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TALKING WITH THE WHITE:
SHARING THE EXPERIENCES OF
WHITE SANGOMA IN CONTEMPORARY
SOUTH AFRICA

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Talking with the White: Sharing the Experiences of White Sangoma in Contemporary South Africa

Abstract

The phenomenon of whites who have graduated as sangoma - the ancestrally guided spiritual healing system of South Africa - has become a contemporary cause celebre, a matter for academic and popular debate (de Bruyn 2004; Dowson 2001; Wreford in progress). In some circles the idea is dismissed as inconceivable (Masiba 2001): Other sangoma optimistically embrace the introduction of whites to their ranks as a natural and positive innovation. Biomedicine meanwhile generally dismisses sangoma healing ideas and practice and thus ignores the potential advantages of co-operation with this parallel healing system on which between 60 and 80% of the majority population still depend (Pretorius 1999). This paper examines white sangoma in the context of the social and political conditions of contemporary urban South Africa. Sources for the paper include my personal experience of training and graduation as a sangoma, as well as material gathered from black African sangoma, and, more recently, from white initiates and graduates. The paper examines whether these healers represent a hybrid phenomenon, a development of tradition as a 'changing same' (Clifford 2003: 113) or, as their critics allege, yet another version of colonial exploitation (Mndende 2001), and asks how white sangoma see themselves, how their supporters, mentors and clients view them, and how they respond to their critics. Finally, the paper suggests that whatever their categorisation, there may be a fruitful role for white sangoma in effecting a more collaborative relationship between biomedicine and traditional healers in South Africa, particularly in the face of the AIDS pandemic ravaging the country.

Introduction

Whilst there are examples of white *sangoma* – South Africa’s spiritually inspired traditional African healers - who graduated prior to the advent of democratic governance in 1994 (see Hirst 1990; Macallum 1993; van Binsbergen 1991), there has been an increasing incidence of this phenomenon since 1994.¹ This paper makes a start in examining the significance of this, for the white initiates and *sangoma*, for their teachers, for their clients and for South Africa. The paper presents some preliminary findings of an ongoing research project exploring the experience of white *sangoma*, and addresses the following questions: How do these white healers perceive themselves and how are they perceived by their teachers and clients? How do they define their relationship to teachers and fellow healers in respect of the knowledge they have acquired? Do they incorporate western therapeutics into their practice, and if so, are these affected by the *sangoma* techniques they have learned? What relationship, if any, do white *sangoma* have with biomedical practitioners, and how does this differ (if at all) from their African *sangoma* colleagues? Are there socio-political responsibilities and opportunities for white *sangoma* in their adoption of the cultural heritage of black South African healing (van Binsbergen 1991)? And finally, does becoming a white *sangoma* constitute a hybrid medical experience?

The paper starts with brief essential background on the provision of health care in contemporary South Africa, and the role of traditional healing, and particularly *sangoma*: a review which is contextualised within the HIV/AIDS pandemic in the country. Part Two presents examples of white *sangoma* experience and compares these with those of their black African colleagues, and Part Three examines the findings in the light of the research questions posed. The paper ends with a short conclusion.

Part one: Mixing medicines amidst HIV/AIDS

Contemporary medical provision in South Africa, continues to be polarised (Benatar 1997; Heywood 2002: 218). While a predominantly white minority affords expensive, technically sophisticated private care, the public health service is overstretched, understaffed (Berthiaume 2003) and beleaguered by the demands of HIV/AIDS (Abdool Karim 1997: 1542; Benatar 2001: 356-357;

¹ In using the label ‘phenomenon’, I by no means suggest that these white experiences of *sangoma* are, in themselves, particularly special, but merely to emphasise that they are popularly still considered unusual.

Shisana 2003; Steinberg *et al* 2000). Other health choices are available however, and the majority population continues to utilise traditional healers such as *sangoma* either before, during or after receiving allopathic treatment (Case *et al* 2005; de Wet 1998: 165; Ngubane 1992: 366; Pretorius 1999). This is not out of ignorance or stubbornness, but because *sangoma* make sense of illness and the ‘something else’ which in most of Africa is understood to accompany its appearance (Janzen 1992: 86): For answers to these existential questions people look to the traditional practitioner for diagnosis, and appropriate remedies.

