THE TRANSMISSION OF KNOWLEDGE IN SOUTH AFRICAN TRADITIONAL HEALING

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Since the promulgation of the new South African constitution by the ANC government in 1994, traditional healing has become very prominent in public discourse. Increasing numbers of people today become traditional healers or sangomas. Both clientele and practitioners come from all 'races', including South Africans of European ancestry. For many, sangomas appear to preserve a sense of a distinctive 'African' identity in an increasingly globalized and 'Westernized' country. Conservative African Christians, on the other hand, revile them as 'primitive', dirty and spiritually dangerous. They remain outside the experience of many South Africans but are fully part of South African life and consciousness. Their traditional beliefs and practices have been well described over the years (for example Junod 1962 [1912]; Sundkler 1948: 220–37; Hammond-Tooke 1975, 1978, 1985, 1989; Ngubane 1977, 1981; Du Toit 1980; Cumes 2004), but these practices, or 'cults', are fast changing.

Indeed, the term 'traditional healers' is a misnomer if by 'tradition' we mean an unchanging conservation of past beliefs and practices, and by 'healer' someone who practises some version of physiological therapy aimed at organic disease. The sangoma tradition has multiple roots that extend across time, cultures and languages, and derives partly from pre-colonial African systems of belief. While its appeal is broadening, it is also changing as sangomas are exposed to a wide range of other healing traditions and religious views. Today many of their practices scarcely resemble the older traditions reported in the early ethnographies, though some, like divination, remain (Jones 2006). They consider themselves to be members of a profession with a distinct intellectual tradition, one that undergoes critique, modification and change in the light of experience and myriad influences.

Sangomas offer a wide range of counselling, divination/diagnostic, medical and other services. The sangoma's art is rarely directed simply at organic causes of physical disease. They prepare muti ('medicine') to protect clients from motor accidents, theft, witchcraft, infection, unemployment and loss of love, lovers or spouses. They relieve anxiety and depression, assist clients to make decisions and help to find lost or stolen objects. The sangoma is not a poor man's doctor; they generally charge as much as a registered medical practitioner would.
Governments of South Africa, Zimbabwe and Mozambique have attempted to treat them as a kind of medical practitioner (see MacLean 1982; Yoder 1982; Last 1986; Chavanduka and Last 1986; Pool 1994; Green, Zokwe and Dupree 2000; Thornton 2002); these attempts include recent legislation in South Africa (see below). Many sangomas do compare themselves with medical and other professionals, and believe that they should be treated in the same way and accorded similar respect, as well as appropriate remuneration. Despite this, sangomas and medical practitioners remain in separate universes. Sangomas also remain ambivalent about government attempts to regulate them (Thornton 2002).

The indigenous organizational form is the ‘school’ (mpandze, ‘root’ or ‘branch’) that provides a sense of professional identity based on specialized expertise and knowledge. This is transmitted through a formal system of education involving teachers (emagobela) and students (bathwasana) who enter into formalized relationships. While boys or girls are said to be ‘initiated’ in circumcision schools, at the end of a period of formal training sangomas are said to ‘graduate’. The use of this term ‘graduation’ by sangomas themselves, rather than the often-heard ‘initiation’, points to their own sense of professionalism.

Ngoma traditions vary regionally across Southern Africa, and across most of Bantu-speaking Africa (Janzen 1992). The form of traditional healing that I have studied for the past five years is concentrated in the South African lowveld below the Drakensberg escarpment in eastern Mpumalanga in the municipality of Umjindi (Barberton), where Siswati (‘Swazi’) is the language of the majority (the indigenous terms given here are Swazi). It is practised throughout the lowveld, except in the far north where the Venda have a different set of healing practices, as well as in southern Mozambique and Swaziland. Its use extends into Gauteng Province, the urbanized province in which Johannesburg and Pretoria are situated.

For its practitioners, its most distinguishing characteristic is the set of practices revolving around the ‘foreign’ emandzawe spirits in conjunction with their own (‘Nguni’) ancestors (emadloti). The emandzawe are said to come originally from Mozambique, especially from the region around the port of Beira.

THE SCOPE OF HEALING IN CONTEMPORARY SOUTH AFRICA

Traditional healers are often called upon to ‘cleanse’ the nation of the damage from its Apartheid past and to open government functions. Since virtually every political difficulty is attributed to the period of Apartheid, South Africans attempt to accomplish political healing in many ways. The public hearings of the Truth and Reconciliation

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1 What I call ‘schools’ (mpandze) have also been called ‘lodges’ (van Binsbergen 1991).
Commission, for instance, attempted to distinguish between ‘political’ and ‘criminal’ forms of violence in the past, and explicitly offered healing within a broadly religious framework (Tutu 2000).

