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**Author:** Hooghordel, G.J.

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# Chapter 2

## Methodology. Field study and Method

The considerations on the subject of this research mentioned in the first chapter are evidently based on extensive study of academic literature on indigenous healing, sangomas, indigenous knowledge and the South African society.

Reading about sangomas' healing practices in academic writings (Bryant, 1966; Erdtsieck, 2003; Janzen, 1992; Mlisa, 2010; Van Binsbergen, 1991; Ngubane, 1992) revealed a general picture of such healing practices. A startling element that became clear to me is the variations and differences in a patient's treatment. When a patient comes to a sangoma because he is not feeling well, the cure the sangoma prescribes might be different from the cure another sangoma would prescribe. As a Western researcher, used to the standardisation of prescription in the Western healthcare system, this intrigued me. I wondered where such differences come from: is it (partly) due to divergent education in the various 'sangoma schools'? Are healing practices in the rural area different from those in the urban area? And is a sangoma's personal preference of any significance? My aim was to get an insight into these matters and (consequently) to develop a better understanding of what it is like for sangomas to execute their profession in contemporary South Africa. In order to achieve that goal, I first had to know more about sangomas, about why they took up this profession, about their training, and what happens in a healing process. The best way to find out seemed to be to go there and interview sangomas about these topics. A field study scheme was developed in which the first step was to get in touch with indigenous healers. In the build-up to the field study and throughout the whole process of this research, I made several more or less fundamental choices. In the course of this chapter, I will provide details of these choices and explain my considerations and decisions.

## 2.1 Method and design

### 2.1.1 Genealogical sampling

While investigating traditional healers' healing practices in contemporary South Africa it is not enough to simply study the academic literature. To try to comprehend and experience what it is like for traditional healers (especially sangomas) to execute their profession nowadays, I went to South Africa three times between February 2012 and June 2014. Because of my fascination for the Zulu, I went to the city of Durban, KwaZulu Natal.

Given that the number of traditional healers in KwaZulu Natal is an estimated 26,000 (nationwide roughly 350,000), it was within the reach of this study impossible to do an investigation that covered all THPs in this province. Instead of a quantitative approach, I opted for a qualitative approach by interviewing three female Zulu sangomas, using the method of genealogical sampling: participant observation of subsequent generations of healers.

My first goal, in February 2012, was to make contact with (people who knew) Zulu sangomas and to find people who were willing to collaborate in the research, so that on my return to Durban in July and August 2012 I would be able to interview Zulu sangomas about their healing practice, their training, and their life as a sangoma. Before this first trip, I had tried to get in contact with an association of traditional health practitioners (THO) through their website,<sup>1</sup> but did not receive a response.

In early March 2012, I was introduced to Bongani Ntshangase, a sangoma and a member of the executive committee of NUPAATHPSA, one of the traditional health practitioners' associations in Durban. After consulting his fellow committee members, he agreed to assist me in this research. With his inside knowledge of sangomas' healing practices and his extensive network of traditional health practitioners, he in fact became my key informant and hence his role in this research is important.

As previously mentioned, I initially planned to interview three sangoma generations within one family, living in rural, semi-urban, and urban areas. By comparing the data in relation to the different generations and areas, I hoped to get a better perception of where differences in healing practices originate. Moreover, by using genealogical sampling, I wanted to gain an insight into the transmission processes of healing knowledge and thereby investigate the consistency of this knowledge transfer from teacher to pupil, and further on in the cycle, when this pupil becomes a teacher to other pupils. Does a daughter with a healing practice in a semi-urban area who was trained by her mother in a rural area, teach the same things and in the same way to her own

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<sup>1</sup> <http://www.traditionalhealth.org.za/> last accessed 28 July 2016, inaccessible since January 2017, the Traditional Healers Association's Facebook page [www.facebook.com/traditionalhealth/](http://www.facebook.com/traditionalhealth/) however is still accessible, last accessed 26 May 2020.

daughter, the granddaughter? And when this granddaughter starts her own practice in the city and becomes a teacher, what is the content of her teaching?

When it became clear that, in spite of his extensive network among sangomas in the Durban region, Bongani<sup>2</sup> was not able to find a family with three generations of female Zulu sangomas, I decided to drop the one-family issue and instead focus on three generations in different areas. The three sangomas Bongani strategically selected for the interview met these conditions. They all lived in the wider Durban metro (*eThekwin*) district: the oldest, Mks Bhengu, aged 80, lived in the Valley of a Thousand Hills, a rural area some 50 kilometres west of Durban; the youngest, Mks Ngidi, 36, lived in Inanda, an urban neighbourhood north of Durban City centre; and Mks Mbuyisa is 63 years old and lived in the Phoenix Settlement, a sort of in-between district. All three were teachers (*Z; gobela*) of apprentices who are in training to become a sangoma.

Ultimately, the field study consisted of two main parts, the first of which can be split in two sub-parts. The interviews with the three sangomas are central to the first part; the second part is about healing processes in sangomas' healing practices. For this part Bongani made a new strategic selection.<sup>3</sup> The attended healing sessions were predominantly executed by trainees and sangomas from Mks Gasa's, where a mother and two of her daughters train amathwasa to become sangomas. One healing session we attended was performed at Mks Mkhize's, at another location. Mks Mkhize belongs to the generation between Mks Gasa and her sangoma daughters.

### 2.1.2 Interpretative research design

As indicated before, this research is a combination of the comprehensive study of (academic) literature and field study, a qualitative research in the shape of a case study. In Mr Mbele's healing sessions (a detailed description of my observations is in the next chapter), I found a case study that serves as a model of contemporary indigenous healing; internal dynamics in healing practice and knowledge transfer converge with external (institutional) processes that apparently influence present-day sangomas and their healing practices.

