Chapter 4

Indigenous knowledge transfer in sangomas' training

As a sequel to the dynamics of healing and diagnosis in healing processes, we switch our focus to another part of the indigenous healing system, viz. the sangomas' training and knowledge transfer in a wider perspective in order to distinguish other internal dynamics.

In the following pages the main question is: What dynamics and contradictions are there in the curriculum and knowledge transfer of sangomas' training?

A large part of the interviews in 2012 with the three female sangomas of different generations was about their training to become a sangoma (*ukuthwasa*) and the way knowledge is transferred. Questions were about what they learned in that period and if they, *gobelas* (sangoma trainers) at that time, taught exactly the same to their own apprentices and about the organisation of their healing practice in comparison to their own *gobela*'s practice. In other words: by using the genealogical sampling method, I tried to find out what transformations in training and knowledge transfer we can detect among these three generations.

Mks Bhengu represented the oldest generation and therefore her contribution was important in discovering longitudinal changes. She remembered the things she learned during her *ukuthwasa* in the early 1950s quite well. She talked vividly about the time when she had her training. Although initially it was hard for her (she was separated from her husband for the larger part of her two-year *ukuthwasa*), a certain nostalgia crept into the stories about that learning period. The comradery between the apprentices and the fact that Mks Bhengu gradually recuperated from her long illness (she is a so-called wounded healer[1]) may account for the positive feelings she still has when telling about those days. In her memory, all her fellow *amathwasa* got the same education from their *gobela*.

She also pointed out that variances exist between healing practices and knowledge of *muthis* and she explained that these are caused by the differences between the 'schools' of *gobelas*. Among gobelas, various ways of thought exist when it comes to the preparations of different sorts of *muthis* and the way to carry out the healing practice. Thus, the school where a sangoma is trained determines what knowledge is learned and the routine conducted in her healing practice. As Mks Bhengu witnessed, this particular practice is long-standing and has always been accepted and appreciated.

[1] Like Mks Mbuyisa and Mks Ngidi, see the previous chapter.

Furthermore, the interviewed sangomas were very straightforward about the fact that every sangoma has her own knowledge about *muthis* and, consequently about healing procedures. This endorsed Mlisa's (emic) statement that the curriculum for *ukuthwasa* training is "flexible and (that) it is led by the wisdom and blessings of the *iminyanya*[2] through dreams" (2010, p. 157). Additionally, they acknowledged the fact that the content of the training is different for every *thwasa*. They even implied that all sangomas apply their knowledge in their own specific way[3] and that, over years of experience in their healing practice, sangomas develop and increase their knowledge (as they are confronted with new illnesses or new complaints) even if it is by trial and error.

As an exemplary depiction of a contemporary sangoma school I take the one that I became most familiar with, Mks Gasa's. I will compare the data from the interviews with my findings of Mks Gasa's school and academic literature, thus resulting in a survey of (local and longitudinal) transformations in sangomas' training and transfer of (*muthi*) knowledge. Sangomas from Mks Gasa's school, Mks Gasa, Mks Zinhle, and Mks Dudu, will appear frequently in the description of the routines and organisation of their healing practice and school.

Subsequently, I will take the data to another level and analyse them by means of Whitehouse's theory on the transfer of specialist knowledge (Whitehouse, 2004). This will involve an examination of what elementary dynamics of knowledge transfer we can discover in the sangomas' training and what associated consequences for the execution of the healing practice there are.

I encountered discrepancies in what was said and what was done, between theory and daily routine, on several levels within the system of indigenous healing. To single out these paradoxes, I will use the antipodal concepts 'programme' and 'practice' on the level of individual sangomas' practices and concerning the transmission of knowledge during the training. I will again apply Whitehouse's 'Modes of Religiosity' theory to see what insights this brings us on the inconsistencies between programme and practice.

Given the differences in healing practice, training, and acquired knowledge, it is essential to investigate, with the help of Foucault's theory of 'power and knowledge', why indigenous healers continue to call their profession 'traditional' and hence to explain my preference for the term indigenous.

The final dynamics internal to the indigenous healing system that I will explore are to be found in the period after *ukuthwasa*. Even after a sangoma has graduated, she is constantly updating her knowledge, be it with the alleged instructions of the ancestors or through her contacts with fellow indigenous healers in various networks. Inyanga Baba Cele and my key informant Bongani Ntshangase are the main characters in this

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[2] *Iminyanya:* ancestors (Xhosa).

[3] Many sangomas are specialised in a certain kind of healing.

part of the chapter. The smaller networks of the past have rapidly been replaced by larger, well organised, associations. To show what internal processes are involved in a contemporary association, I take the example of NUPAATHPSA in the Durban district. I will start this expedition, however, with the transfer of knowledge in the sangomas' training, *ukuthwasa*.

During the interviews, I was told that two major categories are specific to *ukuthwasa*: the knowledge of *muthis* and learning to diagnose. However, Mlisa, an indigenous healer herself, writes in her thesis about the *ukuthwasa* initiation of Xhosa indigenous healers (2010) that the construction of a healing identity (marked by qualities like humbleness, total submission, and respect) is also an important part of the training to become a sangoma. In our conversations, Bongani Ntshangase often mentioned that a respectful attitude and skilful communication with both ancestors and patients were quintessential for life as a sangoma. Below, I will describe the daily routines at Mks Gasa's school and, subsequently, examine these three elements: I will first focus on the (transfer of) *muthi* knowledge and then we will come to the subject of the diagnosis. In doing so, I will get to the closely related aspect of the healing identity.

4.1 Mks Gasa: School, differences, and transformations[4]

Driving along a tarred road in KwaMakhutha township, almost 20 kilometres south of Durban City Centre, nothing suggests that we are approaching a sangoma's compound. The road is wide, most of the stone houses are well kept, some compounds are even surrounded by a stone wall. We stop at one such place, the iron gate is open to welcome all visitors, patients and researchers alike. We leave the car at the roadside and enter the gate. In front of us is a house but we turn to the right towards a rondavel. Mks Gasa welcomes us just outside this rondavel, which proves to be the consulting room. She asks us to park the car on her premises, just inside the gate and having done so, we again approach her consulting room. Before we enter, we take off our shoes and Mks Gasa wants me to wrap a cloth around my waist, so that the ancestors won't mistake me for a man because of the trousers I am wearing. Inside the consulting room, we are seated on a reed mat immediately on the right side of the door, our backs against the wall. In front of us, on the opposite wall, is a leopard print cloth hanging from the ceiling, against it a wooden necklace in the form of a rosary. Below the cloth, on the floor, are several reed mats standing in front of a multitude of items like white plastic buckets, Zulu war shields, a guitar, a trumpet, beaded necklaces, and a blue dress hanging on the wall. In front of the reed mats, on the right side, burn five white candles and a red one; in the centre is a silver coloured dish with essence. The interior of this spacious consulting room, with a diameter of at least 25 feet, is very neat and tidy and the floor shines like it is polished every day. Before entering this rondavel, everybody takes off his shoes or slippers and, once inside, *amathwasa* walk with a stoop or move on their knees out of respect for the ancestors.

Figure 4.1 Mks Zinhle in the consulting room

Mks Gasa is the oldest sangoma/*gobela* on the compound, the master trainer as Bongani calls her. She has trained both her daughters Dudu and Zinhle, the latter is now the most important sangoma of the house.[5] Together, the three of them are training more than twenty amathwasa. Each of them has a specific part of the training to take care of:

[4] These kind of descriptions are in a smaller font and indented

[5] See Chapter 3.

Mks Dudu teaches the *amathwasa* the first step in learning how to diagnose, which is how to use the bones. Mks Gasa herself teaches the use of essence and the Christian spirits (Z: *isithunywa*[6]), and Mks Zinhle teaches the apprentices to diagnose by means of the (whistling of the) ancestral spirits (Z: *amadlozi)*. At the time of our visits,[7] Mks Gasa's youngest daughter is also a *thwasa* at her mother's compound. Mks Dudu tells us it is common for sangomas to train their own children if they, too, are called by the ancestors to become a sangoma. In general, a sangoma's child does not go to another sangoma for *ukuthwasa*, she says.

Figure 4.2 Mks Zinhle (l), Mks Gasa (c), Mks Dudu (r)

Figure 4.3 Mks Zinhle, Bongani and *amathwasa*

Most of the twenty plus apprentices are staying at the Gasa compound during their *ukuthwasa*. In addition to the consulting room and the main house, at the back of the compound there are a few more buildings where *amathwasa* can sleep and do their daily work and activities. In one of those buildings, Mks Dudu has a room of her own where she lives with her son and prepares herself for sessions with patients or with *amathwasa*. In the main house, there is also a waiting room with plastic chairs along the walls and a TV-set, to entertain the waiting patients. At the rear side of the main building there is a spacious kitchen. There are also various cookers next to the main house and a stack of huge pots and pans beside the cookers reveal the bulk of food that must be prepared in this extended household. A shower, the cabin made of canvas nailed to wooden strips, has been constructed beside the house.

