UNIVERZITA KARLOVA V PRAZE

FAKULTA SOCIÁLNÍCH VĚD

Institut sociologických studií

Vendula Řezáčová

Not so ´Traditional´ Healing: Constructions of Illness Reality and Spirit Possession in a Rapidly Changing Society in Venda, South Africa

Disertační práce

Praha 2011

Autorka práce: **Vendula Řezáčová**

Vedoucí práce: **Prof. PhDr. Josef Kandert, CSc.**

Oponent práce:

Datum obhajoby: 5.5. 2011

Hodnocení:

Bibliografický záznam

ŘEZÁČOVÁ, Vendula. *Not so ´Traditional´ Healing: Constructions of Illness Reality and Spirit Possession in ´Venda´, South Africa*. Praha: Univerzita Karlova, Fakulta sociálních věd, Institut sociologických studií, 2011. 148 s. Vedoucí disertační práce Prof. PhDr. Josef Kandert, CSc.

Anotace

Disertační práce "Not so ´Traditional´ Healing: Constructions of Illness Reality and Spirit Possession in a Rapidly Changing Society in Venda, South Africa" analyzuje socio-kulturní a politické aspekty ´tradičního´ léčitelství, které bylo předmětem terénního výzkumu autorky v oblasti ´Venda´ v Jižní Africe (v období 2004-6). V první části práce se autorka snaží ukázat, že léčitelské koncepty a symboly označované jako ´tradiční´ nepředstavují uzavřený, neměnný systém. Naopak odrážejí a utvářejí dalekosáhlé společensko-kulturní proměny v období po pádu apartheidu, které charakterizují neoliberální reformy trhu, upevňování socio-ekonomických nerovností, proměny genderových identit a politika ´tradice´. ´Tradiční léčitelství´ je v tomto kontextu procesem neustálého (znovu)objevování symbolů a praktik, které odkazují k ´vendské minulosti´ ve snaze vymezit hranice ´tradice´ ve vztahu k biomedicíně. Druhá část práce se zaměřuje na fenomén posedlosti duchy předků, který představuje prostředek rekrutace ´tradičních léčitelů´ a legitimizuje jejich nárok na vědění o nemoci a schopnost léčit. Ve srovnání s dosavadní literaturou vlastní výzkum poukázal na významnou proměnu kultu. Výsadní postavení v kultu posedlosti v současnosti nezastávají venkovské ženy. Mezi nejpočetnější sociální kategorie nově rekrutovaných členů kultu naopak patří muži; mezi ženami převládají migrantky za prací do městských center. Účast v kultu posedlosti těchto nových skupin odráží širší proměny společnosti současné Jižní Afriky a genderových vztahů, v jejichž důsledku byla společenská moc a autorita mužů ve vendské společnosti omezena.

Annotation

The present thesis "Not so ´Traditional´ Healing: Constructions of Illness Reality and Spirit Possession in a Rapidly Changing Society in Venda, South Africa" aims to analyze socio-cultural and political aspects of ´traditional´ healing which had been the focus of fieldwork of the author in ´Venda´, South Africa (in the period between 2004-6). In the first section of the thesis the author has shown that the medical concepts and symbols marked as ´traditional´ have not formed a closed, time-less system. On the contrary, they have reflected and shaped far-reaching socio-cultural changes in the post-apartheid dispensation characterised by the neo-liberal market reforms, congealing of socio-economic inequalities, transformations of gender identities and the politics of ´tradition´ and identity. ´Traditional healing´ has thus been constituted through a constant process of (re)invention of symbols and practices which have referred to the ´Venda past´ while aiming to delineate boundaries of ´tradition´ in relation to biomedicine. The second section of the thesis has focussed on the phenomenon of ancestor spirit possession which has also constituted the means through which ´traditional´ healers have been recruited and their claims to knowledge and healing power have been legitimized. In contrast to the available literature, own fieldwork has pointed to a significant transformation of the cult. Rural women have ceased to hold dominant positions within the cult in contemporary ´Venda´. Among the most numerous new recruits have been the social categories of men, and women – those who have been labour migrants to the urban centres of South Africa. Participation in the possession cult of these new social group has reflected wider transformations of contemporary society in South Africa and of gender relations, engendering changes in gender relations and the limitation of social power and authority of men.

Klíčová slova

Pluralismus lékařských tradic, ´tradiční´ léčitelství, tělo, osobnost, posedlost duchy, rituál, gender, Jižní Afrika

Keywords

Medical pluralism, ´traditional´ healing, body, self, spirit possession, ritual, gender, South Africa

Prohlášení

Prohlašuji, že jsem předkládanou práci zpracovala samostatně a použila jen uvedené prameny a literaturu.
Souhlasím s tím, aby práce byla zpřístupněna veřejnosti pro účely výzkumu a studia.

V Praze dne 25.2. 2011

Poděkování

Terénní výzkum, z něhož tato disertační práce čerpá, byl financován ze stipendií Fondu Mobility FSV UK 2004-6 a GAUK 2006-8.

TABLE OF CONTENTS

1. CHAPETR I: INTRODUCTION 9
1.1 Introduction: expounding the theme and approach.....9
1.2 Organization of the thesis.....11
1.3 Map.....13

2. CHAPTER II: DISCUSSING METHOD.....14
2.1 The setting and method.....14
2.2 Reflections on fieldwork.....16

3. CHAPTER III: GENERAL BACKGROUND.....20

4. CHAPTER IV: ANALYSIS OF MEDICAL PLURALISM IN ´VENDA´ IN THE CONTEXT OF GENERAL THEORY.....23
4.1 Medical pluralism in Venda.....23
4.2 Body, health and illness: Theoretical background.....24
4.3 Basic premises of ´Venda traditional healing´: the body individual and social from the point of view of semantics 27
4.3.1 Constituents of the person: spirit, body, organs and metaphors.....28
4.3.2 The concept of ´full body´, *u kwatha* 30
4.3.3 Digestive system, *nowa* (´snake´).....32
4.3.4 Heart, *mbilu*.....32
4.3.5 Blood, *malofha*.....34
4.3.6 Health as flow, disease as blockage (*u vhofha, u vhofhofolola*).....35
4.3.7 Further etiological concepts: disease agents.....36
4.3.8 Bodily fluids: material substances or immaterial symbols?.....38
4.3.9 Hot and cold (*u fhisa, u rhotola*).....40
4.3.10 ´Venda traditional healing´: The body political, medical struggles, and the making and crossing of boundaries.....41

5. CHAPTER V: DIVINATION THROUGH CONCEPT AND PRACTICE.....50
5.1 Methodological note.....50

5.2 Divination: symbol and practice.....51
5.3 Divination in practice.....58
5.3.1 Divination for a middle-aged man.....58
5.3.2 Divination for a middle-aged woman.....61
5.3.3 Divination for an elder woman.....64
5.4 Divining the stresses of a rapidly changing society.....65
5.5 ´Traditional healing´, social change and biomedicine.....67
5.5.1 Etiological constructions of AIDS.....68
5.6 Gleaning history shaping ´Venda traditional healing´: European missionaries and the origins of contemporary medical pluralism as medical struggles 72

6. CHAPTER VI: CASE STUDIES: NEGOTIATING EXPERIENCES OF SICKNESS IN GENDERED SETTINGS: THE VIEW OF ´VENDA´ MEDICAL PLURALISM FROM BELLOW 74
6.1 Tiny: the lost dream of global mobility.....76
6.2 California: tragedy of the ´run-away´ daughter and wife.....82
6.3 Comparisons of the two case studies and conclusions: gender, agency and health management.....85

7. CHAPTER VII: SPIRIT POSSESSION AND SOCIAL CHANGE.....87
7.1 Spirit possession cults: theoretical background.....87
7.2 Venda ancestor possession cult, *malombo*: historical background.....89
7.3 Case studies of spirit possession: negotiating identity at the intersections of gender, class, ethnicity and migration in post-apartheid South Africa.....90
7.4 Patricia: ancestor possession and the discontents of urban-rural migration.....90
7.5 Flora: ancestor possession and the predicament of young single mothers.....96
7.6 Dakalo: a woman betwixt-and-between and the intersections of global and local understandings of ´ancestor possession´.....100
7.7 Negotiating manhood in post-apartheid South Africa: Precarious transformations of Tshivenda-speaking labour migrants into religious leaders.....106
7.7.1 The case.....106
7.7.2 Historical background: labour migration and gender identities.....107
7.7.3 The ´sickness of the city´.....110

7.7.4 Negotiating the ´ancestral gift´.....111
7.7.5 Ritual efficacy: The ambiguities of ancestor possession.....113
7.7.6 Commentary.....116

8. CHAPTER VIII: SPIRIT POSSESSION, PLACE, AND IDENTITY.....117
8.1. Symbolic construction of place, social change and cultural identity.....117
8.2 ´Traditional healers´ between ´health´ and ´sickness´, ´city´ and ´country´: embodiment and constructions of place and time in ancestor spirit possession.....122

9. CHAPTER IX: ´TRADITIONAL´ HEALING, STANDARDIZATION, COMMERCIALIZATION.....130
9.1 ´Traditional healers´ and the South African state.....130
9. 2 ´Traditional healing´, commoditization and creation of ´African traditions´.....132

10. CHAPTER X: CONCLUSION.....136

RESUMÉ.....139
SUMMARY.....140
REFERENCES.....141
APPENDICES INCLUDED.....148
APPENDIX 1: Photophraphs documenting aspects of medical pluralism in ´Venda´ (1-9)
APPENDIX 2: Commentaries to photographs (1-9)

1. CHAPTER I: INTRODUCTION

1.1 Introduction: expounding the theme and approach

This thesis has been conceived as a ´medical ethnography´, a form of anthropological writing which one of its foremost proponents has defined as ´a description of a society through a medical lens, a systematic focus on the health-relevant aspects of social life´ (Kleinman 1995: 205). In the ethnographic context of ´Venda´, South Africa, in which the following analysis is centred, the ´medical lens´ does not simply constitute an anthropologist's ethically construed window on a particular society. The idioms of ´health´ and ´illness´ - individual and collective, have also represented the means through which actors have reflected upon, and made sense of, major processes of social transformation shaping their lives. In a sense, any account of the forces impinging on contemporary ´Venda´ - whether at the level of politics and power relations, economy and migration, cultural identity, morality and religion, cannot avoid not be entangled in concerns over what has been seen by local actors as a rapid deterioration of vitality and physical endurance, and a rising proclivity to disease and demise of both individuals and collectivities – and ultimately the annihilation of ´us, the Venda people´, *rine, Vhavenda*. The perceptions associating the past decade or so with a major health crisis, seen as unprecedented, may not be completely accurate according to ´objective´ history. Major disease epidemics had impacted on the region before the present crisis associated with AIDS[1]. But its evocation to comment on contemporary experience does point to the extent to which a range of disruptive transformations engendered in the post-apartheid dispensation have been conceived as disorders of the body social as much as the body individual and physical. The task of the author of the present thesis is to try to interpret and make intelligible in cross-cultural terms the medical idioms through which people have grappled not only with issues of physical well-being but also with problems of economic, political and cultural survival.

The main thrust of this analysis based on fieldwork which I have conducted in ´Venda´, South Africa, during 2004-6[2], concentrates more specifically on ´traditional healing´ - a problematic term, as will be discussed bellow – and aims to contextualize its transformations through a

[1] In the 1918, a major epidemic of Spanish flu decimated populations in urban as well as rural areas, including ´Venda´. As far as the current AIDS pandemic is concerned, almost six million persons in South Africa have been affected, making the country into the hardest hit on the planet (Fassin 2007: xvi).
[2] For the duration of 18 months in all; 3 months were also spent in Pretoria and Johannesburg.

range of processes which the different chapters tackle. ´Venda traditional healing´ will be considered not as an entity, seen as the starting point from which the knowledge and practice of ´traditional´ healers ensues. Such studies of ´traditional healing´ as self-enclosed and coherent systems have been much criticized by anthropologists in the past several decades, giving way, rather, to dynamic accounts of a range of medical resources co-existing within wider fields of plural knowledge traditions. Similarly, ´traditional´ healing in the ´Venda´ context will be regarded as a constant process, an achievement of a range of knowledge and therapeutic practices performed by ´traditional healers´ and others within a dynamic field of medical pluralism occupied together with (and often against) biomedicine and Christian healing, to name but the two most prominent partners and rivals. Moreover, attention will also be paid to the boundary-managing practices which have become an inseparable part of diagnostic and therapeutic activities of ´traditional healers´. These speak to the ways in which practitioners of ´traditional´ medicine have been negotiating its identity by simultaneously acknowledging the existence of other medical options and appropriating their elements.

As has already been suggested, this thesis is primarily an ethnographic account which has drawn on participant observation during the fieldwork period and on study of archival materials as well as other published ethnographies and theoretical works of anthropologists, particularly those writing within medical anthropology and anthropology of religion, and those who had done fieldwork in the ´Venda´ region. Problems associated with the possibilities and limits of participant observation as a methodological means to access ´data´ are discussed in a chapter bellow (on reflections on fieldwork). Archival material from the documents of the Berlin Missionary Society have been drawn upon with great care to isolate the biases of actors with specific interests in the ´Venda´ socio-political field at the turn of the 19th/20th centuries – namely the interests of converting local populations to Christianity and diminishing the vigour of non-Christian religious (and medical) traditions. Still, these accounts have provided important insights precisely because of their biases – the difficulties which the missionaries had been facing, and documenting, in their religious zeal do reveal significant aspects of local religious and medical knowledge and practice with continuities to the present ´traditional healing´ and the ancestor possession cult, *malombo*.

On the most general level, this thesis has been influenced by the theoretical approach of social constructivism (Berger, Luckman 1967). According to this influential thought, social scientists should regard as reality those ´facts´ and claims which ators have construed in

specific situations to be true and accurate, shaping their decisions and actions in turn. More specifically, this account has drawn on the analytical approaches proposed by Byron Good (1994) focussing on ´semantic networks´ when discussing the concepts of ´traditional healing´, their interconnections and links to wider cultural themes. This approach, in a sense, seems the only possible unless one wished to give a term-for-term, concept-for-concept translation distorting local concepts through ethnocentric biomedical/western cultural ones. Great stress has been laid on contextualizing these concepts in wider clusters of socio-cultural meaning. Furthermore, this thesis will present a number of case studies, now the popular form of presentation preferred by anthropologists wary of abstract over-generalizations of previous traditions of structural functionalism and structuralism. The aim of the case studies, however, does not lie within the logic of particularities. Quite on the contrary, the purpose of the case studies elaborated in this thesis is to illuminate wider claims about socio-cultural, economic and political transformations through the lives and challenges of individual actors in specific relations of obligation and power to other actors within specific social fields. The case studies will thus be moving in two directions – from the particular to the general, and back, when trying to discuss larger claims about historical transformations while showing also their limitations. Moreover, the advantage of the case studies as a methodological tool and a mode of ethnographic and theoretical presentations is that they allow to pay attention to experiences, subjectivities of the various actors, rather than reifying life-less social structures. Having said this, however, I wish to repeat stressing here, that placing the case studies in the perspective of the larger socio-economic and political forces has been indispensable to the understanding of processes occurring to individuals and groups at the local level where they could be accessed through participant observation.

1.2 Organization of the thesis

The first section of the thesis grapples with the thorny problem of the position of the ´white´, female fieldworker and considers the possibilities and limitations of research in a social context which has been historically shaped by profound racial inequalities.

After giving a preliminary historical background to the shaping of Venda society during the 20th century, I further analyze the core concepts of ´traditional healing´ and place them in relation to cultural notions of body and personhood. I examine how these ethnoanatomical

conceptions have reflected concerns over threats to social integration – particularly of households, which have become sites of conflict over limited resources in the context of the retrenching neo-liberal capitalist economy. ´Traditional healing´, however, has not constituted a self-enclosed remnant of past knowledge and practice. It has undergone profound transformations in response to social changes while trying to negotiate its boundaries in relation to its main rival – biomedicine, whose claims to superior knowledge of body and disease have been fiercely contested by ´traditional healers´ anti-hegemonic ideologies and practices. I further explore how such ´boundary-work´ of ´traditional healers´ has shaped local aetiological constructions of AIDS.

Since the ancestor spirits, *midzimu,* have been held to be the source of ´traditional healers´ ability to recognize and heal diseases, ancestor spirit possession has been the basis of recruitment into the profession. In the next section of the thesis I aim to contextualize Venda spirit possession within wider theoretical literature on spirit possession cults in Africa in order to tease out, and account for, both the similarities and differences of different ethnographic settings. Through the interrogation of several case studies of persons who have been undergoing possession rituals and initiation to become ´traditional healers´ I aim to account for the socio-cultural dynamics of ancestor possession against the background of changing socio-economic structures and gender relations.

All the names of persons used in this thesis are pseudonyms.

1.3 Map

Limpopo Province, incorporating the former homeland of ´Venda´
(now roughly the Vhembe District)

2. CHAPTER II: DISCUSSING METHOD

2.1 The setting and method

Fieldwork on which this thesis is based was carried out during the period of 18 months between 2004/6 in North-eastern Transvaal in South Africa, a region commonly referred to as ´Venda´, the name of the former homeland. This area now forms an administrative unit of the Vhembe District in the Limpopo Province and is largely co-extensive with the ´Venda´ homeland under the previous apartheid dispensation. The majority of the population living in the Vhembe district is Tshivenda-speaking (according to the 2004 census[3] there are over 800 000 Tshivenda-speakers living in the Limpopo Province; and around 150 000 living in Gauteng) and fieldwork had been conducted primarily in the local vernacular, Tshivenda (and to a lesser extent in English). Furthermore, I had undertaken archival research in the Archive of the Berlin Missionary Society (*Berlin Missionsgesellshaft*) in Berlin in September 2007 and in the John Blacking´s Archive at Queen´s University of Belfast during July/August 2008.

Nevertheless, this research project has not been primarily defined as a study of the ´Vhavenda´, or of ´Venda culture´ bounded to a corporate group and a specific physical site. Such a perception has been reinforced by an ethnographic tradition of the tribal monograph, markedly *The Bavenda* written by Hugh Stayt (1931). Stayt had maintained the view of the localized ´Venda tribe´ with ´own culture´ in spite of the fact that several novel forces had been transforming local hierarchies of power, gender relations and worldview well by the 1920´s when he had conducted fieldwork. These have included labour migration to Johannesburg of men and even of women, interventions by the South African government in chiefly succession disputes and by civic courts into family disputes, and the spread of missionary and Zion Christian churches[4]. Furthermore, the policy of apartheid culminating in the creation of the homelands – political and administrative units stipulated as ethnically homogenous with formal sovereignty from the South African state – has further supported the view of ´Venda´ as a bounded whole. It has institutionalized the position of the Paramount Chief, until then non-existent. Before the final establishment of the ´Venda´ homeland in

[3] *Stats in brief 2004*. Pretoria: Statistics South Africa, 11.
[4] These data are based on the unplublished reports of the Berlin Missionary Society from late 19th century until mid-20th century.

1979, 1000 Tsonga people had been removed by Government trucks from mainly Venda areas[5], thus putting the ideal of ethnic unity into practice.

However, the ideology of ´Venda culture´ has contrasted with a historically ethnically heterogeneous context. Speakers of Sepedi, Xitsonga, Setswana, Sesotho, isiNdebele, Afrikaans, to name but the most numerous, have lived among the Venda in relations of inter-marriage, social and economic exchange, making the drawing of clear-cut cultural/ethnic boundaries difficult if not impossible. Ralushai has been one of the first scholars to point out the fact that ´Venda isolation´ due to the Zoutpansberg mountain range has been a myth and the area south of the Limpopo river has always been a cultural melting pot (personal communication 2005). Blacking has noted Sotho influences in the girls´ initiation rites (1995). Also the ancestral spirit possession cult, one of the main foci of this study, has been adopted from the neighbouring Khalanga of Zimbabwe.

As has been noted, the notion of Venda ´society´ or ´culture´ has also been challenged by its encompassment in wider political and economic structures. This point has been articulated as early as 1940 by Radcliffe-Brown:

> „We do not observe a ´culture´.....for what is happening in South Africa...
> is the interaction of individuals and groups within an established social structure
> which is itself in process of change. What is happening in a Transkeian tribe,
> for example, can only be described by recognising that the tribe has been incorporated
> into a wide political and economic structural system“ (Kuper 1999: xiv).

In the 1970´s and 80´s anthropologists relied on the concept of political economy and the world system to describe the conditions of social and cultural life in South Africa. They understood ´culture´ as the diverse ways in which (often forceful) incorporation into the colonial and later apartheid political economy had been negotiated, and often resisted, by the groups they had studied (Comaroff 1985). This view has remained predominant in anthropological studies also in the 1990´s and since the dismantling of the apartheid regime in 1994. Anthropologists have not understood ´cultures´ as corporate groups or ´tribes´ but as systems of notions and practices drawn upon by individuals and groups in an attempt to articulate their experiences of the wider political, economic and social system, and define

[5] A Survey of Race Relations in South Africa. South African Institute of Race Relations 1968: 137.

their identities within it. Labour migration from rural to urban areas has been the key process which gave rise to this paradigm, and also its most common area of application. It has revealed the inadequacy of the once prevalent ´ontology of spatial discreteness´ (Pels 2008: 283) – the anthropological notion that the world is divided into spatially discrete, bounded cultural units.

These realizations have important consequences for the method used in this study, especially the problem of conducting fieldwork in an industrial society. Participant observation has been its basis, though not in the form of a stationary research in a ´culture´ or ´group´ but rather of an involvement in mobile social networks spanning over a wider territory and social and cultural milieus. Given the focus of this inquiry - the role of ancestral possession cult and ´traditional healing´ in socio-cultural change, the fieldworker has followed religious leaders, their initiates, clients and followers to the many locations where they have lived and been practicing. These have included several villages and ´locations´ (*lokishini*) in the Nzhelele Valley, in the vicinity of Elim, Tshakuma, Mesina, and of the two local urban centres of Sibasa and Thohoyandou. These locations have differed in the extent of urbanization, practice of agriculture, degree of involvement in the labour market.

More specifically, the primary data for this thesis have been drawn from the witnessing of over 80 divination séances, 20 of which had been tape-recorded and transcribed, and close work with 22 healers, adepts or initiates who had been possessed by ancestor spirits. I had shared daily life with them as well as attended major rituals and carried out unstructured interviews. Most of these informants were women (15, compared to 7 men).

2.2 Reflections on fieldwork

Far from being objective, ´data´ have always been shaped by historically-grounded interactions between the interlocutors of the study and the anthropologist, the ways in which both parties have (mis)construed each other's identity and interests, and the political conjecture in which these interactions have taken place. Furthermore, many critics have insisted on the extent to which ´anthropological knowledge´ has been generated not only by the contested method of fieldwork but also by the regimes of truth insisted upon by international symposia in which ´data´ have been presented and by the conventions of the

canon of classical monographs. In some departments, such thoroughgoing concerns regarding the value of data have stifled anthropological inquiry for over a decade during the 1980´s. However, the assumptions on which the claims to ethnographic authority have been based, had become questioned even by a much earlier generation of anthropologists. Nadel (1951), for instance, had stressed the significance of the ´personal equation´ for the constitution of fieldwork data at a time when the objectivist traditional of structural-functionalism had still been regnant. Nevertheless, no clear guidelines have been developed which could help fieldworkers to lay bare the biases inherent in their mode of inquiry. Every fieldwork has to some extent remained a unique and a somewhat mysterious social and personal experience akin to an initiation rite (Pels 2008: 247) with the thesis and the professional anthropologist somehow emerging at the end.

In the following account I will not be able to address all these important challenges to anthropological authority and representations which this study also humbly attempts. I will try to address at least some of the conditions, both historical and personal, which have shaped my role as a fieldworker and, consequently, also the data which I had been able to collect.

In classical anthropological discourse, fieldwork as a method has been described in straight-forward terms: staying in a physical field site for at least a year, learning the local vernacular, and interacting with the people living within the locality. This is supposed to provide access to the *society* or *culture* ´from within´. In practice, the promise of this formula does not yield so easily. The reasons are numerous. The particular historical events which have shaped relations between the people studied and the group from which the fieldworker comes, or is seen to come by informants, may make the fieldworker be perceived as an unwelcome intruder who is using local people in search of own benefits, or even as a spy for potentially threatening state authorities. This is painfully true in contexts where these relations have been those of inequality and domination, such as post-apartheid South Africa. Furthermore, gender of the fieldworker may make interactions with members of the opposite gender strained, dangerous, or impossible, and this may close some spheres of study. Closing of spheres for research may likewise be due to economic capital which the fieldworker has at her disposal: too much, or too little - which may stretch the social distance between the anthropologist and the informants too far, or else uncomfortably collapse it. Furthermore, the idea of the ´fieldwork site´ as a locally bounded social unit has been questioned. All of the world's societies have been subsumed within the global political economy of capitalism and

institutions of the state, although to varying degrees. Conventional fieldwork carried out in a particular ´site´ today must be complemented by methodologies which provide access to these larger economic, political and social forces which have shaped local conditions of life (Eriksen 2001 [1995]).

Some anthropologists of the earlier generation found it a matter of some concern that the role of the researcher had not existed in the (pre-industrial) societies in which they were conducting fieldwork. Given the great number of researches done in both rural and urban areas of South Africa, the role of researcher has become not only well-known by potential informants in the post-apartheid era - it has also become associated with a number of assumptions which have defined the fieldwork situation in ways over which the fieldworker has had only limited control. It has also precluded some areas of study, at least initially.

Perceptions of the ´white fieldworker´, arising from previous encounters with researchers, have contributed to great mistrust in initial encounters with the people who later became the most important informants. The role of a dignified (i.e. ´white´) guest, *mueni*, was the first break-through in overcoming this mistrust and was awarded after several visits in the households, and gifts. However, such an advance brought its own frustrations. The cultural norm of propriety with regard to treating a guest consisted in constructing social distance between the visitor and the members of the household through the manipulations of props, space and personnel. At first a chair, sometimes the only one in the household, would be put some distance away from where everybody else was sitting for me to sit on. In the worst case, I was lead to the living-room, often the only furnished room in the house, brought food and left alone for a considerable period of time. Frequently, English language television programme beamed from Johannesburg would be switched on. This made me feel strangely connected to the outside world, and profoundly disconnected from the local life I was trying to learn about. Needless to say, whatever was going on in the household that morning or afternoon remained obscure to the visitor-researcher.

The only strategy left was to reduce such dignified status and break the etiquette by intruding into the other household spheres, and especially the divining hut. This had provoked some discomfort on both sides but eventually helped to further reduce mutual distance. A number of anthropologists, interestingly mostly women, have recently argued that: ´Fieldwork calls upon all the latent and potential resources of the researcher...Fieldwork can be an aesthetic

happening, jouissance, bodily labour and knowledge through all the senses´ (Okely 2001: 24). Indeed, adopting bodily styles – especially the female greeting gestures, *u losha*, postures appropriate in approaching the elders and ancestors, and ritual techniques, proved most effective in persuading the religious specialists and their clients about the trustworthy intentions of the *mukhuwa*. It entailed adopting proper dress code (no head covering in the divination hut; covering of the head and body in the Christian Churches); kneeling in the divination huts for long hours; assistance in grinding and packing medicines; sometimes active participation in the ritual activities.

Through the appropriation of such ´techniques of the body´ I had become accepted as an ´insider´ who could be allowed access to backstage information and spheres which were crucial for the efficacy of ritual procedures but inaccessible to the uninitiated. It has often been assumed that such insider status opens access to a greater number of domains in the society studied, and to a greater degree. However, some anthropologists, among them Nadel (1951), have noted that such is not always the case. A greater degree of involvement in people's activities, and of acceptance of the anthropologist as an insider, may lead to some spheres becoming closed. This problem becomes particularly relevant in the case when the anthropologist is interested in more esoteric social domains normally closed to the unitiated which demand that the anthropologist adopts particular codes of behaviour and morality which may conflict with interests in researching other social domains.

For instance, with my increasing involvement with the ´traditional healers´, *nanga*, some social institutions had become closed to me – such as shebeens, on the grounds of moral inappropriateness. Furthermore, while *nanga* did not find much issue with me visiting Christian churches, priests and prophets found my involvement with the *nanga* more problematic. Christian discourse has to a large extent been based on mitigating the practices and substances used by the *nanga*; my working at once with both traditional and Christian specialists was seen to undermine their authority and credibility among their followers. After several months of fieldwork when I also attended Christian all-night prayers I was encouraged to leave ´the things of Satan´, i.e. traditional healers and their medicines.

Also, the status of an insider had lead to a gender-related opening and close-up of spheres. As my status as a ´white researcher´ had been overridden by other aspects of my identity as seen by informants – gender, age, marital status, childlessness, I had lost some of the previous

privileges. As a single, childless young woman my status in the households of the healers with whom I had been working most intensely had become only a little above the teen-age girls in the household on whom responsibility for most tasks fell. Being adopted as a ´child´ by my informants yielded to similar relations of subordination. On a number of occasions I was sent on a errand or asked to prepare tea or grind medicines while a divination or an important conversation was taking place between the healers and their clients. While narrowing the distance between myself and informants, my progressive incorporation into the local value systems had sometimes limited research options.

Such confluence of factors – history of apartheid, cultural norms and gender roles, and underfunding of the research project, had contributed to make the performance of the role of the ´ethnographer´ wrought with difficulties, conflicts and dilemmas. Some of these had not only concerned access to data but also quite serious ethical dilemmas. I worked with several ´traditional healers´ who claimed to treat – and cure – patients suffering from HIV/AIDS and I witnessed large sums of money being transferred to them by very poor and desperate people. My presence in the healer's household had the effect of further boosting the reliance and prestige of their practice. Similarly, my presence in one of the Pentecostal churches often solicited comments that the officiating priest must be very powerful when even whites attend the services. I have not been able to find a satisfactory answer to such grave ethical issues implied in doing fieldwork in post-apartheid South Africa, perceived as a ´white´. Not attending the activities would not stop them from occurring; and it would make understanding them impossible. I have found it difficult to have complete control over how my status and role has been perceived by people with whom I worked. In post-apartheid South Africa researchers have often become reluctant actors in the phenomena which they study.

3. CHAPTER III: GENERAL BACKGROUND

Work migration has been a fact of life in ´Venda´ since late 19th century – first primarily young and able-bodied men were migrating to the diamond-mineral mines of Johannesburg, Witwatersrand. Their migration was to a large extent forced – men as heads of families had to pay the hut tax introduced in the latter half of the 19th century – if it was not paid, men were arrested and forced to labour in the Johannesburg mines. Some men sought employment in the

cities in order to escape elder's authority on whom they relied for land and bridewealth, *lobola* – in the context of an economy based of subsistence agriculture and pastoralism, in which access to land was inherited through kinship. Own income enabled these young men to gain independence from kin – for men, who had been excommunicated from kinship networks, or who came from poor families, labour migration was the only means to earn a living and gain some social prestige. Through labour migration, young men were also escaping chief's authority – young men had to serve the chiefs, be initiated into their military regiments[6]. Throughout the colonial period women had assumed responsibility for agricultural production and reproduction.

Throughout the first half of the 20th century ´Venda´ has been largely expropriated from economic autonomy based on subsistence agriculture – the colonial and since the 1940´s the apartheid government introduced an oppressive policy through which rural communities in all of South Africa, including ´Venda´, were expropriated from the most fertile land – they became the property of big white farmers who employed blacks as under-paid seasonal labour. The apartheid government further instigated violent population removals under the guise of serving ´black interests´ in creating ethnically homogenous ´homelands´ - their foundation was ideologically defended as giving blacks autonomy to develop ´their own culture´ - in fact it was a recipe for economic marginalization, descent into poverty and cultural genocide. During the second half of the 20th century the regime of labour migration was put into place – which was also gender specific. Men had to migrate to the cities in search of employment, as miners, in heavy industries, but also in services demanded by the expanding urban infrastructure and domestic services. This regime of labour migration made rural-dwelling populations, in the majority women with children, dependent on remittances sent by men from the cities. One of the motives underlying this regime was that it allowed to cut the costs of urban labour – since men were not supporting their families in the cities but these families could subsist at least to some extent from rural resources, they could pay these men meager wages.

Major changes were underway in ´Venda´ during the 1970´s and 80´s. In the 1979 ´Venda´ was established as an independent homeland and this political development was associated with ´modernization projects´ – essentially a further step towards a thorough proletarization of

[6] Berlin Missionswerke 1333/5, Archive of the Berlin Missionsgesellshaft, Berlin.

the Venda population. These projects included the set-up of plantations – fruits (banana, oranges, litchi, avocadoes), tea, timber, and factories to process these products. These provided a meagre income for local population – and their set-up was also associated with the entrance of women into contract employment. These women were often single heads of households with dependant parents and children, left by absconding husbands. The extension of state infrastructure, institutions and services into the homeland brought new employment opportunities – to those privileged enough to have acquired at least primary school education. Women entered occupations demanding little skill and offering little pay at the lowest level of the labour market – as nurses, secretaries etc. There were new business opportunities, again, especially to the already privileged ones with good connections especially to the chiefly families. Street vending has become the prerogative of women.

This period lead to the congealing of class structure in the region of ´Venda´, and introduced education as the prerequisite for entrance into the labour market. At the same time, the urban economies have ushered in recession, especially in connection with the transition of the economy an industrial base to service and finance sectors. This transition occasioned returns of great numbers of labour migrants back to the rural area as they lost employment. Some of this backward urban-rural movement of labour migrants was also forced by government instigated population removals.

Since the 1990´s ´Venda´ has been deeply affected by the neo-liberal policies implemented in the southern African regional and global economies, and by their subsequent decline. Employment opportunities in the South African urban centres on which large sections of the rural-dwelling population have depended through the regime of labour migration since mid-20th century, have been reduced – especially in industrial sectors demanding low-skilled labour force. Consequently, migrants who have been loosing work in the urban centres and returned to the rural areas have become a further drain on resources of their kin rather than being the chief breadwinners. Most households have been dependent on the labour market for livelihood with agriculture providing a side-activity for only a fraction of them. This agricultural production has not significantly contributed to subsistence and a large part of the produce (fruit and vegetables) has been marketed for cash. During the period of my fieldwork (2004-6) tea plantations in former Venda have proved uncompetitive with cheap imports from the global economy leading to the loss of jobs for several hundreds of plantation workers whose income has often constituted the sole means of livelihood for their households. With

the transition of the economy towards service, state administration and finance sectors, education has become the prerequisite to gaining employment in the competitive labour market. Its significance has been deeply recognized with parents striving to finance children's education at least up to Standard 10 – the necessary qualification for jobs at the lowest rungs of the labour market – shop assistants, security guards, police, delivery etc. In the context of the economic crisis, child grants and especially elders´ pensions rolled out by the post-apartheid state for all elderly persons have often become the sole means of income for households composed of several generations of kin.

4. CHAPTER IV: ANALYSIS OF MEDICAL PLURALISM IN ´VENDA´ IN THE CONTEXT OF GENERAL THEORY

4.1 Medical pluralism in Venda

In ´Venda´, a wide array of options exists for those who are seeking an interpretation of their illness and, ultimately, cure. These include the National Health Service represented by a number of hospitals, some of which were founded as part of missionary projects, and peripheral clinics located in each rural district. A large number of private General Practitioners, located in the local urban centres, cater primarily to middle-class clients. These compete with an array of ´traditional healers´, Christian Churches and prophets. This wide range of specialists concerned with health and illness in their various cultural definitions, however, does not amount to a situation of simple medical pluralism in the ´Venda´ context. For these ´healing´ options do not constitute separate systems of knowledge and practice, of clients, leaders and followers, existing side by side. The boundaries between them are blurred, and an object of constant contention among their representatives and patients. Hospital staff may send patients whose complaints have defied biomedical diagnosis (usually cases of complex psychosomatic disorders), or patients in advanced stages of disease beyond biomedical cure (such as cancer), to seek help in Christian churches, or with ´traditional healers´. A number of leading hospital staff with whom I had conducted interviews admitted to the conviction that illness can be cured by ´belief´, *lutendo*, giving their own case – such as their recovery from severe asthma after joining a Christian church – as an example. General Practitioners have drawn heavily on both ´traditional´ healers´ and Christian prophet's

repertoire in claiming to alleviate a wide range of conditions – attracting love partners, solving conflicts at work, unemployment, etc.

