drop In Centre' - AGAPE. She had offered to prepare and supply the unit with a traditional remedy for a depleted immune system, and additionally to counsel and talk with the patients.

If all the nurses were black it would be better. The coloured matrons are a bit of a problem, but she [the matron] invited me there! The white doctors are difficult. They still work in apartheid ways. Now children under six months and pregnant women and the elderly get free health care. They [white doctors] don't like it. We [*sangoma*] are worried that if we start to work with Public Health and show the doctors the *muthis*, they will take the medicine and use it and make money with it and we will be left with nothing. They still want to oppress us. Interview: 15.03.1999

This story in particular exhibits Nosibele's distrust of white medical personnel based on memories and assumptions of prejudice and hatred from the apartheid past. Whether Nosibele's doubts were real or imaginary, there was little room for dialogue or mutuality in her reading of events. Meanwhile, in her remark that things might be improved 'if the nurses were black' she suggests that African nursing staff, possibly because of their familiarity with traditional healing, might be more sympathetic. Research at Baragwanath Hospital indicates to the contrary, for the familiarity Nosibele expected produced there only neophytic contempt (Allwood et al 1992: 100).

Nosibele's doubts about whether she was welcome at the Centre however, seemed to be allayed when we visited together a month later:

N and I travel together by train and then taxi to visit The Agape Centre in Paarl East Hospital. To get there we go by taxi, train and foot, and then we take another taxi from Mbekweni Station, which drives at speed through a huge area (known apparently as Huguenot) of desolate public housing of a sort I have not seen before. Children seem to overrun the place. It is not difficult to imagine the noise levels. The whole is unrelentingly grim. It is a new experience for me and one which I find debilitating.

The Centre is housed in a single storey brick built building located round the back of a car park in the grounds of the very run down buildings which constitute the hospital proper. Patients in the main building gaze out dispiritedly through cracked and broken windows as we pass by. The Agape Centre is not purpose designed. I'm afraid it shows. There is very little privacy for what are bound to be extremely sensitive interviews.

We are due to meet Mildred Joyi, the co-ordinator. Mildred is a businesslike 'coloured' woman in her mid forties. She is apparently happy to greet N and myself. Fieldnote: 13. 04. 1999

Nosibele's assumption of racist attitudes amongst the staff at the Agape Centre was not in evidence on this day. It is possible that by arriving with a white woman in tow (the *thwasa* always stands in second place to the teacher), Nosibele altered the usual landscape of her visits and persuaded Mildred to be more conciliatory. Apartheid South Africa after all enforced social divisions based on skin colour which defined access to, and the quality of, a gamut of social provisions, including education, health and employment. As a black African Nosibele had known herself defined by such strictures as of lesser value and status than those

of the 'coloured' community. But in the private meeting with Mildred Joyi which followed I detected no animosity towards my teacher or her efforts to help the patients. Indeed, Mildred was remarkably open and frank as she explained the centre:

"It's attached to the hospital, and patients are usually referred to us from there. Clients receive counselling before and after testing, but lots of clients don't return after their tests. I think that's because we don't have any real treatment to offer. We can only give them Bactrim, a broad spectrum antibiotic, but the treatments available in the West are too expensive. Some clients decide to return home, and some visit traditional healers and seek help there."

Asked what she thought about N's visits to the centre, and her remedy, she was positive that it was a good thing and that it should continue. "We can't do enough," she admitted ruefully. How did she feel about *sangoma* visits to the clinic and distributing *muthi*? She was supportive. "They understand better than we do," she said, "and at least they have something to offer."

Fieldnote: 13. 04. 1999

Given Mildred's candid estimation of the Centre's shortcomings, the simple fact of someone like Nosibele who was available and willing to provide support and succour, was a welcome asset. What is more, Mildred recognized that, as a traditional healer, Nosibele was better placed both to comprehend the distress of African patients about their HIV status, and to offer them remedies and support within a familiar cultural framework. At this primary care end of the medical spectrum at least, there was no prejudicial judgement forthcoming about Nosibele as a healer, or the efficacy of her medicine.

Opportunistic appropriations

A couple of weeks later however, the vulnerability of traditional practitioners in South Africa to appropriation, not just from corporate interests but also from opportunistic individuals from within the local community, was made painfully clear.

N prepares her *muthi* mixture at home, allowing the herbs to steep in water for several days in advance of her next trip to Agape. She has, she tells me, told the young woman assistant (herself HIV positive) who works at Agape and who first mentioned the centre to N, about the *muthi*'s contents. Now she wonders why she has not heard from her.

That day a young lad visits the flat, referred to us by Agape. N engages him in a long conversation. She is good at this counselling role, having just the right mix. Sometime loving grandmother, gently admonishing as she laughs and says, "You must cover that 'grandfather' (penis) with a strong jacket so that you can have love with your friend!" Then suddenly her demeanour changes and she becomes the stern parent. "You mustn't go around killing people - use condoms - and tell your girlfriend so that she can have a test of her blood." She asks for my advice on food and diet, and other general health matters. N sends him off with a bottle of her *muthi*.

Then she turns to me frowning, and says that he has told her that the same young woman assistant at Agape is now supplying her *muthi* to people visiting the centre! "How can she do this?" N fumes, "And she is charging them too much!" She is outraged, and as far as I know never returns to Paarl East.

Fieldnotes: April 1999

In this incident Nosibele found herself victim to a crude version of the abuse of intellectual property rights from a wholly unexpected source. The privateering by this young individual to whom Nosibele had, foolishly perhaps, confided her 'recipe', shocked her. She had no patent for the medicine, and no means of redress. and the ingredients are relatively easy to obtain: manufacture of the medicine would be uncomplicated. Nosibele's livelihood was not threatened but her pride was wounded, and she had other concerns: Who would supervise the preparation of the medicine, the collection of the plants? Would the ancestors be properly respected in its preparation? What if the girl were tempted to manufacture a 'medicine' concocted from other, less efficacious, or even dangerous herbs?

Nosiblele found this betrayal by someone whom she had counted as a friend especially vexing. We discussed the reasons for the girl's actions: She was HIV positive and in need of money, as are so many in contemporary South Africa's majority community. Making and selling the medicine at what Nosibele judged an inflated price was an easy way to generate some extra cash. But the outcome of Nosibele's generosity was altogether unsatisfactory. Although the Agape Centre management had little if any responsibility for the situation, my teacher clearly blamed them for not supervising the errant staff member more closely. Wounded pride, and suspicions mired in the past dampened her enthusiasm for a future working relationship with the formal Health Service.

Conclusion

The situation of traditional healers in postcolonial Africa has been described as one of 'autonomy without authority' (Feierman 1985: 114). I would argue from observation of the *sangoma* and from personal experience, that within their community, and based in a 'common stock of experience' (Osei-Hwedie 1996: 2), *sangoma* are certainly not short on authority. The difficulty is that contemporary government policy and interest in IKS notwithstanding, the cultural authority of the traditional paradigm goes unrecognised by the biomedical establishment (Good et al 1979: 141).

Some time ago Feierman asked of the relationship between African traditional healing and biomedicine,

'How are biomedical practitioners to use the services of popular healers if they do not accept the basic premises of popular practice?' (1985: 126).

Feierman also pointed out that the therapist has the potential to act as a 'conduit transmitting general social values.....capable of reshaping and reinterpreting those values in the healing process' (Feierman 1985: 75). This applies to therapists traditional or allopathic, and, in the context of this chapter, and the battle to acknowledge and control the AIDS/HIV pandemic in South Africa, it seems almost axiomatic to suggest that utilising this 'reshaping and reinterpreting' role of the *sangoma* could be crucial.

In this chapter I have argued that the issue of respect is fundamental to successful dialogue between medical paradigms. I have shown that the appreciation of biomedical principles and practice which allopathic medicine demands of traditional doctors is often given willingly, and with humility. With rare exceptions (Abdool Karim 1993; Farmer 1999; Friedman 1998; Green 1999a and 1999b for example), it has not been reciprocated. I have argued that medical matters, especially as they affect HIV/AIDS' interventions, may go very awry unless biomedical personnel become willing to offer an equivalent appreciation to traditional practice. Thus, despite the formal structures envisaged in professionalising legislation, the traditional is set to continue to operate at best, tangentially, and at worst in outright opposition to its scientific counterpart.

That doctors and traditional practitioners could work collaboratively ought to go without saying (Green 1989a; Good 1987). I have suggested that such engagement demands a mutual and sophisticated degree of intellectual interest in the knowledge, skills and spiritual aetiology of medical systems: a mutuality of respect. Better understanding would enable

more efficacious interventions, precisely because they had acknowledged and included important elements of traditional African healing. It is to be hoped that the particular demands of HIV/AIDS will provide the anvil upon which reciprocal medical respect and involvement can be forged in South Africa.

In pursuit of this thesis of reciprocity aided by better understanding, the following four chapters present an ethnography of the long and processual therapeutics of the training (*ukuthwasa*) to become *sangoma*. Based in my personal experience the chapters introduce and explore some fundamentals of *sangoma* practice. The ethnography starts with an exposition of the notion of 'Being Called'.

Chapter Four: On “Being Called”

“Listen more often to things than to people! The dead are not under the earth...”

Sweet Honey in the Rock, ‘Breaths’: 1981

Introduction

This chapter explores some of the metaphysical and ritual experiences of the processual journey to becoming a *sangoma* - *ukuthwasa*. The examination is divided into four parts: Sickness and diagnosis; Answering ‘the call’; Ways of Seeing, and finally, Dreams and Stuff. These divisions hint at a structural framework which shapes *ukuthwasa*, but in reality the process is conceived and designed within the developing relationship of the initiate and her ancestors, and their relationship with her teacher’s predecessors. The multiplicity of experience befits the idiosyncrasy of the individual calling and prepares the initiate for the protean quality of the practice of *sangoma*.

The round of ritual and ceremony by which this ancestral dialogue is achieved is guided by the *thwasa*’s dreams and visions, and plunges the initiate into an exploration of, and *with* her ancestors, in the capable hands of a *sangoma* mentor. The initiate learns to listen and act ‘on behalf of’ as well as at the behest, of ancestral urgings (Buhrmann 1984: 94). As she develops her interactive dialogue, the *thwasa* follows ancestral promptings to a programme strictly co-ordinated with her own ‘inner progress’ (Janzen 1992: 89). That these processes are often embedded in the ‘dark side of life’, should not surprise, nor should its significance for healing be ignored (Obeyesekere 1990: 287). In tapping into ancestral channels the *sangoma* and *thwasa* learn to recognise and deal with the skeletons rattling in the family vaults (van Binsbergen 1991: 316). In Chapter Two I outlined the African conceptualisation of ancestral spirit as coexistent with the living, but on an immortal plane, and suggested a symbolic equivalence to the Jungian concept of the collective unconscious. The final part of this chapter discusses this theory in the context of dreamwork, and provides examples from fieldwork experience to support it.

Part One: ‘Sickness and diagnosis’

The first indicator of becoming *sangoma* is known across much of Southern Africa as ‘the sickness of calling’ (Berglund 1976; Buhrmann 1984; Hammond-Tooke 1989; Hirst 1990; Reis 2000; van Binsbergen 1991). The condition produces physical and often emotional symptoms which are distinguished by their persistence despite the ministrations of traditional

or biomedical doctors, until a diagnosis of a calling to *ukuthwasa* is made by a qualified *sangoma*. In the following excerpt Nosibele describes her experience of 'the sickness':

Now I have told you that I was very unhappy at this time. I was crying and depressed and I didn't know what was wrong. It went on for a long time.

Then in 1968 I had the dream which led me to my first teacher.

Unfortunately, in the dream I did not see his name, but only his attire: he was dressed all in black. The dream told me that I must travel to Zimbabwe to find him, to Myadiri, the place where my sister's husband came from.

[Nosibele's younger sister, herself a *thwasa* at the time of her early death, had married a Zimbabwean businessman].

So now, my marriage was not good at the time, but anyway I asked my husband to help me with the fare. And at first he agreed to give me the money, and then later changed his mind and refused to help me: he gave me just one rand! Can you imagine! One rand to go all the way to Zimbabwe!

But I had a good friend, a businessman, who did everything to help me with my spirits. He was wealthy and generous. Now he helped me again, and so I went. And another friend, a policeman, he helped me with provisions for the journey.

So I left with just the clothes on my back and my little suitcase, so small, like a child's school bag!

I went by train. When we got to Bulawayo the policemen asked me where I was going, and I told them I was going to Salisbury, but they didn't believe me because of my small suitcase. "Are you really going to Salisbury?" they said, and they made me open the case, and inside was just a pair of pyjamas, a jersey, and one dress. That was all I had! But they let me go on.....

Then followed the story of Nosibele's arrival at her sister's and her journey to her final destination.

There in that place I told my story to the nephew of my brother in law. He said I couldn't come without knowing the name of the *n'anga*. So I asked them to take me to a round hut, and give me just a reed mat to sleep on, and I slept there with just a blanket over me, and asked my ancestors to tell me the name. I had an exercise book and a pencil by me while I slept. And I dreamt of two names: the first was Masvingi, tho' I couldn't spell it! Then

the second name was announced - this was Kangai. So now I had two names. In the morning the nephew came and invited me to breakfast, but I said I couldn't take anything until I know the names are true. So I told him the names, and he said that the first one had died long ago, but the second one, "It's his son, and he is alive and lives three miles away." So I walked with him to find this man.

Interview 09.01.2001

Nosibele describes herself as a visionary, troubled by her dreams but determinedly following their signs and signals, trusting implicitly in these metaphysical communications. Here is the 'excessive dreaming' experienced during the initiatory stages of *ukuthwasa*, as remarked by Vera Buhrmann and Berglund (1996; 1976). Nosibele insists on the propriety of her search even in the face of her husband's disapproval, and the abandonment of her family. The story emphasises the frenetic search for healing - 'the call' in her dream is direct and specific and not to be gainsaid:

And like the Shona do we waited outside and called and knocked politely at the door, and when it opened the man in my dream stood there and he looked shocked, and then he said, "Where have you been all this time? I've been waiting for you." Then I stayed there for one week, and he gave me herbs in a briefcase he'd prepared five years ago for me, and a black stick. While I was there Kangai had told me that I would work hard and have many clients. My husband would ask me for money and I must not stint him. But I wouldn't stay long with him. But I must not hurry it. I must wait for the ancestors to tell me.

So now, that's how it started, and in 1969 I started my training with a man in Transkei.

Interview 09.01.2001

This account illustrates another feature of the *thwasa* condition and remarked in the literature. Nosibele was determined to search for the answer to her predicament, travelling as far she needed to find the solution (Arden 1996; Hall 1994). She left against her husband's wishes and travelled to Zimbabwe to meet a Shona healer she had only dreamt of, whose name she did not yet know. She dared community opprobrium (a mother abandoning her family), travelling as she put it, "with just the clothes on my back" and her schoolgirl's suitcase.

There is a further element apparent in these excerpts - their emotional intensity, a suggestion that her personal survival depended on a successful outcome. One significant reason for Nosibele's insecurity lay in the absence of agnatic and social underpinning for her cause. Family support is considered vital to a *thwasa*'s successful healing progress, and is a common feature of 'African healing systems' (see Auge and Herzlich 1995; Fabrega 1974; Feierman 1992; Janzen 1985; Maclean 1978). As Mthobeli Guma, a practising *sangoma* and academic, then at the University of the Western Cape, described it: 'The family of an initiate should be involved, be supportive, actively participate in the rituals' (Personal communication). This ideal cannot always be provided of course, and in my own case close friends or those of my teacher, were co-opted to act as fictive kin. But if Nosibele battled with her husband's animosity, and braved his resentment (and her children's hurt), she entertained no such doubts about her support from the ancestral side. She always insisted that her dead father supported her, and was with her throughout the training and thereafter.

All in the family - Dr. Kubukeli's experience of the call

My mother was a church leader, choir leader, church choir leader, in Anglican church. And my father was a deacon. And fortunately at the same time my mother was a traditional medical practitioner, *isangoma*....Well I started my schooling in lower primary schools, in our location. Fortunately, I was so clever that I always came up as number one, number two, number three in all the tests up to Standard Six. Then from there....I had some illnesses, illness. Well there were some symptoms which my mother stated that these symptoms are 'the call' from the ancestors. Such as palpitations, I had too much palpitation; and I always had some suffering from headaches, severe headaches, and my back ache, and my lower limbs as well.....Well this started at the age of fifteen I think it was in Standard Five....some of my dreams were really true, because they always called me a dreamer....So, I grew up in that way. Then it was my mother who decided that I have to accept the call of my ancestors, to priesthood.

Interview: 13.12.2001

Dr. Kubukeli's portrayal of his 'call' offers a striking contrast to Nosibele's. He was diagnosed at a very young age by his mother, herself a practising *sangoma*. Although he later admitted that "she did not finish the training," she was versed in the symptomatology of

ancestral 'brooding' (Berglund 1976; Ngubane 1992; Hunter 1961). In his assured, almost matter-of-fact telling of his history he demonstrates a confidence in the process which comes with this territorial familiarity. There is no need to search for an answer to his symptoms. His description of the unexplained, repetitive spells of physical sickness, the palpitations, headache and back pain, for example, closely reflect the several versions reported in anthropological studies (for example Berglund 1976; Hammond-Tooke 1989; Janzen 1985; van Binsbergen 1991). Here again is the prevalence of dreams, the tuning in to the unconscious, the disturbed sleep which Berglund's informants insisted is the best evidence of a true "calling" (1976: 138). But above all, Dr. Kubukeli seems serenely confident of his calling, and his narrative lacks any of the drama which characterised Nosibele's testimony.

'The brooding of the ancestors': a white *thwasa*'s version

In my experience of the ancestral 'call' I presented symptoms similar to those of my teacher and mentor although the means of their discovery was initially western, embedded within Jungian psychotherapy, a culturally specific system which made sense to me then, and continues to resonate to this day. I interpret my work with the ancestors as commencing long before I started *ukuthwasa*, when in the 1980's, in England, I felt compelled to seek psychotherapeutic help. I had suffered from a long-standing and debilitating depressive state, an apotheosis of the 'brooding of the ancestors' (Buhrmann 1984: 69) which manifested in periodic withdrawals into bleak misery, a sense of being somehow burdened and a burden, an absolute lack of confidence and an overpowering desolation, which eventually compelled me to action. There followed three years of painful digging and delving into personal patterns and processes, brought to consciousness through dream and dialogue with a knowledgeable and intuitive therapist. Thus I discovered a collectivity of the unconscious, the legacy of my European forebears. The transformative value of this personal work of excavation, and its relationship to African traditions, was underlined when Ambuya in Zimbabwe confirmed my calling to be a healer, a corroboration which was later borne out by Nosibele at our first meeting in Harare.

I do not suggest that there is any direct affinity between my teachers' and my own experience of 'the calling'. As the biographical background provided in the Introduction to this work illustrates, these septuagenarians, versed in the ideas of Zulu and Xhosa *sangoma* and Christianity, were raised in rural South Africa and received mission school education. After receiving their calling, one travelled to Lesotho, the other to Zimbabwe, and back again,

in pursuit of their training. Those physical journeys were personally hazardous and testing (especially for Nosibele who as a single woman was particularly vulnerable), carried out under an apartheid regime in which the movements of the African population were strictly limited. Nor did their travels stop there: Dr. Kubukeli made his way to Cape Town, while my teacher wandered unsettled for some years before finally reaching 'the Mother City'. I can be grateful that my journey was benign by comparison.

Diagnosis

The stories provided by Nosibele and Dr. Kubukeli serve as examples of what may appear as a haphazard corroborative process in *ukuthwasa*, full of the randomness that has been characterised as typical of this first, critical stage (Berglund 1976; Janzen 1992; van Binsbergen 1991). Dr. Kubukeli, diagnosed by his natal mother, is the more straightforward. His healing gift was speedily recognised as the result of a connection with his father's ancestors. Nosibele's diagnostic search followed a more protracted route. Here is her story of the second stage:

The man who first taught me was a Xhosa in the Transkei, but he couldn't finish with me, he couldn't take me the "full course." He said to me that my spirits were too high for him and I must go elsewhere. Then I soon dreamed that I must travel to Natal where I would find my next teacher. I was going to Maritzburg (Pietermaritzburg) for herbs and a young man gave me a lift there. He put me up in his house, where he left me to go and visit with his girlfriend. It would not have looked good for him to stay the night with me. He said I could help myself to the bed, blankets and food and he would see me in the morning. I just had tea and bread and then I lay down on the bed on my front, and then I looked up and saw on the wall in front of me a picture, just like a TV picture (N mimes a TV screen), of a black man, thin, with a beard and long black hair full of beads. When the young man returned in the morning I asked him if he knew of someone like this and he said he did and that he lived "Just three miles from here," and he would drive me there after work, which he did.

As we were getting closer to the place a white *bakkie* with a man driving and a young girl passenger drove out of the valley, and I knew it was the man I was looking for and I said to my friend, "It's him!" and he replied that

I couldn't know this because I'd never been there before and we drove on. We came down to the kraal and the *sangoma's* wife was there and she said he'd just left in a white *bakkie*, "You must have seen him," she said. And my friend looked at me, (here N mimes a quizzical look from her friend) and said, "Eee! mama, you didn't tell me you were sick! Interview 10.12.2000

Nosibele's insight surprises her escort, who belatedly recognises her *thwasa* 'sickness' in her prescient vision. This tele-vision dream was only the latest in a history of similar events, as Nosibele struggled with the clairvoyant insight that is the gift of the *thwasa*. Her determination to find the teacher 'high enough' to take her to graduation was indomitable, as she travelled again, a woman alone, to discover the *sangoma* who will take her to the "full course", and heal her.

In my case, it was early 1993, in Zimbabwe, that I received my first confirmation of the 'calling' to become an African traditional healer, a vocation first indicated in my psychotherapeutic experience. Before leaving the UK I had already graduated in holistic massage therapy, and had been made aware by teachers and clients that my work as a healer had begun. Ambuya confirmed this at our first meeting, saying that I was possessed of a very powerful spirit, and would become a herbalist. Soon after this I had my first meeting with Nosibele, whose message was even more blunt: "You have a very strong healing gift. I see it in your hands. You will be a *sangoma*. You must come down to South Africa and work with me." At that time political and practical realities prohibited me from taking up this challenge, but the door had been opened. As if to confirm the ancestral insistence that I answer my call to healing, my practice as a healer prospered and developed in Zimbabwe, while the architectural work which provided my regular income was frustrated and eventually undermined by the inefficiency of the non-governmental organisation which employed me.

Part Two: Answering 'the call'

Once the diagnosis is accepted, the treatment, which incorporates the patient's training as a *sangoma*, can begin. Cleansing rituals - which may involve steaming, purging by enema or emetic, washing with herbal mixtures, smoking (Buhrmann 1984: 41-42) - start immediately, and continue intermittently throughout the training and beyond. This round of cleansing is combined with the preparation and regular use (the exact regimen depending on ancestral guidance), of the combination of plants and barks mixed into water known as *ubulawu*.

The question of cleansing, a crucial aspect of all *sangoma* healing, was touched on in Chapter Two and investigated in more depth in Chapter Three. Here I will concentrate on its application and influence on the *thwasa* initiate. In order to enhance the possibility of communication with ancestral spirit critical to becoming *sangoma* the body must be thoroughly cleaned of all 'pollutions' - physical, environmental or emotional - before any treatment takes place.¹ This is one function embodied by *ubulawu*, which may be prescribed along with the other forms of cleansing previously mentioned. The *ubulawu* mixture is associated with the clan of the *thwasa*'s teacher, and offers a channel of communication to the clan ancestors (Berglund 1976: 223). It is used in different ways depending on the teacher's directions channeled through the ancestors. In my case the *ubulawu* was applied as an emetic and to cleanse the external body. Each *thwasa* must learn the herbal mix for her own *ubulawu*, how to grind and grate the roots and barks into her tins, how to beat the liquid into its frothing head, and, in Nosibele's evocative phrase, "How to eat it." The exact combination of herbs remains a secret, not to be divulged to anyone.

Use of the *ubulawu* is essential before important events and rituals, such as the formal initiation of the *thwasa*, which should involve her temporary withdrawal from the material world. For my ceremony, Nosibele had prepared the *ubulawu* days before, and it had been stored in the bedside cupboard next to my head, to, as Nosibele told me, "call the ancestors in."

First Initiation

N tells me to go into the bedroom and light the candles and the incense.

Soon she comes into the room with her two witnesses, whom I had met when they arrived. One O, is a middle-aged Xhosa woman, and the younger P, with a bright smile, comes from Natal. They both work in the neighbourhood N tells me later. Everyone is smiling. O and P sit to my left and right, legs out straight, on the floor. N directs me to kneel in front of the cupboard, and take out the *ubulawu*, first the grandfather mixture, then the one for the *amakosi*, and the stick. I put these as instructed on the goatskin mat in front of the cupboard.

N now tells me that I must whisk the mixtures, in turn, as she had showed me the day before, "And then you must eat the foam." Now she shows me how this was to be done. I must kneel down, and and suck up the froth

¹ There may be dangerous contaminations through ancestral misdemeanours, and the

without touching the container. I managed to get a good foam and bent to “eat” it. The froth tastes very slightly, an earthy flavour. Now I must whisk the second tin and eat that. After this N tells me sternly that I must take some of the foam and wipe my face with it. The second mixture takes longer to froth and the foam tastes very different, and produces a peppery feel in my mouth and throat.

Now N lifts up the first can and holds it on my head while O moves behind me and supports it as well. N now whisks the mixture (which feels very heavy), and all the while speaks an incantation, of which I only recognise the word *amakosi*. She translates for me that I must call on the spirits of my grandfathers and grandmothers to be with me, to support and help me. After this, she smears a little of the froth on my forehead. She then sets the tin down and lifts up the second, and repeats the process, this time telling me to call on “your higher spirits, your kings and queens, the rulers of your country, those who are dead.

Fieldnote: 21.03. 1999

Another essential occasion for the employment of *ubulawu* is in the period prior to and during the *goduswa*, or graduation ceremony. By the time my *goduswa* arrived, as the next excerpt shows, I was inured to the process, and familiar with the rituals accompanying the *muthi*.

Goduswa Preparations

Saturday 27th October 2001. I wake from a few hours sleep at 4 am. Still dark, but at least the drums next door have stopped and it is all quiet through the cardboard thin walls. N still snoring softly on her foam next to mine. I’m shivering, partly from the chilly air, partly from thoughts of what is to come this day. Unzipping my sleeping bag I reach for the matches and light a candle, enough to locate the familiar shrine objects and the less familiar ones which have arrived since I got here on Tuesday. There is my white tin for the *ubulawu* to the *amakosi*, the ‘higher spirits’, and the aluminium one, for the grandfathers’ and grandmothers’ *ubulawu*, the special mix whose ingredients N brought with her, fresh from our collections at East London. DK told me the ‘ali’ can would do but N is scathing of it, has told me it will dull my spirits, and “make them stiff” and instructed me sternly to get

possibility of witchcraft pollution is ever-present, as discussed in Chapters Two and Eight.

another, white one as soon as I leave here. Her advice seemed to be born out because one of the two aluminium containers I had brought actually leaked when we put some water in it, and another had to be swiftly found!

Like everything else that comprises the shrine, the cans stand on the beaten earth floor at cock-eyed angles.

Fieldnote: 27.10.2001

Nosibele had insisted that I should use white tins, rather than the aluminium containers which Dr. Kubukeli and other Xhosa *sangoma* employed. In the early stages of my training (during the first initiation described above for example), Nosibele had been satisfied with a plastic container for the *ubulawu* mixture used to call in the 'grandfathers and grandmothers', it being the only can available at the time. The one white can Nosibele instantly allocated to the *ubulawu* for the higher spirits of the '*amakosi*', a decision associated with the whiteness attached to spirits in general and to the higher spirits in particular, as described in Chapter Two. In this *goduswa* episode both cans occupied their precarious positions at the makeshift shrine, surrounded by white candles which were kept alight throughout the days of the ritual, necessitating much disturbed sleep. Various offerings of *imphepho*, tobacco, snuff, and an accumulating array of bottles of brandy and vodka brought by visiting *sangoma* gradually increased the bounty offered to the ancestors.

The *ubulawu* on this occasion was made especially potent by the addition of the herbs brought by Nosibele from East London, where we had together harvested them from the bush around her daughter's home. I had sat with my teacher, stripping off bark and soil, while she, seated legs akimbo on the ground, deftly employed an adze, the ubiquitous African implement with its forged iron blade and short wooden handle, which she used to break up the sticks and branches, bark and roots, cutting them into smaller and smaller pieces until they were ready. These she had meanwhile pounded to powder and even smaller fragments. The next excerpt shows how this *ubulawu* was administered:

I take the white tin and my forked stick and kneeling in front of it beat the mixture in the familiar sawing motion until the creamy pinkish froth is bubbling over the top. Now I kneel forward and suck up this 'foam' into my mouth from front of the can to the back. When I've 'eaten' all that I can get I take a small amount of what's left on to my fingers and wipe it across each eyelid, then draw some into each nostril, then into each ear and finally a dab on the crown of my head. This gesture is to give me access to the spirits

through clarity of speech (the eating), clarity of vision (eyelids) of smell (nose), hearing (ears) and spirit (crown).

Now I take a little water and drink it. I move as quietly as I can to reach under the table in the corner where the plastic basin is which serves for our toilet, and I kneel over this, and using a guinea fowl feather I reach down my throat with it. This as usual produces a loud emission of gas and then the familiar frothy vomit appears in the bowl. I carry on until there is only the bitterness of bile. This disagreeable ritual which I have carried out for the past weeks since arriving back in Cape Town, in readiness for the graduation, is a cleansing process for the body and mind, making connection with the ancestors clearer and easier. I still find it alien and unpleasant, though there is a lightness that follows. I try to do all this as quietly as I can, aware again of the skinny walls, and then putting the bowl back where I found it, I crawl back onto my mattress grateful for the comfort of the sleeping bag.