The research design is interpretative, characterised by continuous comparison of the field study data, both mutually and with academic literature. I use an analysis cycle of induction and deduction to assess whether the data obtained during fieldwork correspond with academic literature on the subject and, vice versa, and to deduce whether I recognise literary elements and claims in my field study observations. It is also a constant process of interpretation and (emic) checks in order to gain an in-depth understanding of contemporary indigenous healing in South Africa. In my opinion, this procedure was even intensified by the fact that the field study was done in three separate periods between February 2012 and May 2014.

<sup>2</sup> Because he will be mentioned frequently, I sometimes refer to Bongani Ntshangase with only his first name.

<sup>3</sup> The arguments for this new selection are outlined below.

## 2.2 Field study, first part

Because I had not been able to get in touch with one of the associations of indigenous healers before my first trip to KwaZulu Natal, my intention in the preliminary part of the fieldwork (February and March 2012) was to get acquainted with the area and some customs as well as to get in touch with (people who knew) Zulu sangomas. Even after my arrival in Durban, my quest for sangomas proved a challenging and an interesting one, in which I learned a lot about South African society, including about the kindness of the people. All the people whom I asked for information were willing to answer my questions and to help me, often finding new people so that my quest could progress. However, I also learned about how different groups of the population are 'living-together-apart' as it were, and how apartheid's dividing lines between various population groups are still traceable. No member of the white community that I asked about sangomas, for example, was ever acquainted with that kind of indigenous healer. Moreover, they told me to "be careful, they practice witchcraft." If I approached a member of the black community on the subject, however, I was met with surprise and enthusiasm; bystanders joined me, phone calls were made, and people accompanied me to friends who might be able to assist. This seemed to me a striking example of the ignorance of and between the different communities that I encountered, for example at the Howard College Campus of the University of KwaZulu Natal.

In my search for people who knew sangomas, the owner of my accommodation, Louise, referred me to the Philosophy Department at Howard College, where she had a friend who was a senior lecturer that might be able to assist me. But neither he, nor anyone else on the staff there was able to help me out, until one of them thought of his gardener, Michael, who might know someone. He promised to ask him the next day. In the meantime, they referred me to the Anthropology Department, but there, too, my question was answered with blank looks from white employees. On my way back from Anthropology, I passed the IsiZulu Department. The first person I met in the hallway asked me if she could help me and I told her that I was looking for someone who knew a sangoma. She was immediately interested and enthusiastic and she told me there was a sangoma's practice on campus. This sangoma is part of the university's healthcare team; students who are feeling unwell have a choice between a Western-trained doctor, a psychologist, or a sangoma amongst others. Lecturers and staff of both the Philosophy and the Anthropology department were clearly not aware of the sangoma in the opposite building. Moreover, she invited me to return in a few days to see one of the professors, who would be able to put me in touch with a Traditional Healers' Association. In the weeks ahead, I visited the sangoma's office several times but she was not there; apparently she had not yet returned to the city from her residence in the rural area.

Perhaps it was just bad timing that I had not found anybody acquainted with indigenous healing at the Philosophy and the Anthropology departments. Someone

who had a personal interest in the subject used to work at the Philosophy Department, but she had recently moved to the United States. An assistant professor of the Anthropology Department who was familiar with indigenous healing happened to be on sick leave. Yet, it surprised me that knowledge about sangomas and indigenous healing was obviously not common among members of the white community.

At the end of February, with the help of the lecturer's gardener Michael and his son Emmanuel, I managed to visit a sangoma, Mks Mgadi, who lives near the small village of Mnamatha in the Valley of a Thousand Hills. She showed up for us in full sangoma attire, including cloths (Z: *ibhayi*, pl. *amabhayi*) around her shoulders, a white beaded wig, and an oxtail stick (Z: *ishoba*). Having gained the ancestors' consent, we talked for about an hour with Emmanuel as the appointed translator (from Zulu to English). Mks Mgadi was also very interested in my background (a teacher from Holland) and my motivation to study sangomas. She told me that the fact that I am interested in sangomas has a reason; my ancestors want me to become a sangoma too. She invited me to come back in a few months and start the training. Surprised, I kindly refused her offer.

After our conversation, Mks Mgadi showed us around her compound and allowed me to take some pictures. From the way Michael and Emmanuel behaved during the visit and talked about her in the car on our way back, I could sense that they really respected Mks Mgadi for her wisdom and because she is a sangoma.

The things Mks Mgadi told me about her calling, her training, and practice as a sangoma for decades were very useful for me as a background for this research and in composing the interview questionnaire.

Ultimately, a few days before my return to the Netherlands in March 2012, I met the IsiZulu's Department professor, who indeed referred me to the Durban branch of the association of Traditional Healers and Bongani Ntshangase. I called him and after consulting his fellow members of NUPAATHPSA's executive committee he agreed to assist me. He proposed a meeting as soon as I returned to Durban in July, to discuss my goals and intentions for this research.

While staying in Durban in 2012 and in 2014, I spent many hours at the Library of the University of KwaZulu Natal (Howard College Campus) and at the Killie Campbell Africana Library in search of literature and other data that were not available in libraries in the Netherlands. Especially the Africana Library of the Campbell Collections proved to be an inexhaustible source of information on the history, culture, and people of South East Africa. This comprehensive collection of books, manuscripts, and photographs, covers a broad sweep of information about the south-east African region, especially KwaZulu Natal, and its population (Website Killy Campbell Collections).<sup>4</sup> All this additional material proved invaluable as background for my research.

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<sup>4</sup> The Campbell Collections are part of the University of KwaZulu Natal since 1965 and still accommodated in Muckleneuk, the home of the Campbell family until Killie Campbell's death in 1965. In this colonial house also paintings, drawings and furniture are presented. See <http://campbell.ukzn.ac.za/> for a detailed description of the collection and the way it was established, accessed 26 May 2018.