Life at the compound is a constant learning process for the *amathwasa*; every moment of the day and sometimes even of the night they watch carefully what the sangomas do and they listen to their explanations. This way they pick up what life as a sangoma is like, they also observe when to use what kind of *muthi*, how to prepare the *muthis*, and when and where to obtain the ingredients, by harvesting in the forest or by buying those ingredients at a pharmacy or *muthi* market. Another part of the education is the attitude

[6] God-sent messenger.

[7] In April and May 2014.

> towards patients: how to talk to them; how to treat them; how to be an intermediary between the patient and the ancestors; how to convey and interpret the ancestors' messages to the patient. Furthermore, they must learn to diagnose. Starting under the wings of Mks Dudu, the *amathwasa* learn how to use the bones to tell a patient what his problem is and what the remedy is. When this part of the training is finished, Mks Gasa or Mks Zinhle may proceed with their part, but only if indicated by the ancestors.

At Mks Gasa's compound, we attended several healing sessions, a number of the processes carried out by Mks Zinhle, others by nearly graduated *amathwasa*. In the final stages of their training, these soon-to-be graduates get the opportunity to show their competences on all parts of a sangoma's healing practice, one part of which is the healing session. Mngadi, an almost graduated male *thwasa*, performed one of the healing sessions autonomously. He took care of the preparations, like preparing the dish with *imphepo* and laying out the offerings that the patients brought, surrounded by candles of different colours on a special cloth on the floor. Mngadi was very focused while making these preparations; he arranged the offerings in a systematic way to make a beautiful display.

> While he prepared and carried out the healing session with a young couple and their little son,[8] Mks Gasa was sitting on the other side of the consulting room on a reed mat with her back against the wall, supervising Mngadi's activities. Now and then she made a remark, reminding him of an action to perform or something to say. In the course of the healing session, another less advanced *thwasa* brought some items, like a glass of water (to sprinkle on the offerings and the patients) and later some plates, for Mngadi to use.
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> That same afternoon, Nomsa,[9] a female thwasa in the last stages of her training, prepared and performed two other healing sessions, also supervised by Mks Gasa. Nomsa also acted in a very concentrated way while she was preparing and performing the sessions. In the first one, the patient was a man aged about twenty-five; in the second one, the patient was a woman in her mid-thirties. Mks Gasa sometimes gave a few instructions to Nomsa in the same way she did to Mngadi. During both of her healing rituals, another *thwasa* supported Nomsa by bringing a glass of water and plates. This junior *thwasa* also assisted Nomsa in putting a little bit of all the offerings on the plate for every patient, so they could eat from the offerings they had brought. While they ate, the patients sat silently, as if they were not only chewing the food, but also digesting the things they had heard and experienced in this session.

Throughout the healing sessions, Nomsa and Mngadi acted in the same friendly and attentive way towards the patients. Because we saw three successive sessions, we were able to detect a professional attitude, the patients, however, must have experienced it as personal and particularly attentive. The three healing sessions covered all the usual

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[8] In Chapter 3, the healing session of the Dladla family is described more extensively.

[9] Not her real name.

stages described earlier: invocation of the ancestors; praising; the diagnosis (listening); interpretation of the diagnosis; and the closing the session. For the diagnosis, the soon-to-be graduated *amathwasa* used the essence, they burned *imphepo*, and invoked the ancestral spirits. They then turned towards another side of the rondavel facing the blue cloth on the wall to invoke the Christian spirits. The offerings[10] were displayed on a reed mat covered with a white cloth with a blue cross stitched on it. Half of the offerings on the cloth are for the ancestors (i.e. Mks Gasa's household), the other half is for the patient to take home in order to continue his reflection on the healing process.

On the whole, the sessions seem similar, both Mngadi and Nomsa prepared and carried out the healing ritual autonomously and in a very focused way. Yet, we have seen a number of distinctions, some of which may be due to a different kind of process. At the start of the healing sessions for the Dladla family and of the woman, a white chicken was held above the smoking *imphepo* to be slaughtered later as an offering for the ancestors. By contrast, the young man's healing session started without a sacrificial animal. At the end of his healing session, Nomsa handed the young man a small bag with *muthis* and explained when and how to use it. The Dladla couple and the woman, however, left without *muthis*, as far as we observed.

Other differences we encountered in the healing sessions are apparently based on the *thwasa*'s personal preferences or character. The different ways the offerings were displayed, e.g. the positioning of the candles, or the very orderly and precise way that Mngadi carried out his session and the somewhat more casual way Nomsa did hers. Given the fact that both Mngadi and Nomsa were trained in Mks Gasa's school and that the three healing rituals took place under the scrutiny of Mks Gasa herself, we may assume that (*amathwasa* and) sangomas are allowed to, and indeed do, have their own personal touch and expression in the performance of healing processes. Later that evening, when I asked Mks Dudu for the meaning of the differences in the way the offerings were presented on the cloth, she explained that a sangoma just tries to make a display as beautiful as possible, to please the ancestors.

Comparing these healing sessions to Mr Mbele's, which was carried out by Mks Zinhle,[11] at least one difference is notable. These patients were all Christians or had Christian ancestors, evidenced by the fact that, after invoking the ancestral spirits, they all went on to consult the Christian spirits. In all of Mr Mbele's healing sessions we attended, however, only the ancestral spirits were invoked. Yet, there were many similarities too, like the acting sangoma being assisted by a *thwasa* (Mks Zinhle was assisted by *thwasa* Mngadi), and all the patients bringing offerings (but in none of Mr

[10] The offerings the patients bring are often drinks (Coca Cola and Sprite), sweets, cakes, cookies, and sweet potatoes, because the ancestors like sweet things, and raw meat. Depending on the patient's problems other items can be added, like Zulu beer or, in the case of a stillborn child, baby clothes, baby food, etc. See also the pictures in Chapters 1 and 3.

[11] Described in Chapter 3.

Mbele's sessions that we attended was an animal sacrificed[12]) and, most significantly, the caring and comforting manner in which Mks Zinhle and the *amathwasa* acted towards their patients.

Another remarkable observation was the attention the sangomas and *amathwasa* paid to the patients' relatives. Mrs Mbele accompanied her husband to the Gasa compound for his healing session and during all parts of this extended session (in the consulting room, at the beach, and at their home in Pietermaritzburg) Mks Gasa or Mks Dudu remained close to her, explaining what the meaning and purpose of the various actions and rituals was. Initially, Mrs Mbele had been distraught, but as the evening proceeded she became less anxious and, in the end, she was even quite relaxed. We saw the same pattern, albeit less intensely, with the wife of Nomsa's patient, who sat beside Mks Gasa during the healing session. Mks Gasa was constantly telling her what Nomsa was doing and why it had to be done.

4.1.1 Method of knowledge transfer

In Mks Gasa's compound, the transfer of knowledge is embedded in the structure of daily life. The *amathwasa* are thus able to experience all aspects of the healing practice and of life as a sangoma in general; what it means to be a sangoma and this profession's impact on one's life from day to day. They are there when patients arrive, they watch how the diagnosis is done, they see the preparation of the *muthis*, they hear the instructions and recommendations for the patients, they join the *gobela* in the search for *muthis* in the forest, at the market or the pharmacy. The gobela constantly explains what she is doing, how it is done, and why, thus teaching the *amathwasa* unremittingly. We witnessed a fine example of such 'learning by being present' during the healing sessions of Mr Mbele. It struck me that on our way from Mks Gasa's compound to the river and, subsequently, to Mr Mbele's house in Pietermaritzburg, a large number of *amathwasa* accompanied the patient and the sangomas.[13] Apparently, this sort of healing session is not very common, so all *amathwasa* at an advanced stage of their *ukuthwasa* came to witness and learn from this event. The additional sangomas (including Bongani) , I was told, needed to carry the burden of the descending presence of the ancestors and to transport them to Mr Mbele's home.

The way sangomas teach *amathwasa* at Mks Gasa's is consistent with what the interviewees told us in 2012 and with academic literature such as Mlisa (2010) and Thornton (2009) who wrote about this practice in other South African regions (the Eastern Cape and the Lowveld, respectively), Van Binsbergen (1991) in Botswana, and Erdtsieck (2003) in Tanzania. While living and working together during *ukuthwasa*, the

[12] As far as I have been able to detect.

[13] Mks Gasa, her daughters Mks Dudu and Mks Zinhle, and Mks Ntombi. After the session at the river Mks Masingo, a Xhosa sangoma, also joined the company.

sangoma plays an exemplary role for her *thwasa*, like a craftsman does for a pupil.