Fieldnote: 27.10.2001

The empowered *ubulawu* is used in this excerpt as an emetic and as an external wash. The emetic was a newer ritual for me, for up to this point Nosibele had excused me saying, "For us it's normal, but you - you are not used to it." I had watched her many times stirring her own *ubulawu* and then, after prodigious burping, discreetly disappearing to the bathroom, from whence she would emerge smiling and relaxed. She insisted that the vomiting was by now almost automatic, and an essential part of maintaining a healthy relationship with her body and her ancestors. Berglund's Zulu informants attest to this procedure and see regular vomiting as an essential cleansing system as well as a means of outing and eradicating witchcraft (1989: 116). In these last weeks approaching the *goduswa* Nosibele had insisted that I too, undergo the process. Unlike my teacher, I was never able to completely overcome my discomfort. My compliance however was essential to "speed the appearance of the ancestors," for the belching which preceded the retching in this excerpt had additional significance: It represented the spirits literally "coming up," a positive sign of their activity.

Ubulawu is not always a prerequisite for such evidence of ancestral presence. Whilst on an earlier visit to Nosibele's *sangoma* friends Celia and Nellie, in Mbekweni outside Paarl, they had requested that I demonstrate some massage healing work. The results were interesting:

As soon as I start work Celia starts to twitch slightly and then belches several times loudly and unembarrassed. I recognise this familiar symptom of the spirits “coming up” (I have experienced it, at first more abashedly, myself), and as the treatment proceeds and Celia’s belching increases I can see that Nellie and my teacher are very impressed. As I continue, finishing with the hand massage to make sure that Celia and Nellie have been equally treated, Celia turns to N and says something in Afrikaans. Though I don’t understand the language it’s clear that it’s a positive remark and later N tells me that she was very moved. “She doesn’t really think that whites have ancestors or can be *sangoma*,” she says.

Fieldnote: 16.04.1999

Here the massage operated, like the *ubulawu* of the previous excerpt, to noisily draw out the ancestors and Celia’s healing spirits. Celia is a charismatic traditional practitioner who was initially deeply sceptical of her colleague’s white *thwasa*’s skills. But she was as affected as I was at the turn of events and was more inclined to accept Nosibele’s faith in my suitability for *ukuthwasa*. Sometimes, especially in the early stages of *ukuthwasa*, the candidate may experience other symptoms as the spirits make their presence known through loud belching and grunts, or other uncomfortable (and frequently embarrassing) emissions. Nosibele, for example, delighted in telling a story of the passing of wind during her training, describing these evacuations with a wicked grin as “like bazookas!”²

Calling in the spirits

The following episode demonstrates a different use of the *ubulawu*, this time to call the spirits to assist the initiate in her early divination skills. In this excerpt the *ubulawu* is seen to encourage spiritual communion. This scene took place towards the end of the first initiation described earlier:

After this, my teacher says, “There is something essential for this ritual - it is hidden. What is it? Can you find it?” There is a palpable tension in the room at this point, as the three women wait. I ‘know’ immediately what is ‘missing’ - N had presented me the day before with a beautiful double string of white beads, which she said, had belonged to her younger sister, the one who had been training as a *sangoma* before her premature death. N had told

me to wash them, and I had done so, hanging them to dry on the handle of the bedroom door. I had noticed they were gone when I woke, and wondered where they were: now I understood.

"It's the beads!" I said confidently, to a delighted chorus of "*Siyavuma!*" (We agree!) from my audience. "Now where are they?" asks N. I look ahead, but then turn, and thus diverted, search fruitlessly under my hat, and my pillow. Now N helps me a little (I was panicking), and says "You were right the first time," and I return my head to face forward and immediately 'see' the beads under the goatskin. I lift it without saying anything, and again receive the pleased responses, with excited clapping, and a quick hug from my teacher.

Then V says "You have lost something, what is it?" I am momentarily nonplussed and confused again, until N prompts me. "It is something I gave you, and told you to keep and never use," and at last I recall the one rand coin which she had presented to me the day before as a token of the start of my training.

After a couple of wild guesses I discover the coin under the carpet. Again (however undeserved) applause.

Fieldnote: 21.03. 1999

This 'finding' process was repeated once more, to evidence my readiness for the training. The instruction scheme, which tests such as this set in motion, goes at a pace not predetermined, but bound by the mutuality of the ancestors. As Nosibele repeatedly emphasised "It is not *you* it is your spirits! You have the spirits telling you what to do and you *do* it, and you don't question it." She underlined many times the reciprocity of this relationship: "When you have done as they ask they will start to work for you" and, "You are in this mud because of them. You are not doing it for yourself. But now they must support *you!*" She stressed the importance of her ancestors working with mine. "I must listen to what your spirits say. They will speak through my ancestors and then I will know what to do."

The question of reciprocity, encapsulated in my teacher's version of *sangoma* as "working on behalf of your ancestors", underlines the mutuality of ancestor-kin communications. The literature is replete with interpretations of the ancestors wishing to be recognised and heard, almost literally to be fed (Berglund 1976: 198). Given the importance

² I have not been able to ascertain the role of the herbal mixtures themselves in producing

of ancestors in the health and wellness of the living, a good relationship with predecessors through appropriate signs of respect is essential. Berglund offers the story of an informant who movingly suggests that the simple act of being aware of their presence is sufficient to ensure beneficent relationships with her 'shades' (ibid). There are familiar elements of western family therapy here, of negotiation, mediation and ultimately conciliation. In Nosibele's terms, "They need you to do this for them."

Part Three: Ways of Seeing

The communication between *thwasa* and ancestors which empowers the initiate to 'see' and diagnose - to 'divine' - requires surrender to a spatial and temporal separation from the material plane, the quotidian world, to look and listen at a deeper level. Anthropologists utilise terms like 'non-normal' or 'suprahuman' (Peek 1991: 194), or Turner's 'antistructure' (1992: 14), in their attempts to encompass this recondite layer of understanding. Perhaps this is a cover for frustration, and even astonishment at the difficulty of describing the 'extraordinary' (Young 1994: 167). Labelling the experience at all may in any case appear to those 'in the business' to be putting an unnecessary gloss on matters viewed unremarkable in their ordinariness (Auge and Herzlich 1995: 38). Notwithstanding that the extraordinary coexists with the mundane in the experience of *ukuthwasa*, what is required, certainly of the western educated and acculturated *thwasa*, is a re-negotiation of reality, a recognition that there is indeed, 'more than one objective world' (Shweder 1991: 38).

How is this spiritual boundary crossing developed? Exercises have been devised to hone divinatory skills and test them. One of these, featured in the next excerpt, is *umhlahlo*, or 'hiding and finding'. It involves the teacher-*sangoma* hiding objects around the home or homestead. The initiate's task is to retrieve these objects. She must discover what they are, exactly, and where they are hidden, without moving from a kneeling position in front of her teacher, where she must remain until the items are discovered. Her only aids in this exercise are her stick, and *imphepho*, the sharp-smelling herb used at every *sangoma* ritual to clear contact with the ancestors. In my case, tuition in this technique started early as the description in Part Two of my first initiation ritual indicated.³ In the following anecdote Nosibele describes one of her favourite *thwasa*, and his *umhlahlo* expertise:

these physical symptoms.

³ Green and Berglund describe a similar test at graduation ceremonies, and Hall and Arden's autobiographical accounts include descriptions of the process during training as well as at the *goduswa* (Arden 1996; Berglund 1976; Hall 1994; Green 1989(b)).

Umhlahlo

That one, a man, he had been taught by a Pedi *sangoma* from Eshowe, but his teacher didn't want to come down south to Natal so this boy had to come alone. So in his sleep he dreamt of me and he arrived. And ooh! he was clever! One time he was outside with his friends and he came rushing in, shivering and shrugging, (E mimes his discomfort and grimaces) and said, "Eh! you have hidden something mama!" Here N adopts a playful combative attitude, arms akimbo, and then goes back into her story: "What is it? Where is it?" "It's outside!" "Where? - outside is so big, where outside?" "Near the cattle kraal!" "Where? Near the kraal - it's so big (scoffing) where exactly? Go and find it!" He went straight to the post where the oxen are tied for sacrifice and brought the coin from the top!

Interview: 21.03 1999.

The technique of 'finding' or *ukuvumisa*, accompanies *umhlahlo*, and requires the *thwasa* to make direct statements, rather than to ask questions. Her insights respond to the promptings she receives from the spirits. The practice may arise at an *inthlombe*, a gathering of *sangoma*, with a group of other initiates, or in a private session with a patient. If the *thwasa* is "on the right track" as Nosibele put it, then the response of her teacher - and anyone else involved in the audience - is a loud "*Siyavuma!*" (We are agreed!) If their response to her statements is less than positive she knows that she must listen harder and search deeper.

Some commentators have described this process as a form of mind-reading, but this still begs the question of who is guiding the mind-reader, and prompting her search (Hall 1994). Janzen initially displayed some scepticism about the process, comparing it rather disparagingly to 'twenty questions', but later conceded the inspirational methodology, describing it as not 'an empirical science based on questioning and the study of empirical evidence; it is held to be a mystical art, based on clairvoyant knowledge and wisdom' (1992: 123). In the above example Nosibele's use of the adjective "clever" to describe her favourite *thwasa*'s skills is interesting. The structured question and response essential to *ukuvumisa* offers the *thwasa* ample opportunity for the inspired guesswork of a 'clever' candidate, as well as of the gifts of intuition supplied through 'clever' ancestral advice. Hirst's accurate portrayal of *umhlahlo* as loose enough to allow for the 'incorporation of spontaneous intuitions, feelings, deductions' (Hirst 1990: 283), closely reflects my experience of the procedure. On the other hand, given the importance which my teacher attached to *umhlahlo* as

a measure of *thwasa* capability, her particular warmth for this candidate suggests that she recognised in him a formidable 'seeing' gift.

Nonetheless, as another example from Nosibele's catalogue of *thwasa* stories demonstrates, 'clever' candidates can sometimes be assisted by the 'luck of the draw':

When I was being initiated, there were seven candidates, I was the eighth. The *sangoma* are very strict. When I arrived they were asking the sixth. She said it is in the kitchen and they replied, "'Vuma!" "Where in the kitchen?" "Near the hearth!" "'vuma!" "Where?" "I see a black pot, a large black pot" "'vuma!" "It is on the hearth!" "'vuma!" "And what is it?" But this she couldn't find. And the seventh the same. So now, when I started I began from where she had ended, knowing that she'd been on the right track. I saw some powder under the pot, and this was wood ash, and I saw that the *sangoma* needed it for her heartburn. I ran to the pot to bring some back, but I was so nervous that my arms were shaking! I could only manage to pinch a little between my finger and thumb. The *sangoma* laughed when I brought it and gave me a saucer and said, "You are relaxed now. Go and fetch it in this!"

Interview: 22.03.1999

The ultimate purpose of this technique is to hone ancestrally-assisted intuitive insight, which the *thwasa* will use when she sees her clients. They will bring her 'a problem', but tell her nothing of what the problems is. This she must find out for herself, using intuition, experience, leaps of faith and imagination, *umhlahlo* and the test of 'agreement or disagreement' which Reis corroborates (2000: 66).

Perhaps the most dramatic personal version of *umhlahlo*, illustrative of this analysis, occurred at an *inthlombe* at Dr. Kubukeli's home in Khayelitsha, soon after I had made his acquaintance. This was the third of three *umhlahlo* exercises, the first two of which I sat out, preferring to observe how the doctor's practice compared to the one I had been taught. Three other white *thwasa* (Zinzi, E and M) were also in attendance.

I noticed DK leave the room again, this time with his son C. They passed through the healing space and out of sight into the bedroom beyond. They returned shortly afterwards together, and as DK sat down he announced to the company, "I have lost something. What is it?"

I knew at once! It was the beautiful black and white beaded necklace he'd been wearing earlier in the evening. I could scarcely contain myself this time and was very anxious to try to find it. I felt like a schoolgirl who knows she has the answer.

I watched as DK passed right round the room asking each of the white *thwasa* present in turn: first Z, who looked dazed and said she didn't know what was going on, then E, who looked a little peeved and said, "No, nothing's coming through." Now DK asked M at the back of the room who again appeared stymied. No one else was chosen or volunteered and finally I could stand it no longer, and I raised my hand, (forgetting in my excitement, to kneel) and DK said, "Yes?" and I replied, "I know! It's your necklace! The black and white beads!" and then he smiled and the *sangoma* clapped, saying "*Siyavuma!*" loudly, so that I knew I had got it, and DK said, "Yes! and where is it?"

So now I came forward and at last remembered to kneel, and head bowed I said "It's on your person?" and he replied that it wasn't on him anywhere. Then I knew that it was on the son: I *knew* it certainly though obviously it could have been secreted in the healing space or in the bedroom, or anywhere in between. And now DK asked, "Where is it?" and I pointed to his son and said, "He has it!" and again there was clapping from the *sangoma*, and loud choruses of "*Siyavuma!*" and smiles from DK and he said, "So, come and find it."

And then I got up and stood in front of C, and 'saw' it on his chest below the wrap that covered him, and I pointed where I saw it and DK said "Yes - you have found it - so take it!" and I took it from C and returned it to DK. The old woman in red, and the *sangoma* called M, and all the others whooped and hollered and ululated and hugged me and beamed. And I felt happy and pleased and affirmed and acknowledged, and very contained.

As things quietened down DK turned back to the room and said to everyone "You see how it's done? You must be alert!" He motioned to me to sit down, and soon the dancing started up anew.

Fieldnote: 06.04.2001

I was quite as surprised as Dr. Kubukeli at the speed of my 'finding' on this occasion. Perhaps I should not have been: Nosibele and I had spent hours at the technique, with tests of increasing difficulty as my proficiency improved. The episode was my first opportunity to give public provenance to the development of these skills. The following excerpt demonstrates the doubts and misgivings that often accompany *umhlahlo* no matter how skilful the *thwasa* has become.

The Lost Stick

E [One of the white *thwasa* featured in the last excerpt] asked me today for help with *umhlahlo*. In her usual rather supercilious way, she inquired if I wanted to "do some *real* finding?" She has lost her stick and wants to find it. She thinks it must be in Kirstenbosch where she last remembers having it. Would I like to have a go? I had an almost instant response suggesting that the stick didn't need to be found....feeling very challenged to perform.

Later that evening:

After drawing in the smoke of burning *imphepho*, I sat in front of the shrine in my room which draws the ancestors, and with my stick held tight I asked for information on the 'lost' stick. I saw first a stick, short with a few beads, stuck in between two large granite boulders. These rocks were in running water, and I was looking down on them from above. There were strong shadows. Then I saw another image, this time of a stick on a heap of branches and other waste, like a pile of compost.

I was very reluctant to talk about these images, fearing that I would be ridiculed, that my rational mind had come up with a couple of useful solutions to the whereabouts of the missing objects. Nonetheless I was intrigued (and piqued by E's superior tone), so I rang E and told her what I had discovered about her stick, describing the two pictures. She replied, "Well that's very interesting, because there *were* two sticks. One is the one I lost at Kirstenbosch. I've also seen boulders and water. The other one got burned accidentally on a bonfire at P's - maybe that was the compost heap you saw!" Soon after this we went together to try to retrieve the first stick, but scouring through the streams of Kirstenbosch we never found it. I kept hearing that it didn't need to be found anyway.

Fieldnote: 24.05.2001

The *tshoba* or beaded stick is an exemplary piece of *sangoma* equipment, a badge of office as it were, quite as recognisable as the white beads which typify *sangoma* attire. Sticks are acquired, like the beads, at various stages in the *thwasa*'s development to *sangoma*. The first of E's lost sticks had been made for her by her teacher and she was especially attached to it. The first and last insights of this piece - that the stick was staying hidden for a reason - indicated that E was either ready to make her own stick, or readying herself to leave her teacher. At the time E was reluctant to accept either divination, although later events proved them both to be correct. Thus does the *thwasa* learn to look and see and listen sharply, to be constantly alert. With practice comes an acceptance of the apparently 'irrational' images of the first, intuitive signs, and the discovery that these seemingly unconnected pictures and word clues often provide exactly the information the healer requires.

Other Divinations

Other signs and signals are attributed to 'the calling'. Nosibele's tales were replete with instances of intuition, of subtle ways of knowing, of inner vision and reverie. Anthropologists of the subject often collect these 'ways of seeing' under the category 'divination' (Hammond-Tooke 1989; Berglund 1976; Fernandez 1991; Hirst 1990). I favour Sodi's description of this diagnostic process of *sangoma* as an 'intuitive and spiritually inspired activity' (1988: 47). This resembles *sangoma* as this present work understands it, as a separation, or stepping out from the material self to connect at a deeper, ancestrally inspired level. The story recounted earlier in the chapter, of Nosibele's discovery of her Zulu teacher and her driver's astonishment on learning that she had correctly recognised a man so obviously a stranger to her, is a reminder of the cognitive insight *expected* of a *sangoma* candidate. Peek's analysis of African divination and its functions in the therapeutic cycle of healing in Africa recognises the complexities of the process:

all this difference making - the symbolism, complex communications, and elaborate ritual - is finally brought together to help the client formulate a specific form of action (1991: 202).

I include next a final illustration of the pragmatic philosophy of African healing systems, the acceptance of the variety of afflictions which necessitates flexibility in healing. In this example of divination, which took place in Zimbabwe, the familiar anthropological characteristics of theatre, symbol and psychology are much in evidence. Together with the difference making Peek talks of, the ritual helps a reluctant client towards a solution. But this

is a divination ritual of an altogether different kind, in which the *n'anga*, Ambuya, employs a chicken as her divining tool.

A *n'anga* divines

We arrived hot and dusty as usual after a bumpy drive to Ambuya's compound, where she was expecting us. The two chickens, one white, to be used in today's ritual, the other a gift for Ambuya, had spent the entire journey trussed up in the back of the truck. After our round of customary greetings, and handing over of gifts, including sweets for Ambuya's grandchildren, we were ushered into Ambuya's healing *rondavel*, after removing shoes and jewellery as usual. The young woman who was to be the centre of the activities had sat morose and quiet in the vehicle. It was clear that she was distressed, and I could imagine how difficult it must be for her family to communicate with someone so withdrawn and sullen. We sat with our backs to the round packed-earth walls of the hut, on the grass mat, feet outstretched and uncrossed. Ambuya this time did not go into a trance but sat quietly, asking questions and listening intently, all the while observing the patient carefully. The girl herself remained almost silent, answering only in short bursts. Her body language spoke volumes for her discomfort, as she curled herself into the wall. She appeared angry and resentful.

At length Ambuya seemed satisfied, or perhaps (as the events to come would prove) merely resigned. She had all the information she was going to get. It seemed, I was told, that a disturbing spirit had taken possession of the young patient causing her depression and withdrawal.

This was a difficult consultation in which the *n'anga* was demonstrably the 'active party' (Reis 2000: 66). The patient refused absolutely to communicate, and her relatives were left to explain as best they could the circumstances of the case. The diagnostic process was not unlike a family therapy technique, and quite different to the 'smelling' method (ibid: 68) which would have been expected had Ambuya been en-tranced for the examination. Nonetheless the traditional healer explored as far as she could with family members their understanding of the problem, before venturing on her treatment:

Ambuya signalled to us all to get up, and one by one we filed out of the *rondavel* into the afternoon sunshine. She scooped up the white chicken,

legs still trussed, holding it quite unceremoniously upside down. The girl was given some maize seed, and a green and bitter “monkey fruit”. My companion, the girl’s minder, was given a small adze. Ambuya walked ahead with the girl, and we followed at a respectful distance. We crossed the sandy wastes beyond the village and passed through a couple of dried river courses before entering another gully, this time with a muddy, still pool at its zenith - all that was left of the stream which would only run again when the rains came in October.

Before we reached the water Ambuya signaled us to stop. She told the girl to take the adze and dig a hole. The soft sand yielded easily to the tool, and soon there was an opening about a foot deep. Into the centre of this she was told to put the green fruit, and around it to scatter the maize. This was then covered again. All the while, Ambuya was exhorting the girl to chant with her, a sort of mantra it seemed, to the effect, as my interpreter told me, that she was making these offerings to the spirits and now wanted the possessing bad spirit to leave her.

It seemed to me that the girl was less than enthusiastic in her execution of this part of the ritual, and I wondered whether it could be successful without her committed engagement. Perhaps reflecting my doubts, Ambuya sighed resignedly again, and led us away, telling us not to look back at the hole: to do so would invite the bad spirit to follow us.

The responsibility for the difficulty in this case was allotted to a spirit, clearly angry or upset enough to threaten the well-being of a living relative, and able to inflict harm on others, as Ambuya’s instruction not to look back demonstrated. Blokland’s researches in Tanzania discovered a similar category of spirit, ‘*mizimu*’...both relatives and strangers, parents and grandparents...they threaten all’ (2000: 29). The placatory offerings and the chant of supplication appeared intended to calm the anger and convince the spirit to leave the girl.

At the water’s edge Ambuya finally released the chicken, which, on its feet at last, stood apparently mesmerised. Now Ambuya took a small gourd and, dipping it repeatedly into the murky waters, doused the girl from head to toe. Again, she exhorted her patient to appeal to the spirit which was possessing her to leave. “Leave me! Get away!” was how this was translated.

Now all attention was focused on the bird. Ambuya looked sternly at it, and spoke deliberately, slowly without halt. She was it seems telling it to accept the gifts, to accept the cleansing and to leave. The bird though was having nothing of this and stubbornly stood its ground. Ambuya repeated her instruction with the same result. With a shrug of her shoulders, and what I caught as a glance of irritation at her patient, she turned away from the bird and the water, and trudged back, with us all in tow.

That the bird remained stubbornly transfixed meant failure, and the *n'anga*, obviously disappointed, prescribed further work. "She must come back and stay with me," she said "then I can do something."

Willis describes a ritual with similar characteristics in his study of Ndembu healing practice in Zambia (Willis 1999: 99). In both cases the chicken acts as proxy for the possessing spirit, a sort of medium, a scapegoat. In the Zimbabwe excerpt, had the bird left the scene when Ambuya instructed it, she would have divined that the spirit had accepted the ritual and abandoned its temporary human vehicle. But the symbolic act of appeasement, the 'feeding' of the spirit with grain and fruit, and the mantric repetition of separation, failed. The diviner-bird refused to play its part and so mirrored the patient's unwillingness to let go of the possessing spirit. This battle was set to go on.

Part Four: Dreams and stuff

a characteristic feature of theory in anthropology is the unilateral degrading of other people's (apparently) supposed truths about the nature of the world...by approaching and analyzing them as though they were supernatural, rhetorical, imaginary, or fantastic (Shweder 1991: 49-50).

This chapter ends with a discussion of dreams and the stuff of dreams in the experience of *ukuthwasa* and *sangoma*. I have suggested that the creative engine required for all successful spiritual dialogue exists in an acceptance of the presence of forces and powers other than the material. My discussion of 'sacred pragmatics' in the second part of Chapter Two of this work made the case that contemporary western therapeutic technique is affined to this endeavour. Both are embedded in, and fuelled by, the complications of human relationships. Both involve confronting the emotions of kinship, especially in their negative and destructive forms: An unpleasant necessity inescapable in all close human contact, consanguineous or otherwise. The Zulu envisioning of the ancestors as not only continually close to man, but

'also *in man*' (Berglund 1976:115; emphasis added), presents an example of my proximate analogy to Jung's 'collective unconscious' (Buhrmann 1984; 1996).

There are many forms of therapeutic process available to *sangoma*. The interpretation of dreams and visions, in particular, as in western therapy, presents the *sangoma* with opportunities and inspirations for the untangling of a lifetime's experience of unconscious codes and patterns. Thus in *ukuthwasa* I experienced a system of decoding dream and vision based in the immediate and appropriate context of the 'ancestors'. Dreams form an intrinsic part of *ukuthwasa*, and of *sangoma* knowing thereafter. Nosibele described it thus:

N: Ah...the first thing is that when you are going to be a *sangoma* you have dreams...eh heh...you are told in dreams. You have visions you see, and you have feelings in your body. You see now, if you are going to be a *sangoma*, you know what is going to happen tomorrow. Something in you tells you. You can feel that, eesh...by tomorrow I'm sure there's this and this that is going to happen...you see. And even with the people you are staying with you can see that this one is going to have such and such a thing, even if she is going to be sick. You will have that feeling in you, you see?

The disarmingly quotidian approach found in *sangoma* is successful precisely because it is embedded in the symbols and coda familiar to African relationships, whether of kinship or in wider definitions of society. The language of dreams and visions which Buhrmann describes (1996), and which is corroborated by my field advisers and personal experience, offers one method through which *sangoma* seek to process emotional disturbances. Like the 'symbolic currency' which Marina Roseman speaks of, it enables difficult emotions, 'demons and desires' to be expressed (1996: 233). It does not psychologise - if by that is meant the application of the cultural symbolism and methodology of the west - this would have little meaning in *Khayelitsha*. But the symbols used (whether in bone-throwing or dream interpretation) are familiar, and can be recognised and interpreted. An elucidation of a dream offering imagery of ancestors or spirits may appear simplistic or 'non psychologising' (van Binsbergen 1991: 324) to western eyes and ears, but makes eminent sense to one who is familiar with, and accepts, the *sangoma* idiom, and the construct of ancestors. There is psychologising going on, but it is rendered in terms which are useful and comprehensible to the dreamer.

There follows one instance of therapeutic *thwasa* dreamwork. The incident occurred in late September 2001, a few weeks before my graduation, the *goduswa*. The report comes is

in two parts: the first comprises excerpts from my journal and describes a significant dream, followed by my interpretation. This is succeeded by a fieldnote in which I report on a discussion of the dreams with Dr. Kubukeli.

Three Hut Dream

A dream I've had before. A baby, but actually an adult dressed in 'baby' clothes, is to be chosen to act in a film about my life. I am involved in selecting her. I know the 'child' I want from the start. She sits on the grass talking very articulately. I very much want her to be chosen (I don't have the final say?) She seems very hot, and I go to find her a remedy. I go through a garden. In it are three shacks, like in Khayelitsha. I open each one, and know that they have something to do with my father or my ancestors. I'm concerned that the keys are rusting in the locks, and everything inside (the doors are locked open), will perish, deteriorate. There are papers and books, as well as gardening things in the sheds, and I close the doors as best I can as I leave each one. I'm becoming anxious that I may miss the choosing of the baby-adult, but can't find the remedy. Then I find I have it all along in my bag. I run back to the child-adult.

Insights: The baby-adult, very bright, sharp, alive. Myself - she will play myself - not a child, though disguised as one, a full-grown adult. Full-grown in her thoughts and ideas. The three sheds I see as representing the *amakosi*, the *ndiki amandawu*, the grandfathers and grandmothers. They are like the three huts I dreamed of for my skirt decorations. The rusting locks - I've explored all there is to explore, the huts are old and decrepit, they don't need to be locked anymore. The work (the remedy?) is nearly finished, and I have had it all along!

Journal entry: 25. 09. 2001

Sharing, and a new interpretation

I shared these dreams with DK today. He agreed with my insight that I had opened up the homes of the ancestors and the higher spirits (*ndiki, amandawu, amakosi*). I had contacted them all now. "All is done," he said. I had had the remedy all the time? "Of course!" and I didn't need to do any more exploring.

Here I suggest, is evidence of dreamwork utilised as a tool in personal transformation and of what appears to be appropriate psychologising in *sangoma*. This dream appeared during a period of intense involvement in reinforcing communication with my ancestors, using *ubulawu* morning and night. The content of the dream is, unsurprisingly, intimately connected with ancestral material (the three huts and their contents representing grandfathers, grandmothers and *amakosi*), and with the experience of the imminent *goduswa* (the child-adult being readied to 'perform' the life-story). To *sangoma*, dreams like these are seen as messages from the ancestors, and give the *sangoma* the information they need regarding ancestral requirements for resolution of a profound distress, whether their own, or of a client. During training, dreams, visions and other acts of 'seeing' progressively contain information of a material nature relevant to the *thwasa*'s burgeoning healing vocation. In this excerpt the ancestors made it abundantly clear that I had traveled from infant to adult. I completed my training. I was ready for my *goduswa*.

Of ancestral company, cows and an initiate-char

The *thwasa* expects to dream actively throughout the training, (and even when not gifted with dreams the activity of the spirits renders many nights almost sleepless). Dreams are not however, the only manifestation expected of *ukuthwasa*, and here by way of demonstration are two different occurrences. They took place while I was living with Nosibele, immersed in the initial training period. The first features a spiritual visitation, the second what seems (especially in the context of South Africa) a highly unlikely event. Each in its own way was the cause of great jubilation for Nosibele. They can safely be included in the category of 'ancestral evidences' which I will develop in the next chapter.

Ancestral company

After a much more relaxed day and eve I went to bed as usual. Shortly after lying down, not yet asleep, neither fully awake, I became aware that there were presences in the room: they came through the partly opened door down the side of my bed to me and towards the cupboard. My mother led the group. She smiled and hugged me, then I saw my aunts and even my uncle: then behind them grandmothers and grandfathers. Behind them were many others though I could not see them. I felt very happy.

Describing this in the morning to N, she said, “Yes. They are coming to you and to the *muthis* [*ubulawu*]. They will keep coming Jo...” Journal Entry: 24.03.1999

What was going on here? Was this experience a projection consequent on sharing the unconscious of my mentor, as Sodi proposes (1988: 59)? Was it induced by the intensity of a profound field experience, the result of a deep connection with my teacher’s culture, a Jungian interpretation which Goulet and Young appear to favour (1994: 306)? Was it, to ask another of Young’s theoretical questions, real or imaginary, and does the distinction matter (1994: 174)? This first event does appear to fit Young’s description of a ‘vision’, being ‘as real and authentic, in [its] own right, as my ordinary waking experiences’ (ibid). It was certainly similar to experiences before and since, mostly associated with healing episodes, in which I have felt myself and my clients accompanied by other, usually beneficent, spiritual entities. In this instance I was neither asleep nor awake, and my ancestral visitors had no material substance, though my body experienced the embrace of my mother, which was followed by a profound emotional euphoria. Nosibele was sleeping in the double bed next to mine throughout this visitation, yet she testified in the morning to seeing and hearing nothing: and this from a woman who regularly claimed to ‘see’ and ‘hear’ visitors. The visit, then, was intended on this occasion for the *thwasa* alone.