Obstacles to collaboration

The integrative approach to medicine familiar in Asia and China (Hyma and Ramesh 1994) has yet to be tried in Southern Africa, where efforts at collaboration between traditional and biomedical practice remain few and far between (Freidman 1998; Green 1992: 126; Wreford 2005 *passim*). Arguably cooperation is more problematic in relation to those traditional healers - such as the *sangoma* of South Africa - who attribute their healing gift to the spiritually defined agency of ancestral authority (Fatnowna and Pickett 2002: 258; Igun 1992: 14-15; Kleinman 1978: 367). Biomedicine appears relatively sanguine about the ‘re-education’ of traditional healers whose specialisations can be allopathically categorised – traditional birth attendants and surgeons, for example (Pillsbury 1982: 1826-1827; Wreford 2005: 17-18) - but is noticeably less quiescent, when it comes to the question of interactions with spiritually-inspired healers (Pelto and Pelto 1997:152). In South Africa, with a few notable exceptions (Abdool Karim 1993; Cumes 2004; Farmer 1999; Friedman 1998) biomedical practitioners persist in refusing to take seriously the discourse of *sangoma* practitioners (Yoder 1997: 131), a rejection which denies to *sangoma* the respect they willingly give to biomedicine (Leclerc-Madlala 2002: 9).²

Biomedical reticence might be explained by the separation of spiritual agency from scientific thought which (with the possible exception of psychotherapy), has come to characterise western medical practice (Kleinman 1995: 31-34; Thomas 1991: 99), or to the difficulty which scientific medicine has in accepting the sometimes disturbing evidences of spiritual agency, trance states and glossalia, for example. But the rejection of biomedical collaborations with *sangoma* is most often linked to witchcraft: for Western-trained doctors generally continue to describe *sangoma* as ‘witchdoctors’ (Kimani 1981: 333), a

² I have suggested elsewhere that the combination of biomedicine’s refusal to engage seriously with *sangoma* healing precepts, and its own alienation from spiritual authority, together prejudice allopathic interventions, a situation which has serious consequences in the context of the HIV/AIDS pandemic in South Africa (Wreford 2005: *passim*).

legacy of the earliest missionary characterisations of African traditional healers.³ This error ignores the reality that while *sangoma* and witchcraft are ‘umbilically linked’ (Wreford in progress: Chap 7), they are also *in fundamental opposition* (Ashforth 1996: 1211). The witch always acts offensively while the *sangoma* works defensively to safeguard, protect, and when necessary to counter, the opposing strength of ‘occult power’ (Ashforth 2002: 123). Paradoxically, biomedical personnel tend to dismiss the authority and effectiveness of witchcraft in South Africa, a position which, given their acceptance (however reluctant) of the existence of *sangoma*, simultaneously serves to contradict their rejection of witchcraft, and to deny to *sangoma* one of their fundamental roles - that of the healers of witchcraft (Gelfand 1981:147; Ngubane 1977: Chap 8).⁴

‘Educating’ or collaborating

Collaborative efforts which *have* taken place between allopathic and traditional practice are predominantly characterised by what I call an ‘educative’ approach (Wreford 2005), a stance which tends to alienate participating *sangoma*. While evidence abounds of the willingness and enthusiasm of many traditional healers for information and training in allopathic practice (for example Green 1994: 180; Ngubane 1992: 369), the healers are generally concerned that this should not be at the expense of their own integrity, wisdom and medical understandings (Leclerc-Madlala 2002: 25). In other words, the dialogue, if it is to occur, should be reciprocal, designed to lead to a situation of mutual respect and intellectual engagement between health professionals of systems different, but complementary (Wreford 2005: 35-40). Later in the paper, I will suggest that the appearance of white *sangoma* may offer opportunities for the development of such reciprocity.

Part Two: Discovering white sangoma

To become a white *sangoma* incorporates many different initiatory incidents and ordeals; strange, unusual, or unexpected events which pepper the training and

³ This potent misinterpretation persists not only in medical circles but in public perceptions. The recently released film ‘UCarmen eKhayelitsha’ (2005) for example features a scene in which Carmen’s death is foretold by a seer who fulfills the typical ‘witchdoctor/sangoma’ archetype.

⁴ Space does not allow for an in-depth discussion of the complexities of this relationship. It is the subject of an ongoing research project on which I am presently engaged for the AIDS and Society Unit (ASRU) at the University of Cape Town.

continue into practice, events public, or intensely personal and private.⁵ All are experiences of other, non-material realities with which they must become familiar if they are to accede to the responsibilities of a graduated *sangoma*. I start with excerpts which illustrate the idiosyncrasy of *sangoma* training, its mutable quality.