The fact that Mks Gasa has trained her daughters and that the three of them now train *amathwasa* within one school might imply that they agree on the curriculum of the training on the various levels, be it skills or knowledge. But it is doubtful whether every *thwasa* learns the same within this school; indeed, there are indications that this is not the case. A *thwasa* learns how to diagnose, how to communicate with patients, how to make them feel at ease, and how to explain the diagnosis – in short, the skills – by closely watching the *gobela*'s doings. With regard to these skills, every *thwasa* will pick up during her training what is suitable for her, or, as the indigenous healers phrase it, what the ancestors want her to learn. Hence, I wondered if this is also the case when it comes to the transfer of knowledge, and specifically, the knowledge about *muthis*.

4.1.2 *Muthi* knowledge

Before dealing with the subject of *muthi* knowledge and its transfer, it is appropriate to be more specific about the terms. Although '*muthi*' is a somewhat problematic term, because it is used for various purposes with different connotations, here I would circumscribe *muthi* as 'a biological remedy' or 'natural substances'. I will return to other meanings and applications of the word (for instance in relation to witchcraft) later. At this point, I want to focus on *muthi* as a reference to the medicine an indigenous healer prescribes for his patients. These *muthis* are prepared from combinations of different (pieces of different) plants, fats, and/or minerals and handled in a certain process.

In 2014, Mks Mkhize showed us his *muthi* book; a Counter-book in which he had written all the names of the medicinal plants he had learned about during his *ukuthwasa*, two columns of names on dozens of pages, sorted by medicinal plants and which other *muthis* they can be mixed with for healing a specific sickness. I was surprised to see this information in writing because I assumed that all knowledge had to be learned by heart, so I asked if every sangoma has such a book. Mks Mkhize confirmed that while in training all apprentices write their own *muthi* book. Bongani Ntshangase told us he too had a similar book, but with different *muthis* in it, partly because he was trained by another *gobela*.

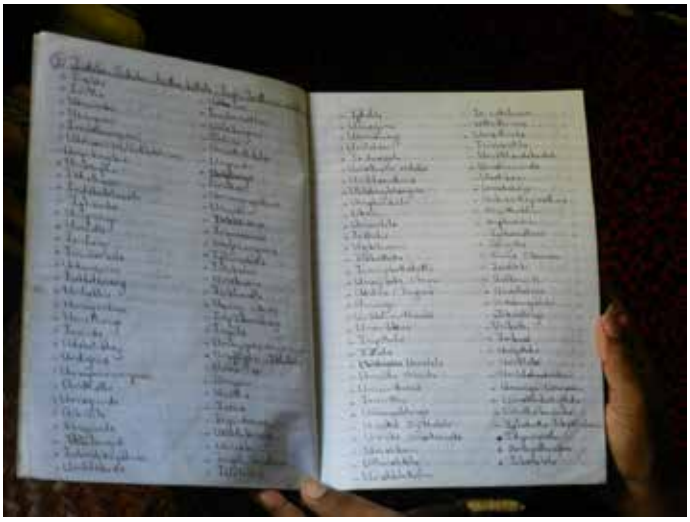

Figure 4.4 Mks Mkhize's *muthi* book

From the 2012 sangomas' interviews, I already understood that there does not seem to be a standard or canon in terms of what a *thwasa* learns about *muthis.* Every *gobela* has her own curriculum and her own thoughts concerning the preparations and applications of all sorts of *muthis*, obviously in the context of her healing practice location and the botanical environment. Thus, the content of the transferred *muthi* knowledge varies from school to school.

According to Mks Ngidi, a gobela teaches her *amathwasa* the basics during *ukuthwasa*. Subsequently, after graduation, a sangoma continues to develop and learn through the interventions of the ancestors or from other indigenous healers, like herbalists. Through years of practice, every sangoma develops her own range of (composite) muthis. Van Beek notices the same particulars in Kapsiki/Higi society in Northern Cameroon where, as he observed, blacksmiths/healers have three levels of specific non-shared knowledge at their disposal. This concerns additional knowledge with regard to the usual stock of medicinal plants, knowing which plants treat what specific disease, and the array of various plants and mixtures. Every healer has his specific prescriptions and they are often very secretive about them (Van Beek, 2010).

Secrecy

Which specific *muthi* links to specific problems is part of the (sometimes secret) knowledge indigenous healers obtain during their training, as is the mixture and preparation of that *muthi*. During the field study, for example, I twice encountered the healing capacities of porcupine needles. The first time was in 2012, in Baba Cele's uMlazi pharmacy, where we overheard a conversation about how to cure somebody's bleeding nose. The remedy was to grind a part of a porcupine's needle, to mix this powder with

another *muthi*, and then throw the mixture into an open fire. I was told that the patient's nose would stop bleeding after he has sniffed the smoke that comes from the burning powder. How much of which part of the needle has to be ground and what *muthi* to mix it with remained unanswered. The second time was in 2014, when we attended a healing where Mks Mkhize prescribed Zanimvula[14] crocodile fat mixed with pieces of a crocodile's uvula. He offered Zanimvula this mixture on the tip of a porcupine needle. Despite my questioning, neither the exact way to mix this *muthi*, nor the reason for offering it on the tip of the porcupine needle was revealed.

To some extent, indigenous healers themselves thus maintain and feed the (air of) secrecy with regard to the preparation and mixture of their *muthis*. They claim it is about the secret knowledge allegedly transferred during *ukuthwasa*, but we may also assume that more selfish motives are at stake here. For such secrecy is functional in the sense that it provides 'the exclusive rights' of a certain mixture to a specific healer and thereby it gives the healer a certain authority, power, and, consequently, income from the patients that come for that special *muthi* mixture. Mbatha designates the secretiveness regarding *muthi* knowledge "a survival strategy" (2017, p. 25) for individual healers.

The fact that the content of Mks Mkhize's *muthi* book was very different to that of Bongani Ntshangase's is an example of the existing differences and variations in *muthi* knowledge that is transferred during *ukuthwasa*. Inevitably, the execution of healing practices will also vary.

Differences in healing practices and training of sangomas have always (as far as I have been able to elicit) been indisputable; moreover, it is generally seen as a valued phenomenon. But these days (and as a consequence of the ratification of the sangoma's profession[15]), there is a need to formulate a kind of standard concerning the knowledge of *muthis* that all graduated sangomas have, regardless of the school where they were trained. In the *eThekwini* district, Baba Cele took the initiative to start a school for freshly graduated sangomas, where they can top-up their *muthi* knowledge to a standardised level.

***Muthi* school**

Baba Cele is a well-known *inyanga*[16] who owns a pharmacy in uMlazi, a township south of Durban City Centre. In the pharmacy, which he runs with two of his sons, who are also *inyangas*,[17] all kinds of medicinal herbs, roots, minerals, parts of animals, beads, cords etc. are on display. Sangomas and other clients come there to buy their *muthis* and to ask the *inyangas* for medical advice. When we visited him in 2012, Baba Cele

[14] See Chapter 3.

[15] More about recent legislation and its implications in Chapter 6.

[16] *Inyangas* are held in high esteem because of their extensive knowledge of medicinal herbs, minerals, and fats.

[17] One of his daughters is a sangoma, her consulting room is at the back of the pharmacy.

took us from there to his 'school', a building where he intended to start courses for recently graduated sangomas to increase their *muthi* knowledge. We also went to his *muthi* garden, Nkumba Nature Reserve, near his home, a large colonial farmhouse on the top of a hill. Down the slopes of the hill, all the way down to the river, is the *muthi* garden where he grows medicinal herbs, trees, and plants, and in particular those that are on the brink of extinction. There Baba Cele told us about his life,[18] his profession, and the urgency he felt to transmit his comprehensive knowledge in order to prevent it from getting lost for future generations, and that he had therefore also cooperated in a project that resulted in a book (Ahlefeldt, et al., 2003) on local medicinal plants. Baba Cele is a successful businessman; outside the pharmacy were three expensive cars, two new Mercedes Benzes and a BMW. One was his and the others belonged to his sons.

Figure 4.5 Baba Cele's school

In the compound of Baba Cele's school is a small garden for growing medicinal herbs as well as an annex where apprentices who come from far can stay during the week. A standard level of *muthi* knowledge has been established by the *inyanga* in collaboration with the *eThekwini* branch of NUPAATHPSA, to be sure about the knowledge level of graduated indigenous healers. One of the subjects Baba Cele teaches his apprentices is a rather practical one, viz. where to find, how to recognize, gather, and harvest the herbal parts of the *muthi* you want to prescribe to a patient. For that purpose, the *inyanga* founded the Nkumba Nature Reserve near his home where his apprentices can learn what the medicinal herbs look like, which parts of the plants to use for what purpose, and how to harvest them. According to Baba Cele, this kind of knowledge used to be a part of *ukuthwasa*, but, much to his regret, it is not anymore.

[18] When he was young, he used to be a professional tap dancer, but then his father summoned him to come home to take over the pharmacy. Baba Cele sounded as if he still regretted this.