This was, I suggest, a meeting at a collective unconscious level. I categorise it as related to the intensity of my relationship with Nosibele and *sangoma*, and touched by the work we were embarked on together. Was it real? Like many of Nosibele’s tales (and my own experiences during therapy), I am unlikely ‘scientifically’ to be able either to prove or disprove this visitation (or hope to replicate it). But in any idiom proof surely lies in the eye - ear, mind, unconscious - of the beholder. In *sangoma*, as with therapy (fundamentally unlike scientific positivism, as Gellner complains (1985: 45-46)), testability and replicability are in the end unimportant (Portelli 1991: 51). What signifies, becomes real. This was what Shweder might call a ‘really real’ episode (1991: 13). Nosibele had no doubts. She saw the vision as evidence of the ancestors’ pleasure at my accepting *ukuthwasa*, and their visit as testament to the powerful attraction of the *ubulawu* she had prepared.

The final excerpt in this chapter was no waking or sleeping dream, neither apparition nor hallucinatory experience. It was quite simply something I felt compelled to do even though my rational mind questioned my sanity.

Initiate-turned-char

This morning I had an intense urge to clean the kitchen and bathroom and asked N if it was OK to do it. She said yes, and gave me the kitchen cleaner and rags, and I set to, down on my knees I washed the kitchen tiles, cleaning and sweeping and singing a hymn we'd heard earlier in the morning on the radio. After this I ventured into the bathroom, the same compulsion driving me on though my rational mind knew perfectly well that the flat was already clean and that my efforts were unnecessary. One part of my mind also worried that N would think me critical of her housekeeping."

N's response to this activity was interesting:

"She appeared to be aloof and unconcerned, but as soon as I felt I had finished she called me into the bedroom where she sat on her bed surrounded by *muthis* in plastic containers and packets of newspaper. She invited me to sit, and then showed me the eight *muthis* that will be mixed together to make the *ubulawu* for calling the spirits and asking for their guidance and help. They all look different, all are dry roots and barks as far as I can tell. "It's only a pity that I can't show you the leaves," N exclaimed in her frustration at not being able to take me into 'the bush'. Each herb has a different name and purpose. One is for the spirits to say "Let's go!" to show me where to go, "And you will have to do it!" emphasised N. There were others for the grandmothers and grandfathers which will be mixed together... After all this N said, "You know when you were cleaning the floor I thought to myself that it is wonderful how the spirits work, because this is exactly what the *thwasa* should do! You must be a servant to your *sangoma*! It is good! Your spirits are with you Jo!" Again the big grin.

Fieldnote 19.03.1999

Like the previous episodes, this last event was (by now perhaps it hardly needs saying), a complete surprise to me and my teacher. Nosibele had never before referred to me as her 'servant', nor treated me thus. The necessity to obeisance suggested here as a natural part of the *thwasa*'s role does reflect other African initiatory ordeals, and especially those involved with impressing on strangers just how lowly is their place in the scheme of things. Although Nosibele's stories of her own training, especially her experience in Natal, were replete with episodes of petty cruelty and humiliations, she had emphasised that I should not

expect such treatment. Certainly the cleaning in this instance was unnecessary. Since we already shared the cleaning, the flat was spotless before I started. Yet the compulsion was overwhelming, unassailable. Nosibele's response was telling, and not just for her delight. The episode prompted her to start to share the *ubulawu* herbs with her *thwasa*. Convinced that she was right to trust my 'calling' my teacher could now confidently continue my training.

Conclusion

Considered together the events described in this chapter evidence distinct and diverse versions of a lived experience of *ukuthwasa*. The catalogue of episodes satisfies the criteria which Young lays down for the 'model' of the anthropologically 'extraordinary' (1994: 174-178). They do not violate my teacher's views, are available to different interpretations without prejudice, and possessed of a meaning which can be communicated to western as well as *sangoma* audiences. But in the end perhaps Young's determination to over explicate his own remarkable experience merely provides further evidence of the determination of academe to rationalise in the face of 'the inexplicable'. To my teacher, these events were commonplace in the *ukuthwasa* process – essential certainly, as evidence of the presence and support of ancestral spirit, and useful to offer as proof to doubtful *sangoma* colleagues – but in the final analysis neither out of the ordinary, nor especially remarkable, when taken in the context of the usually unusual that constitutes becoming a *sangoma*.

The content of the following chapter is based almost entirely on further experiences of similar events, this time in the context of the *goduswa*, the graduation ceremony. The ethnography will demonstrate how these incidents were interpreted, by traditional healers and lay observers, as evidence of the ancestral provenance of my training and thus the propriety of my graduation.

Chapter Five: *Goduswa* and ancestral evidences

'Anthropology, instead of going on endlessly about culture as order-out-of-disorder, might then become.....the study.....of knowledge as passage into the unknown' (Fabian, 1991: 193)

Introduction

This chapter documents some of the events which signalled and encompassed my graduation as a *sangoma* - the culmination of my experience of the prolonged training process of *ukuthwasa* described in the previous chapter. The ceremony is known as the *goduswa*, and represents the reward, the final reciprocity of *ukuthwasa*. The ritual took place over a total of six days, from Tuesday 24th to Sunday 29th October 2001. The majority of the events recounted here occurred over the final weekend from early Friday morning to Sunday afternoon. Most of the action was located in Dr. Kubukeli's house and yard in Makhaza, Khayelitsha, Cape Town.

The chapter presents this account of the *goduswa* from two sources. First, from my subjective experience as the ethnographer-initiate, and second, through the reflections of Nosibele and Dr. Kubukeli on the events as they happened. In the latter case I introduce the proofs, or 'ancestral evidences', which Nosibele and the doctor discovered before and during the *goduswa*, and which enabled them to conclude that I was, indeed, a *sangoma*.

Part One: Ancestral evidences

'Neither reality nor fantasy is independent of our version of it' (Shweder 1991: 346). As the previous chapter demonstrated, there are certain essential prerequisite elements to the practice of *ukuthwasa*, a structure of sorts, what van Binsbergen has defined as 'institutionalised expectations' (1991: 334). This chapter draws attention to the invention that epitomises the traditional healing experience (see for example Auge 1998; Berglund 1976; Buhrmann 1984; Comaroff 1993). It is events developed out of this innovative, creative impulse which I categorise as 'Ancestral Evidences'. The following discussion focuses on these less obvious signs,¹ sufficiently different to the customary to command attention and respect. Sometimes these signs result from innovative or invented tradition, sometimes they represent new readings of events rehearsed before, but all are welcomed as indicators or symptoms of ancestral presence,

¹ 'Less obvious' should not be taken to imply that such episodes are of less significance. On the contrary they are as vital to the provenance of *sangoma* as are episodes of the unmistakable symptomatology already rehearsed.

co-operation and beneficence. In my case they were understood first, as encouraging indications, and finally as conclusive testament to the power and potency of my ancestral spirits, and the strength of my connection to them: a sort of archaic dispensation.

That there is an almost limitless variety of such evidence should not surprise, for these signals are perceived to come directly from the ancestors. Since each *thwasa* has different predecessors, it can safely be assumed that each ancestral company may present something peculiar or unusual, the result of a particular demand from a known or named antecedent. The manner of approach to the ancestors is necessarily idiosyncratic, and the answers received are, needless to say, unique in every case. Examples of such ancestral evidence occur throughout *ukuthwasa* (and beyond).

Non events made eventful

One example of evidential proof occurred unannounced on a sunny morning days before the ceremony known as the 'Summoning of the Spirits' which preceded my *goduswa*. Zinzi and I were visiting Dr. Kubukeli to make final arrangements for the catering of the ritual.

As is essential for such events a huge quantity of *umqombhoti* (traditional sorghum beer) was required, and the initial stage of this long process was well underway in the fenced enclosure within the doctor's yard.² A large metal drum of *umqombhoti* had been stewed on a wood fire all morning and then removed to stand and cool. Seeming quite agitated the doctor urgently ushered Zinzi and I through the makeshift gate into the enclosure and pointed to the drum. It had now been away from the fire for some time, but the frothy liquid, instead of cooling, continued to bubble and boil. Shaking his head, and smiling in surprise Dr. Kubukeli said, "I have never seen this before! Your ancestors are *very* hot! They are very excited! They are pleased with everything you are doing!" The event surprised the witnesses - Dr. Kubukeli, Zinzi and myself - for different reasons.

Zinzi and myself were both undergoing *ukuthwasa*, yet neither of us understood the doctor's obvious excitement. After all, a large quantity of liquid does take time to cool down. Dr. Kubukeli, teacher and *sangoma* specialist, gave us a reading of the drum's bubbling contents which attributed a symbolic meaning to an event that any of us, on another day, under other circumstances, might either have ignored or interpreted

² This area symbolizes the cattle enclosure of the traditional homestead, the place of the ancestors.

differently. That this piece of 'ancestral evidence' manifested in the few weeks which were left before my graduation was significant, for such things were expected as a consequence of all the attention being lavished on the ancestors and as proof of the *thwasa's* commitment. They were also *sought*, as evidence that these attentions were accepted, and would be reciprocated.

To the casual or untrained eye this event might have seemed quite *uneventful*. But interpreted by the *sangoma* specialist in terms of the accepted scheme of things (in this case, the 'Summoning of the Spirits' ceremony and the *goduswa* to follow), it was made *eventfull*, of critical significance. This was the stuff of *sangoma*. This example, and the others which follow, contribute to the encyclopaedia of events, the 'gradual unfolding of new expectations and the invention of new...patterns by the specialist [*sangoma*]' (van Binsbergen 1991: 334). Their signification is determined by means of what Behrend and Luig call the 'complex process of reciprocal interpretations', in this case between traditional practitioners, their initiates and other participants (1999: xv).

'Going to the River'

The ritual of 'Going to the River' (Buhrmann 1984; 1996) is designed to honour and pay respect to the ancestral spirits ('the River people' of Chapter Two), believed to have originated there, and from whom life itself sprang. The ceremony may be repeated throughout *ukuthwasa* but a final version must take place shortly before the graduation to prepare the candidate for the event. The customary offerings are of grains of sorghum, maize and beans, with snuff and tobacco. Here is Nosibele's description of her own river ceremony:

Myself I took just one day. I had my muthi [*ubulawu*] there in my hut built close by the river. I was fed by the *sangoma* when my spirits told me. I had to beat my *ubulawu* and eat it early in the day vomit and wash with the *ubulawu*. There was no light in my hut, and no mat.

Special grass is collected and you sleep on that. When you leave after the ceremony the grass is collected and tied together, and returned to the river. I heard my spirits' feet go across my body and over my back.

There were three of them!

Then they asked for beer (*umqombhoti*), but I told them "No, the beer is at home, and this is not my home." At 3 am I walked to the river before dawn and took the seeds, beans and corn in the grass baskets the *sangoma* had made overnight, one grain in each and snuff and

tobacco. At the river the *sangoma* beat my *ubulawu* and I had to wash my body standing there in the river. It was cold! The *sangoma* took the baskets and talked with the spirits, saying that we are presenting this person to you and they should come and help this person. Then the baskets were laid on the water and they floated until they were taken down straight to the ancestors.

Interview: 31.03.1999

In my case, since my ancestors were European they were deemed by Nosibele to have come from the sea. She insisted that my spirits were not, as she put it “locked up in a South African river - no! They came here by boat, on the sea!” Accordingly she decreed that my ceremony should take place by the ocean and the ritual was re-named by her – ‘Going to the sea’. The event took place on the morning of the first day of the main three-day *goduswa* ceremony.

Friday 26.10. I woke at 2 am to beat the froth in my two *ubulawu* cans and eat the foam from both. I vomit afterwards into a plastic bowl, trying very hard to be as quiet as possible so as not to disturb the sleeping *sangoma* and visitors in the next door room. Then more fitful sleep, disturbed by township noises and the knowledge that this morning I will ‘go down to the sea’. Z arrived at 5 am to find N and I still dressing. DK in a hurry and N also bustling me along. It was a clear morning though still dull with a light mist.

We four, N, DK, myself, and Z driving, piled into her car. In my hand I carried my offerings as directed by N - not sorghum, maize and corn seeds, as DK has suggested, but white beads and some silver coins.

We drove to the nearest beach, parked the car and walked barefoot down to the sea across white, litter-strewn sand.

DK carried a battered gourd which had been sitting on the makeshift shrine in our room. It was filled to overflowing with *umqombhoti*. N carried the pan of *ubulawu* and the forked stick. I carried a flat stone with a small newspaper- wrapped packet on top. Z had the reed mat under her arm, and DK told her to spread it out some way back from the water’s edge where we also left the *ubulawu* and the stone. We walked on down. It was a small cove. No one around. We stopped at the edge of the sea where the waters lapped gently. Grey blue sea. DK and Z on one side, N on my right. Fieldnote: 26.10.2001

Nosibele's invention in ritual practice - 'Going to the sea' - may have resulted from her experience with her last *sangoma* teacher who was a Zulu. Berglund refers to the practice of diviners associated with rain-making in KwaZulu-Natal, who regularly visit "the great waters" (the Indian Ocean) (1976: 57), to replenish their spirits, and remind them of 'what to ask for' (ibid). It is probable that this cultural influence played a part in Nosibele's persistence. The ritual further testifies to the inherent flexibility of *sangoma*; in the absence of formalised procedural rules and regulations tradition is available for continuous re-invention.

Waves of significance

The ritual continued:

Now DK directed me to wait for the next incoming wave, and then to throw in the silver coins and beads, and on the next wave after that a small amount of the *umqombhoti*, all the time calling in the ancestors and asking them, "Beseeching," he called it, to accept these offerings and be with me throughout the graduation. As soon as I had thrown in the gifts, I knelt in the sand: it felt the only thing to do. Kneeling there in mute submission, voicing my silent requests for a successful *goduswa*, I felt my lower half suddenly cold and wet, and realised that I had been engulfed in an unexpected wave. Shouts of "Camagu!" and "Amakosi!" erupted from DK and N, who both beamed, and shouted excitedly "Your gifts have been accepted!"

Fieldnote: 26.10.2001

Nosibele intuited that European ancestors would not recognise offerings of African grain, but would appreciate the silver coin, an insight which demonstrated an eye for originality, and an astute, if somewhat dispiriting comprehension of a western culture in which material wealth is so often paramount. The offering of *umqombhoti* on the other hand - the sorghum beer which Nosibele venerated as "the drink of the ancestors - they like it!" - suggests that ancestors are not fastidious in their choice of alcohol. It was taken for granted that the white beads, the colour most associated with the ancestors throughout Africa (Janzen 1992; Soga 1931; Sundkler 1961; Turner 1969), would be recognised by all, no matter their origin. Further evidences lay in wait:

We walked back, and I knelt on the mat while N undid the newspaper packet to reveal a pinkish, slightly lumpy powder, which I recognised as *ifutha*, the clay which would make me white like the ancestors. N

mixed some of this on the stone I had carried, with some of the *ubulawu* to make a thick, liquid paste. Then she anointed my face and neck, telling me to close my eyes as she worked round them. Then my arms with a gruff, “*Thwasa!* Roll up your sleeves!” and my legs to above my chilly knees. As the paste goes on it is a darkish pink, but dries much lighter. This was an extraordinarily moving moment for me, as my adopted black African mother carefully spent time preparing her daughter. Everything fell silent. There was magic in the air.

Then, as quickly as it came the enchantment let us go. The sangoma brusquely ordered me up, and we picked up all our bits and headed back to the car. A lone black man had now joined us on the beach, where he stood at the water’s edge washing himself. I felt uncomfortable as I imagined the cold salty water I had just been engulfed in being *his* only means to get clean.

Fieldnote: 26.10.2001

Here the commonplace rendered nonordinary in context is the wave. Down on the beach, close to the water’s edge, the waves lapped in and out as they always do. Kneeling there long enough, with an incoming tide, I would eventually have received a soaking. Whether the tide was coming in or on the ebb, on this calm morning when the normally aggressive Atlantic ocean was unusually placid, the sudden engulfing wave was interpreted without hesitation as singular, and consequently a happy indication of ancestral satisfaction. Nosibele’s intuitive inventiveness regarding the offerings had paid off. The spirits were gratified.

Each event in this sequence increased the tally of ‘ancestral evidence’ required to reinforce my claim to *sangoma* status, and to validate Nosibele’s sponsorship of it. Successive proofs were greeted with delight from Nosibele and the doctor. Different from what might be framed in the ordinary or everyday, the *sangomas*’ interpretations made sense, and were used to *make sense of* what was happening, within the framework of ritual.

Signifying the special: Ritual sacrifices

The action now moves to the major *goduswa* events. Late in the morning, long after ‘Going to the Sea’, the bull and goat (discovered the week before) had duly arrived amidst much palaver. Offloaded from a noisy truck belching exhaust fumes the animals

were dragged (by the sounds of it, very unceremoniously) inside the fenced enclosure and tethered. The slaughters, scheduled to take place in the late afternoon, were preceded by their own 'ancestral evidences'.

At about four o'clock in the afternoon, the bull suddenly set up a bellow, a long drawn out roar. N came rushing in full of excitement and asked if I knew what this uproar meant. When I said no she explained, "This is the time when the ancestors [here personified in the bull] come back to the homestead; now your bull is calling on all the ancestors to be with you. It's *good Jo!!*" Its significance passes me by for now, for N has just told me that "after the goat is pierced, you must run up and suck the blood," and I am deep in meditation on what the upcoming ritual will involve and how I will cope. I have read of this practice in other autobiographical accounts and I'm not surprised, but I am full of trepidation about this part of the event.

Fieldnote: late afternoon 26.10.2001

In this first attestation, the ancestors introduced themselves through animal behaviour so commonplace that under other circumstances it would have been ignored: As it was, its significance certainly "passed me by." The bull let out a tremendous prolonged bellow, as bulls do. At another time this ordinary episode might well have passed unremarked, as anyone dwelling in the African countryside, and familiar with the sounds of lowing cattle towards sunset, will understand. But it was not just the sound which was seen here as significant, but the timing of the event. It happened around four o'clock in the afternoon, when the ancestors (personified in the cattle) are accustomed to start their return to the safety of the homestead. Nosibele's excitement at this event was barely suppressed. She read it as an unmistakable signal of ancestral approval, easily comparable with the bubbling *umqombhoti* and the wave. The discretionary power of the beholder in the comprehension of events was underlined (Shweder 1991: 346). In this instance the observers were engaged in a ritual process expected to produce the extraordinary and revelation was anticipated.

Slaughter One: The goat

N had anointed the goat and the bull in turn as soon as they entered the enclosure (or rather, were pushed and shoved for neither seemed inclined to take their fate lying down). She had trickled snuff from head to tail along the spines of both animals, and then using smoking *imphepho* she had repeated the anointment, making sure that the

animals breathed the pungent smoke in. (I had watched all this, contrary to seclusion orders, from a gap in the curtains of my room). Now it seemed all was in order as I waited apprehensively to be called:

DK had ushered the other *thwasa* out of the yard into the room next to mine. Z had disappeared. N protested to me that this wasn't how they did it in Natal. "There the *thwasa* are encouraged to watch the slaughter. They line up and sing and dance all the way through. They celebrate!" she said.

DK came and sang outside our door and then respectfully knocked, and then led N and I out. We waited just outside the gate to the enclosure, to an accompaniment of a single drum. There were people gathered round, on benches lining the yard, but everyone was strangely silent. Everything felt very eerie and unreal.

The goat was brought forward and tethered behind the fence and uncomfortably close to the waiting bull. Now DK took his long handled spear with its six inch blade (I had heard him sharpening it earlier in the day), and passed it all round the goat's body. Then he suddenly thrust it into the left shoulder of the animal, below the shoulder blade. The goat struggled and bleated fiercely.

It seemed this first strike wasn't good enough though and now the doctor struck again and then hurriedly shouted at me to "Run!" and I did as I was told, rushing through the rickety gate into the enclosure and kneeling by the animal to put my mouth to the goat's coarse fur, taking in its smell and sucking as hard as I could at the tiny wound. I tasted the tangy bitterness of her blood and knew there was a trace left on my lips. I asked for the animal's forgiveness for this defilement and drew away. DK asked anxiously "Did you get it?" I nodded my head and backed off.

The taking in of the sacrificial animal's blood symbolised my physical and spiritual re-connection to ancestral spirit. The initiate must suck the blood from the goat's wound without gagging in a demonstration of her *bona fides* as a healer and her acceptance of the spirits of her ancestors. As the previous excerpt showed my compliance with this apparent cruelty was demanded by my teacher at the last minute, and pushed me to the edge of the obedience insisted on in *ukuthwasa*. Up to this day I had been compliant, enduring demands embarrassing or demeaning by turn - kneeling in a *sangoma's*

presence often for long periods of time, lapping up the *ubulawu* like a dog, eating without utensils, remaining celibate, being more or less sequestered – but these paled into insignificance by comparison.³ I had heard of other white *thwasa* who had endured the blood-taking experience, but this made no difference to the reality that an animal already suffering, was asked to suffer more (the second stab to the shoulder) to satisfy the ritual. The following day, when the major ceremony was nearing its end, Nosibele announced to the gathered company that my new isiXhosa name would be Thobeka ('she who is obedient') which at the time seemed only to rub salt into the goat's wound. The slaughter now commenced in earnest:

Now N led me outside the enclosure again, where she told me to kneel on the same reed mat of the morning, facing the animals. The bull stood quite quietly staring long and uncomfortably hard at me. The goat was slaughtered with the customary slice to her throat: I couldn't see, for the bodies of the slaughtering team, nor really wished to, but the goat evidently struggled hard and continued to cry, so that the crew controlling her nearly lost it. At last there was stillness and quiet, the quivering body stilled and the tin bowl to collect the blood was full. Someone took it to DK's shrine for the ancestors, and the skinning and dismembering started.

N supervised this operation scrupulously. I saw her cut a piece of flesh from below the left shoulder, as she had done at my 'second acceptance of the call' ceremony in Zimbabwe. This was put immediately on to the fire, and then thrown into my mouth. Any pieces I missed were to be taken from the mat without using my hands.

N also removed the intestinal lining which was hung over the fence to dry out: This would be used for candles and in the making of medical salves. I saw the gall bladder retrieved and tasted its bitter liquid as N squirted it into my mouth, pouring some into my upturned palms and telling me to rub it all over my face and hands. The bittersweet juice cloyed in my mouth. The remainder was poured into the two *ubulawu*

³ Observant readers will have noticed my disobedience in peeking through the curtains to observe my teacher's ministrations to the sacrificial animals. I excuse this on the anthropological grounds of the need to be able to report completely on these important activities. It is also worth mentioning that my seclusion at the doctor's had been far from complete, with visitors bustling in and out and the door often left wide open.

cans. All of this happened in near-silence. I heard gasps from the slaughter team and wondered what it was about, but now I was led back to my room and there was no time to ponder or enquire.

Later, breaking off from her supervisory duties, N came in to tell me that the goat's battle to live was a good sign of a powerful spirit. It was a small consolation. After what seemed like a long time later the carcass, first the skin, then the head and finally the rest of the body was brought back, bloodied and gory, to be placed at the foot of the foam mattresses on which N and I slept, and where, joined shortly by the bull's carcass, it would remain until this part of the ritual was complete.

Fieldnote: 26.10.2001

The slaughter of the goat presented two more proofs of ancestral beneficence. First, the goat's struggle for life, and prolonged cries were instantly interpreted as signs of a powerful healing spirit, likely to be long-lived. The second, which was enormously distressing for me, was the goat's pregnancy - the gasps of surprise I had heard signaled the discovery of the foetus. Excitement was engendered by the attribution of significance (another collective and discretionary act), to this discovery. In it the slaughter team and *sangoma* recognised not just one powerful spirit, but, as Nosibele told me later "They were *two!*"

The slaughter I have described also exemplified the more customary in *sangoma*, signs and significations that are expected, if not compulsorily required, as part of the proving of a new healer. The goat's bleats for example echoed Berglund's informants who reported that "Goats are good for slaughtering. First, they make much noise, calling the shades nicely. Secondly, the gall is big and very bitter. So it is a good animal for slaughtering" (1976: 228). This nonchalant attitude may unfortunately disguise the role of the knives in the sacrificial act, for their sharpness (or lack of it as is unfortunately more often the case) also plays a part in the animal's cries. There were other examples of the customary. The smoke of *imphepho* (passed around both animals) was breathed in by the beasts, an assurance that they were willing to give up their lives and join the ancestors. Likewise the *ubulawu* was obediently lapped up by both sacrificial animals.

About an hour later it was time for the slaughter of the bull.

Slaughter Two: The bull

Now N led me out again and directed me to kneel on the reed mat, facing the next victim. I had time to look into the bulls' eyes, gentle yet wild, and I did wonder very much what had been going through its mind in the past hour. He had been kicking out vigorously since his arrival, and the slaughter team was chary of his hooves.

Now, bound by his back legs and secured at the front, someone DK plunged a large knife into his throat - he bellowed loudly, but instead of toppling, struggled fiercely. There followed at least two more thrusts with the knife, but each time the bull struggled and kicked out, forcing the 'minders' to dodge out of the way. This struggle, his struggle for his life, went on for a horribly long time and directly before me. It seemed he refused to give up. Even when he had finally fallen he continued to lash out, trying still to get back on his feet. The slaughter team approached him with more and more respect, until at last we heard the death rattle and he shuddered away. The skinning and dismembering starting immediately, steam rising from the animal's body.

It was finished now and I was shattered.

N led me back to the room where the bloody goat's carcass reminded me of the events outside. I sat near the shrine while N returned to supervise. Perhaps half an hour later the bull's skin was brought in and laid out next to the goat's. The raw meat was barely recognisable as the living beautiful animal it has so recently been. The head, its soft tongue lolling out from a partly open mouth, and eyes just slightly opened so that they seemed to be giving me a sideways, unreadable look, was plonked without ceremony in the centre amidst a pile of bloodied flesh. We were to spend the next two nights in the company of this ghoulish heap, its smell becoming more and more familiar as it ripened, the quantity depleted with each new feast.

Fieldnote: 26.10. 2001

If the goat's struggle for life held significance, the bull's refusal to submit, its fight against death, kicking out at its fate to the very last, although it was dreadful to watch, provided, like the goat before it, irrefutable proof of a healing spirit not only powerful, but which would be long lived. Nosibele explained it:

“If the animal falls over and dies as soon as the knife cuts it, the healing spirit is weak and will fall away quickly. Your bull and the goat took a long time to die – your spirit will live a long time and be very strong!”

Such a spirit demands respect, a wary reverence which became increasingly evident in the faces and body language of the slaughter team as they were forced to appreciate this animal’s fierce will to live, and the ancestral evidence implicit in its behaviour.

I had witnessed slaughter before (and have again, since) and the intensity of the experience is renewed every time. Now, as I neared the final hours of what had been a shocking ordeal I succumbed to weariness and debilitation. The shattering I noted in the writing up signified not only a physical, but a profoundly emotional rendering akin to the dismemberment of the sacrificial animals. My teacher seemed to acknowledge my right to this exhaustion, and for the next couple of hours I was left quietly to myself and to my communication with the spiritual others on whose behalf the events had been enacted.

Sacrifices to science

Before leaving this coverage of the *goduswa* slaughters, I want to look at the events as they reflect on some other popular assumptions and presumptions about *sangoma* practice. For the purposes of this discussion I refer the reader back to the episode included in Part Three of Chapter Three, in which Dr. Kubukeli pitted his wits against the Medical Research Council. During our visit to the MRC’s offices at Delft I was discomfited to discover caged animals in the grounds, a clue to the sort of scientific experimentation being carried out within the featureless office blocks. It was likely that the MRC, with its pharmaceutical connections, would be engaged in tests involving animals: tests which would continue after the establishment of the ‘Traditional Healers’ College’. Indeed, it was highly likely that some of the chemicals and compounds reduced from the healers’ plants might well become the source of future experiments.

The ugliness of the biomedical association with laboratory animals is well documented, and the use of animals for experimental purposes has long been a fault line between environmentalists, ‘animal activists’ and the pharmaceutical giants and biomedical science (Grunewald 1994; Hooper 2000: Chapters 6 and 7). Animals as experimental ‘machines’ seem to be an inevitable consequence of medical mechanisation. The onward progress of human life, in its enlightenment mode at least, is premised on the testing of drugs and medical techniques. In this ruthless environment animal ‘sacrifices’ - the routine destruction of animals that have ‘survived’ their tests

but also outlived their usefulness (Preston 1994) - ostensibly plays an inescapable role (Murphy 1994).

The science of spiritual sacrifice

Why demur about the employment of animals as machine sacrifices to science, when animals as sacrifice constitute a major facet of *sangoma* ritual? Ritual slaughter is popularly taken as incontrovertible evidence of the primitive, savage and barbaric in *sangoma*. The implication is that western ways are benign in comparison. This notion repays examination.

A review of mechanised methods of animal despatch is enlightening if unedifying. Berger presents a harrowing portrayal of the brutalised and brutalising environment of a modern slaughterhouse which vividly conveys the alienation inherent in contemporary practice (1975). Unlike *sangoma* procedure, the bloody activities of such charnel houses are discreetly hidden from the consumer. The production-line process pays precious little respect to animal or human dignity, and the meat which appears, often after prolonged periods of deep freezing, is quite unnatural. Clad in plastic film it is displayed under pink lighting to enhance the charade of freshness. Emptied of any spiritual purpose, the fission between slaughter, food and humanity is absolute. And when these factory style meat manufacturing processes go wrong, the consequences, for animals and humans, are ghastly, as coverage of the epidemic of Bovine Spongiform Encephalopathy (BSE) in Britain's cattle witnessed (HPO: 2003).