Precocious callings and fluidity of experience

Several interviews contain references to early indications of what would only later be linked to a calling to *sangoma*. For example, *sangoma* R describes his boyhood thus:

I'm a little bit different from most white sangomas you meet, but not so different from black *sangomas*. I actually was *born* with the calling. If I'd been born in an African environment they would have seen it when I was a child – they didn't – but in my case, that didn't stop me – in other words I didn't get sick by avoiding it, I just went straight into it as a child. So I had an ancestor, who literally *was* an ancestor, who used to come to me in my dreams from when I was very very small and taught me how to read Tarot cards. Interview: 10.05.05

In this excerpt, R refers to his precocious gift, identified in a young child who, though yet 'very very small', was taught through his dreams to read Tarot cards: a western method of divination which he found totally natural. His parents' and his own acceptance of these unusual abilities prevented him from developing the 'sickness' which normally accompanies the 'calling' to *sangoma*, and their acquiescence enabled him to develop his precocious divination skills, so that by the time he reached his teenage years he had enhanced his competences. From the perspective of *sangoma*, the child R would be understood to be a receptor for ancestral guidance, and several years later, at his first meeting with *sangoma* in Soweto, he was thus quickly recognised:

I was studying psychology at Wits University, and we did a course in alternative methods of therapy, and we had to see *sangomas*.

⁵ In making this point, I by no means suggest that these experiences are more taxing than those which a black African *thwasa* endures, but rather to emphasise the inescapable reality that they may be very different.

And when I walked into the room full of *sangomas*, they pounced on me immediately and started telling me that I was a *sangoma*, and they proceeded to throw the bones to prove it to themselves which they did.
Interview: 10.05.05

R suggests that an African child reporting dreams of ancestral visitors would probably have been identified as a *thwasa* candidate. While this is quite possibly the case, it would not guarantee the approval which R's parents exhibited. My teacher, N, for example, experienced dramatic visions and dreams 'which started when I was eleven years old,' but her Catholic schoolteacher parents were wary of these 'primitive' occurrences, and of the expense of the training, and their concerns resulted in her denying her calling for many years. Perhaps more typical was the experience of black *sangoma* K, who received an early call which was encouraged by his Anglican family:

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.....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.... I had too much palpitation, and I always had some suffering from headaches, severe headaches, and my back ached and my lower limbs as well.

Well this started at the age of fifteen I think it was in Standard Five....Then it was my mother who decided that I have to accept the call of my ancestors... Interview: 13.12.2001

White *sangoma* tell of other signs of a calling which went unrecognised, or were defined within the concepts of western culture, until the candidate was able to acknowledge their *thwasa* status. *Sangoma* O, for example, described 'a variety of seeing and healing events' which she began to experience from the age of three. Her confident recall suggests that she was not unduly disturbed by these episodes. M, on the other hand, recalls a different, adolescent experience:

'It's difficult to say because in my [European] context we don't have an idea of the calling or what all that means, so only in retrospective I could say, once the call was recognised by *sangomas* I could say, yes there has been equivalent in my life and that started about middle to late teenage years when I started experiencing – experiences that are

connected to the calling – and that came and went again, it wasn't prevalent all the time...

J. Can you describe those experiences?

M. (Long pause while M recalls these events with obvious emotion)
Kind of emotional turmoil – dreams that were kind of jarring, but also thrown into situations where – that I was forced to open up and help. And always a general interest in the essence of life – who am I?
Interview: 26.05.05

The 'emotional turmoil' that M identifies in this anecdote, the early need to question his identity and his reason for being might simply be symptomatic of 'teenage angst'; but it is also typical of the *thwasa* experience. And, unlike *sangoma* R, M was shaken by these youthful episodes, and it was only 'in retrospective' that he was able to fully understand his earlier expressions of existential doubt, and his uncomfortable dreams, as prescient images of the future.

The sickness of calling

The calling to *sangoma* is usually accompanied by an emotional or physical illness whose symptoms defy treatment. My teacher N pictured this state clearly: '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.' D, a white *thwasa*, described her depressive state thus:

'what I was complaining about was I was weak, lacking energy. Now in retrospect I was feeling unprotected. I had had this low energy for about as long as I can remember.' Interview: 01.06.05

My fieldnotes contain an example in which I witnessed a similar lassitude and vulnerability experienced by a young black woman living in Dr. Kubukeli's homestead in Khayelitsha:

She's the mother of two young children who appeared (as people so often do) out of the blue, at his homestead, and stayed. She is small and delicate: she carries one child, the younger, tied to her back in the customary fashion with a towel. The other one follows her around hopefully. But she is listless, moves very slowly, drags her feet, is

rarely engaged. Her smiles are fleeting and indescribably wan, and she mimes to me that she is feeling disturbed, rubbing her abdomen, a sign of *sangoma* disturbance so my teacher has told me. There seems to be no light in her being....She seems to be a patient for DK describes her as 'much better than when she first came.' It is difficult to imagine how catatonic she must have been if this state is seen as an improvement. Fieldnote: 02.10.2001

Dr. Kubukeli eventually diagnosed that the girl had a calling, and I was relieved to watch her make a slow recovery.

