

Towards a theology of *ukugula nokuphumula ngoxolo* (sickness unto death and rest in peace) in times of HIV – AIDS with a special reference to Zulu concepts of *ukubhula* (divination) *nokuthakatha* (witchcraft)

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Abstract

The driving force behind this study is to unconventionally state that the cultural – anthropological insight of Zulu people and pastoral – theological practice of Christianity can contribute in the sadness caused by HIV – AIDS. This calls for conversion, transformation and healing of the many factors that confront the society. Hence a need of ownership on issues that confront Africans as they engage in global affairs.

Chapter One

Introduction

The driving force behind this research derives from my pastoral experience in Northern part of KwaZulu-Natal province in the Republic of South Africa. This area, like many in Africa, is predominantly rural but has a high percentage of people infected with the AIDS virus. The conflict that exists between the 'so called' hidden Traditional practices in rural villages and the public influence of the Western and Christian practices remains an issue. The purpose of this study is to argue that HIV/AIDS is no ordinary disease because of the reality of its incurability and that it is frustrating for Westerners, Traditional Zulus and Christians alike. Moreover, it is to demonstrate that the AIDS pandemic is not a biomedical issue alone as Saayman (1999:208) stresses, but a *socio-cultural* disease dependent for its spread on certain patterns of sexual behaviour

In order to combat the AIDS pandemic, society needs to undergo a paradigm shift on human sexuality and other factors. This study aims at unconventionally stating that a concrete awareness of the importance of ethics, that are embedded in cultural context, is to be highlighted. That is, those attitudes, values, customs and mores that are constructive are to be valued and those that are destructive are to be problematized with a specific purpose of engaging in a fruitful dialogue. Again, an African version of medicine and healing methods are to be profiled so that they can contribute in the fight against this plague. AIDS is about human problems and sufferings. However, human problems as Louw (1997) argues are not always linked to personalities, "but correlate with the position and status which people adopt and hold within a certain network of relationships" (: 395). Consequently a number of issues on AIDS prevention can be countered if there would be a radical change in the life style of peoples, irrespective of their cultural backgrounds.

For the purpose of procedure and delimitation, this study will focus on the notion of *ukugula* (sickness), *ukufa* (death), *nokuphumula ngoxolo* (resting in peace) amongst Zulus, which may be true for other societies in Africa and elsewhere. This is a **reality** (sickness, death and funerals), which is commonly experienced because of the AIDS pandemic. How

do the Zulus deal with and cope with such crises and tragedies on a daily basis? It will also deal with Zulu concepts of *ukubhula nokuthakatha* (divination and witchcraft) that are commonly practiced amongst Zulus in moments of crises and tragedies. In other words, it will demonstrate how *ukubhula* (divination) will be treated as a symbolic action that helps society in coping-healing in socio-cultural issues and how *ukuthakatha* (witchcraft) is some identification of conflict that exists in the members of the family and/or society, that requires a review and interpretation of human relationships. At this juncture let me state that the use of the concepts of *ukuthakatha* will follow the line of thought as suggested by Ashforth (2001).

Witchcraft in the South African context typically means the manipulation by malicious individual of powers inherent in persons, spiritual entities, and substances to cause harm to other. The people afflicted are typically thought of as being in more or less intimate relationships with perpetrators – lovers, relatives, neighbours, schoolmates, and workmates top the list of usual suspects and the motive of witchcraft is typically said to be “jealousy”.

(Ashforth 2001:5)

He goes on to say the terms can be used loosely, while seeking to tease out from investigation of the context what they might mean. Since they have long been inflected with notions deriving from Europe as much as Africa. While the distinction is useful, it is not watertight in contemporary practice. Whereas *ukubhula* as presented in the Zulu – English dictionary (1948) composed by C. Doke and W. Vilakazi is of the opinion that *ukubhula* is a process of consulting a diviner to divine, exorcise, diagnose the evil that has shown itself (*ukubhula umhlola*) or to diagnose a disease (*ukubhula isifo*).

The topic purports to address the issue of HIV/AIDS in rural areas of Northern KwaZulu-Natal. However, for fieldwork purposes, I limited myself to the North coast area of Mandeni and Eshowe because of pastoral reasons. The **methodology** used was that of participant-observer and unstructured interviews as proposed by Huysamen (1994:169-176). In Mandeni hospice (Blessed Gerard Care Centre) I used the participant-observer

participant-observer and unstructured interviews as proposed by Huysamen (1994:169-176). In Mandeni hospice (Blessed Gerard Care Centre) I used the participant-observer approach. The aim was to afford myself with an opportunity to undergo a first-hand experience of the patients suffering from the disease. Huysamen (1994) proposes that for an extensive period of time "the researcher takes part in and reports on the experience of the members of group, community or organization" (: 169). He goes on to say the participant-observer becomes the member of the inner circle of the group or event being studied. My concern was to understand patient's social and psychological phenomena from their perspective and to unravel the meaning and significance that they attach to their life-world, including their behaviour. This was a difficult moment of my life, I must confess, because I was terrified and perplexed with what I observed.

When I was in the hospice I became part of the working staff for a month. The hospice accommodates terminally ill patients, abandoned children and the socially destitute people. I somewhat had a captive audience that I became part of, and shared their sad but real experience. The primary conflicting areas I realized in our interviews were traditional beliefs and family neglect. On traditional beliefs, some patients were angry, not with God, but for those they believed bewitched them. On the other hand, they were surprised about the manner in which families have neglected them, that is, by not visiting the hospice. And this culturally is highly questionable and challenges the Zulus at large.

In Eshowe I focused on the traditional healers. Traditional healers interviewed were in the category of medicine/herbal-man (*inyanga*) and diviner (*isangoma*). However, some people that I interviewed were not necessarily from Eshowe only that interviews were conducted in the area of Eshowe. That is, out of fourteen traditional healers, four were from the areas of Mahlabathini and Nongoma, respectively. I interviewed them after arranging that when they were around Eshowe for their practice should we meet for the discussion. I used unstructured interviews that suggest the general theme of discussion and poses further questions as they emerge. As Huysamen (1994) emphasizes, "these come up in the spontaneous development of the interaction between the interviewer and

research participant” (: 174). The theme was their practice in relation to the HIV/AIDS pandemic and how it affects their practice and the community they serve?

The difficulty I encountered was that of the vastness of the issues that they wanted to discuss with me. Again, it was the whole question of the fact that I am a Catholic priest wanting to know more about the dynamics of *ukubhula nokuthakatha* (divination and witchcraft) and the symbolism thereof. This exercise was full of surprises in the sense that some issues were not a true reflection of what other authors on the subject have presented (from literary sources). I did get an impression that they were addressing a boy who is a priest. I went twice to the same healer till I got to the bottom of the subject. For interviews I used a notebook to take notes. I only tape – recorded four of my informants.

The reader will realize that my quotations will be mixed both from the literary source and the interviews. From the interviews a lot will deal with their opinions on several issues as they emerge and some modifications from my analysis. Hence those quotations without pages but only the name and the year between 1999 and 2002 will be from the informants.

Since this is a theological research work I had to read on the subject. My reading has been mostly on inculturation as the model of theologising. By reading literary sources this afforded me with tools of mediating the phenomenon that attempts to explain how the local Church evangelises and lives her faith within her cultural understanding without alienating the unity of the Universal Church. Inculturation is a process that comprises three stages: incarnation; cross- and – resurrection and Pentecost¹. It is not an end in itself but aims at restoring all things in Christ in that way the Zulu culture and all other cultures crave for that unity.

The chapters that will follow will focus on the way Zulus cope with crises and react to them. And from that phenomenon we will develop a pastoral dimension that can inform the Local Church in addressing some of the issues around AIDS. In chapter two we shall discuss the way traditional Zulus cope and deal with *ukugula, ukufa nokuphumula ngoxolo*

(sickness unto death and rest in peace). Chapter three will be devoted to Zulu concepts of *ukubhula nokuthakatha* (divination and witchcraft) and their impact and effects in the ordinary life of people infected and affected by HIV/AIDS. Chapter four will draw from what has been discussed in chapters two and three. That is, to examine whether there is compatibility of *ukubhula nokuthakatha* (divination and witchcraft) with Christianity and the possible transformation in the pastoral care of the people living with AIDS. The conclusion will attempt to suggest a plan of action for the Church in South Africa so that pastoral response can be one of learning process from the grassroots level.

¹ Cf Catholic International, vol. 10, No.5 May 1999, pp.240-241.