This discourse of ‘healing the nation’ attributes political and social problems of today to the political ‘ancestors’ of the current ‘dispensation’. In this respect it shares some characteristics of the other forms of healing in South Africa, from the occult and ‘traditional’ to the ‘New Age’ and Pentecostal faith healers. On the other hand, the past is also held to be the source of true healing and health. According to the philosophy of ‘African Ubuntu’ (‘humanity’) and of the sangomas, the past is also the purified and romanticized pre-Christian Africa of kingdoms and warriors, usually imagined in mainly Christian terms. The ancestors (emadloti) are the source of both misfortune and disease but also the source of power to heal these, because the ancestors have suffered violence and death and therefore can transcend it (Thornton 2008: 204–10; Ngubane 1977: 47–55). For New Age healers, a romanticized pre-Christian ‘European civilization’ also provides herbal remedies and pagan rituals. For Christian faith healers, it is the saints, patriarchs and saviours of the Bible. All share a common philosophy in understanding political and personal (psychological or somatic) illness, pain and misfortune as similarly rooted in the complexities of social interaction in the past. This is not merely what has been called the ‘social causation’ of illness, but a more radical fusion of social and personal illness in a matrix of mutual causes and effects, both beneficial and detrimental. Sangomas are not Durkheimians: the ‘social’ is not held to be the ‘cause’ of personal illness or disease, because the personal and the social are not fully distinguished.

South Africans’ search for therapy is highly pluralistic. African traditional healing competes with and borrows from many other modes of healing, including New Age therapies (healing with crystals and essential oils, massage, Reiki), Chinese, Indian and European ‘traditional’ medicines utilizing herbs and other therapies – a wide range of such remedies is available in almost all South African pharmacies and markets. The current Minister of Health, Manto Tshabala-Msimang, for instance, insists that a diet of beetroot, lemons and olive oil will cure AIDS. She does this in apparent contradiction of the Traditional Health Practitioners Act of 2004, which specifically stipulates that

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2 The word ubuntu in Zulu and other South African languages is an abstract noun, a grammatical form of the word ‘human’, thus meaning ‘humanity’. It has been deployed, for instance by Archbishop Desmond Tutu and President Nelson Mandela, as defining a South African character, and is based on a common South African saying, umuntu ngumuntu ngabantu, ‘A person is a person through other people’ in which the root word, -ntu means ‘person’/‘human’. This approximates to the meaning of the KiSwahili phrase mtu ni watu (Kresse 2007: 169) and similar maxims in most other Bantu languages. Despite this wide currency it remains vague, often honoured more in the breach than the practice. Archbishop Tutu has also based the Truth and Reconciliation Commission principles on the concept of ubuntu (Tutu 2000; van Binsbergen 1999).

3 Traditional Health Practitioners Act (No. 35 of 2004).
it is an offence for anyone who is not a traditional healer to treat or otherwise hold out that they can treat HIV or AIDS, among other ‘prescribed terminal diseases’.\(^4\) The Act does allow, however, for traditional healers to treat HIV and AIDS if they wish and feel that they are capable of doing so. Even in this competitive environment, it is popularly claimed that 70 to 80 per cent of all South Africans avail themselves of the services of traditional healers. My own research in Umjindi Municipality, Mpumalanga Province, suggests that 80 per cent of residents of Emjindini Trust, a communal tenure area of the municipality under the nominal authority of Chief Kenneth Dlamini, use traditional medicine.\(^5\)

In general, three forms of healing are practised by African traditional healers and their clients: (1) that practised by those who have ‘graduated’ from the period of tuition and self healing, called *sangomas*;\(^6\) (2) the practice of those who use or sell herbal remedies (*inyangas*);\(^6\) and (3) the practice of faith healing in terms of one or other form of African syncretic Christianity by the *amaprofeti* (from the English word ‘prophets’). In this discussion, I shall focus specifically on *sangomas*, or what John Janzen (1992) has called practitioners of the art and philosophy of *ngoma*, a practice almost pervasive in the Bantu-speaking areas of Africa south of the equator (van Dijk, Reis and Spierenburg 2000).

None of these categories is exclusive, however. *Sangomas* typically belong to Christian churches, and may also practise faith healing; some herbalists do too, and faith healers occasionally dispense herbs. What is specific to the *sangomas*, however, is their ritual incorporation into a specific profession in whose practices and beliefs they are trained. They undergo a rigorous and exhausting period of apprenticeship, *ukuthwasana*, and perform a ‘graduation ceremony’ – known as ‘drinking the *intwasa*’ – often lasting several days and nights, by which they pass into the full status of a *sangoma* and member of their teacher’s school. The process of teaching and learning

\(^4\)This provision is defined as follows under section 49, ‘Offences’, in the Traditional Health Practitioners Act: ‘A person who is not registered as a traditional health practitioner or as a student in terms of this Act is guilty of an offence if he or she (a) for gain . . . (g) (i) diagnoses, treats or offers to treat, or prescribes treatment or any cure for, cancer, HIV and AIDS or any other prescribed terminal disease; (ii) holds himself or herself out to be able to treat or cure cancer, HIV and AIDS or any other prescribed terminal disease or to prescribe treatment therefore; or (iii) holds out that any article, compound, traditional medicine or apparatus is or may be of value for the alleviation, curing or treatment of cancer, HIV and AIDS or any other prescribed terminal disease.’ Anyone who does so – and this should include the Minister of Health, who is not a registered traditional healer – is liable to ‘a fine or to imprisonment for a period not exceeding 12 months or to both a fine and such imprisonment’.