4.2 Body, health and illness: Theoretical background

The general theoretical inspiration for the following chapter in which I aim to analyze key concepts of ´traditional healing´ has been provided by the thought-provoking article, *The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology* written by two prominent medical anthropologists, Lock and Scheper-Hughes (1987). The authors review main anthropological approaches to the study of the body, person, health and illness, illustrating them with specific ethnographic examples, and propose the terms of body individual, social and political to summarize these crucial theoretical positions for further studies of medical anthropology. I will first discuss the authors´ main arguments through which they have been able to identify ´the three bodies´. These have provided important orientation posts for the following analysis of own fieldwork observations. However, as the further discussion will show, the concepts of the individual, social and political bodies have overly isolated levels of reality which can sometimes be much more difficult to extricate in concrete cultural concepts, perceptions and practices. Moreover, they have been criticized for construing body concepts as timeless, without regard to how they have been shaped by historical processes. In light of fieldwork in the ´Venda´ context of medical pluralism, I will address this critique and propose how it could be incorporated into the present representation of ´Venda traditional healing´.

The authors, following the lead of Marcel Mauss (1938) define the *individual body* in phenomenological terms as the ground of person's experience of self as distinct from the bodies of others, and thereby as a human universal. On the other hand, the authors caution, the conceptualizations of the constitutive parts of the body and of self can differ substantially cross-culturally. The notion of the individual body as a material whole separable from the mind and segmented from the social and natural environment must be seen as only one such conceptualization. It has been to a large extent peculiar to western culture after Descartes´ formulation of the mind as a seat of consciousness and awareness of self-identity, opposed to the body seen as inert matter. While this basic premise of mind and body as separate, even opposing principles has been incorporated into biomedicine, it has been contested by other

cultural notions – today increasingly even from within western societies themselves by ´alternative´ medical and religious movements, and social and medical scientists.

The western notions of self-identity, also embraced within biomedicine, according to which a constant, conscious self exists and forms the source of all decisions and motivations, have been contested by socio-centric notions of self prevalent in non-western societies. As the authors have shown, Japan has provided a notorious example of the conception of self as mutable, adjustable to specific social situations and reflecting the ways in which it is seen by others. Equally famously, Gahuku-Gama of Papua New Guinea allegedly do not have a concept of the person at all: individual is inseparable from social roles which she or he assumes. The self is defined, in so far as it is defined as all, in terms of parts of the body. These, in turn, may be utilized by sorcerers to harm the person to whom the parts belong. The skin is endowed with meanings which can be seen to approximate a conception of self – conditions of the skin are seen to reveal the moral state and individual characteristics of the person. Furthermore, the authors continue to stress, while western society works with the normative concept of a person endowed with only one self, other cultures may cherish and celebrate the existence of multiple selves. As the authors show, body-image(ry) defined as the collective and individual representations of the body, its relation to the environment, internal and external processes is closely related to the concept of self. Unfortunately, the authors do not provide many incisive examples apart from states of bodily disassociation defined as ´abnormal´ and ´neurotic´ in western society (Lock, Scheper-Hughes 1987: 303) and fail to discuss the rich cultural notions through which such states have been conceptualized as part and parcel of everyday and ritual contexts in other societies (in particular in the context of witchcraft and spirit possession). Though they do point to cases in which specific organs may be endowed with cultural significance which extends well beyond their biological functioning: preoccupations expressed in terms of conditions of certain organs may reflect dominant moral values in particular societies.

In conceptualizing the *social body* Lock and Scheper-Hughes draw on the work of symbolic anthropologists such as Mary Douglas (1966) who have shown that the body imaged as an integrated whole or system can be used as a metaphor of society - the body individual and social are seen to intertwine, model and influence each other. In many cultures, bodily disorders are regarded not as reflecting disruptions in society in a metaphoric sense (and *vice versa*) but also as directly *caused* by social tensions and disruptions, such as in the idioms of

witchcraft. In such contexts, it is consistent that therapeutic interventions attempt to act on the social body, the community or collectivity, as much as – or instead of – the individual body.

Finally, the *body politic* is made to refer to the ways in which the body individual and social are related with respect to power and control. In this context the authors discuss examples of witchcraft accusations and large-scale witch-hunts which have frequently (but not exclusively) accompanied social change resulting from the introduction of capitalism in local communities. Douglas has shown how in such situations, openings of individual, social and political bodies have been carefully guarded and purged of perceived contaminants – through individual hygiene as well as the purging of non-members of the communities, ´social deviants´ etc. Lock and Scheper-Hughes further discuss the work of Mauss, Bourdieu and Foucault, among others, who have shown how societies have moulded individual bodies to reflect reigning power hierarchies and moral hegemonies. Conceptions of health and disease, and the associated institutions which have monopolized the task of putting them into practice, have constituted important instruments of governance and control over individuals and groups. These instruments have been operative not only through regulating behaviour – regimes applied directly on the physical body. Most crucially, their effectiveness has rested in their ability to define the categories by means of which individuals could legitimately perceive their bodies and selves and their social worlds, while helping to produce these as ´natural´ and ´innate´. In this context the term *medicalization* has been coined to refer to the processes through which socially transgressive behaviour has been subsumed within seemingly ´objective´ definitions of health and sickness pertaining to the individual body, protecting the social body from challenge.

Lock and Scheper-Hughes end their article with a plea for a medical anthropology which would recognize the close intertwining of the individual, social and political body in all instances of disease, whether associated with an ´objective´ organic disorder or not. They also argue for a more integral recognition of the role of emotion and thought in experiences and course of sickness in the concept of the ´mindful body´. Authors thereby do open new avenues for the exploration of biomedicine as one cultural system among many, and not necessarily the privileged one. They also provide inspiration for new forms of inquiry into the concepts of person, body, health and illness cross-culturally, in western and non-western systems.

However, Elizabeth Hsu (1999: 79-83) among others, has critiqued the notion of the body individual and social as concepts which are conceived as timeless, existing within contemporary socio-political situations. Instead, she argues, the body concepts should be regarded in the context of historical processes which have produced them – present meanings carry historical biographies. According to Hsu, moreover, the body individual and social have been represented by Lock and Scheper-Hughes as overly bounded and separate from their encompassing contexts. Instead, Hsu proposes the notion of the fourth body – ´the body ecologic´ – a ´body´ which is not a clearly defined entity with definite edges and boundaries but is constantly in relations of exchange with its environments. Unfortunately, Lock and Scheper-Hughes have considered such an unbounded body only as the case of western neuroses, as noted above (Lock and Scheper Hughes 1987: 303).

In the following analysis of observations from own fieldwork I will take up the leads which the above mentioned authors have suggested in order to show how the levels of individual, social, political body - and body ecological, have been conceptualized as deeply inter-connected in the context of ´Venda traditional healing´. This discussion will help highlight the specific cultural notions through which self and body, and health and illness, have been conceptualized and experienced, and how they have related to issues of power and control and access to knowledge. These issues will be taken again in the further section which tackles divination as a process through which the body concepts analysed bellow have been put to practice when articulating experiences of illness and interpreting their multi-level causes. Both the representations and pragmatics of body-concepts will simultaneously be revealed as deeply implicated in medical politics in the context of medical pluralism in contemporary ´Venda´. In these medical struggles, the construction of boundaries between ´traditional healing´, *zwa tshivenda*, and its main rival – biomedicine, *zwa tshikua* - have been shaped by contradictory processes of simultaneous incorporation and rejection.

4.3 Basic premises of ´Venda traditional healing´: the body individual and social from the point of view of semantics

In this section I will first discuss the basic premises of ´Venda traditional healing´ by analyzing the cultural notions of body individual and social and their interconnections. Implicitly forming the discussion is the theoretical approach of ´semantic networks´ (Good 1994) through which meanings of concepts are elucidated through how they relate to one

another and to wider cultural meanings of the ´meta-medical context´ (Worsley 1982). The focus on semantic networks addresses problems of cultural translation in a situation in which ´Venda´ concepts do not always correspond to biomedical categories of body, person and disease. Contextual translation – which allows to elucidate the wider context of cultural meanings in which medical concepts have been embedded – provides an alternative to ´term-for-term´ translation which would impose western meanings on ´Venda´ cultural categories.

Most generally, ´Venda traditional healing´ operates on the premise according to which health is a desirable achievement which must be constantly strived for, but also according to which it is disease and pain which is the normal, common condition. This is an ideological inversion of the biomedical presumption of health as the norm and disease as pathological and as a breech of normality, pointing to a radical divergence in the ideological values lying at the core of the two medical systems of knowledge and practice. Furthermore, the body of ´Venda traditional healing´ is not grounded in individualist assumptions – within the body concepts and aetiologies health and sickness are not regarded as states of individual bodies, but as dynamic processes of body-selves always already in relations of exchange with their social and natural environments.

4.3.1 Constituents of the person: spirit, body, organs and metaphors

On the level of ethnotheory, the ´Venda´ model of the person distinguishes the body, *muvhili*, and *muya*, the soul, spirit, animating agent or life-force, which is the part of the person which is supposed to survive after the extinction of the body. As this principle was described to me by one (male) informant: ´Think of the human being as a car. The body, *muvhili*, is just the car body, the spirit, *muya*, is the engine which drives it forward´. This rendering implies a relation of the soul/spirit to the body which is very different from the relation of spirit and body/matter of western Christian – and biomedical - thought. The ´Venda´ conception postulates spirit as a personalized vital principle animating the body without stressing the two as radically dichotomous, opposing principles (rather, conceiving of the spirit as personalized ´matter-agency´). The mutual inter-relation of spirit and body, *muya* and *muvhili*, are stressed in particular situational contexts in which states of ´health´ and ´disease´ are reflected upon in discourses of social and moral critique. *Muya* can leave a human person when he or she is startled – such as when informed of bad news too abruptly (especially of a relative's death) or

when ambushed. Such situations are held to lead to potentially serious illness or even death if no efforts are made to bring the *muya* back into the body – invariably through symbolically significant acts and administration of medicines. Such conditions must be seen in the wider context of notions of proper personhood which lay great stress on emotion-less calm, poise and self-control, and by implication negatively sanction conduct which violates these ideals or causes their violation in others.

In a similar vein, *muya* as the barometer of moral pollution can leave the body and bring about the death of a person who has been consuming too much alcohol, had multiple sexual partners, and has been without abode - ´slept on the road´ (*u lala ndilani*). The relation postulated between disease and socially improper conduct or situations through the notion of *muya* can therefore be seen to highlight the interconnection between the physical and moral states of the person as a precondition of health and well-being. Moreover, *muya* can be used to denote states of consciousness which western culture associates with the ´mind´ - depression, feeling of demoralization and hopelessness, usually in the face of poverty, chronic illness and unemployment, or abandonment by kin are conceptualized as the ´depletion of the life-force´, *u fhelela muyani*, also – if lasting for longer periods of time, leading to physical afflictions. *Muya* can denote affect in situations of anger and impetuous speech when it is held to influence the words coming out of the person's mouth. Again, the notion of *muya* acquires a socially normative meaning in a situation of breech of social ideal associated with calmness, serenity, and controlled affect.

The notion of the body, *muvhili*, in the context of ´Venda traditional healing´, differs significantly from its western, materialist and individualistic conception, and more closely approximates that described by Read for the Gahuku-Gama (in Lock and Scheper-Hughes 1987: 302). The body as an enclosed whole separate from the bodies of others and the external environment is not conceived as ´the state of nature´ in the Venda context. Rather, it is seen as an always contentious, temporary achievement of a range of cultural acts aimed to close bodily orifices and strengthen the body's skin which are ´by nature´ too permeable to outside influences and substances. The central act of ´traditional healing´ which is regarded to have both preventive and therapeutic efficacy is the performance of incisions on parts of the body seen as most vulnerable to permeation of external influence and smearing of medicine and animal fats into them – *u fara muvhili*, lit. ´to hold the body´. These parts include the top of the head, temples, shoulders, elbows, wrists, chest bone, hips, knees, ankles, and tarsi.

Furthermore, the body is not seen as clearly separate and separable from its immediate environment – substances ensuing from the body, faeces, urine, sweat, even such intangible exuviae as breath, and footprints one has left in the dust of the road, clothing one has worn, a chair one has sat on, a coin one has held, are seen to carry one's vital substance and can be used for the purposes of bewitchment. Consequently, the therapeutic and preventive interventions of ´traditional healing´ are not so much focussed on the individual body and the processes occurring within it, as on controlling interactions between the body's internal and external environments. In the context of such cultural notions, individuals may experience loss of control over their bodies as part not of neurosis (as suggested by Lock and Scheper-Hughes, see above) but as part of every day experience of self as it is construed through cultural interpretations of the ´ecological body´ (Hsu 1999: 79). In this context, the skin as a shield mediating exchanges between the inner body and external environment assumes vital significance in concepts of health and illness and in therapeutic interventions. Indeed, all interventions of ´Venda traditional healing´ which tackle a wider range of conditions of misfortune physical, psychological and social, also incorporate *u fara muvhili*, strengthening the epidermis, a therapeutic act of vital significance which mediates physiological and symbolic understanding of the skin as a protective shield.

4.3.2 The concept of ´full body´, *u kwatha*

The ideal of health in the Venda context has been summarized in the conception of *u kwatha*, corresponding to the image of a full, fat body covered with tight, unblemished, glistening skin. This concept, although referring to the body individual and physical, has been polyvalent, entwining complex meanings extending beyond the physical state of an individual body circumscribed from the encompassing context, to notions of social efficacy, moral and spiritual status in relation to social and supernatural others. Consequently, having a full, fatty body, *u kwatha*, is seen not only as a sign, and an accomplishment, of properly functioning internal organs, the digestive system in particular. It is regarded as only achievable if the individual has been immersed in proper relations of reciprocity with other members of kinship group, especially household members, and ensured for herself the protection of ancestor spirits against malevolent forces by cherishing kinship obligations to the living and dead through participation in, and organizing of, sacrificial ritual feasts.

The acquiring of this large, healthy-looking, respect-inspiring body, then, is a process ridden with dangers. For there are two ways which are perceived to lead to this desired body: only one of which is regarded as legitimate. In this latter context, a large, healthy body connotes proper relations of reciprocity among a group of relatives respecting their roles of providers of household resources (in the case of wage-earners, whether men or women) and of subordinates assuming household work including food preparation (dependent spouse, children). Only in this context is body fat seen as legitimate and a sign of health associated with proper sociality and social efficacy of the individual person worthy of acknowledgement of others.

Fat and healthy body, *u kwatha*, however, can also be the result of illegitimate means of accumulation of wealth by an isolated individual, an over-abundance resulting from the reluctance to share resources, primarily food, with needy others. Speculations of witchcraft have often accompanied perceptions of weight gain in this latter context. Against this background it is understandable that attitudes towards gain of weight have been ambivalent – while becoming fatter has been welcomed as a sign of health and social power by individuals themselves, it has also attracted speculations of others that the weight-gain has been the result of illegitimate accumulation of resources which should have been redistributed. On a number of occasions I have witnessed such perceptions of ´becoming fat´, *u na mapfura*, being levelled against a western anthropologist who has built a hut in a village but has then been seen mostly just passing by in a land rover without sharing time with the villagers. These commented on his gaining of weight through idioms of breeched reciprocity and accumulation of money by illegitimate means without sharing wealth with local people. Individuals who have been commented upon as having gained weight have, understandably, been adamant to contest such claims and immediately come up with legitimate reasons which would not carry negative connotations of breeched reciprocity – such as a recent pregnancy, ´having built a child´, *u fhatha nwana*, leading to legitimate weight-gain. So while ´the body is seen as a unitary, integrated aspect of self and social relations´ as Lock and Scheper-Hughes (1987: 306) have argued for non-western medical traditions, these connections, contrary to the authors´ claims, may not be of a holistic kind: the health-status of the body may not always signify embedding of self in harmonious social relations, but, on the contrary, hide socially illegitimate practices as in the ´Venda´ context.

4.3.3 Digestive system, *nowa* (´snake´)

When health is conceptualized as having a full, fat body, *u kwatha*, processes of the digestive system, *nowa*, lit. snake (stomach and intestines, sometimes extending to include the spleen, pancreas, and liver), become the first focus in management of health and in registering signs of disorders associated with disease, *vhulwadze*. The proper functioning of the alimentary tract referred to in its entirety as a hollow tube - ´the snake´, *nowa*, or by its part, the abdomen, *dangani*, has already been alluded to as crucial to the perceptions of a state of health of the individual body, and is simultaneously constructed into an indicator of the state of relations to social and supernatural others. A healthy body positioned in proper relations of reciprocity with kin is engaged in continuous, smooth and uninterrupted flows of substance in the form of food and fluids downwards through the alimentary tract and out as faeces, giving the body a plump and firm shape with glistening skin – a state of *u kwatha*, the sign of supreme health. An even slight sign of indigestion, nausea, rising of the ´snake´ (*u dzhela nntha*), vomiting, diarrhoea, bad digestion or constipation (*u vhofhea* - ´to be tied up´) can portend disturbances of one's vital social relations within the household unit, *mudi*, an intervention of witchcraft or angry ancestors. Most frequently, all these three etiological frames, among which a hierarchical relation is posited, are used in conjunction to explain a particular case of digestive problems. In this etiological model, quarrels among household members are held to anger the ancestor spirits who subsequently remove their protection of the household and render it vulnerable to attack by witches and their familiars. Through these ethnomedical perceptions disruptions of digestive processes are constructed into an occasion of crisis in which not only one's physical health, but the most basic grounds of one's existence represented in relations to household members and the ancestors are held to be jeopardized.

4.3.4 Heart, *mbilu*

The notion of the heart, *mbilu*, and the great wealth of idioms through which it is described as experiencing different states and movements, is a crucial concept of ´traditional healing´ which also reveals the main underlying premise of this medical system: the fact that health, happiness and sociality are mutually interconnected (see also Rosaldo 1980, for the Ilongot, Philippines). The idioms through which different conditions of the heart are described do not

constitute the idiom of interior experience but provide a locus at which states of individual consciousness are made to relate to other's actions towards oneself and to social circumstances of the self such as poverty, unemployment, frustrated aspirations to social mobility and economic success. In such situations, the heart is described as beating too fast, u *ita diamu diamu*, as the heart being volatile, *mbilu u zwitisa zwinwevho, mbilu fhandukana*, as the heart being agitated, leading to dizziness, confusion - *u ita dzungu, u na swiswi*, as the heart experiencing anger, suffering from an angry disposition, *u nyelisa*, as the heart being hot, u *swa*, as the heart not having happiness, *mbilu a hu na mutakalo, mbilu biluphala; mbilu dinea; mbilu silingwana*, a state associated with tiredness, lack of purpose and will, lack of recognition of one's surroundings and states of alienation, lassitude, apathy - *balela u vuwa, balela u shuma/u hwala zwithu*, lack of appetite - *zwilivha a zwi dzheni*; and withdrawal from social action and interactions with others; as the heart hurting, being in pain, *mbilu u a vhavha*; and crying, *u lila*; the movements of the heart may become uncontrolled, unfamiliar – *mbilu hu khou itea mini*; as the heart being tied, *vhofhea mbilu*, leading also to tied stomach, i.e. anorexia, *u vhofhea dangani*; as the heart not ´agreeing´, i.e. lacking will, *mbilu u sa tendi*. One's heart can also be eaten by oneself or others, *u la mbilu* - an expression which refers to the consequences of negative affect on psychological and consequently on physical health in the space of self-other interactions.

It is important to stress that the talk of the heart, and through its idioms of emotion, is not psychologistic - focussed in individual psychology. Paraphrasing Rosado's incisive formulation of the problem in her analysis of idioms of emotion, knowledge and self involving the heart among the Ilongot, ´Venda´ discourses of emotion utilizing the heart metaphor are not concerned „with introspection and the ´inner life´" but „with the affective quality of a world" (Rosaldo 1980: 44) where self is not separable from the social ties to others and its wider social context. Having these wider emotional states and connections between individually felt emotion and actions of others recognized and articulated, constitutes one of the main motivations for people who chose to go to the ´traditional healer´ and have a divination undertaken for them. Conversely, as will be shown in the next chapter, the idioms of the heart constitute a major part of divination discourses.

Gaining control over the states of the heart – expressed in the idiom of ´steering the heart´, *u rudza mbilu*, or of ´cleansing the heart´, *u tanzha mbilu*, is considered as the primary therapeutic technique and means to regaining or maintaining health. These idioms express the

cultural ideal of the self in the Venda context which stress composure, reserve, discretion, balance, sobriety in actions, discouraging strongly affective reactions even in situations when one has injustice or harm committed against one´s self. Since open confrontation of the perpetrator of injustice would put self in a position in which its civility and respectability would be compromised, it is not encouraged. However, the negative affect resulting from insult, disrespect and anger – or envy and jealousy – which simultaneously tie self to social others, can be the cause of negative somatic states, usually beginning with disruptions of the digestive process, *nowa*. The prophylactic procedure recommended in such contexts and consisting of expressing one's negative emotions through talk (*u amba*), however, conflict with the ideal of poised self – pointing to a major source of contradiction in concepts of ´traditional healing´ in relation to the wider cultural context.

The idea that there is a continuity between affective states and social actions the origin of which is located in the ´heart´ is a crucial notion underlying the logic of magical acts which aim to control others´ actions - ´cutting the heart´, *u khata mbilu*, and ´tying the heart´, *u vhofha mbilu*. By controlling her ´heart´, one can control what another person decides to do and what she does (a different metaphor from the western context where this kind of control would centre on the head/mind, and would underlie the control of the person herself).

4.3.5 Blood, *malofha*

In ethnomedical conceptualizations of body and disease blood, *malofha*, plays a central role in aetiologies of diseases as well as in treatment interventions. Blood is seen as a medium of individualization and a prime carrier of disease, and consequently is also the first organ treated in case of illness – blood's condition affects other organs positively or adversely, as the case may be. ´Cleaning´ of the blood is the central therapeutic act of ´traditional´ healing. Unlike other organs of the body, person's blood is held to differ from any other's and treatment must take this fact into account by accommodating the types and amounts of substances administered or acts performed to fit blood's peculiarities (divination bones are seen to be the source of this information). Among the conditions noted is blood's flow and ´strength´ – blood flowing too quickly or too sluggishly, forcefully or weakly, can portend serious illness and is adjusted through the administration of medicines, *mushonga*, or application of sucking horns to decrease the volume of blood and remove blood clots (in

contemporary context, tennis balls cut in half are used for this purpose as they give an superior vacuum effect). Alternatively, water from different water bodies – lakes, fast running streams etc., is prescribed to adjust too vigorously or too slowly flowing blood on the principle of contact ´magic´. The colour of blood connects physiological and moral qualities in concepts of ´black´ (*tswu*) and ´light´ (*tswuku*) blood, the former taken as a sign of disease mostly inseparable from bewitchment, the latter connoting health and absence of mystical influences in the body. Dark clots of blood are seen as dense in witchcraft substance and their removal from the body as highly auspicious for the future recovery of the afflicted person. Since all illnesses are seen to affect the composition and qualities of blood, healing must take blood into account - without treating the blood, no illness can be cured, whether digestive discomfort, swelling and pain in the leg, blurred vision etc. Without treating the blood, treatment of other afflicted organs is seen as futile.

4.3.6 Health as flow, disease as blockage (*u vhofha, u vhofhofolola*)

As has become clear from the accounts of the main organs and functions of the body conceptualized by ´traditional healing´, particularly of the digestive system, *nowa*, and blood, *malofha*, the idea of balance represents the central notion of health and illness: the movement of substances in and out of the body must be in mutual harmony. Excess of substances entering the body without appropriate emissions – such as in the case of constipation (seen as retention of substance), retention of semen or menstrual blood, is seen to lead to disease as much as excess of substances leaving the body – as in heavy menstrual flow, too copious secretion of sexual fluids, diarrhoea. While the former situation is regarded as leading to the accumulation of ´dirt´ in the body, therapeutic interventions which include ingestion of material substances (*mushonga*, medicine) and massage aim to increase flows of substance and fluid out of the body. The latter situation is seen as depleting body's vitality with treatment aiming to increase retention of substance. The significance of these cultural notions of health and illness cannot be over-estimated: the passion for cleaning bowels and thereby ridding the body of ´dirt´, *tshika*, ´cleansing´, *tanzwa*, takes a substantial part of activity not only within the domain of ´traditional healing´, but also of Independent Christian Churches (drinking of ´holy tea´, *tie*, with laxative effects constitutes a major everyday activity of church-adherents) and in the form of lay administration of enemas (for similarities with the Italian context, see also Whitaker 2003). Similarly, insufficient sexual activity in men and

women, without sufficient excretion of sexual fluids, is supposed to lead to the thickening of blood, its progressively sluggish flow in the body, headaches and ultimately other illness.

4.6.7 Further etiological concepts: disease agents

Concepts relating to spirits, their form and their agency, constitute the core not only of religious systems – in this context ´traditional´/ancestor cult. They also constitute crucial elements in aetiologies of illness and processes of therapy - well-being and illness are key issues addressed through notions of mystical agency. The characters of the spirits vary. They may be evil spirits, *mimuya*, sent by a person with the intention to harm the chosen victim. Another type, nature sprites, *zwilombo*, is associated with liminal spaces in the landscape such as water bodies, lakes, springs and rivers, and with the bush. They are held to lurk at thresholds marking the boundaries between human settlements as sites of proper social order and morality, and roads and the bush associated with danger, immorality and strangers. These spirits may possess persons as they enter these liminal spaces, when they cross the boundaries between proper sociality and immorality. Last but not least, ancestor spirits, *midzimu*, are held to dwell in shrines set up for them in house yards, they also have their abode at graves of dead kin, or in divination huts of the ´traditional healers´. All these types of spirits can be denoted by the same term *muya* – breath, spirit, soul – a term which signifies their immaterial essence which can penetrate all material barriers, most crucially, of the human body.

Any of these spirits – *mimuya*, *zwilombo*, *mudzimu*, together with witchcraft, *muloi*, may enter the human body and cause a wide range of conditions, all of which are subsumed within a semantically very widely defined category of ´illness´, *u lwala*: pains in different parts of the body, characteristically chronic; digestive problems; menstrual problems, problems with pregnancy and childbirth; various psychological disturbances such as violent behaviour, fits, paralysis, commas, madness – the spirit is then held to substitute the victim's personality, become the agent of the person's behaviour. Spirits, evil or ancestral, and witches may also be held to be the cause of unemployment, conflicts at workplace, a condition of thrift (conceptualized as ´money disappearing from the person's hands´, *tshelede sokou balangana, suvha kha tshanda*); of conflicts, fighting, quarrels within the household. They may become the cause of the fact that a person is unable to attract love or prospective marital partners, or keep current ones. However, only evil spirits, *mimuya*, and witchcraft, *muloi*, can kill a

person. Ancestor spirits are seen to cause a lot of suffering, *vha mu shengela shengela*, but never death. Frequently, several mystical agents may be regarded to cause misfortune. The anger of the ancestors may open the way for witchcraft by withdrawing protection from the descendant. In such cases both the ancestor spirits and witches must be dealt with to bring cure.

Witchcraft, which can take many forms, *muloi*, or *madambi* (´witchcraft´ and ´evil magic´ respectively) involve notions of invisible, mystical agency of a person whose ability to bewitch is innate; or of a person who is able to draw on the help of witch familiars – the *tokoloshe* (a small man covered in monkey fur), or *turi/tshinama* (a wild animal, realistic such as a rodent, or fantastic). The sign of being bewitched by means of these familiars is associated with a bad dream at night from which one wakes up suffering from sore eyes and itching ears and a feeling of something moving inside one's body.

In the latter case, medicines, *mushonga*, or poisons are used as a means to harm the chosen victim. Witchcraft in this case acquires a material basis and is invariably ingested with food. Witchcraft suspicions therefore centre on the margins of one's body and meticulous control of exuviae and possessions. Great care is paid to the circumstances in which food is served and on the ´hidden´ motives of the servers. Just as commensality, as a central metaphor of proper sociality, is seen as a key to health and well-being of individual bodies, it can also hide asocial motives and lead to illness and death. It is the image of inversion of central social values associated with domestic reciprocity conjured up by acts and representations of witchcraft which amplifies the evil nature of the witch – not only does he or she bring disease and death, but does so through the most asocial means of violating domestic commensality. Witchcraft committed through the serving of food with poisonous substance by a household member who is in a relation of commensality to the victim is distinguished as ´witchcraft of the hearth/ kitchen´, *muloi ya tshitandani*, from witchcraft from the outside, *ya nda*, committed by a neighbour or a co-worker.

Furthermore, not only individuals but the households as a unit, *mudi*, can become the target of ancestors´ anger or witchcraft attack by a jealous person with the intention of ´breaking the household´, *u kwashela mudi*. In this case, rituals to protect the household, *u fara/hasha mudi*, are conducted by the ´traditional healer´. These consist in burrying medicines, *mushonga*, in the form of special burnt, pulverized roots, sticky berries and thorns (to make the witchcraft

´stick´ to them and to ´pierce it´) at the entrance into the yard and house, and smears the mixture on the door-posts. Water mixed with urine of the household head and medicinal powders is also sprayed on the walls of the house, to shield it from witchcraft. Pebbles from rivers and lakes are also buried at the entrance into the household to make witchcraft avoid the house, presuming it is a body of water.

4.3.8 Bodily fluids: material substances or immaterial symbols?

The fluids of the body - blood, sexual fluids, saliva and urine, do not hold a center stage in ´traditional healing´ only in the context of the dynamic conceptualization of health as a balance of flows into the body and out. They are also crucial in a section of ´traditional healing´ which might be conventionally described as ´magical´. In this context, bodily fluids are called upon not only for their tangible qualities, but also for the social meanings which they can be made to signify. As the following examples will reveal, saliva, urine and blood in particular become symbols of individual and social identities when used in specific ways, and have been drawn upon with the aim of effecting transformations of these.

Saliva, *mare*, forms the indispensible addition in the ´medicine for luck´, *mushonga ya lucki* (the English word is used due to absence of a Tshivenda term of corresponding meaning) which is used in order to secure ´luck´ by making other people appreciate, like, admire and respect oneself. To achieve these effects, a whitish root is chewed and mixed with saliva (*u shenga dola*) and then smeared on the face. A sceptical psychological anthropologist would very likely ascribe the potential efficacy of this ´medicine´ (as perceived by its users) to the change of consciousness which it leads to in the person using it, enhancing her confidence in social interactions and thereby changing others´ views of oneself in a positive way. Such an explanation, although common in assuring the anthropologist that ´others´ using ´magic´ are as rational as herself, however, fails to address the crucial meanings regarding the body, self and society which underlie and are expressed in ´luck medicine´. Bodily fluid, saliva, is seen not as an inert matter but as a substance which is endowed with the identity of its bearer – a substance which is at the same time a carrier of crucial (and immaterial) information about its possessor. It is only when mixed with saliva that the root medicine becomes effective – suggesting that the medicine in itself would not be able to discern the person for whom it is supposed to do its work. In a similar vein, saliva is also used in the magical procedure of *u*

vhofha - ´to tie´, which can be used by the household head in situations of quarrels and conflicts among household members to reinstate mutual solidarity, and respect for the household head as the figure of authority. The interventions of ´tying the household members´ consists in the mixing of specific root-derived powders, dust from the house, and saliva of the claimant into food which is subsequently served to the other members of household, usually the spouse and children. The latter are thereby supposed to ´understand´, *u pfesesa*, that they should not follow own self-interests and be recalcitrant.

Urine, euphemistically *madi ya Venda*, or *ulundo*, has been used in similar ways of signalling own identity to social others and achieving change of the latter's views of oneself, particularly in the context of witchcraft. Own urine is used in interventions aimed to protect own household from witchcraft attacks and the *tokoloshe* (witchcraft familiar, usually male). Urine of the household owner is mixed with special powdered medicines and water, and sprinkled at the precincts and on walls of the house. This is supposed to signal to the witch the identity of the house owner and the strength of her protection. Suckling babies, seen to be especially at risk from witchcraft attacks of envious kin and neighbours, are given a mixture of ground roots, mother's urine and blood drawn from incisions on her breasts to drink. The potential witch is thereby supposed to recognize the identity of the mother when trying to harm the child and be discouraged from a target which is endowed with more powerful protection than it first seemed.

The significance of saliva and urine as it has been seen to operate in these several examples, points to a different conceptualization of boundaries between the material and immaterial, between the body individual and social, the psychological, physiological and symbolic aspects constituting the person, and of causality, from its western constructions – also as these have been inscribed into biomedical concepts. The way in which bodily fluids have been used suggests a transcending of the dualism of subject and object – of abstract consciousness, agency, and material, concrete, inert body. Through manipulation of fluid parts of the body, detachable from it, processes of consciousness are simultaneously being transformed.

4.3.9 Hot and cold (*u fhisa, u rhotola*)

As in other African medical traditions, the dichotomy of qualities of ´hot´ and ´cold´ ascribed to objects, processes and situations plays a significant role in conceptualizing states of health and illness, and the circumstances in which these are seen to occur. This dichotomy penetrates several levels of ´Venda traditional healing´ ranging from the individual body to morality and divination. Generally, ´hot´, *u fhisa*, is an inauspicious condition associated with blockage, tensions in the individual and social bodies, witchcraft and anger of the ancestor spirits who may be referred to as ´burning´, *u swa*, their descendants – frequently expressed in the idiom of ´burning the heart´, *u swa mbilu*, an idiom also used in the case of malevolent influence of a witch. Dangerous places, such as deserted paths, the bush, shebeens, are all understood as being ´hot´, as well as persons who have shown anger and behaved aggressively towards others. These semantic clusters associated with ´hotness´ can also be exploited to benefit patients. Manipulations of medicines used as a contraceptive techniques, to ´close paths´, u *vhala dzindila*, include their subsequent burning and drinking in a warmed-up state – hotness as bringing about blockages in the body is in this case positively valued as a means of birth control. ´Cold´, ´being cold´, *u rhothola*, is seen as an auspicious quality associated with lack of tensions – in the physical and social body, with proper flows, satisfaction of the ancestor spirits and lack of witchcraft activity. When blood has been drawn as part of treatment and a swelling subsides as a result, the patient's condition is described as ´cold´ or ´cool´. When a patient suffering from witchcraft attack and anger of the ancestors has been released from the influence of their negative agency, her state is denoted as ´cold´. Similarly, a configuration of divination bones, *tangu*, in which all four basic dice fall facing down – *mutangula* – suggesting that a misfortune or illness has been defeated, is denoted as ´cooling down´, u *rhotholela*. Finally, while blowing of cold water from the calabash, *u phasa madi*, is supposed to ensure ancestral favour and ´open paths´ in the sense of the ancestors helping the person in her endeavours, blowing of hot water (or warm urine) is an evil act – allegedly increasingly committed by jealous relatives – which results in the ´paths closing´, *u vala dzindila*, angering the ancestors and ensuring misfortune and sickness.