The contrast with *sangoma* ways could not be more different. As the descriptions of the *goduswa* slaughters demonstrate, the animals sacrificed in *sangoma* ritual represent the reciprocity of the living with the dead. The sacrificial beasts embody the ancestors (Mayer 1980: 58). The animals are therefore treated with respect, blessed before their death, smoked with *imphepho* and given *ubulawu* to drink to facilitate their re-connection with spirit. They are quickly, if bloodily, dispatched. In a moving invocation of the living animal-ancestor, the corpse is 're-membered' after slaughter. Butchering of the animals occurs in front of the community of those for whose well-being they have been offered, and the meat is consumed by that community within two days of their slaughter (Berglund 1976: 198). Nor is the meat for the consumption only of the living; it is presented simultaneously as a sign of respect for, and a symbolic 'feeding' of, the spirits (Janzen 1992: 104). All the bones are collected after each feast, and ceremonially burned to ash on the final day. Sacrifice in *sangoma* is part of a spiritual practice, deeply bedded in ritual cosmology.

Conclusion

In this chapter I have depicted some of the main events leading up to and surrounding my *goduswa*, the *sangoma*'s graduation ceremony. The events exhibit the idiosyncratic quality of *sangoma* ritual, and vary in their intensity from the quotidian and scarcely noticeable to the violent and heart wrenching. In Chapter Two I emphasised the vitality of ancestral spirit in the living world. In this chapter I have shown the presence of the ancestors invoked and beseeched through ritual enactments and the importance of the ancestors' beneficent support and activity in the graduation, which is repeatedly underscored by the series of incidents I titled 'ancestral evidences'.

Starting with the seaside propitiation of the ancestors in the ritual of 'Going to the Sea', the action returned to Dr. Kubukeli's home. There in the late afternoon I described the ritual killings of first, the goat, and then the bull. I noted that it was the dismemberment of these beasts, and their symbolic reassembly in the initiate's room which signed my acceptance of her healing call. Finally I compared these ritualised killings with the mechanized meat production more common in western culture.

Throughout the frenetic activity of this *goduswa* day I was, for the most part, conscious and very alert, anxious not to miss anything, to get everything right, to be seen to pass these final tests as a *sangoma*. In the next chapter my analysis of the process of being judged as fit for graduation moves into another realm of *sangoma* consciousness, that of trance and possession.

Chapter Six: What got into you? Ancestral en-trancement

on the edge (at the brink), everything on the other, invisible, side is crying out to be recognised...until the invisible comes in (Berger, 2001: 67 - 68).

Introduction

This chapter follows the last in context and in location. The events described here took place in the afternoon and evening of Saturday 28th October 2001, the middle day of the last weekend of the six-day *goduswa*, the graduation, held in Dr. Kubukeli's yard in Makhaza, Khayelitsha.

But here the focus shifts, in more ways than one, to consider another manifestation of ancestral evidence, one which has much occupied anthropologists - the experience of trance. In Part One, 'Not always bad: Trance in the literature' I discuss several anthropological interpretations. Then, by way of comparison, Part Two, 'What got into you?' describes the trance which I experienced at the height of the *goduswa* episode. Finally, in Part Three, I place this experience within a discussion of trance in the work of *sangoma*, illustrated with other examples from my fieldwork in which healers are shown to be 'handling spirit' in diverse ways.

The chapter as a whole is intended to enhance understanding of the fluidity of existence and the actuality of an ancestral domain which underpins African traditional healing knowledge. The events are testimony to the spiritual boundary crossing that is a fundamental task of *sangoma*, and to the role of the *thwasa* and *sangoma* as conduits of ancestral inspiration, to and from that domain, in quest of healing.

Part One: Not always bad – trance in the literature

According to Janzen, the 'Western bugaboo' with trance has clouded proper understanding of Southern African healing (*ngoma*), and possession trance in particular has occupied far more attention in the literature than its minority status warrants (1992: 132-134). Nonetheless the subject continues to be extensively described and analysed in anthropological studies (Behrend and Luig 1999; de Rosny 1985; Devisch 1985; Peek 1991; Stoller 1995; Turner 1968; Willis 1999). Beattie describes possession as 'an almost inevitable corollary' of the belief in ancestral spirits as operators and interventionists in the world of the living (1966: 229). Citing Firth, he distinguishes between spirit possession, and spirit mediums. The former is demonstrated when a person is taken over and controlled by a 'spiritual agent', thus altering

normal behaviour: The person is out of himself, or even 'out of his mind' (ibid). When possession also exhibits glossalia - Beattie distinguishes this as 'language not used by that person in ordinary life' (ibid) – he describes the possessed as a spirit medium. Although the *goduswa* excerpts which follow will exhibit all the demonstrative qualities Beattie attributes to trance and possession, I must take issue with one of his interpretations: The definition of possession as 'usually, (though not always) a bad thing' (ibid: 229-230; emphasis added).

Beattie's attribution of negativity to the trance state seems curious, especially in the light of his emphasis on possession as behaviour which can not only be learned, but may be wholly or partly 'fraudulent' (ibid: 230). Why an individual would choose to learn to submit themselves to negotiation with the 'malign', or indeed, pretend so to do, is not explained (ibid: 231). Arguably this is a consequence of the religious slant of Beattie's argument, and influenced by Christian connotations of possession and devilry.

In my analysis I rather stress trance and possession as a beneficent part of the *healing* agency of *sangoma*, a philosophical approach shared by other commentators. Some interpretations of this healing role are systematically psychotherapeutic. As rehearsed in Chapter Two, Vera Buhrmann stands out for her resolute translations of *sangoma* within a Jungian analysis of the process (1984, 1996; Buhrmann and Nqaba Gqomfa 1981). In her descriptions of *inthlombe* in particular, Buhrmann accentuates the healing purpose of these animated gatherings. She highlights the songs, music, and the 'vigour of the dancing' whose combined intensity gradually increase until, as she puts it, the 'guiding spirit' of the officiating *igqirha*, or healer, comes 'to his aid' (1984: 57-64). Significantly, however, Buhrmann uses language which disguises, or creates distance from the reality of trance in *sangoma* ritual. Thus she glosses spirit as numinous and 'mythic' (ibid: 57-58), a far cry from the quotidian quality of many such events.

Mundane entrancements

The next excerpt will demonstrate my meaning. The episode occurred at an *inthlombe* held at Dr. Kubukeli's house and over which he was presiding.

A young man in an orange skirt trimmed with black with a white towel about him, a white "AIDS" campaign t-shirt. A *sangoma*, not known to me. He joins the circle dancing in front of me. The chanting and drumming builds up. Suddenly he appears to leap forward and lands on his front, face down on the floor arms and legs spread out with his hands and feet off the

ground, quivering lightly as though he were flying. He makes the sort of grunting sounds I've heard from N, Ambuya and my twin sister, and shouts loudly.

The voice changes pitch, sounds higher and older, though a man's voice still, I think. It's noticeable that all around are very unconcerned with this trance state, though our dancing comes to a halt, and Z and I kneel instantly and throughout the event. Otherwise the people gathered in the room just listen to the spirit's shouts and seem to take it all as quite normal. [DK and several of the *sangoma* were in the healing room next door divided from us by a curtain]

In the middle of this episode, one *sangoma* calls out a question to the possessed one. The spirit answers (though his reply is rather muffled) and a few seconds later DK's son appears through the curtain with a tot of brandy in a glass. He offers this to the prone spirit, still face down and spread-eagled. But the brandy apparently won't do (the spirit bangs his feet up and down in protest) and the *sangoma* disappears behind the curtain again to reappear a moment later, with a tot of vodka this time, which the possessed man takes and drinks in one.

Minutes later, he gets up, a little dazed looking, but smiling, and rejoins the circle. Later we asked him what had happened, and he replies: "If I am happy my spirits come - that is invariably!" Fieldnote: 21.09.2001

This event illustrates an almost casual possession, which appears neither to surprise or concern the possessed *sangoma* or his companions. There is little to inspire awe, and certainly nothing of mythic proportions. Indeed, so everyday is it that no-one appears particularly interested. This is a peaceful possession, even humorous, as shown by the vigorous stamping feet when the wrong drink is offered. These spirits know what they want and are eventually placated with the tot of vodka.¹ The possessed *sangoma* afterwards underlined this conclusion as he emphasised the link between happiness and the appearance of his spirits. He must be "happy" for them to appear.

Mundane entrancement

Another Jungian study in the South African arena follows Buhrmann's lead. Sodi (1988) describing work with Sotho healers, again emphasises the therapeutic role of ritual, but characterises possession as a question of 'role play and release' (ibid: 34). Whilst I do not dispute the psychotherapeutic purpose of trance which Sodi is tracing, the description seems as unimaginative as Buhrmann's was grandiose, although the distancing objective is still apparent. Nonetheless the next short excerpt illustrates something of what Sodi might have had in mind.

The incident came quite soon after Nosibele started my training, an intensely uncertain time. It took place in the bedroom of Nosibele's Table View flat. This trance event manifested an even quieter, calmer presence than in the last excerpt. So quiet and calm indeed, that, as the notes make clear, it seemed at the time unconvincing.

This morning N prepares herself some *ubulawu*. It has been a long time since she used it, and now that I am training it is important. She wants she says, "to do some vomiting."

Later, after her prayers and bible reading, sitting with her legs splayed out on her enormous satin covered double bed, she lights some *imphepho* and we inhale the smoke one after the other. Then she burps and grunts, and shudders a little, with a face that looks like a newborn baby, all screwed up and wrinkly. Then a voice higher than her own says, in English, "Hello Jo, how are you?"

I am a bit taken aback so 'she' repeats the question and I answer that I am fine (not strictly true). This 'spirit' then tells me, "Keep on! You must get an enema, it is very important. You can't vomit, you don't know how to do it, but you are going well. Your spirits are very strong. You are very courageous Jo. Go to sleep now and in the morning tell your dreams to N." Then N gradually 'reappears', comes back into herself, and smiles. She smokes a bit more *imphepho* and we retire to bed.

The following day N asks, "So did you like talking to my mother?" I say that I had, (though I had felt very doubtful of the veracity of this visitation the night before) and N asks if I am puzzled that she had spoken in English (I had debated this). N explains, "She was a schoolteacher and her sister

1 The white spirit here, like the white cans of my *ubulawu*, possibly indicates that the higher spirits (*amakosi*)

was a nurse - they are clever and know that you need to understand what they are saying so they speak in a language you know.”

Fieldnote: 24 and 25.03. 1999

Here was a very disarming trance. There was no special routine (I was already accustomed to the the *ubulawu*, *imphepho* and snuff) no prepared environment, no drumming, dancing or ceremonial effects. Nosibele’s tiny bedroom sufficed to encourage the ancestral spirit of her mother to “come out” and deliver the message. Was this a real trance event, or a question of role play and release? Perhaps it does not matter, for as practitioners of psychotherapy and oral historians have suggested (Portelli 1991: 50) an experience does not have to have happened in reality for it to feel as though it actually occurred (Hillman 1983). It is in the feelings about an event, real or imagined, that its potency is engendered (Manganyi 1991: 78). At this time Nosibele was fully aware that I was uncertain about the training; I was homesick, unsettled and agitated. Thus for me to hear, apparently through the mouth of her teacher’s mother, that I was “doing very well,” was helpful and comforting. On her side (as the next chapter will make clear) Nosibele was also insecure about teaching a white *thwasa*. In channelling her own fears about my training through an ancestral voice Nosibele named her concern and contained it within the bounds of ancestral authority (Gualbert 1997).

Spirit logic, therapeutic discourse

Anthropologists too, describe trance possession in psychotherapeutic terms. Edith Turner for example, in a recent study which revisits territory analysed in depth by her lifetime partner, Victor turner, depicts the trance experience of contemporary Ndembu in Zambia as a ‘speaking out, the unspoken or hidden...private grudges...the revelation of individual psyches’ (1992: 90). Richard Katz’s work with the !Kung of the Kalahari (1982) similarly recognises a psychotherapeutic purpose to their entranced rituals in which healers learn to enter ‘*kia*’ and access ‘*num*’ energy as integral parts of a dance designed to secure the health of individuals and the whole community (1982). In terms which echo Beattie’s, Katz categorises the possessed state of *kia* as ‘an altered state of consciousness’ expressed in different behaviours dependent on the individual (ibid: 95).

In his texts, Janzen has emphasised the healing function of ‘*ngoma*’, but wavered on its psychotherapeutic role (1992: 140). In an early contribution to the debate (1985) he had specifically drawn out a psychotherapeutic purpose for *ngoma* (ibid: 73), but his later seminal

were involved.

study includes a debate on the 'spirit logic' (as opposed to) 'therapeutic discourse' of the system (Janzen 1992: 133-144). Here, Janzen appears to question comparisons with western psychotherapy, a method he finds limited to 'revealing'.² More recent texts have forced Janzen to again reconsider his distinction (which echoes Beattie's analysis) between belief *in* possession - the premise of spiritual involvement in the material world - and 'possession trance' as the 'actual demonstrative behaviour' which signals possession (Janzen 2000: 160).

Blokland, as a self-confessed obsessor with trance and spirit possession, offers a gendered challenge to Janzen's 'embarrassment with spirit possession' (2000: 19-20). She suggests that Janzen's awkwardness about trance (shared with the Nyamwezi men of her own researches into *ngoma* in Swaziland), is a matter of male embarrassment with the 'obscenity' they perceive in en-trancements of the female *ngoma* collective known as the *Kota* (ibid: 32-33). Blokland goes on to justify her suggestion that Janzen's vision of *ngoma* as limited to the horizon of 'disease' does little justice to its broader 'secular' purposes (ibid). Reis, in the same volume, similarly takes issue with Janzen's restrained perspective on his subject, drawing attention for example, to *ngoma* as an evocation of ancestral power - emphatically exhibited through trance - to impartially 'diagnose evil and its causes' (2000: 62). In the face of these critiques, Janzen defends his squeamishness about trance possession, drawing on the 'spirit hypothesis' which he employed in '*Ngoma*' to account for 'the many situations' of belief in spirits in the absence of demonstrative trance (2000: 158).

The majority of these ethnographic interpretations identify one function of possession as translation. Fernandez, in the context of sessions with Zulu diviners, describes those healers' methods as 'inspirational and mediumistic' (1991: 217). Reis's comprehensive study of Swazi divination specifically refers to the trance process exhibited in *ukuvumisa* (2000). Unlike my un-tranced versions of *ukuvumisa* (described in Part Three of Chapter Four in the present work) Reis unambiguously defines *ukuvumisa* as a state of possession. The *sangoma* proves the possession, and her credibility, by diagnosing through the ancestral spirit without benefit of any prior information (ibid: 65-66). Other examples in the same volume refer to the transformational character of *ngoma*, the variety and scope of its productions, and of its possessing spirits (Schoffeleers 2000; Spierenburg 2000).

² However, his description of the spirits at work in *ngoma* as 'deep dark demons' (ibid) is revealing. Arguably it is Janzen's inference of demonic power in trance which explains his reluctance to consider trance as more than a peripheral part of the *ngoma* healing process (1985: 140). But the demonic picture also suggests a remarkable (albeit unconscious) consonance with Jungian imagery of the shadow self, the part or parts which go unrecognized or not accepted, resulting in uncomfortable projections on to others (Buhrmann 1984: 20-22).

Experience in the field leads me to confirm the psychotherapeutically healing purpose of trance in *sangoma*, within or without possession, as the healer, an en-tranced 'diviner', is seen to act as a conduit for ancestral or spiritual information and advice, individual, social and structural. Given the limited scope of my own fieldwork I make no claims to explicate the wider societal and political role allocated to trance and possession by van Dijk, Reis and others (2000). But in the context of my own experience of trance I repeat my suggestion - in the company of van Binsbergen (1991: 338) - that the very act of a white person becoming *sangoma* constitutes an incontrovertibly social, political and healing event.

Part Two: 'What got into you?'

The description of events which follows, centred on the *goduswa*, evidences my possession expressed in an extreme physicality but voicelessly. I have done my best to adequately convey this emphatically corporeal and overpoweringly emotional experience. Rene Devisch, anthropologist and psychoanalyst, who studied the forces of sorcery amongst the Yaka of southwestern Congo, talks of Yaka trance as:

'evocative of an astonishing, dreamlike transport to an extraterritoriality or world of uncanny strangeness....constituting an initiation into the virtualities of an elsewhere' (ibid: 106).

Would that I had found such words. But then every experience of trance, and evocation of the experience must be recognised as what it is: idiosyncratic, spiritually personalised (Ensink and Robertson 1996:159). Whether successfully or not, I have attempted to convey the overwhelming vitality of this experience, in which I was literally 'taken up' and allowed the 'invisible' access (Berger 2001: 68) as body and mind were relinquished in acknowledgement of, and obedience to, an independently other voice.

The event, which commenced in mid-afternoon, developed predictably enough:

Now everything suddenly starts to happen in a hurry. There's a change of tempo from the *xhentsa* next door and N comes rushing in and tells me to "Get dressed - all the *sangomas* are dressing next door, soon they will come for you."

I am dressed first. My white vest top, my skirt, all my beads, the new white goat vest soft and still slightly sticky over that, and then N brings out my

wig and arranges it on my head with the fringe right over my eyes so that I see only obscurely through a black curtain.³

Then, round my head, over the wig, my new white beaded necklace with the *ndoro* from Zimbabwe at the centre. I wear the beaded bracelets I have made at my wrists and ankles, with the new goats hide strips. Over the top goes the black and white animal print fabric as a wrap to cover my shoulders, knotted at the front. Z spent a whole afternoon finding this fabric yesterday after N insisted I must have a leopard print covering. It's actually more like a lion and rather garish, but I do as I'm told, and I'm grateful to Z for her efforts. N had insisted on it as the leopard is her totem and I must be like her.

Now that I'm ready N gets her outfit together with our help. Her orange and black Xhosa style skirt, cream crochet top, a printed apron over the skirt. On her head her wig which makes her look twenty years younger, and then a red and white and black *doek* wrapped over a white towel on top of the wig. Feet bare, I arrange the white necklace I made for her for this occasion around her head: under the *doek* it is still just visible. Then a few beads at her neck including the *muthi*, the bracelet I gave her, and her leopard print shawl over her shoulders.

Z is already dressed and now we hear DK singing to seek admittance.

Fieldnote: 27.10.2001

Here is the dress ball, the 'passing-out' ceremony, as the *sangoma*-to-be is prepared for the big event, the final and definitive test as a *thwasa*. I was arrayed in all my finery, my newly finished elaborately decorated skirt, all my beads, my Zulu wig with the long and blinding fringe, arms and legs and face coated with *ifutha* to whiten me still more so that I would be recognised as one with the ancestors. By this time, my sensibilities were shattered but, ike 'first night nerves', it was all too late now.

DK knocks and then opens the door, checks us out, goes out again, and a few minutes later, as the drums and clapping and singing reverberate outside, returns and stands at the open door ready to escort us out. I carry my first stick in my left hand and the new stick with my bull's tail in my right. N carries her wildebeest switch, beaded by her middle son. We file out

³ This fringe, like the long beaded ones that the Xhosa *sangoma* wear on their headdresses, is intended to

into the bright hot sunshine of the yard. DK leads, I come next, N behind me and Z coming last and carrying a reed mat. The yard is already pretty full.

We cross it, picking up the drum rhythm with our feet and sticks as we enter the cattle enclosure, where under the asbestos sheet roof are arranged all of DK's best chairs in a row which reminds me ironically of pictures of colonial grandees observing 'native' events.

N says to me "You are the queen today!" and points at the best chair, but for once DK overrules her and as Z rolls out the reed mat directs me sternly to kneel there with Z at my side. I'm facing the fence now, looking out this time, like the bull the day before, at a sea of faces blurred by the wig and beads.

Fieldnote: 27.10.2001

On this, the main day of the three-day ritual, 'uncanny' things were *bound* to happen: they were anticipated and engendered by the energies of all the participants marshalled together to allow the *ithongo*, and the *amakosi*, the 'higher spirits', to "come out." Visualise a white woman of middle age, dressed in an outfit which is broadly recognisable by those in the know as that of a *sangoma*, including a wig made from black wool whose beaded fringe hangs down over her forehead and obscures her eyes. Her face, and neck appear ancient, creased and wrinkled, covered, like her arms and legs, in white paste dried crusty on her pale skin. Before she has left the room in which she has been partly secluded for the past six days, she already looks powdery, only half-real, almost one of the living-dead. Her body exudes the pungent tang of gall. There will be magic and conjuration here, for it is in the air, is being created within the collective framework of the drums and chanting, the singing and hand clapping which rise to a crescendo as this chalky spectre emerges into the sunlight. Everyone present at this event has expectations: teacher, mentor, supporters, the waiting jury, the crowd, the initiate *sangoma* and fledgling anthropologist. And make no mistake, this was an intimidating event, in an arena extremely alarming. The possibility of failure, of a very public humiliation, of disappointing self and sponsors, loomed large.

Now the other guests are arranged. N sits behind me so I can't see her, DK next to her. Then the two white visitors, and then the *sangoma*: Constance first, then Evelyn, Regina, Misekha, Maswele, Nqubo, an old man I don't recognise but who I will later meet and know as DK's sometime estranged

enforce the separation of the *sangoma* from the pollution of the everyday.

younger brother, and finally, immediately in front of me, a *sangoma* I do not know at all. She is young, and bare breasted under her traditional Xhosa apron, and wearing beautiful beads strings at her waist, the *ibhamba*, and at her wrists and throat. She has a formidable air and stares me down, coolly appraising me. I *know* now that of all the people I must convince she will be the first and most important.

DK raises his arms, spreads his hands and calls for silence. The yard hushes to a background hum. He makes a speech in English and isiXhosa of welcome and explanation. He tells the story of my *intwaso*. He explains that everyone thought that I was his *thwasa*, and no-one knew who my real teacher was. He explains N's difficulties in East London. He tells of my being born in England, my journey to Zimbabwe, of meeting N there and finally of my work in South Africa. It's an affirming, welcoming speech. Then he hands over to N, who stands to make a wonderful oration, full of praise and admiration for me (those bits that I understand). She becomes a preacher and tells people that we must "treat each other as equal no matter the colour we are because that is how God made us!"

I suddenly recognise the enormous power she possesses, and what a force she must have been in her life. I feel again the privilege of working with her. The other *sangoma* and the audience engage very much with her speech, and Regina especially becomes quite agitated, her breathing coming in short gasps with frequent snorts and belches, and shivers which take over her ample body.

The drumming and singing and clapping now start again, and my consciousness clouds.

Fieldnote: 27.10.2001

Waiting for me, the most senior sitting on benches and seats in the dense shadow of the asbestos roof of the enclosure, others out in the brilliant sunshine, was a jury of *sangoma*. They too, were dressed in their most elaborate costumes, hats of animal fur balanced precariously on their heads, long strands of beads dropping from forehead fringes covering their eyes, down to waist level. Animal pelts hung from their waists, skirts of fur which blanketed their white skirts and colourful aprons. Each carried at least one *itshoba* (beaded stick), a beaded cloth-covered spear or a *sjambok*. Together these 'ritual experts' (Kuper

1987: 162) embodied a collective of knowledge and experience in the ways of *sangoma*. They had all trained other *thwasa*, they were attuned to the ways of the charlatan, readied to catch out the false pretender. There were amongst them some who had seen me dance at *inthlombe*, seen and heard me declaim in English, a language some only roughly understood. A few had witnessed me at a successful *umhlahlo*, one or two had received healing from me. At least one had expressed her disapproval of this ritual.

Those who were suspicious of me also doubted my teacher, another stranger. Nosibele played a key role in setting the stage for the initiation. Hers too was a stranger status in Khayelitsha, and she had to convince the waiting audience of her own credibility as well as that of her *thwasa*. Nosibele is an elderly woman, a mother and a *sangoma*, one to whom (even in the milieu of the township with its modern and youthful ways) respect is owed. Yet here she had to call on all her powers and personal charisma, relying on a hitherto concealed power and texture of speech and gesture which must have contributed to her reputation in her career as a practising *sangoma*.

Her peroration over, there was a silence, and I knelt lower waiting to be judged by my African peers, in the last act before being pronounced a *sangoma*.

The ancestral crone dances

Your other self has passed into the world you left behind, taking your place....Now who is the real self, and which is the real world? (Turnbull 1983, quoted in Cohen 1992: 230; emphasis added).

I recall the rhythm of the drums as Otylene continues to beat out vigorously on the big cowhide drum, the singing and clapping reinforcing her energetic performance, but now I find myself now listening inwardly, focusing intently on the energy of my sticks as they beat rhythmically, driving into the ground, taking me with them. As I raise each one in turn with the drumbeat, I find myself driven on to beat faster and faster, harder and harder on the mat, beyond the drum rhythms now, furiously.

And then I hear a voice, quite clear and calm and incontrovertible, which tells me, "You must dance on your knees!"

And that is what I do. I dance furiously, as though I were still on my feet and pounding them into the ground as I have learned to do at the *inthlombe*. Only now I do this on my knees, driving my kneecaps hard into the ground in time

with the rhythm, feeling the beads which edge my skirt bite into my flesh. I use both sticks to emphasise the beat, slamming them downwards in turn, like an African woman grinding corn. The sticks give me a little support and reinforce the rhythms.

My upper body sways but it is my lower body which is doing the work. Yet I am only barely conscious of all this; part of me is switched off from the 'real' world. I see still, and I hear, but dimly, as though through a solid wall. I hear N's voice as the force of my sticks hitting the ground pulses up my arms, and my knees feel the pain of the mat and the beads of my skirt digging in. I feel the excitement. I sense the crowd's growing delight, and throughout I feel Z's body close to me, the 'stable' one always there.

Fieldnote: 27.10.2001

In the *goduswa* trance described here, part of my self remained conscious, however obliquely, throughout the possessed period. The state of trance was activated through the repetitive, monotonous beating of the drums, the syncopated monotonous hand clapping and wild chorused singing, to whose gathering rhythms I beat my sticks and slammed down on to my knees. But 'real self' was elsewhere, temporarily absent, the mind for the moment 'shifted to the side' (Peek 1991: 205). The possessing spirit spoke quietly but urgently, unheard except by me, but the furious knee-dancing was enough to offer the provenance of my entranced state. The full import of this vision of the kneeling dancer to the watching audience was only revealed later, however, when Nosibele described what she and the rest of the onlookers 'saw':

Do you know why they were so impressed when you danced on your knees, Thobeka?"

I do not, and say so.

"It is because that is how the old people dance," she says, "They can't stand on their legs anymore so they dance on their knees."

Suddenly the significance of the dance becomes dramatically clear. I feel my skin crawl with the revelation. To the crowd watching, my knee-dancing had been tantamount to watching an old crone, an ancestor - embodied, present, in person. It is an incredible disclosure and I find myself feeling anew the respect and total submission which I experienced and which had which forced me on to my dancing knees.

Fieldnote: 27.10.2001

Consequently, and suggestively, what the watching crowd 'saw' was one of the 'old people', a living ancestor, nothing less than *ithongo*, *amakosi* - spirit - dancing. So old did she appear that she must dance on her knees for her legs were too frail to carry her. Her flakey face was creased and lined with age, her head hung down towards the earth, making contact through her sticks with those others who had passed on and can act now as couriers of knowledge and wisdom to the watchers, those who have remained behind.

In this dramatic evocation of trance it is not difficult to see why anthropological accounts of trance and possession have often favoured a theatrical interpretation. In this presentation, whether conscious or subliminally, there is an almost inevitable element of theatre. Although no one knew the plot, the audience anticipated a drama. The possessed, once having taken the stage, as it were, performed according to ancestral direction to enact a symbolic re-presentation of an ancestral self. Yet there is more to it, for episodes like this do signal a temporary victory over a more usual, and more limited, view of the objective world. The experience offered me a glimpse of a more rounded reality, multi-layered and cyclical as opposed to the self-imposed linear partiality of science's tunnel vision (Scheper-Hughes 1987: 26).

Certifying spirit

The identity of the possessing spirit which ordered me to dance on my knees remains unidentified to this day, a fact which seemed relatively unimportant to the attending audience of *sangoma*. This may be a consequence of distinctions between Xhosa and Zulu *sangoma* practice. Ngubane for example, suggests that the 'private qualification' of trance is an essential part of the Zulu tradition (1992: 368), a finding which is corroborated by Reis in her Swaziland research (2000: 65). Janzen meanwhile, as we have seen, insists that for the *ngoma* he studied, trance is 'only a minor feature' (1992: 140). During my training Nosibele (whose last training was with a Zulu practitioner), often expressed the hope, rather wistfully, that I would one day experience trance and speak "through your ancestors." For Dr. Kubukeli, on the other hand, trance always seemed relatively unimportant, and was rarely mentioned.

Whatever their differences, the fierceness of my possessed knee-dancing manifested the intense obeisance to ancestral spirit expected in *sangoma*, the respect required of the *thwasa* throughout her training and after graduation in acknowledgement of her subservience to her seniors, living and spiritual.

There are breaks when the music stops and a *sangoma* declaims. The first to do so is the formidable Xhosa in front of us, and I can tell from the way she speaks, and the emotion and authority in her voice, that I was right to feel her the most important witness today. I also recognise from her tone of voice, in the way in which she looks towards me as she speaks, curious still, but alight with compassion, that I have passed, that I have convinced her, and that this will be enough.

To say that I 'know' this is to recognise a different sort of knowing. For in truth I hear and see very little - I am concentrating on the dance and on the next chant when I will have to start dancing again, knowing only that I will continue until I am told that it is over. I feel my kneecaps burning with force and energy, they sting from the pressure of the reeds and the beads. But all this is peripheral.

At the intervals for the declaiming I drop down from my erect kneeling position and rest, letting my head lean on Z's shoulder if I need to. At one point I feel the faintness I had experienced at Misekha's *inthlombe* the week before, and rest my head between my knees. But there is an exhilaration here and an extraordinary potency that compels me to carry on.

