

Claims On Africanisation: Healers' Exercises in Professionalisation

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This paper analyses the context in which healers are becoming involved in South Africa's reconfiguration of post-apartheid society. The essay adopts a historical perspective to explain three important phases of an ongoing relation between healers' efforts towards professionalisation and their role as promoters and corroborators of social change and the Africanisation of values, attitudes, and practices. Starting in the early 1930s, healers have tried to make use of different discursive platforms, such as correspondence with state authorities and popular print media, to launch and disseminate their most important messages. These strategies popularised their image and helped them survive political and cultural stigmatisation. Society, however, has remained ambiguous in its reception of healers' ambitions, especially their efforts towards professional organisation.

The Africanisation of Knowledge

Traditional healers are remnants of an African heritage. They are respected women and men who guard an ancient belief system. They promote the spirituality of primitive people, for whom there is no difference between religion and society. They deal in traditional medicine and offer holistic treatment to ailments. African healers know how to communicate with people's ancestors and are thus key performers of traditional ceremonies. They command techniques which help detect witches. They back up the power of traditional authorities, and remain the badge of an innate fear among the majority of tribal people. African healers are torn between tradition and modernity. Or are they?

This accumulation of misconceptions sounds bizarre. Oddly, however, it is not unusual to come across them. Most of the misconceptions stem from the idea

that the construction of reality in Africa, and thus the world African societies come from, live in, and head towards, is characterised by a clash of "tradition" and "modernity" that makes it difficult for Africans to ascertain their true identity. Especially in a context when African societies struggle to make sense of post-colonial, post-independent and, in the case of post-apartheid South Africa, living conditions, it is often understood that coping with the new conditions means coping with the entrenched antagonism of "tradition" and "modernity". Against this backdrop, healers are often understood as belonging to, and speaking from, the sphere of tradition whereas the ailments they ease are rooted in such "modern" social conditions as ethnic conflict, the collapse of stable rule, poverty, diseases, social disruption, or the influence of Christianity in and around African societies. As a result many healers puzzle politicians, institutions, and researchers with their twofold claim on tradition and modernity. Healers conceive of themselves as specialists of a local, or indigenous, knowledge. Commanding the support of a vast constituency among old and young South Africans, among rural and urban people and among privileged as well as disadvantaged members of society, they are eager to stress versatility in tradition and want to dedicate their expertise to social, political, economic and cultural transformation processes of the nation. This turns them into agents whose role is perceived with ambiguity in South Africa.

The oppositional categories of tradition and modernity as indicated above are of little help in assessing the current role of healers in South Africa. In their place a sociologically and historically reflective concept of the Africanisation of knowledge offers some advantages. In situations of post-colonial transformation African societies have to make sense of influences, deprivations and opportunities, which resulted from African societies' exposure to a world system of politics, economics and cultural transfer (Wallerstein 1979). Within the confines of local experience they have to construct bridges which not only relate the local to the global, but which in addition help transcend different periods of historical experience (Macamo 2001:186). Much of the wisdom of African societies is based on a body of pre-colonial, local, or indigenous knowledge. During the phase of colonisation a body of colonial knowledge was produced. After independence African societies have struggled to produce post-colonial African knowledge that is making sense of earlier historical experiences and the knowledge they gave rise to (Macamo 1999). In South Africa it is possible to speak of an additional body of apartheid knowledge which also has to be transformed in the current situation. The debates that focused on an African Renaissance and on human rights are indicative of that. In the current situation, therefore, South Africa has to come to terms with many ruptures and more than one historically shaped strategy to cope with changes.

Taking this into consideration, it is not a surprise that healers' professionalisation, aptly visible as it has been for a couple of years now, is

intimately tied up with the historical dimension of the process and a specific production of a society's African identity. The first healers' association being initiated in Natal in 1931, the process through which healers aspired to form associations which would codify a professional ethos has lasted for more than seven decades now (Flint 1998; Flint 2001). Members demanded a licensing system, stressed their willingness to co-operate with Western-trained medical doctors, district commissioners and the police, and offered to control each others' activities and spheres of influence. Even though not legally recognised, the associations acted on a micro-social as well as on a macro-social level. Their key interest was to have healers' status officially confirmed and to control the profession in as autonomous a way as possible. Yet for decades the government refused to engage in the discussion of healers' concerns. This has changed recently. Currently the state does not only want healers to do what they offered in former periods. It demands them to formalise training, lay open the ways of preparing and administering medicine and treatment, and agree upon tariffs. It hopes that the formation of healers' associations will create the institutions through which to integrate healers into some of the country's transformation projects.

This paper analyses the context in which healers are becoming involved in South Africa's most recent reconfiguration towards a post-apartheid society. The essay adopts a historical perspective to explain three important phases of an ongoing relation between healers' efforts towards professionalisation and their role as promoters and corroborators of social change and the Africanisation of values, attitudes and practice. Between 1930 and the late 1950s healers assiduously corresponded with the Departments of Health and Native Affairs. In a subsequent phase which commenced around the second half of the 1970s and extended well into the early 1990s, popular print media took a vested interest in stories and news about healers. Since the beginning of the 1990s the role of healers has also been discussed as a more seriously reflected issue taking up space in newspapers which have formerly not devoted much attention to the issue of healers' professionalisation. The argument put forward is that healers' historically rooted wish for recognition needed various discursive platforms through which to substantialise. The discursive platforms to which the different sections of the paper will refer served as a means to publicise the Africanisation of values, attitudes and experience in the sense that transfers were imagined between forms of local knowledge and the forms of the historically dominant knowledge. It is difficult to predict to which extent healers and the institutionalisation of the wisdom they embody today may serve as a resource for current social transformations in South Africa. It will, however, be possible to indicate some of the structures that have shaped the current situation and that may continue to have an impact.

Academic Views on Healers' Professionalisation and Overlooked Sources

Only a few academic traditions have focused on the study of African healers. Some of these have looked at issues of professionalisation, but hardly any superseded the dichotomous patterns of interpretations in terms of tradition and modernity. Even though more recent studies have called to consider the dialectic nature of processes of social and cultural transformation (Comaroff 1993), they have often resorted to equally binary oppositions of evaluative categories when aiming at the deconstruction of polarities. In yet other academic traditions scholars have been preoccupied by a concern with the antiquity of African beliefs, traditions and strategies of spiritual and physical life management. The vast body of literature emanating in particular from theological and anthropological traditions of enquiry is informative, yet has to be read with care. Especially issues of healers' professionalisation have not yet been analysed with regard to the impact this process may exercise on the social construction of new meanings, attitudes and reality.