4.3.10 ´Venda traditional healing´: The body political, medical struggles, and the making and crossing of boundaries

As we have seen, the concepts of ´traditional healing´ do not extricate the individual body from its social and environmental context, and physical body from emotion. They are not primarily concerned with individual selves and bodies, but with selves and bodies which are constituted through relations of reciprocity and exchange with the social and spiritual others and the natural environment, and inseparable from these. These ´holistic´ medical concepts of non-western healing traditions have often been noted by western anthropologists as part of their critiques of ´own´ biomedicine which have hinged on a contrastive, romanticised view of the medical knowledge and practice of ´others´. Lock and Scheper-Hughes have not escaped the allure of this romanticism. However, in the next section of this chapter I will use the notion of the body political which the authors have also proposed to contest the view, which the authors share with others, that the holistic cultural meanings assigned to body, self and disease in non-western medical systems are benign. Following the caution of Young (1982) I will, on the contrary, argue that they have been embedded in struggles over control of (not only) medical subjects and resources in both micro- and macro-social settings. In this way the semantic approach to concepts of ´Venda traditional healing´ discussed in the preceding section will thus be complemented by attention to pragmatic dimensions of ´Venda traditional healing´. This will, furthermore, bring us further in our wider argument through which we have been trying to elucidate how ´Venda traditional´ medical knowledge and practice has been (re)produced in the context of medical pluralism - and how, therefore, specific medical knowledge and practice have been (re)produced as *´Venda´, ´traditional, zwashu, zwa tshivenda, zwa tradition hashu*.

The concepts and aetiologies of ´Venda traditional healing´ which I have examined above do not simply constitute part of a timeless, entity-like, *system*. Although I have focussed on some core concepts and metaphors and their interconnections which have characterized the logic through which people – sufferers, healers, and others, have ascribed significance to symptoms and situations of misfortune, these must be conceived as a flexible network rather than a permanent, bounded whole. Moreover, it can more profitably be conceived as a dynamic set of medical *resources* (Worsley 1982: 333) which people draw on when addressing their own and others´ experiences of sickness and misfortune. In the following discussion I will focus on a particular aspect of these processes: I will try to elucidate how the concepts analysed above,

deployed to articulate specific situations of illness and suffering, have been drawn in efforts to construct boundaries between ´Venda traditional healing´, *zwa tshivenda* (lit. ´the Venda things, ways´; or more generally, *zwa vharema*, ´of the blacks´) and biomedicine, *zwa tshikua* (lit. ´the white ways, things of the whites´). Although evoking the socio-political categories of race of the former apartheid regime (´Venda´/´black´, versus ´white´), this ethnically-indexed model of a basic dichotomy applied to a range of domains including the medical has reverberated with new significances in the post-apartheid period as we will show. Re-examining ´Venda traditional healing´ from this perspective of boundary-work (see Luedke and West 2006) will allow us to situate ´traditional healing´ in the wider field of medical knowledge and practice and paint its portrait in more dynamic terms.

Before coming to the ´Venda´ case per se, a brief comparison with other African contexts will help to highlight the specificities of the South African situation. Quite a few authors in the past and present have focussed on ´traditional healing´ in different African societies and recognized that any such study can only be undertaken as part of examining the larger contexts of medical pluralism in these settings (for a pioneering work in this context, see Janzen 1978). These authors, however, while stressing the fact that diverse specialists – whether *n´anga* (´traditional healers´), Christian prophets or biomedical doctors, have been engaged in the practice of referring sufferers to each other depending on the nature of their ailment, have rarely gone beyond the representation of diverse medical traditions as distinct systems. More recently, anthropologists have pushed further as they have called for the overcoming of representations of medical pluralism as the side-by-side co-existence of medical traditions imagined as clearly bounded entities. It has been increasingly recognized that the boundaries separating ´the boxes´ have been far from clear-cut in reality characterized by crossing of boundaries, borrowings, appropriations and remaking of elements. Langwick (2008), for one, analysed a situation in contemporary Zambia in which biomedical staff operating on hospital grounds have assumed roles of mediators between western and ´traditional´ medicine. Sometimes they have allowed patients to use ´traditional´ medicine in the hospital, sometimes even encouraged and mediated its use, sometimes prompted patients to leave biomedical hospital treatment in favour of the services of ´traditional healers´. Langwick has proposed the term ´bodily assemblages´ (ibid. p. 436) to highlight the fact that people do not only combine diverse therapeutic options in their health-seeking practices – they overlay them one over the other, often simultaneously. As the author has argued, their

bodies have been produced ´across diverse spaces of care and through broad therapeutic ecologies´(obcit. p. 437).

While these approaches to ´traditional healing´ and ´medical pluralism´ have been incisive and fruitful, the ´Venda´ case does not give itself easily to such analytical frameworks generous in stressing interconnections, crossing of boundaries and bodily assemblages. For while such interconnections have been a crucial part of processes through which ´Venda traditional healing´ has been (re)produced, they have also been contested and redefined as undesirable or outright harmful and dangerous - to patients, healers, to health generally. In the ´Venda´ case one confronts the situation when healing practitioners themselves have insisted on the vital importance of clear-cut boundaries between medical traditions, on the conceptual level and in practice. This has been occurring in the face of analysts calling for the dismantling of the dichotomous frameworks as too constraining - and in the face of appropriations and movements across boundaries which the (re)production of such boundaries has necessarily entailed. In the following account, I will discuss the processes of boundary construction and maintenance, and of boundary-crossing, mediated by ´traditional healers´ in relation to biomedicine as ´mutually constitutive acts´ (West and Luedke 2006: 6) embedded in specific socio-political dynamics of medical struggles in post-apartheid ´Venda´.

Incorporation of elements which include references to biomedicine, *zwa tshikua*, can be interpreted as a means through which conversancy with the medical ´other´ can be demonstrated while keeping it at arms´ length. Thus, the biomedical references in the practice of ´traditional healers´ include those which can be appropriated as a veneer of ´professionalism´ without violating the logic of ´traditional´ healing; in the process of incorporation, these elements of biomedicine are of course also being refashioned in ways which the rational biomedical specialist would perceive as violations of ´rational scientific principles´ and, perhaps, as laughable ´farce´. It is in the context of this complex dynamics that, for instance, the use of *maglavu*, a Tshivenda rendering of the English term ´glove´ (pl. ma-), must be seen. *Maglavu* consist of pieces torn from an old plastic bag and wrapped around the index finger used to smear *mushonga* (powdered leaves and roots mixed with vaseline or animal fat) into incisions in the act of ´protecting the body´, *u fara muvhili*. Incisions, furthermore, have also been denoted by the biomedical term of ´injections´ due to the resemblance seen in an object (razor blade/needle) penetrating the surface of the skin, accompanied by blood emission – incisions being the only practice within ´traditional

healing´ which entails ´cutting into the body´; ´traditional´ therapies otherwise overwhelmingly concentrate on manipulation on the surface of, or occur quite apart from, the body of the patient. In the use of ´gloves´, Venda ´traditional healers´ are unexceptional. Harry West has noted a similar practice – the use of latex gloves in this case (though reused for patients without concerns for sterilization and the principles of germ theory) - among ´traditional healers´ in Mozambique (2006: 31). By including references to biomedicine in their own practice, ´Venda traditional healers´ have simultaneously been resignifying them as symbols communicating their control over biomedical resources.

An image of biomedicine, *zwa tshikua*, which has been construed by ´traditional healers´ - and their clients, can be seen as a ´reflective surface´ (Friedman 1994: 79) upon which ´traditional healers´ have gauged constructions of ´own´, ´traditional healing´. Both images are shifting targets construed dialectically, while the boundary between them is both permeable and salient at the same time. These boundary-constructing efforts are also implicated in a critical evaluation of biomedicine which many of its western (´scientific´) critics would in a number of respects find congenial. Several authors have recently pointed to the fact that dichotomous categories such as ´modernity´ and ´tradition´, ´city´ and ´country´, ´modern´ and ´traditional´ medicine, have been used by people to orient themselves in their everyday lives at a point when the anthropologists who have studied them have been abandoning these categories as overly simplistic dualisms inadequate to the study of much more complex realities on the ground (see Fergusson 1999; Ledge and West 2006). The insistence on the incommensurable differences between ´Venda´ and ´western´ medicine must be seen in this wider context of paradox between anthropologists´ theories and people's practice.

A number of features are identified as characteristic of biomedicine, features by means of which western medicine, *zwa tshikua*, is construed as the ´other´ of ´traditional healing´. Biomedicine, *zwa tshikua*, especially as it is practiced in hospitals, *sibadela*, has been seen as having only a very limited set of diagnoses at its disposal, which, moreover, the biomedical experts, *dokotela ya tshikua*, have been using in an indiscriminate, haphazard manner. These diagnoses are seen to more or less correspond to illness labels: ´AIDS´, ´ulcer´ (or *zwilonda*, lit. wound), ´BP´ (high blood pressure), *´swigiri´* (Tshivenda ´sugar´, i.e. diabetes) – English-derived terms used by ´traditional healers´ and their clients. The referential nature of biomedical illness categories implies the logic of organic pathology located in the individual,

physical body, as the cause of disease which is seen as ultimately underlying an illness experience. This referential principle is incompatible with the understanding of illness reality within the domains of ´traditional healing´ which has worked with multi-causal and multi-symptomatic diagnostic clusters, inter-connecting physiological, emotional and social levels of disorders (for a further discussion, see following chapter dealing with divinations). Viewed through the lens of ´traditional healing´, the biomedical diagnostic approach inevitably appears limited and inaccurate, necessarily missing aspects of disorder of crucial importance. As a result, biomedicine is seen to dismiss people who are ´sick´, *u lwala*, as ´healthy´ because it is unable to discern the origin of sickness lying in social conflicts - *zwa vhathu*, lit. ´of/from the people´.

The very practice which biomedical experts hold to be the cornerstone of biomedical ethics – patient's rights to information translated into communication of diagnosis to the patient, and also considered as the key of successful therapy since access to information is seen to lead to health-promoting behaviour in relation to the specific diagnosis, is regarded by ´traditional healers´ as leading to the opposite: a disease-promoting practice ultimately going against patients´ interests. Most clearly, this can be illustrated in the case of perceptions of biomedical diagnosis of AIDS which ´traditional healers´ have deemed as a means to ´kill people´, *vhulaya vhathu* – as promoting a serious health crisis, rather than helping to manage it, as the biomedical actors hold. According to ´traditional´ aetiologies (see the previous section), being informed about own or relative's HIV positive status results in the ´heart hurting´, *mbilu i a vhavha*, leading to too much thinking, *u humbulesa*, and subsequently to the disruption of all vital processes beginning with the digestive system, eventually culminating in death. This view has mobilized ´traditional´ aetiologies of direct causal links between negative affect and disordered physical state, while deploying them in the contemporary context of the AIDS pandemic to contest the ability of biomedical rationalities to manage it.

Boundary-making and critique of biomedicine as part of construing distinct identity of ´traditional healing´ has also shaped the perception of medicines – objects of healing. For the Tabwa of the Democratic Republic of Congo, Davis (2000: 223-4) has argued that local people perceived biomedical therapeutics as superior to those of ´traditional´ medicine due to the former's use of posology, seen to allow for the determination of precise doses adjusted to the size, age, and other specific characteristics of the body of individual patients. ´Traditional´ healers and their clients in the Venda context have construed the differences between western

and ´traditional´ medicines in reverse terms, grounding these in claims of divergent epistemologies and social relations of therapy. Biomedical pharmaceuticals - ´pills´, *dzipilisi*, *mushonga ya tshikua* (´white medicine´), have been seen as standardized means of cure with limited effectiveness inhering solely in their material qualities and the level of the individual body. The distribution of prototypical pharmaceuticals has been associated with mass relations of doctors and patients in large-scale hospitals – a context in which drug-prescriptions are seen not to be accommodated to specific characteristics of individual patients. Furthermore, pharmaceuticals are seen to circulate within commoditized relations of entrepreneurs and customers of the capitalist market – within movements beyond control of local people. Perceptions of pharmaceuticals thus constitute a further arena through which distrust in, and critique of, the institutions and social organization associated with the administration of biomedicine is expressed. According to several healers, pharmaceuticals have low efficacy due to practices of dilution of medicines to meet increasing demands on the health-care system by a growing number of patients which has not been accompanied by corresponding increase in state funding. Moreover, attractive packaging, a variety of colours, lack of odour and taste – characteristics which transform pharmaceuticals into saleable commodities, have been deemed as the very reasons for their dubious efficacy as perceived by ´traditional healers´.

´Traditional´, ´Venda´ medicine, *mushonga ya tshivenda*, is construed as having superior efficacy due to properties contrastive with pharmaceuticals. It consists of leaves, roots, plants, barks, which are characterised by dark colour, pungent smell and strong, even nauseating taste seen as being crucial to its curing capacity – *a hu na mushonga hu sa vhavhi*, lit. ´there is no medicine which does not hurt´. It defies convenient packaging – although the questions whether ´traditional medicine´ should be packed as pharmaceuticals to become competitive on the commodity market has been a bone of some contention among practitioners of ´traditional healing´ and a range of other actors – such as government representatives (see bellow in Chapter IX). The latter's interest has lied in defining ´traditional healing´ in ways palpable to the members of the middle classes and elites with ´modern´ aspirations and criteria of prestige. Some healers have embraced these developments by using empty photo-film containers, to be filled with ground medicines – a privileged form of packaging of ´traditional medicine´ used only for propertied clients of high prestige, usually urbanites from Johannesburg and Pretoria. Other healers have rejected such practices as anti-thetical to what ´traditional medicine´ should stand for: close connection to the ´Venda´ land, *shango ya*

Vhavenda, the bush, *daka*, to medical practices used by predecessors living in the distant past utilizing means derived from their immediate ´natural´ surrounding, not manufactured products.

Moverover, the administration of ´traditional medicine´ has been associated with intimate knowledge of the patient's body by the healer to which she gains access through relations with the ancestor spirits. The dosage and composition of medicines can thereby be adjusted to the very personal characteristics of the body of the patient and the precise stage of the illness. It must be noted, however, that while the personalization of ´Venda´ medicine has been asserted on the ideological level as a principle distinguishing it from pharmaceuticals, it has not been maintained in actual practice in which patients have mostly been given the same types of medicine in the same quantities (the type and dosage depending more on the social prestige and economic power of the client than on health-considerations). This fact could be interpreted as either ´denial´, maintaining of double-standards, divergence of ideology and practice as suits the healers´ convenience and pragmatism. But it could also be seen to persuasively illustrate the wider argument proposed here - that perceptions of the sharp contrasts between ´Venda´ and ´western´ medicine have been part and parcel of efforts of boundary-making which have relied on divergent categories to represent realities which have been much less clear-cut.

While construing salient boundaries between ´western´ and ´Venda´ medicine, however, ´traditional healers´ have not wholly separated themselves from its rival biomedical ´other´. As has already been seen in the case of the use of biomedical elements such as *´maglavu´* and ´injections´ in own practice, the strategy of boundary-making has been inseparable from the crossing of boundaries. In this instance, the border-crossing has been relatively smooth; in other instances, it has been construed as much more problematical. For while ´traditional´ healers have insisted on the superiority of own medicines and therapeutic procedures, they have also at times been biomedicine's patients themselves when their persisting symptoms failed to be alleviated by ´traditional´ means. During my fieldwork, ´traditional´ healers have used biomedical services - consulted dentists, general practictioners of biomedicine, and undergone surgical operations in hospitals. These experiences have contested the healers´ own assertions of biomedicine's inefficacy, assertions through which the identity of ´Venda traditional healing´ has been construed in part contrastively in relation to biomedicine ´of whites´. The ways in which this paradox has been addressed is highly illustrative of the

specific character of medical pluralism in ´Venda´ where ´bodily assemblages´ - while the norm - have been perceived through the lens of danger, conflict, incommensurability, and even source of disease as such.

In this context, visit to the biomedical specialist is held to be a risky endeavour if not preceded by offerings to the ancestors (of tobacco, *u shela fola*, and/or water, *u phasa madi*). Without informing the ancestors first about the visit, the biomedical intervention is regarded as bound to have a catastrophic course and consequence. Usually, misdiagnosis of the person's problems are seen to ensue, leading to a therapeutic intervention targeting the wrong part of the body. Frequently, and in line with the ´witchcraft worldview´ stressing the notion of misleading appearances occluding different, less rosy, realities, a biomedical therapy would only work on the person while she dwells at the precincts of the biomedical institution, followed by a remission of symptoms at the very moment of returning home. Often, the sick person – particularly when herself a practicing ´traditional´ healer, may suffer from a condition of ´freezing´, *u oma*, upon contact with biomedical technologies such as the sonograph, dental drill, or before surgical operations at the moment when the patient is stripped of ancestral bangles (to ensure septic standards). What we are witnessing in these instances is not the body as assemblage, ´body multiple´ (Mol 2002, quoted in Langwick 2008: 437), but ´body divided´, incommensurable – a body which, for its health, depends on proper management of boundaries between medical traditions, boundaries whose very crossings may cause serious sickness – and is seen to often lead to such dangerous consequences.

As noted above, while these crossings are possible and have been routinely practiced, they only cease to be dangerous and detrimental to health of individual bodies when adequately controlled and mediated. Performance of ancestral offerings constitutes such practice of mediation through which, moreover, encounters with biomedicine have been subsumed within a meta-medical framework: framework which places the ultimate control over efficacy of therapies, both ´traditional´ and ´biomedical´, over health and illness, in the disposition of ancestor spirits towards their human descendants.

Distinctions among therapies, medicines, and experts have come to be fixed as markers differentiating ´traditional´ and ´western´ medicine, *zwa tshivenda* (lit. ´things Venda´), and *zwa tshikua* (lit. ´things white´) – distinguishing terms through which historical experiences of

profound racially-indexed inequalities have reverberated with new political and cultural significances. Biomedicine – the ways in which it has been experienced by local people - has been mined for objects and techniques that can be used as markers of medical differences. Several aspects proved to be ´good to think with´ (L-S): ´pills´; and ´surgery´ - in particular the septic regimes with which it has been associated - ´dzipilisi´ and ´cutting´ (*u tshea*, lit. to cut) as these have been rendered in the local idiom. I have already tackled how perceptions of differences between ´white´ and ´Venda´ medicine – *mushonga zwa tshikua*, lit. white medicine (i.e.´pills´) and *mushonga zwa tshivenda*, lit. Venda medicine (i.e. herbs, plant and animal parts), have been construed. Differences between ´Venda´ and ´white´ medicine has been further elaborated in the context of surgical operations done in hospitals which contrast with ´traditional´ interventions taking place above the skin – or even on objects only metonymically associated with the patient. From the point of view of local aetiologies, surgical techniques – lit. ´cutting into the body´ in the local idiom, have been futile since operations have been incapable of removing the causes of illness seen as ultimately rest in witchcraft or ancestral punishment. By commenting in this context that ´white medicine´ does not know our ´black bodies´ (*zwa tshikua a zwi divhi muvhili dza rine vharema*), ´traditional healers´ have articulated perceptions of the differences between notions of the body: the individualized, materialist notion of a universal body of biomedicine; and the body and its functioning as signs of person's relations with spiritual and social others as the basic premise of ´traditional healing´.

Surgery has become a focus of medical differentiations also for another related, yet more frightening reason; its septic regimes have been seen not only as stripping persons of contagion, but of cultural identify. In this context, stories have circulated among lay as well as biomedical personnel (nurses and doctors), depicting patients – usually ´traditional healers´ or persons possessed by ancestor spirits – who have acquired immense strength and weight in moments when hospital attendants attempted to remove ancestral bangles from their arms and legs to ensure septic standards before applying anaesthetization prior to surgical operations. Invariably, these attempts had to be abandoned, while ancestor spirits were identified as the agents behind such superhuman transformations. The superhuman transformations and the objects and plot structures with which they are marked in these stories – bodies, ancestral bangles, regulated spaces, hospital attendants blindly following rules of septic standards, and seemingly vulnerable patients - have constituted creative acts through which the differences between western and ´traditional´ medicine have been asserted on the grounds of biomedical

spaces par excellence: hospitals and their regimens. These stories (as well as the experiences on which they have partly drawn) have contested division of clinical labour, roles and authority by reversing relations of subjects and objects of biomedical practices - doctors and nurses acting on inert bodies. Rather, patients´ bodies have become sites in which superior agency of spiritual powers has been made tangible, defying the reified body of biomedicine. While transcending boundaries between biomedical and ´traditional healing´, individuals in these stories (and their narrators) are also resisting connections between the two and drawing the boundaries of their mutual differences.

Like pills, surgery and septic hospital regimes, the ´Venda´ aetiology of AIDS has made connections between biomedicine and ´traditional´ healing in ways which have simultaneously asserted their insuperable differences (this issue will be further discussed bellow). It has also brought processes of medical differentiation into a further domain - female sexuality and fertility with the result of resignifying the biomedical label of AIDS to speak to gendered aspects of health-risk in ways which have articulated locally construed concerns over medical dis-orders. While embracing recent critiques of anthropological representations of such dynamic situations of medical pluralism in binary terms, this paper has nevertheless shown the viability of such binaries as emic categories. Through making and remaking of dichotomous differences between medical systems, local people have perceived, and creatively acted upon, fragmented and contradictory medical spaces in which they have negotiated ´health´ and ´illness´.

5. CHAPTER V: DIVINATION THROUGH CONCEPT AND PRACTICE

5.1 Methodological note

The following analysis of the symbolism of divination and its place in the ´traditional´ healing system as well as in reflections on issues of social change has been based on long-term research extending over most of my fieldwork with 7 diviners, 5 women and 2 men. I had become a participant observer in the healers´ households several weeks before I had been allowed access to the divination huts to be present during divination séances - a permission which had required a lot of trust and generosity on the part of both the healers and clients,

often completely anonymous strangers to me. Engaging more fully with both healers and clients on an everyday basis, rather than in the limited time-space of divination, has allowed me to carry out informal conversations with the healers and clients, reflecting on the contents of divinations and efficacy of treatment. I had also been able to participate in treatments of a number of clients. I was allowed to take notes during the divinations of which I witnessed over a hundred and taped 36. I have not been able to secure funds during my fieldwork to have these taped divinations transcribed by a Tshivenda-speaker. The transcriptions which I have done myself after return from South Africa have not proof-read, for the same reason of having no funds and no access to a potential Tshivenda-speaker in the Czech Republic. Therefore, the texts of divinatory discourses which I provide bellow are only given in English, with hopes of professional transcriptions to be secured for a future publication.

5.2 Divination: symbol and practice

The practice of divination rests on the epistemological presumption according to which knowledge of disease, and of the means to cure – particularly in the form of specific medicines (plants, tree barks, roots), is revealed by the ancestor spirits, *midzimu*. The means of revelation are primarily dreams, *miloro*, through which the ancestors communicate information to the descendants through a series of set images. Virtually everyone has access to this knowledge by means of relations to the ancestors – however, only initiated healers, *n´anga*, have a deeper insight into the significance of the communicated symbols and of the many kinds of medicines. The difference between the layman and the medical specialist is therefore one of degree rather than kind, the medical specialist having had cultivated the skills of discerning subtle means of ancestral communication. Most frequently, divination is sought in order to find the hidden causes of present misfortunes – illness, long-term unemployment, poverty, death. To a lesser degree, diviners are consulted with the aim of eliciting the outcomes of planned activities such as rituals, job interviews, sale of property, labour migration to the urban centres.

As in other African contexts (see, for instance, Blier In Peek 1991: 73), the practice of divination - *u tungula*, represents a central node of the ´Venda´ medical system, *zwa tshivenda*, in providing means to conceptualize experiences of suffering in intelligible terms and linking them to causes which can then be acted upon. In the following section I will

consider the divination process from two main analytical angles which are different but complementary and indispensible to the full comprehension of divination as a process through which medical knowledge is construed and communicated, and social relations are (re)constituted in specific ways. One of the approaches will focus on the semantics of the divination discourse, exploring the meanings of terms which relate one to another, the ways in which divinatory phrases and symbols relate to wider ´traditional´ medical concepts and cultural idioms. The second approach will elucidate the social situations in which divination is deployed, the relations between ´specialist´ and ´client´, the ways in which origins of divinatory knowledge are construed. Throughout this two-pronged analysis, I will interrogate the ways in which divination has been constituting – and often contesting - the ´three bodies´ distinguished by Lock and Scheper-Hughes (1987), individual, social and political - processes which must be considered in the larger context of medical struggles over definition and control of bodies in post-apartheid Venda.

With respect to the representational dimension, the ´Venda´ divination is the ´extreme type´ (Werbner 1989: 24-5): ´a résumé of a whole social order´...´with each lot being used for the ambivalences and multiple aspects, positive and negative, of social persons and institutions. It is, then, the opposite of Azande divination (Evans-Pritchard 1937) - ´methodical, step-by-step selection´. Many bones/symbols, with binary indicative capacity – *u vuwa, u lala*, falling ´face up´, ´face down´, and with different meanings depending on the wider configurations in which it occurs and on the level of representational meaning which the diviner chooses to concentrate on: ranging from physical, emotional, social, to spiritual (for instance, a specific stone, bluish - ´water stone´ falling inside a round shell can signify: problem in the stomach, *dangani*; conflict in the household, *mudi*; neglected ancestral sacrifice, *mapfumo* – or all at once, revealing the diverse levels of the client's problem). The language of the divination is very intelligible and does not include cryptic phrases or words. The ´authoritative verse´ (Werbner 1989: 25) which the diviner recites repeatedly to establish authority of her utterance is ´as the bones are saying/this is what the bones are saying/when the bones are speaking´, *musi tangu dzi tshi khou amba*.

The divination is based on epistemological assumptions which centre on the uncovering of the elusive ´truths´ behind ´appearances´ and claim to be damasking numerous forms of artifice and semblance – emanating from the social, as well as natural, environment. During a divination séance, events and persons of everyday life are revealed to have a hidden quality

portending danger and jejune signs of irregularities, ´unnatural´ occurrences, acquire the air of certitude. In case of human beings, ´enemies´ are revealed to be posing as ´friends´; slightly awkward movements of objects, seemingly unaided (such as a plastic bag blown by the wind; a gate seemingly opening and closing giving off a squeak), are pinned as sure signs of witchcraft, or ancestral communication. Divination portrays a very capricious vision of reality, contesting ´common sense´ experience, to be able to - within its microcosm – to conjure up a world of absolute certitude.

The divination process rests on the presumption that the diviner - ´traditional healer´, *nanga, maine,* has complete access to crucial information regarding the sufferer's body, emotion and social milieu through contact with omniscient spiritual beings, the ancestors, *midzimu*, who communicate this knowledge to the human medium. The respective roles which the diviner and the sufferer-client assume during the divination process, and which are marked by inequality with power to control the definition of the situation resting largely with the diviner-healer - follow from this basic premise. This relation between client and healer, patient and doctor, is the inverse of that exemplified by biomedicine. While in both contexts the healer/doctor is in a position of authority, in the context of western medicine, ´the sufferer must convince the physician of the reality of his symptoms, and the physician must persuade the patient...to accept the treatment he recommends´ (Janzen 1978: 224). In the context of ´Venda traditional healing´, the client is assigned the role of mostly a passive observer and listener to oracular statements. The diviner's role is to access ancestral sources of knowledge without querying or making contact with the client directly and persuade the client that s/he knows the precise reality of the client's symptoms. Consequently, the diviner's ´art of knowing´ has a two-pronged leverage: representing the reality of client's symptoms as they are, accurately; and/or persuading the client that this is the case. The diviner's role is therefore both that of a knowledgeable expert and of a persuasive charismatic medium. The ability to navigate these two roles also corresponds to two levels of divination – the ´factual´ reciting of symptoms, and rhetorical elements - is the key to success and wide repute of the particular diviner-healer.

In this context, the only piece of information provided by the client to the diviner is the ancestral name, *dzina ya kale, ya vhomakhulu*, the name given to the person by a family elder, usually by the maternal grandmother. The ancestral name is often not the one by which the person is addressed by others in everyday interactions and which is provided on the birth

certificate – and, it is important to stress, used in biomedical settings. Since causes of a wide range of afflictions are sought not in the individual body (or body-self) but in relations to social and spiritual others, the ancestral name is supposed to provide access to crucial knowledge of the client's position within a set of relations of ego to the living and deceased relatives. Furthermore, the client is obliged to breathe on the divination bones, an act which is supposed to familiarize the divination apparatus and through it the ancestors with the individual identity and actual state of the sufferer. The breath is associated with the spirit, soul, *muya*, of the individual, a concept which we have seen to be a crucial component constituting the Person in ´Venda´ perspective. These two sources of information about the identity of the client are also seen as sufficient as exhaustive sources of information about the different levels of her affliction – emotional, social, physiological, spiritual. Crucially, although the divination discourse to a large degree concentrates on conceptualizing the states and experiences of the individual body (see bellow), access to this knowledge is mediated *without* taking the individual body into account – no diagnostic techniques such as pulse taking, touch, smell, examination of eye movement, skin etc. are performed by the diviner-healer.

The diviner may use one of two main techniques to contact the ancestors – divination bones, *tangu*; and/or direct possession which may be accompanied by the use of rattles, *tshele*. In the former case, knowledge of the client's suffering is supposed to be communicated by the ancestors via influencing the configurations of the divination bones which the diviner throws on the ground. In the latter case, the ancestors communicate directly through the diviner who has entered trance. Only in the former case, including the use of divination bones, is the possibility of error and contestation built into the divinatory situation itself, and the diviner may encourage the client to disagree with the statements provided by the divination, without the risk of having the authority and truth of the divination delegitimized. This aspect is also an important tool allowing diviners to maintain interpretative authority even in cases when their claims about the client's misfortunes may not be fully accurate. For the inaccuracy of divination is not seen to ensue from the failure of the divinatory apparatus and the healer's knowledge as such, but from other forces possibly intervening with the fall of the divination tablets: such as witchcraft, or even the capriciousness of the ancestor spirits themselves who may try to mislead both healer and clients. These conceptualizations of the divination process may be deployed strategically by the diviner especially in situations when clients are complete

strangers and may at first seem to show discomfort with the claims articulated through the divination.

Lock and Scheper-Hughes (1987: 303) have suggested that ´...ethnoanatomical perceptions...offer a rich source of data both on the social and cultural meanings of being human and on the various threats to health, well-being, and social integration that humans are believed to experience´. Following their lead in the previous analysis I hope to have shown not only the main concepts of Venda ´traditional healing´ but also the many ways in which they have been shaped by, and in turn shaped, concerns over moral personhood, proper forms of sociality and identity in the context of rapid cultural and social change. The ways in which the ethnoanatomical perceptions of ´traditional healing system´ have been drawn upon by diverse actors to make sense of major changes in society and their own experience will become clearer through the analysis of two exemplary divination séances. The divinations are conducted in a liminal space of a hut or a room which has been consecrated for the ancestor spirits and which can be entered into only barefoot, with women having to kneel on the threshold. The core divination symbols are four elongated ´bones´, *tangu* (one set cut out of ebony, another out of black *muluri* tree) with one side plain, the other dotted with circles. The set of divination bones is divided into two pairs of ´women´ and ´men´, ´young´ and ´elder´ (*twalima* – elder woman, *lunwe* – young woman, *hwame* – elder man, *tshilume* – young man). Only when cast on the ground and revealing a particular configuration depending on which side they land do the bones become meaningful. By the deployment of two dichotomies: gender and seniority – also the two major distinctions of social status, combined with two possibilities of how the bones may fall (*u wuva*, ´to wake up´ – falling the dotted side up; *u edela*, ´to sleep´ - falling the plain side up) sixteen possible configurations are arrived at. The diviner is then supposed to interpret these configurations according to pre-set formulae which they are held to signify. In fact, a great deal of leverage exists in interpretations of throws depending on the gender, age, class and social position of the client. Many of the symbols and phrases used in the divination are sufficiently polyvalent to accommodate very different meanings which partially derive from the particular context and social standing of the consulting person.

Although the basic set of divination tablets have remained unchanged since the beginning of the 20th century (as described by Stayt 1931: 236-42), and their former meanings have been recognized by informants who had studied the historical documents, a great deal of innovation

has been taking place in the symbolic resources of the divinatory apparatus. For instance, a specific configuration formerly signifying the acquiring of substantial wealth by the head of the household – in the form of ´cattle entering the kraal´, has been reinterpreted to mean the acquisition of a car; moreover, the precise type of the car has become intelligible from the kind of the shell falling – a larger shell signifying a land rover (*goloi ya buckey*), a smaller shell signifying a personal car (*goloi ya private*). Similarly, when ´a person with a big name´, *muthu vha dzina mahulwane*, formerly signifying a healer, *nanga*, or chief, *khosi*, the meanings have now been extended to accommodate a founder of a large church, and a person who has own business (*muthu o na business*).

The divinatory process takes the form of a conversation between an ancestors, an elder/grandmother/grandfather and a child, *nwana*. The voices of both are represented in the divination narrative by the diviner herself – the diviner switches positions between representing the elder who is addressing her/his (grand)child (*nwananga*) and the ´child's (i.e. patient´s/client´s) voice describing own experiences and difficulties. The elder (i.e. the divinatory sequences representing the voice of the elder) is portrayed as omniscient, and even corrects the ´child's´ claims about her own states – you are saying you are happy, but how can you be happy, my child, when you are crying wherever you go, as you are suffering and crying while walking on your path´. The client does not put a question or request to the diviner; the diviner is supposed to identify and interpret the reason for the consultation and its circumstances. Physical affliction is stressed – even for clients who inform the diviner that the nature of their problem does not inhere in sickness but that they only came on account of such issues such as a job interview, founding of a new business venture, the outcome of a court case, are divined to have serious health problems. While the divination concentrates on the body, its processes and sensibilities, however, it encompasses the body from the point of view of *how it is experienced* by the sufferer, not from the point of view of an abstract anatomy - from the point of view of localized as well as diffuse pain, feelings of tension in specific parts of the body. Bodily sensibilities are inseparably tied to emotional states in divination discourses.

Divinatory discourses do not define illness and suffering as an *entity* which could be seen to correspond to the biomedical notion of a ´disease category´ associated with a clearly defined set of symptoms. They privilege ´the mindful body´ as defined by Lock and Scheper-Hughes. For they provide a phenomenological language to conceptualize often very diffuse feelings,

experiences, moods and tensions from the point of view of an experiencing body/subject rather than from the perspective of a detached image of causal links between pathologies occurring within a body reified as a materialist whole and alienated from subjective experience. Moreover, no expert jargon accompanies this language – it provides descriptions of physical and emotional states which are fully intelligible to the sufferer and which potentially draw on her own observation of bodily processes and their influence on behaviour. In this context, the divination comments on emotional states and moods (´sometimes you are happy, sometimes you are not happy´; ´your heart is burning´, ´heart is hot´, ´heart is doing its own thing´, ´other times it is fine and calm´; ´sometimes you are overcome by fatigue, even though you are an energetic person´, ´you become apathetic´); on vital processes (´sometimes you have great appetite for food, eat all kinds of things, other times you cannot even finish your plate´; ´sometimes you are going well to the toilet, but other times you do not go so well and are constipated´); on pains in different parts of the body.

Furthermore, the divinatory discourse aims to provide links between the body individual and the body social by suggesting points of tension in the client's social milieu which provide context for the identification of potential witches using malevolent means to cause harm to him. The loci of social strain are only vaguely defined to allow the client to read significance into the diviner's suggestions according to own perceptions of animosities in her immediate social context. Generalized identifications as ´someone close to you´, ´someone outside´ or ´someone from the kitchen´ (i.e. from the immediate commensal group) are used by the diviner together with tentative specifications of the enemy's identity: ´it is a woman, not thin, not fat, in the middle´, ´of a darker complexion, but only a little darker´, ´someone posing a friend´ etc. And usually after this moving towards issues of religious identity and practice, issues of family past, historical memory, and the neglect of all these issues and obligations. If clients retorted they have done all the sacrifices, the divination is modified along the lines that the sacrifices have not been conducted properly and the ancestors are still unhappy, and there was some mishap when doing them like using an animal of the wrong sex as the sacrificial victim.

The question of efficacy of a divination transcends a particular divination session – divination's accuracy is judged according not only to the loyalty with which it describes key experiences of affliction of the patient, but also according the efficacy of the therapeutic procedures which ensue from it. Therapy usually entails a regimen of medicines, *mushonga*,

and offerings to the ancestors – either a minor offering of snuff tobacco, *u shela fola*, accompanied by invocation and stating of the wish to be cured; offering of water sprinkled through the mouth, drunk from the calabash, *u phasa madi*; larger-scale feast involving sacrificing an animal – cattle or goat, and consuming the meat in a communal meal shared by members of an extended kinship group, *muphaso*; or all of the above.