Some *thwasa* experiences manifest in startling emotional disturbances. K, for example, a young white *sangoma*, told of episodes of 'madness' before she received her diagnosis, when she was discovered 'walking down the middle of the road, not knowing where I was'. On the other hand, the call may be heralded by a more prosaic symptomology. *Sangoma P*, for example, experienced personal or material difficulties in which 'nothing would work well for me in making a living. Everything that could go wrong would go wrong with whatever work I was doing', and *sangoma L* described a period of intense worry and family distress in the period before she received her diagnosis.

Diagnosis and accepting the call

How were these disparate experiences of the sickness of calling diagnosed? How did the white initiates (most of whom had never entered an African township before) discover their African teachers? As with all the excerpts thus far, the answers are idiosyncratic and unique.

No matter their manifestation, most descriptions of the 'calling' contain references to intense and vivid dreams, a symptom which is refined through the training. One convention of *ukuthwasa* is for the initiate to dream their tutor (Berglund 1976; Janzen 1992; Ngubane 1977: Chap 6). In the next excerpt my teacher describes her experience:

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 the place where my sister's husband came from. Interview: 09.01.2001

Here, N saw a picture of her teacher and where she would find him; later she dreamt his name. Her prescient skills are typical of the process of becoming a *sangoma* as white *thwasa* D demonstrates in this excerpt in which she actively invites information and guidance from her dreams.

The dream [was] in response to asking who my teacher was. I fell asleep with a headache. And in the dream I had a headache, and I was speaking to him on the telephone, and he's offering me different medicines, and he says to me but you'll need to come to one of my courses and then the next scene in the dream I'm sitting at a desk in a classroom and the door opens and as the teacher walks in - it's him. So that was very clear.... Interview: 01.06.05

However the teacher is discovered, once the call is accepted, the initiate starts out on a usually prolonged and frequently challenging period of training, a round of rituals, ceremonies and events which will culminate in the *goduswa* or graduation: a process I have described elsewhere (Wreford in progress: Chaps 4 to 6). The testimony of the white *thwasa* and *sangoma* suggests that they, like myself, underwent much the same trials and tribulations as their black colleagues during this process. Their reports tell of years of celibacy, of the ritual humiliations epitomised in the insistence on bare feet and kneeling at all times when in the presence of *sangoma*, of the use of a plastic or metal plate and spoon identified as theirs throughout their training, of sleeping only under a blanket no matter the temperature, of food prohibitions and the taboo against the cutting of their hair, and so on. Some received more personal challenges. K's teacher for example:

told us to wear our *thwasa* dress whenever we weren't at work....it was very difficult for me to wear my *thwasa* stuff round Pick and Pay [a local supermarket chain]. I didn't like it because I felt humiliated because people would laugh at me. Interview: 13.06.05

While this might be interpreted as a question of following custom (K's white tutor wears an especially flamboyant *sangoma* garb at all times, a practice he urged on his reluctant *thwasa*), in retrospect K came to appreciate an unseen but powerful benefit in her apparent humiliation:

It was humbling, but...because for me before *thwasa* I was so shy...now I was doing something people didn't like, I was saying 'I'm here!' It was a breakthrough for me. Interview: 13.06.05

Techniques of seeing

The communication between *thwasa* and ancestors which empowers the initiate to 'see' and eventually, to diagnose - to 'divine' - requires surrender to a spatial and temporal separation from the quotidian world, to look and listen at a deeper level.⁶ 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).⁷

How is this spiritual boundary crossing developed? Exercises have been devised to hone divinatory skills and test them. One of these is *umhlahlo*, or 'hiding and finding' which involves the teacher-*sangoma* hiding objects around the home or homestead. The initiate's task is to retrieve these objects, to discover what they are, and where they are hidden, without moving from a kneeling position in front of her teacher. Her only aids in this exercise are the *itshoba* or beaded stick, and *imphepho*, the sharp-smelling herb used at every *sangoma* ritual to clear contact with the ancestors. In his testimony *sangoma* R reminded me of the joys and humiliations of this practice:

Very good training! Really its the absolute best method for letting go of your mind..I was taught that - all trainees were taught that - so I have to teach that if I train anyone..I had enormous hilarity getting *thwasa* in that situation, it was great fun to see them squirm in such a safe way! (laughs). It's something that doesn't have to freak them out too psychologically but its still very good *thwasa* exercise...(laughs)
Interview: 10.05.05

In this excerpt R also touches on another aspect of *sangoma* training, that of trance (see also Wreford in progress: Chap 6).