Chapter Two

The Zulu Traditional way of coping and dealing with *ukugula, ukufa nokuphumula* *ngoxolo* (sickness unto death and rest in peace)

The focus on this chapter is best illustrated in the metaphors presented by Gerard Jansen in his missiologial appraisal, AD 2000:

The medical map I drew from the current health care in Africa shows three “medical” streams... I see the Nile as symbol of African traditional medicine. It is the longest river in the world, traversing a variety of landscapes, a medley of cultures and multi-coloured spectrum of people. Its sources were still unknown at the arrival of the missionaries. They had to be discovered and charted by foreigners. The second stream is the Jordan, with its sacral history symbolising the AICs. It refers to the holy places of baptismal immersion. Finally, the Rhine as the aorta of Europe stands for Western medicine. It is the river of international communication between centres of commerce, pharmaceutical concerns and modern transport. Not belonging to African geography, it is projected on the African map. The Jordan seems to be a tributary of the Nile and the Rhine is sometimes like a river monster trying to swallow up all other waters. What is common in all three is their outflow into the sea. Each “stream” intends to heal a multitude of sick people with a variety of problems in its own way

(Jansen 2001:84-85)

In this current AIDS era we gradually become aware that none of the medical streams, Western, traditional African or Faith Initiated healing promoted by the AICs are able to give the right response at the right time to the dramatic spread of the pandemic especially in Africa. To date a reliable and efficient AIDS vaccine has not been produced. However, in the encounter between these three ethno-medical systems and healing each can learn and be informed by the other. This chapter aims at looking closely to the African traditional

way of coping and dealing with the AIDS pandemic. That is, what happens to someone who is sick unto the point of death and thereafter? One of the principles of traditional healing was to diagnose and treat sick people in the context of the clan relationships and to respect the communication with their ancestors, gods or God. The AICs share this contextualisation through their ministry of healing in the setting of their church communities.

The following discussion will focus on the three areas of interest namely, how do Zulus cope and deal with *ukugula*(sickness) and how do they face *ukufa* (death)? Then, finally, what is to be done that the departed person may have *ukuphumula ngoxolo* (rest in peace)?

2.1 Coping and dealing with *ukugula* (sickness)

Coping² and dealing with *ukugula* is an ongoing struggle in the lives of all people. Gumede (1990) argues that in order to understand African medicine “it is important to understand its religion” (: 9). The traditional African medicine is closely connected with the three categories as Jansen (2001) points out: ancestor cult, magic and witchcraft wherein a traditional healer/ diviner plays an “intermediary role between the spirit world and community” (: 74). This study is based on the premise that many Zulu illnesses are deliberately caused by enemies (*izitha*) or ancestral anger (*ulaka lwabaphansi/abadala*) because of jealousy (*umona*) or neglect (*ubudedengu*) by family members. Hence the efficacy of the medicine is made possible by studying correctly one’s surroundings and taking proper cautions.

At this juncture, I want to concur with Ashforth (2001: 5) in connection with the term ancestors, when he argues that terms can be used loosely while seeking to tease out from investigation of the context what they mean, because terms have been inflicted with notions deriving from Europe as much as Africa. However, I will follow the thought-pattern followed by Berglund (1976: 29 – 30) but not limiting myself to the use of the

² Bate 1995 in Saayman 1999 has developed the term *coping-healing* in his analysis of healing and inculturation in South African Christianity. Healing means much more than the absence of disease but the integral dimension of holistic life and providing hope amid the doom of living with HIV/AIDS. In other words living positively with HIV/AIDS.

word “shade” but by following the thought that flows from the input of the categories proposed by Professor Monica Wilson because “she bridges the gap between the departed and the living seniors” argues Berglund (1976: 29). The word shade is used to describe those who are no longer humanly visible. However, whether they are ancestors (*idlozi*) or are those bewitched by the form of *ukuthwebula* remains a debatable subject in the Zulu context.

Traditionally, *ukugula* (sickness) has been distinguished into two categories: *umkhuhlane* (ordinary ailments) and *ukufa kwabantu* (bewitchment) (cf. Vilakazi (1961), Sundler (1961) Ngubane (1977) and others). It is the former (*umkhuhlane*) term that alludes to the third type of *ukugula* (sickness). Traditional healers (Khuzwayo 2001 and Dunge 2001) speak of ordinary ailments (*umkhuhlane-nje*) and *umkhuhlane wabaphansi/abadala* (ancestral interference either for a ritual appeasing (*umsebenzi*) and/or for the gift of divination (*ukuthwasa*). In the same line Msimang (1975:304-305) emphasizes that ancestral spirit/s (*idlozi*) possession of a candidate to divination often occur in an extraordinary manner, it often comes with severe complications. Dube (1989) alludes to that when stating “there is ill-health attributed to ritual pollution and sorcery” (: 115). It seems that *umkhuhlane* can be viewed to be of two categories. Hence having *umkhuhlane owejwayelekile* (ordinary ailments), *umkhuhlane wabadala/abaphansi* (complications related to ancestral intervention) and *ukufa kwabantu* (bewitchment). Williams (1982) though not explicitly stating that but points toward that direction

All three [*ordinary ailments, complications related to ancestral intervention and bewitchment (my italics)*] of these three approaches to illness underscore the fact that illness is not a phenomenon that has random causes. Invariably the internationality of a specific person explains why illness occurred, and in analysing its causes one must begin with assumption that the victims social behaviour must be examined to see where a breakdown occurred.

(Williams 1982:49)

In the issue of AIDS pandemic understanding these categories is fundamental, particularly, *umkhuhlane wabadala/abaphansi* (illnesses requiring rituals appeasing ancestors or rituals

for preparing a candidate to become a *sangoma* (diviner) and *ukufa kwabantu* (which has miraculous incidents attributed to bewitchment (*ukuthakatha*). It helps in beginning to unravel the confusion that is brought by the lack of identifying which category on the part of the victim and it directs on what is to be done to save the situation prevailing. The following sections attempt to respond to these challenges:

2.1.1 *Ukwenza izaba* (an observation of the patient but by attempting some kind of domestic treatment)

Ukugula (sickness) is not simply a health problem, but a recurring life problem. There are diverse kinds, degrees of gravity of illness. Gumede (2000) and Sibisi (2001) highlight that from experience Zulu people and other nationalities have learned that certain illnesses can be effectively treated by the use of herbal medicine for example *umkhuhlane owejwayelekile* (ordinary ailment). In such instances common knowledge of certain herbs is required and the problem is sorted out. Where such practical experience fails, traditional healers are consulted prior to the application of medicinal herbs and the rituals that follow.

a) *Ukungabambi inhlwa ivela ngekhandu* (not to get too excited about any ailments or complications)

It is a common idiom in rural areas that before a person receive any treatment from an outsider some thing is done at home. In the previous section we alluded that there are three categories of sicknesses. That is, *umkhuhlane owejwayelekile* (ordinary ailments), *umkhuhlane\ ulaka lwabadala\ abaphansi* (ancestral anger), *ukufa kwabantu* (bewitchment). An informant emphasized it is important that something is done at home “*uzokwazi kanjani ukuthi inhloboni yesesifo uma ungenzi zaba ngokwakho?*” (How would you determine the type of sickness unless you establish the category through observation of your own?)³.

³ Sibisi (2001) the informant said it is in the process of *ukubhemisa nokuqhuma* (sniff and steaming with some herbs) *ukuchatha nokuphalaza* (administering enema and emetic), *ukukhotha izinsizi nokuphuza amakhambi* (sucking some herb and drinking prepared medicine) *nokushisa impepho emsamo* (burning of incense invoking the presence of the ancestors) before you can judge whether it is a matter for the traditional healer or the hospital or both.

Therefore it is quite common that patients seek two, three or even more opinions before they are satisfied and ready to undergo any treatment by an outsider especially when the disease seem to be life threatening. Traditional healers, especially, diviners are involved in what Kiernan (1995) expresses as “decoding the mystical communication and encoding it in clear language” (: 13). *Inhlwa* is a flying ant that you must patiently wait for it to emerge from its nest before one can catch it. Hence to come to terms with sickness one must indeed work toward finding the cause through diverse means and diviners are supposed to help in that direction. It is when the sickness has shown its category that diviners can identify its aetiology. This section poses a problem in the AIDS pandemic because it can delay a patient to get help immediately but is important to make an awareness of the sick member to the whole family.

b) Ukuqhaphela isimo sezindaba zegceke (search for omission in any home affairs)

The Zulu concept of *ukuphila* (*health*) is related to the maintenance of stability in one's surrounding naturally and socially (Williams1982: 46). It is in management of *izindaba zegceke* (lineage and homestead affairs) and *indalo yonke* (environment)⁴ that forms a very essential part of both the manner in which one behaves as an individual in the family and the society. It deals about one's morality and self-respect. In actual fact Zulu (1999) emphasized, in order to grow up and have a fruitful life one needs to respect (*ukuhlonipha*) and (*nokuziqhaphela*), that is, taking care of oneself in terms of moral behaviour. This is so fundamental because it derives from the very socialization one received from his/her early childhood and must maintain throughout life. *Ukuqhaphela* means to watch but in this case aims at warning an individual to order his/her life accordingly in relation to the community.