\(^5\)Questionnaire results, December 2004 (unpublished).

\(^6\)The specific denotation of any and all of these terms is in reality fairly vague. *Inyangas*, ‘doctors’, may cover all of these categories, in addition to referring more specifically to herbal practitioners without implying the calling of spirits, the guidance of spiritual possession, or initiation into a spiritual healing cult.
the profession of the *sangoma*, then, distinguishes it from the many other forms of healing with which it competes.

**THE LEGAL DEFINITION OF HEALING**

The South African government has recently attempted to formalize and regulate these teaching and therapeutic practices by means of the Traditional Health Practitioners Act (No. 35 of 2004), signed into law on 11 February 2005 by President Thabo Mbeki. It specifies that ‘traditional health practitioners’ must have achieved the status of recognized practitioner through specific ‘traditional’ educational and training processes. This Act explicitly defines the ‘traditional health practitioner’ (*sangoma*) and the ‘traditional tutor’ (*gobela*). ‘Traditional health practice’ is defined as:

> the performance of a function, activity, process or service based on a traditional philosophy that includes the utilization of traditional medicine or traditional practice and which has as its object –

(a) the maintenance or restoration or prevention of a physical or mental health function; or

(b) the diagnosis, treatment, or prevention of a physical or mental illness; or

(c) the rehabilitation of a person to enable that person to resume normal functioning within the family or community; or

(d) the physical or mental preparation of an individual for puberty, adulthood, pregnancy, childbirth, and death,

... [but] excludes the professional activities of a person practising any of the professions contemplated in the Pharmacy Act, 1974... the Nursing Act, 1974... the Health Professions Act, 1974... the Allied Health Professions Act, 1982, or the Dental Technicians Act, 1979... and any other activity not based on traditional philosophy." [emphasis added]

Surprisingly, the Act does not mention religion or cult, initiation, spirits, mediums, possession or trance states, all of which are associated with traditional healing in the popular and academic literature. By excluding most of what traditional healers are commonly understood to do, and by neglecting their own religious or spiritual commitments, the Act wrongly constructs them as lesser forms of medical practitioners.

The Act also implicitly recognizes that the ‘traditional health practitioners’ are professionals by stipulating that they are *not included* among the *other* professions contemplated under the Health Professions Act of 1974. Instead, the central definitional criterion is subscription to a ‘traditional philosophy’.

The legal definition fails, however, to locate a specific central practice and virtually anything that might have a ‘traditional’ component and is broadly related to health, illness or death is included together with

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7 Traditional Health Practitioners Act (No. 35 of 2004), Chapter 1.1, ‘Definitions’. 
any performance that can be said to be involved in ‘preparation’ for puberty, adulthood, pregnancy or childbirth. The definition of ‘traditional philosophy’ is even more peculiar:

indigenous African techniques, principles, theories, ideologies, beliefs, opinions, and customs and uses of traditional medicines communicated from ancestors to descendants or from generations to generations, with or without written documentation, whether supported by science or not, and which are generally used in traditional health practice.\(^8\)

In addition, the Act defines ‘traditional medicine’ – what all South Africans call ‘muti’, that is some substance or thing (plant or animal in many forms) used by healers as:

an object or substance used in traditional health practice for

(a) the diagnosis, treatment or prevention of a physical or mental illness; or
(b) any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or well-being in human beings, but does not include a dependence-producing or dangerous substance or drug . . . . \(^9\)

Apart from these ‘definitions’, as they are called in the Act, most of the text of the Act is concerned with the establishment and function of a regulatory body under the Department of Health to which all traditional healers are required to belong. In fact, no more than about 30 per cent of all healers in South Africa\(^10\) today belong to non-statutory voluntary associations. Although they see themselves as professionals, their mode of organization is far from being bureaucratic.

The education of the healer and the judgement of the adequacy of his or her knowledge are to be taken over by the state through the agency of a Council that will ‘accredit’ healers in a bureaucratic fashion. It appears that government’s intention, then, is to regulate the practice of traditional healing in all its forms and to take control of the knowledge practices associated with transmission of healing knowledge in order to standardize its practice and modes of knowledge transmission. As of mid-2008, however, none of the Act’s provisions had been implemented.