As each *sangoma* speaks in their turn, the crowd becomes more and more animated as they chorus the refrains of "Amakosi!" and "Camagu!" DK's brother talks of his astonishment, that he had "never believed it could be [that a white could become a *sangoma*]" but now I have seen it!" He smiles broadly and looks towards me deeply moved, and with a surprised puzzlement in his eyes.

As the dancing was prolonged and my energy appeared unflagging, it seemed that my credentials as a potential *sangoma* grew:

Regina becomes very excited again as she speaks, her breathing laboured and punctuated with hisses and snorts. All the speeches are spattered with references to "Ithongo" and "Amakosi" which let me know that I am accepted, that my spirit has been seen and acknowledged in this act of painful delight.

I have no idea how long the dance lasted, but eventually the drumming and chanting subsides and DK calls a halt, and the brandies and vodkas and

umqombhoti in its aluminium can, appear. I am offered the can first and I am touched to see DK remove a piece of dirt from its frothy head before he hands the can to me to drink. I take a long draught, supporting the heavy container in the palm of one hand while the other wraps round the side to hold it steady - I am suddenly aware of being incredibly thirsty - and there is another chorus of approval as I drink my fill. Slowly I refocus, and find myself returned fully to the kraal where the hot sun still beats down and the yard is now full to overflowing.

Fieldnote: 27.10.2001

Whether the possessing spirit is identified or no, I would describe my experience of trance and possession as a state of being in which there is a temporary letting go of the material and emotional self, a sort of disembodiment. It is an act of submission, or subjugation, which allows the self to become possessed, however lightly, by a non-material other. This spiritual entity 'takes possession', finds a temporary residence as it were, a platform in the material world, from which to seek validation (Reinhart 1990: 199). Taking the stage in this way, the other, whether 'collateral ancestor' (van Binsbergen 1991: 322) or complete stranger (Hall 1994), speaks, directs, and enables the possessed. In this liminal state, literally on the brink, messages are transmitted, illnesses are diagnosed and remedies offered, things 'lost' (including emotions) are retrieved, and things wrong or out of balance are discovered, and the means to resolution presented (Reis 2000: 67). In all of these is the opportunity for redress and redemption.

Goduswa in the night

Around ten o'clock, the thunder clouds, which had been gathering since early evening, suddenly erupted and we were enveloped in a torrential downpour, the rain lashing the tin roof and making conversation in the tiny room almost impossible. Before long the roof finally gave up and leaks penetrated on all sides, and we had to bustle about using all the plastic buckets and bowls I could scrounge to catch the torrents. Our space for sitting became more and more compressed.

N exclaimed in delight about the storm which she saw as a brilliant sign, saying that "the ancestors are very happy with the day. All has gone really well, they have accepted everything!" DK came rushing in a short while

later and repeated the same message: “They are happy! You have brought all the ancestors with you!” he grinned broadly.

The storm continued unabated until early the following morning, and N and I found ourselves sharing one mattress right in the centre of the room with the dripping from the roof filling buckets all around us. Ironically, the only other space to remain dry under the deluge was the place where the remains of the carcasses lay: an ancestral deluge evidently did not intend that its earthly representatives should be soaked! The heap of meat, including a huge liver in a separate bowl, and now all the bones rescued from the day’s feast, sat on, the sickly-sweet odour hanging in the air mixed with the sharper tangy smell of the *umqombhoti* in its three gourds, and the bile bitterness of the *ubulawu* mix on my hands, arms and face.

Fieldnote: 27.10.2001

This ultimate exhibition of ‘ancestral evidence’, the icing on the cake as it were, represented a momentous finale to all the evidences offered thus far. The terrific thunderstorm, and the deluge of rain which accompanied it, dispelled any remaining doubts; it was the sign that sealed my case. No sooner had the first crack of thunder and lightning burst upon us than the *sangoma*, crammed into the little room sitting on the foam mattresses and sharing beers and brandies and long rambling conversations with Nosibele, stood as one and shouted and ululated excitedly. Nosibele called, over the deafening sound of the rattling rain on the tin roof just feet over our heads: “It is your ancestors Thobeka! They are thanking you! It is wonderful!” and the grins on the faces of the company showed me that this was the general consensus. Dr. Kubukeli agreed, all doubts dispelled. The power of the storm reflected the fledgling *sangoma*’s power, and that of her ancestors, and offered their powerful protection. In this heavenly deluge was conclusive evidence of their satisfaction, a magnificent acknowledgement that the training process was now over.

Part Three: Handling spirit

I now broaden this coverage of trance to encompass two other versions of the phenomenon from my fieldwork. In the *goduswa* episode above, no interference was required from teacher or mentor. Things were allowed to follow their own course, unhindered. In contrast, in May 2002, another dramatic possession event occurred, in which the presiding *sangoma* decided to intervene. The scene was an *inthlombe* in Khayelitsha at around eleven thirty at night:

One of the visiting women [DK had invited four *sangoma* to the ceremony] from the Eastern Cape [formerly the Transkei] has just passed me. She is of middle age but vigorous, in a simple outfit of white t-shirt, over a skirt and a striking red, blue, yellow and white *doek*. She leaves the circle for a few minutes and when she returns she has her hands to her head pulling at the two extended corners of the *doek*. then she suddenly spins and topples over, or rather seems to be propelled on to her face, and lies quietly quivering, her head at my feet. I am very disturbed by this event which reminds me of the epilepsy which afflicts my sister, but I hold the crown of the woman's head gently with one hand, while with the other I seek out one of her trembling hands.

Her head vibrates in my hand and at first there is little other response, but after a couple of minutes her hand starts to clench and unclench around mine, acknowledging the contact, or so it feels. Then Ch [DK's son] came from the back room, summoned by someone unseen.

He stands behind the prone *sangoma* (he is a large and powerful man in his mid thirties) and placing his arms under hers pulls her up quite roughly by her armpits until she stands. He then turns her so that she is facing him, and grabbing each of her hands in his, rapidly and forcefully swings her arms out to the side in a wide circular movement, then as vigorously brings them back in again to the centre. He repeats this motion many times, apparently shouting at his charge loudly, almost rudely, directly in her face. He continues until there is a shift and the *sangoma* seems to relax, and droop, comes back to herself, and is escorted from the room.

Minutes later, after the drumming and singing have restarted, two of the members of the circle, both older women, start the sort of 'po-going' dance, leaping up and down on the spot, which I had seen at the *inthlombe* after my *goduswa*, and which N had enjoyed so much. There is a trancelike feel to this dance, as their presence seems to shift elsewhere, eyes staring and blank. They dance like this, accompanied by wild screaming, for perhaps a minute at a time and then rejoin the circle. There is much excitement from the audience during this exhibition.

Fieldnote: 25.05.2002

In this episode the visiting *sangoma* began by taking an enthusiastic part in a vigorous and prolonged *xhentsa* to the usual (if especially energised) accompaniment of drumming, singing and hand-clapping. Leaving the circle for a moment, she reappeared apparently disturbed (the pulling at her *doek*) and almost immediately, as she fell to the ground, seemed to lose her self entirely, the clenching and unclenching hand being the only sign that she was literally 'holding on' to material reality. Perhaps this explained the sudden urgency of the *sangoma* in charge, and his unceremonious determination to return the *sangoma* to material reality. As Ria Reis reminds us, 'mediums have to learn how to handle the powers of the spirits possessing them' (2000: 67). In this illustration there is the hint that things had gone, if not too far, then certainly far enough. It was time for a return.

Zimbabwean spirits

My first witnessing of trance, of a being becoming other, was in Zimbabwe and starkly different to the previously cited episodes. The next and final event described in this chapter occurred in 1994, at the rural homestead of Ambuya, my *n'anga* teacher. The incident is reconstructed here from my journal of the time.

Ambuya, or what I took to be her for I could not make out much in the darkness at the back of the *rondavel*, sat, legs straight out before her, bundled in a black and white cloak, and with a hat of some animal fur on her head. It had been difficult to identify her at all at first as we stepped from the bright sunshine, stooping through the low door and into the gloomy interior. She looked more like a pile of blankets, just vaguely shifting. Beside her sat her two sons, softly playing *mbira* and a gourd rattle, and then Sekuru, the old man, her husband. We sat opposite Ambuya on reed mats, our legs also stretched out and feet uncrossed, barefoot. Sekuru held up his hands and the young men stopped playing their instruments and sat quietly. The shrouded heap that was Ambuya now shifted, and then from this shadowy mass came a grunt, a snort, a pig like noise which reminded me very much of an epileptic fit. I was startled and not a little afraid. The heap continued to shiver and shake, and snort and then after about five minutes Sekuru again raised his hands and Ambuya, throwing off her protective robes, looked round, and spoke.

Except that it was no longer Ambuya. Here was a deep male voice, nothing like the gentle tone which had greeted us when we arrived. It was a voice which seemed ancient, or very very old, and it was a man not a woman. My friend whispered to me that the 'old man', one of Ambuya's divining spirits, had come. He asked for water from the clay pots kept for that purpose and Sekuru poured some out.

For Ambuya, trance was a reality, an essential evidence of her connection with the spiritual world, a common event. The theatrical element was again forceful here, but if this was indeed performance, it was utterly convincing as she became 'before our very eyes' transformed into an other, reminiscent of Reis' descriptions from Swaziland (2000: 66). In this possessed state she/he was enabled 'to bring the truth out into the open' the unspoken, perhaps unpalatable realities of her patient (Gualbert 1997). In her en-tranced diagnosis Ambuya intuited my unspoken distress, fulfilling a symbolic and therapeutic purpose.

Ambuya's interpretation of the spiritual world encompassed far more than the ancestors of kinship, clan or lineage. At the end this meeting she was heard to say: "She has very strong spirits this one! I hope I am there to see her spirits come out! I hope I will understand what they say!" Ambuya's comment points to the possibility that my possessing spirits might well not talk a language that she would understand, an image which fits with the concept of *amandiki amandawu* rehearsed in Chapter Two. Perhaps, like Reis, Ambuya was pointing here at the broader structural role of possession, in which the spirits of slain enemies of the past are used to express social and political dysfunctions in the present (2000: 70).

The question of 'alien' or 'foreign' spirit possession has been characterised as a contemporary symptom of the broader socio-political role of divination in trance. Janzen, for example, in his 1985 study on African therapeutics, attributes the appearance of 'alien spirits' within the panoply of possession techniques in Southern African healing to the breakdown of traditional community structures (1985: 74). This adaptive function is (literally) displayed by de Rosny's work with Songhay healers (1985), and their creation of 'modern' spirits. Meanwhile Stoller's later volume on the Hauka of West Africa, and Jonker's recent study of Zambian Zionist cults draw a more explicitly political portrait of these "unarmed oppositions" (1995; 1999). Schoffeleers refers to a distinction he discovered in Malawi defining roles for *ngoma* in the healing of individuals and the community as a whole (2000: 99). I would like to have satisfied Ambuya's ambitions with regard to my spirit. In the event when it spoke, it did so, silently but very clearly, in English, and sadly, Ambuya was not there to witness the event.

Conclusion

I started this chapter with an analysis of an entranced experience in which my ancestral spirit 'came out', an event which signaled my 'passing over' in a dramatic representation of a living dead ancestor. I showed that throughout these events my appearance, my demeanour and my actions were scrutinised for evidence of my provenance as a *sangoma* and of my ability to communicate with the ancestral spirit which would thereafter guide and support my healing. I then went on to present other ethnographic examples of trance states as evidential of ancestral presence - familial, local and 'foreign' - as diverse spirits were recruited in their agency of personal and community healing.

In the next chapter, I present a different interpretation of the possibilities for ancestral disruption, this time through the activities of 'foreign' or alien spirits as they are connected to white *sangoma* candidates. The chapter explores relationships within the *sangoma* community, and offers a glimpse of the material and metaphysical complexities, as well as the chance of resolution which may arise from the contemporary challenge of white *sangoma*.

Chapter Seven: 'Long-nosed *Sangoma*' and relationship issues in the *sangoma* community

"Do you have ancestors?" Shop assistant addressing the author, Cape Town, March 2001

Introduction

In Chapter Two I briefly noted the complex of issues within which the notion of white *sangoma*, and in particular the provenance of their ancestors, must be considered. Chapters Four to Six drew out various of the ritual and procedural events by which the passage from unqualified *thwasa* initiate to qualified *sangoma* is marked. This chapter will refocus on white, or as some would have it, 'long-nosed' *sangoma*, and examine the question in greater depth. The increasing incidence of white people becoming *thwasa* in South Africa has attracted some press coverage (Cohen 2005; de Bruyn 2004; Masiba 2001; Wreford 2004), and the phenomenon has been accompanied by considerable, sometimes acrimonious debate (Mbane 2001).

In Part One I explore the diverse approaches taken by my teacher Nosibele and Dr. Kubukeli towards their work with white initiates, situating the discussion within their social, political and economic contexts. Part Two evidences the differing reactions of *sangoma* and the wider public to the 'calling' of whites. Finally, in Part Three, in the context of my thesis of the necessity for better communication and working relationships between biomedicine and *sangoma*, I suggest that there may be an important role for white *sangoma* as mediators between the two paradigms.

Working with the white

Although my relationship with Dr. Kubukeli has been of considerably shorter duration than that which I have enjoyed with Nosibele, I have been able to gather evidence of distinctly different attitudes towards their work with white *thwasa*. In this section I will provide a few instances and use them to consider my training and how different the experience might have been with Dr. Kubukeli.¹ The first excerpt demonstrates a typical example of Nosibele's response to her situation as a black South African *sangoma* working with a white initiate.

¹ This discussion should be read in the context of the biographical notes included in Part Three of the Introduction.

White beads

As I become more familiar with my beads I begin to notice other people, always black, wearing them, at their neck, ankles, wrists, and occasionally around the head. The beads are worn apparently quite openly, unconscious of any criticism, and I begin to wonder why N insists that I hide my white strings, the symbol after all, that I have 'accepted the call'. Part of me wants to celebrate this event, to "go public", whilst another side urges caution. N admonishes me instead to "keep them hidden." "Some people," she goes on, pointing to a young woman walking in front of us with white beads at her wrists and ankles, as well as around her neck, "they wear beads at their wrists and ankles, but I don't like it." N seems determined that I should not publicise my *ithwasa* status during my training.

Fieldnote: 18.03.1999

This first excerpt reveals Nosibele's uneasiness being played out in the racially challenging Table View environment in which we then lived. The incident occurred as we walked along the busy Blouberg Road to the local shopping centre, a very white affair. Nosibele relayed a message of unequivocal opposition to publicity. She insisted on concealment, was palpably anxious.

Recalling this episode in the light of experience leads me to reflect on a similar occurrence featuring Dr. Kubukeli. At the end of our first meeting in Khayelitsha, concerned that it was growing late, the doctor offered to escort me to the nearest taxi rank. As we wandered down the dusty untarred streets, Dr. Kubukeli, proudly sporting his beads of office and carrying his *choba*, was the epitome of relaxed *sangoma* about his town. He happily and gracefully greeted people as we passed them by, occasionally stopping for a short conversation. The doctor was neither embarrassed nor concerned to be seen with a white, or to acknowledge that I was a *thwasa*. A long-term resident, he was proud to be recognized as a powerful and respected member of the community. He was in other words, the king of his castle. Nosibele has recounted to me many tales of her 'golden years' practicing as a *sangoma* in Kwazulu-Natal. I have no doubt that had I had the privilege of meeting her then my experience of *ukuthwasa* would have been a vastly different one. Likewise, had Nosibele's history been different, if, in other words, she too, like Dr. Kubukeli, had been a

familiar in Khayelitsha, her confidence as a professional healer would conceivably have reflected the doctor's, again with a concomitant effect on my training.²

As it was, as this next excerpt demonstrates, Nosibele was rarely less than ambiguous about her new *thwasa*:

To the African Chemist at Salt River

To get to the Salt River chemist via the city railway or Metro, we have first to make our way to Maitland Station. Since I do not have a car the first part of our trip will be in a minibus 'taxi' and, with an autumn chill in the air, we stand together at the kerbside, shivering. Two minibuses approach at high speed and N hails the second. We tumble in, sitting close together. 'Taxis' are predominantly a transport system used by black people in South Africa. Whites like myself are still a comparative rarity. As the minibus speeds off our fellow passengers glance curiously at this white and black woman talking together and holding hands. Soon someone asks a question and N replies in isiXhosa and English explaining with obvious delight that I am her friend, from London, and that I am staying with her.

This last seems to surprise everyone, including the driver who glances in his mirror at us. N is now plied with other questions, and as I understand it she explains proudly that I am training with her to become a *sangoma*. It seems at first that I will not need to wear my beads to be identified as a *thwasa*, not at least when out and about with my teacher. Questions again form: is N unconcerned because these are 'her' people? Or is it merely vanity and she unable to resist boasting that she is training a white *thwasa*?

I notice that she becomes very much quieter as soon as we reach the Metro, and does not again engage anyone in conversation, or mention sangomas until we are safely inside the 'African Chemist', at Salt River.

Fieldnote: 18.03.1999

Prior to this outing, Nosibele had confessed that before my arrival in Cape Town she had left her small apartment only occasionally, and had never ventured into the city centre. Her forays into the outside world had comprised weekly visits to the local Catholic church (she was sometimes able to get a lift from white members of the congregation whom she had not

² Both scenarios would also have been affected of course by my own life experience up to that time, as well as by her life situation.

informed of her *sangoma* status), and short walks across Blouberg Road to the local shopping centre, where she also maintained professional anonymity. She relied upon her middle son, who made regular visits, and often spent several days at a time in the flat, to supply her with staple goods like chicken and vegetables.

In this episode, especially in the seclusion of the minibus, Nosibele was at first relaxed. Surrounded by a captive black audience, she let down her guard, even exaggerated a little, expressing something of the braggadocio I would later associate with Dr. Kubukeli. Nosibele became the consummate showperson, enjoying her audience, embroidering her tale. She no longer appeared threatened, but was secure and self-confident. My whiteness, the fact that I came from London, and was staying as her *thwasa* and in *her* flat impressed her listeners and appeared to bolster her confidence. Yet no sooner had we left the (relative) safety of the minibus than she again became withdrawn, watchful and wary. In the bustle of the Metro station there was no time for conversation or explanation of our relationship, and Nosibele remained alert and tense throughout the short train ride from Maitland to our destination, the Salt River African Chemist.

Alighting at Salt River we walked across an elevated steel bridge into a semi-industrial area characterised by an eclectic mix of architectural styles and uses, buildings whose peeling paintwork and barred and broken windows resounded with neglect. The dusty streets and general unkemptness exuded the familiar feeling of urban decay. Litter gathered in the gutters. Rundown industrial concerns operated cheek by jowl with small businesses in dilapidated premises. Some were barely more than one room affairs. All seemed to be run by members of the 'coloured' community, while, in evidence of the historical legacy of apartheid, one or two African street traders plied *their* business in sweets, cigarettes and brightly coloured soft drinks, from the pavements. In this, for her and for me, strange environment, my teacher reassumed her anonymity, protecting not just herself but her *thwasa*. I appreciated her concern. My experience as a practising community architect in the inner areas of London and other cities had taught me the value of taking nothing at face value, most especially when, as on this occasion, I was venturing into unknown territory.

As we passed through a pair of ancient half glazed doors from the brightness of the sunshine outside into the dim interior of the African Chemist, Nosibele's confidence returned, and once again she became outgoing and gregarious. The walls of this fabulous Victorian emporium were stacked to the timber boarded ceiling with original wooden shelves and drawers, once designed to hold the assorted goods of the general trader but which now

contained a treasure trove of remedies, potions and all the accoutrements of *sangoma*. Under a wide hardwood worktop behind glass we could see small bottles, tins, cardboard boxes and sealed plastic bags, the latter holding the bath salts favoured in *sangoma* treatments, some in quite startling colours. From the ceiling hung an assortment of animal and snake skins, skulls and vertebrae, cotton cloths with bold designs in red, black and white, skin and cloth bags, beaded necklaces, headpieces, bracelets and the long single colour strands which *sangoma* tie tightly round their upper arms, and crocheted and beaded wigs familiar to amaZulu healers. Nosibele started by cheerfully announcing her professional business, and proudly describing my status as *thwasa*. There followed protracted negotiations for various items which my teacher required, including white beads, which she boldly spurned as “much too expensive.” As we left the safety of the chemist, packages wrapped in newspaper and stashed in Nosibele’s bag, her jolly mood left her and she remained quiet and watchful until we were safely back inside the Blouberg Road flat.

Confidence and caution

What factors help to explain Nosibele’s caution compared to Dr. Kubukeli’s ebullience? First there is the question of their very different social situations, as outlined in the biographical notes contained in the introductory chapter. To summarise, Dr. Kubukeli, in his neighbourhood in Makhaza, Khayelitsha, was well-known and confident of his social standing as a *sangoma* in the community. His role as executive member of one of the traditional healers’ associations in the Western Cape, and his involvement with the preparation of the Traditional Health Practitioners Bill (THPB 2003) further cemented this position. The doctor took advantage of his reputation, deliberately courting publicity and offering invitations to the press to *sangoma* events and ceremonies, especially when these involved white candidates (kaMbesi 2001).

In sharp contrast, Nosibele had been living for some time in a sort of exile, unsupported by family or by other *sangoma*. In the Blouberg flat, she was the only black resident in an almost entirely Afrikaans-speaking community, and although a naturally warm and gregarious being, she kept herself to herself and was often lonely and vulnerable. In this rather claustrophobic atmosphere Nosibele was anxious not to draw attention to herself or her healing skills. My arrival changed her situation and generated some amusing incidents as her fellow residents began to pay unusual visits to their black neighbour trying to figure out what this white woman was doing. One white man, called in to mend a broken stove, was surprised

to hear at the door that I was not the owner (an assumption he had clearly taken for granted). He was even more discomfited to realize that the black woman, whom he had completely ignored despite the fact that she was standing at my elbow throughout our conversation, was. These new attentions did not change Nosibele's demeanour however, and she continued to shun public attention and went out of her way not to advertise that she was a *sangoma*, let alone one who espoused the initiation of whites.

Another issue which may have affected the differences in my teacher's and Dr. Kubukeli's attitudes to their profession, reflects on their relative financial situations. Dr. Kubukeli is reputed to be the father of seventeen children, several of whom have children of their own. As a grandfather he would expect to be called upon to offer financial support to his offspring, and to their children (Russell 2004: 42-49), support for which the state pension would be unlikely to be sufficient. He was host to a constant stream of relatives. The successful operation of his two practices, one in Khayelitsha and the second in Mbekweni, outside Paarl, acted therefore as an important source of additional finance. Nosibele, on the other hand, lived essentially alone and relied for her living on her state pension. Although most of her children lived remote from her she was the beneficiary of some support. The accommodations in which she lived, first at Table View and then Blouberg Strand, were owned by her eldest son and offered without charge, and her middle son gave her food, albeit in exchange for his free lodging. What is more, the rest of her children were securely employed and they made no financial demands upon her. There was thus no necessity for her see clients, nor even to advertise her practice in order to support herself.

But Nosibele's secrecy was not confined to her relationships with her immediate neighbours and her public appearances. Although she had come across Dr. Kubukeli as a leader in the local *sangoma* community she was only vaguely aware of the extent to which he had publicly advocated the idea of white initiates. Lacking the solidarity of other *sangoma* which the doctor enjoyed Nosibele regularly hinted at her fear of being ostracised by her fellow healers. With reference to my training for example, she swore me to secrecy and remarked, "The other *sangoma* won't like it," even suggesting that her work with a white *thwasa* might be seen as heresy or even betrayal by other practitioners. Had Nosibele been better connected to a community of *sangoma*, and been able to call on more support, she might well have adopted the doctor's position; as it was, his conviction was much less available to her.

Ancestral Vindications

The following excerpt illustrates the extent of Nosibele's concerns succinctly. It occurred towards the end of the first part of my training, when I woke one morning and, as was expected of a *thwasa*, knelt in front of her to recount a dramatic dream from the previous night. It had involved the slaughter of a magnificent Zimbabwean cow:

The Cow Dream

Great excitement (and for me relief) as I dreamed last night of the ritual slaughter of a large cow. The cow was one like those I loved in Zimbabwe, with long dewlaps and of a beautiful soft camel colour. Its large brown eyes had stared long and somewhat morosely as it stood surrounded by crowds of well-wishers apparently gathered for a ceremony which I knew would entail its slaughter. I was miserably aware that this ceremony, and the sacrifice were for me.

N was delighted, saying the dream showed I was close to the finish of my work and that the ancestors were telling me what was needed. She was especially pleased with the detailed description of the cow....

As we later discussed the dream, N also emphasised that it showed that I do have ancestors, and really can be a *sangoma*. She stressed this because others, like Nellie and Celia, [her *sangoma* colleagues from Paarl] and O had apparently asked how it was possible for her to initiate a white woman, asking, "Can she have ancestors?"

N had already been delighted when I passed my *umhlahlo* test at the initiation and O had exclaimed, "Ah! You *are* a *sangoma*!" and N now seemed to interpret this dream as important, as a vindication of her work and her belief in me. She would have lost face otherwise?

Later still N confirmed all this saying, "I am very relieved you have had this dream Jo. Otherwise they would have been saying how can she teach her so quickly? She is just cheating her. Now I can tell them!" Fieldnote:

06.04.1999

Nosibele's anxiety about her *sangoma* reputation is unequivocally evidenced in this episode. She admits to feeling uncomfortable in the face of accusations of chicanery which, as she now confesses, her two remaining friends in the *sangoma* community, Nellie and Celia, have been making about her working with a white initiate. The dream provided her with the

evidence she needed to repudiate the suspicions of her colleagues about my candidacy.³ Nosibele made no attempt to hide her relief at finally receiving tangible ancestral evidence (in the shape of the dream), which she could present to her fellow professionals for their sanction.

I have known the doctor accept and initiate at least one white candidate of whose calling he was frankly unconvinced. His attitude was “if she thinks she can do it, then let her!” Nosibele, on the other hand to, was most concerned that my candidacy for *sangoma* be acknowledged not only by her colleagues, but also by the ancestors. The dream of the cow laid her own doubts to rest: if provenance of my candidacy were needed, now she had it, and in the unmistakable script of the spirits.

Part Two: Long-nosed *sangoma*?

“I don't like it,” Xhosa spectator at an *inthlombe* commenting on my presence as a white *thwasa*. Weekend ritual, Khayelitsha, 21st October 2001

This part of the chapter probes the diverse reactions of *sangoma* and the wider public to the ‘calling’ of whites to *sangoma*. I present evidence of this serious and occasionally acrimonious debate, and examine the effect that the introduction of white *sangoma* may be having upon some already intense rivalries between black practitioners, and upon *sangoma* practice. The position of proponents of ‘African Indigenous Religion’ (Mndende 2000), with their implicit antipathy to the initiation of white *sangoma*, is discussed, and questions of translated or reinvented traditions are debated.

The remark with which I introduced this part of the chapter demonstrates the considerable public unease about this question. Comments of this sort can articulate misplaced disbelief in the face of an event considered unprecedented, or a more serious concern that ancestral principles will be transgressed. Sometimes this disquiet is expressed in a scarcely veiled xenophobia, for although the numbers of white *sangoma* are as yet small, they still cause raised eyebrows, and for those who are opposed to the whole concept, hackles of indignation. In Chapter Two of this work I outlined the importance to black South African identity – that of the living and the deceased – of the issues of ancestral origin, family and clan. Unsurprisingly, it is around the contentious question of ancestral whites that much of the controversy regarding white *sangoma* in South Africa rages.

³ The dream was a premonition of the *goduswa* ceremony described in Chapter Five of this

Olive branches and derring-dos

Tangible evidence of this societal current of unease is provided by the next anecdotal incident. It concerns a meeting held at Butterworth in the Eastern Cape, to discuss the credibility of white *sangoma*. It features Dr. Kubukeli as a proponent, and Mrs. Nokuzola Mndende, United Democratic Party Member of Parliament, as his formidable opponent. Mrs. Mndende and Dr. Kubukeli had, according to his testimony, previously crossed swords on the issue of her opposition to white *sangoma*.

According to the doctor's version of events, Mrs. Mndende had organised "a rally" in the Eastern Cape to promulgate her position. She had formally invited Dr. Kubukeli and P, a white *sangoma* recently graduated by the doctor. As the doctor saw it, Mrs. Mndende had proffered her invitation "as an olive branch" to one whom she knew to "supports the white." Thus he attended the meeting expecting a sharing of viewpoints. But on his arrival with P at the venue Dr. Kubukeli was taken aback to find the redoubtable Mrs. Mndende *toyitoying* with supporters at the back of the hall and shouting slogans which he described as inflammatory and abusive. Not to be outdone, Dr. Kubukeli described his response:

I walked on to the stage and joined in their dancing (he mimes vigorously).

Then I drew my hands out like this (throws his arms out wide to each side, palm outwards), and then - I called on my ancestors, and then I closed my arms - like this! (here he draws in his hands quickly, making a resounding clap). This silenced them! After that everyone wanted to interview me [members of the press had been present at the meeting] and they were all quiet.

The next event involves a seminar held at the Icamagu Institute attached to the Centre for African Studies at the University of Cape Town in early April 2001. The event was again organised and hosted by Mrs. Mndende who is a director of Icamagu. I attended the meeting with white *sangomas* P, who appeared in the last episode, and C, an acquaintance of Dr. Kubukeli. Both were scheduled to speak. Dr. Kubukeli should also have appeared, but had cancelled at the last minute (an absence, I later appreciated, not unconnected to the previous excerpt). On arriving at the meeting it was immediately obvious that Mrs. Mndende had rallied a substantial audience of supporters, *sangoma* and *thwasa*, who were all dressed in their attire and already engaged in an energetic *xhentsa*. For us, who had spent the previous

work which is characterised by the slaughter of a cow or bull

night together at an *inthlombe* in Khayelitsha and had not found sleep until early morning, this was uncomfortably like the hair of the dog.