5.3 Divination in practice

In the following examples of concrete divinations will illustrate many of the general points given above. Divination derives its persuasive force for the sufferer-client by placing experiences of bodily felt malaise and disorder in a wider set of concerns relating to main sources of social tension and frustrations over the inability to attain desired social ideals and live up to gender-specific aspirations. The examples show that every divination is more than a ´diagnosis´ of the ills of individuals/individual bodies. It also constitutes an arena in which the relationship of ´Venda´ healing to other medical/religious traditions is being negotiated. Moreover, they reveal a deep awareness and knowledge of the concepts and methods of the ´other´ - biomedicine and Christian healing (*zwa tshikua, zwa kereke*), which have become an integral part of divination discourses in efforts to discredit them. In the divinatory discourses, ´traditional´ concepts have always been in dialogue with biomedical knowledge.

5.3.1 Divination for a middle-aged man

Diviner: When they catch the name, Dzivhuluwani,
the bones are saying (*musi tangu dzi tshi khou amba*),
it is right, something was lost, you are thinking too much,
you are thinking the things of others are nice,
they are in order, but those of mine,
they are falling apart, this is what the bones are saying.
The ancestors on the side of the head, *thohoni* [father´s lineage],
long, long ago, they did these things, of divining
and healing people, they are complaining and complaining.
You have pain, you cannot get up from bed in the morning,

you feel weight on the shoulders, you think: I have been
carrying heavy loads, without having had carried a thing.
I am being eaten (*ndi a liwa*)...this is what the bones are saying,
it is the truth, when they catch my name. They are saying,
these down here, I feel pain in the heart, what is causing this?
What is happening with me? This is what the bones are
saying, when you urinate you feel pain, the urine is hot,
and you do not like its colour...
When you begin an encounter with a woman,
your back is sore and aching, you are overcome
by tiredness. You cannot go to the small house [toilet]
you are tied up, and in the stomach something is running
back and forth, the snake, *nowa*, [alimentary tract] is rising up,
you have nausea and want to vomit, you think it is bile,
it is acid in the stomach, you are choosy about food,
and eat with great difficulty, but no, you are being sick,
[*ni khou tou lwala*], this is what the bones are saying.
Your body is hot, painful, you feel like a person who had been
ground in the mortar, from time to time your heart is giving
trouble, from time to time you feel happy for a while,
when the bones are speaking. My child, in the middle
of your house/hold (*mudi*) you do not get along well with
the other person, sometimes you think, where else would I go?
This is true, when the bones are speaking.
You are angry, you are visited in the middle of the house...
I am a man of work, I make plans, but my plans do not
go forward. Something is running inside the shoulders
and leaves through the arm, when the bones are speaking.
Dreams are not nice, you do not get any sleep,
You dream of hot things (*zwo ofhisa*), sometimes you see something,
a person passes in front of your eyes, you have a blackout,
you fall asleep and think you will not get up anymore,
when the bones are speaking. The legs are hot, they are eaten,
i a liwa, the greatest trouble comes to you from an ancestor who gave

birth to your mother´s mother (*vhomakhulu vho bebwa mme a mme yavho*)...
Client: Yes, tell me all about it...
Diviner: And you had the earth taken (*dobiwa mavu*),
from your legs. Your side is painful, the whole body is aching,
you have trouble standing up, you just stagger around,
there is just argument, there is no agreement in the house,
you were visited...you thought, what does it want here?
It wants you to suffer only. From time to time I hold onto
money, then it just disperses, you are no longer able to keep it
as you used to do, long time ago, when the bones are speaking.
Get yourself a *palu* [white-blue salempore for the ancestors,
also used in possession rituals to adorn the spirit-hosts],
and blow water for the ancestors (*phasele*), and *rable tshena*
[white cloth used in ancestor offerings]...
Client interrupts: My wife prays every day...
Diviner: There is disagreement in the house, indeed,
go and see the mirror, a woman of an average figure (*a vhukhati*),
not fat, not slim, she is causing trouble,
sometimes you are shown something in sleep, you hear *kitikikitiki*,
but there is nothing in the house. As concerns me,
I have seen a lot of trouble while doing this work,
an enemy will send a friend to ask you for change
[with the implication of treating it with witchcraft medicine],
friends they change, people are bought,
or a friend will come with food and say: here, food, let´s eat
[putting medicine into the food],
but you don´t have to worry, I am with you.
Before using the medicines, *mushonga*, offer snuff,
what will the children eat when the ancestors are angry with you,
they would deny you well-being if you did not offer snuff,
the ancestors they are beating you.

5.3.2 Divination for a middle-aged woman

Diviner: This is what the bones are saying, these down here,
they are saying you did not get up as you should have
your stomach is in disarray, you are overcome by overwhelming
fatigue, sometimes you are hot, what is happening now,
from time to time the right arm is giving you a pinching pain,
legs are not fine, they hurt to step down on, you cannot stand,
you feel like you had eaten to your fill while you have not
touched a single thing, from time to time the snake, *nowa*, [alimentary tract]
is rising up, is it indigestion? Your knees are in pain, you get
cramps (*crempe*), ears are hurting inside and out and itching,
your back is hurting, who did this? When the bones are speaking.
I cannot go to the toilet, I am tied up, not going well,
sometimes the snake, *nowa*, [female reproductive organs]
is releasing dirt, what has done this?
You do not like the colour of your urine, it is hot,
sometimes you suffer from a headache, inside and sideways,
from time to time you sleep well, but sometimes you cannot
fall asleep, sometimes you are sleeping but get disturbed
and wake up, the arm is beaten by pain, the head is hurting
in the middle, the pain shooting into the arm,
when the bones are speaking. And over there on the mother´s
or father´s side is a car, a landrover (*ya buckey*),
it is going to crash, overturn and rest on the side,
I am complaining often, my matters are not like those of others,
they are not right, what caused this? What has been done here?
When the bones are speaking. The lower part is itching,
when you are outside, you feel happy, but when you reach
home again, the heart becomes troubled, you feel quarrelsome
and argue with everyone in the household,
often you feel that people have changed,
you cannot understand them any longer...This was done to you by

an evil body (*tshinama*), inside the house, you heard a noise,
you thought it was from the dogs, your heart began palpitating
forcefully (*diamu diamu)*, as if you were told bad news,
the back is not well, as the bones are saying, you perspire
as though in danger, when you sleep it is not a nice sleep,
you dream of fighting with something but do not see anything...
Client interrupts: Something is running around a lot...
Diviner: The white cloth, *rable tshena*, you are hiding it,
it should like to blow water over it [in ancestral offering],
you are sleeping, you have hidden it...
Client: No, I have it, red and white cloth, *rable tswuku* and *tshena*,
they were left behind by my parents...
Diviner: It demands a waterbead necklace, *vhulungu ya madi*,
and a bracelet, *mulinga* [both associated with the ancestors],
and blowing of water, the bracelet, you should be wearing it
all the time...
Client interrupts: I have it, but in my dress to hide it from
the husband who does not approve of it...
Diviner: What kind of trial, *mulingo*, is this, there in your
family´s past people used to sacrifice for the ancestors, *muphaso*,
on the breast´s side, *damuni*, [mother´s lineage],
but many people now attend the church, they do as believers,
vhatendi, an old grandmother, *vhomakhulu*,
on the side of the head, *thohoni* [father´s lineage]
has been complaining that she has not been offered snuff
nor blown water for, when the bones are speaking, on your account,
you cannot get up well in the morning when you wake up,
this thing is causing the evil. The husband is in the wrong,
he is harming you, this thing is beating you, it is your life
that this concerns, the one who will feel pain is you,
there is nothing that can be done for you,
you are not following your things, it has been long time ago....
From time to time you want to get up but you cannot,
as the bones are speaking, on the breast´s side, *damuni*,

there is a man who is troubling, if you do not offer snuff,
you cannot get better, you are making many plans
but they are not going anywhere, they do not go forward,
I am holding money one moment and suddenly the money
disappears, all that remains for you to do is weep.
When you are outside you may feel very happy
but when you enter the household you become annoyed,
you just feel you are disturbed by your own self,
there is no reason for it in your children's behaviour...
Client: Yes, it is true...
*Divine*r: It is no longer a household, it is a cemetery,
mudavhini, you are sitting down complaining,
it is making you sick, *vhulwadze*. You have to get the waterbead
necklace, *vhulungu*, and the white cloth, *rable tshena*,
otherwise you cannot get well...
Client: My husband does not approve of it...
Diviner: But what kind of life are you living now,
and your husband is sick, he does not go to the toilet well,
from time to time he cannot stand up on his feet,
and you are suffering from itching, here you are beaten
by pinching pain, sometimes the ears are itching and buzzing,
it makes you feel as though you are loosing consciousness,
you are playing with your life...
Client: Often I have no appetite for food,
I think to myself, what is happening?
Diviner: It is coming from inside the stomach, it is in disarray,
it does strange things on its own, you feel tired like a person
who has worked a lot without having had done anything,
you try to get up but are not able to, you feel hot...
It comes from the inside...
Client: In 2002 I went to the church of the drum,
kereke ya tshigubu [the general term for African Independent
Churches utilizing the drum, *tshigubu*, in services], elder brother
and husband´s sister joined it, the prophet was Khoisa,

my ears started buzzing, I had become startled and had dreams...
since then I have just been tired, my stomach is not well...
Diviner: I have spoken thus.

5.3.3 Divination for an elder woman

Diviner: This what the bones are saying, these down here,
it is *makulela* which has fallen, this is for a child of people
with a big name (*nwana a vhathu vha madzina mahulwane*),
I am not speaking of harming people (*zwa u silinga*),
the bone of the male (*rambo tshinna*) who was doing the same
like me, divining and healing people, there is a goat kraal
and a kraal of cattle, they also had a space for possession rituals
(*luvande*), I am not speaking of witches, but of ´releasing´ people
(healing people through conduct of possession rituals),
my child, what are you thinking, that you are happy,
how can you be happy, my child, when you crying
as you are walking on your path, you are suffering from you
stomach (*dangani*), it is not going well there, sometimes you are
full without having had eaten a thing, and you wander,
what is happening with me, the snake *(nowa*) is rising up
it is giving you acidity, you feel like vomiting, and your
menstrual periods are in disorder, my child, you are crying
what is happening with me, everybody is thinking I am
causing harm, thinking evil of other people, while I would
not harm a single person, be careful, my child. It is the bone
of *mutangula*, something has been taken from you without
being returned, when you are trying to walk you are overcome
by dizziness, you feel angered without having any reason for
being angry and loosing your temper, I am failing, I am no longer
the person I used to be, no longer a proper person...
Client: That of the illness, that is right, but those things about the
past, I do not know about them...the knowledge went with my mother

when she died, I never asked her about it...
Diviner: It is there, in your family (*shaka lavho*), you are no longer eating the sacrifice (*a vha tsha la mapfumo*), but it is there, far back. You are no longer doing things of your culture, I do not mind, it is not my business, but the bones are showing it..
Client: I am very sick, of the you speak well...
Diviner: You sometimes dream of things, you become frightened in sleep, you are sick...when you are trying to see at a distance, your eyesight gets darkened and you become dizzy, little by little, you are sick a great deal, you are very disordered (*vha vhilingana lunwe*).
Client: I went to the doctor (*dokotela*), the doctor said it is diabetes (*swigiri*) but my relative at home, daughter, said no, let us check with a diviner, *nanga*...
Diviner: Do not just agree that it is diabetes...
Client: Yes, I am much frightened at night...(implying the client accepts the interpretation that it is witchcraft, not ´diabetes´, which is the ultimate cause of her ill-health and discomfort).
Diviner: Are you satisfied...?
Client: I am very satisfied. I am very much afraid of food, that someone will pretend to be a friend....(implying attempt of poisoning or bewitchment)
Diviner: There is not a person who would not be sick, who would not loose weight...
Client: That with the menstrual period is very true, it hurts so much, and much dirt is coming out...
Diviner: Yes, I said it, didn't I...

5.4 Divining the stresses of a rapidly changing society

The full significance of the three divinations can only be appreciated against the background of wider social and cultural change which they have articulated through etiological principles relating physical symptoms to wider social and cultural issues – socio-economic inequalities and inflation, intra-household conflict - marital and inter-generational, and struggles over the

definition of religious identities. The period since the latter half of the 1990´s, after the fall of the apartheid dispensation, has by no means erased massive inequalities existing in South African society despite the post-apartheid's government promise to work to this end. Rather, it has replaced race by class as the main factor of socio-economic status determining access to capital in an aggressive, neo-liberal economy which has come to replace the racist political economy of apartheid. In Venda such developments are immediately palpable in the structure of both urban and rural settlements where huts and shacks from corrugated iron of the poor stand next to the newly built houses of those who have been able to tap into the new economic opportunities - government employees, businessmen, lawyers. Divination discourses of sickness and witchcraft have reflected consciousness of increasing socio-economic inequalities. The rhetorical trope of comparison of own poverty to the riches of others (´the things of others are nice, they are in order, but those of mine, they are in disarray´) in the case of the middle-aged man above illustrate this point. Through the divination he has sought explanation for his inability to earn a substantial income as a builder, a profession extremely vulnerable to the fluctuating market demand, in comparison to his more successful neighbours. Inter-relating frustrations of poor socio-economic status with physical symptoms of sickness, the divination has suggested an explanation for both aspects of the man's affliction by reference to bewitchment and anger of the ancestor spirits. Such an explanation, and the modes of action of ancestral propitiation which it has implied, have provided the man with a sense of agency in an oppressive socio-economic situation.

Furthermore, through the divination discourse symptoms of affliction of individuals are closely related to disruptions of relations of solidarity and respect among household members. Since within the ´traditional healing system´ the well-being of the individual body is conceived as inseparable from social integration of the household, signs of individual affliction simultaneously portend a breech of this social unit. Consequently, the process of finding causes of illness provide an opportunity to interrogate relations of self to other household members and thereby to reflect upon major social changes which have worked towards the undermining of the household as a social and economic unit in the past two decades. While upheld as a prime social value in collective consciousness and as a sphere of inviolable self-autonomy, the household, *mudi*, has been adversely affected by the regime of labour migration as well as its subsequent collapse since the 1980´s. This historical development has engendered the overwhelming dependence on cash economy as a resource for the reproduction of the household unit, the rise of female-headed households in the

absence of absconding husbands, and increasing social autonomy of women in the absence of *lobola* transfers at marriage and their greater economic self-reliance through engagement in income-generating activities. These factors have contributed to the fragility of the marital bond (since the 1990´s divorce rate and incidence of single-motherhood have been steadily on the rise[7]) which has also been reflected in divination discourses as aspects of clients´ afflictions. Since the liberalization of the economy and its regional and global recession resulting in the unemployment rate of 50% in Venda in 2004[8] and the plummeting of many households into poverty in Venda and South Africa at large[9], the pressure on household resources has increased. The post-apartheid's government roll-out of elderly pensions has given a further impetus to competition over household resources. Given the rising unemployment rate, grandparents´ pensions have become the source of livelihood for young men and women, highlighting their socio-economic dependence on their elders. The roles of submission to seniors´ authority, however, have clashed with the values of individualism, consumerism and self-reliance propounded for the younger generations through the capitalist market, non-governmental organizations, advertising, media and last but not least, the beer-hall culture which has often provided the only space of self-assertion for the mass of the unemployed youth. As the two cases above illustrate, the divination séances have incorporated these wider inter-generational and marital conflicts into their discourses of clients´ afflictions.

5.5 ´Traditional healing´, social change and biomedicine

´Traditional healing´ has not constituted an inert, self-enclosed body of knowledge and practice existing apart from major processes of social and cultural change. On the contrary, as I have argued, it has provided diverse actors with flexible concepts to make sense of their experience and with the means to act in a rapidly transforming world. In this section I will focus on the particular dynamics of ´traditional healing´ in relation to one of its main competitors, biomedicine. The production of specific forms of knowledge of body and disease as ´traditional´ has in fact to a large extent depended on the construction and management of boundaries between Self and Other – *zwa tshivenda, zwashu* (´Venda, our ways´, i.e.

[7] *Stats in brief 2004*. Pretoria: Statistics South Africa, 28.
[8] Ibid. 65.
[9] Obcit. 122.

´traditional healing´) and *zwa tshikua* (´white ways´, i.e. biomedicine) and on constant reinvention of ´traditional healing´ through the appropriation of elements of ´modern´ biomedicine into own concepts and practices. I will consider several arenas in which this boundary-making and boundary-crossing work has been carried out by the ´traditional healers´ and their clients in relations to the forms of engagement with the main institutions of biomedicine (hospitals, medical technology, pharmaceuticals) and to the re-interpretations of biomedical disease categories, of HIV/AIDS in particular.

´Traditions healers´ do recognize biomedical disease categories such as asthma, ulcer, HIV/AIDS, high blood pressure, tuberculosis, diabetes and gynaecological problems. They have been mentioned during divination séances to name the symptoms of their clients and prove fluency in ´modern medicine´. Furthermore, locally constructed aetiologies of disease categories defined by global biomedicine have revealed the ways in which discourses about afflictions of the individual body have been generated to speak to perceptions of social crisis and divisions in the social world. ´Traditional healers´ have recognized the causal link between diet and the onset of diseases such as high blood pressure, ulcer and diabetes. However, by tying consumption of large amounts of sugar, and indiscriminate eating habits, to immoral, self-seeking life-styles, these disease discourses have transcended simple causal etiological explanations pertaining to individual bodies and conjured up images of wider social disorder. Above efforts to encompass biomedical signs within ´traditional medicine´, processes of reinscription of local aetiologies into biomedical illness labels have also been implicitly engaged in social critique. In the following analysis of the ethnomedical models of HIV/AIDS I will revisit these issues in greater depth.

5.5.1 Etiological constructions of AIDS

´Traditional healers´ have maintained an ambivalent attitude towards AIDS. On the one hand, they have denied its existence, rendering it – like other biomedical categories, a fabrication of the ´whites´. Frequently, such dismissals of the disease's existence ´in Venda´ have been accompanied by discourses externalizing its origin - in the ´north´ (Mesina, Zimbabwe), or in the ´cities´, *doroboni* (Johannesburg). In this way the social geography of HIV/AIDS has coincided with the image of two main sources of threat to the order of Venda society – labour migrants from impoverished Zimbabwe, and urban areas imagined as places where social

control and moral rules have collapsed. On the other hand, diverse ethnomedical categories have been mobilized to make sense of HIV/AIDS and subsume the disease's peculiar symptoms under known states and conditions. HIV/AIDS has been understood as ´a host of illnesses occurring all at once´ - digestive problems, loss of appetite, fevers and chills, pains and mental disorders, all of which find their expression in core divinatory symbols. They have also been closely tied to images of chaotic life experience, transgression of rules of morality and carelessness which are supposed to attract illness ´of all kinds´ - *zwinwe na zwinwe*. Furthermore, the image of sorcery, *madambi,* has been conjured up to explain HIV/AIDS away as a ´sent illness´. Through divinatory discourses, several etiological frames have been applied to the symptoms relating them to other social problems, bewitchment and breeches in relations to the ancestor spirits. The divination bellow, conducted for a HIV positive man in his late 20´s who, in his own words, has been suffering from ´endless flu´, *mukhuswane u sa foli*, illustrates these points:

Diviner: Your hips are aching, you suffer from headaches
and ears are itching, your stomach is in disarray.
When you pass urine it is hot, you have no appetite,
when the bones are speaking. You have cramps in the legs
that you can hardly stand up. Your heart is tired,
when the bones are speaking, it is the mother's father
who has been troubling you. Your neck is stiff,
you have nausea and feel so tired you have trouble
getting up from the bed, when the bones are speaking.
You only get piece jobs, just *tshikoropo*, no proper job
(*mushumo vhukhuma*), you have no money, just sit in poverty,
money is the thing of today (*thelede ndi zwithu zwa namusi*).
Something has gone...
Client: Yeah, trainers and trousers...
Diviner: It is burning you heart (*i khou ni swa mbilu*)
money is slipping out of your hands, you are unable to build
a house, mother's father had cows and goats long time ago,
they sacrificed, there were healers and other important people
(*vhathu vhahulwane*) in your family.
It is coming from the snake, *nowa* [stomach],

you are beaten on the mother's side a lot,
you must buy a salempore, *palu*, [white-blue cloth],
and a white cloth, visit the grave and offer snuff
(*u shela fhola*). Long ago there was a yard to dance *malombo*
(*luvande*), a cattle kraal (*danga ya kholomo*),
and a kraal for goats (*tshitumba tsha mbudzi*)...

The myriad explanatory models of HIV/AIDS have been mutually inter-secting in ways which have revealed deep concerns over major social, economic and cultural transformations, personal and collective identity, and power struggles. In the following section I will address these issues in the context of one particular ethnomedical model of HIV/AIDS which has recognized sexual intercourse as a mode of transmission of the disease, but based on a local model of transmission of ´bad blood´ (rather than a virus) which has ascribed consequences of different gravity for men and women. The gendered bias of the model must be understood against the background of gender ideologies and the ways in which they have been drawn upon to articulate a critical stance towards biomedical interventions into female bodies and their procreative capacities through the use of contraception.

The ethnomedical model of sexual transmission of the disease has constructed sexual intercourse as both necessary (for pleasure, procreation and assertion of masculinity) and vitally dangerous to men. Such notions have not been unique to the Venda context. Among the Sambia of New Guinea (1994 [1981]), for instance, the danger of sexual intercourse for men has been connected with ideas which conceive of masculinity as an achieved, rather than an innate, state. Semen deficiency is seen as the main obstacle to masculine maturation and is periodically redressed through ritualized fellatio between elder men and boys in which the latter ingest semen in order to ´grow´. In the context of such notions, sexual intercourse with women is seen as dangerous on the grounds that it depletes men's most precious, life-giving, masculinising substance. In the Venda case, different cultural elaborations on the alleged mechanisms involved in sexual intercourse have conjured up different anatomical images to state the same point - of the danger inherent in sexual intercourse to the men and of the victimizing nature of the female - as among the Sambia. The man is supposed to inadvertently sponge up female sexual fluids during intercourse, including her ´bad´ blood – the fluid organ which is seen as the central carrier of disease in ´traditional healing´ (both male and female

informants concurred on this model). A complementary image of the woman incorporating the man's fluids does not exist at the level of this ethnomedical model.

This conception of the danger of sexual intercourse has further played into another ethnomedical notion which has concerned the use of contraceptives and the practice of abortion. Traditional healers´ with whom I have worked have insisted that men have recently become ´sick´ due to women using contraceptives which have been held to cause the penis and semen to weaken and their potency to dwindle. Women who have not been sleeping with a man have also been at risk as the contraceptive allegedly could not vent its damaging potency on the sperm, but turned against the womb, destroying the woman's body from within. Also other diseases, such as ulcers, cancer, asthma, and many gynaecological problems have been related to the use of contraceptives by women. Building on these notions, the most dangerous from the point of view of HIV/AIDS contraction is held to be sexual intercourse with a woman who has used contraceptives, or even worse, undergone abortion. I have already stressed fertility and the ability to bear children as the central social values invested asymmetrically to a larger extent with women. Abortion has constituted a major contravention of these values, a fact which has been reflected in notions of the aborted woman's ritually impure status rendering her blood tarnished by ´dirt´, *tshika*, which the man as her potential sexual partner absorbed. The ethnomedical model has further asserted that formerly a woman who had undergone abortion had been treated with special medicines, *mushonga*, so that she could be restored to a ritually pure state and would not bring disease to her sexual partners. However, since abortions have become legal and relatively easy to do, and women have been undergoing them in hospital without receiving ritual treatment to restore their purity, the risk of sexual intercourse for the men has supposedly increased. In fact, these notions have conjured up a danger (to men in particular), akin to a ´pandemic´, of HIV/AIDS. The construction of the pandemic in terms of the ethnomedical model of sexual transmission through women who had used contraceptives or undergone abortion has evoked alarms of biomedicine's plot at extermination of the Vhavenda (men) through the women.

I propose that this model has drawn on salient gender ideology of the victimizing sexual female - a notion which has appeared in biographies of Venda informants inscribed in missionary reports as far back as mid-19th century - to express very contemporary anxieties and perceptions of threat to gender hierarchies, social integration and cultural identity. Targeting the practice of contraception and abortion as increasing men's vulnerability in

sexual congress must be seen in the context of concerns over the maintenance of men's authority over women in a transforming society in which women have been gaining increasing social and economic autonomy. Removing control over own procreative capacities from the husband/boyfriend, in-laws and own kin – who have traditionally been entitled to manage fertility of women in childbearing age – the practice of contraceptives and abortion have constructed fertility as a domain of women's individualization. Furthermore, the model has tried to make sense of biomedicine's hegemony encroaching into women's bodies which have been constructed through an asymmetrical model of procreation as taking the main part of responsibility for procreation and, by implication, for the reproduction of society.

5.6 Gleaning history shaping ´Venda traditional healing´: European missionaries and the origins of contemporary medical pluralism as medical struggles

It is through these insights into the social construction of body and disease in the context of power relations that I will interrogate the concepts and diagnostic categories used by the diviners-healers, *nanga*/*maine* as part of a ´traditional healing system´. This is not to imply that this ´system´ has been a static, self-enclosed remnant of the past ignorant of massive social and cultural changes impacting on the region of former Venda since mid-19th century. The idea of ´traditional healing´ as a repository of ´original African knowledge´ has been at the basis of the current government's initiative of ´Indigenous Knowledge Systems´. However, it has reflected ideological interests of the Black consciousness movement and issues of governmentality rather than reality (on which more bellow). Notions of body and mind/soul, health and disease, have been a matter of fierce contention between ´traditional healers´ and agents of colonialism and apartheid, and other ideological influences – Christian missionaries, Independent Christianity and biomedicine, since the late 19th century. Not only the well-being of individual bodies has been at stake in these encounters. Most crucially, notions of disease impinging on the body have been instruments of power in definition and constitution of social bodies and identities. In this long-term historical process, the concepts and practices subsumed within the ´traditional healing system´ have been substantially transformed to the extent that it is possible to say that the one lasting feature of this healing ´tradition´ has been its enormous capacity for flexibility and change. Moreover, the concepts of ´traditional healing´ have not only reacted to major changes in society but have been drawn upon to make sense of, and appropriate, these.

Early encounters of Venda populations in north-eastern Transvaal with the Berlin Mission Society (*Berlin Missionsgesellschaft*) will serve to illustrate some of these points. Since the beginning of the Berlin missionaries´ activities in the region during the 1870´s, local conceptions of body/soul and health/disease had been a source of great many obstacles and frustrations to the mission. For the ´conversion of souls´ had presumed a conception of the body as this-worldly organic matter (and ´disease´ as an object proper to the expertise of the medical doctor), and ultimately insignificant in a grander scheme of things built up from the soul and God's kingdom eternal. Missionary ideologies posed a radical break between ´religion´ (of the soul) and ´medicine´ (of the body) - ´leibliche Schmerzen´ and ´Seelentrost´[10]. While claiming to bring ´peace´ and ´light´ to the soul, diseases of the body, although a matter to be contended with by Jesus the Healer of the New Testament, had been disclaimed any responsibility for by the Berlin missionaries. However, as the missionaries reflected, this dichotomy and division of labour between ´doctor of the soul´ and ´doctor of the body´ had not been shared by the people whom they had aimed to convert. These expected them to perform the roles of ´witchdoctors´ (´Hexendoktoren´), demanding medicines to heal afflicted bodies. The missionary Westphal sighed that administration of effective pharmaceuticals accompanied by prayer had gained more converts – also among the chiefs, than sermons[11]. ´Witness accounts´ of conversion, *vhutanzi*, which described miraculous stories of cure of asthma, alcoholism etc. through Christian conversion had become a salient part of Berlin Missionary Christianity among the Venda in the first decades of the 20th century[12]. These examples point to the appropriation of Christian arenas through concepts of ´traditional healing´ which have insisted on the mutual inter-dependence of the state of soul and body, *muya* and *muvhili*, and have considered health inseparably from relations of humans to divinities.

In the missionary encounter with ´traditional healing´, definitions of body and soul, of health and illness, have lied at the core of struggles to transform and dominate not only the individual, but the social body. Fertility problems, in a society which has ascribed great significance to the ability to bear progeny as a means to social personhood and prestige, had been the main factor in abandonment of the Berlin Mission stations for the ancestor

[10] Westphal In: Berlinmissionswerke 1/5555 (1925). Archive of the Berlin Missionary Society, Berlin.
[11] Ibid.
[12] Obcit.

possession cult, *malombo*. As the mainstay of ´traditional healing´, the ancestor possession cult has defined fertility problems as the result of anger of lineage ancestors who demanded to be ritually propitiated. This has implied that health and fertility could only be achieved through the symbolic assertion of lineage membership on the part of the afflicted – and of allegiance to the experts who have been authorized to mediate these symbolic relations, in this case elder women.

The missionaries had seen the ´women´s [gynaecological] illnesses´, *zwa tshifhumakhadzi*, as the main obstacle to their conversion efforts in Venda – of women and married couples in particular. On a number of occasions, pleas for a Christian woman expert-mother (´Mutter´) in gynaecological problems and mid-wifery had been made with the German headquarters in order ´to educate Venda women in proper hygiene´ and, crucially, wrest them from the authority of elder women dominating the ancestor healing cult. In this way, the missionaries perceived, the authority of elder women over the young could be undermined, and the young women could be refashioned as individual subjects ready to submit to the control of the patriarchal organization of mission Christianity. Contestations over women's bodies and definitions of their illnesses, then, had been part of wider ideological and power struggles through which Christian missionaries and experts of ´traditional healing´ had sought to construct social bodies – based on individualism and patriarchy in the first case, on lineage allegiance and elder women's authority in the latter.

6. CHAPTER VI: NEGOTIATING EXPERIENCES OF SICKNESS IN GENDERED SETTINGS: THE VIEW OF ´VENDA´ MEDICAL PLURALISM FROM BELLOW

This chapter follows the lead of the ´new wave of ethnographies´[13] which have privileged rich and nuanced accounts of life histories as the path towards deeper understanding of the complex social, cultural and political dynamics in which experiences and representations of sickness have been embedded in diverse contexts. Such ethnographies have been successful in animating formal representations of ´medical systems´ reified by earlier works of medical

[13] Kleinman, 193. Name the authors of the ethnographies: Good, Kleinman, Farmer, Schepher-Hughes, Lock, Desjarlais etc.

anthropology with real lives and suffering of embodied persons. Simultaneously, they have tried to reveal how experiences of sickness and attempts to interpret them and negotiate therapy have interplayed with wider social and political processes. I will use this two-pronged approach to address both cultural and socio-political aspects of sickness and processes of therapy in the micro-social milieus in which individuals and their social others have negotiated their personal identities and mutual relations. Moreover, through examining individual life histories I will illuminate aspects of the specific situation of medical pluralism in ´Venda´: how the interpretations of sickness and therapy offered by different medical options have been mobilized and/or discarded, combined or rejected.

Through the lens of these several issues I will examine two case studies of women in their mid-20´s as to the ways in which their physical symptoms have been inscribed with social and personal significance in the context of the AIDS pandemic in South Africa. The case studies will substantiate Davis's perception that ´...it is sometimes in the deciphering of a single significant illness that much of an individual's personal history is constructed and/or reconstructed.´[14] However, they will also reveal that this may not apply only to the sufferers themselves but also to others in their social worlds. Furthermore, the case studies will show the ways in which attempts to understand the significance of symptoms have mobilized different cultural notions of sickness while becoming enmeshed in individuals´ reformulation of mutual relations, positioning themselves in relation to others in new ways. Persisting symptoms have provided different actors with the means to strengthen own, or evade and challenge others´ authority. While recognizing the potential for social creativity of ´sickness´ stressed by other authors in different contexts (see for instance Fernandez – illness turned into creative action in the context of prophethood, find the quote), the conclusions of this chapter, however, will not share their optimism. The process of inscribing physical symptoms with personal and social significance in the ´Venda´ context has lead to increased anxieties and doubts on the level of personal reflections of life-trajectories and choices, and to the deepening conflicts and disintegration on the level of the social fabric. I will reflect on the extent to which such disintegrative consequences of sickness and therapy can be seen to relate to wider social and economic changes, and especially transforming gender relations. In the previous section I have investigated the core concepts of ´Venda traditional healing´ from the point of view of their semantic networks, interpreting the meanings of specific terms, showing

[14] Davis, O. C. 2000. *Death In Abeyance: Illness and Therapy Among the Tabwa of Central Africa*. Edinburgh: Edinburgh University Press. 126.

how they relate to others. In the present chapter I will show how some of these concepts have been used in constructing experiences of sickness of particular individuals in specific situations.

In this analysis I will draw primarily on informal conversations which I have conducted with Tiny and California over the period of 12 months during 2004-5, and on participant observation of inter-personal interactions - with spouse, relatives, friends, neighbours, on a range of everyday occasions. Both women have begun to experience deteriorating symptoms closely resembling symptoms of an HIV positive condition – constant fatigue, wasting, loss of appetite, gastric disorders, heavy menstrual bleeding, fever, night sweats, and depression. While Tiny had her HIV status confirmed as negative only after two years of suffering from the symptoms (by July 2005) and eventually improved, California sadly died of AIDS-related pneumonia and malnutrition in Donald Fraser Hospital in June 2005. In the following analysis I will compare the two case studies with respect to how they map issues of agency and micro-politics onto the semantic processes through which experiences of illness have been articulated in specific socio-moral contexts.

6.1 Tiny: the lost dream of global mobility

Tiny experienced debilitating symptoms which eventually limited her social efficacy at a point of her life-history which she perceived as a radical set back in her career and social mobility, and as a moral crisis of her personal, gendered identity. Her search for cure in the course of which she had drawn on the diverse medical options available to her in the context of medical pluralism in ´Venda´ - Christian Churches, ´traditional healing´ and biomedicine, constituted significant commentaries on her conflicting sense of self and deep ambivalence about her tenuous autonomy as a young woman, to a large-degree self-reliant wage-earner and single mother assuming responsibility for the upbringing of her daughter in the absence of a dense, supportive social network. The following analysis of the ways in which Tiny, her social milieu and healing professionals each provided interpretations of her disphoria and suggested solutions, will show how such therapeutic strategies have been implicated in subtle, and often not so subtle, negotiations over power and control. While sometimes providing means of personal agency and creativity in addressing a personal crisis, these strategies associated with ideological notions of gender norms and propriety have also often implicated

further disempowerment in a situation in which the sufferer had already been made to bear the brunt of processes of far-reaching social change in post-apartheid South Africa.

Before coming to the analysis of sickness experience and strategies of health seeking as such, a short biographical note is in order. In her early 20´s, Tiny had been able to benefit from the new opportunities opening up for women in education and wage employment in post-apartheid South Africa. As a hard-working student, she had won a scholarship to study tourism management at a cosmopolitan university in Johannesburg in the late 1990´s, continuing to briefly study at several universities in the United States. She has become acquainted with cosmopolitan spaces of world travel and academia, hoping to embark on a career within them. However, after returning from the US, in the context in which the initial opening of new career opportunities had already dissipated, she had been unable to find employment in the tourism industry. Disappointed, she remained resident in Johannesburg while retraining as a paramedic. At this point of her life history she had a brief love affair which was to influence her future life significantly – as well as the ways in which she and others interpreted her later illness. The affair ended soon after Tiny had become pregnant with her daughter. After Tiny gave birth, the father of the child attempted to poison both her and the baby as he resented the responsibility of contributing to the child's expenses enshrined in the South African law. Fortunately both Tiny and her daughter survived the attempt, though only after spending several months in intensive hospital care. Following this incident, Tiny gave up efforts to secure financial support from her former boyfriend out of fear of further life-threats; they have been seeing each other very rarely since. Now solely responsible for raising her child, Tiny had been unable to continue working and left Johannesburg to return to Venda to stay with her mother and maternal grandmother in a local urban centre of Sibasa. The maternal relatives had been able to help with child care and Tiny was able to find a part-time employment as a paramedic at Tshilidzini, one of the main hospitals in ´Venda´ located in the vicinity of Thohoyandou. Despite the low wages which she has been earning for the working at a highly demanding and risky job, she had been able to meet her own and daughter's expenses while contributing to the upkeep of the household she has been sharing with her maternal relatives.