The legislation sets retrogressive standards – reminiscent of Apartheid legislation and misunderstandings – by which traditional healing is to be judged. Perhaps for the first time in the history of law the existence of the occult category of ‘ancestors’ is explicitly recognized

\(^8\) Ibid.
\(^9\) Ibid.
\(^10\) This estimate is based on my research in Umjindi Municipality, Mpumalanga Province. Since this municipality shares many statistical characteristics with South Africa as a whole (economic sectors, levels of poverty and wealth, proportions of racial groups, levels of cultural diversity, urban and rural differences, etcetera), it is likely that this figure approximates to that for South Africa as a whole.
as a source of knowledge, rather than as the object of knowledge. It legislates the existence of ‘tradition’ as something that is passed on ‘from generation to generation’ without respect for ‘science’, rather than as a category of critical and dynamic knowledge that is as much part of modernity as any other field of knowledge. This is an error that Johannes Fabian has called the ‘denial of coevalness’ (Fabian 1983), forcing sangoma tradition into an imagined pre-colonial past. The legislation denies the possibility of empirical observation and verification, relegating its knowledge to the category of ‘indigenous African philosophy’, understood as a mysterious, explicitly secret cult informed only by the past. As a result, the legislation restricts its vision of these practices to weak versions of medicine and social work.

This is certainly not the vision of most healers, who seem to understand themselves as belonging to an intellectual tradition of which healing is just one part. They believe it to be a kind of science that possesses its own standards of empirical evaluation and criticism. Few sangomas today see their knowledge as the unmodified product of the past. No two sangomas appear to believe or do precisely the same thing. The knowledge they apply is constantly in circulation, producing a diversity of regional and even personal variants.

The sangoma’s primary commitment is to an intellectual practice of teaching and transmission of knowledge within ‘schools’. Membership in the ‘school’ and active participation in the processes of knowledge making and knowledge transmission define the institution of traditional healing. Its essence is defined by the process of its transmission as knowledge.

THE DISCIPLINES OF HEALING IN SOUTH AFRICA

South African law, supported by a large but often superficial literature (Cumes 2004), treats traditional healing as a single practice – usually involving divination in order to diagnose a problem or illness. In practice, in Mpumalanga, healing is conducted through several separate disciplines, each with its own history and teaching styles. Rituals and activities appropriate to each are performed and employed in distinct environments or contexts, with different aims and functions. All can be practised separately, although in most cases it is their integration that constitutes the full practice of traditional healing in the region. Not all healers command the same degree of knowledge of each of these separate institutions.

I distinguish six such disciplines or divisions of traditional healing:

1. Divination (ukupengula) using the ‘bones’ (tinhlolo), a collection of natural objects that are thrown onto a mat and jointly ‘read’ by the healer and the client (Hammond-Tooke 1989; Cumes 2004);
2. Knowledge of medicinal herbs and animal products, together with an environmental ideology of the source of their power (Hirst 1997);
3. Knowledge of Nguni ancestors (emadloti) and the methods used to communicate with them (kupahla);

4. Knowledge of ndzawe spirits and inzunzu, the ‘foreign’ and water spirits, together with the ritual used to heal through their agency (kufemba);

5. Experience and knowledge of ngoma (‘deep’ embodied knowledge), expressed through singing, dancing, drumming and the ‘trance’ or ‘enchantment’ of the dancers (Janzen 1992: 1; Ngubane 1992); and

6. The relationship of gobela (teacher) and lithwasana (student) in the school (mpandze), together with systems of knowledge transfer and criticism (van Binsbergen 1991).

Each of these disciplines possesses specific knowledge. Individuals are more or less expert in one or several of them, but each must be taught and learned separately during a period of apprenticeship. It is rare for one person to be expert in all of these disciplines.

Magodweni, a healer who taught me much about the profession from 2002 until his death in 2007, was one who commanded knowledge of all of these areas. He became a healer at the age of eight. (One day, just before he was to begin a talk to my university class, he told me that if the spirits had not called him, he would have been a professor like me.) As a consequence, Magodweni tended to specialize as a trainer of other healers. Some healers who had already graduated came to Magodweni for re-training because their earlier training had been faulty, partial or incomplete, or because they wanted to learn another discipline. The rarity of such breadth of knowledge highlights the complexity and internal completeness of each of the separate disciplines.

I turn now to describe the six disciplines and the styles of teaching and learning them.

THE SYSTEM OF DIVINATION

The system of divination (kupengula) is the most widely known of the practices of southern African traditional healers. It has a wide regional distribution in southern Africa with regional variants, and all sangomas learn to do it. Stable, central features include the spatial arrangement of diviner and client at opposite sides of a restricted ritual space symbolized by the grass mat; and the use of a set of objects whose juxtaposition and position signify events, persons and relationships. Most clients arrive seeking this, and expect to receive advice, a diagnosis, or herbal remedies as a result. This practice involves the release from cupped hands of a set of objects (tinhlolo) onto a grass mat that is situated between the diviner and the client. This set of objects consists of from twenty to forty small pieces of bone, shells, ceramic fragments, dice, dominoes, among other things, each with a range of meanings. Each set of tinhlolo is different, although there is a set of core objects that signify social types of persons (children,
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adults, widows, the diviner . . . ) or relationships, actions and emotions
(jealousy, love, talking, violence . . . ). When these are thrown onto the
mat, the objects land in a configuration that is ‘read’ through a rhythmic
verbal interaction between client and healer concerning the meanings of
the tinhlolo. A diagnosis or possible solution to the problem that is being
addressed gradually emerges through the interaction between client,
healer and the pattern of the objects.