### 2.2.1 Realisation

A few days after my arrival in Durban in July 2012, I met with Bongani Ntshangase to explain the goals and method of my research and to discuss the *modus operandi*. As it turned out, he also wanted to probe my motivation for the planned research and my mind set, position, and attitude towards indigenous healing. Apparently, I passed, for after a three-hour conversation, he agreed to continue his assistance. Next, Bongani made clear to me that he had already done some preliminary work but had not been able to find three generations of (living) sangomas in one family. I then decided to adjust my plan and continue to focus on three generations in the various areas, but they no longer had to be from the same family. Aware of my research intentions, Bongani made a careful and strategic selection of sangomas and, with my consent, asked them for their cooperation. Bongani suggested paying the sangomas the same fee as is usual in other projects the association asks them to cooperate in with universities or as part of the PEPFAR<sup>5</sup> program, for example (Website PEPFAR). I agreed to this as an expression of equivalence and appreciation. Moreover, it would compensate for the time the sangomas should schedule for the interview. Fortunately, they all agreed and appointments for the interviews were made. In this part of the field study and in 2014 my partner, Lilian van de Kraats accompanied me. She took care of the recordings on the voice recorder, the pictures, and, in 2014, the video recordings.

#### Topic list

In the period between March and July 2012 I had put together a topic list for the interviews, but at that time my starting point was that the interviewees would be members of one family, each one trained by the older generation. Now that the interviewees would not belong to one family, I decided to intensify the part of the interview focused on the transfer of knowledge during the training to become a sangoma.

The topic list consisted of three main parts: The first part included questions about becoming a sangoma, nine questions covering the 'calling', the initiation period, and the relationship with the ancestors. With these questions I hoped to be able to grasp the personal background of the sangomas. The second part was about the transfer of knowledge and healing processes, six questions about the way knowledge is transferred from trainer to pupil, the kind of transferred knowledge, and what happens (to the patient as well as to the sangoma) when a patient comes to a sangoma for healing. The focus in this part is on discovering similarities and differences between the sangomas' training and the way they teach their apprentices as well as on what happens during a healing process. I anticipated that this part would give me a better insight into the processes of knowledge transmission and the consistency of the transferred indigenous

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<sup>5</sup> PEPFAR: The US President's Emergency Plan for AIDS Relief.

knowledge. An important issue if only because academic literature is not unambiguous about this, indigenous knowledge is not (and is allegedly not allowed to be, because it is believed to be sacred) written down. The third part of the topic list concerned sangomas and their position in society, six questions about their relationships with other indigenous health practitioners, medical clinics, the way sangomas are respected in post-apartheid society, and the way indigenous healers are associated. The intention of this part was to get a picture of the sangomas in their surroundings in post-apartheid South Africa.

Bongani Ntshangase translated the questionnaire into Zulu,<sup>6</sup> accompanied me to the interviews, posed the questions and translated the answers back into English for me. Although most sangomas speak English, it was obvious that the interviews, which took place in the consulting room,<sup>7</sup> would be in Zulu as a matter of respect for the ancestors. Before the start of every interview, the sangoma introduced us to the ancestors and, once their approval for the interview was gained, I was given the opportunity to 'pay the ancestors respect', by donating what was called 'cattle' (the agreed ZAR 500 plus a silver coin). The sangomas also gave their permission for the interviews to be recorded on a voice recorder. In the days after the interview, I transcribed these recordings and, if some passages were not quite clear, I asked Bongani for an explanation. On our way to and from the interviews he provided personal background information about the interviewees, their position in their social environment, and in the community of sangomas.<sup>8</sup> After every interview, we took some pictures and I also made a sketch of the room(s) where the interview took place.

### **The sangomas**

The reason for using genealogical sampling as a method for this research was that by interviewing subsequent generations in a family of sangomas in different areas I expected to gain insight into longitudinal developments in knowledge transmission and the execution of healing practices as well as to be able to compare these practices in the rural and urban areas. Once it was clear that questioning three generations of one family would be impossible, it became more important to find three generations in the various areas in order to obtain thorough research data. Consequently, we interviewed three sangomas, carefully selected by Bongani, each representing their particular generation.

#### *The eldest*

Makhosi Bhengu was born in 1932 and represents the oldest generation of sangomas in

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<sup>6</sup> See Appendix B for the topic list in English and in Zulu.

<sup>7</sup> The place where sangomas communicate with the ancestors.

<sup>8</sup> The many conversations with Bongani, in the car, in the park, in the city, at a sangoma's compound, were also recorded and transcribed.



the rural area. She lives some 50 kilometres west of Durban in the Valley of a Thousand Hills, in an area called KwaNgcolosi, near Inanda Lake. Her homestead is situated in a rolling landscape with houses scattered on the slopes of the hills, the gravel roads alive with children and animals. From her homestead, one can see the hill slopes ending in Inanda lake and, further to the East, Inanda Dam, magnificent scenery. In a small rectangular building on her homestead Mks Bhengu (together with her apprentice and some local women) runs a pre-school for the neighbourhood children. Many of them also spend their nights in this pre-school because their parents have died of HIV/AIDS or TB and, consequently, they no longer have a home. Mks Bhengu is highly respected by the people in her community and by other indigenous healers in the eThekweni area because of her age, her wisdom, and the extensive experience she has gained as a sangoma since 1965. Bongani kindly calls her “the sangomas’ walking library.” She was the first sangoma in the area to attend the Community Care Givers Cause (CCGC), a programme where methods of treatment for various illnesses were exchanged between Western-educated doctors and indigenous health practitioners. She was also involved in an information-sharing programme initiated by The Valley Trust Clinic<sup>9</sup> in cooperation with researchers from the United States. At the age of 80 she was still practising as a sangoma and a trainer for her apprentice (Z: *thwasa* pl. *amathwasa*). A book was written about her life and work (Sliep, 2013) and she proudly presented me with a copy in 2014.