Far from perceived by Tiny as ideal, her life circumstances at the point when I first met her in April 2004 and when she had began suffering from severe physical symptoms, had been far from atypical as a predicament of young women in contemporary ´Venda´, a point to which I

will yet return. Since the onset of her symptoms, Tiny had sought help with representatives of all the main medical options at disposal to sufferers seeking cure in Venda – African Independent Christian churches, ´traditional healers´, and biomedicine. She had eventually drawn on all of these simultaneously after none brought substantial improvement, constantly crossing in-between them without holding much hope of help from either any more. Yet even though these options have failed to alleviate Tiny´s physical symptoms in any marked way, they have been instrumental in turning her attention to specific aspects of her biography and social milieu with important consequences for how she had come to perceive them and construe her sense of own (gendered) identity in relation to them. These processes through which her experience of physical disorder has been interpreted in relation to social identity and relations and moral ideologies have not assuaged her anxieties by offering ´holistic´ definitions of disphoria as anthropologists have often argued in other socio-cultural contexts (see, for instance, Comaroff 1985; Turner 1968; Nattrass 2005). Rather, they have sharpened her experience of contradictions of conflicting gender ideologies and practices, and awareness of social and spiritual vulnerability.

As a first course of resort Tiny had consulted the priest and founder of a local African Apostolic Christian Church in Sibasa, a religious establishment catering overwhelmingly to middle class, educated young men and women by adapting Christian scripture and ritual to their aspirations of ´modern´ citizenship and upward socio-economic mobility. Tiny began participating in the Sunday sermons, afterwards holding private consultations with the priest himself, a charismatic and authoritative man in his early 60´s. The interpretation he gave of Tiny´s health difficulties were no surprise to her given her several years of active membership in the prominent Zion Christian Church in her late teens, before she left to study in Johannesburg. According to this interpretation, Tiny´s sickness was God-sent punishment for her immoral actions of the past – pre-marital sex with the father of her daughter. The influence which Christian ideologies of sexual morality, and particularly of female sexuality, have on young women growing up in ´Venda´ cannot be over-estimated as attendance of a range of Christian churches has been a salient part of most girls´ experience of growing up, although not necessarily continued into later adulthood. The conservative Christian ideal evoking a normative ideal of female sexuality as subordinated to reproduction and patriarchal relations within marriage, however, has stood in sharp contrast to a wide range of sexual practices and ideologies of the female body, sexuality and fertility informing social practices of women as well as men in contemporary South Africa, ´Venda´ notwithstanding. The sharp

fall in rates of marriage in the past decade and disintegration of wider kinship groups, as well as new ideologies of sexuality mediated by the global media, have contributed to a de-stigmatization of pre-marital sex (at least in some social strata), commoditization of sexual encounters and rising numbers of single mothers.

However, many women, including Tiny, have remained deeply ambivalent about the possibilities of extra-marital forms of sexual encounters which have also been inseparably associated with the increasing socio-economic autonomy of educated, upwardly mobile young women. When Tiny began suffering from chronic physical disorders, she had also become susceptible to interpretations of her disphoria in terms which made deep ambivalence about female sexuality and morality re-emerge with new vigour and significance in situations of personal crisis. From my conversations with Tiny over the course of three years during my fieldwork it had been clear that she was deeply conflicted about moral standards relating to sexuality, returning to the image of sin and its punishment by God as the grounds for her present suffering. She had never seemed to be quite decided in positioning herself to the issues sexual morality, although they ceased to appear quite as so relevant once her symptoms had improved.

Although religious healing approaches which have addressed the moral and spiritual aspects of suffering associated with sickness has often been lauded by anthropologists as ´holistic´, here this optimism should be tempered. In the case of Tiny, offering a holistic interpretation of a physical disorder simultaneously opened avenues for more far-reaching self-doubt and, also, control of the Christian ideology over her self-definition: along lines of its patriarchal power relations. Mobilizing her biographical past, seeking cure through the Christian domain was a disempowering experience for Tiny. The interpretation associating the cause of sickness with past ´sin´ had added a sense of spiritual vulnerability to experience of social vulnerability. Being supposedly out of God's favour, Tiny could only find cure by far-reaching transformation of her identity and religious conversion, rendering her subordinate to the hierarchy of the church and curbing her autonomy, especially in matters of sexual relations. Tiny herself had been aware of these issues and found them problematic. Her position with regard to the Christian interpretation had been changing depending on her condition – when her symptoms were improving, she was ready to discard it; when they worsened, the notion of sin and the need to conversion had become more immediately

pressing. Symptoms, therefore, had dynamically inter-played with shifting interpretations of life-history, refracting issues of power between healer and sufferer.

When seeking help with biomedicine, Tiny did not play the role of a sufferer passively receptive to the strategies of others to define her disphoria. Given her professional background in biomedicine and access to its knowledge and technologies relating to the human body through education in medical science, Tiny was not only able to assert agency in interpreting and acting upon her experiences of suffering – she had also become an active and creative agent making new connections between different medical options and thereby reconfiguring aspects of ´Venda´ medical pluralism in new ways. As her symptoms persisting or worsened, Tiny had constantly expressed anxiety over the ´loss of blood´ through her heavy and painful menstrual periods. She frequently sought replenishment of blood through the drip during her work shifts in the hospital. Tiny had thus mediated biomedical treatment for herself but according to principles which combined concepts of ´traditional healing´ with biomedicine's technological means. When expressing fears of blood loss, Tiny was not simply referring to the fear of depletion of an organic fluid of the body potentially leading to anaemia, fatigue and sickness. She evoked a deeper fear of loosing her vital essence through means which was understood in mechanical as much as in mystical terms as ´bewitchment´, *muloi*. By putting herself on the drip, her action was not guided merely by scientific biomedical rationale of replacing a biological substance of the body which had been depleted through an organic process (i.e. menstrual bleeding, although excessive). She was, above this, aiming to reverse a simultaneously mystical condition of bewitchment – a condition which implied not only the loss of a precious organic fluid, but also of essential source of vitality animating life itself as a spiritual quality. Tiny´s seeking of therapeutic relief on the grounds of biomedicine, in the hospital where she was employed as a paramedic, took the form of a medical bricolage through which she used biomedical technological expertise to act on a body which was construed through the concepts of ´traditional healing´.

The interpretation offered by ´traditional´ healers of Tiny´s experience of sickness had drawn on the blood paradigm used by her when addressing her symptoms through biomedical means. It had also taken them further as signifying bewitchment, and thereby identifying a definite social actor behind the physical ailment. Moreover, the ´traditional´ interpretation had linked Tiny´s symptoms to a potential breech of her capacity of reproduction and motherhood. The symptom were potentially delegitimizing of her feminine self; somatic complaints

expressed social anxieties about the inability to fulfil the female role. Through the ´traditional´ diagnosis, then, levels of personal anatomy and social identity had been closely intertwined. Tiny´s acceptance of the ´traditional´ interpretation of her sickness was inseparable from her ambivalence towards her own fertility which she often perceived as improperly and immoral used in the past. At the same time, she held concerns over her future fertility. These interpretations, furthermore, had been closely tied to Tiny´s position as an autonomous young woman with access to own economic income. In contemporary ´Venda´, socio-economic independence of young women has often been related to issues of fertility: young women themselves have been anxious about own reproductive capacities in a context in which the demands of occupation have often been incompatible with motherhood; and female fertility has been singled out by witches – relatives and neighbours – jealous of socio-economic success of young women. The ´traditional´ interpretation of Tiny´s experiences of sickness had brought these tensions of the contemporary, rapidly changing, position of young women to the foreground.

By those in her immediate social context, mother and grandmother, and Tiny herself, her physical suffering was perceived through its social gloss – as breech in performance of tasks seen as part of Tiny´s role: her ´not being able to even cook and sweep and wash the cloths´. Tiny´s illness was first registered not in the idiom of pain and disability centred in the individual, physical body, but was located in the interpersonal world in which self interacted with others and registered in how it affected her social efficacy in specific lived situations.

Tiny´s help-seeking, acceptance of definitions of her disorder which were sometimes ultimately disempowering, were significant commentaries on her confusing sense of self and deep ambivalence about her autonomy as a to a large degree self-reliant wage-earner and single mother assuming responsibility over the upbringing of her daughter in the absence of a dense social network to support her. In fact, she was also expected to provide support to the circumscribed social network which was available to her - her mother and grandmother, both of whom were unable to meet all their and household needs without contributions of Tiny´s income and household labour. To an extent, the illness provided an arena for Tiny to renegotiate these onerous social responsibilities and to a degree reverse relations of support and dependence – in the course of the illness when her symptoms had become severe, her mother took over household chores such as cooking, cleaning, washing cloths and taking care of the daughter which Tiny was normally obliged to carry out.

Tiny was able to draw on very little social support in her search for cure: mother offered psychological support, but was also bitter that she had to take up the chores and that money was lost on healers. Tiny had to meet all of the expenses associated with consultations, medicine and therapy. No ´therapy management group´ (Janzen 1978) was available to Tiny. Tiny paid all therapeutic expenses: 30 000 Rand approximately 6000 USD, a major strain on her resources influencing also others in the household who depended on them. But it was the prize of maintaining the hope of recovery in circumstances of chronic and physical disorders defying attempts at diagnosis and cure.

6.2 California: tragedy of the ´run-away´ daughter and wife

Davis (2000: 85) has argued that ´it is sometimes in the deciphering of a single significant illness that much of an individual's personal history is constructed and/or reconstructed´. The ways in which California experienced symptoms of sickness – progressively deteriorating symptoms of HIV+ status, have been inseparable not only from her own biographical experiences, but from those of her informal ´husband´, Donald, in the context of his efforts to found own church. The interpretative and therapeutic strategies applied by various actors in the case of California have thereby raised issues of religious identity and made not only her, but also her husband question their relations with others. California's experiences can be shown to contrast in significant respects with those of Tiny´s – largely due to their different social position, relations to kin, and life course. The present case will illustrate further aspects of the processes of seeking cure and interpreting sickness and shed different light on ´Venda´ medical pluralism.

California was the daughter of a relatively well-off Tshivenda-speaking man and Tsonga-speaking mother who had grown up in the rural, predominantly Tsonga area in Venda. The father had often been described to me as a ´traditional man´. He had worked as a brick-layer in Johannesburg, subsequently becoming one of the founders of a brick-making business. He had reinvested most of his profits in a cattle herd and purchase of fields in the area of Venda where he and his wife resided. He had also become a prominent member of the local Christian church and sponsored many of its activities. He had paid for California to attend university in Pretoria in her early 20´s and after she finished her degree he arranged her marriage with an

elder polygamous man, securing substantial bridewealth from him. California, without own access to income and economically dependent on her father, was forced to return from Pretoria to the rural area and move to the elder man's household, resuming sexual relations with him. She deeply resented the marriage arrangement, but she felt obliged to her father at first. After two years of marriage, however, she had begun to suffer from various ailments, at the beginning swellings in her arms and legs. She had also found the marriage arrangement unbearable and escaped from the elder man to a church establishment in another area in Venda where she was able to temporarily reside and receive food. While residing in the church, she met her boyfriend, Donald, who brought her to a near suburb of the local urban centre of Sibasa where his mother, grandmother and siblings resided, with the aim of founding own church. He proclaimed California his wife, although no formal ceremony accompanied this and Donald had not paid bridewealth to California's father as he did not have a stable income. California's father resented the union a great deal, while also facing demands from the former husband to be returned the bridewealth payment.

The ways in which California's sickness was interpreted was inseparable from her position as a run-away wife, economically dependent formerly on her father, now on her boyfriend, and from the animosities among the men laying claims on influencing her life-decisions and actions. California's life-history in the context of AIDS was closely related to the negotiations of resistance to paternal authority, and to male authority generally, and of religious identity, in the context of conflicting social demands and possibilities. In the context of her life-situation in which California had limited agency in taking decisions over her social position, interpretations of her sickness had also primarily rested with others in superordinate position to her, rather than with herself. Experience of urban life-style and gaining of prestigious education did not render California an independent young woman able to seeking autonomy in relation to career and significant others. It was ultimately her position of dependence to her father which forced her into an arranged marriage, and sexual relations with the man from whom she contracted AIDS. In these respects of limited agency, California's case of negotiation of interpretation of sickness and cure has contrasted with the case of Tiny.

California's serious health-problems coincided with Donald's church-founding efforts during which he had been facing difficulties in attracting, and maintaining, followers. California's sickness, culminated by a miscarriage, had profound impact on how Donald interpreted his failures as a prophet – while his religious role determined how he and his relatives interpreted

California's ill-health, and ultimately, how California interpreted her own experience. As California's health deteriorated, Donald's rhetoric of fighting evil and enemies, central to his sermons, had gained in prominence and force. The miscarriage, in his view, confirmed the hypothesis that the prophet of the church where he met California, and where he had been trained in return for payment to become a prophet in his own right, was using witchcraft to harm him out of jealousy of Donald's abilities. Donald reasoned that the prophet who was bewitching chose to cause harm through what Donald called ´the weak link ´ - his unofficial wife, California. Moreover, Donald had used the incidence of miscarriage perceived through the witchcraft idiom as an opportunity of critique of California and question her religious commitment and ultimately also her commitment and subordination to Donald's authority. According to him, she was too lazy and friendly to strangers coming to the church, opening the way to evil by angering God and the Holy Spirit into withdrawing protection from both herself and Donald. In the period of her worsening sickness, furthermore, California had been visiting her mother in the rural area more frequently, a fact which Donald perceived with suspicion of infidelity. The cultural association of miscarriage and witchcraft attack confirmed such explanation and prevented seeking of biomedical help. Crucially, it had also provided an opportunity for Donald to assert his authority and deprived California of agency to address her experience of sickness in a way more meaningful to her, and in relation to her natal kin. Her sickness had become overly defined by her boyfriend in the context of asserting his dominance in relation to her.

As California's sickness deteriorated further, Donald's grandmother took initiative in seeking cure and accompanied California to hospital where she remained for three months in the last stages of AIDS. During this period, the interpretations of the sickness shifted further, though once again without California having any agency in this process. During the last months of her life, Donald had mobilized the interpretation of ancestor possession as cause of California's suffering – a possession ritual, *ngoma*, was to be organized. Such an undertaking was dependent on California's father's support as he was the only person in her social milieu who disposed of sufficient resources to this end. A protracted health crisis, then, lead Donald to rethink religious identity and accept the interpretation of ´traditional´ healing mediating the power of the ancestors. California's father, however, resisted this redefinition on the grounds of its incompatibility with his Christian identity. California died before this conflict – waged through the religious terms but encompassing conflicts over patriarchal authority of the two men – was resolved. Her death precipitated accusations of Donald of the father ´killing´

daughter by preferring to insist on religious principles above own daughter's life. The interpretative activity surrounding California's death was then in important an expression of deep inter-personal animosities which related to struggles of male authority over a junior female who was ultimately the object, rarely a subject, of decisions regarding her welfare and management of her health. The final explanation of California's suffering as the result of failure to fulfil pending obligations to the ancestors allowed to assign personalized blame in a way which also defined, or expressed, relations of California's two significant others – father and informal husband, to one another - the two significant which had played a vital role in putting California in a situation of health-risks. The personal tragedy which California's death meant to Donald ultimately also unmade his religious career. He eventually abandoned efforts of church-founding, turning to self-destructive life-style of alcohol, drugs, crime and vagrancy.

6.3 Comparisons of the two case studies and conclusions: gender, agency and health management

The case studies of how sickness episodes of two young women, occupying two very different moral worlds, social networks, and life histories, have been negotiated by themselves and others in their social milieu has provided us with a window on aspects of medical pluralism in ´Venda´. Particular attention was paid to how actors combined diverse medical knowledges and health-management ideologies and institutions, and how they crossed boundaries between these medical options. The different dynamics of the two sickness episodes qualified the view often present in literature on health-seeking strategies in African societies which have stressed the role of the ´therapy management group´ (Janzen 1978) as over-riding decisions of individual sufferers. Only the case of California substantiated this view, her lack of agency in health-seeking strategies being the reflection of limited socio-economic independence. Tiny, on the other hand, as an autonomous wage-earner and professional, had sought interpretations of her health problems and therapy on her own – although this fact had been an expression of the collapse of supportive social networks as much as a celebration of an independent status in taking crucial decisions over the course of her life. Moreover, the life-histories of the two young women point to a further nuance in how new opportunities opening for women in contemporary South Africa influence social position and strategies of health management. California, in the same way as Tiny, had been able to live in the cosmopolitan urban centre

and take advantage of superior education. However, unlike Tiny, she had not been able to use this professional experience as a means to self-advancement, career and socio-economic autonomy. The difference in the social networks in which each young woman was embedded account for this disparity ultimately reflecting in different courses of health management.

The case studies have also highlighted that claims such that of Lock and Nichter (2002: 14) that ´illness, even the possibility of illness, provides a space in which one's priorities may be (re)established while conflicting social relationships are sorted out´ must be treated with scepticism. Tiny´s experience of health-disorders and the decisions associated with various healing processes which she underwent, have highlighted, rather than reconciled, the contradictions and complexities of woman's personal identity, autonomy and power. Recent developments of the political economy and gender relations have on the one hand impelled women to plan their individual lives around employment, attaining economic self-reliance, rather than around marriage, motherhood and economic dependence. However, such developments have been experienced ambivalently, as Tiny´s toying with the Christian interpretation of her sickness as the result of ´sin´ due to extra-marital sexuality and single motherhood clearly revealed. California had been even less favourably positioned to address conflicting relations with significant others through her experiences of AIDS-related health disorders. On the contrary, conflicts between her and her father and boyfriend have been sharpened through interpretations mobilized to address the sickness episodes. Furthermore, the course of her sickness in fact provided the men on whom she had been economically dependent with further opportunities to assert their authority over her. Experiences of sickness, and the interpretations brought to bear upon it, have made both Tiny and California sharply aware of the social contradictions of their experience as young women in a position of social vulnerability and of the contradictions associated with this position and relations with others. They have not, however, necessarily implied their resolution.

The case studies further provided insight into how experiences of sickness have been the engine behind transformations of religious identities, and their contestations. Episodes of sickness can be seen as the pores through which persons have passed between one religious tradition and another. Seeking of diagnosis and treatment by individuals and groups contests sharp boundaries between religious traditions and identities – a fact of which the religious leaders are very much aware and which they explicitly address, and even exploit.

7. CHAPTER VII: SPIRIT POSSESSION AND SOCIAL CHANGE

7.1 Spirit possession cults: theoretical background

I am interested in the relation of spirit possession and gender viewed as dynamic social processes, which are embedded in complex and transforming social relations. From this perspective I intend to analyze possession among the Venda in Northern Transvaal, South Africa. As in a number of other societies, women, in the majority of cases married, preponderate among those afflicted by spirits and as participants in possession ceremonies and cult groups. Various theories have been put forward to explain this observation, including biological and psychological. The approach which I will take has been formed by those analyses concerned with the social/cultural contexts of the phenomena. My thoughts on the issues of possession and gender have been shaped by the works of I.M. Lewis (1971), Janice Boddy (1989) and Paul Stoller (1995), and a body of literature, largely drawing on sociology and history, which has been concerned with gender relations in East and South Africa. The latter in particular has made me more attentive to the larger historical forces and power relations forming the concepts used in anthropological study.

It was Lewis´s comparative analysis of shamanism which introduced me to spirit possession and the aspect of gender in a more comprehensive way. Lewis sees the roots of gender imbalance in the social structure. Categories of people in subordinate positions, in many societies women, are to be particularly liable to succumb to spirit attacks. Through possession they can be temporarily absolved from their difficult role and even placated by their superiors. In this view possession functions to deaden the pain of social marginalization and maintain the status quo. However, important aspects have been left out of Lewis´s functionalist analysis – deeper grounding of possession within the social and cultural context; its symbolism; meaning for actors; ambivalence of power relations and the problem of agency; a more systematic consideration of historical forces transcending the earlier anthropological model of bounded groups. Boddy and Stoller have addressed some of these issues.

Concentrating on women, Boddy analyzes possession by Zar spirits in rural northern Sudan as a cultural therapy in a context where the ideal of womanhood – formed by the related values of purity, seclusion and fertility - is inscribed into the bodies of women. During trance the

spirit (as non-Self) is given the blame for the shortcomings, particularly in connection with breeches of fertility, which violate the internalized ideal female Self. The Zar thus appears as a cultural practice which helps women to maintain their identity as corresponding to the ideal, and upholding it in turn. Also Boddy´s approach raises some problems concerning strategies of resistance, agency and change, which arise when trying to explain possession from the women´s world conceptualized as a bounded whole. Boddy portrays the relationship between women´s identity and possession as static and timeless, one supporting the other, without attending to the aspects potentially subversive to the prevailing ideologies of gender. She is aware of the importance of historical forces – socio-economic, political changes, the accelerating process of conversion to Islam but she treats women and their possession ceremonies as objects and never as agents in these transformations.

The issues of cultural resistance and agency are addressed by Stoller in his largely historical analysis of the Hauka possession in Niger. The Hauka in Stoller´s description appears as a predominantly male enterprise and he pays little attention to the implications of gender in the Hauka, or in other contexts such as the Nigerien Bori. From the point of view of feminist theory this obliteration could be seen as a symptom of two systems of patriarchy – the Nigerien and the European (and even Stoller´s), clashing. By embodying and mimicking the ´Other´, European - his bodily comportment, manners and institutions, the Hauka medium, Stoller claims, appropriates the ´Other´, comes to terms with and masters it. The subversive aspect is inherent in the Hauka´s use of mimic and grotesque, though Stoller pays much attention also to the ´material´, ´real´ resistance. He describes historical events when the Hauka serves as a base, ideological, material, personnel for mobilization against oppression of the European colonists. Unlike Boddy who analyzes Zar possession primarily within the inner dynamics of a particular society, centering on personhood, Stoller links Hauka to larger historical processes, colonialism in particular, centering on power, resistance and agency. The Hauka is not simply Other, understood as static, on par with the Self; it is a process which addresses power asymmetry. The Hauka is not treated as non-existent, imaginary, theatre; it is a being/force with agency. Moreover, the meaning, role and means of the Hauka transform with the changing power relations.

In the analysis of possession among the Venda I am interested in incorporating all of these approaches – centering on personhood and experience as well as the larger historical forces, socio-economic and political. I want to pay special attention to the relations of power, forever

slipping, which are part and parcel of possession and relate them to how they are embodied and manipulated by actors – women and men.

7.2 Venda ancestor possession cult, *malombo*: historical background

Previous anthropological accounts – from 1920´s and 30´s by Hugh Stayt, and 1960-80´s by John Blacking, have interpreted ´Venda´ spirit possession, *malombo*, within the older paradigm propounded by Lewis (1971). These authors claimed that possession by ancestor spirits, *midzimu*, has been the domain of predominantly women ascribed subordinate position within Venda society which they deemed to be unequivocally patrilineal and patriarchal. Spirit possession had been associated with breeches of women's roles as brearers of progeny: menstrual problems, infertility, difficult pregnancies and childbirth. Since through the idiom of spirit possession such conditions have been ascribed to the agency of the maternal ancestor spirits, these women have been freed of responsibility for such problems contravening ideals of the female role. Through the domains of spirit possession, women have been able to negotiate a respite from family obligations and from father's and husband's authority; assuming leadership within the cult opened an option of career otherwise closed to women. Blacking, moreover, associated the activities of the ancestor spirit possession cult exclusively with rural-dwelling women, engaged in activities of agricultural subsistence; the rituals of the possession cult, according to Blacking, asserted territorially-based identity: through the possession rituals, each cult group – comprising of neighbours and kin-related women, expressed allegiance to a particular locality in ´Venda´.

During my fieldwork I was able to observe a number of changes - in the problems addressed through spirit possession; in the kinds of social categories of persons who have been diagnosed as suffering from ancestor possession; in the meanings ascribed to spirit possession by diverse groups; and its role in constructing cultural identity. These observations have lead me to question the previous accounts.

7.3 Case studies of spirit possession: negotiating identity at the intersections of gender, class, ethnicity and migration in post-apartheid South Africa

In this section I will draw on several case studies in order to explore the myriad facets of spirit possession in the ´Venda´ context in the 2000´s. These case studies highlight the often contradictory ways in which diverse actors have drawn on spirit possession to make sense of and act upon situations of affliction closely related to experiences of marital conflict, socio-economic marginalization or failure to live up to gendered ideals and expectations. Shaped by, and shaping, recent social, economic and political change in post-apartheid ´Venda´ and South Africa, spirit possession has provided an arena of personal and social transformations in which issues of gender, class, (ethnic) identity, definition of ´tradition´, and migration have been closely intertwined. Furthermore, the chapter will argue for a nuanced, context-dependent account of spirit possession which has been articulated differently to address diverse situations to different audiences.

7.4 Patricia: ancestor possession and the discontents of urban-rural migration

The case of Patricia provides a view onto how the idiom of spirit possession has been drawn upon to articulate several intersecting problems – migration, class, and female identity. It not only shows how notions of ancestors´ agency have been mobilized to conceptualize resentment of migrants to exploitative labour relations in the cities, *tshikuani*. It also reveals the potential of these notions to manage experiences of isolation and vulnerability of ´return-migrants´ in the rural areas. The case of Patricia contests the predominant view of anthropologists working in South Africa which has associated experience of rural migrants in the urban centres with uprooting and alienation, and their religiously mediated ´returns´ to the rural areas with integration into locally grounded networks of community and kinship solidarity (Comaroff: 1985). While Patricia has used the idiom of ancestor possession to articulate her consciousness of oppressive work relations and social anomie in the city, her experience of the move to ´Venda´ has been no less problematic. Born and raised in the city, not used to rural life-style and, as she perceived, lacking the usual skills of rural women, she has negotiated integration into the social world in ´Venda´ only with great difficulty. Hostility of her husband's kin living in the vicinity, and the lack of neighbourly solidarity in a locality torn apart by soaring class inequalities, have both contributed to Patricia's sense of

vulnerability and status as a stranger. The power she has been able to derive from symbolic exchanges with the ancestor spirits have helped her to establish a sense of security, self-reliance and confidence under conditions of social disintegration.

Patricia, now in her late 20´s, was born in Pretoria to a comfortable middle-class family of Venda labour migrants, as the last born of six. She grew up and lived most of her life in the urban area, visiting rural ´Venda´ only during holidays. She married a Tshivenda-speaking man with whom she had a son and lived in a suburb of Pretoria for several years. Her husband has been working in delivery service while she had tried to raise income through street vending in Johannesburg, and later as a cook in a white-owned restaurant. During her employment she had reported to have had suffered from pains and fatigue and put on lots of weight. She resented the employer's authority (*mukhuwa wanga*, ´my white´) and her refusal to obey commands lead to her dismissal by him. In her narrative she ascribed both her sickness and problems at work to the ancestors´ agency. Since several of her relatives – elder brother, sister and mother's brother, had suffered from possession-related illness and have been practicing as ´traditional healers´, the family immediately identified her symptoms with the wish of the ancestors that she followed their calling (*mbidzo*). A diviner corroborated their suspicion and the move to ´Venda´ was associated with this diagnosis of her symptoms. Patricia and her son left the city, *tshikuani* (´place of the whites´), and resettled in a semi-urban area in ´Venda´ close to the household of her husband's mother and sister. While Patricia's natal kin has been supportive of her ancestral calling, the affines, all of them church-goers, have tried to stop her from proceeding with possession rituals and the building of the divination hut in her yard.

Patricia's move to ´Venda´ has therefore been marked by contradictions arising from her status as an urban-dweller, self-assertive and independent, defying the image of passive womanhood which her rural-dwelling affines preferred. As the mother of only one son in a cultural context in which the social status of women has to a large extent been derived from the number of children they have given birth to (a fact perceived as a source of status by both genders), Patricia has further fallen short of the ideals of femininity. Her engagement with the ancestor cult has been perceived as an affront to the affines´ sense of civility and morality associated with Christian ideologies and values. Social interactions between Patricia and her affines have been minimal, without exchanges of material goods or help accompanying them.

The husband failed to mediate successfully between his wife and family, preferring to stay out of their disputes, much to the frustration of Patricia. However, he has shown support by providing part of his income for the upkeep of the household and son's needs during periods of his absence at work in the city, and financed most of the costs of Patricia's possession rituals and initiation.

Hostility of husband's kin towards her engagement in the ancestor possession cult have contributed towards Patricia´s already strong sense of being a stranger in the locality without any reliable social network to turn to in case of need. The neighbourhood in which she had settled was marked by glaring class disparities with her own house marking a boundary between older, and poorer, households with small corn and vegetable fields attached to yards, and newly built houses of the newly rich, government employees and businessmen. Social traffic across this boundary has been minimal and mainly conceptualized in terms of mystical threats – the poor neighbours conceiving of the wealth of the rich as being the result of illicit use of magic and *muti*, the rich fearing bewitchment by the poor on grounds of jealousy. Patricia perceived her own household as a target of nightly witch flights and attacks of the *tokoloshe* sent by the evil-minded neighbours. The potential threat of her living as a single woman raising a young son appeared prominently in her conceptualization of her relationship with the ancestor spirits. Drawing on notions of mystical powers of protection associated with the ancestors, Patricia was able to conceptualize her sense of vulnerability to violence in an anomic neighbourhood where social control was lacking, as well as manage her anxieties arising from her uncertain social position.

Until this point I have been considering the idioms of ancestor possession in terms of their utility in everyday practice in addressing socially ambiguous position of Patricia in the context of virilocal marriage and urban-rural migration. The possession ritual conducted on behalf of Patricia which I had the opportunity to observe could be seen in a similar light. It had not only marked the end of Patricia's initiation to become a ´traditional healer´. It had also provided an arena through which Patricia had been able to negotiate relations with her affines – and, indirectly, her neighbours, from a position of greater authority and prestige. In the following account, however, I aim to give ´thick description´ (Geertz 1973) of the ritual which grounds the symbolically mediated interactions which constitute it in the context of rich, and deeply ambivalent, meanings of the ritual symbols. I will try to analyze both the ahistorical structure of the ritual sequences as well as the socially contingent concerns of

actors addressed through the ritual form. Only a full explication of these two aspects of the ritual – the structural and meaningful, and the historically grounded and strategic, and their inter-relation, can yield to a full appreciation of possession ritual as a mode of social action (Werbner 1989: 99).

Since most of the spirits held to afflict Patricia were identified as Tsonga ancestors from mother's and father's lineage ´from long ago´, *zwa kale/vhomakhulukuku*, the possession ritual conducted to mark the end of her initiation, *u twasa*, drew on Tsonga forms of spirit possession. Tsonga possession ritual, the *majomane*, contrasted with the Venda form, *malombo*, in utilizing a simpler drum-beat and dance sequence, Tsonga songs, and different forms of dress. It has recently grown in popularity among Tshivenda-speakers who practiced the *malombo* as it was cheaper (approximately 1000R in comparison with 2000R) and easier to master. Referring to the simple dance steps and gestures some Tshivenda-speaking informants have called it derisively as ´the jumping of the women´. Preparations started long before the ritual proper – Patricia had been residing with other adepts in her initiator's household for two weeks prior to the ritual, isolated from her kin. Her agnatic kin – mother, brother and two sisters and her husband came from Pretoria two days before the start of the ritual and arranged for transport and food for the participants. However, Patricia's affines had not been involved in the preparations, awaiting the ritual with some apprehension. On the Friday evening when the ritual was held, Patricia's kin gathered in her household awaiting the coming of Patricia with the initiating healer and her cult adepts.

The party arrived after dark on a rented truck, dressed in red wrap-cloths with dark-brown wigs on their heads like animal fur, Patricia and her companions descended from the car, kneeling on all fours as animals, and proceeded on a carpet laid down for them from the fence to the hut dedicated to the ancestors. Imposing and threatening by their animal-like nature which the cloths and postures suggested, they issued an inarticulate humming noise. They were welcomed by the gathered audience by ceremonial greeting gestures kneeling on the ground with hands clasped. The husband's mother and sister who had most resisted Patricia's initiation into the ancestor cult, were the first to make money donations to the ´spirits´ - possessed Patricia in particular, in order to mitigate any suspicion of disrespect to the ancestors and lack of support for Patricia.

The ritual process itself can be divided into three main sequences, each lasting several hours from late evening through the night until late morning, from which the main theme of transformation emerges – the domestication and harnessing of power of the wild represented by animal-like paraphernalia and behaviour of the spirits-hosts for the benefit of the human community, and the sick patient in particular. The power of the ancestors is portrayed as essentially ambivalent and changes through the three main stages of the ritual process – from alien and threatening power escaping control of humans in the first sequence, through relative equality and reciprocity in the second, to sheepish, inarticulate and demeaned power in the last stage before the spirits are ready to leave the bodies of their hosts. In the first stage the spirits-hosts and the audience gather in the hut dedicated to the ancestors and kneeling on the ground growl, shake and sob uncontrollably. The atmosphere is full of tension and fear, the audience refraining from starting any interaction with the spirits-hosts. After two hours or so the spirits begin playing the rattles and singing, dancing kneeling down. Some members of the audience join them. Subsequently, the spirits leave the hut, followed by the audience, to gather in the yeard where the longest sequence of the ritual begins. The skilled members of the audience begin playing the drums, spirits-hosts alternate in dancing standing up (*ngoma yo imaho*, ´the standing-up drum´). This sequence lasts several hours until the early hours of the morning with few intermissions for rest. Members of the audience are brought by the ´spirits´ to join them in dancing to the drum-beat. Interaction and a degree of reciprocity is established between the spirits and the ordinary humans. While the former are obliged to dance forcefully, not showing fatigue or boredom, the latter likewise must persist in drumming and singing. The two parties repeatedly greet each other in a ceremonial style, *u losha*, already mentioned. If either of the parties slackens in its activity, it receives chastisement by the other. The spirits and humans are equally obliged to fulfil their proper role in relation to each other. The last stage of the ritual begins later in the morning, and is accompanied by neither song nor musical instruments. The spirits are gathered meekly on a mat in the centre of the yard with the audience seated on the side. The officiating healer and her assistants use a whisk to pacify the spirits, who are portrayed as uncouth and sheepish. This scene of subordination of the spirits by humans is performed in an atmosphere of both fear of the audience that the spirits may refuse to accept subordination and break free, and of comic and laughter at the spirits´ crass behaviour. The ritual is consummated with the sacrifice of a goat, always done by a man. Only the person, as spirit host, on whose behalf the ritual is conducted, is present when the goat's throat is cut, touching its head with own and having the fresh blood poured over the head while licking some of it.

The symbolic structure of the ritual, however, reveals only one aspect of the possession ritual's efficacy. Its full significance emerges when its construction of reality is considered also as a form of strategic action carried out by concrete, socially situated actors to address their anxieties and aims. This consideration brings us back to Patricia's complex engagement with the idiom of spirit possession to articulate the uncertainties of her social position. The authority of the ritual reality has been instrumental in empowering Patricia in relation to her husband and husband's kin who had been forced to show publicly their support for Patricia and her ancestral calling. At several points of the ritual process Patricia's spirit had chastised the husband and his kin and brought them to the centre of the ritual arena to dance in front of the drums with her and the other possessed adepts. As the goat was sacrificed, the husband was called on to assist by the officiating healer and donate money to Patricia to start her healing practice. The officiating healer acted as a mediator between him and Patricia's spirits, explaining the nature of Patricia's calling and soliciting an expression of goodwill from him. The ritual also delineated Patricia's household from neighbouring households. None of the closest neighbours were invited to participate in the ritual, observing the proceedings from afar. Demonstrating Patricia's association with the ancestor cult – and her mystical powers, Patricia had also sought protection from witchcraft attacks from neighbours whom she had perceived as hostile and malevolent.