Trance or semi trance is recorded as part of the experience of all the *sangoma* contributors to this paper, and every experience was, as should by now be familiar, idiosyncratic, spiritually personalised (Ensink and Robertson 1996:159). As in the quieter communication of *umhlahlo*, trance gives temporary access to other, ancestral levels of consciousness and knowing, and as such is used by some *sangoma* in their diagnosis.⁸ Some, like *sangoma* O,

⁶ For a more thorough description see Wreford in progress: Chap 4.

⁷ Anthropologists use of terms like 'non-normal' and 'suprahuman' (Peek 1991: 194), or 'antistructure' (Turner 1992: 14), perhaps attests to the difficulty of describing this recondite layer of understanding.

⁸ A technique which is often the subject of popular parody.

professed to find the process simple, even ‘natural.’ Some found it disturbing and upsetting. The majority, myself included, have experienced intense semi-trance episodes, but do not profess to have achieved the out of body and mind experience of a full trance state. In all instances however, the state of trance is influenced, and, in the case of those *thwasa* who experienced training episodes in the Eastern Cape, specifically induced, through the sensory inputs of the highly energised drumming, clapping, chanting and, perhaps most of all, dancing (*ukuxhentsa*) which characterise all gatherings of *sangoma* (*iinthlombe*).

Perceiving ancestors

The healing role of *sangoma* is integrally linked to this honing of communications with the potent agency of ancestral spirit. Some African commentators query the existence of white ancestors (Masiba 2001; Mndende 2000). A question which then arose during my research was how these white healers experience ancestral others: are they, to take a rather obvious examples, African or European, black, white, both or other? And how do they communicate? Once again, the answers were predictably individualised. In an earlier excerpt for example, R spoke of his ancestral guide, whom later in the interview he identified more clearly:

[This ancestor] I know to have lived about 150 years ago. He’s the one who started appearing to me when I was a very small child, and I know who he is because I described him to my mother, and she keeps the family tree locked up in her head and she immediately realised who I was talking about because what I described as a child, I described to her what she knew to be a rabbi...and she knows there was only ever one in our family and so she knew exactly how to pin him down.... So that was the first, very literal, throughout my childhood, this one single man. Interview: 10.05.05

Other spiritual contacts manifested even more remote ancestral links. *Sangoma* Z and P described seeing European and black South African ancestors (identified by their outfits as *sangoma*), and in P’s case, he also reported communicating with animal spirits. In all the testimonies the dialogue with these ancestral others changed and intensified as the training proceeded, but was always bounded by ritual practice such as *umhlahlo* and trance, or, in a more private and personal way, through dreams and sudden visions. Sometimes, especially early in the training, initiates described periods of confusion and distress in relation to understanding ancestral assistance. As *sangoma* R put it:

I couldn't really tell because my mind was getting in the way... Am I supposed to see black ancestors? Am I supposed to be speaking Swazi? I couldn't really work it out...but I still always had the sense that it was my own non-African ancestors, this force that was...they were here every time I was in that situation...so to me to this day it is my own ancestors using the cultural processes and symbols and tools that are available to them in my country. Interview: 10.05.05

These contacts with ancestral others, like the customs and practices taught to the initiates, were not unconnected to the influences, conscious or unconscious, of their teachers, as other commentators have suggested (Arden 1996; Cumes 2004; Hall 1994; Macallum 1993; Young 1994). But the mutability of the experiences also reinforce the notion that contact with a variety of spiritual others is entirely possible, and, in the *sangoma* tradition, unless these visitations are deemed to be evil or threatening to the individual, their presence is actively encouraged.

Part Three: Discussion

Personal perceptions

How do these white *sangoma* perceive their practice? How do they see themselves, and how are they perceived? The findings of this preliminary research suggest that as regards self-perception, most interpret *sangoma* as a form of healing rather than a religious expression. All the white *sangoma* interviewed brought to their training a prior religious faith, which they distinguished from *sangoma*, but found to be either renewed or strengthened by their experience. Whilst several noted similarities between the role of *sangoma* and priest, they appear to have discovered a comfortable independence between their religious beliefs and *sangoma* practice. This position is generally reflected in the experience of the African *sangoma*, most of whom retain a powerful Christian faith whilst practicing as *sangoma*. In their practice, there is a strong emphasis on their counseling role and *ukuthwasa* in particular was often spoken of in terms familiar to a psychotherapeutic process. Likewise, clients, both black and white, came to *sangoma* looking for interpretations of their symptoms and practical strategies for recovery, which might involve cleansings of self and surroundings, or rituals of reverence to forgotten or neglected ancestral spirits, as well as the administration of plant remedies.