⁴ Gumede (2000) as well as Sibisi(2001) highlighted that *igceke* (homestead) plays a very significant role in avoiding the occasions of illnesses especially *umkhuhlane wabadala* (illnesses deriving from the anger of ancestors and *ukufa kwabantu* (bewitchment). It is in self-respect and performing one's duties that *ikhaya* (home) is dignified and its members are protected from all kinds of evil. This in my opinion has a notion of pollution, impurities arising from the lack of hygiene (Jansen 1997:354), broken taboos elucidated in the idea of dirt (Douglas 1969:35) and lack of rituals that are to be performed by lineage members (Dube1989: 115)

Consequently, in Zulu situation when someone is ill, the usual explanation is that this stability of *igceke nendalo* has been tempered with either intentionally or unintentionally. This, however, is not just a Zulu concern but African. Life with its pains and problems is lived despite being there no final solution. This approach to life demands much patience and adaptability. Daniel Louw (1997) emphasises that:

The point to grasp is that, within an African model, time is an event and life is a game of powers. Life and personality possesses dynamic energy within societal relationships. Therefore myth and symbol, ritual and rhythm determine everyday life, not analyses and rational solutions... Your role in society determines who you are and this is of greater importance than your personal and individual needs

(Louw 1997:399-400)

Therefore, it is important that Africans in dealing with their issues of AIDS should look at them holistically. Thus for Zulu people and other Africans looking into your own home environment (*igceke*) and steadiness in addressing issues within one's society (*ukungabambi inhlwa ivela ngekhanda*) has a religious dimension (Gumede 1990:9-10). This religious dimension is vital for an African in the understanding of a person and as Berinyuu (1988) asserts "should consequently be given serious attention in health, in sickness and more importantly, in the treatment of illness" (: 19). This view of home environment (*ukuphaphela isimo segceke*) and steadiness in social issues (*ukungabambi inhlwa ivela ngekhanda*) dovetails with the systemic model's notion of interconnectedness and the human person's place or position within this relational network (Louw 1997:400). This serves as crucial point in the destiny of the community we are discussing, for in dealing with AIDS pandemic there should be cooperation across the spectrum.

c) *Uvalo lokuthakathwa* (fear of bewitchment)

The greatest threat in the lives of people is *ukuthakathwa* (bewitchment). *Thakatha* means to mix together in the sense of cocktail of drugs resulting in the loss of strength⁵. *Ukuthakatha* (bewitchment) is best illustrated by Berglund (1976:266), in suggesting it as a Zulu *idiom*. On one hand, it refers to an incarnate power geared toward harm, and destruction that is manifested through humans either directly or indirectly. On the other hand, it is associated with embedded neutral powers of *imithi* (material), manipulation of each is geared toward evil ends. In the next chapter I will discuss in details the concept of *ukuthakatha* (witchcraft)

2.1.2 *Ukuyobhula nokwelashwa* (finding the cause of illness and appropriate therapy)

Causality is a problem that faces both Christians and African traditionalists (Mbiti 1997:516). Why do things happen that affect people radically? He goes on to say that the problem has not been explored, with a slight exception by Evans-Pritchard (1937) and I believe in the Zulu society by Francis Schimlek (1950). The despair and frustration for all “medical” streams is brought about by the fact that HIV/AIDS is incurable. However, the diviner supplies all the circumstantial details as how and by what medicine and often by whom the damage was done (Schimlek 1950:122). The laws of cause and effect concern the Who of causation for Africans, than the What (Gumede 1990:51, Bate2001: 5). The use of *imithi* (material) deriving from whatever form, in the case of HIV/AIDS, does what von Kapff (1997) argues as a situation “whereby most of the ingredients have more of a psychological than a medicinal value” (: 43-44). He further suggests that it should rather be the spiritual cause of an ailment that is investigated and not only the resulting the defect. I think that an attitude of this kind will yield fruit in the process of coping with the disease. In the next chapter I will discuss in details the concept of *ukubhula* (divination).

⁵ According to Zulul (1999) and Khumalo (1999) *umthakathi* is someone who is well knowledgeable with *material* that manipulates it for evil intention. However in a case where someone was strengthening oneself or the family, for example *ukucupha* (set a trap for someone notorious on the certain indaba) this remains ambiguous.

a) *Indaba yomndeni* (family affair)

Homesteads have long been regarded as the dominant social unit in Zulu society. Their dominance is reflected in the fact that members of homesteads control their own economics; levy sanctions, imposing codes of social and marital control (Williams 1982: 37, Vilakazi 1961:15-21). When diseases break out the person consulted is the *sangoma*. The intention is that the diviner discovers the cause and prescribe what steps are to be taken to set things right again. Krige (1950:299), Williams (1982:38) are agreed on the fact that it is always a recognized head of the family who decides whether or not a diviner's assistance is necessary. This occurs when all the abovementioned approaches have been exhausted (see 2.1.1 (a) and (b)). Sadly, as Gumede (1999) highlighted a thorny issue; "this was the arrangement in olden days before the commercialisation of healing among Africans"⁶ (: 54). An informant had this to say on the same topic:

Phela indlala inengozi kulezinsuku. Umuntu ubheka imali kunempilo yabantu. Kodwa-ke abusebona ubungoma nokwelapha lokho - ubuqili njena. (The level of poverty is so rife today. The so-called healers are after money than lives of people. But that is not divination or traditional healing but some craftiness

(Mhlongo 1999)

The struggle in Zulu society today, is to re-emphasize family and kinship ties. It is in acknowledging that whatever that happens though it may be attributed to the unfriendly actions of external agents be they revengeful spirits or evil persons, but there is a way out if *wenza izaba* (taking necessary precautions to avoid contamination). It is in this spirit that Mkhwanazi makes the point cogently.

In traditional healing, the interplay between client, healer and group and the world of the supernatural, serves to raise the client expectancy, help harmonize conflicts

⁶ Jerome Sikhakhane (1999:7-8) distinguishes three types of diviners: pseudo-diviners, semi-diviners and genuine diviners and Itumeleng Mosala (1996:53-57) alludes to the same issue in the case of the AICs and landlessness where the spiritual dimension becomes some kind of commodity 'if they cannot control the means of *material* production, they can at least control the means of *spiritual* production' (: 53).

and reintegrates the person with their group and spirit world supplying a conceptual framework to help this along and stir emotions.

(Mkhwanazi 1989:270)

In this era of HIV/AIDS, therefore, the phenomenon of visiting the diviner should, aim at giving confidence to the client to start afresh in his/her endeavours to come to terms with what has happened in his/her life.

b) Ukuthembela kowelaphayo (trusting on the efficiency of the traditional healer)

Traditional healers command a great deal of respect from their patients because they serve as intermediaries who listen to the news of people and give interpretations. Again as Cheetham (1989) explains that diviners communicate, “with ancestors who provide the answers and important explanation of not only ‘how’ but ‘why’ (: 308). Diviners even recommend the right method to follow for the purpose of restoring life. Hence they provide a psychological need to their clients as an outlet for repressed hostility, frustration and anxiety. In some sense they integrate persons into the wholeness of natural environment to which they belong.

Consequently, the institution of traditional healers is based on the anchor of African Traditional Religion of ancestor cult (Sikhakhane 1999:5). Their role is to keep in constant communication with ancestors. The ownership of this gift affords diviners with great power and respect because they decode mystical communication and encode it in a clear language (Kiernan 1995:13). The big question that society has to concern itself about, is the whole question of pseudo-diviners that turnout to be very abusive and actually take advantage of the poor and the sick of our communities. Certainly, the essential factor in the act of *ukubhula nokwelashwa* (divination and therapy) is to promote harmony in the life of the one infected with the disease. Traditional healers should therefore employ methods that will create lasting harmony other than disharmony.

2.1.3 *Ukwenza umsebenzi* (ritual process for the restoration of life)

The ritual process aims at restoring the cosmological balance between evil and goodness, weakness and power (Jansen 2001:76). Now, the lineage is seen as the most important segment in the ordering of religious and ritual activity among the Zulu because it encompasses both the living descendants and deceased members. Nevertheless, many tensions have arisen because customary sacrifices were neglected. Neglect of the expected rituals result in misfortune. Therefore matters of health and illness are seen as inflicted on descendants who neglected their ancestors, including behavioural and tribal values according to Mhlongo (1999).

According to Williams 1982:47, to rid one's self of sickness, one must perform a proper ritual to ancestral spirits or at the minimum the victim must vow to make a proper sacrifice. The tracing of the type of *ukugula* (sickness) to its source and the determining of a proper *ukwelashwa* (treatment) and the sacrifice are functions of a *sangoma* (diviner). The execution is for the victim and his/her family. In the case of AIDS pandemic, however, it should be understood that AIDS is incurable (*ayinakhambi*), hence the ritual process is meant not to give hope of restoring life but of letting a suffering person cope with the reality and actuality of the disease.