African theology pronounced its interest in "traditional religion", its "priests", "gods" and forms of "worship" from the late 1960s onwards (Mbiti 1969; Mbiti 1970).¹ Since that time scholars of this discipline have mainly debated the compatibility of "traditional religion" with the many forms of Christianity that exist on the African continent. Their major aims were to enhance the reputation of the belief system which an intolerant Christianity marginalised so relentlessly, labelling it superstition, witchcraft and the home ground of the devil (Westerlund 1985). The critical awareness of this intolerance and the encounter of religious competition from independent churches, pentecostal movements and, sometimes, African Religion, taught a number of theologians from the traditions of the established Christian churches to renew their interest in the myths embodied in African Religion (Setiloane 1988). They did so to ultimately enhance Christianity, to diversify, on a theological, and often learned, level the idea of African Christianity, and they intended to give back to selected aspects of African Religion a more affirmative glance. Recent writers on African Religion who come from the religious tradition still argue in that vein (Maluleke 1998; Mndende 1999).² African theologians have rarely shown interest in the modernity of African Religion and left aside from their study focus the contemporary forms of its organisation such as, for instance, healers' associations. They have also eschewed a thorough historical investigation of the topic.

Healers' networks and the impact of cultural transfers on the conservation of local, and the production of African knowledge formed part of medical, cultural and social anthropological traditions that run back to the 1970s. They revolved around the description of healers' informal networks of the early 1970s (Ngubane 1977; Ngubane 1981; Ngubane 1986). Lay involvement in therapy management was discussed for localities in Eastern parts of the African continent (Janzen

1975; Janzen 1979). In the West African context an argument about the disintegration of African medicine as a systemic body of knowledge was put forward (Last 1986; Last 1992). For post-independent Zimbabwe campaigns to formally unite healers on a nation-wide scale has produced literature on healers' associations which operate on a national scale, the literature showing a strong emphasis on the description of the process and the prescription of the way to go (Chavunduka 1978; Chavunduka 1986). In South Africa, which lived through its peculiar African version of capitalism and modernisation under the supremacy of an authoritarian state, the majority of anthropologists worked with the underlying assumption that in the face of modernisation and industrialisation healers' activities would fall victim to urban settings, secular forms of entertainment and Western-style school education. Healers' activities, their way of thinking and people's belief in the power of healers were deemed a remnant constituent of social reality only in more rural settings (Scotch 1970; du Toit 1971; Pauw 1974; Soul 1974; Kiernan 1984; du Toit 1998). This view has been contested in more recent studies when within anthropology the argument was developed that rituals and beliefs provide a matrix for symbolisms and performances through which people in Africa claim access to, and contribute to the shaping of a specifically African modernity (Behrend & Luig 1999). Locating spirit possession in the sphere of the mundane, it was possible to de-emphasise the confrontational adversary of tradition and modernity.³ The general significance of the local studies may remain an issue of debate, but the historical awareness of the studies furnishes them with an in-depth understanding of place and time.

Social historians of South Africa have recently started to explore the issues in which neighbouring academic disciplines took the lead. They have started to relate healers' professionalisation to issues of commercialisation and popularisation (Flint 2001; R  ther 2001). It is certainly true that studies of recent political transformations have tended to limit themselves to the role of the churches and, to a lesser extent, Islamic communities. Next to nothing is known of the role played by African Religion and the healers who represent it. It is possible to argue that most of the information on healers and African Religion comes to their students in the form of problematic images because their translation requires more than superficial familiarity with local cultures (Schoffeleers 1999). Yet this assertion must not be overstated. Much evidence comes to the student of healers' professionalisation in the form of overlooked written material. Archival sources, popular magazines and newspapers are some of these rich materials that still have to be tapped. This is material that has been produced not only on healers, but by healers themselves and their clientele. Healers and their clientele were aware of the power of writing and did not leave it to officials, journalists and onlookers alone to describe their images. Part of the process of healers' professionalisation was to articulate themselves in writing and thus to produce an accurate and technologically innovative, if not competitive, representation

of their profession. The experts of the tracing and the analysis of written documents should take that into consideration.

Ambivalent Relations Between A Country and Its Healers in a Setting of Social and Political Transitions

Healers' professionalisation causes some sort of a current debate. It does not dominate media attention but it is reported all over the print and the visual media, and South Africans are usually aware of it. Many aspects of what healers are supposed to do and of what they are suspected to do are discussed in newspapers, magazines, on TV, the internet and, also, in fiction and movies. Religious aspects of their activities are only minor causes of friction. Even in Catholic newspapers such as *UmAfrika* the discussion revolves around culture and medicine, rather than religion and belief. This points to the fact that either belief has lost significance as a topic for public debate in post-apartheid South Africa, a view that can be supported as in previous decades various print media referred to spiritual aspects of African Religion and healers' involvement in it; or that African belief is not necessarily discussed in the context of established religious traditions such as Christianity or Islam, a hypothesis that builds on the assumption that "religion" is a Christian, and a Western, concept that has only partly gained ground in Africa and is problematic for the understanding of African Religion (Shaw 1990; Ranger 1993). It may also be that an established religion such as Christianity is still reluctant to talk about healers because it continues to stigmatise them as the representatives of a deviant religious perspective. This means that even though healers are present in public and media debates, their current "religious" impact remains more than vague. Instead, their cultural and social impact has drawn more attention in post-apartheid South Africa.

Post-apartheid South Africa is a state and a society which is working towards its shape for the times after apartheid. It is in rumbling transition. South Africa is establishing a democracy in which traditional authorities negotiate status and sphere of influence. It becomes part of globally oriented economic exchange, a process in which South Africa feels its marginal position, and a process through which the spiritualisation of markets leaves an impact on the blurring of economy and religion in South Africa (Comaroff 2000). The impact of HIV/ AIDS puzzles, angers and devastates the southern African region leaving behind bitterness and the potential for political and economic instability (Schneider & Stein 2001; Rütther 2001a). These are only a few examples of transitions, but in all of them healers are involved. Healers warned the ANC not to dismiss the power of *izangoma* and *izinyanga* and applauded publicly when Nelson Mandela was installed as the first democratically elected president of the state in 1994.⁴ They backed up chiefs in KwaZulu-Natal, who warned to boycott the local elections in November 2000.⁵ Some healers make a lot of money from the selling of

medicines.⁶ They face exploitation of their intellectual property rights when globally operating pharmaceutical companies appropriate herbal knowledge without compensating those who revealed it to them.⁷ The state tries to include healers into AIDS management programmes.⁸ It does not yet take seriously their attitudes towards condoms and to the reality of such a thing as a virus.