The case of Patricia has revealed how spirit possession has been mobilized to address several inter-related concerns: the lack of integration into a kinship group into which she had been married virilocally; the challenges of living as a single mother in an anomic semi-urban locality; and dependence on a wage-earning husband, labour migrant. The symbols of ancestor possession and its ritual domains have allowed Patricia to tap into sources of mystical power in order to gain empowerment in everyday life. If Patricia's healing practice proves successful as she hopes it would, she will gain a means of livelihood independent of her husband and acquire mobility through membership in cult networks extending to different parts of ´Venda´, countering her isolation as a virilocally married wife.

7.5 Flora: ancestor possession and the predicament of young single mothers

Flora's case is representative in revealing the complex intersections between gender, class and labour migration which have shaped the engagement with the possession cult of a social category new to its membership – young single mothers. Their association with the cult has reflected the specific vulnerabilities to which young ´Venda´ women have been subject as a result of their contradictory social position and personal experience in the context of rapid socio-economic change and congealing class inequalities. In this case study I will address these more general predicaments of young women against the background of changing kinship and gender relations and transformations of the economy as these have shaped Flora's life experience, and ultimately, her ´illness´ and ´cure´. I will also confront the complex negotiations of her status vis a vis significant others which have been mediated by the symbols and domains of the possession cult. Although it would be reductionist to conceive of ancestor possession as a conscious strategy, it has nevertheless provided young single mothers possessing few skills marketable in the neo-liberal economy with access to cash apart from the labour market, and allowed them to establish alternative careers.

Flora grew up in a remote village in the Nzhelele valley where she went to school and until recently attended the local branch of the Luther church. Her mother and other siblings had been dependent on the income of the father who took up different jobs which had become available in the area as a result of government-funded infrastructure development projects (electricity and water). After retirement, the father had practiced as a ´traditional healer´ which was also the full-time profession of Flora's paternal grandmother. Through the activities of close family members, Flora has become acquainted with ´medicines´, *mushonga* (pl. *mishonga*) as she was growing up and gained knowledge of the location of trees, plants and shrubs used for healing while escorting her grandmother on errands in the bush. Flora had been very close to her father and his death when she was in her mid-20´s was a personal tragedy. Furthermore, father's death has rendered her responsible, as the first-born child of her mother, for the upkeep of the household and the financial needs of her mother and younger siblings, including a younger brother. The expectation of eldest siblings to become breadwinners for the family – parents and siblings, and especially their responsibility to pay for education of the latter, has been stated as the ideal by informants in all respective positions. The fact that this ideal has been applied also to women as daughters and elder sisters, however, has marked a significant change in kinship, gender and economic relations in

contemporary ´Venda´. Until recently men – as fathers, husbands, brothers, sons, had been associated with the labour market (which frequently engendered labour migration), and held to be responsible for the welfare of dependant relatives associated with the (rural) domestic sphere. Today women have been seen as more reliable to fulfil such roles as daughters and sisters. This shift has also reflected in the rise in the numbers of women engaged in contract employment, although predominantly at the lower rungs of the labour market.

Confronted with onerous responsibilities as the major breadwinner of her natal family, Flora had sought employment in the vicinity of the village where she lived with mother and siblings, and later in the local urban centres. Since she completed only a Standard 10 educational qualification without special skills, she was able to enter the labour market at best at its lowest rungs. Moreover, since the liberalization of the economy and transition away from the heavy industries towards services and finance and occupations demanding skilled labour force, Standard 10 has been the goal of many and it has become a pre-requisite for contract employment. At this level of the economy jobs have been very scarce relative to the extreme competition for them, and work conditions and treatment by employers most harsh given the pool of labour force in the context of soaring unemployment. In the hope of increasing her employment chances Flora therefore invested in a course from which she graduated as a chef.

However, Flora's work career and aspirations for a higher socio-economic position was further jeopardized by the birth of a child out of wedlock. Status as a young single mother further increased Flora's vulnerability deriving from low class, low skill status in a neoliberal capitalist economy in which both urban and rural population has been dependent on cash income within the labour market, or on its fringes.

The rise of the numbers of single mothers such as Flora has been part of a wider development of dissolution of marital relations as a result of long-term political-economic changes interplaying with cultural values. Forceful transition from agricultural subsistence to cash economy which has been the result of expropriation of arable land and livestock and forceful population resettlement instigated by the colonial and apartheid government, has undermined the *lobola* (bride wealth) complex. In contemporary ´Venda´, most marriages have been contracted with minimal or none *lobola*, paid in cash rather than cattle. Marriage has thereby ceased to be a matter of complex series of obligations and responsibilities binding extended

kin groups – especially the husband to own and wife's parents. Under conditions of the cash economy, moreover, the institution of polygamy has been transformed into high incidence of extra-marital relations which have been seen as legitimate in the case of men, immoral in the case of women. Such cultural notions of gender asymmetry, individualization of the institution of marriage, and the history of the regime of labour migration which has engendered the separation of marital partners with the tacit understanding that the husband as a migrant would take on lovers in the city, have contributed to the fragility of the marital bond. Since the second half of the 1990´s, a rapid fall in rates of marriage and increase in the incidence of divorce has been well documented[15].

Since sexual relations have been subject to a contractual logic based on notions of sexual asymmetry (a significant cultural theme which deserves separate treatment), men, whether husbands or lovers, have been expected to provide cash and commodities to women sexual partners. Women's sexuality has been constructed as a value which they concede to men in exchange for material benefits. As a consequence, sexual relations have been regarded, besides all else, as a source of income by women. Flora has suffered the consequences of this logic of marital and sexual relations which have yielded much insecurity for women in particular. The father of her son was a well situated policeman who had provided Flora with desirable commodities such as the cell phone, clothing, cosmetics. However, he had not been interested in marriage and separated from Flora when she became pregnant. In cases such as Flora's in which the discrepancy in economic and social power between the woman and her male lover has been so high, women as single mothers have been reluctant to file a legal case in order to gain child benefits from the fathers of their children. A great number of my informants justified their reluctance to start legal action by fears of poisoning – many cases have been known when the child and the mother involved in a court case have been poisoned by the accused man. It is in this context of gender and sexual relations when women have taken, or have been forced to take, primary responsibility for children born out of wedlock, that the rising incidence of female-headed households, usually consisting of three or four generations of related women (daughters and their children, mothers, grandmothers) must be seen.

[15] *Stats in Brief 2004.* Pretoria: Statistics South Africa, 29.

As a consequence of her status as the eldest daughter and now a single mother, the demand on Flora's cash-earning abilities has increased. Unable to find work in the vicinity of her mother's household where she came to reside after giving birth, Flora has become engaged in labour migration to local urban centres – at first Pietersburg, later Thohoyandou. Working as a security guard for a construction company she had to endure long night and day shifts, over-priced poor-quality accommodation and separation from her toddler son who has been raised by her mother in the village. She had been suffering from symptoms of ´sickness´, *u lwala*, since years before her pregnancy, but during her engagement in labour migration these symptoms had become unendurable – headaches, pains in the shoulders and back, extreme fatigue and dizziness. Interfering with her work performance, these symptoms prompted Flora to seek help in the hospital and later in healing rituals of the Zion Christian Church. When these failed to provide cure, she began visiting ´traditional healers´ who had identified her sickness as a sign of possession by ancestor spirits – her father's mother, and maternal great-grandmother who had chosen Flora to become their medium. The implication of this *mpho*, ´ancestral gift´, was that Flora becomes a healer herself, practicing in the rural area in her mother's household.

Although having the consequence of Flora's permanent presence in the mother's household, potentially helping with chores and providing support for her mother, siblings and son, the diagnosis has not been welcomed by Flora's mother, a Christian, who has perceived that it involved Flora in ´backward things´ of the ancestors from which there was no return to ´modernity´ - contract employment, middle class status, and ´proper citizenship´ which has implied conversion to Christianity. Flora, on the other hand, held very different perceptions of her engagement with the ancestors. Flora had very specific, and by no means ´backward´ expectations of the implications of ancestor possession for her future status. She has hoped that it would provide her with the means to acquire cash from which she could finance her son's studies in a prestigious school, and her desire for commodities associated with middle class status – a fridge, a sofa, a video-recorder, a television set.

The case of Flora illustrates how the idiom of ancestor spirit possession has been mobilized to address conditions of ´sickness´ associated with anxieties which young women have been facing as breadwinners and labour migrants living alone as single women in the urban areas. These conditions of the political economy have posed further challenges to women as single mothers who have struggled to combine income-raising and care-taking responsibilities. The

practice as a ´traditional healer´ has allowed Flora to draw on knowledge of medicines which she had acquired in childhood and carve out a more creative niche for herself apart from low-skill, low-paying contract employment. It has allowed her to combine cash-raising activities with the roles of a mother and care-taker in the village household. However, returning to the village has not meant the end of mobility for Flora. Through her initiation with a healer residing in a distant location in Venda, Flora has become a member of healers´ networks extending as far as Johannesburg with whom she has entered into relationships of mutual help and obligation in each other's ritual activities. If her practice becomes successful and she will be able to attract clients, becoming a ´traditional healer´ will also be a means to socio-economic mobility in neoliberal capitalist economy.

7.6 Dakalo: a woman betwixt-and-between and the intersections of global and local understandings of ´ancestor possession´

In this case study which considers the life-history of Dakalo, I wish to bring two crucial aspects of spirit possession into the foreground. On a more personal level, spirit possession has provided Dakalo with a discursive and performative idiom through which she has sought to make sense of and redefine the relationship with her husband, as well as her place in the kin group and larger community. I will insist, however, that these processes have been ambivalent and inconclusive for reasons which I will address bellow. Contrary to classical accounts of spirit possession, Manalo's use of the possession idiom has been less a calculated strategy to gain respite from a demanding husband and family obligations, than a painful attempt to achieve new self-understanding and comprehension of her betwixt-between position within the family and the wider community.

Secondly, concerns of personal identity have been inseparable from wider concerns of cultural identity, both of which have shaped the ways in which ´spirit possession´ has been understood and used by Dakalo and her significant others. Furthermore, drawing on their background of engagement in the anti-apartheid movement, Dakalo and her husband have interpreted local idioms of spirit possession through globally articulated ideologies of ´African´/ ´indigenous´ identity. The case of Dakalo thus also calls attention to the contradictions which such intersections of global and local constructions of identity engender for the afflicted and her social milieu. While providing new possibilities for the interpretation of the meanings of spirit

possession, such intersections have also lead to new forms of alienation from the local contexts.

The case of Dakalo, a woman in her early 40´s of partially Venda and Tsonga background, provides a view into how the idiom of spirit possession has articulated a situation of marital conflict and social isolation, both of which have been inseparable from wider processes of social and political change during, and after the fall of, apartheid. It is this aspect of her case of possession which I will address first.

Dakalo grew up in a middle class family in one of the local urban centres, Sibasa, as the first born among five siblings. She had admitted that she has been the parents´ favourite and been defiant of authorities to a point which she now found offensive. She has always stood somewhat apart from the rest of the family and sought personal autonomy – although in her teens and early twenties this took the form of drinking binges and marihuana smoking with mostly male friends. In her mid-twenties (early 1980´s) she met John, a (´white´) South African of English ancestry, himself a university graduate, actively engaged in the anti-apartheid resistance movement (he was trained as a freedom fighter though never to be deployed). It was John whom Dakalo had acknowledged as a major influence on her intellectual development and political radicalization during the struggle years. He introduced her to key thinkers in the black consciousness movement – Steve Biko, Malcolm X, to works of Marxist intellectuals such as Fanon and to anthropological studies of African resistance movements – and to European ´high culture´. Dakalo had felt gratitude and recognized dependence on her husband in her personal growth, although such personal development has also been crucial in separating Dakalo from her own family. Through relationship with John, she has become a member of intellectual circles involved in the anti-apartheid struggle, acquiring a new sense of identity as a politically engaged activist. In her biographical narrative, Dakalo had made strong connections between key events of her life-course and crucial markers of collective experience during the struggle (for example, in the often repeated story of her giving birth to the youngest daughter on the way to witness Mandela's speech at the Thohoyandou sports stadium).

The sense of purpose and personal fulfilment, and high expectations of the fruits of anti-apartheid political engagement have, however, been countered by disillusionment with the actual developments in the post-apartheid period in the 1990´s and 2000´s. Since the fall of

apartheid, both Dakalo and John have worked for a non-governmental organization which has provided legal support to underprivileged individuals and communities engaged in court cases concerned with land restitutions. The often protracted and inconclusive legal processes in which powerful farmers and companies have been able to wield great influence through superior capital, have tamed Dakalo´s and John´s optimism about the fruits of the post-apartheid dispensation which they have sacrificed part of their lives to bring about. Witnessing marginalization of local communities which the government failed to alleviate despite its promises, Dakalo and John also faced own dire poverty (they had to borrow money in order to survive as the work for the non-governmental organization was mostly on a voluntary basis). When I met them, they lived in a dilapidated house on rented farm land in the middle of the bushes in the vicinity of Makhado (Luis Trichard), with electricity cut off as they were not able to pay the rent. Difficult economic circumstances have also coincided with a crisis of their marriage. In this context, Dakalo succumbed to ´illness´, *u lwala*, later interpreted as a sign of ancestor possession. The condition of ´illness´ included symptoms of chronic pain and fatigue, severe depression and emaciation which have persisted for two years and which had not responded to biomedical treatment. Dakalo experienced relief only after she has started consulting ´traditional healers´ and accepted the diagnosis of possession by ancestor spirits from the mother's side of the family (identified as mother's mother's mother and mother's mother's father's wife), conditioning cure by undergoing possession rituals and initiation to become a practicing healer herself.

The course of her illness and spirit possession career had crucial consequences for a redefinition of her identity and relations with significant others. Spirit possession has provided her with the means to negotiate her incorporation into her family of origin from whom she had become estranged during her political activism. She has established a close relationship especially with her village-dwelling maternal grandmother, and sought acceptance into her household where she spent close to two years when her symptoms grew worst. She has also sought acceptance in the wider community of women in the village, mostly Tsonga-speakers, through membership in a savings club. Through these steps Dakalo has negotiated a movement away from a cosmopolitan identity as an African intellectual mediated by her husband, to a narrower, locally-grounded Tsonga identity mediated by her mother's side of the family. I will return to the vicissitudes of this process bellow.

This progression of Dakalo´s illness and cure addressed through the domains of the spirit possession cult have also been crucial in creating a distance between Dakalo and her husband. The latter felt progressively sidelined from Dakalo´s activities and engagement in women-centred societies which he regarded as a secret plot of conspiracy against him as a man (of which I was accused as well). The idiom of spirit possession has thereby provided Dakalo with the means to gain a greater degree of autonomy from her husband and a leverage against his authority without having to challenge him directly – on a number of occasions she felt compelled to offer snuff to her ancestors (u *shela fola*) when he approached her too closely or tried to impose his own decisions conflicting with her own activities and those of her daughters. Although grudgingly, the husband invariably stepped down from his demands.

However, Dakalo did not deploy such means as a conscious strategy as the classical paradigm of spirit possession as ´sex wars´ asserted. Rather, she had sought to understand her ambivalent feelings towards her husband and find a new definition of their relationship. She often confided to me that she was not sure what the ancestors wanted her to do in relation to her husband. She was undecided about her feelings towards him and did not see divorcing and leaving him as a desirable solution to her conflicting sentiments. On the other hand, she admitted to have had dreams and fantasies of deeply affectionate relationships with other men, mostly ´black´, attesting to a diminishing affection towards her husband. These issues have remained unresolved when my fieldwork came to its conclusion. Nevertheless, spirit possession has been crucial in providing Dakalo with the means to explore a new definition of her relationship with an often imposing and authoritarian husband who, however, had also profoundly defined her own identity during the dramatic years of the anti-apartheid struggle.

Restrictions imposed on the body have been the primary means through which Dakalo explored the meanings of ancestor spirit possession in view of her own biographical experience, and constructed her new, ´Tsonga´, identity. These restrictions consisted in food taboos, modes of dress and adornment, ways of grooming the body. Some of these have been a standard part of the spirit possession idiom - such as letting hair grow out unkempt in dreadlocks. Most of these, however, were Dakalo´s own innovation on what the possession idiom meant and had been influenced by her awareness of global ideologies of ´indigenity´, ´genuine African´, of the bio-food movement, as well as of academic works on African pre-colonial and colonial history. Consequently, only her husband who had in fact introduced Dakalo to these global concepts found the taboos she maintained to be a plausible part of her

possession state. The rest of the family, co-initiates, healers and members of the wider community perceived them as Dakalo´s own idiosyncrasy. This tension between the global and local perspectives on the meanings of ancestor spirit possession, which were in turn shaped respectively by ´objective´ and locally grounded understandings of history, had been a source of mutual alienation between Dakalo and the other members of the spirit possession cult. It contributed to both parties interpreting the symbols of spirit possession in very different ways resulting in the inconclusiveness of Dakalo´s quest for cure through the domains of the spirit possession cult.

Food taboos were one arena through which Dakalo sought to give meaning to her affliction in terms of ancestor possession. The taboos included avoidance of bread and processed mealie meal, *mugayo*, the two cheap staples on which the mass of South African population has subsisted; preference for home grown maize and sorghum; for olive oil and ´natural health foods´. Maintenance of these taboos cost the family much effort and money due to their inaccessibility locally, and their higher price. Yet they were crucial in shaping Dakalo´s new sense of self forged as everyday practice. But far from just signalling her special status and difference from other members of the family, they also expressed a consciousness of African (colonial) history and simultaneously a critique of it. These issues came out most clearly in the case of rejection of the mass produced, low-quality mealie meal which Dakalo, although less explicitly, associated with an imported ´foreign´ crop (corn) and with the dependence of Venda on capitalist relations of production and consumption. It was deployed symbolically in Dakalo´s narrative to stand for the undermining of agricultural subsistence of Venda through colonial and apartheid history. Sorghum, on the other hand, was the pre-colonial staple in most southern African societies and stood for ´genuine African crop´ in Dakalo´s narrative.

Such seemingly mundane and insignificant everyday practices thus spoke to Dakalo´s sense of individual self which was inseparable from a consciousness of collective history and identity historically shaped by unequal relations of power. However, Dakalo´s notion of identity in terms of ancestor possession was shaped by globally articulated knowledge of (South) African history rather than history as it was locally perceived. The notion of sorghum as the genuine and original African crop, and corn as unoriginal, incompatible with the ways of the ancestors, was not shared by other members of Dakalo´s rural- and urban-bound family, nor by the wider community and the other cult members all of whom had not had access to academic understandings of local history. In fact, the songs and symbolic acts of the

possession rituals which aim to conjure up an image of an ancestral past contain a plethora of references to corn planting and harvests – as part of ´the ways of the ancestors´. These discrepancies in notions of history which have shaped the ideologies and activities of the ancestor possession cult point to crucial differences between the understandings of ´African´ identity mediated by the ideologies of the intellectualized black consciousness movement, and conceptions of local, ´Venda´ and ´Tsonga´, identity forged by communities on the grass-roots level.

A second set of restrictions which Dakalo had drawn upon to articulate a new sense of self through everyday practice related to styles of dress and adornment. As with food taboos, these were a crucial means for Dakalo in asserting her new identity, but also a source of contention between her and the other members of the cult and the community. Since the onset of her illness, Dakalo stopped wearing western cloths and embraced an ´African´ dress style which she progressively took further than her village-dwelling counterparts in rejecting elements considered as ´non-African´. She embraced colourful Tsonga wrap cloths, ankle bangles and head scarves and glass beads which she saw as more authentically ´African´ than Venda salempore cloths and plastic beadwork. Associated with a marginalized ethnic group which has historically suffered from stigmatization and persecution from the Venda majority in the region, wearing Tsonga cloths and glass beadwork has also been an act of defiance of Venda cultural hegemony and a sign of Dakalo´s alterity. Furthermore, the reification of glass beads as ´authentic African´ - although in fact a commodity of global trade networks which tied Africa to the Indian Ocean in the past thousand years - in opposition to ´inauthentic´ mass-produced plastic beads, has been a trope through which she has sought to articulate notions .

The inscription of meaning by Dakalo into items of dress and costumes and props used in the spirit possession rituals have not been shared by the other ´traditional healers´ and her co-initiates. In her understanding the material items of the cult were symbols which should contain a reified African substance in themselves, be an embodiment of ´African essence´. Consequently, she eschewed rattles made of plastic, Indian and Chinese-made printed cloths used as salempores adorning the possessed persons, as an affront to the ancestor spirits. In her opinion, only ´African´ hand-made and hand-printed cloths should be used, and rattles made of indigenous fruit and seeds.

Other members of the cult, however, found affordable mass-produced cloths of poor quality but bought as an affordable price mediated by the global capitalist market as a convenient option, and wholly compatible with activities associated with ´the ways of the Vhavenda, of the ancestors (*zwa tshivenda*, *zwa vho-makhulu*). Candidates for possession were readily referred to the Indian-owned shop in Thohoyandou, known as Ha Khodza in the local vernacular, which as a consequence of selling cheap imported items used in ancestral rites acquired an atmosphere of something of a sacred place. These examples point to crucial issues relating to the dynamics of the ancestor possession cult which has been drawn upon by diverse actors in strategies of fashioning and re-fashioning meanings of individual and collective identities. While Dakalo and other representatives of the intellectual elite have projected notions of reified ´African identity´ into the ancestor possession cult thus rejecting globally produced commodities and images as ´foreign´ and ´inauthentic´, grass-roots members of the cult have been content to appropriate these in an effort to re-assert locally-grounded notions and practice of identity.

7.7 Negotiating manhood in post-apartheid South Africa: Precarious transformations of Tshivenda-speaking labour migrants into religious leaders[16]

7.7.1 The case

The idiom of ´Venda´ ancestor spirit possession, *malombo*, has provided a trenchant commentary of the engagement of men in rural-urban labour migration instituted in colonial and apartheid South Africa, and continuing to shape post-apartheid realities and identities. This commentary, however, has not been static. Until the 1980´s, men have been excluded from the ancestor cult by virtue of their urban experience. The bodies of men active in labour migration were deemed as polluted through congress with customs and women of non-Venda groups in the urban hub of Gauteng which was supposed to render them unsuitable abodes for ancestor spirits. Ancestor possession had been a domain of primarily women in the rural areas seen to abide by the precepts of ´proper Venda morality´. In the past decade, however, the thrust of this moral commentary has radically shifted. Rather than excluding men from discourses affirming ´Venda morality´ embodied in ancestor possession on account of their

[16] The text was published in *Viva Africa 2009: Proceedings from the 4th International Conference on African Studies* (2010).

urban experience, it has put them at their very centre. This paper aims to contextualize the socio-cultural dynamics of this change against the background of transformations of the regime of labour migration – and, jointly, of gender relations - in de-industrializing, post-apartheid South Africa. It asserts that the idiom of ´illness´ and ancestor possession has been mobilized to articulate and redress the diminishment of social power of men which these transformations have engendered. Concentrating on a case study of ritual undertaken on behalf of a ´possessed´ man, Athiambi, it will also address the ambiguities and contestations which men, as labour migrants returning to the rural area, have faced when seeking empowerment through the symbolic resources of a cult which has remained dominated by women. Furthermore, the paper will examine the complex intertwining of personal concerns of individual identity and collective concerns of ´Venda´ cultural identity in the context of the post-apartheid dispensation.

7.7.2 Historical background: labour migration and gender identities

Until the 1980´s, ´Venda´ had been a typical labour reserve of the apartheid political-economy of South Africa. The regime of labour migration and remittances had demarcated the role of able-bodied men as underpaid urban workers in the Gauteng industries (ideally) sending major part of their income to stay-at-home wives in the rural areas to support families of dependants. This coercive model had been subsumed within the cultural notions of ´Venda´ masculinity and femininity – ´it is our culture´ (*ndi mvelele yashu*), explained my informants, ´that the man works in the city and sends money for the bag of corn flour (*saga a mugayo*) to the wife in the Venda countryside´. In the context of these cultural precepts which have accommodated the experience of political-economic subjugation of the ´Venda reserve´, work in the city, *tshikuani* (´place of the whites´), or *tsheledeni* (´place of money´) has not only been a matter of economic necessity for adult men, but of living up to society's expectations and of achieving prestige and a sense of self-worth.

However, in the same period the regime of labour migrations, and concomitantly the notions of gender identities, had begun to undergo major transformations. By the end of the 1980´s, the apartheid dispensation had run into major political and economic difficulties. This period was marked by increasing returns of migrant workers to rural areas, partly as the result of influx controls, partly of the sharpening political conflict and violence in the cities. The

former had largely been a measure with which the apartheid government hoped to solve the over-saturation of urban industrial and service economies with cheap labour force in the period of economic recession, and contain political resistance to its rule. The institution of the ´Bantustans´, including ´Venda´ in the 1979, associated with forced misappropriation of arable land and population relocations, dealt with the rural end of the forced urban-rural migrations. Aiming to reorient urbanization to the rural areas under the guise of ´development´, these measures, together with processes which had resulted in the extension of employment opportunities within the cash economy into the Venda homeland itself – in government bureaucracies and state-provided services such as schools, hospitals and infrastructure, in trade and cash-based agricultural projects - were to substantially transform the social position and experiences of men as migrant workers.

By the 1980´s, labour migration had ceased to be the most viable option for men, and most men worked commuting distance from their homes in Venda for diminishing wages (Seekings, Nattras 2006: 230). At the same time they began to compete with women who had entered the labour market and the monetary economy in increasing numbers, although initially at its lower rungs – as nurses, primary school teachers, secretaries, or raised income outside of it in street vending, beer-brewing, crafts etc. The predicament of labour migrants especially those with little skill has been further exacerbated in the 1980´s by incipient stratification processes engendered in the developing skill economy. The achievement of educational qualification has began to draw the dividing line between those with a foot in the door of the labour market and those without, the have's and the have-not's, ever more sharply. While until the 1970´s the migrant worker returning to the rural area after a spell of urban employment as a miner, bus driver or house servant inspired respect of the community, since the 1980´s he has seen not only a diminishment of work opportunities, but also a rapid deterioration of status and prestige in relation to the growing numbers of well-salaried government employees, civil servants, police officers, attorneys and businessmen – and in relation to women.

The absence from households of men as breadwinners or as absconders under the regime of labour migration has lead women to assume roles as de facto household heads, resulting in increasing numbers of female-headed households. Not infrequently, a single woman's income has supported a three-generational family composed of grandmother, mother, daughter and their children. During my fieldwork, substantial changes of value-orientations have been set

in train with regard to gender relations, reflecting both the assumption of responsibility for economic and social reproduction of households by women, and the loss of power of men in this sphere. Women informants of all generations often relegated men to the role of progenitors and occasional lovers whom a woman was wisely advised not to marry and rely on. ´Work is your husband´ (*munna yanu ndi mushumo*) was a set phrase which elder women used to motivate younger women to achieve economic autonomy and abandon prospects of a successful and emotionally fulfilling marriage, seen by the former as utterly unrealistic and undesirable. Men, on the other hand, complained: ´the women today, they became clever; they only want a man to give them a child (*vhasadzi vha namusi vho thanyela, vha sokou toda vho fhiwa nwana*); they only look for the money´ (*vha sedza tshelede fhedzi*). Acquiring set forms, such sayings have contributed to the construction of men as ´the others´ of women-dominated female networks which have assumed a great deal of responsibility for economic and social reproduction of households in rural ´Venda´.

It is these two historical strains - crisis of the regime of labour migration engendered in the economic recession and restructuring, and changing gender roles and identities, which have challenged the grounds of men's social power in the ´Venda´ context (similar processes have been observed in the Lowveld; Niehaus, personal communication). While the ideal of urban employment has been upheld for young men in particular, it has become increasingly difficult to live up to due to the reduction of employment opportunities in the cities – in particular for low-skilled labour force, the larger portion of ´Venda´ men. Since the fulfilment of other men's roles in society – as husbands, fathers, sons, respected members of the community – have hinged on access to cash, diminishment of economic power has lead to a thoroughgoing social marginalization of unemployed men, or men with only itinerant work, *piece jobo*. This marginalization has been further highlighted relative to women's increasing economic and social autonomy. One of the sources of livelihood for unemployed men, especially young, have been grandmothers´ elderly pensions and mothers´ or sisters´ income-raising activities. The other option of lifestyle which many unemployed men have chosen, associated with the beer house (shebeen) and often petty crime, has straddled the bounds of legality.

7.7.3 The ´sickness of the city´

It is against this background that the ´illness´ to which men have in ever greater numbers succumbed in the urban centres of Gauteng, and the processes of ´healing´ through the domains of the ancestor possession cult, must be seen. The men reported to have suffered from severe pains in different parts of their bodies, head, neck, shoulders and arms which biomedicine failed to both diagnose and alleviate. Recently, medical anthropologists have identified such symptoms as chronic pain or neurasthenia (Kleinman, Good 1985) and explained them as having a psychosomatic or sociosomatic origin, associated with oppressive social situations in a range of world's societies. In these oppressive contexts, idioms of somatic distress have been interpreted as the last resort, often unconscious, for persons who have not possessed other means to voice discontent with their situations – due to political or structural constraints, cultural norms of propriety or relations of authority; usually all of these in conjunction.

While the psychosomatic mechanisms of such syndromes have remained a matter of much contention among medical anthropologists, their association with situations of disempowerment have brought the impact of social and political factors on experiences and perceptions of ´health´ and ´illness´ to the fore. Such a perspective helps to widen the understanding of a state of ´illness´ beyond objective physiological causes by placing it in the midst of social pressures and power struggles which such a state, although of great costs to the actor, helps to articulate and even redress. It also helps to illuminate the complex concerns, some of them socially disapproved of, which ´Venda´ men have addressed through the condition of ´sickness´, *u lwala*, when faced with the dilemmas of labour migration in the cities under conditions of economic recession and diminishment of employment opportunities.

Invariably, the men's narratives associated the symptoms of debilitating pain, disorientation and chronic fatigue with periods of stress at work or unemployment. Most of the ´sick´ men had been involved at the lowest rungs of the urban labour market where remuneration has been meagre and guarantees of obtaining it absent, employers unreliable and work insecure. The possibility of leaving the city and returning to ´Venda´ had occurred to them when facing such difficulties but they dismissed it as inappropriate for it would mean a personal failure. As men, they were supposed to stay in the city and earn cash to be able to build a house in the rural area, *u fhatha mudi*, and support a wife, children and families of origin. The masculine

ideal of urban employment has been upheld by both the sufferers and their relatives who regarded their ´illness´ as malingering and disapproved of the men leaving urban employment, however insecure. The symptoms of chronic pain from which the men suffered were closely related to a situation of disempowerment – while faced with own inability to cope with the growing demands of work and life of social isolation in the city, the ideals of masculinity and authority of relatives did not allow the men to evade these without loosing self-respect and support of kin.

7.7.4 Negotiating the ´ancestral gift´

The analysis of symbols associated with ancestor possession which the men drew upon to interpret their condition and through which they sought ´cure´ reveals a complex interface between concerns of personal identity of the individual men, and of collective concerns with cultural identity. The ancestor spirit was identified as the agent causing the men's difficulties at work and their ´sickness´, conditioning ´cure´ by the men's return to the rural area and taking up of the ancestral call to become ´traditional healers´, *nanga*, in rural ´Venda´. In their biographical narratives which had a standardized form, the ´possessed´ men have frequently stressed that their life in the city lacked a sense of purpose. All the money which they had earned, they also spent - on luxuries, alcohol and women without having any left over to send to wife or relatives in the rural area; they lacked ´happiness´, *dakalo*, they said. The interpretation of socially condemned behaviour as being caused by ancestor spirits had allowed the narrator to construct himself not as an agent of such behaviour, but as its passive sufferer. It has also enabled him to isolate the period spent in the city from the rest of the biographical narrative as virtually a time of ´non-being´, death, *lufuni*. By undergoing this culturally constructed amnesia, he had achieved exoneration from responsibility for socially disapproved behaviour.

However, by reinterpreting own experience in the city as overly negative and morally suspect, the ´possessed´ men have also participated in more widely shared discourses which had constructed the ´cities´, *tshikuani*, as places of utter immorality and lawlessness, antithetical to ´Venda´ cultural values associated with the rural area. Such value-laden dichotomy between the ´city´ and ´Venda´ has had a long history in providing conceptual categories through which the experiences of forceful incorporation into the colonial and apartheid political

economy of ´Venda´ have been reflected. By associating the ´cities´ with a much desired source of income – *tsheledeni,* ´the place of money´, these discourses have highlighted dependence of ´Venda´ on urban economies. At the same time, they have denied the ´cities´ a place in constructions of cultural identity and belonging to ´Venda´ - the ´cities´ have been assigned the role of the immoral ´Other´ in such constructions of ´moral´, ´Venda´ Self.

Through the idiom of ancestor possession, the men have been able to redefine their position of marginality into one of empowerment, and to contest hegemonic models of masculinity associating men with the ´city´ - the sphere ´outside´ and income-generating employment. Moreover, the ´sick´ bodies of ´possessed´ men have been ´good to think with´ in reflections on the changing relations of the ´city´ and the ´countryside´ - *´tshikuani´* (´place of the whites´) and ´Venda´ as a result of the faltering regime of labour migration. They have become sites through which concerns over boundaries between social worlds have been dramatized. By becoming persons endowed with the ancestral gift, *mpho,* the men have become localized subjects, bound to rural ´Venda´ and the household sphere. The idiom of ´sickness´ from which they reported to have suffered if they stayed in the ´cities´ for more than several days after their initiation into the ancestor cult, portrayed the rural-urban dichotomy in dramatic terms.

For the ´possessed´ men returning to the rural area has been as much a source stress of as the experiences of inequitable conditions of employment and social isolation in the cities. They have faced disapproval and rejection of their families for which they have now become a further strain on already tenuous household resources. Their sense of personal failure has often been highlighted by dependence on support of female relatives – grandmothers, mothers, and sisters. However, the symbols of ancestor possession have allowed them to redefine their social placement and identity, and relations to relatives, although not without having their claims to relations with the ancestors contested. The possession ritual has been the principal arena in which these complex negotiations have been taking place. I will concentrate on a case study of a possession ritual which had been undertaken in eastern Venda on behalf of a man in his thirties, Athiambi. In many senses this case study can be seen as exemplary of the nine rituals which I had the opportunity to observe during my fieldwork. It points to issues of conflict and power struggles, of empowerment and contestation, impinging on the efficacy of contemporary rituals due to their shifting social embeddedness with regard to gender.

7.7.5 Ritual efficacy: The ambiguities of ancestor possession

In actors´ terms, the purpose of the possession ritual is described as ´healing´, *u lafha*, and as ´releasing people´, *u bvisa/ u vhsisa vhathu*. ´Healing´ is believed to be achieved by making the afflicting ancestor spirit enter the adept's body through sequences of dance and song performed by the adept and the gathered audience. These are carried out in an area ritually sealed off with care from potential threats from evil people - ´witches´, *muloi*; it is usually a hut or a house-room in the initiating healer's household. The state of possession is marked by the adept falling on the ground, *u wa*, trembling and issuing a buzzing sound. By adepts it is described as the moment when they feel most ´empowered´ - energized, immune to pain or fatigue, and boundless, ´free´. The achievement of this state is preceded by a long effort of the audience playing the rattles, tshele, and signing, and the adept dancing in a painful posture while kneeling down – posture explicitly associated with women's behaviour.

After the ancestor spirit descends, which is usually in the small hours of the morning after a night-long ritual activity, it speaks in Khalanga language to demand ancestor cloths and paraphernalia - salempores *nzheti* and *palu*, ceremonial stick and axe, *thonga* and *mapfumo*. The adept now held to be possessed is taken out of the ritual arena to get dressed in the proper ancestral manner and returns to be greeted honorific ally as Vhakhalanga (´Khalanga´) or *vhomakhulu* (´elder´) by the participants. The same greeting gesture, *u losha*, as is used in everyday interactions to connote respect of the junior to the senior, is used by the adept and other participants, representing the ´ancestor spirit´ and ´living humans´ respectively. The ritual proceedings continue with singing and dancing, with sometimes more already initiated persons becoming possessed, for hours or even days until the spirits have been satisfied and left their descendants. Such consumption of ritual activity is held to had been successful in establishing amicable relations with the ancestors and thereby converting their evil influence into sympathy and support.