The issue of incurability (*ukungalapheki ngoba ingenakhambi* – failure to treatment because of the lack of the appropriate medicine) is problematic. However, in the issue of *umkhuhlane wabadala/abaphansi* (illness related to ancestral intervention because of negligence by the members or gift to divination on the selected candidate) can give a tentative explanation as well as *ukufa kwabantu* (bewitchment). Both are mystical and call for self-examination on the person concern. The move to consult a *sangoma* derives from the reality experienced that could have been curbed if the necessary precautions were adhered to, for example *ukuqhaphela izindaba zegceke* as mentioned above. The only hope today is that people can live with AIDS, this affords that these categories can be addressed for the benefit of the infected person and the peace of the affected members.

a) *Inhlambuluko* yegceke (reconciliation)

The nature of *ukugula* (sickness) is that it is either social or moral in order. On one hand, it is social if attributed to a breakdown in the social obligation that is an expected part of the family's functioning. On the other hand, it is moral if the sense that illness serves as a punishment for the victim's social neglect. *Inhlambuluko* deals directly with what the individual's deeds and actions do in the ordinary life of the family. This derives from the fact that an individual commits a particular action that hurts others⁷. Hence to have a lasting harmony; there should be *inhlambuluko* which means to wash the "dirt" that has occurred. It is a ritual of cleansing and purification. In this ritual there are two parties that should communicate about the wrong that took place. The belief in this ritual is that if any of the parties withheld any thing then misfortune will strike with immediate effect (*indlakubi*). *Indlakubi* means one ate but had a hidden evil intention that he/she held back at the time of the dialogue

The *inhlambuluko* ritual does not require the presence of *isangoma*, the presence of an "elder" suffices. This ritual can help I believe in the situation where there is tension in the family because of witchcraft accusations that are so prevalent today because of AIDS. In this ritual an individual accepts that there is something wrong and the family must heed to that or else the outcome will be *indlakubi*. *Indlakubi* is already a phenomenon in case of HIV, because most cases of this disease are a result of "wrong eating" (bad sexual behaviour).

This ritual is not necessarily linked with the ancestors, since it involves two living beings with the negotiator as any member of the family or a person of good reputation in the community. It is a ritual that is more realistic if it were to be emphasized, because it does

⁷ In the case of *inhlambuluko* Zulu (1999) and Ngcobo (2000) stressed that, it is an individual who realizes the gravity of the tension and conflict in the family or community. The ritual takes place when two living human beings are at loggerheads and that has created *umkhuhlane egcekeni* (disharmony in the homestead). Things used are: *ilala* (some special palm), *umlotha* (ashes), *amanzi* (water), *icansi* (rush mat) and *isithebe\isitsha* (eating mat\plate). They share each and every item as one person.

not require mystical or supernatural factors but only truth and honesty on the part of the persons involved. For instance, if people with AIDS will respect this rite and inform the family and any person there are and were involved with about the diagnosis. In order to bring harmony to those concerned and then avoid unnecessary accusations.

b) *Ukucela impilo nenhlahla* (warding off misfortune)

In the case of *inhlambuluko* the emphasis is between the two living beings because of their actions and deeds others are only affected. In the case of *ukucela impilo nenhlahla* there has been a breach of trust, between the living and dead because of *ubudedengu* (negligence) on the part of the living or *ukuphoqwa isimo* (coercive circumstances). In my opinion, the process of *ukubuyisana* (reconcile) derives from the latter because of the breach of trust, that is, the ancestors found themselves deserted by their very own.

An informant, Khumalo (1999) narrated that in former times because of tribal and national wars amongst Zulu people and other nations, people had to leave their homesteads and seek refuge to some other place. A word was sent around that there is a possibility that the next tribe or nation will attack; old people were left in caves because they could not run with them. They died in caves, but after the war had quelled then descendants returned to *emanxiweni* (former homesteads). Descendants, then, have a duty and the responsibility to go to the caves to beg the deceased to join them again and live as a family. They must plead for forgiveness and for the error of deserting them in times of hardships. *Umlahlankosi* it's a branch used in the rite of fetching a deceased person's body and his/her wandering soul. This rite is accompanied by the slaughtering of a goat that would be a sign of the descendant's remorseful.

The idea of acknowledging the fault and asking for pardon and forgiveness by the living from the ancestors is essential. If misfortune encourages people to do what is right, maybe the HIV+ person can then plead for forgiveness. In this ritual slaughtering becomes the ultimate act after a long conversation of asking for pardon and begging for the restoration of the broken relations between the living and the dead. Hence fortune is only possible in

a situation where the penitent has been humble enough to realize his mistakes. Nelson Mandela has this to say.

I also learned that to neglect one's ancestors would bring ill fortune and failure in life. If you dishonoured ancestors in some way, the only way to atone for that lapse was to consult a traditional healer or tribal elder, who communicated with the ancestors and conveyed profound apologies.

(Mandela 1995:11)

It is therefore imperative that if an individual has to free himself/herself from conflicts, he/she has to stay in peace with others. The living and the living dead deserve that attention from an individual within the community.

c) *Ukubonga izidalwa\abaphansi* (thanksgiving)

Ukubonga izidalwa\abaphansi is a result of hard labour from the living descendants. It is a sign of protection from the ancestors and response of their dependants. This is often the case when there is prosperity in the family. The family with a member infected can barely perform this rite it is thus not relevant to the situation of HIV positive case, except for the highly religious people who can see some good news in the event of AIDS

In conclusion, this section was attempting to navigate more closely the river Nile as Jansen 2001:84 proposes. The sources of *ukwenza izaba*, *ukuyobhula nokwelashwa* and *ukwenza umisebenzi* are to be known as means of coping with the HIV/AIDS pandemic. This is possible since they give meaning to the patient and that his or her pain is put to proper context. However it is good to listen to what Sikhakhane argues, when we deal with traditional healers.

The traditional healers often appear enigmatic. The difficulty to understand who they are and what they are about arises from several factors. For one thing language seems to play an important part in creating some form of obscurity.

Language in general has the quality of having different connotations. When it comes to the question of traditional healer the matter is further complicated by the fact that their language is full of symbols. As we know symbols are more suggestive. They go beyond the logic of language. As a result when one is involved in an enquiry... one has a tendency to keep on asking the wrong questions.

(Sikhakhane 1999:5)

However the above section suggests to me that these stages are meant to walk with the person suffering (AIDS patient), be with person through the journey though the outcome may be obvious (death), nevertheless, the presence afforded either by rituals or therapy confirms and confers to an infected person with some form of human dignity. In these stages the person is never alone confined in hospital isolation room or hospice but is always in the presence of the beloved ones. In ritual processes the person becomes a focus on the event and thus disgraced is reduced to a family affair. Over and above there is an explanation, through divination, of the Who of one's situation. The "who-ness" is given a name, for example, *umkhuhlane wabadala/abaphansi* or *ukufa kwabantu* as explained above, this gives a person a chance to talk about his/her own *ukugula*, and actually prepares him/her for the worst possible.

2.2 Facing *ukufa* (death), then *ukuphumula ngoxolo* (rest-in-peace)

Ukufa (death) in a situation of AIDS pandemic is a result of *ukukhandlwa isifo* (to be overstrained by a disease). In order for one to die peacefully and rest peacefully there are conditions that the survivors must accomplished for the repose of the soul of a dead person. In the above section we realized that a person is patiently observed (*ukwenza izaba*), when getting complicated a traditional healer is to be consulted (*ukuyobhula*); where necessary a therapy or ritual is performed (*ukwelashwa* or *ukwenza umsebenzi*). But it does not end there at death more rituals come into play to make a safe passage for the dead person into the next world.

The following section is going to focus on types of deaths and what is done, and on what happens to the corpse and how one is integrated with the family in the next world:

2.2.1 *Ukufa* (death)

There is a general perception of death as something that is part of the human condition that affects everybody. It is because of such a perception that people understand death as something that is timely and appropriate or untimely and inappropriate. According to Marcus (1999:9) AIDS related deaths fall ambiguously along the continuum of appropriate and inappropriate death. Much of the reason for this ambivalence derives from people's perceptions and experiences of the social responses to AIDS.

a) Timely death

The death of an old person is often accepted. Again the death of someone who has been sick for a long period is also not frowned at by the community. The funeral is undertaken with the ordinary rites. However death is traumatic for the family and is an astonishing event which leaves the members gaping and afflicted. When this happens in the 'ordinary sense' the event still necessitates the concourse of the whole community, of the village, which comes to console the grieved family. However there is a shift from the former times the grieving family is over taxed by the presence of those who come to mourn they are to be given something to eat, whereas in former times people supported the grieving family.

b) Untimely death

This type of death often occurs amongst the youth or caused by an accident. It is automatically related to misfortune or witchcraft (*umhlola*). Vilakazi (1961), Msimang (1975) Berglund (1976), Gumede (1990) maintain that funeral rites are performed with

extreme suspicion and anxiety. *Isidumbu* (corpse) may be denied entry into the homestead and may be *cushwa* (that is, bewitchment in the sense of *ukuloya* (casting a spell) so that someone who caused the death may also die with immediate effect). The grave might be supervised for a number of days. The help of a traditional healer is required to perform this act in the case of untimely death. Now with AIDS pandemic so prevalent in all age groups, especially the youth the level of suspicion is reaching scaring rates. It needs attention of the society to address such practices with another view. I have heard several times after the funeral parents and relatives commenting ‘who will bury us, if we bury our youth?’