‘Are you are a sangoma?’ Popular perceptions of white sangoma

I now turn to popular perceptions of white *sangoma*. In my experience, and that of the *sangoma* featured in this paper, black South Africans are generally intrigued, excited, respectful and finally, eager to engage with the notion of the white *sangoma*. *Sangoma R* suggested that black clients may even be inclined to give white *sangoma* more credence than their black counterparts, and he offered the following anecdote as an explanation for this tolerance:

I did have an interesting experience where one black client came to see me who told me that many African people would trust a white *sangoma* before a black *sangoma* because the chances of your being a charlatan are less and [because of] what you must have gone through in order to [become a *sangoma*] you must be the real thing. Interview: 10.05.05

White sangoma healing and ‘traditional’ sangoma practice

Most of the white *sangoma* I interviewed possess qualifications in alternative health techniques which they incorporate into their practice. Will these incorporations gradually come to constitute the establishment of a hybrid discipline, distinct from that of their teachers? Or is the traditional African system at risk of being swallowed up in a welter of ‘new-age’ ideas? For the present it is too soon to tell, but there are existing checks and balances.

First, there is the essential flexibility and eclectic reach of *sangoma*. Very few of the African traditional practitioners I have met resist the incorporation of notions and means of healing which they find credible or helpful. The white *sangoma* meanwhile, attested that the intuitive processes they had learned as *thwasa* enhance the effectiveness of the other therapies they already offered. If this borrowing pattern continues, it seems very likely that, rather than constituting a hybrid and distinct discipline, the ‘western’ healing techniques (many of which are, arguably, ‘hybridised’ from other non-European cultures), will simply complement the already broad *sangoma* therapeutic range. It is also important here not to lose sight of the ancestral healing agency which is integral to *sangoma*. It is not beyond the realms of possibility that these spiritual others have decided that it is high time that whites, and their innovations, are included

in the *sangoma* community. *Sangoma* R expressed the potent possibilities of this idea:

I think it's one of the ancestral ways of getting past the things that have split people and caused things like apartheid in the first place....The ancestors know that if they teach white people the African way there will never again be the same disrespect of the culture...the spiritual solution is to start cross-pollinating these spiritual methods to prevent them being isolated and dying out.
interview: 10.05.05

The encouragement given by black *sangoma* to whites who follow the African tradition certainly suggests that they have confidence in the longevity, durability, and mutability which characterises *sangoma* and has been used to explain its endurance (Clifford 2003).

Digitalising sangoma or neo-colonial designs?

I have some misgivings, however, with the approach to traditional knowledge taken by van Binsbergen (2003: Chaps 5 -8), which, as he admits, is powerfully suggestive of the hybrid. Van Binsbergen has developed a computerised '*sangoma* oracular program' based on the principles of his teachers' divination practice (*ibid*: 240). He says of this invention:

it is immaterial whether the literal ancestral interpretation that is central to Southern African *sangomahood* can properly survive the translation of *sangoma* knowledge-generating procedures into a globalised format acceptable in the North Atlantic region (*ibid*: 275).

Van Binsbergen thus appears to abandon any responsibility for the endurance of the 'literal' heritage entrusted to him,⁹ and seems content not only to have re-appropriated the original knowledge, but to exploit his version for financial advantage. He boasts for example of the 'elite clients in Southern Africa' who 'prefer the computer over the oracular tablets' (*ibid*: 228), but makes no mention of sharing this valuable 'hybrid' with his teachers in Botswana.

⁹ A globalised format is, of course, not necessarily digital, and this computerised version of divination may, like the reproductions of Kente cloth manufactured to supply the 'Afrocentric market' on the streets of New York, convince those in search of the 'authentic' African (Stoller 2002: Chap 5).

While I earlier rehearsed the mutability of *sangoma* which allows for continual improvement and enhancement *to the technique*, van Binsbergen's appropriation seems to be designed only for his convenience. For example, *sangoma* healing places considerable emphasis on personal contact, a frank interaction between the healer, the client and the client's family. Inevitably this process involves risks and the possibility of mistakes. Yet paradoxically, van Binsbergen suggests that his hybridised oracular system releases him from precisely these responsibilities:

no longer would I have to effectively perform as a diviner before the client...no longer would I have to confront the client, directly and face-to-face, with such knowledge (*potentially incorrect*) about that client's personal situation as I derived it from the oracle (van Binsbergen 2003: 236. Emphasis added).