The examples show that in general healers are discussed in an impressive variety of reductionist ways. Even though healers' command of spiritual power is impressive, it is misleading to reduce them to the role of assistant political leaders. Even though their knowledge of an alternative (bio-)medical potential intrigues, it is reductionist to limit their role to that of additional health agents in community-based, primary health care initiatives. Last but not least, even though they claim to be versatile in traditions and even though they may have to operate out of that niche, it is a problematic bias to conceive of them as the only authoritative harbingers of indigenous knowledge. Healers are part of a broad, still stigmatised intellectual elite in Africa, with whom it is necessary to engage critically for the sake of South Africa's future.

These circumstances given, the tensions increase under which professionalisation becomes possible. It is attractive to a large number of healers because, once again, it promises a return to an officially-approved publicity. The following sections will show that vying for recognition has been a longstanding concern for healers. After failing to convince the government of their virtues, they were glad to get publicity in the popular press. For a couple of years now it has become evident that many of them think it is worth grasping the opportunity to reach beyond a popular cultural discourse to install their reputation and to work on behalf of South Africa's transformations in their own ways.

The Age-Old Knowledge of African Healers in the Face of Exclusion

Healers' efforts towards professionalisation reach back to the 1930s (Flint 1998: 14 - 15). An especially intense phase of vying for recognition with the provincial and national governments started in this period and subsided only in the second half of the 1950s. During this period individual healers as well as professional associations addressed the Department of Health and the Department of Native Affairs⁹ to communicate an image of their self-perception and to request official recognition from state authorities. Explaining their agenda, they were usually careful enough not to challenge directly the more established institutions with which they competed. They sought the affirmation of their niche, expanded on their relation to ancient knowledge while attempting to win over medical scientists, political institutions such as the police or universities for co-operation. In this process the principle of difference was crucial. They did, however, not emphasise difference from white people, Christians or doctors trained

according to Western standards, but rather from those they considered unsuited for the profession. In their arguments they operated with a notion of professional diversity and inner stratification, rather than with one based on racial self-conception or an assumed Africanness they would have considered worth stressing.

This is noteworthy as the 1930s were a high point of segregation. Formal ideologies and policies were underpinned by widespread everyday racial prejudice of whites and sometimes others (Beinart 1994: 117 - 120). Among intellectuals and state authorities African identity was imagined "around a cluster of concepts evoked in the idea of 'tribe'" (ibid.: 117). Development and social modernisation were thought to come from within the 'tribal' system under a chief. It seems as if healers' associations contested the notion of racially-based cultures, but they did not go as far as to challenge the ideas which were gaining momentum. Starting with their own conceptions of culture, cross-professional interaction and furthering the course of the nation, they were less interested in the deconstruction of ideas about race than in eking out a platform from which to initiate their own little projects of checking society's transition.

One of the exceptionally articulate professional associations of healers was the South African Bantu Dingaka Herbalist Midwives Sangoma Society. Based in Sophiatown, they virtually bombarded state authorities with requests, resolutions and information between 1937 and 1939. Most of their correspondence was produced on an outdated typewriter which left the image of a technically imperfect typeface, but highly determined people behind it. The name of their association suggested that a variety of distinct specialists was forming an umbrella organisation to promote their interests. After a meeting in November 1937 they requested an interview with the Minister of Health to discuss with him the work of "native ngaka, herbalists and miwives [sic]". They hoped to receive "isolated privilege [sic]" and recognition as an institution on par with the bodies recognised under the Medical, Dental and Pharmacy Act of 1928. With a pledge to obedience they ended the letter. "It is our firm conviction that the minister for public health will give this memorandum his full consideration. God save the king. Nkosi sikelela, Africa. Your obedient servants, SPD Madiehe."¹⁰ The *ngaka*, herbalists, midwives and *izangoma* of the Society aspired to help modernise the community which they served. They wanted to tackle the lack of school education and hoped to become a forum through which people would invest money into the future of their children. Their plan was to open a network of "native co-operative stores" throughout South Africa run by "the Bantu women" and the members of the society. If enough people bought shares of the enterprise, the society would send about twelve children overseas for higher education. Bazaars on which women would sell items cheaply were envisaged as another road to generate funds. "We call upon our Native chiefs to progress the nation."¹¹

The idea of developing African society from within should have confirmed with notions held by segregationists of the time. Yet the Society's aspirations

were more complex. They also promoted cross-professional interaction with Western-style doctors. "The public say the European Doctor can treat the mother in a scientific way; the Native herbalist can attend according to Native custom and can administer medicinal herbs as his predecessors have done for centuries."¹² Based on public recognition, the healers proposed a combination of treatments.

The custom is very important to the Native although the custom may not serve any useful purpose in the European's eyes, but they are an essential part of the Native life even if the Native could not be allowed to practice their medicine as Doctors who are treating sick patients but only allowed them to carry out the customal herbs according to Native custom and tradition.¹³

In the 1930s the South African Bantu Dingaka Herbalists Midwives Sangoma Society was confident enough to stylise its authoritative agents of "native custom and tradition" as aspiring partners. Scientists trained in Western scientific ways were invited to take notice of the experts of the "science of circumcision".¹⁴ Furthermore, in an extended interpretation of the meaning of the Great Trek for South African history the president of the Society, SPD Madiehe, who also titled himself "King of Native Custom"¹⁵, claimed the same rights for African people and the healers that the Burghers had once fought for. He argued that the Burghers had fought for their right to practise their own custom when the British had imposed on them a way of life they did not want to choose. Trekking north had been a strategy to sustain Boer customs, and basically the Society requested the same right. They wanted to choose a lifestyle because it had become necessary to maintain the customs of their forefathers. The necessity to cultivate African customs, however, did not arise from an irreversible affinity of African people to the customs of their forefathers. It arose out of the fact that they were barred from full access to the culture of those who ruled the country.