When we arrived at her compound, Mks Bhengu gave us a hearty welcome. Our interview with her<sup>10</sup> was the most extensive one; we talked for about four hours and in the meantime her helpers served us what Bongani called a ‘traditional African meal’ of *dumbe*<sup>11</sup> and fresh lemon juice. Here, I witnessed a few Zulu customs; the *thwasa* took the first sip of the juice to prove the drink has not been messed with, before offering it to Bongani (he was given it first because he is a man), then to the female visitors, and finally to Mks Bhengu. Another traditional element, Bongani explained, was the way we were seated in the consulting room: Mks Bhengu and her *thwasa* in the middle of the rondavel on a reed mat on the floor, near a leopard-print cloth hanging from the ceiling, on the right side of the entrance was a chair for Bongani and we were seated on a reed mat on the left side of the rondavel. My impression was that Mks Bhengu is a very kind elderly woman who nevertheless is highly informed and knows exactly what she wants. The first ‘snapshot’ at the start of the previous chapter is from her interview.

### *The middle generation*

Makhosi Mbuyisa was 63 at the time of our first meeting<sup>12</sup> and for this research she represents the middle generation. She lives in Phoenix settlement north of Durban City

<sup>9</sup> A clinic in a rather distant area of The Valley of a Thousand Hills.

<sup>10</sup> On 1 August 2012.

<sup>11</sup> Some kind of root crop.

<sup>12</sup> On 9 August 2012.

centre, the oldest settlement of South Africa (established in 1904) and known as the place where Mahatma Gandhi and his family lived for many years. The further we drive into the settlement towards Mks Mbuyisa's compound, the shabbier the houses look. Some are built of twigs, clay, and corrugated iron; the roofs of others are made from canvas and tyres. Tared roads turn into gravel roads and gradually all colour seems to disappear; a grey-brownish veil of dust and sand covers everything and the place is crowded with people, so much so that Bongani says: "This place is packed!" The day of our interview is a national holiday and many people are milling about near their homes. Women are doing their laundry in tubs, hanging their clothes on lines, and pouring water from the tubs at the side of the gravel road where goats and fowl are walking around freely.

Mks Mbuyisa's home suggests that she is well-off: it is made of bricks and painted in a bright light blue. Against the house are stacks of building material, heaps of cement, bricks, and buckets full of gravel.<sup>13</sup> Mks Mbuyisa is the contact person between the local clinic and the indigenous healers in 'her' part of Phoenix settlement. She makes regular rounds in the clinic, seeing patients that were referred by indigenous healers. Furthermore, Mks Mbuyisa is the key NUPAATHPSA representative in Phoenix settlement and acts as an intermediary between the association and its members in the neighbourhood. In addition, Mks Mbuyisa, together with her helper Thembi, takes care of teenage girls, offering them a place in her house to prevent them from living on the streets after school. In order for these girls to become self-sufficient and live their life according to certain values, she teaches them Zulu customs and crafts like beadwork.

When we arrived at Mks Mbuyisa's, there were about 10 girls in their early teens outside the house. Thembi invited us in and told us Mks Mbuyisa would be there soon. It was no problem to wait for a while, there was enough to see in this sitting room. A table with at least eight chairs, cupboards packed with all kinds of things like medals, photos, cups, and certificates. After some time, a good-humoured, lively woman somewhat out of breath, entered the sitting room. Mks Mbuyisa apologised for being late; she had been called to accompany one of her patients to the local clinic, an emergency. We then followed her to her consulting room, an annex at the back of the house.<sup>14</sup> Thembi joined us and stayed during the interview, during which she (as she told us afterwards) heard a lot she didn't know about Mks Mbuyisa.

The interview at Mks Mbuyisa's took almost three hours, but then she didn't allow us to leave because the teenage girls had rehearsed a singing and dancing performance. In front of the house, the girls were lined up wearing home-made beadwork and, after Mks Mbuyisa took their cell phones, they started to sing and dance. The performance lasted about half an hour, some neighbours came to watch and joined in the singing

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<sup>13</sup> When we returned in 2014 all of this was still standing exactly where it had been in 2012.

<sup>14</sup> Mks Mbuyisa's consulting room is the only one we saw in this field study that is not a rondavel.

and dancing. Just like Mks Bhengu, Mks Mbuyisa is well-informed about changing legislation, cooperation with the local clinic, and she was committed to fighting for the welfare of her patients and the teenage girls.

### *The youngest*

Makhosi Ngidi, was born in 1975, and was 36 years of age at the time of the interview. She represents the youngest generation of sangomas. She lives in Inanda, a suburb north of the Durban City centre, an urban area with tarred roads, brick houses, stone walls around the compounds, and the house numbers painted near the locked gates. The houses are rather well-kept and neatly built alongside the roads, most are painted in bright colours. Mks Ngidi lives in a compound at the top of a hill on the corner of a steep road, her house is separated from the street by a solid, six-feet-high, yellow painted wall. Her compound is marked by a locked iron gate, which, together with the high wall, suggests fencing is needed for security. This impression is supported by the fact that Mks Ngidi locked the gates again immediately after we parked the car in her compound. There, a splendid view of the valleys and hill slopes of Durban North unfolded.

Before she was called to be a sangoma, Mks Ngidi was working at a centre for indigenous health practitioners. A computer, various books, and devices in her living room suggested that she is an educated woman.

As we got out of the car Mks Ngidi was there to welcome us. She talked in a low voice and kept her eyes downcast, giving the impression of being shy, or at least very modest. Her consulting room was in very small rondavel on her compound, the door so small we had to crouch down to enter. Inside the consulting room, Mks Ngidi asked the ancestors for their approval for the interview and I paid them respect in the way I had become used to. In this first part of our meeting Mks Ngidi seemed tense. After receiving the ancestors' consent we left the consulting room and proceeded to her 'prayer room'<sup>15</sup> where she relaxed somewhat. She did not seem to be uncertain in her profession and showed inner strength when telling us about her calling, her training, her healing practice and her *amathwasa*. Her shyness could have been because, unlike Mks Bhengu and Mks Mbuyisa, she was not used to being interviewed.<sup>16</sup> Our interview with Mks Ngidi was the shortest and took a little over two hours.