Mks Bhengu told us the same in our interview: in the early 1960s, in the rural area, her *gobela* took the *amathwasa* to the forest to show them all about the medicinal plants and to learn about the various sorts of *muthis*. But she claimed that in the present South African society it is far too dangerous to make such a trip, even if you are travelling in a group. Mks Ngidi (of the younger generation) confirmed this. When she was a *thwasa* (in 2004, 2005) her female *gobela* could only harvest *muthis* that were growing close to the *gobela*'s compound. The effect of this is that knowledge about finding and harvesting specific plants, transferred from *gobela* to *thwasa* during *ukuthwasa*, is no longer comprehensive.

In 2014, the first group of twelve sangomas received their '*muthi* school' certificates after six months of training in healing herbs, plants, minerals, and fats. At the end of the training, Baba Cele gives his apprentices the opportunity to take some small commonly used plants (like Aloe) from the nursery to their homes so that they will have these *muthis* close at hand for their daily healing practice.

Thus, Baba Cele encourages sangomas in the rural area to grow the most-used medicinal trees and plants on their own homestead. Sangomas who have their healing practice in the urban area largely depend on pharmacies and *muthi* markets for obtaining their *muthis*. Mks Ngidi, for example, told that her *gobela* went to buy *muthis* at the *muthi* market and brought them home for explanation to her *amathwasa*. In the urban situation, it is evidently important to know what the *muthis* look, smell, and feel like after harvesting, and which *muthi* vendors are reliable and where you can buy the specific ingredients.

Figure 4.6 Baba Cele's pharmacy exterior,

Figure 4.7 and interior

Muthi **trade**

For his own pharmacy, Baba Cele employs harvesters and pays them to bring the *muthi* from the forest and to chop them behind his pharmacy. That indigenous healers make a point of teaching apprentices which vendor is trustworthy, implies that, in their eyes,

many are not. Bongani Ntshangase told us of a few vendors at the market who are *inyangas* or sangomas themselves, those are the ones he trusted and bought his *muthis* from.

Figure 4.8 Cubicle interior

The subject of the vendors on *muthi* markets[19] is a delicate one. The largest *muthi* market in Durban is right in the city centre, near Victoria Street market. At this location[20] more than a hundred vendors try to sell their, to many people seemingly useless, merchandise. Big sacks filled with stems, roots, barks of all sorts of trees, and herbs, chopped into small pieces, were displayed on the ground and brightly coloured minerals in plastic pots of all sizes were arranged on market stalls. Compared to this market, Baba Cele's pharmacy was a haven of neatness. In some of the market's areas there was a nauseating, hardly bearable stench. That is where parts of dead animals like skins, bones, tails, owl's wings, a python's skin and spine, and the fat of a puff-adder were exposed for sale. The vendors stood quite relaxed near their products, seemingly unnerved by the smell and rather amused by my apparent revulsion. Bongani knew some of the vendors and took his time to talk to them, which gave me the opportunity to look around. Walking in this market, we encountered very diverse reactions. Some vendors were friendly and cooperative, willing to explain about their merchandise. Most were indifferent, but others were openly hostile, shouting furiously and raising their fists when they discovered my photo camera. An angry woman almost came after me, but when I put the camera in the bag she decided not to. Evidently, these vendors were not

[19] There are two *muthi* markets in the eThekwini district. One, the Ezimbuzini *muthi* market, is on the boundary of uMlazi and Isipingo, about 25 km south of Durban city centre; the other, the Warwick market, is close to the city's central business district.

[20] We visited this *muthi* market in 2014.

eager to be photographed, maybe because, as Bongani assumed, they sold things that could not stand the light of day.

Figure 4.9 *Muthi* market in Durban City Centre

Figure 4.10 Animal parts for sale

The vendors rent a stone cubicle from Ministry of Health of the *eThekwini* Municipality,[21] or they pay the Ministry for about twelve square metres in the open air. Every vendor has his own numbered spot, sometimes with name and telephone number on display. In general, the vendors on the *muthi* market do not harvest the *muthis* themselves, they buy their wares from harvesters. For some *muthi* preparations, specific herbs, or parts of trees must be harvested in a certain season, or at a certain time of the day to have the right healing powers. In cases where a young and an old person have the same illness, the *muthi* may come from the same tree, but from different parts. To be sure of what one is buying, therefore, it is of the utmost importance that one can trust the salesperson.

Reliable (according to Bongani) or not, all those traders on the *muthi* market make a living by selling their stock to indigenous healers and pharmacists. At the *muthi* markets in the Durban area, some 4000 tonnes of (parts of) medicinal plants are sold annually, so the *muthi* trade is a business involving large sums of money (Ahlefeldt, et al., 2003).

"Zulu healing culture is dynamic, continually incorporating new elements in its expanding, shifting pharmacopoeia" is written in the introduction of the IPTRAD guide to market plants in Durban (Ahlefeldt, et al., 2003, p. 7). Crouch's research (1999) on indigenous Zulu healers' gardens showed that a considerable number of the medicinal plants that are grown in THPs' gardens were exotic to KwaZulu Natal. One of the reasons for these changes in the use of herbal plants may be the (local) distinction of some much used plants; when such herbs cease to be available in (more or less close) proximity of a sangoma's healing practice, the options left are to search for alternative herbs elsewhere or to consult fellow sangomas or *muthi* gatherers. Another reason for the shifting and expanding pharmacopoeia might also be the perpetual private revelation, the knowledge about *muthis* allegedly revealed to individual healers by the ancestors.

[21] The legal supervisor of the muthi market.

4.1.3 'Perpetual private revelation'

According to Mks Ngidi, the knowledge about *muthis* transferred during *ukuthwasa* is "only the basics". In some cases, this might be just a bit more than the folkloric knowledge[22] of herbs; in other cases it is more comprehensive. What exactly is learned in that period is allegedly instructed by the ancestors.

After graduation, every sangoma continues to develop her knowledge and skills by practising, by meeting and consulting with other sangomas, and by alleged revelations from the ancestors. Sometimes, "your ancestors will top up on what you know or else (reveal) something new."[23] This way, sangomas develop their own specialism; the ancestors show a sangoma a special *muthi* for a certain patient or a new way of preparing a specific *muthi*. Generally, these kinds of revelations are regarded as the sangoma's own knowledge, passed on as secret knowledge. "The ancestor will tell you: this is my *muthi*, don't tell it to anybody. It is only for this place, only the people that come here will be given this muthi."[24] Whether the sangoma shares this information is her personal decision. Mks Ngidi sometimes, with her ancestors' consent, chooses to share the new things she has seen or experienced with fellow sangomas she really trusts. A sangoma can thus turn her extended know-how to her advantage, call herself a specialist in a certain field of healing, and prescribe special *muthis* to her patients. Word of mouth will bring new patients to her healing practice.

Mks Mbuyisa (the middle generation) gave us several examples of how the ancestors showed her the use of medicinal herbs, sometimes long before she went for her training to become a sangoma. When she was a small girl in school she occasionally saw names of *muthis* on the blackboard, although the teacher had written maths on it. Sometimes, when she walked home, she saw herbs growing on the roadside and she recognised them as belonging to the words/names on the blackboard. In retrospect, she regarded these events as pre-emptive of her calling to be a sangoma. Later, when she went to live at her *gobela*'s compound, she was already acquainted with some *muthis* and ways of preparation that her *gobela* did not know, like the special Y-formed twig, *iphahla*, used for stirring *muthis*. Because the young Mks Mbuyisa knew where to find such twigs, her *gobela* sent her with a fellow *thwasa* to collect them. Mks Mbuyisa also told us that she spent a considerable part of her *ukuthwasa* in the river, underwater, where the grannies taught her about lots of *muthis*. When she returned to her *gobela*'s compound, she did not tell him of that knowledge because it was given to her by the ancestors. In fact, she did not like her gobela, so why share her secret knowledge with him? As a *gobela* herself, she has experienced this the other way round, too. Occasionally, one of her *amathwasa*

[22] Household remedies, passed on from (grand)mother to daughter, for example: drink cranberry tea when your bladder is infected, nettle tea if you need a cleansing effect, etc.

[23] Interview with Mks Ngidi, 9 August 2012.

[24] Ibid.

comes to her with a *muthi* recipe she does not know. Mks Mbuyisa then understands this is sent to her by the ancestors and she gratefully puts it to its proper use. According to Mks Mbuyisa, even when you are a qualified sangoma, you keep on developing and learning continuously, "your knowledge is never complete."

Mks Gasa, perpetual private revelation

Whilst Mks Zinhle is the most important sangoma of the house, Mks Gasa is the one who supervises the actions of the *amathwasa* in terms of their tasks and responsibilities at the compound as well as their communication and healing rituals with patients. Of course, this situation is mutually beneficial: Mks Gasa is able to run the household[25] and is, as the most experienced sangoma, in a position to judge the *amathwasa*'s progress; consequently, Mks Zinhle has the opportunity to focus on the relationship with the ancestors and the patients.