The knowledge of how to do this is acquired through observation
and practice. A novice may ‘practise’ with several clients, and outcomes
will be ratified or criticized by the teacher. In such cases, the client
may decide the student’s session was not up to the task, and the senior
healer will take over. Through this process of learning, techniques are
discussed, critiqued and evaluated.

MEDICINAL HERBS

The system of medicinal herbs is often used, taught and learned with
divination – for instance, when a healer divines a particular cause for a
problem or a diagnosis for a disease. He may then prescribe a selection
of herbs or a mixture of herbs (such as leaves, bark, seeds, roots, bracts,
corms) and/or animal products (such as bone, teeth, fats, burnt skin).
In ordinary speech throughout South Africa, in all languages, the herbs
(and sometimes animal products such as fat) that are used in traditional
healing are called muti (literally, ‘plant’ or ‘tree’). Different muti may
be prepared from the same plant that is harvested in different situations
(at night or day, from wet areas or dry, from hillsides or valleys) or in
different stages of growth. The location of the herb on a hillside, for
instance, may be as important as the species in deciding how it might
be used. Often dreams tell the healer what herbs to use.

A single term for the whole range of any plant or animal agent,
however, disguises a very complex set of classificatory, evaluative and
empirical judgements that are made with respect to the muti and its
uses. Most sangomas – but not all – maintain a large collection of such
substances. These are all kept in a collection of unlabelled glass bottles
and jars. The healer is expected to remember what is kept in each
bottle. The discipline of memory in this case is critical, and valued.
The herbs themselves ‘speak’ to the true healer so that labels should be
unnecessary.

Most of these are not used as pharmacological agents, but rather
used in a ritual or for steam or smoke baths, inhaled as smoke or
steam, applied as rubs, or worn as amulets. Herbs may be ingested
orally, vaginally, anally via enemas, or through small cuts in the skin,
but whatever the pharmacological activity the original herb might have
(or might have had) is often not the goal or rationale of the treatment.
Since there is no standardization of collection, drying, storage or other
treatment of herbs and other ‘medicinal’ products, much of their
chemical activity is lost, modified, or otherwise transformed. In any
case, this is rarely the point. Herbs are classified by colour, ‘gender’
(male and female), age of the plant at the time of harvesting, time and circumstances of collection, among other criteria, and these do not necessarily correspond to a botanical classification. They are not used singly, but as mixtures since balance (of gender, colour, heat, etc.), cleansing, or wholeness are the goals of treatment, not specific actions or organ systems. Teaching, therefore, involves more than assigning specific herbs to specific illnesses. Environmental knowledge and a complex multi-layered system of classification and balance is also essential.

The herbal system, then, constitutes a field of knowledge and expertise that is distinct from the rest of the healing practices, but is also distinct from Western scientific/botanical knowledge. This is learned by the sangoma as part of the process of becoming a healer, but most graduate well before they have acquired more than a tiny fragment of the knowledge that is available to a master practitioner. Many teachers charge a separate fee for teaching the formulation of herbal remedies, field identification, preservation and preparation methods, and ways to mix and prescribe them. It therefore constitutes a separate knowledge system, often borrowing from earlier San (Bushman), Khoe, and European herbal practices, combining these with new knowledge and herbs ‘discovered’ in dreams (Hirst 1997).

THE NGUNI SPIRITS AND ‘ANCESTORS’

There are two sets of ‘ancestors’ that are central to the healer’s practice. The first are their ‘own’ ancestors, called the Nguni. ‘Nguni’ is a collective ethnic name that includes the Xhosa, the Zulu and the Swazi, but excludes the Sotho and the Tswana of the highveld, and the Venda and Shangaans (Tsonga) of the lowveld. The ancestors are complemented by, but also contrasted with the ndzawe spirits that are ‘foreign’. These ancestors are not merely conduits to the occult. Healers are not ‘possessed’ by spirits, but rather claim to ‘possess ancestors’ or to have ancestors. This is not simply a claim to special spiritual access, but is also a claim to an identity and a specific cultural and intellectual heritage. Learning to heal involves learning to use and to control the power of these ancestors. ‘Having ancestors’ and learning to control them is simultaneously a transfer of knowledge and a recuperation or creation of an identity.