After the conversation<sup>17</sup> with Mks Ngidi, we were invited into her house for cold drinks and cookies. After pouring our drinks, she disappeared into the kitchen, leaving us to eat and drink in her living room. Bongani tried several times to get her to join us and when she eventually did she showed interest in my background, where I came from, and why I was doing this research. After we finished our drinks, she told me that it had been her long time secret wish to visit Amsterdam and the Netherlands.

<sup>15</sup> Another annex on the compound.

<sup>16</sup> Our impression of Mks Ngidi was confirmed when we visited her in 2014, to see her and her son who was just a few months old. She was clearly a modest and amicable woman.

<sup>17</sup> On 9 August 2012.

I found the difference in these sangomas' attitude towards the ancestors striking. Prior to us entering Mks Ngidi's consulting room, I had to wrap a cloth around my trousers to prevent the ancestors from confusing me for a man. We had to enter the consulting room with our right leg first and all the actions had to be done very precisely and in a strict order. While she was communicating with the ancestors, Mks Ngidi was very humble and subservient. Mks Mbuyisa did not worry about me wearing trousers, and she paid no attention to how we entered her consulting room.<sup>18</sup> In her communication with the ancestors she was respectful but certainly not subservient. At Mks Bhengu's there was no mention of how to enter the consulting room but there was, as I indicated before, a special positioning inside the rondavel. Mks Bhengu was respectful in her communication with the ancestors, but there also was a tone of persuasiveness.<sup>19</sup> These differences might be due to the sangoma's relation with the ancestors, or perhaps with the character or the mood of the ancestors. In the second part of the field study I will return to this.

Mks Bhengu, Mks Mbuyisa, and Mks Ngidi were all trained by a gobela, but each of them in quite different circumstances and all three of them are now trainers of their own apprentices. This, together with the different areas where they live and practise as a sangoma, gave me a large amount of solid research data to mutually compare and to use as a basis for the second part of my field study in 2014. In the upcoming chapters, I will draw on the data from the interviews in relation to the subjects at hand, hence the names of these three sangomas will return frequently.

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<sup>18</sup> Except for leaving our shoes outside, but that was common practice at the homes of all the sangomas we visited.

<sup>19</sup> In 2014, we saw a similar attitude from Mks Gasa, the senior sangoma of the Gasa compound.

## 2.3 Field study, second part

At home in the Netherlands, working out my notes and transcribing the voice recorder's data, I concluded that there was much information gathered but not enough on the healing process itself. Although the sangomas had told me about such processes, it remained too theoretical. To better understand what happens during a healing process I had to go back and attend healing sessions. That way I should be able to decide on whether there are differences and, if so, in which parts of the healing process. I would also be able to discern the causes and reasons for such transformations.

I returned to Durban in 2014 for the second part<sup>20</sup> of the fieldwork and in the hope of attending healing sessions. My key informant, Bongani Ntshangase, agreed to assist and accompany me again, despite of his busy schedule. As he had succeeded Baba Hlongwane as chairperson of the eThekweni branch of NUPAATHPSA in May 2013, he also had several meetings to attend during my stay in Durban. While in 2012 he was already a respected man in and outside the circle of indigenous healers, in 2014 his prestige had grown even more.

Initially, my intention in 2014 was to visit the same sangomas I had interviewed in 2012, but Bongani proposed going to different ones. The most important reason for this was that, in his position as chairman of NUPAATHPSA, he did not want to be seen selecting a few sangomas for research purposes. He explained that there is a lot of jealousy between indigenous healers and he did not want anyone to become the object of envy. Another (to me the most convincing) reason was that, at that time, Mks Bhengu had given up her healing practice because of her age and Mks Ngidi was temporarily not practising because she had given birth to her son a few months earlier (for purity reasons sangomas are not allowed to practise for six months after childbirth). I accepted Bongani's proposal and he approached Mks Mkhize and Mks Gasa and both kindly agreed to cooperate under the same conditions as the interviewees in 2012.

We did, however, also visit the interviewed sangomas to thank them once more for their cooperation in 2012 and to hand them some gifts. It was very special to meet them again after two years of thinking and writing about them at my desk in The Netherlands. The sangomas welcomed us as if we were old friends. They were surprised that I had returned with presents for Mks Ngidi's son, Mks Mbuyisa's teenage girls, and Mks Bhengu's orphanage. In turn, Mks Mbuyisa gave me beaded bracelets and necklaces and Mks Bhengu presented me with an autographed copy of the book about her life and work (Sliep, 2013). Bongani later told us that our second visit increased the credibility of this study in the eyes of the sangomas.

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<sup>20</sup> In April and May 2014.

### 2.3.1 Healing sessions

During this second part of the field study I was allowed to attend a total of eight healing sessions at two different sangomas' compounds, as well as at external locations like the estuary of the Mtamvuna River and a patient's home in Pietermaritzburg.

The planning for this part of the research was more complicated, because healing sessions are often not scheduled. Patients just come to the sangoma's compound and the sangoma starts a healing session. Consequently, it was hard to decide when to be where. Bongani suggested visiting a compound with several sangomas as "there usually are many things happening over there." It turned out to be Mks Gasa's compound in KwaMakhutha, a Durban township about 15 kilometres south of the City Centre. Here, I witnessed the first healing session<sup>21</sup> and it seemed as if it was by coincidence.

#### Mks Gasa's

We visited this compound to see a sangoma's practice with several sangomas and apprentices: the sangomas Mks Gasa (about 60 years old) and her daughters Mks Dudu (in her early thirties) and Mks Zinhle (in her mid-twenties), run this healing practice and sangoma school with over twenty *amathwasa*. When we arrived, Bongani introduced us to Mks Gasa and we talked for a while; then, for more than an hour, Mks Zinhle and the apprentices performed several sangoma dances for us inside a rondavel, their consulting room. At one moment, Mks Gasa came to tell us that there was a patient coming for healing and she invited us to stay, hence we were in attendance when Mr Mbele entered the rondavel for his healing session. In the meantime, while we were waiting for the patient to arrive, one of the trainees provided us with food and drinks. Mr Mbele's healing sessions will be described extensively in Chapter 3.