2.2.2 *Ukuphumula ngoxolo* (rest in peace)

There are steps that must be followed to afford a deceased person proper rest. Firstly, a person must be fetched from the spot or place where he\she died (*ukumlanda*). This should be done on the day when they bring a corpse home for burial. If someone died at home then this ritual is not necessary. Secondly, rituals are done soon after the burial. These include the mourning by the family and relatives (*ukuzila*) and the rituals of cleansing *ukukhumula inzilo nehlambo*). Thirdly, are rituals of integrating the dead person with the ancestral domain (*ukukhuphula*). The belief is that if these rituals are not performed then the departed person is not at peace. He or she is feeling cold and is a wanderer. These rituals are spaced in weeks, months and years and are performed according to the tradition and custom of the family and that district. But to note, is that many of the rites and rituals are administered in winter because no farming is procured in that time of the year, hence, no fields crops destroyed (Zulu 1999)

Finally, the Zulu cultural values and Western values can afford each other with some justified constructive contributions. The belief system of the Zulu society with its medical approach accords its community with symbolic action that enable them to cope with hard times and this is good. But there are many problems with the whole AIDS issue; the South African society needs to work as one in this issue. Let us now get into details of practices

within the Zulu understanding of *ukubhula nokuthakatha* (divination and witchcraft) as a form of addressing the good and the bad brought about AIDS in the society.

Chapter Three

The Zulu concepts of *ukubhula nokuthakatha* (divination and witchcraft), its impact and effects in the ordinary life of people infected and affected by HIV/AIDS

In the previous chapter we looked at the way in which Zulu society cope and deal with sickness, death and life after death. Clearly, the interpretation of this situation is often associated with misfortune and the reason behind this must be identified. In this chapter we shall look at the issue of *ukubhula nokuthakatha* (divination and witchcraft). That is, how can we find some answers in the midst of the AIDS pandemic, Zulu traditional beliefs and our Christian evangelization?

In this chapter we shall discuss the following: (a) the nature of *ukubhula nokuthakatha* (divination and witchcraft) in Zulu tradition. (b) The impact of *ukubhula nokuthakatha* (divination and witchcraft) in the ordinary life of people infected and affected by HIV/AIDS. (c) Effects of HIV/AIDS in ordinary life.

3.1 The nature of *ukubhula nokuthakatha* (divination and witchcraft) in Zulu tradition

It is in understanding the structure and the content of a particular society that one can be in the position to analyse their actions positively. In the kinship structure of a people one learns the dynamics and the pattern of their behaviours. The family structure deals with the organization of the daily dealings of the family as Hsu (1971) elucidates. That is, the variety of related individuals who live together, and “the expected or actually practiced relationship pattern in terms of obligations, privileges, actions taken and not taken” (:8) In a Zulu set-up its structure is determined by lineage system which is male dominated at the same time controlled by the mother of the house in the polygamous situation, should there be breaking of any of the responsibilities and duties deriving from such social obligations the investigation begins and that look at the content of issues in the interactions of individuals in the family.

In reading Schimlek (1950), it clearly turns out that he looked at the Zulu society and its healing methods from a Western point of view. He argues that:

The most important thing in case of illness is, for the Native, the diagnosis, but do not think for a moment doctor [Western], that they [Zulu people] expect you to understand their sickness and trace it to its origin. To do this you would have to live in the mental atmosphere of the Bantu.

(Schimlek 1950:91)

It is for this reason that it is essential to look at the Zulu family structure so that one can realize that most of the influence in its operations derives from its kinship structure. Since the diagnosis by the diviner helps in explaining the predicament that is affecting the family relationships. It is about the human relationships that pivot around the daily living of families that turn to be infected by the evil intentions of certain individuals within the family circle.

3.1.1 The Zulu family structure

Krige, E.J. (1950), Vilakazi, W (1961), Msimang, C.T. (1975) and many others have contributed in analysing the way in which Zulu people live their daily lives. The logic behind understanding the structure of Zulu families in relation to *ukubhula nokuthakatha* (divination and witchcraft; see the argument on terminology in the introduction) is that Zulu people are so caught up in their family ties. Now unless one traces the origin of a person it is difficult to understand the point of departure for his/her worries, that is, the background of the individual is often marked by his/her origins and that is where he/she belongs.

Briefly, the social structure of Zulu people is as follows: Firstly, they are cattle people and cultivators, traditionally having had subsistence economy but now drawn and “drowning” into the world economy. Msimang (1975: 36 – 37) demonstrate how the herd of cattle

determined the wealth of men and their families. In dialogue I had with Ndwandwe (2000), was empathic that the method from the West of doing away with cattle and have money is affecting the substantiality of Zulu people "*abantu bacwila kumnotho wasentshonalanga* – people are drowning in the Western form of economy". Certainly *umona* (jealousy) becomes the only option.

Secondly, Zulu people are organized around *umndeni* or *uzalo* (lineage). *umuzi* (the composite type of nuclear family built around the cattle kraal) and *indlu* (the nuclear family deriving from diluted marriage). Vilakazi (1961) argues that the understanding of *uzalo* (lineage), *umuzi* (homestead) and *indlu* (the blood bond of the child and mother in the polygamous marriage) forms the central theme of the dynamics of Zulu relationships. In other words, should there be tension or conflict in any of these categories then witchcraft is inevitable.

Thirdly, Zulu people are patrilineal and the transfer of cattle from the groom's group to that of the bride legalizes marriage. The bride joins the groom's group after marriage rituals. The fact that the bride joins the groom arises a whole range of questions. She is often accused of anything that goes wrong in the family. The common tension is often between the mother-in-law and the bride. (Krige 1950:154)

Fourthly, they have a type of religion with an elaborate ancestor cult Msimang (1975: 12-24). Fifthly, they have a belief in the powers of *imithi* (material) Msimang (1975: 303 – 334), Magwaza (2001). Finally, they have a belief in witchcraft, that is, a belief in mystical power in certain material substances or certain individuals. Berglund (1976:266 – 268) though not explicit but implicit

The intention of this discussion is not to repeat what anthropologists and missionaries have tried to explain about Zulu people. The aim is to establish that the socialization of Zulu people has lot to deal with the way in which they behave latter on in life. According to Fernandez (1971:342) it is a "problem of power that [he] feels to be more fundamental to African culture than the problem of sexuality". In other words, because of exogamy, patrilocality and polygamy, children are raised predominantly in the mother-child

household. Hsu, F. 1971:8 suggest dominant dyad and dominant attribute that is constituted in culture⁸. Fernandez (1971:343) argues that the mother-son relationship is crucial in the family life and in the dynamics of culture as whole.

However the brother-brother as well as father-son dyad though stronger are not as dominant as the mother-son. Thus many rites of initiation serve as a counterbalance at the later stage for the mother-son relationship. Therefore there is complexity in the socialization; it is a drama of “the working out of the impulse to power of the human affairs” (: 342). Consequently, most of tensions and conflicts in Zulu societies evolve around such human relationships. Indaba begins with the tension within *uzalo or umndeni* (lineage) asserts Luthuli (2001). That is when relationships within family break then *izitha ziyagadla* (enemies strike). *Ukubhula* (divination) helps in tracing and thus restoring that situation.

3.1.2. Current societal factors in the Zulu life

In this section I will limit myself to five issues that will impact on HIV/AIDS and its effects on society currently. The debate on *ukuthakatha* (witchcraft) is an emotional appeal to the moral feelings of the community in an attempt to involve the community emotionally in a certain state of affairs:

a) Ethical

In the above section we looked at the brother-brother, father-son and mother-son dyad, which is common in Zulu society. Since Zulu people are a patrilineal society little is spoken about sisters in the family because they are expected to leave the family to get married. But the reality of today is that not many women get married because of many factors. Thus in the midst of family affairs of today it is important to acknowledge that

⁸ A dyad consists of two linked persons. In the nuclear family, eight basic dyad are apparent husband-wife, father-son, mother-son, father-daughter, mother-daughter, brother-brother, brother-sister and sister-sister. And attribute refers to the logical or typical mode of behaviour and attitude intrinsic to each dyad

there is so much competition within the family itself. In other words, people use traditional structures to deal with their private affairs. Crawford (1967) is emphatic that:

A person is most likely to dislike persons who are sexually, economically or politically in competition with him and the accusation of witchcraft affords a technique for marshalling public opinion against the rival in what is essentially, a private quarrel

(Crawford 1967:308)

Thus in societies with inadequate control of their environment because of external factors and dominated by personal relationships people think in personal terms and seek personal causes for their misfortune. In rural Zulu land because of force removals and the grouping of people to certain areas one realizes that people live in close proximity that result in a number of conflicts. There is *umbango* of *amasimu namadlelo* (conflicts over the sizes of crop fields and grazing place for the stock) and this interferes with the general atmosphere of family members. *Umona* could mean envy, jealousy or any other form of vice that affects the life of the people. Therefore these conditions result in social deprivation theories as Bate (1995) argues, “this deprivation is a denial of humanity and operate on the physical, mental, spiritual, cultural and social levels” (: 119)

Nevertheless, the spirit of community takes priority. The foundation is the concept of life. The individual knows him/herself to be immersed in the community to such an extent that personality can develop only in it and through it. Bujo (1998:182) asserts “this development does not take place in an asymmetrical way but is based on mutuality. Consequently, there is interdependency that is based on the fact that all members have the task of mutually increasing the life force. Bujo goes on to say ‘everybody’s behaviour and ethical action have consequences for the whole community’ (: 182). Therefore it is considered good that which contributes to the increase of life and bad that reduces it.

b) Economical

The historical, socio-economic factors of South Africa have had a great impact on the lives of all South Africans. Forced removals, migrant labour and land restrictions by the previous government and the incumbent one in some cases have caused more harm than good.