The identity ascribed to the ancestor spirits – as both the dead forebear of the ´sick´ men and as Khalanga, points to the close intertwining between constructions of personal and group descent and history. The significance of Khalanga identity of the possessing spirits must be seen in the context of the folk model of Venda origin which holds that VhaVenda are related to the Khalanga through lineage descent. Although still the source of some controversy among historians, this folk model has allowed the VhaVenda to lay symbolic claims to the

prestige of royal clans of Great Zimbabwe. It has recently become one of the building stones of incipient Venda nationalism also on the level of state-funded discourse of African renaissance. Within the domains of the ancestor possession cult, the recourse to the powerful Other – VhaKhalanga - serves not only as an element of historical consciousness and group identity, but also as a means to status elevation of particular individuals contesting their social marginalization. The domains of the Venda possession cult, however, also aim to appropriate the power of historical ´insiders´ - the chiefs, *musanda, khosi*. The assumption of ceremonial paraphernalia of historical chieftainship (the stick and the axe) by the possessed, and references to the ritual space as ´chiefly kraal´, *musanda*, and the royal court, *khoro* – the central political event in the historical chiefdom - are symbolic acts which, by reference to an imagined past, resignify the ritual arena as the socio-political centre of local affairs in the present.

The image of timeless social order depicted in the reincarnation of dead forebears in their living descendants, constructs the order of social relations as inert. Moreover, it identifies the asymmetrical relationship between the senior and the junior as the main principle of this social order which persists beyond the cycle of birth, maturation and death. This symbolic construction, however, is depicted through ritually mediated interactions among participants which are by no means immune to contingent social processes and power struggles. The sense of confidence and agency which actors are able to gain through participation in the possession ritual - which empowers them as representatives of ´the royalty of the past´ (*vhathu vhahulu vha kale*), however, is not achieved by all categories of participants to equal degrees. Men in particular have faced difficulties in achieving the state of possession and in having it recognized as ´genuine´ due to difficulties in appropriating female cultural styles and domains. It is to this issue of social efficacy of ritual that I will now turn in the analysis of ritual proceedings which had been undertaken on behalf of Athiambi.

When the ritual was organized for him, Athiambi was a man in his 30´s organized. He recently returned from Johannesburg where he was supposed to commence study at the Technicon but soon dropped out due to lack of funds to pay for the tuition. Subsequently he took up odd employment, ´piece jobs´, marked by frequent dismissals – as a cook, house servant, cleaner, and eventually as a miner. Throughout his stay in the city he suffered from severe headaches, pains in the shoulders and back and swollen legs. During his employment in the mine which he explicitly stated to have disliked very much – in particular resenting the

authority of the head of his work unit – these symptoms worsened. He was no longer able to continue mine work and returned to the rural area, to the ´location´ settlement (*lokishini*) where he and his sisters were raised by their mother's sister, *mme muhulu*, after the mother's death. His return met with resentment on the part of the women in his family. His sense of failure came to sharp relief in contrast to the success of his elder sisters – one married to a Zulu man living in Johannesburg, raising her own income as a fashion designer; another studying at Technicon in the local urban centre of ´Venda´. It was the *mme muhulu* and the sisters who paid for his initiation and the ritual, further stressing his dependence on the women in the family.

Athiambi perceived his inadequacy in relation to his sisters and often commented on his marginal status. His sisters corroborated such view of himself by their reluctance to show any sympathy for Athiambi´s pains, regarding them as malingering. They had been hard-pressed to provide financial support for the initiation processes of their brother to become a ´traditional´ healer. Furthermore, the interactions with his initiating ´mother´, the other female adepts and women from the neighbourhood of the initiating healer's household, did little to change his self-image. The ´mother´ regarded him as a slow-learner (which later proved inaccurate), the other women as clumsy and fat, and certainly inadequate when enacting the female postures and tasks appropriate for a person with the ´ancestral gift´, *mpho*.

Ahtiambi´s uncertain social standing in relation to the women in his family and his female co-initiates projected into disruptions during the ritual proceedings. The tensions and animosities in their mutual relationships came to a head when after several long hours of playing the rattles, singing and dancing the spirit had not yet been enticed to enter Athiambi´s body. Athiambi´s lack of self-confidence showed in his shy and inadequate dancing. For this he attracted open criticism from the women in the audience who at several points in the ritual performance refused to continue to sing and play the rattles. During an intermission Athiambi complained to the initiating ´mother´ and the other adepts in a separate room which served as a ´backstage´ about the women's backbiting. He had not been kneeling for thirty years of his life like the women had, he said, his knees were swollen, and everyone had come in vain because no spirit would ever come to him. In the main room, the women in the audience mimicked Athiambi´s ungainly movements, criticizing the new generation and the men in particular for being useless compared to the elder generation of women.

At this point the ritual performance became stalled for over an hour during which the initiating ´mother´ encouraged Athiambi, made him ingest more medicines, and reprimanded the women in the audience. Subsequently, Athiambi´s movements became more confident and persuasive, the audience showed more support and attention. The sisters became anxious that it might be them who had been preventing the spirit from coming, inviting ancestral disapproval by their unsupportive attitude towards their brother. The eldest sister broke into a litany of wrongs which she committed towards her brother, promising support and money in the future. Shortly afterwards, Athiambi ´fell with the spirit´ to a sigh of relief of all the participants.

7.7.6 Commentary

Rituals, by taking participants beyond their everyday routines, provide a space in which mundane identities can be suspended and new possibilities of self-understanding and social relations can be imagined. The possession ritual undertaken to ´heal´ Athiambi has revealed an initial reluctance to explore such potentialities of ritual, pointing to salient conflicts among the participants which only the authority of the initiating healer and a common interest to ´please the ancestors´ and assure their blessing for all concerned, and Athiambi in particular, had been able to override. While at first highlighting animosities between Athiambi as a man and the women-dominated audience, and between him and his relatives, the ritual allowed their expression and eventual resolution. The possession ritual proved to be a principal arena through which Athiambi had been able to negotiate his return to the rural area from unsuccessful spell of work in the city, and gain acceptance for his new identity as a ´traditional healer´ from his relatives and other cult members. In order to draw on the symbolic resources of empowerment embodied in ancestor possession, however, Athiambi, had to appropriate styles of dress and behaviour proper to women.

8. CHAPTER VIII: SPIRIT POSSESSION, PLACE, AND IDENTITY

8.1 Symbolic construction of place, social change and cultural identity

Contemporary spirit possession rituals (*ngoma*) can be conducted virtually in any household, and not exclusively in the household of the patient or patient's kin. Households of the officiating healers have been preferred, mostly due to the logistical advantages which they offered – the availability of separate spaces which served as ritual arenas, of ritual props, and skilled task-force part of which consisted of neighbours. Concealment of the fact that one has been participating in possession rituals and suffered from spirit-induced illness has also been a significant motive for conducting possession rituals a distance away from the patient's household. Middle-class patients in particular have been eager to disclaim any association with the *malombo* in a context in which Christianity has been associated with the claim to ´proper citizenship´ and with social prestige, reflecting colonial and apartheid hegemonies in the region. Moreover, involvement in the ancestor possession cult could invite speculations of one's potential involvement in witchcraft activities from neighbours and confer stigma on the patient. The only exception to this rule of spatial unboundedness of possession rituals has been the possession ritual of *mufheretshedzo*, ´escorting home´, conducted after the full initiation of a new adept and marking the beginning of his or her independent practice as a ´traditional healer´. The cult network of the initiating healer has the obligation to participate, using own resources. Apart from letting the ancestors enter the hosts´ bodies and propitiating them, one of the main aims of *mufheretshedzo* is also to advertise the new status of the person and demonstrate the power of the cult group to the neighbourhood. In this case it is not ´healing´ and concealment, but social solidarity of cult members and ostentation which is the principle of the possession ritual.

What this spatial unboundedness of the possession ritual also implies is that the ancestor spirits are mobile and able to move freely following their descendants. Since the essence of the ancestors is *muya* connoting the meanings of ´breath´, ´soul´, ´spirit´ and ´*wind*´ which can cross any boundaries of space, this mobility of the spirits may seem unsurprising. However, it becomes more puzzling – and also potentially revealing of the dynamics of socio-cultural change - when it is placed in the context of historical accounts of ´Venda´ spirit possession, and of other rituals of ancestor propitiation. Turning to the latter first, proper place for the

conduct of the rituals is seen as crucial to the contentment of the ancestors and to the efficacy of the propitiation rituals. It is strictly demarcated and makes an association between a concrete locality which the ancestor spirits are held to occupy. Among the most significant rituals of ancestor propitiation which are subject to this strict spatial rule are *u vhuisa makhulu* and *mapfumo*. *Mapfumo* is performed by an extended kin group in the household of one of its members in whose yard the ancestor – spouse, parent or grandparent was buried, or at the family's ´stones´, *matombo* – a place away from village settlements where the dead were buried since the pre- and colonial period[17]. It is associated with the sacrifice of a cow, *kholomo* (or of a goat, for a less expensive option) - male or female corresponding to the gender of the ancestor divined to be dissatisfied with the living descendants, and a feast.

U vhuisa, ´returning the ancestors´, can assume several forms which reflect different kinds of perceived *displacement* of the ancestor whose dissatisfaction with the place of burial was divined as the cause of descendants´ problems – illness, unemployment, poverty, quarrels, marital strife and divorce. The ritual is concerned with bringing the ancestor spirit from an unknown place where the deceased's body was buried by strangers to the household of the descendants. This case pertains most frequently to migrants lost to kin in the city during the apartheid years of forced labour and detentions, or to people who died in hospitals and whose kin did not have money for a proper burial. The ritual is also performed to bring the spirit of the deceased kin buried in households which had been destroyed during government-instigated population removals when old settlements were transformed into densely populated ´locations´, *lokishini*, during the 1970´s and 1980´s. Graves of one's kin then became part of yards of complete strangers. Lastly, the ritual *u vhuisa makhulu* is conducted to bring the ancestor spirit from the cemetery where the body of the deceased was properly buried to the household of the descendant/s.

These rituals of ancestor propitiation construct a memory of historical processes of dislocation associated with the apartheid era – regime of labour migration and violent resettlement programs. Through the notions of affliction they make these processes relevant for contemporary social relations and posit a place – the household of the descendants – as the centre of ancestral propitiations. The rituals, therefore, construct the household as a domain of

[17] The practice of burrial in the yard of the household in which the deceased had lived had been banned by the apartheid government, although large kin groups have defied this prohibition for their most significant members such as hoesehold heads.

contestation of dislocations imposed from above, by the apartheid state. The rituals also contest social-ideological hegemonies of the state-civic and Christian control over death, its definition, its proper ´placement´ away from human settlements (from ´life´ and society). By stipulating that the deceased be buried in the public space of the cemetery, civic-state and Christian authorities deprive the kinship group of control over death, of the continuation of the symbolic exchange between the dead and the living within the domestic domain.

The place in which the rituals *mapfumo* and *u vhuisa* are carried out is crucial for assuring their efficacy in appeasing the ancestors who are in this context conceptualized as immobile on their own – it is their living kin who must assure their proper location in the social space by enacting symbolic movement. Possession rituals, as I have noted, are an exception to this rule in that the ancestor spirits are able to follow their descendants/patients distance away from their households[18]. Possession rituals, unlike other ancestral rites, do not stipulate the household/domestic unit as the proper site of the ancestors. However, this exceptional status of spirit possession is the result only of the past two decades of socio-cultural transformations. In the 1960´s through to the 1980´s John Blacking (Blacking 1995:174-197) noted that ancestor possession rituals, *tshele/malombo*, had to be carried out in the locality with which the ancestor spirits of the patients and members of cult groups were identified – and where the latter lived. The bonds held to exist between the living and their ancestors essentially conceptualized a territorially-bound identity. According to Blacking, ritual constituencies were locally bound groups – of kin and neighbours, who had expressed their common identity and allegiance to a particular place through ancestor beliefs. Concomitantly, the ritual was always organized in the household of the patient. Although Blacking did not contextualize the ancestor cult in political-economic and wider social processes in ´Venda´ during the period of his fieldwork in any great depth, he maintained that the activities of the possession cult were carried out by rural-dwelling communities – primarily women, engaged in agricultural production. He seemed to imply that such local communities were primary units of social and economic, and even political organization. He thus painted an essentially static portrait of the possession cult's activities in relation to the wider socio-cultural context, a view which accorded with his conceptualization of ´Venda´ as in many respects a ´bounded whole´. Unfortunately, detailed records which would allow a reassessment of the ancestor possession

[18] Other rituals of ancestral propitiation, *u phasa*, and *u shela fola fhasi*, ´blowing water´ and ´offering snuff´ respectively, are spatially unbounded. They are performed by individuals to address more personal ills and interests and are not considered as too efficacious. Rather, they constitute a quick-fix of breeched relations with the ancestors, or propitiation in order to assure healing, job promotion etc.

cult in a more dynamic historical framework (especially in relation to the political economy of South Africa) are lacking[19].

The fact that the household of the patient and the local community ceased to play a significant role in ancestor possession rituals today has been the result of far-reaching socio-cultural and economic transformations. As a result of dislocations and extensive migrations, locality has ceased to constitute a social unit whose members would share a residential history even of a generation. ´Local community´ in ´Venda at any particular time in the past two decades has been the product of constantly shifting movements of people searching for work opportunities, land property to build a house, support from kin in times of sickness and unemployment. Even in villages remote from the local urban centres people with a long residential history have witnessed the building of new houses by usually economically better-off state employees or traders. The lack of any neighbourly interactions in such contexts have contributed to the sense of ´locality´ as the scene of rampant class inequalities rather than communal solidarity – a fact intensifies by mutual witchcraft accusations of neighbours. While until the 1980´s when Blacking conducted his fieldwork, agricultural activities had been a force binding local residents in mutual obligations of work parties in times of harvests, in 2000´s agriculture had ceased to constitute more than a very marginal source of subsistence for only a fraction of the households. Since the majority of the population has been dependent on money exchange for livelihood – if often in the form of state's elderly pensions and child grants, and significant social and economic interactions have taken part through the labour market or trade, local community has not constituted a significant social unit united by a common purpose. Such shifts in the constitution and significance of local communities have been reflected in the structure of ritual constituencies engaging in ancestor possession cult and have been reflected in its progressive disentanglement from locally-grounded identity.

Although unbounded from the descendants´ households and the local community, the ancestors have not become wholly independent from notions of place in the context of the spirit possession cult. The ´place´ conceived as proper for the ancestors, however, has been defined in wider and more inclusive terms – as ´Venda´, most frequently conceived in opposition to the ´cities´. The only spatially-indexed rule for the conduct of possession rituals in the 2000´s has prescribed that it took place in ´Venda´ and not in the urban areas in

[19] I visited the Blacking´s Archive in July 2008, but did not find materials other than those he published.

Johannesburg and its vicinity, *tshikuani*, ´the place of the whites´. Given that many patients/cult adepts were either born in the cities, or worked and lived there alone or with kin for periods of time, this taboo imposes a significant constraint on their time and resources. It also contrasts with the case of most other possession cults (or ´cults of affliction´) in South Africa, associated with ´Sotho´, ´Zulu´ and other ´ethnic groups´, which have also involved ancestor spirits, but which have expanded their activities into the cities several decades ago (see, for instance, Janzen 1992).

In order to understand this shift in spatial determination of the ancestor possession rituals, it is necessary to view it in the context of colonial and apartheid. The delineation of the ´countryside´ and the ´city´, the former associated with ´ethnic tradition´, the latter with the ´ways of the whites´, has been documented to emerge among most ethnic groups in South Africa since their forceful incorporation into the colonial state and the capitalist economy with the urban areas constituting the vortex of political and economic power (Comaroff 1985). In the ´Venda´ context, this conceptual dichotomy through which the world of the rural areas of Venda and the world of the city has been perceived, had been well in place by the end of the 19th century, and has remained entrenched in popular consciousness until now. Rather than seeing the worlds of the ´country´ and the ´city´ as a continuum of social forms, the conceptual dichotomies have reified them as radically distinct and incommensurable. While *Venda* has been associated with a proper social order organized through kinship solidarity, *tshikuani* has been perceived as a the source of much coveted cash but also of selfish individualism, lack of solidarity and reliance on kin and crime. Such notions of incommensurable social worlds have been drawn upon to conceptualize experiences of encompassment of rural communities in the racist political economy of colonial and apartheid South Africa associated with the destruction of subsistence agriculture through land expropriation forcing rural populations to engage in the regime of labour migration to the major urban centres. The salience of the dichotomy in post-apartheid era, however, has had a different dynamics. The ´rural areas´ such as ´Venda´ have become thoroughly dependent on the cash economy and the labour market with expanding urban areas of commerce and state administration, leading to processes of urbanization until recently associated primarily with the major urban centres. While labour migration into the cities has still been upheld as a desirable means to cash, the same opportunities of employment in state infrastructure, commerce, finance, professional occupations has also been available locally. The upholding of the rural-urban, *venda-tshikuani*, dichotomy in a context in which socio-economic basis of

this division has been deeply undermined, has been used to express sentiments of a territorially-bound Venda nationalism. By enchanting this division of social worlds, which ´objectively´ have increasingly constituted a continuum, with notions of ancestors´ agency, the ancestor possession cult has acquired millenarian aspects by constructed ´Venda´ territory as the only ´proper place´ of the ancestors.

8.2 ´Traditional healers´ between ´health´ and ´sickness´, ´city´ and ´country´: embodiment and constructions of place in ancestor spirit possession

As ´wounded healers´, initiates of the possession cult who also become practicing healers, *nanga* or *maine*, are never able to attain a state of complete recovery and health – as mediators between the ancestral dead and the living descendants, they also continue to occupy a space between health and illness. It is from this intermediate position that they have not only been able to manage transitions between states of health and illness of others. From the position as mediators, also, they have been able to constitute the main symbolic domains of ´traditional healing´. For these, rather than corresponding to bounded entities with determined content, have depended on the healers´ ability to constantly (re)produce them at the boundary where they have interacted with other forms of medical knowledge and practice.

In this chapter I will address the boundary between sickness and health which ´traditional healers´ have occupied as inseparable from another set of boundaries – between ´the city´, *doroboni*, also denoted as *tsheledeni* (´the place of money´), and *tshikuani* (´the place of whites, of white ways´), and ´Venda´. This section will therefore revisit some of the issues raised in the previous section (7.7) and illuminate them from a different angle. Briefly described, the case under consideration will focus on the biographical narratives, and observations, of Tshivenda-speaking men who had become ´sick´ while working in the cities of Johannesburg or Pretoria and whose condition has been interpreted as the result of possession by their ancestor spirits. Therapy has been conditioned by undergoing of possession rituals, *ngoma*, in ´Venda´ and move to the rural area to become ´traditional healers´. Furthermore, as practicing ´traditional healers´ they have suffered from recurrent symptoms of sickness when they left the rural area, and their households, for longer periods of time while attending to clients in ´Venda´ and the urban centres. I will interrogate the ways in which the meanings of the rural-urban boundary have been mapped onto experiences of

transformation of the individual bodies of ´traditional healers´ – on a two-way continuum between illness and health, in the context of Venda ancestor possession, against the background of wider socio-economic and political forces. Experiences of sickness, negotiations of their meanings, and therapy, will be shown to be arenas through which sometimes contradictory conceptions of place and locality have been articulated and embedded in individual and collective histories. Some of these issues have been addressed from a different angle in the previous chapters of the thesis.

The ´Venda´ case of ancestor possession diverges from previous accounts of spirit possession with respect to the dynamics of local historical consciousness and the capacity of signification of the gendered body. In her widely cited account of *Zar* possession in Sudan, Boddy (1989) has argued that spirit possession and related sickness has been closely related to the cultural constructions of women's bodies in local moral worlds. In an important respect, the author has claimed, the symbolic construction of the ideal female body as closed and oriented to local space of village and household, has also construed women's bodies into icons of village community and morality through which local historical consciousness is expressed. The ´Venda´ spirit possession can in important respects be seen as an inversion of the *Zar* ethnography. For consciousness of locality and cultural identity is expressed through the bodies of men – labour migrants to the cities, who can in some respects be seen as the icons of dislocation rather than of local worlds. Through the symbolic domains of the ancestor possession cult, however, they have become central actors in constructing ´Venda´ as a locality.

A large body of literature, especially from the 1970´s, has dealt with the significance of newly sprung religious movements on the African continent in the context of constructions of larger regional units and identities, reflecting experiences of colonization and labour migration. Several studies have focussed on processes through which religious meanings and practice wove localities together into larger wholes (Schoffeleers 1978; Werbner 1977). Such regional dimension of religious activity has been expressed in slightly different transformation in the ´Venda´ ancestor possession cult: it has stressed trans-regionalism in equal measure as religious movements studied by the aforementioned authors. But it has done so through stressing – and creating – ruptures as much as connections. In other words, trans-regionalism in the Venda ancestor possession creates a background context against which local places are construed as particular and distinct, and their closure is achieved relationally and in

opposition to this wider encompassing context. The latter is not denied or contested, but affirmed – though through negative moral imagery. The dynamics of space, locality and wider context thus to a large extent corresponds to the more general theoretical claim of Gupta and Ferguson. The authors have incisively argued that in the contemporary (in many respects post-modern) world ´the identity of a place emerges by the intersection of its specific involvement in a system of hierarchically organized spaces with its cultural construction as a community or locality´ (1992: 8).

The boundary separating zones of specific organization of space, social and economic relations, the ´city´ and the ´countryside´, *´tshikuani´*, the place of whites/white ways´ and ´Venda´, has had a complex socio-political genealogy – in part marked by a great deal of coercion and violence in the history of colonial, and especially apartheid, South Africa. On the one hand, a clear-cut boundary between ´rural Venda´ and ´urban centres´ has been the result of top-down regulation of population movements and development which included measures establishing artificial limits to urban settlement, and creating the ´rural reserve´ (including the ´Venda homeland´) as a space of ´African culture´ in place of already jejune urbanization processes occurring in the formerly rural areas. Furthermore, the boundary between the ´city´ and the ´country´ has been implicated in the political economy of the industrial, especially the mining, sector, and the concomitant organization of labour migration (primarily able-bodied men) from the rural areas to the industrial, urban centres.

It must be stressed, however, that the regime of labour migration which has been often portrayed as overly coercive, and wresting persons from their embeddedness in local communities and from their identifications with local place, had not been experienced as negative by all actors. Local identity, attachment to place, has been far less unproblematic in pre-colonial times, while labour migration could even be regarded as a favourable option for specific categories of persons. In pre-colonial and early colonial period, relations of persons to localities have been mediated through kinship membership. Persons lacking kinship relations, or having them denied to them, had not been able to lay claims to land and to membership in local communities – in a deep sense, they had been dislocated, ´feeling as a stranger in a foreigner land among own people´[20]. Rather than pathological, the result of dislocation

[20] Such was the case of dislocated identity expressed by Tshimange, a Tshivenda-speaking man, excommunicated from his kinship group due to his status as a twin who was not killed by his mother on the insistence of a locally-active missionary. He had born stigma of his twin birth throughout his life. Bmw1/10014.

engendered in coercive racist regime, labour migration had been a welcome option to outcasts, the landless. For them, labour migration into urban centres and access to income of persons as individuals (not as members of kinship groups) represented the means to livelihood, prestige, and marital relations otherwise inaccessible to these persons in the rural areas. In the rural area, not only access to the mainstay economic means (land), but also to marital partners and other positions in society were barred to persons excluded from kinship membership as all these resources had been mediated through kinship ties. Rural-urban migration and capitalist relations of labour between employer and employee based on individual contracts, and individualism of city social life then, in this context, in fact constituted the means to redress the dislocation engendered in local economic and social relations of the rural areas.

Perceptions of ´rural´ and urban´ areas have therefore been historically ambivalent and shifting, refracting contexts of the political economy in different African regions. Concentrating on the case of Zambia, James Ferguson has been one of the most prolific contemporary authors who have been tackling the issues of rural-urban migration and changing perceptions of the ´country´ and the ´city´ which local people have held themselves, as well those through which anthropologists have aimed to grasp these problems. Ferguson (1999) has noted a significant shift in Zambian's perceptions of ´country´ and ´city´. In the heyday of Zambian copper mining industry, and at the height of rural-urban migration, a condemning image of the city as anomic, immoral, negative had emerged. It had been complemented by an image of rural worlds as centres of harmony, solidarity, morality and virtue. Since the economic crisis which has been hitting the country since the 1980´s, both urban as well as the rural areas have become to be seen as loci of extreme poverty and social conflict, with the rural villages localities imagine as equally anomic, immoral, negative and alienating as the cities.

Similar shifts in the political-economic grounding of the rural-urban dichotomy have been discernible in ´Venda´. In terms of socio-economic development, South Africa has been facing the same situation as Zambia since 1980´s, and ever-sharply through the 2000´s: the urban industry and the institution of labour migration has largely collapsed; rural areas have seen rising urbanization. In the rural areas, opportunities to raise income have become available locally – within state administration, business, services, retail trade. However, only a lucky few have been able to access these new means to income while the rest have descended

into poverty, the sharpening socio-economic inequalities witnessed in the rural areas giving rise to jealousy, conflict, witchcraft. At the urban end, loss of employment opportunities in the cities has given rise to peri-urban agriculture at the outskirts of urban centres, Pretoria and Johannesburg – vegetable and corn fields, cattle and goat grazing; some residents of Venda have benefitted from harvests of their ´urban´ relatives. Rural and urban spaces, and relations within and between them, must, then, be seen as profoundly changing and highly diverse, erasing the socio-economic groundings on which clear urban-rural dichotomies could be grounded.

However, contrary to the case of Zambia, such historical developments have not lead to a major transformation of the representations of the ´city´ and the ´country´ in the Venda context. While socio-economic and political realities of the post-apartheid dispensation would suggest that the boundary drawn between ´the city´ and ´Venda´ would cease to be as sharply defined in local popular consciousness as it had been during the apartheid era, this has not been the case. On the contrary, the boundary has been finding new resonances in contemporary experiences, shaping conceptions of place, identity and memory on many different levels of social and cultural activity and representation. Overwhelmingly, in every day commentaries people have still perceived a difference between ´Venda´ and ´*tshikuani*´, the urban centres of Johannesburg and Pretoria, in terms of a lesser degree of commoditisation n the former case as opposed to thorough-going monetization of life necessities in the latter. In this context informants pointed to the fact that while it was possible to maintain a small garden plot in the houseyard in Venda to provide home-grown vegetables and fruits, ´in the city everything has to be bought´ (*zwothe zwo rengiwa tshikuani*). Also, forms of sociality in the cities are regarded as more violent, guided by selfish interest rather than familial and neighbourly solidarity, with many ´*matsotsi*´. The ancestor possession cult, however, is a case in point as to how conceptual dichotomy of ´Venda´ and ´city´ as deeply disparate socio-moral worlds has been (re)constructed in contemporary consciousness despite its historical blurring.

In the biographical narratives of ´sickness´ of the male labour migrants who have become ancestral mediums, practicing ´traditional healers´, critique has been levelled against ´the lifestyle of the city´ in very similar terms to those to the heyday of the labour migration in the context of apartheid. Invariably, the men have described the period during which they worked (or were unemployed and searched for a job) in the city, Johannesburg or Pretoria, as a period

when their lives lacked any structure and purpose - ´fast life´ of ´fast money´. They portrayed themselves as leading immoral lifestyles, squandering money, boozing on alcohol, drugs, taking on many lovers, focussing on self-gratification without finding satisfaction in it. These experiences have further been accompanied by ever-present health problems, pains in different parts of the body, especially headaches, constant fatigue, spells of dizziness. Such extreme images of the experience of anomie have been contrasted to the period *after* they have moved to Venda and become ancestral mediums. This period has been described as one of contentment, leading of a balanced life, feeling energetic, without any pains nor other health problems, enjoying a moral sense and purpose. The narratives of ancestor possession thus resonate with an underlying theme of a ´reformed´ young man who has abandoned the evil ways of the city to embrace the morality and simplicity of the ´ways of the ancestors´ in the ´rural area´.

Furthermore, the contrast between life in the ´city´ and ´Venda´ as imagined in the biographical narratives of ´sickness and ´cure´, has been expressed by means of ideas of continuity, and its lack. In the ´city´ life was lead without regard to continuity – money was squandered on things which were ends in themselves, offered self-gratification and relations with others were temporary, ultimately leading to (self-) destruction. In ´Venda´, since being a healer, continuity and creativity was stressed – economic income and livelihood was inseparable from meaningful interactions with clients, co-members of the cult, leaders and followers; money was spent in long-term investments, in enhancing cultural capital of relatives (paying for education of children, most frequently) and in creating social ties (although it must be stressed that these ties were hierarchical, in the sense of patron-client relations), in creating a durable social position, creating relations of obligation and debt, ultimately enhancing own status.

These narratives are striking by the dichotomous images of city and country, chaos and order, sickness and health, which they evoke in an inter-play of reality and imagination. Through these narratives, moreover, the men have not only been remaking their own individual identities. They have also been remaking the collectively imagined boundary between the city and the country, *tshikuani* and Venda, elaborating a mythical representation of a boundary while simultaneously drawing on historical realities. By picking some aspects from an ambivalent continuum to construct unequivocal, contrastive Types of ´city´ and ´Venda´, they have also been reshaping the historical realities on which the dichotomy has drawn through

everyday, bodily praxis. Through becoming ´sick´ when leaving the household and ´Venda´ for longer periods of time – while remaining ´healthy´ when tied to the household, the healers has been making the dichotomy into a historical reality in contemporary South Africa.

At the same time, however, the successful ´traditional healer´ is conspicuous by how he has managed own relations with clients, problems and symbols extending far beyond the local ´village´, ´Venda´, the ´rural´ in building his own prestige and credibility among clients and followers. In this respect, the ´traditional healer´ has been carefully managing own self-presentation as the savvy healer with a mobile ever-present dangling on his neck, wearing fashionable T-shirt and trousers, an avid football fan, exhibiting the cosmopolitan flare of the modern, high-tech entrepreneur able to hold conversations on many themes of international reference. He has catered to high-profile clients and has been called upon to mediate global migrations – especially returns from south-north migration. These have proved extremely stressful to those who have undertaken them – persons who studied at universities in the United Kingdom, USA, holding prestigious, cosmopolitan jobs, returning to the ´Venda backwaters´. Several healers with whom I worked attended – invariably successfully, it seemed - to such clients who had ´gone mad´ according to their significant others, burnt their houses and attempted suicide when forced to live back in Venda after the spell of international education and employment. This aspect of the role of the ´traditional healer´ points to the transcending of his role as epitome of ´locality´ into a mediator of relations between the local and the global, and deriving significance and prestige from transcending locality as much as from symbolizing it. The identity of the contemporary ´Venda´ ´traditional healer´ is thus construed both in relation to locality and static emplacement, as well as with reference to cosmopolitan, global life-styles and dynamic movements.

The notion of ´Venda´ as a socio-moral unit, so centrally affirmed at some levels of the ideologies and practice of ´traditional´ healers, however, has been contested at others. The ancestor possession ritual, *ngoma*, in an important sense the crucial domain of transformation of sufferers into ancestral mediums and ´traditional´ healers with special ties to ´Venda´ as a locality construed in opposition to the ´city´, has also constituted the domain through which ´Venda´ has been broken down into mutually hostile places – *shango*, lit. land. When attending *ngoma* organized in the households of other healers residing in other districts, the healer and his/her adepts and assistants have been careful to ritually protect themselves from the dangers seen to automatically derive from the fact of venturing into the ´land of others´,

shangoni a vhanwe. The underlying assumption behind this precaution has been that people from a different locality, inevitably, have evil intentions towards the newcomers. Such perceptions of deep-seated divisions within ´Venda´ point to the fact that the representation of ´Venda´ as a unitary locality, a locus of ´Venda´ morality and social solidarity, has been sustainable only relationally – when opposed to the ´city´. This fact fits with the larger claim of Gupta and Ferguson (1992: 8) who have reminded us that in the contemporary world of interconnections and translocality ´the identity of a place emerges by the intersection of its specific involvement in a system of hierarchically organized spaces with its cultural construction as a community or locality´. ´Venda´ as a local place, then, cannot be taken for granted as an essentialized entity; it has emerged through interconnections and practices of differentiation from its ´other´, the ´city´.

The ´grammar´ [21] for personal experiences of sickness and cure drawing on the dichotomy of urban-rural worlds and on ´healing´ as the passage from ´city´ to ´Venda´ have not been limited to the ancestor possession cult. Several prophets with whom I worked and who had founded their own churches in ´Venda´ had used the same narratives as the ancestor mediums - ´traditional´ healers: having had experienced a period of several years working and living in the urban centres, *tshikuani*, and leading immoral life-styles including high alcohol and drug consumption, seeking of self-gratification through sexual encounters and spending of money of consumer products, they had become ´sick´ and had to return to ´Venda´ to find ´cure´. In this case, however, the spiritual forces behind their passage have not been the ancestor spirits but the Holy Spirit, *Muya Mukhetwa*, demanding that the men take up the religious calling and dedicate their lives to God through prophet activities in the rural areas. The grammar of the these experiences has been the same in both cases – only the spiritual entities have differed, pointing to a salient socio-political and personal dynamics underlying both ancestor possession cult and Independent Christianity in the ´Venda´ context.

[21] See van Dijk, Reis, Spierenburg (2000), p. 5.

9. CHAPTER IX: ´TRADITIONAL´ HEALING, STANDARDIZATION, COMMERCIALIZATION

9.1 ´Traditional healers´ and the South African state

The relationship between ´traditional healers´ and the South African state has been ridden with difficulties and contradictions. On the one hand, state's recognition of the value of ´traditional healers´ as alternative medical authorities existing side by side biomedical experts[22] has lead to an increased prestige ascribed to healers´ activities and roles by local communities and clients. This policy, well within the intentions of African renaissance serving as an ideological underpinning of the present government, has redressed decades of apartheid's persecutions and ascription of out-law status to ´witch-doctors´ (as ´traditional healers´ had been called). This shift in governmental stance has been well-recognized by my informants: *muvhuso hu a ri funa*, ´the government likes us´. The certificate of a ´traditional healer´ issued by the government has become a necessary adornment of divining huts and a source of pride of the healer – it has been appropriated as part of his or her symbolic capital along with symbols of spiritual power. On the other hand, unequal access to information and to the state's resources, inter-playing with local (class and gendered) hierarchies, have often lead to ambivalent ways in which state initiatives have been appropriated in struggles for power and capital on the local level – frequently with consequences contradictory to government's intentions. Furthermore, the process of bureaucratization of the roles of ´traditional healers´ engendered in the state's demands for a highly ambiguous and diverse reality to fit into clear-cut, universalistic, and secular categories has threatened to disempower symbolic aspects of healing practices. It also potentially deprives people of the means to control socially harmful activities of some practitioners by making the latter accountable to the (distant) state rather than the local community.