#### Mks Mkhize

A few days later, Bongani said he also wanted to take us to Mks Mkhize, a male sangoma, to witness a specific way of diagnosing, namely 'throwing bones'.<sup>22</sup> Although Bongani was aware that this study is on female Zulu sangomas, he thought it would widen our scope if we also were to see a male sangoma executing a healing session, if only for the sake of comparison. I agreed and we headed to KwaMashu, a township northwest of Durban City Centre. In a small rondavel behind his home, we witnessed a healing session in which Mks Mkhize (about 35 years old) used 'the bones' as a means of communication with the ancestors; one of his trainees was the patient. After the healing session, he took us to a waterfall, a 20-minute drive by car, to show us where he sometimes took his patients for cleansing. Back in his rondavel, we talked for another hour. He showed

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<sup>21</sup> On 26 April 2014.

<sup>22</sup> Explanation of this procedure is in Chapter 3.

us some of his 'regalia', explained the interior of the rondavel and everything in it, i.e. the various pots with medicinal herbs, with separate pots for the treatment of men and women. When we walked out of the rondavel, he pointed at a bundle of sticks on the floor near the entrance, a heron's nest, in which something valuable was supposed to be hidden. He was still unravelling it.

While working on this study (the data from) this visit to Mks Mkhize continued to feel somewhat awkward to me. On the one hand, it was nice to have seen such a comprehensive healing session where the sangoma uses 'the bones' for diagnosis and his explanation of the various medicinal herbs was interesting. On the other hand, with hindsight, I would have preferred to have seen this method of diagnosis performed by a female sangoma, especially when we later found out that 'the bones' is one of the areas in which Mks Dudu, Mks Gasa's eldest daughter, was specialised. In handling the data, I have constantly been aware of the fact that the data from Mks Mkhize did not strictly belong within the scope of this research about the healing practices of female sangomas. That said, I did use some of the data of Mks Mkhize's healing session in comparison with other healing sessions; however, when it came to deciding what elements might be liable to transformation, I left the data of his healing session out of my considerations.

### **Mks Gasa's again**

Mks Zinhle invited us to return to Mks Gasa's exactly one week after our first visit. We arrived at noon and after a warm welcome we sat ourselves on the reed mats in the consulting room, waiting for the things to come. On this particular Saturday,<sup>23</sup> the healing practice was in full swing. Mks Gasa was supervising the proceedings and procedures in the rondavel, where advanced initiates performed healing sessions with successive patients, Mks Zinhle made preparations for later that afternoon, and Mks Dudu explained to us what was going on and what was about to happen. She also gave us a tour of the rest of the compound. In the rondavel, it was a coming and going of initiates and sangomas, they all had their own chores and were focussed on their actions. Fortunately, from the start, we were allowed to record on video and to take photos, or else we would not have known where to start looking. This afternoon, we witnessed the healing session of a family performed by a young male initiate, followed by that of a young man and, somewhat later, a woman in her thirties, both by a young female initiate. While one healing session was being completed on this side of the rondavel, on the other side the preparation for next session was already starting. Then, Mr Mbele entered for his healing session, executed by Mks Zinhle, who was assisted by her mother and her sister Dudu. With this last patient, we subsequently drove to a river about 130 kilometres south of Durban where another part of his healing process took place and, after that, we went to his home in Pietermaritzburg for the final part of the process.

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<sup>23</sup> 3 May 2014.

Being present at eight different kinds of healing sessions, performed by at least five different (initiate) sangomas in various places and settings, provided me with rich material to compare, to unravel which elements are central or dominant in such sessions, and what elements seem to be liable to changes.

In the next chapter, I will compare different aspects of Mr Mbele's healing sessions with the others that I witnessed, so Mks Gasa, Mks Zinhle, Mks Dudu and Mr Mbele will be the main characters.



## 2.4 Reflection and basis for choices

### 2.4.1 Ethics and privacy

Obviously, many people are involved in a study such as this. Although some people characterise field study as a reciprocal process of exploitation, I prefer to see it as a process of mutual benefit. While I obtained data in conversations, interviews, and by attending healing sessions, the participating sangomas profited from this study in the form of improved status in the circle of indigenous healers and in the eyes of potential patients. As agreed, the sangomas also profited financially; I donated ZAR500 (the by the association fixed sum for cooperating in research) to each of them for the interview or my presence at healing sessions. The sangomas themselves define such sums as 'cattle', an offering for the ancestors, because the ancestors are the ones that allegedly allow the researcher to interview the sangoma and attend healing sessions. Even Bongani evidently profited from my presence, judging from the way he introduced me to many people as his Dutch friend. In my view, the field study thus was a win-win situation for all participants.

#### Personal data

The names of informants, cooperating sangomas, patients whose healing sessions I was allowed to attend, and many others who helped me in one way or other have already been mentioned in these first chapters. I explained my intentions and the way I would deal with the obtained data to every person I talked to in connection with this study.

All sangomas and inyangas that cooperated in the research (Mks Mgadi, Mks Bhengu, Mks Mbuyisa, Mks Ngidi, Baba Hlongwane, Mks Gasas, Mks Mkhize, Mks Zinhle, Mks Dudu, and Baba Cele) were aware of the fact that the data I gathered were to be used in an academic study that would ultimately be made public. In our discussions on how I should protect their personal data, they gave me their consent to use their real names. In fact, they said they felt proud to participate in this study and that they would feel offended if I used an alias. Bongani Ntshangase, my key informant was of the same opinion. That said, any indications in the text regarding the sangomas' places of residence remain deliberately vague.