The constant interaction between Mks Gasa and her daughters creates a mutual and continuous learning environment for the three of them as well as for their *amathwasa*. My impression of the learning-attitude on the Gasa compound is that the sangomas and the *amathwasa* are aware of the fact that anybody might have special knowledge and that they want to use this for the benefit of all. In one of Mr Mbele's healing sessions, we went to the Mtamvuna estuary, the 'place where the river meets the see', to invoke Mr Mbele's Xhosa ancestors and to take them to Mr Mbele's home in Pietermaritzburg. During the this session, an extra sangoma, Mks Ntombi, accompanied us to help to execute the healing ritual in the river. On our way from the river to Pietermaritzburg, a Xhosa sangoma, Mks Masingo, also joined us, supposedly to persuade the Xhosa ancestors to travel with us to Mr Mbele's home. At the end of the session, in Mr Mbele's bedroom, Mks Masingo performed a special dance to show her gratitude and happiness to these specific ancestors.

Although the way indigenous knowledge is transferred during *ukuthwasa* is much the same nowadays as it was in the second part of the 20th century, it has become clear that the content of the knowledge is very different. After *ukuthwasa* is finished, a sangoma continues to develop and learn. New *muthi* concoctions are invented to cure (the symptoms of) new illnesses and afflictions that have emerged in the recent decennia. Later, in cases where a sangoma gets to train *amathwasa* herself, evidently the knowledge she passes on to the next generation will differ from what she learned in her training. We may regard this as one of the reasons why healing practices vary from one sangoma to another. On Mks Gasa's compound, there seems to be an open-minded attitude to any recondite, unfamiliar knowledge a sangoma or a *thwasa* may have, as long as this knowledge is claimed or believed to be ancestor-based. Mks Ngidi experienced a similar attitude at her *gobela*'s; there was a mutual exchange of (*muthi*) knowledge between trainer and *amathwasa*. Mks Mbuyisa's relationship with her *gobela* did not tempt her to share her private revelations with him. She does, however, share

[25] I will return to this later in Chapter 6.

them with her own apprentices, depending on the ancestor's instructions, as she told us.

Van Beek found similar results among the Kapsiki/Higi in Northern Cameroon and North Eastern Nigeria: the indigenous knowledge that is transmitted during an indigenous healer's training is not like a 'parcel with a fixed content' that is handed over from one generation to the other, rather each generation reconstructs the knowledge, at least partially. What is being transmitted in the training, Van Beek (2010) states from his etic point of view, are, for instance, tools for discovery procedures in order to compose one's personal knowledge, e.g. about medicine and treatment. To some extent, that is what I have encountered in this research too, a gobela sees to it that a thwasa learns the skills that are needed to autonomously execute the profession of sangoma. However, in my view, there is more that Zulu *amathwasa* learn during their training; from the observations in this research, I am inclined to conclude that it is imperative for *amathwasa* to acquire an appropriate healers' attitude, what Mlisa calls: the healing identity. In the Kapsiki context, Van Beek observed that among blacksmith/healers the healing identity is a hereditary quality. This required attitude, which for some *amathwasa* is a natural characteristic, is closely related to the performance of the diagnosis part in healing sessions.

4.1.4 Diagnosis and healing identity

A central part of the skills a *thwasa* must acquire in *ukuthwasa* is how to diagnose, viz. learning to communicate with the ancestors and interpreting dreams. In the actual diagnosis as well as in the execution of other skills a sangoma brings her own personal expression. Each sangoma, even if she has been trained together with several other *amathwasa* by the same *gobela*, will therefore carry out her healing practice in her own way. Other key factors for dissimilarities in the execution of healing practices are the range of assumed wishes and demands from the consulted ancestors and the sangomas' attitude towards superiors, ancestors, and patients.

What I found remarkable at Mks Gasa's was the subservient way the *amathwasa* acted towards the sangomas. All sangomas, and especially Mks Zinhle, were treated with the greatest respect, even though some *amathwasa* were twice Mks Zinhle's age. It was clear that the sangomas were the *amathwasa*'s superiors. There were also strict rules for the *amathwasa* on how to behave while eating (sitting on the floor on knees and hands[26]), while in the consulting room (crawling or 'walking' on their knees), or while waiting for the next thing to happen (sitting on their knees) and yet we did not hear anybody complain. Obviously, they were all accustomed to these practices and hierarchical power structures. The sangomas we interviewed in 2012 also told us that

[26] Eating in this position is best for the diaphragm and the stomach, I was told.

their *ukuthwasa* was a difficult period, also because of the characteristics they had to adopt before being allowed to graduate as a sangoma. Mks Ngidi and Mks Bhengu mentioned the struggle it had been for them to become a humble person. For Mks Mbuyisa, the most difficult part of her training was being subservient to her *gobela*. These are features of what Mlisa (2010) refers to as the "personal healing identity," which she says is a vital part of everyone's *ukuthwasa*.

Figure 4.11 Kneeling while singing

Figure 4.12 Kneeling while preparing the dance at Mr Mbele's

Mks Gasa, diagnosis and healing identity

At Mks Gasa's compound, educational tasks are shared between the three sangomas. When someone comes to this venue to train to become a sangoma, Mks Dudu is the one to teach the new *thwasa* the first 'chapter of the course'. Evidently, this task suits Mks Dudu very well; she has an easy way of communicating with people, she has the capacity to clearly explain what is at hand and why things are done in a specific manner. Mks Dudu was the only sangoma who talked to us in English in the consulting room. All other sangomas we met throughout the field study in 2012 and 2014 restricted themselves to the Zulu language and trusted Bongani to translate into English for us. Outside the consulting room, most sangomas spoke good English, but out of respect for the ancestors (who allegedly do not understand English) Zulu is the language that is used in the consulting room. The first stage for a *thwasa* is to start to learn what goes on in a sangoma's daily life. Mks Dudu teaches the new apprentice this, as well as using the bones to diagnose, in the first months of *ukuthwasa*. When this level is completed, the *thwasa* may proceed to the next level of diagnosing, i.e. using the essence, which is taught by Mks Gasa. In the final stage, Mks Zinhle teaches the *amathwasa* to diagnose with the whistles.[27] The three sangomas show their *amathwasa* what *muthis* to use in specific cases and how to prepare these. Although two patients with the same complaints may come to a sangoma, the diagnosis and hence the treatment might be entirely different. For an apprentice it is therefore considered very important to learn how to connect with the ancestors to get the patient's diagnosis clear by the way the bones are displayed or by other signals, and subsequently to interpret this message for the patient. The more ways of diagnosing a *thwasa* learns, the more methods she will be able to use in favour of the patient.

[27] Further explanation of these three ways of diagnosing is in Chapter 3.

Whether a *thwasa* goes through all three levels of the training depends on the ancestors' demands; indeed, sometimes ancestors indicate that a *thwasa* is to finish her *ukuthwasa* after the first or second level. Another more trivial, but also very significant reason to shortcut *ukuthwasa* is the financial resources of the *thwasa*'s family. *Ukuthwasa* is a very expensive undertaking that costs about half an annual salary (Mlisa, 2010; Thornton, 2009) for the complete training.

Communication with the ancestors can occur in very many ways[28] and there are understood to be many different types of ancestors, each with their own special demands, e.g. some are moody, others are very strict. Preceding the interview in 2012, when we were in Mks Ngidi's consulting room, she acted very subserviently towards her ancestors while invoking them. Her ancestors wanted her to carry out the rituals in a very precise manner; the actions, the words, everything had to be done in a specific way, she told us afterwards. Bongani Ntshangase's ancestors wanted him to wear sangomas' attire every day of the week, he related. But he did not think that would be convenient when he had to go to meetings e.g. with government representatives. Nor did he think that being dressed in 'traditional clothes' would be positive for the THPs' cause. So, he negotiated with his ancestors and in the end they allowed him to wear his ordinary clothes on week days; on the weekends, however, when he practised as a sangoma, he had to wear his professional sangoma clothes (Z: *ibheshu*).

At Mks Gasa's, we experienced that communication with ancestors is sometimes rather relaxed too. In the first of Mr Mbele's healing sessions[29] we attended, he received a message from his ancestors that another session was needed, the next Saturday in his house (but not one of the two houses he already possessed). The sangomas, reading between the lines, concluded that Mr Mbele had just one week to buy a new house. They kept smiling, joking, and shaking their heads in disbelief. The ancestors did not change their demands, however, and exactly one week from that Saturday evening, the sangomas performed a series of healing rituals for Mr Mbele, the last of which took place in the bedroom of his recently bought and by then completely decorated house in Pietermaritzburg.