And if the Government is unable of refusing us with the right of our ancestor's custom we shall therefore have the full right to claim the European ancestor's custom in full, together with the European's stages, to enter where Europeans enter, so to be able to learn European custom as they want us to become black Europeans and so we must be able to have the same privileges as the Europeans in their customs, because we are forced to be European, but not in custom, because if native act according to their custom they are insulted by being called barbarism custom which is noth-

ing less but pure insulting God's work, in other words is criticism of God's plan; who planned the native custom. You must remember that we have been with the white people over 200 years; they have never shown us their custom, how can one learn if you are kept far from your teachers.¹⁶

In this argument the reality of racial segregation played an important part. The healers accepted it yet requested a protected sphere within the system of racial inequality. From within that sphere they hoped to establish their status at the expense of others within the African community.

Organised healers installed their reputation on the fact that as "medicine men and women" they spoke on behalf of the "native public and native doctors". They showed rigour and strictness against those who would not be members of healers' associations. The South African Bantu Dingaka Herbalists Midwives Sangoma Society passed a resolution according to which "under no circumstances" "no native doctor or native herb seller" was allowed to act without the society's permissions. The group at which the South African Bantu Dingaka Herbalists Midwives Sangoma Society and fellow societies aimed their attacks most visibly were herb traders. Especially in Natal many of them had been licensed and benefited from the privileges to advertise their medicine, to practise publicly and to commercialise the profession (Flint 2001). Professional organisations hoped to check quackery among healers. They explained that herb traders were infamous for selling love philtres and charms, a branch of business the organised healers distanced themselves from. They tried to convince state officials that the use of love philtres put control over women, black and white, at stake. They elaborated that "native girls" in domestic service were given love philtres to fall in love with the boys. As a result the sexual mores of women deteriorated. The petitioners welcomed laws such as in Natal. However, they had witnessed for decades now that, as a matter of fact, European officials did not command the knowledge to distinguish between genuine and fake healers. There the associations offered assistance.

In addition to the commercial trading of herbs causing moral degeneration, it exacerbated the problem of crime and juvenile delinquency, healers were eager to mention.

The native custom is or does partially prohibited the selling of medicine to any native whose competence the instruction is regarded incalpable [sic] of any danger that might occur through veglegente [sic] of the instructions in connection with sold herbs. It follows therefore that those who are incalpable [sic] of such danger should earnestly appeal to the honourable for the protection of those who are aware

of such danger, and do work within the scope of their custom as well as the laws of health.¹⁷

Healers who organised in the 1930s¹⁸ addressed socially relevant and politically debated issues of their time. They did not revert to a rhetoric of tradition but engaged in a discussion with state authorities.¹⁹ They tried to form an alliance, with the state, against healers who entered the profession for business and against healers with political ambitions.²⁰ As healers are often understood as agents of a distinct spirituality it is noteworthy that they did not discriminate against others on the basis of their calling.²¹

However, rather than succeeding in excluding those of the profession at whom they targeted their criticism, they experienced their own exclusion. Despite the overwhelming correspondence directed at the state officials, responses were delayed. More than once the Society had to ask for acknowledgement of their letters,²² but often they were not written at all. A casual note, "Let me know how the matter was disposed of"²³ suggests that healers' efforts towards professionalisation did not receive the attention they would have wished. That was a tough experience especially as the associations proved their willingness and ability to adopt the modern forms of correspondence and address with the government. Yet neither accurately composed membership forms nor stamps on letters nor the assistance of lawyers and solicitors created positive response. Over time it became evident that with the Departments of Health and Native Affairs there was no space for articulating healers' interests that would have had any impact on their public image. If they wanted to be recognised as agents of social transformation and stability, they would have to look out for alternative routes to voice their ideas of the profession.

Attempts at Professionalisation at the Interface of Popularisation and Politics

From about the second half of the 1970s healers and the stories that surrounded them were covered in a range of newspapers and magazines. They became the protagonists of stories centred around crime, sports and love and were perfectly suited for any of the media's inclination towards sensationalism. It was in the early 1980s that the most popular magazine for African readers, *Bona*, which was owned by Afrikaner nationalists, arranged the images of healers along a discursively more consistent line. Within a few years two types of healers emerged. One was the folkloristic type, often represented by women, who managed to fuse the beauty of tradition and the challenges of modernity. The other type was characterised by its political inclinations. It consisted of healers who backed up African politicians installed and supported by the apartheid government (Rüther 2001: 63-67). Stronger than in the healers' correspondence with state authorities

in earlier decades the South African print media worked with the notion of the clash, not the merging, of tradition and modernity. Healers' professionalisation was popularised and debated in the context of African people's beliefs, their culture and political acquiescence.

For the commercially oriented newspapers and magazines healers proved to be a controversial topic which especially the aspiring middle-class and Christian readers did not accept easily. They often refused to see healers portrayed as part of a general African tradition that was held to be a cultural resource for any African. As a result, topics relating to healers often sparked a lively response which took the form of letters to the editor. The healers faced a new visibility in the mass media. They were able to make use of a vibrant platform which reached out to a very general African public. Usually they were discussed in popular cultural terms somewhere between the official discourse of apartheid politics on separate Bantu cultures and local discourse and practices that were more immediately oriented along the demands and dynamics of people's everyday lives. Like in any process of popularising wisdom, knowledge, or its bearers, the messages embodied became subject to the market dynamics of demand and supply (Knoblauch 2000). Healers and the wisdom they embodied became part of a "popular cultural articulation" with all the implication this has in societies where instability and violent upheaval made political institutions fragile or undemocratic, in other words, in circumstances that led political debates to seek more indirect forms of expression (Kaarsholm & James 2000). In fact, without the popularisation of their image the healers would not have regained access to the public sphere that easily. On the media market stories about healers related to many topics. They ranged from politics to issues of spirituality, from economics to entertainment, or from herbal medicines to sports. The meaning of healers and their craft could be discussed in almost all of these contexts.