A similar case of informed consent is Mr Mbele, one of the patients whose healing sessions we attended. Having been told that I was gathering data for a thesis, he told me that he felt honoured by the fact that I had witnessed several of his healing rituals. For all other patients whose healing sessions we attended, I use pseudonyms to protect their identity (indicated in a footnote).

Some healing sessions at Mks Gasas were performed by advanced pupils. I have changed their names to protect their identity, and the names of two extra sangomas that were present at Mr Mbele's healing sessions on 3 May 2014 (indicated in footnotes).

Finally, there are numerous people that were more or less indirectly connected with this study. I confine myself to using their first names in the text, sometimes in combination with a paraphrase, e.g. Michael the gardener, or just a paraphrase.

### **Other data**

During the three periods of field study, I made many recordings using a voice recorder, videos, and photographs. In each case, I asked and was given permission beforehand. The data were stored on my laptop, the voice recorder, and an external hard disk. All files were kept on two devices, to guarantee a copy in case that one of the devices should crash or be stolen. I made transcriptions of all audio recordings and these were also stored on a laptop and external hard disk.

All original data have been preserved and are stored securely on one of my external hard disks (only accessible with a password). This data is only for use by this researcher and not available to any other person. Whenever I decide these data no longer serve any useful purpose, I will delete them.

### **2.4.2 Key informant**

I am aware of the influence that the choice of Bongani Ntshangase as my key informant has had on this research and also in accommodating his choices for the sangomas involved in this study. Moreover, I acknowledge the fact that I was dependent on him with regard to the translation of the questionnaire into Zulu, the translation of the interviews, and every bit of communication<sup>24</sup> inside a consulting room from Zulu into English and vice versa. During the field study, I was continuously aware of the vulnerability of the research data when it comes to these elements and I have tried to attain data as adequately as possible, for instance by posing the same questions to various sangomas and posing questions in a slightly different way.

One of the reasons that Bongani agreed to assist in this research was that, according to him, Western (academic) writings often portray sangomas and their practices incorrectly. He felt that it was his duty to try to reshape the Western image of sangomas from so-called witchdoctors to cultural and socially responsible traditional healers. He intended to show 'genuine sangomas' in the execution of their profession, the healing practice. I continuously kept his agenda in mind, double-checking issues in different settings, and trying to find out if things were represented in a biased way or too positively.

On the other hand, there were a few, and in my opinion strong, reasons to maintain this set-up. Firstly, Bongani's network was very useful to me in a number of aspects. As a Western researcher and only spending short periods in KwaZulu Natal, I did not have

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<sup>24</sup> Except for the conversations with Mks Dudu, who answered me in English outside and inside the consulting room.

the faintest idea who to approach for an interview. Bongani knew many sangomas and could therefore consider who would be best<sup>25</sup> (and willing) to be interviewed. Moreover, because Bongani introduced me and my research beforehand, the sangomas had prepared themselves for the interviews and healing sessions and had scheduled our appointments, so that our conversations were focused. Additionally, as the sangomas trusted Bongani, they consequently trusted me. Indeed, there was no trace in these meetings of the (quite obvious) suspicion towards me as a white, Western researcher, which I had encountered in the meeting with Mks Mgadi in 2012. Hence, there was no need for long introductions or ice-breaking talks before the interviews or healing sessions could start.

While inside the consulting room conversations were in Zulu, English was the main language outside. After the interviews or healing sessions, Bongani retreated into the background in order to offer me the possibility to talk and pose all kinds of circumstantial questions. He had the same attitude in our meetings with all those people we met in relation to this research; after he had introduced us, he left the conversation to us.

All cooperating sangomas, in 2012 and in 2014, seemed to be honoured to be chosen by Bongani and thus to be a part of this research. To what extent Bongani's presence influenced their behaviour remains hard to determine. The more senior sangomas seemed less impressed than the younger ones. Mks Bhengu, Mks Mbuyisa, and Mks Gasa treated Bongani amicably, while Mks Ngidi, Mks Mkhize, Mks Zinhle, and Mks Dudu clearly approached him with respect.

### **2.4.3 A polished reality?**

To what extent the things I saw and heard at the sangomas' healing practices reflected reality and daily practice, or were modelled for the occasion, is also hard to say. In the case of the interviews, the sangomas' answers might have been influenced by what the sangomas thought that Bongani wanted to hear. Of course, it is possible that he instructed them on the questions and preferred answers beforehand, but I doubt that; the answers the three sangomas gave appear to be too divergent for that. Obviously, my role in the interviews was an active one and when something was not clear to me I questioned further until I understood what the sangoma meant. They might have modelled their answers so that I would appreciate them, so that they would fit my image of the indigenous healer's practice. After all, why would they feel obliged to tell me the truth? And yet, my impression is that the interviewees were honest and authentic in their answers; the way they told of their childhoods, their 'calling', and the patients who come to them for healing was pleasant and without hesitation; not at all as if they were constantly thinking of what was expected from them or what would be appropriate in that moment.

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<sup>25</sup> Of course, this is in his opinion, with both our agendas in mind.

My presence as a Western researcher at the healing sessions may also have influenced the behaviour and doings of the sangomas. Mks Mkhize arranged the healing session of his thwasa especially for us and, during the procedure, he constantly explained to us what he was doing and the meaning of the results.<sup>26</sup>

During the healing sessions at Mks Gasa's, we were silent observers, sitting on the floor with our backs against the wall, filming and taking photographs. For a large part of the healing session, the patient and the sangoma or thwasa were seated with their backs towards us. At some moments, Bongani, whispering, explained what was happening, but only at the end of the session did we ask about what we saw and then he clarified. The apprentices that executed healing sessions paid no attention to us, they were completely focused on their patients and their tasks. I got the impression that they were far more aware of the woman sitting on the other side of the room, Mks Gasa, who now and then gave some additional instructions.