In the case of Mr Mbele's first healing session, he himself was the one that received the messages from the ancestors while he was in an altered state of consciousness. The sangomas posed their questions to the ancestors through him and, like a medium, Mr Mbele passed on to the sangomas what the ancestors told and showed him. In all other healing sessions we attended, the sangoma was the one that received the messages from the ancestors, be it through the arrangement of the 'bones',[30] or through 'whistling in the roof' and other sounds,[31] or through an indication in the sangoma's mind.[32] In all

[28] As described in Chapter 3.

[29] In Chapter 3.

[30] At Mks Mkhize's.

[31] At Mks Gasa's, one of Mks Zinhle's sessions.

[32] At Mks Gasa's, the session executed by *thwasa* Mngadi.

instances, it was up to the sangoma to interpret these messages. Moreover, every daily-life occurrence, no matter how small, is understood as meaningful.

For any observer of such a ritual, it is hard to distinguish which part (if at all) of what the sangoma passes on to the patient is allegedly coming from the ancestors and which part is interpretation. Bongani (for whom communication with ancestors is a part of daily life) told us that the sangoma who executes the session is the only one that is able to receive the ancestors' messages. To someone who is not used to this kind of communication, it remains unclear whether (or to what extent) the patient's diagnosis comes from the ancestors or if the diagnosis is a compilation of the healer's intuition (Mlisa, 2013; Tedlock, 2006) and her impressions of the patient, completed with good judgement. After all, even fellow sangomas cannot listen in on the diagnosis or determine the sincerity of their colleagues.

4.2 Analysis: How to train a healer?

4.2.1 Programme and practice

On the level of individual sangomas, we come across contradictions between what, on the one hand, is claimed to be common practice and, on the other hand, what is actually done, for instance, with regard to the claim of consistency in the curriculum of transmitted knowledge during the training. The cooperating representatives of the generations of sangomas however also explained the ongoing development with regard to the use of *muthis* and their application for various afflictions. It is up to the sangoma to pass (some of) that personal knowledge on to her *amathwasa*. Based on the genealogical sampling method, this suggests that the knowledge transferred during *ukuthwasa* is variable. This assumption is supported by another sangoma's statement that, while in training, an initiate picks up what is suitable for her (or, as it was formulated: what the ancestors want her to learn) at that moment. A steady training curriculum therefore seems out of the question and, consequently, I conclude that *ukuthwasa* and the transferred knowledge is idiosyncratic, individually attuned.

4.2.2 Imagistic and 'tradition'

Hence, when we apply Whitehouse's 'Modes of Religiosity' theory (2004) to these findings of knowledge transmission in *ukuthwasa*, we understand that although the claim is that knowledge is transferred in the doctrinal mode through substantial repetition and routinisation, in fact the transmission is mainly through the experience of (high arousal) procedures and infrequent repetition of rituals. As previously mentioned, these kinds of experiences activate the episodic memory. *Amathwasa* and graduated sangomas are thus triggered to make an individual exegetical reflection on and application of what they learned in *ukuthwasa*. This means that *amathwasa* are trained to execute their healing practice in an experiential way and ultimately that indigenous healing is an experiential, imagistic system. Contrary to the doctrinal mode where convention is pivotal, there is no controlling authority that checks a standard of praxis, because, in the imagistic mode, the experienced and its exegesis are most important.

Up to this point, we have come across differences in various parts of the training and healing practice of indigenous healers, some (occurring in thoughts and practice) between sangomas, others general and longitudinal changes such as the conditions concerning obtaining *muthis*. Accordingly, indigenous or 'traditional' healing is, perhaps contrary to what one would derive from the term 'traditional', a dynamic and in some ways a versatile profession. In the first chapter I announced and introduced a discussion on the word 'traditional' in this context.

Sangomas call their profession 'traditional health practitioners', their healing practices are deliberately surrounded by an air of mystery and history. As we saw, the mystery is partly due to the secrecy with regard to *muthi* recipes, and in part the history can be explained by the way sangomas dress when executing their healing practice. I wondered why sangomas hang on to wearing goatskin bracelets, headbands, and leopard print cloths for, to put it mildly, these are not fashionable in the urban area nowadays. Their professional dress seems to belong to bygone days. The South African government also uses the term 'traditional health care' in healthcare legislation, and in doing so it joins the health practitioners in their emic terminology. From an etic point of view, however, the words 'tradition' and 'traditional' prove to be ambiguous to such an extent that I decided it inappropriate to use them and opted for the term 'indigenous healing'. Here, I will explain my preference for such terminology and, in this regard, it is obviously essential to investigate what we are referring to with the word 'tradition' and how this relates to indigenous healing.

In everyday life when we use the word 'tradition' (and the same applies for 'traditional'), we are usually referring to matters or customs we regard as old, historic, and valuable, that are worthy of preservation. Tradition and its derivatives thus carry the association of invariability, consistency, and constancy, and that is the way sangomas and *inyanga*s use these words too; suggesting that their knowledge is ancient and their profession is a 'traditional' one - an old profession - and that they invariably perform it 'the way it has always been done'. Their healing practice derives a large amount of authority from the assumption that it has not been recently thought up or invented by this specific healer, but rather that it has a long history and that such healing practices have been executed the same way by many healers for decades, maybe even centuries.

4.2.3 Power and knowledge

The French philosopher Michel Foucault has written extensively about the relationship between power and knowledge and how this manifests in society, e.g. in forms of social control. He states that between people there are always (and on every level) power relations that make people behave according to the prevailing standards. Power defines knowledge and power uses language as means of control and segregation. We thus should consider that language is a strategic (Meester, Meester & Kienstra, 2014) instrument in those social processes. Moreover, we have to be aware that knowledge is not a neutral word.

The power of sangomas is built on the ancestor discourse. By making an appeal to their privileged (only for 'called ones') status, its long-standing tradition and its accompanying access to ancestral (*muthi*) knowledge, sangomas adopt an attitude of authority. Since it is up to the sangomas to decide whom they share their knowledge with, they have authority and power over those who do not have (access to) this knowledge.

This is also the case in the *gobela-thwasa* relation during *ukuthwasa*; the *gobela* decides (allegedly instructed by the ancestors) whether a *thwasa* should continue the training to the next level. By wearing their professional, historic (or as they call it: traditional) clothes, sangomas emphasise their special status in society.

In my opinion, indigenous healers may truly feel they are carrying out a profession with a long-standing tradition that goes back to the times 'before the white man came,'[33] arguing it is the wisdom of the (old) ancestors that guides them in their healing work. The suggestion is that their profession is an important part of the, in the case of my interviewees, Zulu people's identity. That it is a bond between present-day people along the threads of a shared history by way of the connection with their ancestors and that this bond is facilitated by indigenous healers. We should be aware, however, that our discourse on 'tradition' is consequently a discourse on knowledge, authority, and power.

In light of the findings up to this point, the word 'traditional' proved too confusing to use within the context of the sangoma's healing practices. The term's connotation of power and authority strengthened me in my decision to search for a substitute and I was glad to be able to fall back on a similar dispute.

4.2.4 Indigenous

In recent decades, there has been an academic debate about the usage of the term 'traditional', for instance in relation to religion. What in academic discourse used to be referred to as 'traditional' religion proved to be flexible and dynamic. The ambiguity of the word traditional resulted in a consensus to replace it with 'indigenous' (Cox, 2007). Of course, this word needs clarification as, in a way, it is also problematic. However, by explaining that indigenous is meant to refer to the customs or beliefs of a certain group of people, often relating to a certain locality where those people live (or lived) and excluding connotations like 'autochthonous' and 'normativity', the term seems more feasible than 'traditional' because of the lack of notions like invariability, consistency, power, and authority.

Within anthropological circles, some scholars (Website Platvoet)[34] propose to use the term 'local' rather than traditional or indigenous with regard to religion, because 'local' is free of a historic connotation and it reflects the often local (or points to a former locality) community-based belief systems that these religions are. To describe the Zulu sangomas' healing practices as local seems to me to be pinching at least at two points. Firstly, the Zulu people are scattered throughout the country of South Africa and even beyond the nation's borders; and secondly, perhaps more importantly, the differences

[33] In reference to the title of A.T. Bryant's book (1949) on life and customs of the Zulu people before missionaries came to the area where they lived. In this book, the practice of 'diviners' is described, as is their role in Zulu society.

[34] Like Van Beek at the symposium in honour of the 80th birthday of Jan Platvoet in Leiden, 8 June 2015.

in healing practices are due precisely to the various localities of sangomas' practices. Some sangomas who were trained in the rural area found that when they started their own healing practice in an urban area they had to change some healing processes and *muthis* to accommodate to city regulations or lack of places to harvest herbs.