Our arrival was accorded a muted response, not exactly unfriendly, but definitely guarded. From the beginning the speakers were frequently interrupted with excited and aggressive declamations from the audience, suggesting that all was not well. P and C were invited individually to the platform, and before speaking each was asked, in what appeared to be a deliberate test of nerve, to join in a *xhentsa* at the front of the gathering. P, whose affiliation to Dr. Kubukeli was, as we have seen, already well known to Mrs. Mndende, was questioned fiercely after his speech, with Mrs. Mndende provoking a deal of acrimonious debate. He was quizzed about the details of his initiation and graduation in an attempt to discover faults and omissions in the traditional practice. During his speech he declared that his teacher had given him an isiXhosa name: This was cause for suspicion. When C's turn came and he announced that his teacher had initiated him into his clan (he was trained in the village of Mtombolala in the Eastern Cape), this was treated by Mrs. Mndende's supporters with derision.

Although she was not at the time of this meeting a *sangoma*, as a member of parliament Mrs. Mndende wielded considerable power, and she had the ear of the press on the subject of African tradition (Mndende 1997. Icamagu gave Mrs. Mndende an important academic platform from which to promote these views, and she had published texts on 'African Indigenous Religion' (Mndende 2000; 2001). Her outspoken opinions on the concept of white *sangoma* might be seen as part of a generalized postcolonial disdain for the influence of Western education and culture in Africa. In the context of post-apartheid South Africa, her contempt may also signal political resistance. Her alternative approach, though it appears xenophobic and rigid, might suggest a counter to the existing policy of the ANC government on traditional African healing. This, as I discussed in Part Four of Chapter Three, includes the Traditional Health Practitioners Bill (THPB 2003) which will enforce a legal framework for *sangoma* and may serve to constrain their activities.

Whites and kinship

The hostile debate at Icamagu foregrounds a fundamental question which surrounds the veracity of white *sangoma*: Do whites have ancestors, and if so, what clans do they claim to belong to? Many black South Africans, within or outside of the *sangoma* idiom, are altogether suspicious or sceptical (and with good cause), of whites in general. The

assumption of whites to *sangoma* may seem both presumptuous and of dubious motive. But the question of ancestors, and specifically the status the ancestry of whites, creates a particular tension. The rituals described by Mrs. Mndende and cited as essential prerequisites for membership of family, clan and *sangoma* (Mndende 1997; 2000) are, for the present at least, unavailable to whites. Thus she argues that whites can have no claim to a place in the *sangoma* community.

As I described in Chapter Two, genealogical links in South Africa (the family 'lineage' (Hammond-Tooke 1989: 60)) are forged through a patrilineal link usually to a great-great grandfather. In the contemporary urbanized environment kinship and clanship continue to be central to people's lives (Russell 2004: 49-52), a crucial factor in the 'networks of relationships' which they can call on for support (Spiegel and Mehlwana 1997 *passim*). According to Spiegel and Mehlwana, the notions of what, or who, constitute kin in contemporary poverty stricken environments such as Khayelitsha are often subject to more pragmatic interpretations. As they put it:

People utilize the norms of kin-based relationships for reinforcing relationships between people acknowledged to have no *a priori* genealogical (kinship) link (ibid: 2).

Thus people utilise the 'culture of kinship' flexibly, redefining the status of members of their social networks in terms which imply the responsibilities of reciprocity usually attached to clan or kin.

Considered in this light, I suggest that Dr. Kubukeli, in giving his white *thwasa* an isiXhosa name, was not simply fulfilling a customary *sangoma* practice.⁴ The doctor's re-naming rather constituted an enlargement of kinship boundaries, a means by which the white *thwasa* might be understood to have become an incorporated member of a social network. Buhrmann supplied a description of the emotional reciprocity which such a 'member of the family' relationship bestows (1984: 42), But in Dr. Kubukeli's case additional reciprocal accountability is indicated. No matter how tenuous the white *thwasa*'s status as a nominal kin member might be, adoption as kin means that she or he could be called on with impunity by the *sangoma* teacher for financial and material support. The relationship between *sangoma* and *thwasa*, teacher and pupil, involves a commercial transaction. Fees must be paid, and since whites are indisputably better off than most blacks in South Africa, by initiating a

⁴ All *thwasa* are given a new name as found appropriate to their training. Zinzi, for example, was called the 'the stable one' in honour of her steadfastness (See also de Bruyn 2004: 2).

white *thwasa* the *sangoma* has the security of knowing that these fees will very likely be paid.⁵ My own re-naming was delayed until the very moment of my graduation (see Chapter Five for details).⁶

C's example demonstrates a further expansion of the confines of cultural kinship but with similar worldly motivations. We have seen that C had been incorporated into his teacher's clan. As Chapter Two makes clear, clan membership in Southern Africa is derived through the assertion of an ancestral link with a common male ancestor, for whom the clan is named (Hammond-Tooke 1989: 61). Those who adopt the strict, and strictly limited, view of ancestor spirit and *sangoma* espoused by, for example, the Icamagu Institute, assert that because whites have no clans - and hence no place within this African societal construction - they have no means to legitimise their place in 'African culture' or as *sangoma*. Understood in terms of Spiegel and Mehlwana's 'culture of kinship' however (1997), and viewed in the light of the impoverishment which generally characterises rural living in South Africa, C's teacher can also be seen to have recognised the advantages of enlarging his kinship network. As a young white man in South Africa C represents an example of the sort of material and financial security which the skewed legacy of apartheid policies in general ensures is still available to his race (as it is yet unavailable to blacks) (Cape Area Study 2005). By establishing a putative clan connection C's teacher therefore incorporated this comparatively wealthy *thwasa* into a pattern of reciprocal obligations which others, held more legitimately in the same loop, might, through extremes of poverty, have been unwilling or simply unable to fulfill. What is more, the absorption of this white *thwasa* within kinship boundaries also acknowledged a non-material reality of *sangoma*: The role of the ancestors and their importance as supporters and instigators in the *thwasa*'s progress. In one more enlargement of cultural kin, their beneficence was sought through the incorporation of their progeny into the kinship relationships of the teacher.

⁵ No-one undertakes *ukuthwasa* for free, and the fees required, together with the sums which must be accumulated to finance the major rituals, can serve as a stumbling block for even the most gifted black *thwasa*. On the other hand, fees may be negotiated (or claimed as part of the culture of kinship being proposed here) in kind, through services rendered. Zinzi for example was often called upon to run the doctor to the shops or on some other errand, and I often had reason to be grateful that I lacked a vehicle.

⁶ This would seem to strengthen my case. Drawing on the content of the early part of this chapter, and mindful of Nosibele's uncomfortable relationships with her children, I suggest that her isolation from kin, clan and *sangoma* communities contributed to her uncertainty about where to draw the family lines as it were.

Whites and pollution

There is a further complication connected to the incorporation of the 'foreign' (which for the purposes of this discussion constitutes whites) into Southern African kin or clan arrangements. The absorption of a stranger, even of someone who has simply been away from home on a long journey, no matter their genealogy, has attached to it the risk of the 'contagion' of pollution (Green 1999b: Chapter Two; Hammond-Tooke 1989: 96; Schapera 1940: 194-195). Amongst the AmaPondo a new wife for example, leaving her family for her husband's, posed a threat of contamination through ancestral connections which would not be attributed to an agnatic brother, or sister (Hunter 1961: 461). By this token, the suggestion of accommodating the 'foreign essence' (Green 1997: 94) epitomised by a white *thwasa* presents a very real danger, for in this situation it is not only the strange initiate who must be accommodated without harm: The white candidate will also introduce their own ancestral heritage (and who knows what spiritual contamination) into the community. Considered thus, the adoption of a white (with their unseen ancestry) threatens kin and clan. In the event of unforeseen misfortune, the white candidate, like the new wife, may be subject to the suspicion of bringing ill.

There is a tendency in the west to establish distance from the personage of ancestors, an inclination to simply forget forebears which has been blamed for 'contemporary alienation' (Lock 2002a: 203-204). Collective amnesia helps westerners to deny the inevitability of death, but may add to the complexity of the situation of the white *thwasa*. Ignorance of the heritage left by kin - of their actual doings - offers the possibility that the white initiate, quite unintentionally, may bring a contaminated past into the present of their hosts. An incident involving my *n'anga* teacher Ambuya in Zimbabwe demonstrates. This event took place shortly before she offered to accept me as a pupil. The version comes from my personal journal of the time.

A murderer in the family?

We talked for some time about my twin sister who has suffered from a serious case of epilepsy from a very young age. Suddenly, out of the blue, Ambuya asked a strange question: "Have there been any murders in your family?" I was taken aback, but could only answer honestly, that as far as I knew, no one had ever murdered, or been murdered in my genealogical line. But why had she asked? Perhaps she was suggesting a connection between

a crime and the illness - as sort of divine retribution? But there was no time to find out, as we went quickly on to look at possible remedies.

At the time I assumed that because Ambuya's query was put in the context of a discussion of my sister's illness, she was suggesting a link between this and some distant family misdemeanour. Now I recognise that she was as likely probing for any possibility of ancestral pollution before agreeing to accept a white pupil into her homestead.

Black and white

I would like to propose here another possibility for ancestral incorporation, no less embedded in the transcendental level of inherited spirit, and with direct bearing on the predicament of the white *sangoma* C. This analysis will draw a direct link between the adoption of whites into revised and pragmatic versions of kin and clan described by Spiegel and Mehlana (1997), and Nosibele's understandings of the 'People of the River' and the 'Amakosi' or the 'higher spirits' (considered in Chapter Two of this work). In this analysis I will show that both tiers of ancestors, the family lineage and the clan, can be superceded. Consideration of an early episode in my training with Nosibele prompted this possibility:

I had been told by Ambuya in Zimbabwe that I was possessed of a black healing spirit, a very powerful herbalist, hidden under my white skin. When I discussed this with N, she laughs, gently but determinedly, and points to the skin on my arms. "What colour is it?" she asks, and I naturally reply, "White."

"Exactly! You are dealing with your ancestors, those who you have known in this life. In this life you are white, and it is the white ancestors you are working on behalf of. There may have been others *at some time*, but for this work - remember your white ancestors! You are white and you are able to talk to blacks - that is why they have chosen you. Just like me, who am black, but can talk to the whites!" Thus admonished, I return to the work at hand.

Fieldnote: 18.03.1999

Here Nosibele sketches a landscape of spiritual heritage of sufficient depth to transcend clan and even race. The phrase "at some time" is potent, and offers a tantalising glimpse of the healing capacity of 'foreign' spirits embodied in the *ndiki amndawu* considered in Chapter Two. This interpretation I submit also helps to resolve the dilemma of *sangoma* C *vis a vis*

the arguments of the Icamagu Institute, and the insistence that a white cannot be a member of the family or clan of his black teacher. As Fischer proposes, 'the search into another tradition...can serve as a way of exploring one's own past, now disappeared forever' (1986: 200). The more expansive view of the spiritual suggested by my interpretation of Nosibele's advice supposes a 'communion of saints' broad enough to encompass family, clan *and* the dangerous outsider (Hammond-Tooke 1989: 96).

Defending the white

What was Dr. Kubukeli's response to the Icamagu Institute assault on his white *sangoma* graduate and friend? As a very vocal advocate of white *sangoma* he was understandably anxious to proclaim the authority of his position before other practitioners and his initiates. The next paragraphs recount two short scenes in which the doctor adopts different strategies to defend his stance. While it will be obvious that these episodes instance the animosity between the protagonists in the debate, there is also more than a hint of an underlying anxiety, a vulnerability on Dr. Kubukeli's part about his position in relationship to other, antagonistic *sangoma*. In the next episode, Dr. Kubukeli proposes to play Mrs. Mndende at her own game. In the second excerpt, he produces a message from the ancestors to explain his support of white candidacy.

Response 1: "What do they know?"

Shortly after the seminar a press report written by a journalist who had attended the occasion, appeared in a local magazine. The writer quoted DK and gave a generally negative picture of white sangomas, and DK's involvement with them. Hearing about this DK's response was an outraged, "They are ignorant! They know nothing! They are jealous - we are working with the spirits - what do they know? I will respond with a letter!"

Fieldnote: 15.04. 2001

"I will write a letter!" Dr. Kubukeli's favourite ploy when confronted with opposition is to use the tactics of his adversary. He revels in the cut and thrust of paper debate, and is not shy of publicity, instinctively recognising its potential for cementing his reputation. On this occasion however his bluster also betrays a real concern that he will be outmanoeuvred by a more powerful protagonist who has access to the media. And, perhaps realising what he was up against, his bravado was not followed up.

Response 2: "The whites came first"

A few weeks later, DK offered Z and myself this dream as explanation for his decision to initiate whites: "I went deep into myself and communicated with the ancestors, and this is what they came up with....a long time ago there was a great flood, and everyone living, all our ancestors, perished. Then the next lot of our descendants came up from the river. The whites came first, and that is why, even tho' we don't remember it, we must include them now."

Fieldnote 22.05.2001

In this second, more subtle, approach Dr. Kubukeli's recounted this dream from the ancestors. He explained the dream to Zinzi and myself as we took him out on one of his many Khayelitsha errands. It was apparently for our benefit alone, which suggested to me that he was anxious that we should be as convinced of our pedigree as he was. In his reference to the whites who came from the river "first," the doctor seems to be drawing on the Southern African conception of the ancestors, and healing progenitors, as white (Buhrmann 1984; Janzen 1992; MacGaffey 1994). The connection with the river, and the original people dwelling there is not unfamiliar or surprising, and the link between whiteness, power and the ancestors is a popular theme of anthropological and historical texts (Chidester 1996: 56).

But in this story Dr. Kubukeli promotes the idea of a direct association between white people and the 'people who came from the river', the originators of all human life. It is this proposition which at first looks designed to incite uncomfortable passions. Yet, as the descriptions of myths of origin included in Chapter Two make clear, anomalies exist which explicate a mythical, transcendental commentary on Dr. Kubukeli's dream, and a suggestion of a spiritual openness denied in the fear of the white which more typically identified the political responses to their arrival in South Africa (Ranger 1992: 242-243). For example, the ancestors described by Buhrmann's Xhosa *amagqira*, in addition to living under water, are white, and even possess 'long, flowing blond hair' (1984: 29).⁷

Understood in this context, the doctor's assertion that the 'whites came first' can be seen as conforming not only with accepted Nguni versions of ancestral origin, but with factual clan evidence. Nonetheless, in the social and political milieus of post-apartheid South Africa, and especially given the barely-disguised racial sentiment which prevailed at the

Icamagu Institute seminar, this was still a provocative interpretation. The charged translation of ancestral origin and the putative link between whiteness and ancestral power, showed Dr. Kubukeli attempting to counter Mrs. Mndende and her supporters.

Part Three: A place for the white?

I would argue that the xenophobia exhibited by Mrs. Mndende, though it may be understandable, is a destructive response and an example unworthy of inclusion with the principled aspirations demanded by other African intellectuals (for example Hountondji 1997, 2002). Yet Mrs. Mndende's position is itself equivocal. The incorporation of the Icamagu Institute in the academic corridors of the University of Cape Town for example, firmly situates this reassertion of the traditional uncomfortably within the dominant gaze of scientific investigation. A question from one of her supporters at the Icamagu seminar is illustrative of the confusion and belies the Institute's hardline attitude:

“Why are these white *sangoma*, with their better education, their power and influence, and their command of English not doing more to help Africans force through supportive legislation for traditional healers?”

The assumption here seems to be that in matters involving legislative negotiations white *sangoma* will be heeded more closely by government than their black counterparts. In Chapter Three I illustrated the difficulties which black *sangoma* experience in their communications with biomedical and academic organizations. The acknowledgement from Icamagu of the continuing influence presumed to lie with whiteness speaks volumes here. But it also suggests to me the possibility for a place for white *sangoma*, a role directly related to my thesis of the importance of medical pluralism in South Africa, and the need for a mutually respectful dialogue between *sangoma* and biomedicine.

To explain this position I refer the reader back to the events at the Tygerberg Hospital meeting which featured in Part Two of Chapter Three. There I pointed out the complications in getting ‘*sangoma* speak’ across to a biomedically-attuned audience. During that meeting I was asked, publicly, by Dr. Hippler of the Hope Foundation (the organisers of the meeting), to describe (briefly) my own experience of becoming a *sangoma*. In making his request Dr. Hippler fully acknowledged the respect he owed to Dr. Kubukeli and the other black *sangoma* present, but candidly confessed to the difficulty which he had in comprehending the

⁷ In Chapter Two I noted that this image helps to explain the ease of incorporation of white shipwreck survivors along the Eastern Cape coast, and the establishment of the white

ideas being presented. Dr. Hippler at that time had been working with Dr. Kubukeli for at least two years. If he was battling to understand, what were the rest of the audience to make of the presentation? ⁸ I have argued throughout this work that there is a place for white *sangoma* as healers in South Africa. I now propose that for those who are prepared to extend that role, there may well be another important and still healing place for white *sangoma* - a cross-cultural contribution of translating and explaining to biomedical professionals - alongside African practitioners - the discourse and healing principles of *sangoma*.

Conclusion

In the face of popular scepticism I venture my own experience as evidence to suggest that those whites who do feel 'called' to become *thwasa* must demonstrate enormous humility: A subtle, entirely genuine appreciation and acceptance of the ideological construct of ancestors, and a collective acknowledgement of the historical origins of the xenophobic impulse which seeks to exclude them from participation in Africa's cultural inheritance. Van Binsbergen has taken this to an extreme, interpreting his experience of '*sangomahood*' as an 'act of atonement' (1991: 337). Those like Mrs. Mndende present a circumscribed reading of tradition. This refuses Dr. Kubukeli's flexible, inclusive and pragmatic approach to clan and kin and denies his optimism for the traditional - the possibility of a 'changing same' (Clifford 2003: 113). I argue that Dr. Kubukeli's approach, in which there is continuity and respect for the ritual processes and procedures of the past, as well as abundant and generous 'room for a lot of change' (ibid), offers a more constructive vision of *sangoma*.

Whites have been 'called', and have indeed become *sangoma*. I suggested earlier that western culture can be seen to be alienated precisely because it has lost touch with ancestral (and thus, spiritual) meaning and purpose. Memorialisation cannot replace memory, and, far-flung and globalising as western culture has become, I suggest that it is also fundamentally ungrounded. By denying its roots, it is thus denied of them, and it flounders and blusters to disguise this underlying fragility. I now propose that in the circumstances, it is surely all to the good that some westerners, however belatedly, have recognised this loss of spirit, and are attempting to repossess it. In contemporary South Africa one means of accomplishing this is

'Abelungu' clan there in the eighteenth century (Wilson and Thompson 1969: 233).

⁸ In the event I was prevented from speaking by the manoeuvres of the dissident *sangoma* who also featured in Chapter Three's analysis of the Tygerberg meeting, which only goes to show just how complicated is the situation surrounding white *sangoma*.

to connect with the traditions and beliefs of societies from which, despite the best efforts of our European predecessors, spirit has never disappeared.

In Chapter Two of this work I introduced the concept of ancestral spirit as an essential foundation of *sangoma* healing, and fundamental to its understanding. Chapter Three of this work then introduced my analysis of *sangoma*, and put the case for my first theoretical premise, the necessity of enlightened and mutual dialogue between allopathic and traditional African healers. The discussion included some references to the confusion and ambiguity which characterises the relationships between *sangoma*, witchcraft and biomedicine. These two chapters contextualised the next four, which presented a comprehensive picture of aspects of the practice and process of *sangoma*, from initial training to graduation and public acknowledgement.

The next, penultimate, chapter returns to the content of Chapter Three, this time with a more detailed consideration of *sangoma* and witchcraft. In it, using ethnographic episodes, I explore the relationship of science to witchcraft, and look at some of the often uncomfortable, and even threatening, aspects of witchcraft discourse which all initiates, black and 'long-nosed', confront, as they undertake *ukuthwasa* and become *sangoma*.

Chapter Eight: Witchcraft - 'The given is a prison'

'The culture in which we live is perhaps the most claustrophobic that has ever existed; in the culture of globalisation, as in Bosch's hell, there is no glimpse of an *elsewhere* or an *otherwise*. The given is a prison. And faced with such reductionism, human intelligence is reduced to greed' (Berger, 2001: 214)

Introduction

In the context of contemporary urban South Africa Ashforth has described the 'witchcraft paradigm' as:

A series of interrelated conjectures, suppositions and hypotheses clustering around a central question: "Why are we suffering?" (Ashforth 2002: 127).

For most South Africans this 'paradigm' crucially includes those who act against witchcraft - the *sangoma* - and witchcraft is no figment of the imagination, but 'chillingly concrete' (Comaroff and Comaroff 1993: xxvii) and effective. This chapter examines witchcraft, its relationship with *sangoma*, and its effects on popular and academic perceptions of *sangoma* healing practice in contemporary South Africa. The chapter is presented in five parts with a short conclusion.

Part One briefly examines some relevant contemporary anthropological interpretations of witchcraft, and set out the socio-political situation in which this examination of witchcraft is located. Part Two explores the highly ambiguous relationship between *sangoma* and witchcraft which I characterise as umbilical, replete with the moral ambiguity which so complicates discussion on the subject (Fisiy and Geschiere 2001: 231-232). In Chapter Three of this work I considered the generally cautious and uneasy relationship between *sangoma* and biomedicine in South Africa. In the context of my thesis of the importance of improving these communications, Part Three of this chapter suggests that the umbilical link I describe perpetuates negative perceptions about the healing practice of *sangoma*. I examine the corrosive effect which the *assumption* of a twin identity between *sangoma* and witchcraft continues to have on bi-sectoral medical relationships, and argue that since this assumption suggests some basis in fact for the discourse of witchcraft, western medicine would do better to at least countenance the discourse rather than to dismiss it.¹

¹ The alleged connections between witchcraft and HIV/AIDS causation – and, by association, *sangoma* - uncovered during my research and touched on in this chapter and Chapter Three, constitutes a subject too extensive to be included here; it is the subject of an ongoing research project on which I am engaged for the AIDS and Society Research Unit at the University of Cape Town.

To evidence the continued existence and effectiveness of witchcraft in contemporary South Africa, in Part Four I provide examples of the role of witchcraft dialogues in the private, emotionally-charged micro world of personal relationships. Nosibele's narratives of witchcraft are presented here as an emotional safety valve, a sort of 'confessional' (Berglund 1989) in which the menacing character of witchcraft stories act as a defensive weapon, to fend off 'dangerous' emotions and thereby deal with 'matters deep and personal' (Turner 1994: 90). As a development of this premise, in Part Five I focus on the differences in practice between *sangoma* and witchcraft in their treatment of emotions perceived as threatening or dangerous. Whilst still acknowledging the umbilical link, I compare and contrast parallel but opposite intentions for *sangoma* and witchcraft.

Part One: Virtually modern, actually real

Anthropological theory on witchcraft has developed from the cultural and symbolic village-based rationality epitomised in Evans-Pritchard's benchmark study (1937) to contemporary notions which emphasise the modernity of witchcraft (for example Comaroff and Comaroff 1993; Geschiere 1997; Niehaus 2001b) and connect the persistence of the discourse in Africa to variations on the sorts of 'large-scale pragmatics' imaged by Abu-Lughod and Lutz (1990: 9). This progression notwithstanding, my experience of witchcraft (which I stress was limited to listening to and observing oral versions of the discourse) closely correlates to a 'village-life' interpretation, charged with the interpersonal rivalry and jealousy which Evans-Pritchard's studies of the Azande depict so vividly (1937 *passim*). There is good village logic for this micro focus in which my teacher Nosibele, represented as a 'virtual villager', to paraphrase van Binsbergen (2001), harks back to the village of her memory, a place in the past, visualised or 'virtualised' as dangerous through her reminiscences.

Meanwhile, in postcolonial Africa as almost everywhere, the struggle for power and wealth has taken on new dimensions in the post-millennium. In his critique of money in an unequal world, Keith Hart (and his Memory Bank) asks whether 'the same developments that have been responsible for the recent integration of world society are also the cause of its increasing polarization' (2000: 163); his answer is a resounding affirmative. The quote from John Berger which introduced this chapter underlines the reality that globalisation makes the awareness of gross inequality, (and the emotion of greed which fuels it, the envy which it feeds), almost impossible to evade (Ashforth 2002: 126). Images of profligate prosperity

reach into communities as distant from this prodigality as they are remote from the opportunities to share it, perpetually just out of reach (Comaroff and Comaroff 1999: 18).

South Africa, and witchcraft, are caught up in this thoroughly globalised environment in which rapid change makes life unpredictable and uncertain, and the difference between local and global 'highly problematic' (Ciekawy and Geschiere 1998: 9). In Africa, where witchcraft is still most often connected to home, family and personal relationships, social tensions and contradictions introduced with colonialism have led to power struggles within relationships in the customary context (Horton 1993). Individualism makes an ill fit with kinship and social roles which were, especially for women, often limited and usually constraining; personal ambition vies uncomfortably with the normatively expected reluctance to rise above one's neighbours (ibid: 203). Kinship obligations, which had tended to harness individualistic behaviours like wealth accumulation, were disrupted by an exodus from the rural areas to 'town', or farther afield (Hunter 1961: 494). In South Africa apartheid policies and the development of capitalism ensured that this kinship fracture was as brutal as anywhere on the continent, as black South Africans were coerced into a supremely unsettling backward and forward dynamic between the burgeoning industrial and wage labour centres of the cities and increasingly impoverished rural 'homelands' (Beinart 1994; Bonner *et al* 1993; Marks and Anderson 1990; Sparks 1990; Wilson and Thompson 1982). In this environment of 'spiritual insecurity' witchcraft discourse has continued to operate and adapt (Ashforth 2001 *passim*).

Profligate prosperity, underlying insecurity

In Africa, as anthropologists and other commentators have witnessed (for example Berglund 1976; de Rosny 1985; Evans-Pritchard 1937: Chapter IV; Neki *et al* 1986: 148; Ngubane 1977), unexplained or 'unmerited' sickness, ill luck, and misfortune are often attributed to a very personalised witchcraft. Thus witchcraft becomes a means of 'answering questions about evil' (Ashforth 2002: 127). This is equally the case for the opposite of evil - unexplained wealth and 'good' fortune for example. Anti-witchcraft legislation and advanced capitalism have prompted a fear of rampant witchery in the post-colonial village (Reis 2000: 67-68) no less than in the urban township (Ashforth 2001). Thus in the South African township of Soweto the jealous distress of seeing one's 'more or less intimate' neighbours, friends, relatives or workmates (Ashforth 2002: 127) getting on, doing better, achieving more, is sufficient cause to attribute witchery (Ashforth 2002: 127).

Geschiere's study in Cameroon highlights accelerated discrepancies of wealth and opportunity coupled with the erosion of the traditional in rural communities as sources for the modern in witchcraft which (1997 *passim*). Both have been conspicuous features in post apartheid South Africa (Comaroff and Comaroff 1999: 18-20) and have created equally fertile ground for the production of new discourses of witchcraft (Ashforth 2002; Niehaus 2001(a)). Niehaus demonstrates how destructive are the suspicions and accusations of witchcraft which accompany unexplained inequalities in wealth, increasingly focused on neighbourly relationships, in the South African Lowveld (*ibid*: Ch 5). And farther afield, Mitchell discovered in then Northern Rhodesia (1956), and Ferguson in contemporary Zambia (1999), the disruptive inequalities in rural life which have to be contended with as returnees from the cities not only behaved badly (in customary terms), but imported new and inexplicable stories of untold wealth.

On the other hand, for those who made their home in the metropolis, distance and foreign custom together generated a disengagement from the obligations of kin. Particularly in the broiling atmosphere of the township, this leaves an alarming and disruptive void, a vacuum whose negative emptiness and underlying insecurity is readily filled by witchcraft. The discourse of witchcraft, its roots yet in home and family, has expanded and adapted to address these 'modern changes on a completely different scale' (Ciekawy and Geschiere 1998: 5). Thus, in the African context, is created a 'modernity of witchcraft' (Geschiere 1997).

The individuals who appear in the examples of witchcraft dialogue in this chapter reflect these modern changes. Nosibele's children, for example, who all received a western education, lived their lives in western ways but mindful of customary practice. One, her eldest son, who had spent over twenty years in Europe, returned to a new South Africa in which he felt a stranger and struggled to find his place. Nosibele herself turned her face towards a western modernity but acted in a manner still embedded in traditional mores and beliefs. I am a westerner who, as her *thwasa*, straddled this gap in reverse, reaching out to grasp at the meaning of African healing. We are all perhaps, cultural migrants. In the complex relationships which resulted we acted out and were acted upon in unpredictable ways (McAllister 1980: 219). Witchcraft dialogue, as the narratives illustrate, often formed the powerful language of our communication.

Part Two: Umbilical relationships

In this part of the chapter I examine what I describe as the umbilical connections between *sangoma* and witchcraft contextualised within my fieldwork experiences with my *sangoma* teacher Nosibele. As I rehearsed in Part One, witchcraft has been variously interpreted in recent texts as an expression of the ambiguities faced by people struggling to come to terms with the fundamentals of 'evil' (Ashforth 2002:127 for example), and the discrepancies of existence in an increasingly inequitable world (Comaroff and Comaroff, 1999; Niehaus 2001a). Accepting this premise, I argue that *sangoma* functions umbilically as an essential but opposite force against the power of *ixwele* (isiXhosa: witch). Without the power of this symbiotic relationship (Good 1987: 294) parts of *sangoma* may even seem meaningless and impotent, for hurting and healing proceed from different interpretations and reactions to life's unpredictability (Evans-Pritchard 1937: 257; Ingstad 1989 251-252). The authority of the occult exists in the perpetual uncertainty of knowing (or not knowing) and in the discovery of who knows (or does not know) (Werbner 2001: 193). Chavunduka, a Zimbabwean traditional healer himself, makes no secret of the ambiguities of power which result (2004: 3-4).