The other important dimension on the current situation is that humanity has become exceptionally dependent on money and other material commodities that are valued in terms of finance. Because of economy that fluctuates and urbanization that causes a shift in Zulu ordinary household and lineages, close family ties have been compromised. The friendship ties are slowly replacing the structure of kinship in the sense that family members no longer have the hold they use to enjoy. In other words, friendship that is developed in town takes priority until such time when sickness has overcome the person. If the family cannot provide security any longer, then, an individual will search for it in other avenues. This shift has resulted to the simple fact that the bonds that existed in olden days are not as strong as they used to be. Austen (1993:100) asserts that a central trope of witchcraft beliefs is the “misappropriation of scarce reproductive resources from households and communities” for the selfish use of accumulating individuals.

The traditional way of the Zulu economy still contributes largely to the conflict and tension within families. That is, in the market there is a rule of demand and supply and the competition is determined by the free enterprise policies. An informant made this observation about our economy especially in lower income groups:

Abantu bakuqala babe namasimu betshala ukudla okufunayo futhi nemfuyo ifana. Uma ubheka emakethe bonke badayisa izinto ezifanayo. Umona uzalwa ukuthi kukhona okuzothengwa kuye kakhulu ngenxa yekhono lakhe lokudayisa (Formerly every family had fields to grow crops and vegetables and they had the stock and it was the same. But if you look at the market place or hawkers areas all sell the same product. Envy or jealousy begins when one because of competency thrives

(Gabela 2002).

The above quotation highlights a crucial aspect in the understanding of the communal element in the life of Zulu even to their detriment. This explains the reason for people to resort in many devious ways so as to earn a living due at times to the lack of skills on how to cope with the Western economic policies which do not favour the African market which is marked by communality.

c) Psychological

In a real life experience if there is a breakdown in human relationships then disharmony occurs. Thlagale (2000) is of the opinion that “circumstances may compel suffering people to seek information about their situation” (:1260) for the sake of deciphering the cause of illness. In fact Thlagale is against divination but admit that people do fall prey to it and my opinion is that it for the simple fact that whey they go to the diviner there is a psychological satisfaction on their part. In so doing, they hope to find solutions to their problems or their state of misfortune. So *ukubhula* (divination) and even *ukuthakatha* (witchcraft) enable people to believe that their failures are due not to any fault of their own but to machinations of others.

Krige (1947:250) like Schimlek (1950:91) are somewhat negative in approach. The former speaks of the world ‘in which technology is inadequate’ and the latter speaks of living in the ‘mental atmosphere of the Bantu’. An approach of this kind does not help in human development. Bate (2001:77) provides a constructive approach, he speaks of “culture bound syndromes” which are expressed within a cultural framework which have psycho-cultural aetiologies. In his earlier work Bate (1995) had stated a crucial point in the psycho-cultural arena

A shared cultural framework between healer and patient is vital to the healing. The cultural systems provide the understanding which help to alleviate fears by making

illness intelligible. It also provides accepted symbols which the healer uses to manipulate the emotions and psyche of the patient.

(Bate 1995:15)

Thus the interplay between the infected and affected, the living and the dead serve to raise expectancy and boost confidence amongst people. This cultural framework helps to harmonize conflicts and reintegrates the person with the group concerned so that they may have adequate opportunities to live as people bound by communal unity.

d) Social

All societies prescribe roles and duties for their members. All the members of the society are expected to cope with these as some form of responsibilities. When a person is no longer able to adequately fulfil their social responsibilities they are considered to be ill. Hence failure to assume ones communal duty is perceived as some form of deviance.

In the Zulu set up what is dominant is the role of the ancestors in family affairs. Society has found it useful to convert the misfortune suffered into a social sanction for a particular misbehaviour. The result of *ukuthakatha* is that one will be caught one day and the punishment will be well deserved no matter how cruel it will be. In other words an individual will do something hoping that will be successful but as it affects the life of the community it is not worth any praise but warrants punitive measures.

Generally, the indigenous people continue the diagnosis of socio-moral causes. Causality is still attributed to persons; to ancestors or witchcraft. There is a felt need to protect oneself and one's family against misfortune. Hence the need to resort to *ukubhula* (divination) is for the protection offered by ancestors through traditional healers. Misfortune continues to be perceived as a social condition caused by hostile spiritual forces or persons. *Ukwelashwa* (doctoring) is, as the Comaroffs argue:

The quintessential ritual act, always addresses disease through its diffuse signs. It cures by interpreting and treating illness as an embodiment of the intensely human passions, properties and perversities that made and unmade local communities

(Comaroffs 1997:343)

Buti Thlagale (2001:7) states that rituals that are performed within the African social world continue to be understood as efficacious. They achieve the desired goals as seen and interpreted by the people by the people who inhabit that cosmos. An informant Dunge (2001) summarises this situation in a metaphor “*umuntu akasoze insila yakhe igezwe abokufika. Kumele sizibhucunge thina ngokubuyela emasisweni* (one’s dirt cannot be properly washed by outsiders. We ought to clean it ourselves by going back to our origins). Dunge wants to emphasize that it is essential for Africans to engage in a dialogue concerning their own problems. As Africans we have a duty to own up our own destiny in life, in that way, assuming a hard direction toward reconciling our societal problems without spending time complaining about the past that cannot resolve or solve our present difficulties.

3.2 The impact of *ukubhula nokuthakatha* in the ordinary life contaminated by HIV/AIDS

3.2.1 The impact of *ukubhula nokuthakatha* in Zulu life

a) *Ukubhula*

One of the principles of traditional healing is to diagnose and treat people in the context of their clan relationships, and to respect the communication with their ancestors. In Zulu tradition, it was the head of the family that decided on visiting the diviner and when they went it was never an individual enterprise. The common saying was *asiyozwa* (let us go to hear).

Ukubhula (divining) is intertwined with *ubungoma* (office of divining). *Ubungoma* is a gift from the ancestors to reveal secrets that affect human life. For a person to become a

sangoma, he/she must undergo a training known as *ukuthwasa*. It is a difficult process because it comes in different forms to each and every individual⁹. But once identified by another diviner then the training begins. It is *amagobongo* (herbs mixed with some animal blood) that *ithwasa* uses to reveal the type of spirit in possession. Khuzwayo (2000), Qwabe (2000) and Dunge (2001) are of the opinion that there are some similarities in stages of training. Firstly, is the “eating” of *amagobongo: okuhlaziya* (identify the type of spirit), *okukhuphula* (to prod the possessing spirit to divinate). Secondly, *imbuzi yokubikwa kwethwasa* (the goat from the family of a trainee to acknowledge training). *Ukufundiswa ukuhlola* (the actual training of divination through hiding things (*ifihlo*) and mixture herbs and animal parts for treatment and escorting the trainer when he/she goes to treat his/her patients). The third stage is, *imbuzi yokuvuma abese enqwamba* (it’s a confirmation that the trainee is about to be ready to finish the training and all the necessary ethics have been implanted). Followed by the fourth, which is *imbuzi yokohlanzwa* (the candidate goes to the river and at times comes back with a snake or any other animal that is relevant to the mission to be assumed). Fifthly, *imbuzi yokuphuthula* (its some form of graduation to indicate that the trainee has undergone training and he/she is ready to serve the community. This is a big ceremony that includes both the trainers company and the trainee’s family).

In undergoing the training the *sangoma* learns the ways of detecting the aetiology of any misfortune or sickness. They also learn the technique they will use later in the field of healing. It has been argued that divining techniques may be a mere chance or it may be more or less under the diviner’s control (Shorter 1973:134, Thlagale 2001:6 and others). However the fact of the matter is that *ukuyobhula* comes into play after a life threatening event or tragedy. It is an attempt by persons who have experienced crises to face them. Now misfortune, sickness, tragedy, conflicts and crises are not mere chance or superstitious, they are real. It is in human elements affected by tragic situations that human beings search for appropriate means and ways to address that. Clearly, diviners are still a significant part of the culture of the people. This represents a veritable philosophy of life that is intended to answer man’s most existential questions.