Following the general discourse in substituting 'traditional' for 'indigenous' in theology, religious studies and anthropology, I decided to do the same with regard to the sangoma's practice, as announced in the first chapter. By calling these healing practices 'indigenous healing', in my opinion, more justice is done to the flexibility and the transformations we witnessed in this research than offered by the word 'traditional'.

In sum, although it is probably beneficial for their status and the execution of the practices to hold on to their emic phraseology, from an outsiders', scientific point of view, one can see it is ambiguous, even misleading and in a way inappropriate; accordingly, I prefer the term indigenous.

After this clarification on the issue of terminology, I will switch to the final internal dynamics, which are closely connected to the training, namely, the transformations in indigenous healers' networks and associations. The developments in the province of KwaZulu Natal and the *eThekwini* district will serve as an example.

4.3 From networks to associations

For sangomas, it is common to take part in various kinds of networks. Most of the graduated sangomas stay in touch with their *gobela* and with their former fellow *amathwasa*. They thus create a network around the 'school' where they were trained and often they all are invited to each new sangoma's graduation festivities. When, after graduation, she starts her own healing practice, a sangoma expands her network by joining the group of sangomas in her neighbourhood. They meet on a regular basis to talk about their healing practice and the various sorts of *muthi*. In the interview, Mks Bhengu told us that if a patient does not react well to a treatment, it is common practice to consult other sangomas or *inyanga*s, or to refer the patient to the Western Healthcare Clinic. Such cases are discussed in these meetings, as are social developments and other subjects that are affecting their healing practices. Ngubane (1992) considers these meetings to be professional conferences insofar as the occasions are exclusive and give the attendants the opportunity for communication. The meetings also serve to maintain and emphasise Zulu cosmology. An important function of the sangomas' network, she claims, is to control and discipline the individual members.

Many of these local communities of indigenous healers gradually transformed into small associations, some of which worked closely together with local clinics. One example of this is the cooperation of sangomas with the doctors of the Valley Trust Clinic in the Valley of a Thousand Hills, which I will describe in the next chapter.

4.3.1 In KwaZulu Natal

In 2002,[35] KwaZulu Natal's Minister of Health, Zweli Mkhize,[36] convened all the local associations of Traditional Health Practitioners (THPs) in his province and persuaded them to form one organisation, which would be able to represent all kinds of indigenous healers. So that in case Western Healthcare workers or the government wanted to communicate with the indigenous healers, they could address one organisation, instead of talking to many individuals or local networks.

Not every THP was convinced, however, of the government's good intentions; there was a widespread belief that the government was primarily interested in saving on healthcare expenses[37] and collecting the THPs' taxes. Moreover, as a result of their experiences of suppression and illegality in the apartheid era, many THPs felt a strong

[35] A few years before, the national government passed the first Traditional Health Practitioners Act (Act. 35 of 2004).

[36] Zweli Mkhize is a doctor, legislator, and politician. He served as KZN Minister of Health from 1994 to 2004. In 2004, he was elected premier of KwaZulu Natal. In 2012, he entered national politics and, after a few other positions, was appointed by President Cyril Ramaphosa as Minister of Health in 2019.

[37] The costs of expansion of cosmopolitan healthcare are much higher than legalising indigenous healthcare.

aversion to cooperating with the government. The notion that the original plan for registration came from the national (at that time, still white) government, aroused all the more suspicion. I will return to these topics in Chapter 6. Nevertheless, in the province of KwaZulu Natal, a number of indigenous healers interpreted the formation of such a national association as a possible means to improve the image of their profession and, consequently, their social position. For them to set up an association was also a quest for legal and formal recognition of the indigenous healers' profession.

Bongani Ntshangase was closely involved with the founding of the association in KwaZulu Natal. He told us it was not an easy process: "It was a demanding period for both founders and participants. Some even called it a mission." After several years of negotiations, the association was officially launched in 2005 with the name NUPAATHPSA and under the theme "Ensuring quality of Health Care in the 21st Century through Traditional Health Practices. […] The Unitary inaugural historic conference of NUPAATHPSA marked an important culmination of a long history of evolution (Website NUPAATHPSA)."[38] The aim of the association was laid down in the Constitution as: "To be a National Unitary Professional Association for African Traditional Health Practitioners of South Africa which strives for promoting total health of communities."[39]

NUPAATHPSA substituted the smaller associations, functioning as an umbrella organisation for at least two other THP associations, Kwa Nyanga Yezizwe (organisation of herbalists) and the Traditional Healers Organisation (THO, originally from Swaziland[40]). NUPAATHPSA tried to persuade all THPs to register, with the aim to be able to negotiate with governments on behalf of all indigenous healers. In addition, the association wanted to have an overview of who the THPs were, where they practised, and what they were specialised in, in order to incorporate these data in a referral system so that THPs could easily refer to each other and to medical doctors from the CHS and vice versa. By launching such a referral system, the association expected that indigenous healers would be more widely acknowledged as a 'medical equal party'. More about that in Chapters 5 and 6.

In 2012 and 2014, I got to know *eThekwini* NUPAATHPSA as a very active organisation and the members of its executive committee were dedicated to the well-being of the THPs and of the district's inhabitants. The executive committee consisted of seven members: a chairman; a secretary; a treasurer; and four members with special portfolios, such as HIV/AIDS, training, the public relations, and the checking/screening/monitoring portfolio. The latter implied checking whether new applicants were indeed qualified THPs and monitoring the quality of THPs' practices. In the *eThekwini* district, mainly an urban area where many immigrants are settling, this screening portfolio was a very demanding one.

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[38] www.nupaathpsa.org website of NUPAATHPSA, inaccessible from February 2015.

[39] Ibid.

[40] Source: www.traditionalhealth.org.za website of THO, inaccessible from January 2017.

In terms of the acknowledgement of the profession of indigenous healer[41] it seemed of the utmost importance to be certain that people who are admitted as member of the association are indeed qualified THPs. That is why not every indigenous healer that applied for membership of NUPAATHPSA was allowed to join the organisation. The screening portfolio executive visited and interviewed the candidate, checked their credentials, education, and healing practice, and judged if he was a qualified indigenous healer and thus permitted to register.

In the *eThekwini* district, NUPAATHPSA was successful in convincing THPs to join the association. Over 3000 THPs, an estimated 75 per cent of the qualified THPs, have registered to date and this number is still growing.[42] Such high percentages were achieved largely because the executive committee showed indigenous healers that they could profit from the association's membership.

Another cause for the high percentages in Durban, however, may have been the strong connections felt between KwaZulu Natal and the then national government, especially since 2009 when Jacob Zuma (ANC leader and a Zulu) became the elected president of South Africa. Respect for the elders and people in high positions is a key value in Zulu culture. The provincial and municipal governments in KwaZulu Natal complied with measures and enactments of the national government with seemingly less criticism than those in the rest of the country.

In present-day South Africa, the city of Durban can be perceived as the home base of the ANC. During the campaign for the (national and provincial) elections in May 2014, the city of Durban was a sea of yellow, green, and black, the ANC colours. In the build-up to the elections there were many disturbances in other parts of the country, particularly in cities like Cape Town and Johannesburg, in Durban, however, there was excitement in the streets. When, on 10 May, the results of the elections were announced, this was done in Durban. In anticipation of the ANC victory, the celebrations had already started in Durban days before. Because many people wanted to be there for the announcement of the official results, the city was packed, and there were traffic jams on all highways and major streets in the city. On Saturday, 10 May, the election results were announced in the Elangeni Hotel at the beach in Durban, with a live connection to the Moses Mabhida stadium, where tens of thousands of ANC supporters were gathered. After the declaration of the election results, the stadium roared with the singing and dancing of those ANC followers, time and again their cheering rolled like waves over the city.

Notwithstanding the efforts by the NUPAATHPSA and individual THPs to promote membership and registration in the Durban metro district, roughly 25 per cent of the

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[41] The mission of NUPAATHPSA as stated on the website: NUPAATHPSA seeks to achieve unity, recognition and regulation of our profession and its indigenous practices so as to ensure that we remain the champions – not only as an organization but also in the development of our profession and its practices beyond recognition.

[42] These numbers are the records of August 2012, according to Bongani.

qualified THPs still does not want to join the association. And in cases where these THPs have *amathwasa*, they advise them not to register either. One argument I heard for not joining the association is that some indigenous healers (in this case, sangomas) are convinced that their calling is for themselves and does not belong to society or the government. They believe the ancestors want them to execute their healing practice in their private consulting room, without having to account for their education or work to the government or having to take part in associative structures.

4.3.2 Organisation

Durban NUPAATHPSA comprised five regional branches. Every week the executive committee met in turn with the THPs of one of the branches. These meetings gave THPs a fine opportunity to keep in touch with each other and exchange their opinions on various issues. The meetings were often held in the City Hall, a building in the centre of Durban, but not necessarily so. When we were at Mks Bhengu's homestead for the interview she asked the executive committee to come and meet the THPs in the Valley of a Thousand Hills, so that the rural sangomas wouldn't have to travel to town so often. For some of them, especially the older ones, it is a long and tiring journey from the rural area to the city centre. As a member of the board, Bongani promised to arrange the next meeting in the countryside.