Healing, then, is often primarily about establishing an ancestry or re-establishing a relationship with living persons and with the ancestors (emadlotti) through these knowledge practices. By being initiated into the family of the mpandze, ‘having ancestors’ is validated as a personal heritage. The lineage of the mpandze is the lineage of the Nguni spirits that they ‘have’, or that they ‘possess’ as empowering agents, and their members address each other as ‘grandparent’ (gogo). As the thwasana grows in skill and knowledge, she also becomes part of a family of healers. The process of learning, then, is also a process of acquiring
Several sangomas compared the notion of ancestors with that of saints, but not of Christian spirits, emphasizing the role of ancestors in practical intervention, and their humanness. The extent of their power, however, is the extent to which they are known and can be named. The kinship that they acquire through their association with other sangomas is paramount. When they recite their genealogies as healers, they recite the names of their ‘grandparents’, the gobelas that have trained them, and not those of their genetic or natural parentage.

**THE NDZAWE SPIRITS**

Another set of practices that are specifically permitted or empowered by a set of non-material entities called emandzawe is distinct from practices associated with the healers’ ‘own’ Nguni ancestors.

The emandzawe are regarded as real albeit non-material presences. They are not ‘spirits’ in the Christian sense, nor are they identical with the emadloti, or ‘ancestors’. They are specifically foreign. Magodweni describes the emandzawe in the following way.

The origin of emandzaw is from Maputo [Mozambique]. You will find that a Maputo man will come and settle in Swaziland [or South Africa]. Because of our Swazi tradition, a person is welcome. Maybe he eventually marries one of the daughters. Once they are integrated into the community, once he dies there, he is integrated into the community. Now the spirits of mandzawe, they connect to the spirit . . . to the family that he has been living with. This spirit is a go-between, as he is a spirit that has come to settle because he is not from this area; he comes from Maputo, and Beira [northern Mozambique].

While the Ndzawe are foreign spirits, they teach and enable a ‘technology’ of healing called kufemba, ‘to smell out’. The femba is a dramatic technique for identifying ‘foreign bodies’ in the body of the client using a short ‘whisk’ made of hyena hair and a small beaded ring made of ritual substances wrapped in cloth. With this, the healer literally ‘smells’ all over the body of the client, and occasionally ‘identifies’ some active entity – sometimes human, sometimes animal, sometimes some other substance – in the body of the client. The healer will then ‘take out’ this entity by allowing it to enter into his own body. When this happens, the healer takes on the character of the substance or entity that has been ‘found’ in or ‘smelled out’ of the client’s body. If the entity is human, the healer will immediately take on the personality and character of the hidden entity. This enactment of its presence makes it ‘visible’. The client and others who may be observing, will then interrogate this ‘person’ to find out why it is dwelling in the client’s body, and who, if anyone, has put it there. This entity, now in the person of the healer who enacts it, may become violent and refuse to leave. If so, it is cajoled by others present at the healing session, and persuaded to leave with a gift. The gift can be anything – a small coin, even a leaf or
a twig – since the entity is not able to assess its value. If it is an animal, such as a dog or a pig, the healer will act the part of the animal. If it is a ‘dead’ substance, the healer will immediately fall down senseless on the mat and has to be restored to life by his helpers and others standing around. Accordingly, this method of healing is regarded as exception-ally powerful and dangerous. It is always performed with other healers in attendance who can assist in restoring the primary healer to his own senses at the end of the session. This method of healing is strictly the province of the emandzawo, and cannot be practised by those who have not been specifically trained and initiated into its practice. Training in this technique is often not included in the ordinary training of a new sangoma. If it was not originally included, then a sangoma may go to a gobela/trainer who has specific skills in this area of knowledge and undergo a second period of training or ‘thwasana-ship’.

Since this method involves complex performance of different personas, and is carried out in a group, it is dramatic in character, and always involves a critique and discussion at the end.

THE NGOMA: DANCE, SINGING AND PERFORMANCE

The dances of the sangoma, performed to intense singing and drumming (ngoma), are perhaps the best known of the sangoma’s arts among the general public. Dances are public and have a degree of entertainment value for neighbours and observers, as well as for other traditional healers. This is also what South African practices of healing have in common with healing throughout the Bantu-speaking area of Africa south of the Sahara (Janzen 1992). This is perhaps the oldest historical substrate of the South African practices of traditional healing.

Dancing is taught by example and practice, but not all sangomas learn to dance properly.

You teach them by actually doing it for the thwasana to see how it is done. Some never learn to dance properly.

[RT: Is that a problem?]

The only problem with not dancing [properly], is when you attend other rituals and cannot dance. It is not really important to dance. What is important is mixing the herbs, healing and divining. Even if the thwasana can’t dance properly, they can still do other things. (Magodweni, interview, 2004)

Dancing is said to ‘wake up the spirit’ or to ‘lift up’ the consciousness of the thwasana. When the thwasana first comes to the gobela, he or she will be made to dance for long periods of time, and will learn the songs and drum beats that go with the dance. The thwasana will be awakened in the middle of the night to dance. At other times during the day, the ancestors are said to ‘come out’ and this requires more drumming and dance to quiet them. Like yoga, dancing is a form of intellectual or spiritual exercise that shapes and changes the mind, making it more receptive to the implicit or intuitive knowledge that the sangoma seeks
and relies on. During special functions such as cleansings after death, or at the end of mourning, or for other reasons, large groups of sangomas come together and dance one after the other in long sessions that last throughout the night for several days.