Sangoma is not a foolproof system, and means exist for practitioners who find themselves - embarrassed or not - on what my teacher called 'the wrong track'. Clients are usually willing to accept a genuine error and allow the healer to retrace their steps to find a better diagnosis. The process of healing is thus a matter of communication and sharing, probing and discovery. The therapist is not expected to be infallible, but is charged with helping the client to reach their own place of healing: a relationship quite unlike that described by van Binsbergen.

White sangoma and political healing

In apartheid South Africa, whites wanting to become *sangoma* had to take risks. *Sangoma R* for instance, traveled on his weekend visits into Soweto 'in a sealed up panel van with no windows so no one could see me.' Post apartheid, contacts between black and white have certainly become easier, although the extent to which whites in general are taking advantage of this liberalisation continues to disappoint township residents. But perhaps the potential for better contact is being developed on a spiritual as well on the material plane, an ancestral impulse which with recent socio-political changes, may account for the increase in the number of whites and Europeans becoming *sangoma*.

In addition to their healing functions *sangoma* have been described as 'traditional intellectuals' (Feierman 1985: 113), as 'ritual experts' (Kuper 1987: 162) and as custodians of morality akin to priests (Ngubane 1977: 366-374). We have seen that *sangoma* are required to act as conduits for communications

between spiritual others and their living descendants, a valuable process for westerners more usually alienated from spiritual others (Lock 2002: 203-204). My research thus far suggests that the *sangoma* themselves are aware and alert to these possibilities. *Sangoma R*, for example, remarked:

Sangoma is coming from the world of spirit, so whatever we think is actually beside the point because spirit insists on calling them [whites]. So I suspect that there's a multitude of things behind that. One of which is that, basically, European culture has cut off all its avenues which respond to callings and things of the spirit. Interview: 10.05.05

In a democratic South Africa however, I suggest that white *sangoma* have an opportunity to act as a channel or bridge between peoples and cultures which were previously segregated. By acting on behalf of their white ancestors (most of whom deliberately undermined and derogated African healing practice), the European *sangoma* post apartheid may become a conduit for cultural and political acts of healing.¹⁰ Whilst the individuals I interviewed might not go so far as to characterise becoming *sangoma* as an 'act of atonement' (van Binsbergen 1991: 337), few are unaware of the potential of a 'micro-political' transformation. *Sangoma M* reflected something of this position:

It boils down to a fundamental question. As a people what value do we give to strict tradition, or are we opening up in a bigger context and say we all living together, we all need to get on and need to learn to manage, life, this country, the planet – together. Or do we believe more in a separation - here is me – this is you – this is right, this is wrong...? Interview: 26.05.05

Relationships with biomedicine: Patients, clients and colleagues

The discussion of white *sangoma* as conduits for spiritual and material communications introduces the next question: What relationship, if any, do white *sangoma* enjoy with biomedicine? Does this differ from their African *sangoma* colleagues? And what potential might there be for improving the relationship between traditional practitioners and biomedical personnel? From their testimony, the experience of the white *sangoma* in their relationships as

¹⁰ For a more detailed exposition of this see Wreford in progress Chap 2.

patients with biomedicine is not all that different to that of their black colleagues, although, while black *sangoma* like N and K, continue to visit biomedical clinics, and regularly take pharmaceutical drugs, most white *sangoma* admit to a preference for alternative medicine.

There is a marked disparity, however, in consideration of their relationships *as sangoma* with biomedical counterparts. Consider for example, K's complaint about western-trained doctors:

Well 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

In the same vein N remarked that the doctors '[do] not seem interested in sharing our remedies. But we can help!' Compare these testimonies to the experience of white *sangoma*. *Sangoma* O, for instance, is happy to refer to herself as a 'professional colleague' of biomedical personnel. She is presently working 'in a psychotherapeutic capacity' in a medical practice, and claims to have successfully treated patients referred to her by other medical doctors baffled by unusual 'patterns of symptoms'. Likewise, *sangoma* R talked of enjoying 'a lot of contact with doctors who are striving to close the gap with African practice' and remarked that his own general practitioner showed him personally 'enormous respect'. *Sangoma* K reported a similar acceptance from her orthodontic employers.