A question of motive

Confronted with sudden, unexplained illness, accident or a run of bad luck, the South African sufferer and her family continue to seek to answer not simply the questions of 'how' and 'why', but crucially in the context of witchcraft, *whose* malice might be the source of their suffering (Evans-Pritchard 1937: 63-70). To do this they turn to witchcraft's umbilical twin: the healer, who, in South Africa, is most often the *sangoma*. In contesting this awkward attachment, Nosibele echoed Chavunduka (2004: 4), protesting that despite the confusion there existed a fundamental difference between *sangoma* and witches, which lay in their motivation. Nosibele insisted that "the *sangoma* works only for the good," while she portrayed the *ixwele* or *inyanga* (isiZulu: witch) as inspired by selfishness, greed, envy, jealousy or just pure malice. In her characterisation the witch always acts offensively, determined to harm, hurt, maim or even kill. She maintained that *sangoma* worked defensively in their umbilical relationship with these malicious beings, to safeguard and protect, and when necessary to counter, the opposing powers of 'occult power' (Ashforth 2002: 123). In spite of her reassurances, this picture, and the narratives which accompanied it, generated for me a predicament of profound ambiguity in which the healer's role as

harmer in the face of 'moral wrong' became markedly opaque. Deciding which was which was at best confusing, and only added to my uncertainty.

The episode which follows provides an example of the *sangoma* acting in a 'for the good' role, as Nosibele acted to protect me hours before I was to confront the final ceremony in the ordeal of the *goduswa* described in Chapter Five.

After DK had left [to go and collect the bull and the goat] N closed the door, (it had no lock). She pulled up the battered nylon stocking stuffed with sand which we were using to keep out the howling sea-draught and hold the door shut. N told me now that she'd nearly forgotten "a very important thing". She wanted to give me "some very powerful *muthis*." She needed a razor blade for this, and DK's wife Nolamangwe was dispatched with coins to the Emazizini store opposite to buy a packet.

The door was pushed to again, and resealed, and N told me to undress while she unwrapped the blade. Now she took her carved ebony *muthi* bottle from deep in one of her bags, and another, a plastic container with a screwtop lid. From the ebony bottle she produced some of the black powder I'd seen her offer DK on Thursday. This she poured into an upturned bottle lid. The plastic bottle contained a thick, black cream. Both of these were to protect me against witchcraft or evil practices, she explained, but the black powder, she said, "will also give you dignity."

Now she took the razor blade and lifting a piece of my skin between the tips of her first and second fingers, she delicately made a tiny nick in the centre of first one, and then the other of my eyebrows. She then rubbed some of the powder, which she administered from a match head dipped into the lid, into each crack. She repeated this process on cuts at the base of my skull, above and below the collarbone, top of the spine, and the breastbone. The black cream was smeared into nicks made at my wrists, at points below each thumb, and at the top of my head. The blood loss from these wounds was minute - a mere drop from each.

N now insisted that I must remember to complete this process: when I returned home I must cut myself and apply the cream on each side of my knees and ankles; she didn't want to do this now as "people will see it." She gave me sufficient cream for this task, and a lot extra to make a *muthi*

package like hers to hang around my neck. The *muthi*, she said, "Is a mixture I received from my ancestors and my very good friend in Natal, a very powerful healer. It is the strongest *muthi* I have."

When she had completed her application she astonished me when she told me that I was now to repeat the operation on her. Though I was moved by her trust in my surgical skills I was very anxious, but the process turned out to be easier than I had expected and I managed to finish without the feared haemorrhage.

Fieldnote: 26.10.2001

This description of the secret application of protective medicine before an enormously significant event demonstrated sensible precaution on Nosibele's part. My health and well-being, and her own, were paramount for the success of the *goduswa*, and in her reading of the situation, the ceremony would tempt strangers, and even acquaintances, to acts of malice motivated by jealousy. To block this eventuality Nosibele in this excerpt utilised her "strongest and best" and most expensive medicines: she spared nothing. The application of these 'traditional vaccinations' was designed to ensure that we would comport ourselves throughout the ritual with dignity (the powder), and that we would be protected from anyone wishing us harm (the black grease). In this cutting episode the defensive, beneficent role of *sangoma* can be seen to operate pre-emptively, to forestall ill-luck, physical damage or other misfortune. This was a comparatively clear-cut situation, not unlike crossing one's fingers before going into an examination room, (and, sceptics may argue, about as much use).

Pure Malice

Sangoma ritual as defensive action - when the *sangoma* is asked to act 'retrospectively', or to protect against an assault which has already been, or is suspected of having been enacted - appears decidedly more murky however. In this guise *sangoma* defence may seem offensive, possessed of a destructive potential which Ashforth's extreme version makes starkly clear:

the suffering caused by witches can only be alleviated by repelling the forces of the witchcraft and protecting against further attack, either by mystic means of healing or by acting against the person...to neutralise their threat (*by killing them for example*) (Ashforth, 2002: 129; emphasis added).

The repulsion of the 'forces of witchcraft' necessitates that the *sangoma* identify the perpetrator (however obliquely), and simultaneously return the malice, an action which

highlights the ambiguity in the situation.² Motivated by the good, the *sangoma* nevertheless treads an exceedingly fine line here between defensive and offensive action: For, as those who are hurt (or expecting to be hurt), seek a remedy from the *sangoma*, the healer becomes umbilically bound to the harmer.

Whilst Nosibele certainly never laid claim to the possession of Adjido's armoury (1997), the next witchcraft narrative, a memory from her village days as a *sangoma* practising in Natal, serves to illustrate the equivocation of the symbiotic connection between *sangoma* and witchcraft.

"There was a woman in the village who kept pestering people, leaving bad medicines at their gates and they were having horrible dreams, nightmares - and the children started to be sick. I think she enjoys this - she thinks it's beautiful! One time my son was visited by the son of this woman, and he was taken off. Later my son returned and he had been beaten! It seems that the other boy had stolen money from the bus they were travelling on and then he accused my son of it! So the crew assaulted him! I went round to the woman's hut and told her she must stop this."

There followed a story of a battle of wills and *muthis*. The woman was heard chanting N's name over her medicines, but "I was warned!" said N, "But I wasn't worried! Let her!" Then N prepared her own muthi, "an *intelezi* - for protection," and she put this into a pot and stirred it with her spear. This she assured me had the power to send the bad medicine which the woman was preparing back to its sender. N continues, "So when I felt some pains in the back, I knew this woman was attacking me. But I used my *intelezi* and later I was told that the woman and her daughter were both ill. The daughter with a swollen leg, and the woman was raving. Once they stopped sending the medicine, they got better."

Interview: 12.12.2000

The opacity between *sangoma* and witchcraft is abundant in this example. First there is the identification of the perpetrator. The woman is rumoured to have left 'bad' medicines at people's doors, making them ill and giving them nightmares. It seems that her son is also a troublemaker. In any small community this would be sufficient nuisance to attract attention

² Adjido (1997) offers an account of the powers at the disposal of 'anti-sorcerer healers' which would put most armies to shame. In a lovely turn of phrase he describes their

and acrimony. Notice that Nosibele, as a *sangoma*, is well aware of the problem. She avoids actually identifying “the woman” as a witch, however, which may reflect the enduring effect of colonial legislation prohibiting witch accusation (Niehaus 2001(b): *passim*).

Another explanation for her reticence, also noted by others (for example Berglund 1976: 273; Willis 1999: 146) may be a reluctance to appear to know too much about witchcraft for fear of being denounced as witches themselves.³ Colonial administrations took a dim view of witchcraft, deriding it as superstitious, or labelling it divisive or insurrectionary. The healer-diviners who exposed witches were characterised as charlatans, and the identification of witches in Southern Africa was made an offence punishable by law.⁴ If the intention was to drive witchcraft underground, these colonial edicts had the opposite effect. As Reis points out in her research in contemporary Swaziland, the public interpreted the legislation as simultaneously disarming the traditional healers, and strengthening the witches (2000: 68). That perception has not lessened over time. In Swaziland, colonial legislation continues to be used to explain the increase in numbers of witches for now ‘they have nothing to fear’ (ibid: 70), a vacuum which in Cameroon has created ‘dangerous *lacunae*’ in the social structure (Geschiere 1997: 170).

There may also be a ‘distancing’ motive in Nosibele’s restraint. Notice how, through the imputation of witchcraft to another, she removes herself from a woman whom she rather obviously finds ‘emotionally offensive’ but cannot easily avoid (Neki et al 1986: 148). Whatever the case, there is an implicit accusation of witchcraft in Nosibele’s description, and both suspected witch and *sangoma*, it seems, use ‘*muthis*’. By naming hers as *intelezi*, the *sangoma* idiom for protective medicine, Nosibele attempts to underline the distinction between her intent and that of her alleged attacker. But there is an implied counter-attack in this incident. Healer and harmer may utilise similar medicines, but with opposite motives - an ambiguous situation which helps to explain the ‘awe’ of healers (ibid: 147) - and the popular confusion between ‘witchfinder’ and ‘healer’ (Bawa Yamba 1997: 205).

‘irresistibly powerful arsenal of multiple-warhead anti-witchcraft missiles’ (ibid: 274).

³ A hesitation which is by no means limited to healers, as Fisiy’s experience with scholarly colleagues in Cameroon shows (Fisiy and Geschiere 2001: 236).

⁴ Niehaus provides a comprehensive review of this process as it was enacted in the racially segregated territories of the South African Lowveld (ibid: 133-143).

Putative innocence

But I return to the complex question of motive and the more serious ambiguity in the episode. The moral equivocation over intentionality, even though it be portrayed as the inevitable result of the opposition of good and evil, is exemplified here. The acts of both witch and healer are open to interpretation. Either may be driven by motivations of revenge or retribution, or the desire, in the face of a neighbour perceived to have acted improperly, to cut them down to size (Horton 1993: 203). The essentials of the story are pretty clear. Nosibele has argued in public with a woman in the village, a neighbour, with whom she obviously shares a less than friendly relationship. Following the row, on learning that the woman is out to attack her, Nosibele prepares her protective medicine, the *intelezi*. She activates this when she herself feels pain in her back, which she unambiguously attributes to the alleged witch. Nosibele's defensive measure, designed to reply to the witch's offensive, appears to succeed, for the perpetrator of the intended harm herself falls ill. The circle of vengeance must be completed, and, no matter the denials, the real evil knows its source.⁵

The matter of putative innocence suggests other questions: Was Nosibele's use of her spear (a symbolic weapon but nevertheless potent) to stir the *intelezi* entirely free of spite, and if not, was hers then a purely defensive measure? The back pains which Nosibele felt were not the same as the oedema of the daughter or the mother's ravings. Was this the result of the *intelezi* altering the effect of the bad medicine to suitably punish its sender, or was Nosibele's *intelezi* as offensive as the medicine of her enemy? The daughter too fell ill. Perhaps this was an unfortunate consequence of having a vindictive mother, or was the daughter already contaminated by her mother's mean spirit as is often implied in cases of witchcraft? Of course the whole event might have been a fabrication, an example of witchcraft discourse used as a 'transcendent reality' and confidently protected against proof (Niehaus 2001a: 114). When I put these questions to her Nosibele seemed blithely unconcerned about the doubts I raised, reassuring me that both women recovered and, as if to prove the point of her story, that "soon after they stopped their nonsense."

Part Three: Science and witchcraft

The reality of witchcraft?: Clearly, the reality of a situation depends on the language and notions actors use: up to a certain degree each discourse

⁵ A maxim from Zambia explains my meaning: *Choyipa chisata mwini* (Evil always follows or returns to its owner). I am grateful to Dr. Owen Sichone for this input.

contains its own reality. However, such an academic attitude is difficult to maintain in the face of impatient informants who want to know why the anthropologist poses all the questions. Why is he interested if he does not believe...? Or does he believe in it after all? Back in the West, his Western colleagues want to check if he is not losing his soundness of mind with all these weird stories (Geschiere 1997: 19).

As Geschiere makes abundantly clear, anthropologists have often found the interpretation of the reality of witchcraft disconcerting, which perhaps helps to explain why allopathic medical practitioners too generally veer away from the task. There is little that is cosy in witchcraft's archetypal 'paradigm of the irrational' (Winch 1972: 9), and often far too much that reminds one disconcertingly of home (Lewis 1976: 69). Put this way, it is perhaps less surprising that embattled ethnographers prefer to be seduced by the comforts of empiricism (Bond and Ciekawy 2001: 25). As Winch remarked of Evans-Pritchard's matter-of-fact attempts to explain his encounter with Zande *mangu* spirits, even the master anthropologist had considerable difficulty in 'shaking off 'unreason'.... and returning to a clear view of how things really are' (1972: 9).

As I pointed out in Chapter Three, western medicine, with the exception perhaps of psychiatry and psychotherapy, separates body from spirit, spirituality from practice, a bipolarity which renders the paradigm vulnerable in the context of practices and beliefs which are understood, and expected, to go far beyond the limitations of the human body (Gualbert 1997). Biomedicine prefers to leave questions of belief, of 'social, moral, and existential concerns' ((Fabrega 1993: 168) (which here include witchcraft) to private theology. This tunnel-vision approach (Scheper-Hughes 1987: 10) might appear largely irrelevant as long as traditional medical practitioners remain in operation, for it is assumed (and tacitly accepted) that they will continue to supply the spiritual references when they are required.

'Invisible ontologies' (Fields 2003) and the comforts of empiricism

But perhaps there is more to this than meets the eye. Fields defines the 'invisible ontology of racecraft' as providing 'a highly flexible yet deeply authoritative vocabulary in which to conceptualize good and evil, hence also the distribution of good and bad fortune' (2001: 303), a phrase which also succinctly defines the role of witchcraft discourse in Africa. Fields (whose study is based on observations of race beliefs in America but is likely to be applicable to many white South Africans) dares to suggest that western conceptualisations of personal

relationships are underpinned by this notion of 'racecraft' a concept as unseen in America as is witchcraft in Africa, and similarly insidious.

In South Africa medical doctors often perceive the healing understandings of *sangoma* as the identical, not opposite, twin of witchcraft, and they dismiss both. But, like the repudiation of *sangoma* demonstrated in Chapter Three, biomedical misrepresentations of the relationship between *sangoma* and witchcraft may actually prejudice the success of allopathic interventions. For the treatments suggested by *sangoma*, and expected by their patients, operate within the healing paradigm in which, as I argued above, *sangoma* and witchcraft are recognised as opposite in effect and motive but umbilically linked. Should western medical personnel continue to refuse to take this understanding seriously *sangoma* practice may turn out to contradict or undermine biomedical interventions.

It is not unreasonable to assume that many western doctors practicing in South Africa practice an (albeit unconscious) version of Field's racecraft, and that they are as blinded to their position as they claim to be to the existence of witchcraft. Yet this situation must seem highly unreasonable to many of their patients and *sangoma* practitioners who continue to assert (and quite consciously) the provenance of witchcraft. The point is pertinent, for, if biomedical doctors insist on assuming that *sangoma* and witchcraft are one and the same, since there is no doubt whatsoever about the existence of *sangoma*, it would seem perfectly plausible to acknowledge the existence of witchcraft. If there is basis in fact of the actuality of *sangoma*, the same must hold for its opposite. Under these circumstances I propose that biomedicine would do better to at least countenance the discourse of witchcraft than to continue to dismiss it.

Awkward relations

To admit to being a *ngaka* [traditional healer] without knowing about witchcraft, would be like a modern surgeon saying that he lacked knowledge about anatomy (Ingstad 1989: 263).

I do not underestimate the awkward relationship between biomedicine and *sangoma*, and I acknowledge that this can only be made more complicated in the murky light of the symbiotic connections between *sangoma* and witchcraft which I discussed in Part One of this chapter. But it is important, as Ingstad's citation points out, to recognize that much of traditional healing practice becomes meaningless and disempowered if it is stripped of its spiritual containment in the realm of transcendent power, and this must include the malign

evocation of power invested in witchcraft. Thus to ignore witchcraft as the umbilical, *antithetic* twin of *sangoma* in South Africa is an act of profound disengagement from a discourse which underscores much of the meaning of African traditional healing, and its social embeddedness. If enlightened dialogue between biomedicine and traditional practice is premised on the dismissal and denial of the essentials of traditional practice, in which it is constructed and understood, the result may be a dangerous vacuum for those who assume that witchcraft is effective (Adjido 1997: 277; Ensink and Robertson 1996).

Part Four: Tensions in the family and abroad

Nosibele repeatedly drew on past witchcraft memories to make sense of uncomfortable family relationships, whose resolution in the present provides the context for the stories which I include in this part of the chapter. The ethnographic evidence will present witchcraft tales, fuelled by motives of jealousy, suspicion and greed, utilised to imply or project hidden violence and aggression (Geschiere 1997: 10; van Binsbergen 2001: 239). Though their roots lie in memories of the 'virtual' village, in legacies of the past (Werbner 2001: 194), I present the narratives as evidence of the continued relevance of witchcraft to the sorting out of problems of intimacy and of kinship, in the village, or in broader societal relationships in urban South Africa (Ashforth 2002: 126; Bond and Ciekawy 2001: 21). Here witchcraft appears as an instrument for explanation, for ordering, and for emotional discharge, a rationale within which dysfunctional and discrepant social relationships, of kin and of the larger community, may be explained, understood, and re-arranged.⁶

The content of this section is set against a background of witchcraft tales which began to appear with alarming frequency during the last period of *ukuthwasa*. This stuff of witchcraft came to impinge directly on another 'symbiotic' relationship, that between myself as *thwasa* and my teacher, and it involved me in some very murky interpersonal relations. The events which provoked this situation require some additional biographical background, and I include here an abbreviated version of the situation which may be read in conjunction with Nosibele's personal history contained in the introductory chapter to this work.

⁶ I must stress at the outset that unlike Stoller and Willis, I was never personally involved in a witchcraft episode or 'sorcery attack' (Stoller and Olkes 1987; Willis 1999). Thus all the stories included here are 'hearsay'. Yet I will argue that they are none the less potent and offer ample evidence of the 'elusive quality of the history of truth itself' (Portelli 1991: ix):

All in the family

These stories of witchery made their appearance when Nosibele was profoundly angry and upset and living with her eldest son in his house in Blouberg Sands. She was confused and indignant about her relationships with two of her children, with whom she had recently been involved in acrimonious negotiations about the terms of a contested will left by her divorced ex-husband. But Nosibele was furious with her eldest son who was treating her as she saw it, scandalously. He refused to talk isiXhosa with her, almost refused to talk with her at all. He was being “disrespectful” and “cruel.” He would not allow her to bring her herbs into his house (they were stored in the garage), or to use her medicines or see any clients. Nosibele was lonely and upset, and deeply frustrated, and every day during this difficult period it seemed she produced a new tale of bewitchment.

Nosibele’s chagrin was equaled by that of her son. I often acted as his confidante. Things in South Africa were not going as he had expected. He was forced to live alone since his wife remained in England, a situation which although first explained by the death of her father, and then by the fragility of her health, was discomfiting and embarrassing. His inability to find employment made his financial commitments on the new house progressively more burdensome. He found it more and more difficult to put fuel in the new car which stood forlorn in the garage. He was depressed and gradually became morose. And, though he dismissed it as “nonsense”, it seemed to me unlikely that he was entirely able to take the ‘secular modernist’ route (Ashforth 2002: 126), and struggle free of his knowledge and belief in *sangoma* and witchcraft.

He was after all, sharing a roof with his mother, whom he had known as a *sangoma* of repute. Now an elderly woman she was especially vulnerable (and suspect to) accusations of occult authority (Ashforth 2001: 216; Mombeshora 1994: 76; Thomas 1970: 63-68). He had personal recollections of some of the stories of her dealings with witchcraft, so recently recounted to me. He could not be unaware of her resentment at her medicines consigned to the garage, her disappointment at the inadequacy of the support she expected from her ‘returned’ son. If this were not sufficient cause to fear witchcraft (Neki et al 1986; Niehaus 2001(a): 94), he was in all this, thwarting his mother’s will, a disobedience which in the discourse of witchcraft is to invite retribution (Horton 1993: 202). Shweder notes that:

In witchcraft discourse, words - ‘nervous anxious whisperings, suggestions, hints’ - are often all that is required to activate occult power (Scheper-Hughes 1992: 233).

peoples whose symbolic forms posit gods, ghosts, spirits, or witches appear to live under the impression that there is something there for them to be mindful of (1991: 46)

a point that resonates in this tangle of difficult relationships.

In the Southern African context Kiernan (1982) discovered a similar ambiguity in the role of ancestral powers who may 'suspend their collaboration' from those guilty of the 'indubitably 'bad'' (ibid: 288-291). Similarly, the uncomfortably ambivalent role of ancestral wrath as 'source of illness and misfortune' is pointed up by Hammond-Tooke (1989: 64). Nosibele may have found her conflicting emotions intensely distressing, but she was reluctant nonetheless to express them directly to the family, because she believed that the expression of powerful feelings could also rouse her ancestors, and lead them to unleash potential destruction on the object of her fury. Nosibele (and increasingly, her *thwasa*) were 'caught' in the discourse of witchcraft (Favret-Saada 1980: 56). Nosibele was supremely mindful of the implications.

Struggling to make sense of her son's behaviour Nosibele did not entirely disguise her misgivings, and she could be provocative. For example, she described her response to her son's outbursts: "I just listen. And then when he is finished, I say, have you finished? And I turn away." Her self-righteous mannerisms as she replayed this encounter were enough to irritate me, let alone her son who had far more reason for feeling infuriated. But as her frustration and confusion grew Nosibele's deeper feelings were vented on me in the comforting discourse of the traditional, and there were acres of space for the uncertainty inherent in the ambiguous relationship between the healer and the witch. References to witchcraft proliferated. I stood between the warring parties, in the middle, the initiate healer trying to comprehend the complex psychologies at play.

Safe outlets

With this context in mind, I propose to show that accusations of witchcraft, even, as in Nosibele's case, when these are made retrospectively and involve only the retelling of old stories, enable the storyteller to resolve uncomfortable, difficult to acknowledge feelings and emotions: anger, greed, envy, jealousy, suspicion, resentment. They have therapeutic agency, for I suggest that in her voicing of these stories of memory, set in a traditional (if virtualised) discourse, Nosibele discovered an outlet for her contemporary rage at her family. I envisage witchcraft as a repository of negativity, a gloomy vault, in which the tales hang, like

Dracula's bats, to be removed and fitted out to suit every occasion, changing with fashion, era, budget and occasion. I introduce the stories which follow in that light. Though I do not include them here, in Nosibele's chamber of horrors there were narratives featuring zombies and night flight, sexually rampant female witches and their familiars, night-time abductions by minibus taxi and bloodsucking vampires. The array of tales in other words echoes common themes in which witchcraft has been framed in histories in Africa (Ashforth 2002; Geschiere 1997; Niehaus 2001 (a); Thomas 1971; White 2000; Willis 1999), and throughout the world.

Dangerous feelings and Brotherly love

"When someone hurts you, never you say too much to them because, when they hurt you, and you have the 'higher spirits' (*amakosi*), they hurt these spirits as well, and they can be hurt on your behalf and they can hurt that person too much." Interview: 07.01.2001

One series of witchcraft anecdotes cautioned against the public expression of emotions especially by *sangoma*. Reflecting Stoller's experience with Songhay *sorkos*, this admonition particularly applied to anger as Nosibele's words confirm (1987: 88-91). Produced in the context of Nosibele's contemporary loss of authority and power within her family, the next narrative describing sibling rivalry warns of the consequences of the exhibition of strong feelings. As she told it, Nosibele was preparing for her graduation as a *sangoma*, a celebration which her older brother refused to join:

He came with his wife in their car, but they just drove round and round and would not stop. My elder brother was insulting me, because I was becoming a *sangoma*....I was *so* hurt....

But he was the driver of a caterpillar truck, and the next week the truck turned over and he broke two ribs and went to the hospital, and when he got out he was still unwell and he still had to drive the caterpillar....but he was spitting blood! So he came to see me and asked me to please forgive him because he had hurt me very much. And I burned my *imphepho* and talked too much to my spirits and asked them to forgive him. Two weeks later he was given a promotion and a truck to drive and he came to see me very happy and to thank me!

Interview: 07.01.2001

There is a turbid quality to this story in which occult power, employed offensively by a *sangoma*, is implied, additional evidence of the thoroughly ambivalent nature of the discourse. This story could simply express a 'need to know' situation (Peek 1991: 194), in this case, of the cause of the vehicle accident involving Nosibele's brother, a mishap which Ashforth's Sowetan informants might well have connected to witchery (2001:215). The discomfiting implication here is that Nosibele had used some ancestral assistance, whether consciously or no, for 'offensive' means, an ancestral ambivalence echoing the confusions Kiernan alluded to (1982). I suggest that Nosibele had two conscious ends in mind here. First, she used her story to remind me, her *thwasa*, of her considerable reputation as a *sangoma*. Secondly, she intended to emphasise her view that powerful emotions are dangerous and should not be expressed openly, for to do so is to invite ancestral wrath on the object of the sentiment (Bond 2001: 140). Her brother's rejection of her *sangoma* status could be interpreted as a denial of the ancestors, a provocation of their anger and an incitement to their direct retribution (Hammond-Tooke 1994: 7; Ngubane 1977: 98). It is clear that Nosibele was at the time angry with her brother but also guilty about her emotion. It is not unlikely that her brother was also jealous of her success - younger sister prospering where he perhaps had not - whatever the truth of this, after his accident both she and he appeared to have acknowledged the hand of spiritual agency in the event.

In Nosibele's narrative a space was also created for remedial action, through the attribution of responsibility to the ancestors. Her brother was able to offer a heartfelt apology (presumably fearing worse to come if he did not). His sister meanwhile called on the spirits to forgive him (and by association herself), thus generating a substantial improvement in the sibling relationship and, whether by coincidence or ancestral intervention, her brother's material circumstances. In the last sentence Nosibele makes clear that she harboured no doubts about the source of her brother's new position, and she hints broadly - "he came to see me very happy and to thank me!" - that he too, credited her, and her relationship with ancestral power, with the improvement.

There is a third, possibly unconscious purpose to this tale, which I use to support my theory of the therapeutic role of *sangoma* and witchcraft discourse. Bear in mind that the narrative came at a time of acute difficulty in resolving her current family relationships. In this story Nosibele suggested that ancestral anger had been fuelled by her own, and become more destructive in the process. Whether or not her brother would agree with this interpretation of ancestral responsibility, both parties in the dispute do appear to have

believed that feelings of frustration and sibling rivalry, if made manifest, are potentially ruinous. Dangerous emotions carelessly expressed take on a life of their own, to paraphrase Shweder (1991: 245), and once out they will not disappear but reappear with possibly terrifying force. In this confession of sorts, whether real or fictional, I suggest that Nosibele released 'the seeds of a growing evil' (her frustrations with her son) and thereby defused the potential for contemporary destruction (Berglund 1989: 110). The roots of the problem (fictional, and in reality) lay in kinship and 'intimate relationships' (Ashforth 2002: 126). The resolution, through witchcraft discourse, was equally bedded in the contradictions and confrontations between 'virtualised' kinship and 'modern' South Africa (van Binsbergen 2001). This is witchcraft as the archetypal 'dark side of kinship' (Geschiere 1997: 11).

Working out the motive

the people afflicted are typically thought of as being in more or less intimate relationships with the perpetrators - lovers, relatives, neighbours, schoolmates and workmates top the list of the usual suspects - and the motive of witchcraft is typically said to be jealousy (which in ordinary usage here encompasses envy) (Ashforth 2002 : 126).

In the next fieldwork examples there is a special and continuous reference to 'jealousy' and evidence of Nosibele's witchcraft discourse which reflect Ashforth's description. The narratives are resonant with stuff unsaid, and considered unsayable, in close social relationships. Here witchcraft, or belief in occult power, enables people to speak the unspeakable and expose the 'basic ingredients' of witchcraft: 'greed, envy, and jealousy' (Bond 2001: 138). These stories date from earlier in Nosibele's life, before her acceptance of her 'calling' to *sangoma*. Yet already there is moral ambiguity here, and a hint of the umbilical relationship between good and bad. As oral history, it is difficult to provide factual evidence of these tales, a point emphasised by Geschiere (1997: 19), and most probably they suffer the vagaries and reinterpretations of memory (Nuttall 1998; Portelli 1991). But their veracity may in any event be irrelevant, if as Niehaus suggests, the very 'transcendence' of belief in witchcraft actually protects against proof (Niehaus 2001a). The anecdotes may simply be examples of Nosibele's naturally creative mind, a desire to impress me, or the result of popular reportage of '*muthi* murders' (Wolff 2003; Zapiro 2003). But her motive I suggest remained the same: In her fragile state of mind she imagined things almost unimaginable and created, through witchcraft, an extreme means to work out 'what everyone

is usually silently struggling with' (Favret-Saada 1980: 124). Finally, there is the distinct possibility of a version of the sort of witchcraft 'crisis' described by Devisch, a battle for the life and death of my teacher waged 'within the victim [her]self' (2001: 118-122).

Tales of love and retribution: 1 Past Love

What were the exigencies of life which the words of witchcraft which follow were brought to bear upon? There were two settings: Nosibele's relationship with the man she had hoped to marry before she met her husband, and his sudden and unexplained death; and a school at which Nosibele taught as a young woman, where the alleged improprieties of the headmaster and a fellow teacher reaped unexpected rewards. A close relationship gone tragically wrong, and a situation involving jealous colleagues: classic witchcraft territory (Ashforth 2002; Geschiere 1997; Mombeshora 1994; Niehaus 2001(a)).

A story of N's past love. The man she had loved before she met her husband and who loved her, had agreed to pay her *lobola*. But when he turned up to start the payments he brought with him another girlfriend! N was jealous and refused him. "I was angry and so jealous!" Then this other girlfriend put a "tiny needle here," (N points to crown of head) with *muthi* on it (how did N know this?) because "she was jealous of me. The *muthi* was bad and soon he became ill in the head, and became worse and worse and died. Since then he comes back to visit me." [N says she dreams often of this man as a sort of guardian figure].