⁹ The diviners that I consulted tell different stories but what seems to be common is that all were sick and it took them a number of months some even years. Furthermore is that they are not in control of the situation it is *idlozi* (possessing ancestor), *indiki* or *indawu* (possessing spirits)

When raising the question to my informants of the mystical element that is found in divining. I am under the impression that it is in the training that one learns techniques and tricks that are necessary to, according to Kiernan (1995:13) “decode the mystical communication and encode it in a clear language”. It is for this reason that in the training process there is “*ifihlo*” which means to hide so that one may reveal hidden things. Again, it is in going into deep rivers to fetch snakes or any type of animals that one gets familiar with the other world. It is in dreams that one communicates with ancestors. Sanon in Bujo (1998) presents a convincing argument in stating that:

Here we touch a concept of the world as a world of the living, a world full of beings, connected to each other by their natural environment, the cosmos, the animals, social and human surroundings, right to the invisible beings who live in the universe and positive or negative, up to the one who is the *Great Living Spiritual Being*

(Bujo 1998:184)

Thus the ancestral involvement in the whole issue of *ukubhula* presents the essence in the understanding of the Zulu worldview. That is, in all people do, they are not on their own; hence one cannot solve problems without the involvement of the living, the living-dead and the entire environment. Therefore the dynamics of *ukubhula* aims at finding out who caused it? What is the treatment? Who can help? If the *sangoma* can deal with these questions effectively, then, he/she will remain in the practice for a long period.

b) *Ukuthakatha*

The concept of *ukuthakatha* has been debated over a number of years but still persists¹⁰. In the mid – seventies, it is Berglund (1976) in my opinion, who gave a comprehensive

¹⁰ There are several writings both in the West, Asia, North and South America and Africa on witchcraft beliefs though shaped differently. Max Marwick (1970) edited a book that covers a variety of issues that indicate that witchcraft is still a system that is tangible and threatens societies. Carol Karlsen (1987) covers the vast area of how women have been labelled by this event. Looking into Africa the likes of Evan-Pritchard (1929), Krige (1947), Wilson (1951), Schimlek (1950), Vilakazi (1961) and recently Berglund

understanding of the concept of *ukuthakatha*. He perceived it as an *idiom* in two ways. Firstly, it refers to an incarnate power geared toward harm and destruction that manifest itself through humans either directly or indirectly. Secondly, *ubuthakathi* is associated with embedded neutral powers of material, *imithi*, the manipulation of each is geared toward evil ends. Power plays a very important role. He further states a crucial point:

Certainly thinking on *ubuthakathi* does not follow only traditional patterns of expressing itself. Zulu society allows for continual and ongoing additions the ideas of the reality of evil. *Ubuthakathi* is inclusive in a remarkable way, no description however fanciful and incredible being too extravagant to be true in the realm of *ubuthakathi*. This belongs to the nature of evil for 'had it been law – abiding' it could be trapped. But who has caught *ubuthakathi*? Indeed *abathakathi* are exposed and treated but *ubuthakathi* is always on new roads.

(Berglund 1976:269)

The human power and the *imithi* power is a key for understanding the manipulation that is found in *ekuthakatheni* (act of bewitchment). In Zulu there is a saying that *umuthi awumbiwa ndawonye* (medicine is not dug in the same place) which mean that *amandla* (powers of material or medicine) differ from one area to area and from the gift of the herbalist to the other. It is precisely in this notion that people will never get tired to search for cure as long as there are traditional healers in the world. This derives from the fact that the belief in witchcraft continues because of social conditions that call for explanations of events that threaten life. Shorter (1973:140) argues that origins of witchcraft accusation are partly in the psychological need to provide an outlet for repressed hostility, frustration and anxiety. He further stresses that:

In traditional African societies misfortune is linked with sin (*ukona* my italics) impiety and breaking of taboos. Putting the blame on a witch is a method of exculpation. Witchcraft dramatizes and reinforces the norms of social conduct by pointing to contrary antisocial conduct

(Shorter 1973:140)

(1976), Gumede (1990) and others gives us a background of the gravity of the subject at hand. And our

(i) How do Zulu people exculpate?

For Zulu people *amandla* (power) derive from *Umdali* (Creator), *Abaphansi* (ancestors) and *Imithi* (medicines)¹¹. The concept of the Creator (*Umvelinqangi*) contains an idea of twins. *Nqangi* refers to the first born of the twins. For Zulu people *izulu* (heaven) *nomhlaba* (earth) are like identical twins but heaven being the first to be born (Berglund (1976:34), Qwabe (2000). The Creator is up in heaven, the ancestors are under the earth – *abaphansi*- and *imithi* is with us on earth. This creates a situation that if anything happens, an explanation should come from this trilogy. Hence the reason for *ukuyobhula* (divining) to hear, to smell or point out and that may sometimes lead to ritual administering (*umsebenzi*) or *ukwelashwa* (strengthening or ‘doctoring’). It is important to understand that some medicines are too strong so they can have a deadly outcome which cannot be necessarily attributed to witchcraft (Ndwandwe 2000). An example is when one uses portions from the carcass of a lion to gain more dignity (*isithunzi*) from his workmates and accidentally comes across a newly born child that can cause a child to die but it does not mean it was an act of witchcraft but accident.

(ii) Why do people bewitch others?

The mother and the father of witchcraft is *umona* envy roused by conspicuous success. The Zulu idiom of *ubuthakathi* is that *umhawu usuka esweni uhlale enhliziyweni* (jealousy emerges from ones sight and stays in ones heart). Now whether the conflict is between the siblings, mother and daughter-in-law, fellow employee at work place, against neighbours or in church affairs. The bottom line is someone has done something good and the other is not happy with the success or the benefits that come with that goodness.

attempt is to contribute toward some constructive approach of the subject.

¹¹ Magwaza (2000), Mhlongo (2000) and Ndwandwe 2000) were emphatic in equating the power of the ancestors and medicines. The reason of manipulation by *abathakathi* is because ancestors were themselves human beings that were at some point living and controlled by nature and *imithi* supply human being with health and life thus a danger to peoples life and health if manipulated for evil purposes

(iii) How do they bewitch others?

In the Zulu culture a distinction is made between *imithi emnyama* (black medicine) and *imithi emhlophe* (white medicine). The issue of *ukuthakatha* (witchcraft) brings us to the world of symbols. A working definition of symbols according to Happel (1990) would be:

A complex of gestures, sounds, images and/or words that evoke, invite and persuade participation in that to which they refer. They disclose reality by making available to their participants meanings and values that involve them intellectually, emotionally and morally, which exceeds the physical components of the signifier.
(Happel 1990:1238)

Symbols, thus, help men and women come to terms with those realities and ambiguities of life. Dillistone (1984) argues that history reveals a process of refining and deepening at work in the development of tragedy as it comes to deal “even subtly and more comprehensively with man in conflict with his fellow-mortals and divine antagonist” (: 181). Accordingly, Shorter (1973) asserts that:

Symbolism explains and make articulate certain deeply felt and shared experiences of the present, symbolism also help to classify - to humanize’ – their experience, integrating themselves into society and world.

(Shorter 1973:97)

Michael Lawler (1990:811) states that in every symbol there are two levels of meaning. There is a foundational level and built on this foundation, a symbolic one. Thus in the case of *ukuthakatha* the foundational level is in the substance to be used for bewitching could it be an animal, ones dirt, vegetation and/or any other natural and unnatural phenomenon

Discussing *umkhuhlane wabadala/abaphansi* (ancestral oriented illnesses) and *ukufakwabantu* (bewitchment) reaches the major area of our study *ukuthwasa* (gift of divination) and *ukuthakatha* (bewitchment). *Ukuthwasa* is related to *umkhuhlane wabadala/abaphansi*, which is full of symbolic events and rituals (see 3.2.1a) for details. Again this is directly related to *ukubhula* (divination), which is full of symbols. On the

contrary *ukufa kwabantu* relates to the pain and the evil that people suffer. Sundler (1961:225) distinguished two forms of *ukuthakatha* namely, *ukuphosa* (to throw) and *ukudlisa* (to make one to eat). In doing my research in Mandeni at the Blessed Gerard Care Centre and hospice I became aware of two others forms of *ukuthakatha* namely, *umego* (foot traps) and *ukuthwebula* (to enchant by means of hypnotic influences). These forms of *ukuthakatha* are used as channels of inflicting pain on victims. I would like to discuss each form, however, the explanation gathered from informants are mostly symbolically.

a) *Ukudlisa* (to make one to eat)

In this category a person literally eats the food that is poisoned and dies instantly. The less complicated procedure is when food *kulunjiwe* (that is *umuthi* is mixed with food to arouse and interest on the person who is being bewitched, this common for lovers). The complicated procedure is when a person whilst asleep has a dream eating some food and from that moment onwards the disease intent contaminates him.

A distinction is to be made at this juncture that not all types of *amadliso* aim at bewitchment. In the case of a young man madly in love with the girl and does not want to loose her, he applies this form of love potion but that does not necessarily warrants a boy to be *umthakathi* (a witch).

The complex situation is one of someone who dreams eating but in the process he/she is actually contracting a disease. This is a cruel form of bewitchment because a person is caught without putting genuine fight on the attack. The fact is that once the food has been eaten and is inside ones system it changes to be what was the foundational substance. If it is an animal a person will start certain behaviours that the animal does if it is a dog when someone is hysterical that will sound like a barking dog, if vegetative then one will have *isigaxa or isimila* (a lump or a protruding stomach). In other words a person becomes what has been intended by the “witch” as in the case of the symbol. In relation to AIDS patients this form of *ukuthakatha* is close to TB, lungs, chest pains and stomach problems.