What is the explanation for these disparate experiences? It would be grossly naive to suggest that race is not a factor, but there are other contributors, not the least of which are education and language. It is obviously easier for a medical doctor whose training was conducted in English or Afrikaans to communicate with a *sangoma* who shares these languages.¹¹ N and K are examples of a relatively advantaged minority in the *sangoma* community in this respect, but many traditional healers continue to be handicapped by historic, and continuing, educational inequalities: some cannot even write (Salva 2005).

¹¹ This is not to suggest that doctors (and white *sangoma*) should give up their attempts to learn the African languages of South Africa.

There is another matter concerning language: As I discussed in Part One, relationships between biomedicine and *sangoma* are generally characterised by a lack of partnership or collaborative efforts, and I pointed out some of the socio-political explanations for this estrangement. But there is also the question of what I have elsewhere called ‘*sangoma* speak’ (Wreford in progress: Chap 3), a lexicon specific to *sangoma* which describes and contains the spiritual agency which powers their work, but which is alien to, and at the least, misunderstood by biomedicine. Can the emergence of white *sangoma* offer anything by way of ameliorating this rift between medical professionals? I would answer in the affirmative. If, as *sangoma* R’s testimony suggested, western-trained doctors are indeed willing to treat white *sangoma* with ‘enormous respect’ then I suggest that we take this opportunity and work with, rather than against our biomedical counterparts, most especially in the face of the HIV/AIDS epidemic. For white *sangoma*, then, who have come to understand *sangoma* speak and utilise it, there is an opportunity, working alongside their black colleagues, to act as interpreters to biomedicine: ancestral conduits and channels, but on a very material level.

Ancestrally derived hybridity?

Does becoming a white *sangoma* constitute a hybrid experience? My preliminary conclusion draws on the essential idiosyncrasy which characterises the *ukuthwasa* experience, in which each candidate to *sangoma* invokes the spirits of deceased family members, clan predecessors, and a multitude of other, more numinous spiritual entities (Wreford in progress: Chap 3). This implies that *every* new *sangoma*, black or white, is hybrid; a unique complex of ancestral strains and influences, a product of what I call ancestrally derived hybridity.¹² In the context of this paper’s discussion of medical hybrids and partnerships, I venture now to propose that this experience is hybrid, not in the sense of a scientifically modified product, nor as the result of a medical partnership with biomedicine, but as an original creation powered by *ancestral* purpose, and arguably even more genetically influenced. To use the words of *sangoma* R:

I think that the ancestors know that it’s got to change and that’s - we’re in the difficult place of hacking out to find out how do we converge the two paths. Interview: 10.05.05

¹² A less complementary definition of hybrid, that of the worthless mongrel, may be leveled at white *sangoma* by opponents citing African traditions of clan and family kinship, and notions of ancestral pollution. Chapters 2 and 7 of the above noted work discuss this in-depth.

The majority of the white *sangoma* I interviewed accepted that the notion of ‘hybrid’ might be applied to their practice, at least in part. *Sangoma M* for example put it this way:

First and fundamentally I’m following my guidance and my path in life – how can I help best – this is the underlying premise - I do follow the tradition but I’m very aware that I’m bringing my own way in that context and I’m very aware of the responsibility that I’ve taken on through training in that tradition and in that family, because there is a responsibility I believe that you take on, so it’s not just a matter of training and going off and doing my thing, because in theory I’ve taken on a responsibility in the community that I intend to carry on. So these are different aspects of that. So I’m following – I’m a white practitioner following my way within a black tradition without taking anything too narrow. Interview: 26.05.05

Sangoma Z meanwhile, described frankly the personal anguish which often accompanies becoming a white *sangoma*, a fractured sensation which arguably epitomises the transcultural uncertainty of all hybrid experience.

It’s a very tentative tenuous position to be in...because you don’t either fit into the whole white alternative medicine thing, and you don’t quite fit into the African thing....So it’s quite difficult, and most of the time I feel torn in two... Interview: 08.04.05

Conclusion

This paper offers some preliminary insights into the role and status of white *sangoma* in contemporary South Africa: how they receive their calling and are trained; how they perceive themselves and are popularly perceived, and how they practice. The paper also explores potential socio-political roles for white *sangoma*: as contemporary healers of colonial wounds, and as mediators and translators between biomedicine and traditional medical practice, a function with particular significance in the context of HIV/AIDS interventions. Finally, the paper argues that the inevitable traces of ancestral agency in the *sangoma* experience - what I call its ancestral hybridity – renders every *sangoma* practitioner hybrid, in the sense of being new, different, *and* (unless their healing is found ineffective) authentic.

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