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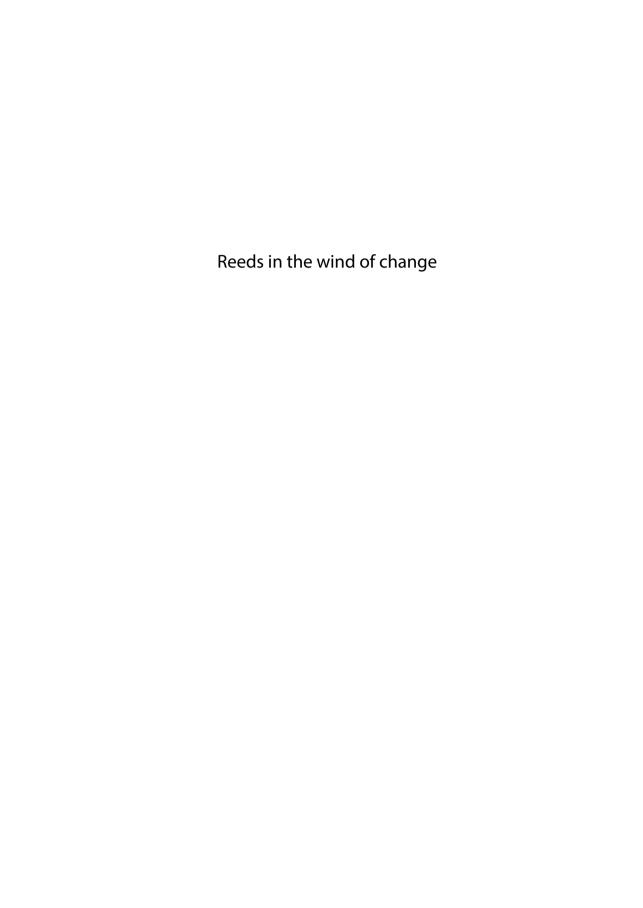


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Reeds in the wind of change

Zulu sangomas in transition

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Preface

This thesis investigates the changing healing practice of Zulu sangomas in KwaZulu Natal, South Africa. It seeks to detect where transformations in healing practices originate and why adaptations are implemented.

Several of my fields of interest converge in this study; (indigenous) religion, health, psychology and philosophy. Although not all these spheres surface equally, they are part of my mode of thought and my way of observing people and society. Since I was a teenager I have been fascinated by the phenomenon of religion. Not in the doctrinal ways but in the way people believe, in relation to their character and their attitudes towards social issues; the (discipline of) psychology of religion. In the 1990s during my theological studies, I was introduced to African indigenous religions and how these are intertwined in daily life; I was captivated. My major thesis however dealt with the views on illness and affliction in orthodox Christianity and of western 'holistic healers' (Hooghordel, 1996). In this research both those themes converge.

In Zulu landscape, reed is a frequently encountered phenomenon; near shores of lakes, in swamps etcetera. It is there, firmly rooted in the bottom of the river, whatever storm may pass. Reed is an important feature in Zulu culture as well. The Zulu Creation myth relates of Myelingangi creating people out of the reeds in a Northern valley (Knappert, 1977; Schipper, 1999). Makhosi Mbuyisa provided me with the thesis' title, by using the metaphor of 'reeds bending in the wind' for sangomas' lives. While they are exposed to all kinds of dynamics and influences, sangomas execute their practices in an experiential, pliable way. Their healing practice is firmly embedded in Zulu indigenous religion and well-rooted in society. Enduring the winds of change in contemporary South Africa.

As most Zulu sangomas are women, in general descriptions I refer to the sangoma with 'she' and, for clarity reasons, to the patient with 'he'. All pictures are taken and published with permission and are part of the author's private collection, unless otherwise indicated in the caption.

The bottlenecks that I describe in this study are genuine dilemmas for (associations of) indigenous healers, the choices they make will possibly have their effects for the next decades. I hope my analysis will be valuable in the light of the westernisation of South African legislation and society at large.

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