Fieldnote: 12.04.1999

This tale shows Nosibele as a frankly jealous young woman who seeks to ascribe her own malice to the 'other woman' and uses allegations of witchcraft to provide an explanation for his death, which must have been as shocking as it was unexpected. Here again the structure of witchcraft is seen to provide a rationale for the consequences perceived to result from awkward social relationships. The person whose designs are thwarted accuses a rival of bringing down retribution.⁷

⁵ In this context of pre-marital relationships, Niehaus draws attention to an interesting connection. The young men in his Lowveld study are in the habit of ending love affairs by accusing 'girlfriends, or agnates of their girlfriends' of using witchcraft (2001a: 107). Whether this was the case here (the unfortunate victim will never be able to tell us), will have to remain one of those facts protected against proof. But, given the disastrous outcome, the competing lovers would likely fall into witchcraft territory, as it were.

The use of love potions implied in this story occupies another awkward slot in the problematic connection of *sangoma* and witchcraft, as rehearsed in Part Two of Chapter Three. Love potions, or, looked at from a more gendered perspective, 'fidelity medicines', are not necessarily considered as *prima facie* evidence of witchery for the by now familiar reason of the ambiguity of their purpose. The person using a love potion can always argue that they meant no malicious harm, but sought simply to bind a loved one to them. To a jealous rival (or to the Zulu men of Leclerc-Madlala's researches (2001b: 42-43) this might seem a paltry excuse. But, in the case I am considering, if the 'other woman' was jealous of Nosibele, why did she not administer the poison to Nosibele instead of to the man she would surely have wanted to keep for herself? ⁸

But I was made uncomfortable by questions about 'actions that cannot be verified in reality' (Geschiere 1997: 128) and which, once again emphasized the ambiguity in the situation. How did Nosibele know that the woman had used the 'bad' medicine, and so precisely? Who was acting defensively and who offensively? Was this Nosibele's latter-day way of confessing the extent of her knowledge of witchcraft? As has been evident throughout this chapter, in the ambivalent enclosure of witchcraft the scenario of this incident could easily have been reversed, with Nosibele herself being suspected as the witch. As so often in the discourse of witchcraft, steeped in ambiguity, this episode refused academic distance, eluded analytical closure (Willis 1999: 145). There was anthropological distancing going on here also, for by placing this tale in the poisonous contemporary context of Nosibele's arguments with her family (the covetous emotions which accompanied the reading of her ex-husband's will, for example), I was able to lessen my discomfort with her witchcraft tales.

Tales of love and retribution: 2 The Music Teacher

The next story only hints at witchcraft although jealousy is again the theme. The tale is full, as usual, with unanswered questions and ambiguous meanings.

When I was about 22 and teaching, I was a music teacher. With another woman teacher, a friend of mine, I wanted to leave the school, because the principal was trying to abuse me sexually. But this other woman, my friend,

⁸ Love potions (as is the case with other medicines) do sometimes go wrong, of course, for reasons which have nothing to do with their original intent. Such may well have been the case here. The medicine might have been administered incorrectly, or contaminated in some way before or during its application, a case of 'many a slip betwixt cup and lip'. The facts of the case must remain conjecture.

was in love with the principal so she came and told me that he wouldn't allow her to leave. It was a plot! They wanted me out of the way because they wanted their sex. I told one of the other teachers that it would not work out for them, and just after the new term they were discovered by the priest of the school and lost their jobs. So you see...

With these tales my concern and confusion grows.

Interview: 07.01.2000

After regaling me with this tale of just deserts, Nosibele went on to say that she had warned another teacher that something would go wrong with the offending pair. "I told her it would not work out for them," she said. This, and the implied threat of her suggestive "So you see..." at the end seems to imply that that she had some personal agency in the downfall of her colleagues. Malign motives and occult forces are insinuated here. Nosibele claimed that the headmaster made unwanted sexual advances to her, advances which she claimed to have rejected. If she was unhappy with his approach in the first instance why then should she be jealous of the discovery of his new liaison with her friend? If she wanted her friend to leave the school with her, why not target the headmaster alone? Perhaps she simply envied the couple their happiness, and telling this tale assuaged her guilt. Once more the circumstances are murky and leave many questions unresolved. But this tale of witchcraft in the past, like the first, serves a useful purpose in the present. It allowed Nosibele to 'let off steam' in a way which she considered safe and unthreatening. She resisted an open expression of the anger and distress she felt towards those in her family with whom she was discreetly but uncomfortably, furious. As her *thwasa* initiate I had to take on this projected malice and do with it what I could.

'The more difficult the problems, the stronger your healing'

I have included these anecdotes as evidence of contemporary witchcraft discourse acting as a harness for emotions which are simply too dangerous to be given free rein in open conflict. Contextualised within contemporary emotional confrontations with her children, I recognise Nosibele using me as a repository for her anger. By means of this strategy she is able to release her indignation and distress without the fear of drawing down the reciprocal furies of her ancestors on her family. I have rehearsed the fact that it was my fate as hapless *thwasa* to deal with this, and will now develop this theme.

It has been obliquely suggested by others that black *sangoma* are taking on white *thwasa* to seek compensation (monetary and emotional) for the colonial deprivations of their ancestors (de Bruyn 2004).⁹ In the previous chapter I touched on the advantage to black *sangoma* of white initiates as useful incorporates into an enlarged circle of clan or kinship. In these episodes on the other hand, it seems equally possible that Nosibele took me on as a *thwasa* precisely (if subconsciously) to process some of her difficult personal distress.¹⁰ My teacher can also be seen to be giving me an opportunity to test my healing skills, another practice familiar in psychotherapeutic tradition. At the height of these witchcraft dialogues Mthobeli Guma, a *sangoma* himself, put this gloss on what felt at the time to be a supremely comfortable role:

You must see your relationship with Nosibele as symbiotic. The difficulties she experiences are a test for you - a revelation - and a development opportunity for your healing skills, especially your counselling and facilitating role. The fact that Nosibele is not free to express her beliefs as she needs to is significant, for she is shying away from the *sangoma* experience and you are of course receiving this message....

This situation is about your healing skill. It is part of the condition of being a *thwasa* that you become involved in the family situation. Some will take you as an enemy, they will like you less. Take it as a compliment! The more difficult the problems you are presented with, the stronger are your healing skills.

Interview: 01.02.2001

My role in healing these rifts was first, to listen to my teacher's tales of family distress past and present: To act in other words as a counsellor. In Blouberg Sands I sat through hours of Nosibele's complaints about first, her son's, and then her daughters' perceived (and sometimes all too real) disrespect and even dislike. I learned to listen and offer solace where I could, trying to work out with her the reasons why she was being treated as she was without feeding into her guilt about her neglect of her family. I was asked (or rather, in *sangoma* parlance, I was told) to act as a go-between, moving from son to mother and back again,

⁹ In Chapter Seven I offered an alternative scenario based on an examination of cultural kinship.

¹⁰ She had learned at our first meeting in Zimbabwe that I had experienced psychotherapy in England and was familiar and comfortable with the process.

relaying messages and attempting to work out compromises which might ease the anger in both camps.

When Nosibele moved to live in East London my role as counsellor continued as she confronted the open hostility of her daughters towards their returned mother (and adopted *thwasa*). In East London my duties were expanded and made much more onerous and challenging, for they included becoming a repository for the daughters' pent-up rage and frustration, not just at their mother, but directly at myself. I was in their territory, a white woman, not so distant from their ages, and to cap it all, a *thwasa*, something which Nosibele insisted they should have become. This white woman whom their own mother was calling 'daughter', and who shared her home, must have seemed like a red rag to a bull.¹¹ For example, the daughters (whom in my journal I unashamedly took to calling 'the ugly sisters') spoke in general in rapid isiXhosa, a language in which they knew I was still entirely a novice. They reverted to English, quite deliberately, only when they wanted to make sure I would understand – to make a crude joke about their white colleagues (both had good jobs in educational institutes) for example, or to offer up some other sample of what I characterised as reverse racism. Their palpable dislike was understandable, not just as a reaction to the colonial slights of the past, but as a response to their fury at being once again usurped; this time not by their mother becoming a *sangoma*, but by her taking on a new daughter-*thwasa*

“Say it out!”

The situation tested my patience and resolve, the very stuff of the *thwasa* experience as my *sangoma* mentor, Mthobeli Guma, had warned me. My response to what felt like a barrage of provocation on their part was, through gritted teeth, to stay quiet in their presence and retire peacefully at the earliest opportunity, a reaction wholly in line with my teacher's best healing advice, as an entry from my fieldnotes written during this unhappy sojourn demonstrates:

A long talk with N this morning about the situation. I woke with the certainty that her daughter will not allow us to hold the *goduswa* [graduation] here. I was very angry and upset. She recognised my distress, and smiled, encouraging me with a loud and determined “Say it out!”

Fieldnote, East London: 08.06. 2001

¹¹ In retrospect I berate myself for not recognising the likelihood of this beforehand, but perhaps my *thwasa* insight was not yet sharp enough.

This short excerpt may appear at first in confusing contradiction to Nosibele's approach to the expression of feelings. Here - apparently at odds with her previous directions to "never say too much" - there is positive encouragement to voice feelings, frustrations, doubts about what had been uncomfortable but which was now rapidly becoming an impasse with her two daughters. There was generous space here for the furious *thwasa* to learn the value of holding her peace in the therapeutic role of counsellor. But in this episode I also perceived Nosibele to be acting defensively as a healer. In the narratives included earlier, I was the processor of Nosibele's deep and dark feelings towards family. Now Nosibele offered herself in that role. In the light of the ambiguous power which she allotted to ancestors, she may have interpreted my fury as potentially dangerous for her family. As my *sangoma* teacher she gave me the opportunity to voice my feelings out in the open - "Say it out!" - and offered *herself* as the foil for my rage and frustration.

Geschiere envisages witchcraft discourse in contemporary Cameroon as an explanation of power 'and especially *disempowerment*', as the applications and implications of witchcraft are revised to justify mysterious accretions of wealth and power (Geschiere 1997: 135; emphasis added). Accepting that premise, put in the context of the loss personal of personal power, I have presented these portraits of sour family interactions as evidence of disempowerments at a kinship level, in which the disruptive energy of witchcraft discourse is brought into play as a foil. Nosibele's continual resorting to old stories of witchcraft enabled her to express personal anguish in a discourse she found familiar, a comfort in her confession of misdemeanours, real or imagined (Berglund 1989: 110. And thus, to use Geschiere's construction, she was re-empowered.

Part Five: Emotional hiding and revealing in witchcraft and *sangoma*

This image of empowerment introduces a last, interrelated analysis in which I return to the umbilical connections rehearsed in Part One, this time to propose a parallel but opposite relationship between *sangoma* and witchcraft in their response to the expression of feelings. Witchcraft has been characterised as growing from feelings buried deep and made malevolent by social and family disruption, bitterness, anguish, distress (Niehaus, 2001a). It is seen as embodied in the power of 'dangerous' emotions which are stored up and suppressed, eventually to be expelled offensively and in an uncontrolled environment. Bastian provides a perfect picture of this malice turned vicious:

Instead of letting go of the “stinging thing” [in his/her heart], the witch embraces it and keeps it in. The witch accumulates her pain and is goaded by it to seek solace in the pain and the exploitation of the life force of others (Bastian 1983: 141).

Witchcraft flowers too in feelings of guilt (Berglund 1989) and withdrawal of customary favours and support (Thomas 1970: 63). Its roots lie in envy and jealousy of the greedy and powerful who become its targets for want of generosity and sharing of their good fortune. It grows finally from disempowerment, from a sense of incapacity in a world grown careless (Geschiere 1998). Witchcraft lies hidden in feelings, and in feelings which are hidden, in individuals damaged by impotence, rage, envy, malice. Consider the tale of the village witch - ‘Pure Malice’ – included in Part Two of this chapter, for example. Nosibele there described an apparently embittered witch woman turning on her neighbours and their children out of spite. In order to draw attention to her difficult feelings the woman harmed the wider community which should have noticed her hurt. The malice, once manifested, was interpreted as witchcraft precisely because it hurt. It was dangerous. In taking her offensive action Nosibele moved to heal the harm and the harmer. While the accused witch may have remained as bitter and mean as she was before the episode, there was some resolution, for “soon after they stopped their nonsense!” The ethnography in this last section will illustrate *sangoma* as potent healers, able to harness similarly explosive emotions in the safe containment of ritual.

As described in Chapter Four, in the initial stages of becoming a *sangoma*, the discipline of the ancestors demands that the initiate submit to them and respond to ‘the call’. Refusal may result in the perpetuation of the ‘sickness of calling’, however it is manifested. The consequence of acceptance of this calling is a positive one: For the community in the creation of a new qualified *sangoma*, and for the individual, in her own healing. The rituals of *sangoma*, during training and beyond, encourage the *thwasa* and *sangoma* to enter into communication with ancestral spirits and lose the self in order to ‘speak out’ hidden and unfulfilled feelings. Thus emotions, dangerous or benign, are actively brought out, voiced openly, and safely diffused within the boundaries of ritual. In this final excerpt I will illustrate the capacity of *thwasa* and *sangoma* to act as the defensive antitheses of witchcraft.

A safer venting

This excerpt provides a demonstration of this binding purpose in *sangoma* ritual. It features a trance scene which occurred at the *inthlombe* held in celebration of Zinzi's goat ritual, at Dr. Kubukeli's Khayelitsha home.

The drumming is furious, fuelled it seems by the *sangoma*, a man I haven't seen before, whose ankle rattles are made from large flat metal discs made from the ends of aluminium drinks cans which make a fabulous swishing sound which he uses to drive the rhythm on. The room is in semi-darkness, lit only by candles flickering precariously from the walls. It is very warm. Everyone is involved, singing and clapping to this frenetic beat.

Suddenly, a young woman whom I noticed because of her beauty and her striking predominantly red and white outfit, drops to the floor and sits, back to the wall, legs outstretched before her. She wails, she screams, her feet and legs move furiously as though she is trying to escape a binding of some sort, and then she hammers her fists rapidly up and down, punching her thighs in what looks like extreme frustration and anger. The dancing circle comes to an abrupt halt, and other *thwasa* attempt to pacify the woman, to communicate with this dreadfully upset being. But there is no response, and she continues to wail, and shout and bang her fists.

Someone rushes into the back room where the *sangoma* are gathered, resting, and returns with a female *sangoma* who moves calmly towards the girl and squats in front of her, holding her feet, and speaking quietly. The screams continue, the beating fists flay up and down. The *sangoma* continues her dialogue.

After several minutes of this there seems to be a shift within the girl who quietens, with moans rather than the prolonged wails of earlier. Now the *sangoma* takes her arms and with others supporting her, the girl is lifted to her feet carefully. The *sangoma*, still standing in front of her, takes both her hands and draws them together, with a clap at the end, speaking all the time, quietly. She repeats this several times.

Gradually there is a distinct change as the girl seems to return: her eyes which have been shut throughout, open and stare ahead. She drops her head, shakes it gently, seems to respond to the *sangoma*'s quiet urgings. Now she

nods, and with the *sangoma*'s arms around her shoulders is shepherded into the second room. there I see her take a place on one of the foam mattresses, where she sighs deeply, closes her eyes and appears to sleep. After about an hour she returns to the circle, apparently none the worse for her experience.

Fieldnote: 25.05.2002

This trance scene provides an example from the field of an emotional outpouring of ancestral unconscious brought to consciousness. The episode additionally demonstrates that such 'transformations' can be violent, dramatic, and prolonged. This was an open, unfettered display of all the power of the unspoken emotions which Nosibele implied in her tales of witchery. The crucial difference here, however, lies in the healing function of *sangoma*, as against the hurting purpose of witchcraft.

The containment offered by *sangoma* ritual, like the *inthlombe* featured above, constituted a safer venting. The discharge of deep emotional events was rendered secure and produced a healing not only for the initiate but for her ancestors. The young woman, entranced, was acting out deep and disturbing feelings, of self, or as transmitted by her ancestors, in a supportive structure contained within the idiom of ancestral belief. In this she was actively encouraged and supported by her teacher, who, in the enclosing safe space of the ritual made sure that the 'victim,' having enacted her ancestral emotions, returned safely to her self. Crucially, in this venting of violent feeling no one else was injured. As Hirst observed, the 'uncontrolled wildness' attributed to witchcraft was here contained, an opposite demonstration of the exploitation of that wildness by the witch (1990: 247). And if, as some trance skeptics may suggest, this episode was all an act, a piece of role-play? I argue that its power to demonstrate the numinous authority of ancestral spirit, the container within which difficult feelings may be discharged, even as performance, was undiminished.

In conclusion, I refer here to Gualbert's compassionate explanation of the frequent failure of western psychoanalysis in treating African patients (1997). He talks of the naming of problems in therapy and that in their naming 'we bring the truth out into the open, and the open truth is hard to admit, to accept responsibility for' (ibid: 237). This *sangoma* ritual in Khayelitsha provided a safe haven for 'open truths' to be admitted, shared and dissolved.

Conclusion

In this chapter I have acknowledged the ambiguous and confusing relationship (which I describe as umbilical), between *sangoma* healing and witchcraft harming. I have shown that

the tendency in popular and scientific discourse to perpetuate this confusion prejudices both *sangoma* practice in general, and collaborative relationships with biomedicine in particular. To counter this confusion the chapter has presented evidence for the healing purpose of *sangoma* as the opposite and antithetical twin of witchcraft in the resolution of personal and community relationships in contemporary South Africa.

This penultimate chapter brings to a close the ethnographic content of the Thesis. The final chapter will draw the arguments from each chapter together to their conclusion.

Conclusion

This study of *sangoma* is contextualized within the contemporary health dispensation in contemporary South Africa in which two health paradigms, traditional African healing - considered here within the spiritual environment of *sangoma* - and biomedicine, tend to operate at best in parallel, but more often at odds with each other.

I have advanced two propositions in the work: The first contends that the disjunctive relationship between *sangoma* and biomedicine is counter-productive, not least when considered in the light of the unprecedented challenge of the HIV/AIDS pandemic in South Africa. I argued therefore for the importance of the establishment of a more collaborative relationship between the medical sectors.

My second proposition suggests that anthropology has a role to play in assisting bi-sectoral medical communication, by providing ethnographic insights which may be first, understood by scientific medicine, and then applied in collaborative health interventions. To this end I called for the development of a scholarly language of the spiritual. The thesis as a whole represents an example of the practical application implied by this proposition: It serves to illustrate my thesis that anthropological research into traditional African healing systems such as *sangoma* can be produced to be simultaneously respectful of the spiritual authority which underpins them, and in terms both comprehensible and stimulating to academic science. These theoretical propositions are informed by the ethnographic evidence of fieldwork characterised as experiential and often described reflexively.

To locate my thesis within contemporary literature, I presented, in Chapter One, a literature review of texts pertinent to the epistemological and methodological issues which informed the work. I first assessed a selection of research covering collaborative efforts between traditional African healing and biomedicine in Southern and East Africa. My critique highlighted the generally uni-directional and educative stance adopted by biomedicine in such endeavours, and the unease which this creates amongst participating traditional healers. I drew attention to the general refusal of biomedical personnel engaged in these projects to acknowledge especially the spiritual influence in traditional healing.

In the second part of Chapter One I examined the literature for comment on the complex of issues involved with my proposition of the development of a scholarly language of spiritual matters, and for coverage of the epistemological basis of the experiential fieldwork which characterised the study. Having explained the rationale for my reflexive and autobiographical approach to ethnographic writing, I considered the allegation of 'going

native' to which an experiential ethnographic report such as this is vulnerable. I showed how this construct is exemplary of the hegemonic and ethnocentric in anthropological coverage, and in contrast I suggested a potential in the notion for a profound exploration of self and identity. In similar vein I acknowledged the possibility that my experiential approach to fieldwork may attract accusations of anthropological fictionalising: A risk I accepted as worth taking. The third and final parts of the chapter discussed literary coverage of some methodological issues, and compared and contrasted my experiences with those of other fieldworkers.

Chapter Two opened the defence of my theoretical propositions with an examination of the pivotal notion of ancestors in *sangoma* healing. I acknowledged that *sangoma* can be *understood* in terms that are religious, personal, political, social, economic; but I differed with anthropological categorisations of *sangoma* as cult or religion. I presented instead the evocation and invocation of ancestral authority that constitute *sangoma* as neither religious expression nor as exclusively psychotherapeutic, but as a system of 'sacred pragmatics' whose purpose is healing. I defended my use of the term sacred, comparing it to things held sacred, or in sacred trust, which have power and authority but are not necessarily objects of worship. To explain its pragmatism I showed that, as is the case with biomedicine, once a *sangoma* has completed her training, practice becomes a matter of experience in the light of everyday challenges. But I demonstrated an important difference: While biomedicine (with the possible exceptions of psychotherapy and analysis) separates spirituality and medical practice, in *sangoma* the spiritual authority of the ancestors is intrinsic and fundamental. I showed that the lack of spiritual connection in biomedicine alienates the powerful healing agency of *sangoma*. To inform my premise of the importance of medical dialogues based in mutual respect, and by way of example, I advanced the idea of ancestral authority and influence in *sangoma* as a credible near equivalent to Jung's 'collective unconscious'. Finally I showed that there may be a contemporary role for white *sangoma* as a source of healing between scientific medicine, academia and *sangoma*.

Chapter Three, an examination of contemporary relationships between allopathic and traditional healing practice in South Africa, may be construed as more hypothetical and abstract than the rest of the thesis with some reliance on anecdotal as well as ethnographic evidence. Nonetheless the content is essential to set the scene for the remainder of the work, and is in itself testimony to the 'invisible ontologies' (Fields 2001) which I suggest typify attitudes on both sides of the medical divide. I was able to establish in the chapter the

essential social and political contexts for my argument of pluralism in medical understandings. Set against the background of attempts at bi-sectoral medical collaboration in public health interventions in HIV/AIDS in the Western Cape, I showed that the present climate - in which there is a powerful tendency for biomedical ignorance and misrepresentation about *sangoma* to be perpetuated - may lead to an alienation sufficient to prejudice biomedical interventions, especially in the field of HIV/AIDS.

The chapter additionally examined two contemporary events which may affect *sangoma* practice and their position in society. First, I investigated the new interest in scientific research into the traditional *materia medica*, research. I then looked at a proposed legislative framework which follows the professionalising route taken by neighbouring African countries, and seeks to establish norms and values for traditional practitioners. I showed that while the former generally simply ignores the spiritual in *sangoma* practice, the latter hints at changes in training and practice which may eventually undermine its spiritual base. Ethnographic episodes in the final part of the chapter demonstrated some of the 'surgery-floor' issues which contribute to uncomfortable relations between biomedicine and traditional practice.

Chapters Four to Eight contained the body of the ethnography of my personal experience, and are exemplary of the applied and engaged anthropology advocated in my second theoretical proposition. I showed, for example, some of the processes of *sangoma* training and practice to illustrate the vibrancy of contemporary *sangoma* as a healing system neither unstructured and haphazard, nor rigidly fixed in traditional conventions. Taken as a whole, the chapters evidenced the importance of ritual and spiritual guidance in all *sangoma* work, and, whether customary or customised, rituals and practices together were shown to be inspired according to the idiosyncracies of ancestral authority.

In Chapter Four I presented the training period of *ukuthwasa*, a complex of stages, starting with the verification of the candidate, followed by an ideally prolonged instruction process under the tutelage of a qualified *sangoma*, finally leading to graduation. I provided evidence of the training for just one of the *sangoma's* ways of seeing - a constituent of my notion of sacred pragmatics - in the divination method of *umhlahlo*. To inform my premise of paradigmatic parallels with Jungian psychotherapeutic methods I provided examples of the therapeutic use of dreamwork and vision in *sangoma*.

Episodes of powerful experiential fieldwork from my graduation ceremony, the *goduswa*, were set out in Chapter Five, where I showed the authority of ancestral influence

attributed to apparently mundane episodes made significant in a ritual context. Chapter Six, again bedded in the *goduswa* events, explored another example of the sacred pragmatics of *sangoma*, in the percipient skills developed and expressed through trance. I examined the predicament of the white or 'long-nosed' *sangoma* in Chapter Seven, analysing some reactions of supporters and proponents to this contemporary phenomenon, placed within a discussion of the importance of ancestral authority and kinship in South Africa. The chapter concluded with the suggestion that there may be an enhanced healing role for white *sangoma* (as well as anthropologists) in the process of establishing dialogue between *sangoma* and biomedicine.

Chapter Eight returned to the question of alienation between biomedicine and *sangoma*, this time in the context of the umbilical connections between *sangoma* and witchcraft. I showed that witchcraft - and western and medical interpretations of it - makes a significant contribution to the schismatic relationship between allopathy and *sangoma*. The chapter did not attempt to disguise the umbilical connection of *sangoma* and witchcraft and demonstrated through field examples several of the many ambiguities in this often confusing relationship. I demonstrated that biomedicine persists in falsely equating *sangoma* with witchcraft whilst simultaneously refuting the reality of witchcraft. I showed this to be an untenable position given the undoubted existence of *sangoma*, to say nothing of the insistence of *sangoma* practitioners that they work for the good, and against the evil intent of witchcraft. I argued that to ignore witchcraft and its antithetical twin in South Africa is to stand profoundly disengaged from a discourse which underscores much of the meaning of South African traditional healing. Witchcraft was presented as I discovered it in the field, from a perspective of the micro-personal. I demonstrated witchcraft discourse as a powerful and mutable system of clarification, interpretation and healing of kinship and social relationships, the opposite side of *sangoma*.

In conclusion, I have stressed that this study, based in my experience of becoming a *sangoma* in contemporary South Africa, was from the outset a rather unusual example of the anthropological project. I am not alone in suggesting that if anthropological objectivity and scientific freedom in the postmodern field are more than likely chimeras, the complications of confronting the reality of self conscious ethnography are likewise immensely challenging to the discipline. The work makes little pretence to the surely idealised disengaged fieldwork experience but it may yet be judged by the conventions of anthropology as heretical. Nonetheless I present the thesis as an original, if unconventional example of a genuine

fieldwork experience, and a contribution to the anthropological literature of contemporary *sangoma*. Finally, in keeping with the theoretical propositions which the work has attempted to answer, the thesis constitutes a start in what I hope will develop into an ongoing conversation between traditional African healing, academe and biomedicine in South Africa, and beyond.

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Glossary of Terms

South Africa

isiXhosa/isiZulu

Amakosi n pl.(Xhosa): the higher spirits

Amayeza n pl. (Xhosa): medicines

Camagu n. (Xhosa): blessings, thanks

goduswa n. (Xhosa): *sangoma* final graduation ceremony

ibhamba n.pl. (Xhosa): beaded belts slung at the hips lit. "It binds you"

ifutha n. (Xhosa) : white clay mixed with water and daubed on hands, feet and face; used by *sangoma* and *thwasa* to enhance connection with ancestors

igqirha n. (Xhosa): healer or diviner

imphepho n. (Xhosa, Zulu): *Helichrysum species*, dried and smoked as cleansing remedy and to enhance communication with ancestral spirits

intelezi n. (Zulu, Xhosa): a protective medicine

inthlombe n. (Xhosa): meeting of *sangoma* to dance and declaim

inthewaso v. (Xhosa): the state of being an initiate *sangoma*

inyanga n. (Zulu): witch

isangoma n. (Xhosa, Zulu): South African traditional healer and diviner

ithongo n. (Xhosa): ancestral spirits

itshoba n. (Xhosa): *sangoma*'s ceremonial stick heavily beaded and decorated

ixhentsa n. (Xhosa): ritualised *sangoma* dancing

ixwele n. (Xhosa): witch

ixoki n. (Xhosa): liar

iyeza n. (Xhosa) : medicine

izanusu n. pl. (Zulu): the higher spirits, equivalent to Xhosa amakosi

lobola n. (Xhosa,Zulu): customary payment made to woman's family on acquisition of new wife

muthi n. (Xhosa, Zulu): medicinal plant from *mithi* n. tree

ndiki amandawu n. pl. (Xhosa, Zulu): spirits reputed to be possessed of a very powerful healing agency, often connected with foreigners or strangers

thsothsi n (Xhosa, Zulu): hooligan or thief

tokoloshe : mythical dwarflike creature, associated with witchcraft, and possessed of renowned sexual appetite

ubulawu (Xhosa, Zulu): dried and powdered herbs mixed with water using forked stick to a frothy white head, a necessary accompaniment of many *sangoma* rituals and procedures to enhance communication with ancestral spirits

ukuphelela v. (Xhosa) : to undergo initiation

ukuthwasa v. (Xhosa, Zulu): the process of training leading to becoming a *sangoma*

ukuvumisa v. (Xhosa): to see or understand through divination

umhlahlo v. (Zulu): process of intuitive hiding and finding

umqombhoti n. (Xhosa, Zulu): traditionally brewed beer essential for all *sangoma* ceremony

Afrikaans

rondavel n. : circular thatched hut, usually with rendered sunbaked brick walls

doek n. : headscarf wrapped around head

kraal n. : enclosure around household, or cattle enclosure

sjambok n : whip of rhinoceros or hippopotamus hide or strong plastic

bakkie n. : (colloquial) open backed truck

Zimbabwe

Shona

mbira n. : a musical instrument consisting of a wooden board with metal keys attached. Sometimes enclosed within a gourd, it is played with the thumbs.

n'anga n. : traditional healer, diviner and biomedical doctor

ndoro n. : slice from conch shell used as currency in north and east areas of Southern Africa; in later examples, glass equivalents brought in by European traders, replaced shell

Acronyms

MSF: Medecins Sans Frontieres (Doctors without Borders)

MRC: Medical Research Council of South Africa, Cape Town, South Africa

TRAMED: The Traditional Medicines Research Programme, University of Cape Town

UCT: University of Cape Town, South Africa

IKS: Indigenous Knowledge System

ARV: Antiretroviral therapy

NRF: National Research Foundation, Pretoria, South Africa

HSRC: Human Sciences Research Council, Durban, South Africa

ZINATHA: Zimbabwean Traditional Healers' Association, Harare, Zimbabwe

THPA: The Traditional Health Practitioners' Bill, South Africa, 2004