The dances are perhaps the primary expression of identity of the group, the mpandze, ‘root’ or ‘family’. Each mpandze, in addition to the special knowledge that it commands, has its own dance steps, drum rhythms and songs that accompany the dancers. The dance is partly competitive, with different sangomas vying for a reputation as the best dancers. But even those who do not dance well are respected for their efforts.

The dance develops the consciousness of the student and gets the ancestors’ attention. After brief spells (fifteen seconds to a minute) of intense, energetic dancing, the healer kneels at the feet of another person in attendance, and brings the greetings of the ancestors. This is the occasion on which the genealogy of the healer and his trainers (gobelas) is recited, and where the identity of the mpandze is declared to others in attendance.

THE TEACHING RELATIONSHIP OF TEACHER (GOBELA) AND STUDENT (LITHWASANA)

While the other five disciplines are essential to the practice of the sangoma, the teaching relationship confers an identity and membership in an mpandze. This evolves into a complex relationship between teacher and student with personal, emotional, physical (and sometimes sexual), and economic dimensions, but it is always intensely intimate. Male or female gobelas teach students of either or both sexes, in groups or singly. The dress of males and females is essentially the same. The teacher–learner relationship is discussed, however, in a kinship idiom in which the teacher is addressed as gogo, ‘grandparent’ (never parent) to the student’s ‘grandchild’ role until graduation. (In Bantu languages, there is no grammatical gender distinction between masculine and feminine so the ‘grandparent’ role of the gobela may refer to either sex.)

Students usually arrive unexpectedly, afflicted by fits of mania or depression; others say that they have dreamed about the gobela and have come to fulfil this dream. Although these practices are often called ‘cults of affliction’ (Turner 1968), those who train to become sangomas must be reasonably healthy and well motivated, whatever else might be afflicting them. They have to be: the period of training – two months to a year in duration – is rigorous and exhausting. Those who are moderately or seriously ill, or mentally incapacitated, cannot endure the rigours of training. It is also expensive. I have calculated the cost of a full training to the point of initiation to be a minimum of R5,323 in a poor rural area, with the cost of other materials and rituals bringing this to approximately R9,000 in total (based on fees and prices of the materials for making the ritual regalia in Barberton, Mpumalanga at the end of 2004). This represents six months’ salary for a person employed as a casual labourer.
There is a hierarchy of knowledge that the gobela attempts to teach. First of all, the student learns to dance, to sing the songs of his school or group, and to beat the drums. This is the first order of business in any new teaching relationship. As Magodweni explained it,

You need to teach a thwasana how to dance. Also, you must teach them how to integrate themselves with society and how to carry themselves in the society of sangomas. When you are a true sangoma, you have to drop everything and attend to people as soon as possible. Even if you are eating, the people might have come from far.

The disciplinary regimes of dance, singing and drumming lead to a sense of elation and intense involvement, or ‘enchantment’. This state has often been called ‘trance’.

The notion of ‘trance’, however, does not adequately describe what appears to be an extreme state of what might rather be called a sense of hyper-presence or hyper-consciousness in which the healer becomes intensely involved with their own intellectual and emotional state. While the sangoma feels and experiences the world more acutely—especially the social world—the dialogue that the sangoma enters into with others in their immediate environment is often intense and personal. It is more of a release from other social conventions and a period of exceptional freedom for the mind to work on the ‘dream stuff’ that is in the back of the mind. Healers in the ngoma dance are highly animated, sweating, working hard, perhaps ecstatic—but they do not leave the ‘world’ behind. When the gobela attempts to ‘lift up’ the student (lithwasana, ‘the one who is lifted up’), this does not mean that the student is being trained for a spiritual exercise of disembodiment or transcendence, but rather for a method of making explicit the implicit understandings that emerge from dreams, the divination process or the interactions between the sangoma and the client. In fact, what has often been described as ‘trance’ could better be described as intense mental effort involved in the critical integration of knowledge from intuition, from the senses and from the social environment. It is taught, learned and experienced as a discipline, not as an other-worldly state.

The process of learning how to dance, drum and sing is less a spiritual exercise leading to trance than it is an intellectual one leading to a specific method of evaluating knowledge and making it real and manifest. It is a somatic and cognitive technology that is taught and learned rather than ‘naturally’ acquired or simply ‘traditional’. It achieves its goals through specific drumming rhythms and intense physical activity combined with song, specific teaching, and monitoring and correction of the student’s efforts. Through this the student healer achieves insight and ‘deep’ knowledge (ngoma).