In this context the professionalisation of healers was a delicate affair. Associations and congresses, especially if they received echo in the press, were designed to act as advertisement for the cause of healers. They could be used as a platform from where to exercise agitorial influence (Bayertz 1985).²⁴ In many countries, when historically science was institutionalised and when scientists achieved professionalisation, there was a close connection between science, scientists and the state. Scientists could not only be benefactors of social change, they could act as agents thereof. In South Africa the potential of healers to head social movements has not struck. They followed up their own cause narrowly and, in the 1980s, started to concentrate on Western doctors as counter-images of their own activities. It is interesting to note that when the media reported about issues of healers' professionalisation, they depicted it in the context of mainly three topics all of which eschewed the entertainment and sensationalism paradigms. Healers' professionalisation was either contextualised in questions that arose from their involvement in authoritarian rule; or it was pictured in its ten-

sion with Western scientific medicine, and within that complex, especially in relation to tackling issues of HIV/AIDS. This illustrates healers' double relation to issues of power. They gained access to a more powerful position as their image was popularised. People became aware of them and accepted them as part of an African culture. When it came to issues of professionalisation, the scenario changed. Professionalisation would have smoothed the way for them to get hold of a really more powerful position in society (Paul 1985).²⁵ Hence, professionalisation remained a problematic topic in a context of quite easy talk about healers.

As healers requested official recognition from the state, questions about the nature of the intended alliances between healers, politicians, parties and the state arose. Opinions expressed in newspapers were largely withheld, or rather sceptical. Print media mentioned, for instance, that outside South Africa governments recognised the work of their healers.²⁶ A reader of *Echo*, the Thursday supplement of the *Natal Witness* in Pietermaritzburg noted "with some guarded enthusiasm the step recently taken by the Kwazulu Department of Health and Welfare in organising the Inyangas into an association."²⁷ The reader was probably aware of the fact that in KwaZulu-Natal a controversial *inyanga* and member of the Inkatha Freedom Party, S. B. "Mlahlo Mlotshwa" Jamile, was centrally involved in organising healers into a professional body. Other readers of the paper suspected more openly that either Jamile would control the organisation and suppress healers' opinions, or that only healers assembled who were not worth the reputation.²⁸ In fact, Jamile worked hard to urge *izinyanga* and *izangoma* of the region to join the iNyangas National Association.²⁹ *Ilanga*, since 1987 owned by Inkatha, reported about his efforts from time to time. People in the area knew that Jamile stood under a "special kind of protection." The rumour went that once after he had shot some people he had used *muti* to protect his house so that those who wanted to take revenge could not burn it down.³⁰ In Johannesburg a similarly politically dubious organisation formed under the auspices of a former South African policeman, Pip Erasmus. The South African Traditional Healers Council sent a telegram of congratulation to the Minister of Defence when the South African Defence Forces invaded Angola in October 1987.³¹

Not all healers were involved in politics on an equally intense scale. The majority of them continued to emphasise their apolitical inclinations. They saw themselves brought into a sharp counter-position to doctors and nurses of Western-style education. As the apartheid rhetoric about separate Bantu cultures and racial difference intensified, it became easier for healers to claim status from the relegated sphere of African tradition. They vied for co-operation, they continued to draw attention to the merits of their activities especially in the sectors of herbal treatment and primary health care, but to act out of that niche, they had to accept it first.³² Again, it is interesting to see that healers' professionalisation

was vigorously debated in connection with the initial news about HIV/AIDS.³³ Of course, at the time when the South African public received the first news about the disease, it did not command much attention. HIV/AIDS rather was a niche through which healers could show that they were concerned with the very modern problems of society, and it was the starting point for a renewed request to be treated with the same respect as medical practitioners and scientists from the field of medicine. While healers' professionalisation raised public opinion in the context of discussing HIV/AIDS it became clear that if healers professionalised they would do so as a medical rather than as a political or a religious body. This had important implications on their image. The fact that they worked with dreams and commanded the voices of the ancestors became a by-product of their activity. It became a clearer indication of their profession that they were similar to psychologists or specialists in herbal medicine. This limited the importance of the spiritual qualities on which historically the power of healers was based, and would have far-reaching consequences for the question of healers' legitimation. What if the spiritual basis diminished in questions of legitimation and if the membership in a formally recognised association would legitimate healers instead?

The popularisation of their general image helped them regain access to the public sphere, and it helped them stress their apolitical inclinations. Professionalisation became a problematic issue when it was discussed in the context of healers' political activities; it became a vibrant issue when it was discussed in terms of herbal medicines and finding a cure for AIDS.³⁴ As a result, professionalisation entered the public sphere as a topic, but healers had an interest to undock it from its political implications. They stressed the fact that they were useful alternative medical practitioners and, in addition, able to provide for the development of the cultural potential of society. Culture was understood in terms of apartheid politics to that extent that healers understood themselves as representing a specifically African heritage. At the same time they refused to be seen as part of a culture that belonged to one of another separate "tribe" only. Instead, they stressed the general African quality of the heritage they embodied. Moreover, they had to accept that African culture was usually seen in terms of "tradition" that was distinct from modernity. Healers did not object explicitly to that kind of views, but they continued to claim other roles. They did so through persistent reference to the role they envisaged for themselves in connection with the modern ailments of the society they served; they did so through the urban image which became part of many healers' *habitus*.

On the whole the 1980s became a transitional phase for the image of healers because the discussion of their professionalisation received renewed impetus before the demise of apartheid. However, many trajectories of apartheid thinking are still prevalent in the wake of that demise. It is not a surprise that the new era continues older patterns of discussion.

A New Era of Hope and Disappointment, of Praise and Marginalisation

After 1990 the changing political climate created new space in which healers could hope to push through their long-standing aspirations towards professionalisation. During this period it has become almost impossible to conceive of their activities as unrelated to social and political change. Especially after 1994 politicians of a democratically elected government lent themselves to making available to the South African population human rights and economic prosperity, thus promising South Africans a place of dignity and respect in the world-wide community. At the same time, in the context of a debate that focused on the slogan of an African Renaissance, cultivators of indigenous knowledge could aspire once more to the affirmation of their cultural prestige. Healers' efforts towards professionalisation materialised against the backdrop of raised hopes for healers, their clientele, their critics and those who did not take notice of them at all. They materialised against the increasing praise of knowledge, traditions and a heritage healers had claimed to command authoritatively for some time now.