At some moments during Mr Mbele's healing process, however, the thought occurred to me that his sessions had been somewhat upgraded, made a bit more extraordinary. Especially in contrast to a very austere healing sessions at Mks Gasa's for a rather poor-looking young man. The thoughts about upgrading were nourished by the fact that parts of Mr Mbele's sessions were also recorded with tablets and cell phones by members of the Gasa company. The luxurious setting of his healing sessions may have been because of our presence; another possibility is that it had more to do with the fact that Mr Mbele was a very wealthy man. A third possibility is that they also recorded the healing sessions for Mr Mbele himself. At the end of his last healing session, Mr Mbele told us he was thrilled and honoured by the fact that we had attended his healing and, in his opinion, the ancestors' consent to our presence added value, importance, and meaning to the whole process.

#### **2.4.4 Field study in three periods**

On account of my job as a teacher, I was restricted to fixed holidays for the fieldwork, instead of having one longer period of time to do the research. If I had been able to conduct my field study in one longer period, I could have plunged deeper into Zulu society, culture, and indigenous healing, for instance by living in a sangoma's compound for some time. I would then have been able to describe the daily routines in an indigenous healer's practice from the inside. But I doubt whether I would have encountered such a diversity of sangomas and healing sessions as I have now.

By returning to Durban twice, a certain familiarity grew between me and, firstly, Bongani, and, secondly, the sangomas, their practice, and their environment. The mere fact that Bongani told sangomas that I had previously been there, added value

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<sup>26</sup> See Chapter 3 for a description of this healing session.

and credibility to this research and to my reliability. Another advantage of returning to Durban with Bongani as my key informant was that we were accustomed to each other's way of working. Bongani knew of my eagerness to experience and witness everything involved in and about indigenous healing, so he took me to all kinds of places and people for days in a row.

In the months before I returned to Durban for the last time, I had worked intensely on my data from the previous visits. This allowed me to compare them with my new experiences and ask for clarifications where necessary, to get a better insight and deeper understanding of indigenous healing and a sangoma's healing practice. The interpretative design of the research emerges strongly here.

### **2.4.5 After field study**

I am convinced that with Bongani as my key informant many doors opened that would have remained closed without him (I might not even have known there was a door at all). Furthermore, by taking me to all kinds of places, people, and events somehow related to indigenous healers,<sup>27</sup> and by constantly telling me about Zulu culture, tradition, and religion he showed me a colourful context of the sangomas' healing practice and thus gave me a wide perspective. Without his help this research would have been a different, more narrowly scoped one. As my informant and as a companion and guide I owe him a great deal. It grieved me deeply when his eldest daughter Thandeka informed me that Bongani Ntshangase had died in October 2014.

Following his untimely death, my dependency upon Bongani became even clearer. During my time in South Africa, all contacts with the sangomas had been through him and we had agreed that if I had questions or uncertainties while working out my data, I would get in touch with Bongani through e-mail. Now that he had passed away, it proved impossible for me to contact the main participants to ask for further information. My hopes rested on Thandeka Ntshangase, who offered to check on her late father's cell phone for the sangomas' numbers, but she could not find the names I mentioned, with one exception, Mks Ngidi, whom I interviewed in 2012. She kindly offered to help me out with questions concerning the sangomas' healing practice in general, the training, etc, an offer I took up on several occasions.

When NUPAATHPSA's website disappeared from the internet in February 2015, neither Thandeka, nor Mks Ngidi were able to find out why. I would have liked to ask one of the other sangomas or Baba Hlongwane (all members of NUPAATHPSA) what had happened, but I was unable to trace them. Mks Ngidi, as a member of the THO is not acquainted with the other sangomas, so she could not find out either. When the

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<sup>27</sup> A meeting of NUPAATHPSA executive committee with members, the muthi market, the Interfaith Symposium with religious leaders of KwaZulu Natal, Sarvodaya, Mahatma Gandhi's home in the Phoenix settlement etc.

THO website also disappeared from the internet in January 2017, I again approached Mks Ngidi and asked her what was going on. She reported that THO still existed as an independent association and that the organisation currently prefers to communicate about their workshops and trainings on their (indeed very active) Facebook page (Facebook THO). In 2018, I finally discovered that NUPAATHPSA was still flourishing and that the organisation had simply launched a What's App group (in 2013) for mutual communication, as a substitute for the website.

As I wrote down the GPS coordinates of all the locations I had visited during the field study in 2014, it was my intention to return to the Durban area once more and visit the sangomas again, perhaps to settle any outstanding issues, or perhaps to continue this study in a longitudinal way.

## 2.5 Concluding remarks

In this chapter, I have sketched an outline of the field study I did for this research in two phases, as well as the method used, and the interpretative design of the research. The first phase was the preparation, getting acquainted with the area and (someone who knew) sangomas, and the interviews; in the second phase, I attended healing sessions. I have explained why I chose the method of genealogical sampling and how I expected this method to help me gain a better understanding of knowledge transmission processes and of consistency of knowledge transfer. I also showed how the interpretative design attributed to an analysis of the obtained data.

Throughout the chapter, the limitations of this study have been clear; it is restricted to a small number of interviewees and a small number of healing sessions in a limited area and a restricted time frame. The outcome may be used in addition to and in comparison with other (academic) writings, but it is never meant to be a truth in itself. The conclusions are tentative and provisional, to be overruled by future studies. In the last part of this chapter, I explained the ethics of my investigation, how I protect the identity of my informants, and how (long) obtained data are stored. I also recounted the dilemmas I encountered and the choices I made in and after my cooperation with Bongani Ntshangase.

In the next chapter, I will focus on the execution of the sangomas' healing practice, on what happens when a patient comes to a sangoma for healing. I will zoom in on the diagnosis, an important element of the healing procedures. Evidently, the whole context of a healing session must be taken into account; therefore, I will compare and describe various elements of a sangoma's healing practice, taking Mr Mbele's healing sessions as a connecting thread.