LEARNING AS HEALING/HEALING THE LEARNER

The practices that fall under the label of ‘traditional healing’, then, are disciplines that are taught, shared, criticized and learned. Practitioners
consider themselves to have a profession comprising at least six separate disciplines of knowledge. Each has its own set of expert practitioners and their clients. Each is taught and evaluated differently in different situations by healers and clients alike.

As we have seen, government has recently attempted to define and control these practices but they continue to operate outside of bureaucratic and state-centred systems of control. This, perhaps more than anything else, is what makes healing ‘traditional’ and gives it strength: it is explicitly not part of the bureaucratic South African order, and not a simple or ‘poor man’s medicine’.

The process of learning is also a process of healing and vice versa. The teacher imparts specific and highly valued knowledge, but he also instils a discipline of mind and body that may effectively ‘heal’ the social chaos from which his patient/student often comes. The student/client learns to be healed, to be ‘lifted up’, and to acquire insight and, at least, an alternative account of his or her affliction. The teacher heals the learner; he also teaches a new healer to heal and to teach, and thereby transmits knowledge within a profession. Although a new thwasana, or student, often feels compelled to become a healer through a ‘calling’ or a period of illness, becoming and being a healer is learned as a discipline. Their shared knowledge, rather than their shared ‘affliction’ (Turner 1968) creates a sense of family identity that is expressed through a kinship idiom. In turn, the idiom of kinship between teachers and learners is what makes this African profession appear ‘traditional’.

CONCLUSION

We return then to the apparent paradox that although sangomas are called ‘traditional healers’, they are neither particularly traditional nor healers as these terms are usually used. They share knowledge with each other through explicit teaching, apprenticeship, practice and example. They evaluate their therapies and results through discussion and observation. Their knowledge is not simply ‘passed on’ from the past; nor is it, as South African legislation states, obtained ‘from the ancestors’. It is very much part of the present and part of a complex mix of therapeutic strategies that South Africans of all colours and classes might use. Accordingly, sangomas see themselves as professionals and aspire to be accepted as equal players among the large diversity of medical and therapeutic practices in contemporary South Africa.

Their identity and their enduring appeal to new recruits derive in large part from the close emotional bond that is formed between teacher and student. This is based on intensive teaching and learning of the six disciplines of knowledge that define the practices of the contemporary sangoma in Mpumalanga Province, South Africa. Since many sangomas who have ‘graduated’ after learning this knowledge do not necessarily practise as healers, and since much of the practice of those who do goes well beyond the healing of medical or organic complaints, it is this system of knowledge that defines them. They are not so much ‘healers’,
then, but rather seekers, teachers and learners, organized into schools of practitioners who compete for clients among South Africa’s plethora of therapists, ‘consultants’, prophets, herbalists and psychologists from many traditions. While they are distinctively African, they are also part of modern South African society and cannot be relegated to the past.

REFERENCES


ABSTRACT

‘Traditional healers’ (sangomas) in Mpumalanga Province, South Africa, are organized into 'schools' around a senior teacher (gobela). Healing is understood by its practitioners to be a profession, not a religion or even a spiritual exercise. Healers actively assess the effectiveness of their healing methods, transmit their knowledge to each other, and evaluate each others’ performances in ways that stray far from the mere transmission of ‘tradition’. Clients are likely to pay sangomas as much as they would medical doctors for their services, which are not limited to the medical. Their practices can be divided into roughly six ‘disciplines’: divination, herbs, control of ancestral spirits, the cult of foreign ndzavo spirits, drumming and dancing, and training of new sangomas. The
status of *sangoma* is achieved through an arduous process of teaching and learning through which the student or initiate is simultaneously 'healed' and educated to become a member of the profession that coheres around these knowledge practices.

**RÉSUMÉ**

Les « guérisseurs traditionnels » (*sangomas*) de la province du Mpumalanga, en Afrique du Sud, sont organisés en « écoles » autour d’un enseignant principal (*gobela*). L’activité de guérisseur est considérée par ses praticiens comme une profession et non comme une religion, ni même un exercice spirituel. Les guérisseurs évaluent activement l’efficacité de leurs méthodes de guérison, se transmettent des connaissances et évaluent leurs performances entre eux de façons très éloignées d’une simple transmission de « tradition ». Les clients payent souvent les *sangomas* autant que les médecins pour leurs services, qui ne se limitent pas au domaine médical. Leurs pratiques se divisent en six grandes « disciplines » : la divination, les plantes, la maîtrise des esprits ancestraux, le culte des esprits *ndzawe* étrangers, les percussions et la danse, et la formation des nouveaux *sangomas*. Le statut de *sangoma* est obtenu au terme d’un processus ardu d’enseignement et d’apprentissage au cours duquel l’étudiant ou l’initié est simultanément « guéri » et formé à devenir membre d’une profession qui rassemble autour de ces pratiques de connaissance.