In the 1990s healers seemed to return to the political arena. It became politically incorrect to lavishly dismiss "African traditions", especially if they were considered important for the process of post-apartheid nation-building. It became common-sense that traditions were more than cultural articulations and apolitical assets to regionally defined politics. Of course, a range of "African traditions" existed that remained muted because they were thought to be destructive to the nation. One of these was witchcraft. Healers whose daily work was bound up with encountering witchcraft, and helping people to fend it off, were discouraged to expand on their relation to witchcraft. An old paradigm was adjusted. Healers continued to emphasise that they were not witches and that the term witchdoctor was inappropriate in whatever way it was used. Many of them argued that they had nothing in common with witchcraft at all. Instead, health care issues, especially such that related to HIV/AIDS, became the concern of political parties and the state bureaucracy and were sternly dissociated from issues that related to witchcraft. Healers have also become visible as an economic factor in the region. Their potent offers against any ailment that is caused by others and the protective substances and advice they offer for sale make a thriving business.³⁵ Afflicted individuals and communities went established ways when they addressed healers. The state and its agencies needed organised stakeholders if they wanted to include healers into programmes of social transformation. This increased the possibility for healers to put into practice their efforts towards professionalisation. It equally exposed them to the pressures from those established forces which encouraged their professionalisation.

Newspapers and magazines continued to act as important media in relating the dynamics of healers' professionalisation to society's general transformation.

Print media which before 1990 had reported about healers only casually, increased the number of articles and devoted specific interest to healers' professionalisation.³⁶ The print media reflect society's ways of talking about Africanisation, tradition and modernity. In this context healers have become a medium themselves through which post-apartheid society looks at traditions, ancient traditions, everlasting traditions. Healers rarely act as the medium through which those who dominate the debate on healers voice an understanding of an African modernity. This bias towards the diffused ancient, which contradicts the original intentions of the healers, makes healers, once again, unattractive for the reconstruction of society from the perspective of state politicians, AIDS campaigners and the majority of South African intellectuals. Gradually, they are heaped into niches again that relate to the important spheres of health, economy, AIDS and African knowledge but which, as far as healers' role in them is concerned, touch on the political only marginally. Healers seem to stand at the brink of a new era of hope and disappointment, praise and marginalisation.

Oppositional thinking in established terms of tradition and modernity rather than the fusion of the related spheres to the effect of a renewed look at the country's moving forces characterises the current situation. With it goes, in the sphere of discussing health issues, and especially the impact of HIV/AIDS, not only a reduction of healers' capacities to the "apolitical", but also the very pragmatic contributions they could place into society. This reductionist conception of tradition and healers' spheres of activity and philosophy leaves healers' potential impact amputated from the beginning. They can only attach themselves as assets to either traditionalist forces or to the agents which advocate a Western-based style of medicine and treatment. Healers' logic of explaining ailment and relief strategies, the plausibility of the seriousness of their efforts towards professionalisation are not taken as a concept worth critical yet thorough debating.

This becomes especially evident in the debate and practices around healers and South Africa's attitudes towards HIV/AIDS. The dynamics of HIV/AIDS in South Africa took on distinct shape because the battling of the disease and its implication ran virtually parallel to the state's transformation. The ambitious reconfiguration of political offices and weak, inherited administrative structures made politicians, largely occupied with the negotiation of different styles of political leadership and disputes over the traditions of mass mobilisation, neglect the implementation of ambitiously formulated policies towards HIV/AIDS (National AIDS Plan 1994). Maintaining on the provincial level the majority of the pre-transformation state bureaucracy limited their concern for the needs of the African people. For years after the installation of a new and legitimate government maintaining a system of divide and rule was more important than social delivery (Schneider & Stein 2001: 724). The discussion of healers' role as part and parcel of an Africanisation of policies was not considered.

In the newspapers healers emerged in connection to two topics. First, expect-

tations were raised that healers would find a cure against AIDS.³⁷ Over the years this expectation has consolidated into a "lingering hope" as a controversial novel describes (Mathenjwa 2000). It has stimulated the *muti* business and disappointed the desperately wishful thinking of many South Africans. In general it has not sincerely undercut many South Africans' confidence in healers. Especially as many people think that HIV/AIDS has to do with witchcraft, it would be premature to de-emphasise the importance of the involvement of healers (Ashforth 2001). Secondly, healers' professionalisation has come into focus once more. More stringently than in earlier periods it is discussed in terms of a counterpart to medically instituted professional bodies to make collaboration possible between the Department of Health, hospitals, local doctors and healers. This collaboration would largely consist of government-formulated health policies, and AIDS awareness campaigns in which healers are assigned the specific tasks of distributing condoms and getting involved in AIDS and sex education.³⁸

Healers' professionalisation is recognised as a necessary and useful corollary in order to initiate co-operation. However, healers' self-confidence fuels broader zeal. They do not envisage it as their primary role to act only as reasonably cheap assistance in community-based health care (Rogerson 2001). In interviews they keep on emphasising the exceptional circumstances which turned them into healers such as the experience of their calling and their relation to the *amadlozi*, and the success of their treatments to position themselves. In interviews, they hardly ever expand on the nature of their teaching in the communities. Usually they are not asked. And if they are asked on issues of witchcraft, they are often non-committal. One hardly ever comes across a statement such as the one published in the *Mail & Guardian* when a healer explained to the print media that "witchcraft and witch doctors have been with us since time immemorial. Didn't you see sangomas driving away evil spirits before President Nelson Mandela's inauguration at the Union Buildings in 1994?"³⁹ The discrepancy between what they proclaim of themselves and the questions the public follows up and, more importantly, does not ask indicate a field of tension and taboo. The dichotomous conception of tradition and modernity exacerbates this situation and results in a communicative gap. Healers communicate their interests partially. Their claim on modernity is constantly there, but its implications are not taken up either by those who want to become their counterparts or by the media which acts as an important focus of opinion-building. Thus the public amputation of healers' broader intellectual and professional concerns is one of the more striking features of the "health debate" on healers.

A similar dynamic of the amputation and apolitical remodelling of their full concerns can be observed in their relation to the economic field. Economics is a field in which the aspirations of those *izinyanga* and *izangoma* who specialise in the sale and the trading of African medicines are discussed in the context of their exposure to the dynamics of global economies. Here it is more obviously

conceived that healers sell tradition in an economic system that is not traditional at all. A belief system is taken to the market in the literal sense of the expression (Knoblauch 2000). Newspapers report that healers face exploitation from internationally operating pharmaceutical companies which expropriate healers' knowledge without compensating them adequately.⁴⁰ In KZN the trading of so-called "traditional" medicine has become a big economic factor. Commercialised African healing has become a vibrant feature of many public places, and trade in medicines tops 500 million Rand a year. It concerns 27 million South Africans, and more than 4000 tons of indigenous plants are traded annually. The value of the *muti* trade in the province is equal to a third of its maize crop.⁴¹ Wealthy healers command a lot of power, and many find it risky to criticise their reputation. The argument behind this is that the prosperity they display is an indication of the power they command through ancestors and spirits. If it is possible for people to associate with one of the wealthy healers, it may be possible to get a share in their wealth. If, however, one shows disrespect of their power, this power might turn against the critics. The promise of economic wealth and social upward mobility through medicines which are on offer on a spiritualised market has become an important stimulation not only on South African markets.