During my fieldwork, two thirds of roughly thousand of the registered ´traditional healers´ (the number of unregistered practitioners is much higher), were women. There exists some degree of division of labour between women and male healers, although by no means absolute. Apart from roles as herbalists and diviners, women have been to a greater extent

[22] The principal document regarding ´traditional healers´ was the Traditional Health Practitioners Bill, unanimously approved by Parliament in 2004 under President Mbeki´s administration (as of yet, I have not been able to find out whether the Bill had been turned into a legal precedent). For more information, see http://www.southafrica.info/ess_info/sa_glance/health/traditional-healersbill.htm

active in conducting the complex and time-consuming healing rituals involving ancestor spirit possession (*malombo*; *ngoma dza midzimu*/*tshele*). Through such activities they have attracted much larger followings of initiates into the possession cult and the healing profession. Men, on the other hand, have specialized in witch-finding rituals. However, ´traditional healers´ acting as representatives vis a vis the government have been overwhelmingly men, with at least some education (though sometimes with a university degree), with experience of urban employment in the Gauteng Province, and fluency in English. Women in particular have been side-lined from decision-making processes as they have had less awareness of the functioning of state's representative bodies and institutions than the men by virtue of their occupation prior to becoming ´traditional healers´. The symbolic significance of the location of the monthly gathering of registered ´traditional healers´ - the Venda Parliament building in Thohoyandou (the seat of the former homeland government of the 1970´s and 80´s), communicates an unambiguous message of efforts of the current South African government to incorporate ´traditional healers´ into institutions of state power, and of the healers to gain access to governmental benefits.

The founding of the Institute for Traditional Medicine under President's Mbeki's administration in 2004 has been the main move in the direction of standardization of ´traditional healers´ knowledge and practice, and ultimately, of bringing it under the state's control. The main means to achieving this goal has consisted in efforts to subject ´traditional medicines´ to scientific scrutiny in order to tests them for compatibility with western scientific criteria of efficacy. This approach deprives ´magical potions´, devoid of ´objective´ pharmaceutical effects from claims to legitimacy in the treatment of patients. Such attempts at the standardization of medicines occurring at the behest of the Institute for Traditional Medicine have been paralleled on the grass-roots by the efforts of healers trying to reach urban markets, tailoring their medicines to suit the interests and life-styles of time-pressed, upwardly mobile clients. These have included the development of pre-packed medicines set to heal monocausally understood afflictions in place of the multivocal symbolism of the divination bones speaking to complex, multicausal disorders. However, such practices of standardization of ´traditional medicines´ have been contested by many ´traditional healers´ as profit-seeking, devoid of the healing power of the ancestral spirits who would never agree to have medicines subject to laboratory tests or sold pre-packed on the mass market. In the context in which a large section of the population has experienced a profound loss of control over economic means of livelihood as the result of neo-liberal reforms and a sense of

marginalization in the political processes of contemporary South Africa, ´traditional healing´ is likely to become an arena of contestation over the hegemonies of the capitalist market and the state.

9.2 ´Traditional healing´, commoditization and creation of ´African traditions´

In this section I will examine how diverse definitions of ´African traditions´ and interests of different actors in delineating them, have intersected in producing ´traditional healing´ as a space of contestation and contingency: between state-appointed representatives, private entrepreneurs, local political authorities, and grass-roots practitioners of ´traditional´ medicine. Each group of these actors has been communicating a specific understanding of what ´traditional´ healing is, is not, and should (not) be. Their negotiations have provided a very illuminating insight into the processes which have shaped ´traditional´ healing in South Africa. The specific social event – a ´social drama´ (Turner 1968: 54) - which I will analyse from these vantage points, concerns the ceremony held at the occasion of opening of a complex of medicinal fields in a north-western region of ´Venda´ during the summer of 2005. Present at the ceremony which took the whole day and included lunch for the participants, were several crucial actors: the local chief, owner of the land on which the fields were set up; the prominent representative of ´traditional´ healers – a practicing healer himself, aspiring candidate for the presidency of the Association of ´traditional´ healers; the city mayor of Makhado; two representatives of the National Council of Traditional Healers, and two representatives of the Departments of Water Works and Forestry – the latter three participants came in flashy cars from the local urban centre, Johannesburg and Pretoria. Further present were low-key members of the Association of ´traditional healers´ operating in ´Venda´, grass-roots practitioners, among them many of the healers with whom I worked. The representative of the Civic Authority of the locality in which the fields were placed, was also present. Except for the low-key healers and the ´civic´, all the other actors did not only play the role of representatives of state and local authority in the venture of the medicinal fields – they had also been the primary beneficiaries, gaining parts of the estimated future profits accruing from the selling of the medicines on the pharmaceutical market.

I was invited to the opening ceremony to accompany the healer (a middle-aged woman) and her initiates with whom I have been working extensively by that point, to an extent to

provided company, partly also to boost the healer's prestige among the other gathered healers by being seen with a ´white´, *mukhuwa*. The healer insisted I wear the Venda ´traditional´ feminine attire for this occasion, the *mingvenda* – two colourful striped cloths wrapped around waist and shoulders. She lent me the garments and I obliged, in large part because I was well aware I had very little to reciprocate for the healer's willingness to share information with me and let me routinely observe, tape and photograph divinations and healing rituals in her household from she operated as a well-respected healer. Given the meagre research funds not sufficient for even own survival, occasions such as this public presentation of our relationship (given the prestige with which it was still perceived through the apartheid-influenced, racialist lens) were a way to reciprocate the healer's favours. However, I had soon come to occupy an uneasy place between the state delegates and the grass-roots healers. This position not only sheds light on the precarious role of the researcher in post-apartheid Africa. Crucially, it reveals the dynamics behind the shaping of ´traditional healing´.

The ceremony of field-opening was conducted in three phases each of which took part in a different place of symbolic significance. Initially, during the morning, people were gathering at the local chief's kraal, continued to the medicinal fields, then the local school and eventually returned to the kraal again. At the chief's kraal, crucial differences between the different groups of the participants and their relative rank took a spatial representation. While the grass-roots healers were sitting on the ground in the yard and took up drumming, signing and dancing, associated with the ancestor possession ritual, the urban state delegates continued inside the chief's house to make themselves comfortable on the armchairs in the living with TV switched on. After spending about an hour with the healers in the yard, I was called by the delegates to join them for a meal in the house – a move which was also associated with creating a social distance between the healers and myself by making closer association with the delegates, a point of great frustration to me. The delegates immediately identified me as a ´researcher´ and we started a conversation on how important maintaining ´African´ traditions, especially healing, have been. I was asked to participate in an educational programme launched by the South African government to inform students of primary and secondary schools about ´African medicine´ and increase its prestige in their eyes. The delegates complained that the young people were no longer interested in ´traditions´, regarding them as backward, primitive and harmful, a perspective which they strived to change as part of their jobs at the state departments. After a polite conversation during which I was very anxious about missing everything that was going on in the yard where my healers-

friends sat and danced, the delegates embarked on the road to the fields, followed by the rest of the gathering. I was invited to join the mayor in her car, an offer which put me in a precarious position vis a vis the healer with whom I came. I asked the healer to join us, to initial discomfort of the mayor. Eventually we embarked on the road, riding walking-pace due to the difficult terrain. The mayor and the healer exchanged polite greetings, but given that the former was a Sotho-speaker, the latter a Tshivenda-speaker, their conversation ended there – although I tried to act as an interpreter.

After arriving at the fields, the participants formed a circle around the main orator – the aspiring presidential candidate of the Association of ´traditional´ healers. He held a long speech in part in Tshivenda, in part in English, making ample references to the need to further continue and develop ´African traditions´. He was referring not only to the wealth of medical knowledge of ´traditional healers´. Furthermore, several buildings were to be erected at the fields. Some of them were intended as ´hospitals´, *sibadela*, grounds at which sick patients could be attended to by ´traditional´ healers and with the help of ´traditional´ medicines. Others were to become the site where youth initiations – particularly male initiation rituals, the *hogo*, would be held – rituals which have almost disappeared in the past few decades yet have been witnessing a revival in contemporary ´Venda´ as part of efforts of local authorities to tackle the ´crisis of the young men´ - a vicious cycle of poverty, unemployment, crime, violence, and drug-abuse, which has been recognized by the local communities as a result of serious structural problems rather than the result of failing and flaws in character of the individual young men. The revived initiation rituals were regarded as a means to provide structure to the young men's lives, provide them with lasting social relations and alternative livelihoods and means of income. Including the initiation rituals, as well as structures of health-care which encompassed healers and patients within a public institution – beyond the personalized relations between healers and clients which entailed within the sphere of their households of ´traditional healing´ as practiced so far – has represented a very significant step in transforming the constitutive relations and social and cultural significance in wider society of ´traditional healing´. Through these new initiatives ´traditional healing´ has become part of wider efforts of reviving of ´African traditions´ and construction of ´African traditions´ as part of everyday life and management of social and health problems of the wider population. ´Traditional´ healers have thereby been extending their influence and power in society beyond the sphere of medicine and religion to including defining cultural identities for others and themselves.

The gathering continued to the building of the local primary school where further oratorical performances taking on the themes of the need to revive ´African traditions´ continued. Teachers of the school laid great stress on the need to maintain female initiation rituals, *domba*, as a way to pass crucial moral principles to the young generation and maintaining a sense of distinct cultural identity. During rhetorical performances, the performers had often been referring to contemporary South Africa as the new era of African renaissance in which ´African traditions´ have been supported and upheld, in opposition to apartheid times when they and their practitioners were stigmatized and persecuted. The urban delegates expressed the appeal to refashion aspects of ´traditional healing´ in a modern guise – establish set doses of medicines for specific problems and establish new packaging, in boxes and bottles, to make ´traditional medicine´ seem fashionable, cosmopolitan, able to compete on the national and global markets of pharmaceuticals. The need to create a position for ´traditional healers´ to officiate at funerals among with the obligatory Christian priests was also voiced. These appeals were met by great applause from the gathered grass-roots ´traditional healers´.

The opening of the medicinal field complex with an initiation lodge and ´hospital´ in a remote rural region of ´Venda´ revealed processes through which aspects of ´traditional healing´ have been commoditized and recreated through new social, economic and political relationships. It has also been mobilized as part of wider, state-supported process of African renaissance and creation of ´genuine African traditions´ as past of identity politics. Not all of the actors involved in this process have benefitted in the same degree. Appropriation of land for the medicinal fields to be encircled with fences has alienated it as an economic and symbolic resource from the local community. Although appeals have been voiced that most of the work opportunities in preparing, tending the fields and harvesting their products would be made available to the members of the local impoverished community, no concrete, legally enshrined guarantees have been in this regard. Moreover, most of the profits from the produce would be appropriated by the chief, the representative of the Association of ´traditional healers´ and the state delegates from Makhado, Johannesburg and Pretoria. ´Traditional´ medicine would thereby become part of trans-local capitalist relations of production and marketing of commodities. Local community, as well as the grass-roots ´traditional healers´, have been assigned a position by the powerful urban-based actors in such transformations of ´traditional healing´ from which they stand little to benefit.

10. CHAPTER X: CONCLUSION

In this thesis I have drawn on ethnographic and theoretical studies of medical anthropology and anthropology of spirit possession cults in order to explore different facets of ´traditional healing´ which had been the focus of my fieldwork in former ´Venda´, South Africa. Throughout the thesis I have analysed ´traditional healing´ as a highly contested terrain in which a range of actors have interacted, producing ´traditional healing´ less as a coherent system of concepts and practices, as a wealth of symbolic and medical resources on which actors – healers, clients, and others, have drawn in different situations. In the course of the analysis I have addressed the issue of definition of ´traditional healing´ which has been ridden with contradictions. ´Traditional healing´ has significantly drawn on resources of other medical traditions, in this context of biomedicine and Christian churches in particular – while actors of the latter two traditions have in various ways drawn on the resources of ´traditional healing´. However, ´traditional healers´, in their narratives of own and other's cure, in divinatory discourses and as part of therapies, have insisted on the coherence and clear boudedness on ´own medicine´, ´own, Venda tradition´ - *zwashu, zwa tshivenda*. This paradox has been noted by anthropologists in other African ethnographic settings. West and Luedke have incisively argued in this context that in the case of ´traditional healing´ it is best to regard ´...border-crossing and border (re)production....as mutually dependent, indeed mutually constitutive – acts´ (West, Luedke 2006: 6). In this thesis I have aimed to provide some insight into this seemingly contradictory dynamics of ´traditional healing´ in the ´Venda case´. Furthermore, I have tried to show that ´traditional´ ethnomedical concepts have provided the means through which afflictions of the individual body have been related to perceptions of threat to social integrity, revealing how specific concepts of ´illness´ and ´health´ have both reflected and shaped major social transformations in the post-apartheid period.

Since affliction interpreted as ancestor spirit possession has been at the basis of recruitment of ´traditional healers´, a full analysis of the place of ´traditional healing´ in contemporary Venda and South African society had to consider the socio-economic and political aspects of this ancestor possession cult. Several novel findings have emerged in relation to wider ethnographic and theoretical literature concerning spirit possession cults in Africa and to historical accounts of Venda spirit possession. Venda ancestor possession has remained dominated by women whose experiences of possession have been explored in several detailed

case studies. These seemed to hark back to the classical paradigm of possession cults as ´sex wars´. The possessed women have all in different ways fallen short of feminine ideals, negotiating new identities and social placement in relation to kin and community. However, contrary to previous accounts, they have not been rural women, secluded in village life apart from the capitalist, urban-centred political economy of South Africa. Rather, they have been most enmeshed in its main institution – labour migration. Drawing on the symbolic frameworks of ancestor possession, these female migrants have been able to address new contradictory experiences and seek positions in a society which has, as a result of neo-liberal reforms, engendered the congealing socio-economic inequalities. Invariably, these possessed women have expressed the hope to carve out a share of the new economic opportunities which have been limited to the lucky few after the dismantling of apartheid. Through the practice of ´traditional healing´ they have hoped to reconstitute their new identities as members of the middle class increasingly defined through consumption practices. Furthermore, the ancestor possession cult has become an important arena through which notions of place have been construed, creating ´Venda´ as a locality and moral entity in the wider context in which clear boundaries between localities have dissipated due to trans-local flows of people, commodities, and knowledge resources.

Although drawing on powerful symbols of the past, ancestor possession must be seen as a contemporary strategy through which groups and individuals have been able to imagine new solutions for their contemporary problems and experiences of social marginalization, and act on them. The entrance into the ancestor cult of a new category – men who have engaged in labour migration, has reflected wider transformations of the political-economy of post-apartheid South Africa and of gender relations through which the social power of men from lower socio-economic strata has been diminished. The domains of the ancestor cult have offered highly ambivalent options of empowerment for these men. While on the one hand assigning them the prestigious task of embodying the values of ´Venda´ morality through which they could wield influence in the rural area, it has also required a degree of their emasculation and submission to the authority of women by virtue of the latter's superior ritual skill and knowledge.

In the context of post-apartheid South Africa, ´traditional healing´ has gained extensive support from the state, its institutional structures and funding, reversing the long period of marginalization of indigenous medical traditions by the colonial and apartheid regimes. These

developments associated with political and cultural revaluation of ´traditional medicine´ in relation to ´African renaissance´ have had very ambivalent consequences for the ´traditional healers´ on the ground. On the one hand, their practice has been official recognized and licensed, and most healers have been proud to display certificates of their state-approved practice in their divination huts as a sign of prestige and ´modernity´ to the clients. On the other hand, the processes through which ´traditional healing´ has been made into an officially recognized practice have entailed standardization and limitation of ´traditional´ medical knowledge to the ability to recognize and use a minor set of botanicals. Ultimately, such processes have been withdrawing ´traditional healing´ and its practitioners from control of local communities since they have shifted accountability to the level of state institutions. Moreover, the ritual aspects of ´traditional healing´ and ritual activities of ´traditional healers´ have fallen from the state's purview altogether although they have constituted the means to recruitment of new practitioners and a major therapeutic means.

RESUMÉ

Disertační práce v kontextu teoretických pohledů antropologie náboženství (zejména kultů posedlosti) a antropologie lékařství analyzovala různé aspekty ´tradičního léčitelství´, na které se zaměřoval terénní výzkum autorky v oblasti Venda v Jižní Africe (v období 2004-6). V první části autorka podrobila analýze ´sématické sítě´: koncepty těla a osobnosti a symboly ´zdraví´ a ´nemoci´, a zkoumala jejich vzájemné vztahy a významy v kontextu širších kulturních představ. Značný důraz byl kladen na reprezentaci ´tradičního léčitelství´ jako souboru představ a praktik, které jsou proměnlivé a používané různými aktéry v konkrétních situacích osobní a společenské krize. Procesy, jejichž prostřednictvím je ´tradiční´, ´vendské´ léčitelství vytvářeno jako odlišné od ´bílé medicíny´ (západní biomedicíny) byly zdůrazňovány jako jeho nedílná součást. První část práce tak ukázala, že ´tradiční léčitelství´ představuje proces neustálého (znovu)objevování symbolů a praktik, které zároveň s tím, že si přivlastňují znaky biomedicíny, zpochybňuje hegemonní moc biomedicíny definovat lidská těla a identity. Tento aspekt ´tradičního léčitelství´ byl ukázán jako velmi relevantní v kontextu místních konstrukcí pandemie AIDS.

Druhá část práce se zaměřovala na fenomén posedlosti duchy předků, který představuje prostředek rekrutace ´tradičních léčitelů´ a zaštituje jejich nárok na vědění o nemoci a schopnost léčit. Výzkum poukázal na řadu změn, které bylo možné v současnosti pozorovat v kontrastu k historickým reprezentacím dosavadní literatury: v organizaci kultu posedlosti duchy předků; v sociálních kategoriích rekrutovaných členů; ve významech kultu ve vztahu k genderovým identitám a konstrukci ´místa´ a lokální identity. Práce ukazuje, že výrazný nárůst žen - migrantek za prací do měst, a mužů – migrantů – odráží a dále utváří proměny genderových vztahů v kontextu politické ekonomie post-apartheidní Jižní Afriky. Autorka argumentuje, že významným aspektem této změny je omezení společenské moci a autority mužů v dříve patriarchální společnosti směrem k matri-fokální organizaci domácností a nárůstu vlivu žen ve veřejné sféře.

SUMMARY

In the context of theoretical approaches of anthropology of religion (particularly of spirit possession cults), and of medical anthropology, this thesis has analysed various aspects of ´traditional healing´ which had been the focus of fieldwork of the author in the ´Venda´ region, South Africa (in the period between 2004-6). In the first part of the thesis the author has analyzed ´semantic networks´: the concepts of body and self and symbols of ´health´ and ´illness´ in the context of wider cultural notions. Particular emphasis has been put on representing ´traditional healing´ as a set of resources – concepts and practices, which have been flexible and employed by various actors in specific situations of personal and social crisis. Processes, through which ´traditional´, ´Venda´ healing has been constructed as different from ´white medicine´ (western biomedicine) have been stressed as its indispensable part. The first part of the thesis has thereby shown that ´traditional healing´ has constituted a process of constant (re)invention of symbols and practices which, while appropriating elements of biomedicine, have also been contesting biomedical hegemonies to define bodies and identities. This aspect of ´traditional healing´ has been shown as particularly relevant in the context of local constructions of the AIDS pandemic.

The second part of the thesis has focussed on the phenomenon of ancestor spirit possession which has constituted the means of recruitment of ´traditional healers´ and legitimized their claims to knowledge and healing ability. The reassert has pointed to a number of changes which has been noted in contrast to the historical representations of previous authors: in the organization of the ancestor possession cult; in the social categories of the recruited members; in the meanings of the cult in relation to gender identities and constructions of ´place´ and local identity. The thesis has shown that the rising number of women – labour migrants to the urban centre, and of men – labour migrants – has reflected, and further shaped, transformations of gender relations in the wider context of political economy of post-apartheid South Africa. The author has argued that a significant aspect of this transformation has been the limitation of the social power and authority of men in the formerly patriarchal society towards matri-focal organization of households and increasing influence of women in the public sphere.

REFERENCES

Ashforth, Adam. 2005. *Witchcraft, Violence and Democracy in South Africa*. Chicago: Chicago University Press.

Behrend, Heike, and Ute Luig, eds. 1999. *Spirit Possession: Modernity and Power in Africa*. Madison: University of Wisconsin Press.

Berger, Peter, and Thomas Luckman. 1967. *The Social Construction of Reality*. Harmondsworth: Penguin.

Binsbergen, Wim van. 1981. *Religious Change in Zambia*. London: Kegan Paul.

Binsbergen, Wim van, and Rijk van Dijk. 2004. *Situation Globality: African Agency in the Appropriation of Global Culture.* Leiden: Brill.

Blacking, John, and Ronald Byron, ed.1995. *Music, Culture and Experience: Selected Papers of John Blacking*. Chicago: University of Chicago Press.

Bloch, Maurice. 1989. *Ritual, History and Power*. London: Athlone.

Boddy, Janice. 1989. *Wombs and Alien Spirits: Women, Men and the Zar Cult in Northern Sudan.* University of Wisconsin Press: Milwaukee.

Bourguignon, Erika, ed. 1973. *Religion, Altered States of Consciousness and Social Change*. Columbus, OH: Ohio State University Press.

Bowie, Fiona. 2000. *The Anthropology of Religion – An Introduction*. Oxford, UK: Blackwell.

Clifford, James, and George Marcus, eds. 1986. *Writing Culture*. Berkeley: University of California Press.

Comaroff, Jean. 1985. *Body of Power, Spirit of Resistance*. Chicago: University of Chicago Press.

Comaroff, Jean, and John Comaroff. 1993. *Modernity and Its Malcontents: Ritual and Power in Postcolonial Africa*. Chicago: University of Chicago Press.

Crapanzano, Vincent. 1973. *The Hamadsha: A Study in Moroccan Ethnopsychiatry*. Berkeley: University of California Press.

----------. 1985 [1980] *Tuhami: Portrait of a Maroccan.* Chicago: University of Chicago Press.

Davis, Christopher O. 2000. *Death In Abeyance: Illness and Therapy Among the Tabwa of Central Africa*. Edinburgh: Edinburgh University Press for the International Africa Institute.

Desjarlais, Robert. 1992. *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas.* Philadelphia: University of Pennsylvania Press.

Devish, René. 1993. *Weaving the Threads of Life*. Chicago: University of Chicago Press.

Dijk, Rijk van, Ria Reis, and Marja Spierenburg, eds. 2000. *The Quest for Fruition through Ngoma: The Political Aspects of Healing in Southern Africa.* Athens: Ohio University Press.

Douglas, Mary. 1966. *Purity and Danger*. New York: Praeger.

---------- 1970. *Natural Symbols*. New York: Vintage.

---------- 1979. *Implicit Meanings: Essays in Anthropology*. London: Routledge and Kegan Paul

Englund, Harri. 2002. ´The Village in the City, the City in the Village: Migrants in Lilongwe´. *Journal of Southern African Studies*, 28 (1) Special Issue: Malawi.

Eriksen, Thomas H. 2001 [1995]. *Small Places, Large Issues. An Introduction to Social and Cultural Anthropology*. London, Sterling, Virginia: Pluto Press.

Evans-Pritchard, Evan E. 1937. *Witchcraft, Oracles and Magic among the Azande*. Oxford: Clarendon.

Farmer, Paul. 1997. ´Social Scientists and the New Tuberculosis. *Social Science and Medicine*, 44: 347-358.

Fassin, Didier. 2007. *When Bodies Remember: Experience and Politics of AIDS in South Africa*. Berkeley: University of California Press.

Ferguson, James. 1999. *Expectations of Modernity: Myths and Meanings of Urban Life on the Zambian Copperbelt.*: Berkley and Los Angeles: University of California Press

Gellner, Ernest. 1969. *Saints of the Atlas*. Chicago: University of Chicago Press.

Geertz, Clifford. 1973. *The Interpretation of Cultures*. New York: Basic Books.

Good, Byron. 1994. *Medicine, Rationality and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press.

Gupta, Akhil, and James Ferguson. 1992. ´Beyond ´Culture´: Space, Identity, and the Politics of Difference. *Cultural Anthropology* 7 (1): 6-23.

Herdt, Gilbert. 1994 [1981] *Guardians of the Flutes.* Chicago: University of Chicago Press.

Horton, Robin. 1971. ´African Conversion´. *Africa* 41: 85-108.

Hsu, Elizabeth. 1999. *The Transmission of Chinese Medicine*. Cambridge: Cambridge University Press.

Janzen, John M. 1978. *The Quest for Therapy? Medical Pluralism in Lower Zaire.* Berkeley: University of California Press.

Jeannerat, Claire F. 1997. ´Invoking the Female Vhusha and the Struggle for Identity and Security in Tshiendeulu, Venda´. *Journal of Contemporary African Studies* 15 (1): 134-145.

Kirmayer, Lawrence J. 1992. ´The Body´s Insistence on Meaning: Metaphor as Presentation and Representation in Illness Experience´. *Medical Anthropology Qarterly, New Series* 6 (4): 323-346.

Kleinman, Arthur, and Byron Good, eds. 1985. *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder*. Berkeley: University of California Press.

Kleinman, Arthur. 1995. *Writing at the Margin: Discourse Between Anthropology and Medicine.* Berkely: University of California Press.

Kramer, Franz. 1993. *The Red Fez: Art and Spirit Possession in Africa.* London: Verso.

Kuper, Adam. 1999. *Culture: The Anthropologists´ Account*. Cambridge, MA: Harvard University Press.

Lambek, Michael. 1993. *Knowledge and Practice in Mayotte: Local Discourses of Islam, Sorcery, and Spirit Possession.* Toronto: University of Toronto Press.

Langwick, Stacey. 2008 ´Articulate(d) Bodies: Traditional Medicine in a Tanzanian Hospital. *American Ethnologist* 35 (3): 428-439.

Lapping, Brian. 1989. *Apartheid: A History*. George Braziller: New York.

Lévi-Strauss, Claude. 1966. *The Savage Mind*. Chicago: University of Chicago Press.

Lewis, Gilbert. 1981. *The Day of Shining Red: An Essay on Understanding Ritual.* Cambridge: Cambridge University Press.

Lock, Margaret, and Mark Nichter, eds. 2002. *New Horizons in Medical Anthropology: Essays in Honour of Charles Leslie*. London: Routledge.

Lock, Margaret, and Nancy Scheper-Hughes. 1987. ´The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology´. In: Whitaker, Elizabeth D. 2006 *Health and Healing in Comparative Perspective*. Upper Saddle River: Pearson: Prentice Hall: 296-315.

Luedke, Tracy J, and West, Harry, eds. 2006. *Borders and Healers: Brokering Therapeutic Resources in Southeast Africa.* Bloomington: Indiana University Press.

Nadel, Siegfried F. 1951. *The Foundations of Social Anthropology.* Glencoe, Illinois: The Free Press.

Nattrass, Nicoli. 2005. *Aids and Healing Strategies in South Africa*. Social Dynamics: Special Issue 31 (2).

Obeyesekere, Gananath. 1981. *Medusa´s Hair.* Chicago: University of Chicago Press.

Okely, Judith, and Helen Callaway, eds. 2001. *Anthropology and autobiography*. London: Routledge.

Peek, Philip M, ed. 1991. *African Divination Systems: Ways of Knowing.* Bloomington: Indiana University Press.

Pels, Peter. 2008. ´What Has Anthropology Learned from the Anthropology of Colonialism? In: *Social Antropology*. *Special Issue: Colonial Legacies*. 16 (3): 280-299.

Read, Kenneth. 1955. Morality and the Concept of the Person Among the Gahuku-Gama. *Oceania* 25: 233-282.

Rezacova, Vendula. 2007. ´Healing and the Problem of Resistance: The Case of Spirit Possession in the Venda-speaking Region of South Africa´. In: *Viva Africa: Proceedings of the IInd International Conference on African Studies*. Machalík, Tomáš, Jan Záhořík, eds. Pilsen: Dryada. 107-112.

----------. 2010. ´Negotiating Manhood in Post-apartheid South Africa: Precarious Transformations of Tshivenda-speaking Labour Migrants into Religious Leaders´. In: *Africanists on Africa: Current Issues*. Chabal, Patrick, and Petr Skalník, eds. Berlin: LiTVerlag. 209-218.

Richter, Linda, and Robert Morrell, eds. 2006: *Baba: Men and Fatherhood in South Africa*. Human Sciences Research Council.

Rosaldo, Michelle Z. 1980. *Knowledge and Passion: Ilongot Notions of Self and Social Life*. Cambridge: Cambridge University Press.

Saler, Ben. 1993. *Conceptualizing Religion: Immanent Anthropologists, Transcendent Natives and Unbound Categories.* E.J. Brill: Leiden.

Seekings, Jeremy; Nicoli Nattrass. 2005. *Class, Race and Inequality in South Africa*. Yale University Press.

Sharp, Leslie A. 1996 [1993]. *The Possessed and the Dispossessed: Spirits, Identity, and Power in a Madagascar Migrant Town*. Berkely, Los Angeles, London: University of California Press.

Spiro, Melford E. 1967. *Burmese Supernaturalism*. New York: Prentice-Hall.

Stayt, Hugh. 1931. *The Bavenda*. London: Oxford University Press.

Stoller, Paul. 1995. *Embodying Colonial Memories: Spirit Possession, Power and the Hauka in West Africa.* London: Routledge.

Stats in Brief, 2004. Pretoria: Statistics South Africa.

Sundkler, Bengt G. 1948. *Bantu Prophets in South Africa*. Oxford: Oxford University Press.

A Survey of Race Relations in South Africa. 1968. South African Institute of Race Relations.

Taussig, Michael. 1983 [1980]. *The Devil and Commodity Fetishism in South America*. Chapel Hill: University of North Carolina Press.

Tsintjilonis, Dimitri. 2006. ´Monsters and Caricatures: Spirit Possession in Tana Toraja´. *Journal of the Royal Anthropological Institute* 12 (3): 551-568.

Turner, Victor W. 1968. *The Drums of Affliction*. Oxford: Oxford University Press

Werbner, Richard P. 1989. *Ritual Passage, Sacred Journey: The Process and Organization of Religious Movement.* Washington: Smithsonian Institution Press; Manchester: Manchester University Press.

Whitaker, Elizabeth D. 2003. ´The Idea of Health: History, Medical Pluralism, and the Management of the Body in Emilia-Romagna, Italy´. *Medical Anthropology Quarterly, New Series* 17 (3): 348-357.

Worsley, Peter. 1982. ´Non-western Medical Systems´. *Annual Review of Anthropology* 11: 315-348.

Young, Alan. 1982. ´Anthropologies of Illness and Sickness´. *Annual Review of Anthropology* 11: 257-285.

APPENDICES INCLUDED:

APPENDIX 1: Photophraphs documenting aspects of ´Venda traditional healing´ (taken by the author, 2004-6)

APPENDIX 2: Commentaries to photographs (1-9)

APPENDIX 1: Photophraphs documenting aspects of medical pluralism in ´Venda´ (1-9)

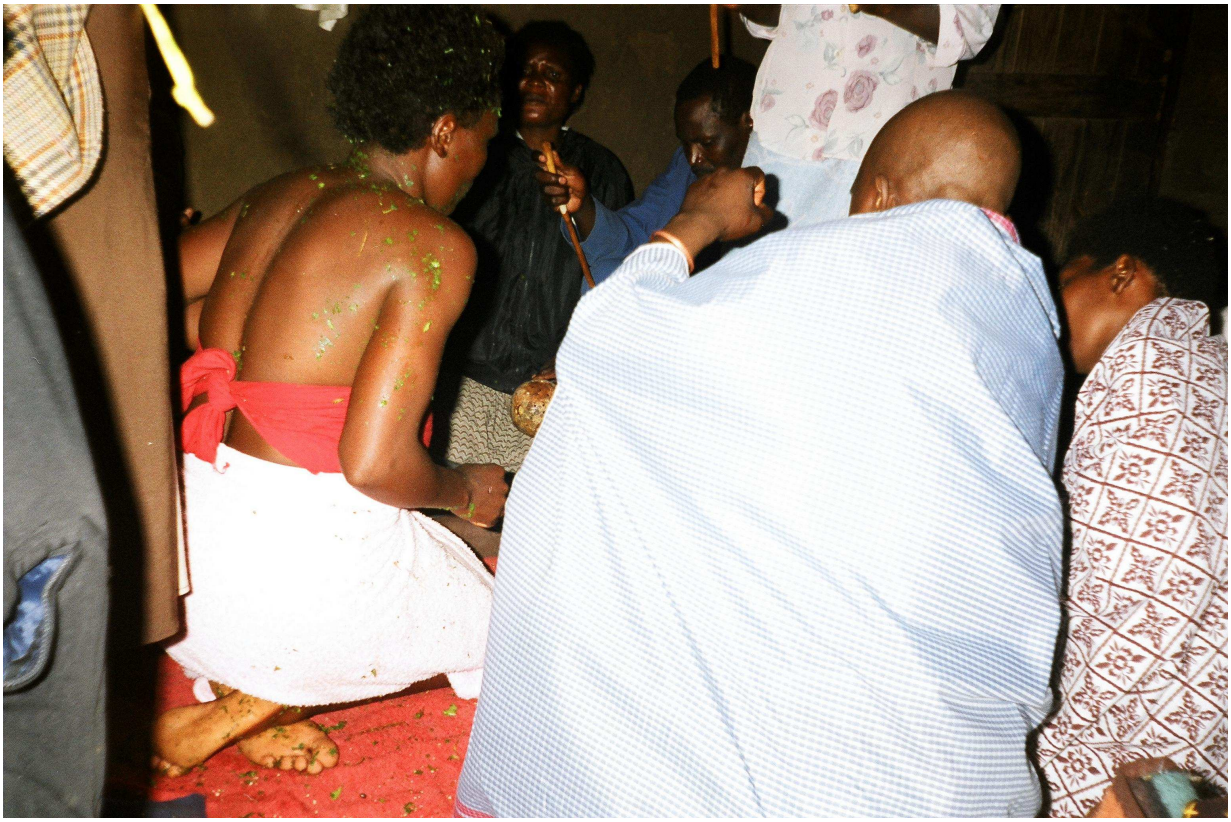
1)

2)

3)

4)

5)



6)

7)

8)

9)

APPENDIX 2: Commentaries to photographs

1. ´Traditional healer´ (on the right), ´mother´, *mme*, of the initiating ´child´, *nwana*. Note the divination tablets, *tangu*, thrown on the floor.

2. ´Traditional healer´, *nanga*, *maine*, in his divination hut, *thevhele*. Note the whisk, *tshowa*, used in divinations to disperse evil influences; also, see the headband: red colour symbolizing liminal status and channelling of ancestral power, porcupine quills signifying protection and fights against witchcraft. In the background hang salempore cloths used in ancestor possession rituals (red-white *palu*; white-blue *nzheti*; lion-print, *ndau*). The healer is wearing ancestral bangles, *mulinga*, on the arm wrists.

3. Inside the diviner's hut. In the foreground, see the purse with divination tablets, *tangu*; against wall, bottles with ground medicines, *mushonga*, unprocessed leaves, barks and roots.

4. During the all-night ancestor possession ceremony, *ngoma*. Persons with naked torsos have been possessed by the ancestor spirits, *midzimu*. Note the beads around the necks of the possessed, dedicated to the ancestors, *vhulungu ya madi*; see also the rattles, *tshele* (plastic and ´traditional´). The man in the foreground is wearing feminine attire.

5. During the ancestor possession ritual, *ngoma*, held for a sick woman (wife of the healer, in the middle). Note the shredded leaves smeared on her back and shoulders, *u vhumbela*, to bring cure.

6. Early morning after a night of dancing and playing the rattles, *tshele*. Preparations are made for an ancestral sacrifice to be held. Note the calabash, *khavho*, used for ´blowing water´, *u phasa madi*. On the right hand side are two women possessed by their ancestor spirits coming to preside over the offerings. A trip to dig up medicines from the ground in the fields will follow. At the back, in blue overalls, kneels the initiating healer.

7. Buildings of one of the African independent Christian churches. In the grass-thatched hut, all-night ceremonies are held, members´ problems discussed with the prophet, and therapies administered. Note the flags: their colour symbolism signifies ´fight against evil´ and ´victory´.

8. Prophet of the African independent church. Note the leopard-skin print-pattern robe, *inwe*, symbol of power in African ´traditional´ religions (and adopted in Christianity); also, the two hide-covered drums in the foreground used during daily services and night vigils of the church.

9. ´Kitchen´, *tshitandani*, of the African independent church; fire-place is located there on which ´Holy tea´, tie, is cooked for consumption by the prophet and the followers for daily purification.