In these meetings, indigenous healers were encouraged to give their contribution and the committee used this input to develop a policy on the discussed topics. Furthermore, the THPs were updated about governmental plans and projects (such as legal, social, or medical matters in their area) that would affect their lives and those of the people around them.

In 2012, I was invited to attend part of such a meeting on a Thursday morning in August in the City Hall, in Durban CBD (Central Banking District), where the executive committee, chaired by Baba Hlongwane, and indigenous healers were gathered. The meeting was held in this municipality building's large hall, the front wall of which is painted in a bright yellow and covered with several (aerial) photographs of the city of Durban. After the opening of the meeting with an invocation of the ancestors (asking for their presence and guidance) and a few songs, one of the board members read the minutes of the last meeting. More indigenous healers arrived in the hall after the opening and throughout the meeting. Some of the attending indigenous healers asked questions, a few came to the front of the room to make elaborate remarks on the topics at hand. The board members made notes of the comments and these were later discussed extensively.

Figure 4.13 The executive committee (right) listens to one of the members' contribution

One of the topics in this meeting was my research; the executive committee thought it was important for the THPs to know that a study was being done amongst them. The chairman, Baba Hlongwane, asked Bongani Ntshangase to introduce me and, subsequently, he asked me to explain the research, my motivations, and the findings to that point. After my explanation, translated into Zulu by Bongani, a few questions were asked about the research, but also about my life at home in Holland and my job as a teacher in a secondary school. In general, the outline of the research was warmly embraced by the THPs, especially when members of the executive committee emphasised that they trusted me to write about the healing practice of THPs in a way worthy of their profession. Many of the attending THPs expressed their approval to the executive committee and their endorsement of this research. Some indigenous healers we had not visited even asked if they could also cooperate in the research and sangomas who had already been interviewed smiled proudly and told the people next to them about their experiences. When we left the City Hall, a little short of two hours after the start of the meeting, there were some sixty indigenous healers in attendance, with others still arriving.

Figure 4.14 Bongani explains the committee's endorsement of this research

It became clear to me in this meeting that NUPAATHPSA expects members to forward the meetings' information to all people in their communities. In this way, indigenous healers become key figures in their surroundings and they are frequently the first to know of upcoming developments. In addition to this elevated position of communication, THPs are important for the social cohesion of their neighbourhood in other ways. Like Mks Bhengu (the oldest interviewee), she takes care of orphaned children in a small building on her homestead. Living near a primary school she often saw many small children on the streets during the daytime. These children had walked to school with their siblings but were not old enough to be in classes, so Mks Bhengu decided to start a preschool for these very young ones. When she found out that some of these children's parents had died, she consulted social workers from the municipality and arranged that the children could stay with her, so that at least they would have a home and food. As a sangoma, she also acts as a village health worker: she visits people who have been diagnosed with TB or HIV/AIDS in a Western healthcare clinic. After the diagnosis and the first treatment, these patients are sent home with medication they have to take every day at a specific time. But in their own surroundings, people are sometimes not used to keeping time, or they tend to stop taking the medicine when they feel somewhat better again. Mks Bhengu reminds them not to stop taking the pills once they feel good, as the symptoms may then return. For some patients, she even provides a checklist to tick off every time they take their medicine, just to make sure. Because of all these things, Mks Bhengu is well known by people in the wide surroundings and highly respected by all.

Mks Mbuyisa's is a similar case. She is the spokesperson for the indigenous healers of her area in the Phoenix settlement, a township north of Durban. She passes on the information she gets in NUPAATHPSA meetings to her fellow THPs and the inhabitants of her district and, furthermore, she is consulted by people and THPs about problems concerning all kinds of topics in her area. She forwards these worries to the authorities in charge, be it the local clinic, the association or (via the association), the municipality. In her area, she also visits the patients infected with HIV or TB to make them persevere in taking their medicine and she has initiated a project for teenage girls from her neighbourhood. Mks Mbuyisa offers them the opportunity to come to her place after school, where she teaches them to make beadwork and other 'traditional crafts'. Her intention is to keep these girls off the streets, to prevent them from early sexual behaviour and the related danger of HIV infection. She hopes that with these acquired skills the girls will one day be able to earn their own living.

Figure 4.15 Mks Mbuyisa and the teenagers wearing beadwork

The social status of indigenous healers is enhanced by doing this kind of work and by being an intermediary; they thus occupy an important position in their social environment. The responsibility they take is met with great community esteem and it shows their social engagement and professionalism as indigenous healers.

The most important reason for indigenous healers to join an association is the recognition, the legitimisation, and the confirmation of their professionalism. When we met her in 2012, Mks Ngidi proudly showed us her THO membership booklet and the shirt provided by her association. If a sangoma is allowed to be a member of the association, she is generally assumed to be a qualified indigenous healer. Mks Ngidi, perceived her membership as an official quality mark.

Figure 4.16 Membership booklet THO

My impression is that in the urban area comparatively more THPs feel the need to join the association. In the rural areas, people tend to know which THPs to trust and which

not. Membership of an association as a quality mark is less needed in these regions, whereas in the urban area the situation is rather the opposite. Here, a quality mark may convince people to come for healing to a specific THP precisely because they are registered.

In a way, NUPAATHPSA combines the old networks of indigenous healers (neighbouring sangomas, *gobela* networks) and a new organisation of the association (corresponding with the Western model of an executive board, districts, etc.), thus gaining respect from sangomas and acceptance from all governmental levels. In Chapter 6, I will elaborate on the importance of this for indigenous healers and the political processes in contemporary South Africa.

4.4 Concluding remarks

A central topic in this chapter, following the healing and diagnosis in the previous chapter, was the internal dynamics and contradictions in the curriculum and knowledge transfer in sangomas' training. Transfer of (*muthi*) knowledge, the diagnosis, and the healing identity emerged as the most important elements in *ukuthwasa*. The data in this research indicate that there is no steady curriculum for any of these three elements.

The type and amount of (*muthi*) knowledge transmitted during *ukuthwasa* turns out to vary per *gobela* and per *thwasa*. In the interviews we held in 2012, several remarks hinted at this and the observations of fieldwork in 2014 underline this thesis. As the curriculum of each *thwasa*'s *muthi* knowledge training is both influenced by the availability and the changing array of *muthis* as well as motivated by the assumed wishes of the ancestors, I state that the transfer of *muthi* knowledge in *ukuthwasa* is individually attuned.

Besides the *muthi* knowledge, an apprentice has to acquire a proper attitude to communicate with the ancestors and patients in a suitable way and thus be able to diagnose the patients' affliction. These two important elements of *ukuthwasa*, the performance of the diagnosis, and the healing identity, are heavily influenced by (if not completely based on) the sangoma's personal expression and the presumed demands of the ancestors. Hence, I conclude that the training of sangomas and the *muthi* knowledge that is transferred are idiosyncratic and experiential.

After the training, every sangoma continues to develop and expand her know-how in knowledge exchange with other indigenous healers (and) allegedly inspired by the ancestors, something I called 'perpetual private revelation'. She applies this new knowledge in her healing practice and in the training of her *amathwasa*. Thus, every sangoma has her own range of *muthis*.

Moreover, on the basis of the dynamics in healing practice (see the previous chapter), I found many transformations in healing processes, elements that seem to be tailored to the individual sangoma's circumstances and the patient concerned. It seems to me, therefore, obvious that (new generations of) healers design their healing practice to their own preferences and possibilities.

Consequently, in reference to Whitehouse's theory, I come to the conclusion that both the sangomas' training and the execution of the indigenous healing practice are executed in an imagistic mode, that indigenous healing is an experiential, imagistic system.

Within the training and practice of indigenous healers, we encountered discrepancies on various levels between what is claimed and what is actually done, between 'programme' and 'practice'. The training is generally claimed to be identical for all pupils from one generation to the other, yet individual stories confirm an ancestors' instructed idiosyncratic teaching. A possible explanation seems to be in 'similarity': sangomas train

their *amathwasa* in a way similar to the way they were trained themselves, not precisely but roughly the same. However, they experience it as the same.

The connotations of power and authority of the word traditional convinced me not to follow this emic wording but to prefer the word indigenous instead.

Within the indigenous healing system, but outside the healing practice, I observed dynamics in the developments and organisation of THP associations. The old community-based networks are replaced by larger scale associations that are organised after the Western model, with executive committees and regional meetings. These are transformations with the aim of being acknowledged by the government and thus to dovetail with the Western healthcare system.

In the next chapter, we cross the indigenous healing system's threshold and proceed to dynamics outside this system, starting with two domains closely related to indigenous healing, viz. medicine and religion.