Yet it is interesting to note that recently public attention has begun to shift away from the hard core of economic contexts and, instead, placed the issue of trading and selling medicines in the softer context of nature conservation. The National Parks Boards accuse healers of overusing nature and extinguishing certain plants.⁴² Healers get publicity for working herbal nurseries.⁴³ They get funding if they co-operate with the botanical sections of some universities.⁴⁴ Through this context healers' professionalisation is taken into a specifically biomedical and largely un-political focus once again. Their full social potential, the role they intend to play in the political, economic and intellectual transformation of society is not addressed.

Both nature conservation and economic profit from the sale of medicines are contexts in which healers' role is discussed as detrimental or deviant because they left the sphere of tradition. Contemporary healers are suspected of unfamiliarity with the dynamics of nature's reproduction; they are deemed too numerous these days so they need to come under special control, be it conservation projects, be it the regulation of market spaces and be it healers' professionalisation. The aim is to allow them a certain access to "modern" economic and agricultural techniques, but to teach them how to behave within these new confines. Today these healers who relate to the state, to universities etc. command a high profile. They are in a position to achieve access to financial resources and to promise people prosperity, and through it the virtual belonging to a world-wide and prosperous community which does not discriminate against those who seek prosperity. This is a big promise.

Professionalisation as Africanisation, or African Professionalisation

This article attempted to show that healers' professionalisation, one of the more debated issues in current debates, is a long-standing concern which for decades has been intimately tied to issues of Africanisation of values, attitudes and social practice. Even though they may seem especially vibrant at the moment, the historical perspective indicates that the issue is not particularly linked to South Africa's current phase of transition. This does not mean that healers would not take specific advantage of the current situation in which it has become possible to discuss professionalisation in a specific setting. Healers have opted to position themselves especially in relation to business, culture politics and medicine. They allude to their spiritual capacities, they act in the spectrum of religions in South Africa, but they are little interested in taking up discourse with the Christian churches. This is an indication that religion may be more important as a platform to voice interests than as a self-contained category unrelated to more important spheres of activity and social reality. Efforts towards healers' professionalisation indicated that Africanisation has always been more than a one-sided orientation towards traditions. Quite in contrast, healers' professionalisation can be understood as the effort towards the consolidation of status in a new world that called for change. Hence, projects of Africanisation have included major implications with regard to moves to modernity. However, the more established "forces of modernity" such as the state, the churches and missions and organised medical bodies were successful in holding their ground in the field of modernity. As a result, healers often decided to operate out of the niche of tradition, in which it did not become impossible to claim a position as modern intellectuals, but in which it was more natural to develop a biased reputation towards tradition.

Throughout the period of colonial history healers were forced to largely withdraw from the public arena and had to work under the stigma of witchcraft and superstition. Yet they continuously launched efforts to demonstrate their worthiness to contemporary society, the state and its institutions. For that reason they moved onto new stages on which they formulated their self-understanding and the role they envisaged to play in the future. Whereas the correspondence with which they addressed the authorities did not resonate widely, they achieved a breakthrough when popular print media started to portray them as figures of African culture and belief. Compared to how they had positioned themselves with the Departments of Health and Native Affairs, their career as figures of popular cultural discourse entailed a shift of their image, but it did not necessarily reduce healers to the sphere of tradition. This has happened more stringently since the ending of apartheid when it became more important to define African culture through authentically African voices. In South Africa's current efforts to produce an African knowledge that makes sense of the experiences of colonial

and apartheid domination, searching for roots in pre-colonial, if not ancient wisdom, has amounted to a crucial determinant of the production of knowledge and identity. Healers, some of whom were installed as icons of such ancient traditions by apartheid ideology, are often seen as representatives of indigenous knowledge in more general ways these days. Even though they do not want to see themselves reduced to that role, they accept it quite freely because it offers a road towards their long-standing concern of professionalisation once more. The fields in which healers engage, however, indicate their aspirations to locate themselves in contemporary society and its ailments. Yet society is still reluctant to accept these concerns.

The tension between healers' aspirations, the role they want to play and the role they are envisaged to play in the context of historically muted discourses about them, turns healers into ambivalent agents in South Africa's current projects of social transformation. They are apt to contribute to transition to the same extent as they are determined to use transition to further their own cause. Healers are neither completely altruistically motivated nor do they take chances more than other South Africans. If they are considered agents of Africanisation, it is important to understand them in the complexity of their motivations. The historical perspective revealed that it would be simplistic to assess healers as an homogeneous profession. It is split according to specialisation and political, social, and economic interests. Each phase gave specific groups the opportunity to advertise the profession; each phase silenced many of the representatives of the profession.

African healers are specialists in their people's customs and try to give incentives on how to integrate these customs into everyday life. Their knowledge is a key resource for African people whose elderly generations are not consulted for advice and instruction as it used to be done in earlier periods. Unchecked it is also a factor of inconvenience and ambiguity within a society that seeks unity. Healers are respected, and sometimes feared, women and men who provide people with access to the ancestors. Many of them are commercially oriented and offer to customers a range of medicines which promise relief from a variety of ailments. Healers detect if problems and ailments are caused by others and prescribe ways of getting out of the dilemmas. Healers' command of knowledge is an access to power in the community for them and for others. African healers have become a prism of post-apartheid South Africa. They refract South Africa's aspirations towards Africanisation.

Notes

- ¹ The literature on traditional religion is vast. However, it has not moved on considerably from the positions formulated by Mbiti.

- ² Mndende is not a scholar of African theology, but takes up their argument and engages completely in their forms.
- ³ Of course, spirit possession cannot simplistically be equated with the activities of African healers but it is a phenomenon that relates to them.
- ⁴ Tshokolo wa Molakeng, 'Sangomas who won't give up an ancient power', in: *Weekly Mail*, 15.02. - 21.02.1991, pp. 21-22; Sydney Mathibe, "'Witch doctors" muti by mail order', in: *Mail & Guardian* 19.06.1998.
- ⁵ Steven Friedman, 'Cure that's unlikely to heal the disease', in: *Daily Mail & Guardian* 04.07.2000.
- ⁶ Lizeka Mda, 'The old cures and curios shop', in: *Mail & Guardian*, 20.02. - 26.02.1998
- ⁷ Lucky Biyase, 'Traditional healing comes into its own', in: *Echo* 12.09.1996.
- ⁸ 'Aids Education and the colourful world of sangomas and condoms', in: *Drum* August 1993; Glynnis Underhill, 'Traditional healers enlisted in fight against HIV-Aids', in: *Independent Newspapers* 11.12.1997; and multitude of others.
- ⁹ The departments were renamed several times. For the sake of clarity I will refer to them as Dept. of Health and Dept. of Native Affairs throughout the text.
- ¹⁰ *South African National Archives*, Pretoria, Central Archives Depot (hereafter SAB), GES 1786 25/30J Memorandum of the South African Bantu Dingaka Herbalists Society, stamped at the Dept. of Public Health 17.11.1937.
- ¹¹ SAB, GES 1786 25/30J Conference announcement 28.07.1938.
- ¹² *ibid.*
- ¹³ *ibid.*
- ¹⁴ *ibid.*
- ¹⁵ SAB, GES 1788 25/30M South African Bantu Dingaka Herbalists Midwives Sangoma Society, invitation for General Meeting on 11.12.1938.
- ¹⁶ SAB, GES 1788 25/30M South African Bantu Dingaka Herbalists Midwives Sangoma Society, invitation for General Meeting on 11.12.1938
- ¹⁷ SAB, GES 1788 25/30M South African Bantu Dingaka Herbalists Midwives Sangoma Society, Sophiatown, to Minister of Public Health, Pretoria, 06.12.1939.
- ¹⁸ The SABDHMSS is taken as an example here. There is ample documentation of other societies' policies. The expansion of the topic is followed up by the author in a more comprehensive work.
- ¹⁹ A similar procedure cannot be detected with regard to the Christian churches. Church and mission archives - as far as I know - are devoid of any correspondence with African healers.
- ²⁰ SAB, NTS 9302 2/376 African United Herbalist Board of Control - S. Africa, Boksburg 11.03.1958; NTS 9302 1/376 African Herbalists' and Inyangas' Board of Control - S. A., Pinetown 22.01.1959; NTS 7275 537/326 Constitution of the Free State Bantu Medicine & Herbalist Practise Association, Kroonstad 21.11.1953.
- ²¹ It has to be admitted that this may have been a difficult turn to take as especially *izangoma* acted on behalf of a specific calling. *Izangoma*'s activities were equated with witchcraft and were legally banned.
- ²² SAB, GES 1786 25/30J South African Bantu Dingaka Herbalists Midwives Sangoma Society, Sophiatown, to the Minister of Public Health, Cape Town Parliament, 28.07.1938.
- ²³ Handwritten notice on a letter in which healers requested to be admitted to Parliament 1.8.1938
- ²⁴ The literature refers to another region, another period, another societal setting, but

- is nevertheless useful in approach and argument.
- 25 This literature is useful from a comparative angle. It does not refer to specifically African contexts.
- 26 Amos Mngoma, 'The Ghost Catcher' in: *Bona*, November 1984, pp. 66 - 67; 'Pharmaceutical firms blocking traditional healers in Zimbabwe', in: *Echo* 06.10.1988
- 27 'Traditional medicine can be invaluable (letter to the editor)', in: *Echo* 29.05.1986.
- 28 Are the izangoma guessing when they throw the bone (umhlahlo) (letter to the editor)', in: *Ilanga* 29 - 31.07.1985. Thank you to Wiseman Masango from Pietermaritzburg who translated the Zulu articles into English and who assisted with a range of information, and who always was an expert discussion partner drawing my attention to interesting matters.
- 29 'The conference of traditional healers or diviners', in: *Ilanga*, 01. - 04.01.1986.
- 30 'Special kind of protection for Jamile', in: *The New African* 19.11. - 24.11.1990.
- 31 'No politics. With a few exceptions...', in: *Weekly Mail*, 03.06. - 09.06.1988.
- 32 The relegation to that niche is indicative of the internal situation in South Africa, but should also be seen in context of WHO programmes of the 1970s and 1980s. These programmes tried to re-evaluate "traditional" medicine as an additional asset of Western-scientific health care and extremely stressed the aspect of tradition. (Velimirovic 1986).
- 33 Clifford Ranaka, 'Can They Cure Aids?', in: *Bona*, December 1987, pp. 64, 66; 'Pharmaceutical firms blocking traditional healers in Zimbabwe', in: *Echo* 06.10.1988; Piwe Mkhize, 'Inyangas want to see if they can cure Aids victims', in: *Echo* 17.12.1987; Rütther, AIDS in Context conference presentation.
- 34 This has changed recently as HIV/AIDS is no longer a "soft spot" in public discourse. See following section.
- 35 Lizeka Mda, 'The old cures and curios shop', in: *Mail & Guardian*, 20.02. - 26.02.1998, p. 17.
- 36 Among them were the Natal Witness with at least fifteen articles on healers' professionalisation from 1991 to 1999, and the *Mail & Guardian* with at least nine articles on the topics between 1991 and 2000.
- 37 Clifford Ranaka, 'Can They Cure Aids?', in: *Bona*, December 1987, pp. 64, 66; Dante Mashile, 'Faith Healer Helps Fight Aids', in: *Bona*, April 1994, pp. 26, 28
- 38 Credo Mutwa on Conference on sex education in South African schools, Samrand, September 2001. Futhi Xaba, 'Healers embrace the condom', in: *Echo* 25.02.1993; 'Traditional healers join fight against Aids', in: *Echo* 16.09.1999; Sbusiso Zuma, 'Traditional Healers Fight AIDS', in: *Bona*, February 1993, p. 28.
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- 42 Bongani Hans, 'Inyangas dissatisfied' in: *Echo* 05.08.1999; Nomusa Cambi, 'Inyangas upset over ban', in: *Echo* 04.06.1992
- 43 Bev Geach, 'Healing with herbs - it's all in the muti', in: *Weekly Mail*, 16.04. - 22.04.1993, p. 17.
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