That is as soon as this form is diagnosed, the patient will start seeking the way to get rid of the thing in ones system and it often results in more damage than good.

b) *Ukuphosa* (to throw)

Ukuphosa takes place in a situation when *umthakathi* wants to bewitch someone by not necessarily going to his place or homestead. It is a situation when certain *imithi* is instructed to attack the intended victim without the perpetrator going to him/herself. An example was given by Magwaza (2001) and Khuzwayo (2001) to illustrate this category. In the case of lightening striking a home, this takes place in a rather strange manner. The witch is suppose to go to a waterfall when there is a thunderstorm, s/he waits for a moment when lightening will strike water at the fall, then, s/he will immediately draw that water of which then s/he will mix it with *muthi* that then will be instructed to attack the intended family. When there is a thunderstorm as it begins to rain that family will be struck by lightening. At times this can happen in broad daylight as long as the witch is ready to attack.

The other example was the one of someone who suffers from a stroke; *ukushawa impundulu* this is a type of bird which serves as a familiar that attacks a person. The person attack by this will soon become paralysed. Thus it is certain gestures, actions, medicines or familiars that are instructed through the means of bewitching to attack the persons that are to be destabilize or eliminated.

The common understanding as Khuzwayo (2001) argues is that “*izinto eziningi zenzeka emoyeni sihlezi*” (many events take place in our surrounding unnoticed). *Umoja*¹² carries varying degrees of nuances within the Zulu worldview. It points in the manner in which

¹² *Umoja* refers firstly and ordinarily to air, wind or spirit. Secondly, it deals about behaviourally issues, if ones behaviour it's good or bad is often referred to his/her *umoya*. Thirdly, it also refer to the influences of the natural phenomena, for example, in the case of rivers that are considered to have miraculous impacts on peoples lives or other types of trees. Lastly it is on the fact that divers and traditional healers are in communion with these *imimoya* due to their training that involves the underworld and the face of the earth. Unfortunately these could be manipulated by people with evil intentions either by distorting *imithi* or using familiars that can have a special gift of digging into the most secrets of nature like *umantindane* which is said

people relate and assess their relationships, environment and social dynamics. For instance, the behaviour of the individual or community is perceived according to the type of *umoya* they have, just as there is white medicine and black medicine so is *umoya* good or bad. Hence by the mere use of one's voice in instructing a particular substance this could be transformed to a reality and thus be executed to the intended victim. Consequently, the effects of *ukuphosa* are often verbalized to the medicine used and informed of what to do to the person who is being bewitched.

c) *Umeqo* (foot traps)

This form of *ukuthakatha* is more complex. There is *isitshopi* (bunion) and *umbulelo* (putting *muthi* on the spot where the individual will cross). In the former, the victim has chance of avoiding it by being careful of one's dirt or waste. Since in the case of *isitshopi* the witch will look for something that is directly connected with the individual concerned e.g. the soil of one's footprints or spot where one urinated, one's old clothes or your *insila* (dirt). If any of these items is found it is then mixed with *muthi* and burnt into ashes as soon as this happens the ailments start to the targeted person. The latter (*umbhulelo*) is inevitable because here the bewitched medicine is put on the spot the victim is going to cross and his/her name of the victim is mentioned (Gumede (2000), Mhlongo (2000), Qwabe (2000). This type of bewitchment is usually made out of dangerous thing like bones of dead animals and person collected around the *umdlebe* tree (Gumede 1990:86) or soil from cemetery and dirt or waste from living as well as dead animal.

Amazingly, is how the living animals are used so that the victim may have the constant pain till the animal dies with him/her the following; it's symbolic. For example: Qwabe (2000) narrates that the witch will hunt for a snake e.g. black mamba and he/she will cut off the tail of the snake and mix it with *muthi* and then spread it on the spot where the intended victim will cross. Now whenever the snake will be running. Because of the pain and the person bewitched will feel terrible pains on his leg and feet. What is striking is on how the living animals are used so that the victim may have the constant pain till the animal dies with him/her following; it's symbolic. It is also phenomenal that when it is the

to organize the most dangerous *amakhubalo* (medicines used to inflict or combat bewitchment) (Dunge

tree, animal or any other thing or being that changes with seasons, the victim intended will have these ailments that always come back whenever the season begins. Briefly, it is the whole question of the relationship between humankind, the environment and the extra-mundane phenomena. People with AIDS pandemic become so feeble that they struggle to walk and this category helps them to understand why they fail to walk.

d) *Ukuthwebula* (to enchant by means of hypnotic influences)

This category is more complex because of its hypnotic and trance oriented explanations. The informants consulted on this issue all concurred that it is a reality that affects people. The emphasis is on ones *isithunzi* (shade) that in some sense is controlled by another person. *Isithunzi* is used in the metaphorical sense, that is, the idea of *ukuthwebula* derives from the *isithunzi* (shade¹³) that belongs to an individual, not only in terms of respect but also in the sense of the shade that is reflected by ones body as the light presents it. It is like taking a photo. It is a form of enchantment that has to do with someone possessing and controlling another's shade. This process is called *ukuhungwa*, that is, by some bewitchment one is enticed and lured to follow where his/her shade has been controlled, where a person will live in a permanent trance either to serve the witch or the person who intended to control the victim (Mhlongo 2000, Khumalo 2002). The belief is that a person is not dead but is controlled by an enemy.

In the case of the fully blown AIDS there is now and then a lapse to disorientation by the patients and the feeling of being out of control is quite prevalent. This state often come up in relation to their children who they feel will be in that state of the permanent trance whilst it is a projection of the fear that comes with the complexity that is brought by the disease.

(2001), Luthuli (2001), Ngcobo (2000).

¹³ The term "shadow" is normal in English but does not convey the sense of human life that *isithunzi* has so is not used. In black township English, "shadow" would also have a more negative connotation of bad luck and *isithunzi* is more usually translated as "shade"

3.3 The effects of HIV/AIDS in ordinary life

The notion of *ukuthakatha* as relating to *ukufa kwabantu* and *ukuthwasa* as a process of becoming a diviner play a very significant role in the issue of HIV/AIDS. In the case of *ukuthakatha* examples of *ukudlisa*, *umeqo*, *ukuphosa* and *ukuthwebula* (see above) directly deals with what the victim experience on permanent basis. That is, once diagnose with any of the forms of bewitchment the patient will have this pain till he/she dies.

On the contrary *ukuthwasa* discloses some similarities with the symptoms of a person who is HIV positive. Msimang elucidates (1975: 304 – 305). A person gets sick and develops the following

- a) *Umuntu uzaca aphele nya abengangothi lokuvungula* (a person becomes so thin like a toothpick)
- b) *Uhlatshwa izibhobo, ahlushwe ikhanda kubesengathi lizodabuka izingebhezi* (terrible sharp pains and severe headache)
- c) *Angenwe isifuba akhwehlele aze ome umuntu wabantu kubesengathi akanalo igazi* (severe chest pains and endless coughing – TB case)

Unfortunately such symptoms may take time to be attended to because of their similarities with certain expected practices. However, it makes sense in the manner that it explains the pain people feel other than the type of answers and the treatment they receive from hospitals, clinics, surgeries and government circles. Statements like “I do not see what is wrong with you” or “Go home we can no longer help you” or “There is no space for you in this institution” or “Go home to prepare for your death” or “We are still making a research for the benefit of your safety” are demonstrating lack of love and caring. Over and above, because of the principle of confidentiality and the stigma that goes with AIDS, it turns out that traditional methods are more accommodating than other circles.

In that manner many issues around AIDS are emotional and cultural. In a situation then, when AIDS patient has come into contact with the traditional healer who has categorized

the sickness, it is essential to attend to that for the sake of the patient. Bate (2001) asserts that there is culture bound syndromes: **izifo zabantu**.

By this term we mean illness expressed within a cultural framework, which have psycho-cultural aetiologies. They usually manifest themselves because of psycho-cultural and social reasons such a family and social problems. These manifestations occur as culturally determined symptoms usually through psychosomatic mechanisms

(Bate 2001:77)

In the case of HIV/AIDS though the complete cure of the disease may not be found. However, the patient can emotionally, psychologically and culturally cope with the plight of the pandemic. The fact that AIDS is not just a medically issue remains true. The behavioural, cultural, economical and social issues remain a challenge in the spread versus the control of the virus. The observation of Nicolson (2000) concerning sub-Saharan Africa aligns with major factors that affect the community

People in Africa are more vulnerable to the virus because they have less food; because their immune systems are already weakened by poverty and disease; because the social conditions in which they live lead to the behaviour in which the virus is spread...in sub-Saharan Africa because of cultural beliefs and in particular the belief that men need, and are entitled to, frequent sex with a variety of partners...the belief amongst young women that their worth is determined primarily by satisfying the demands of their partners...it is time that we say clearly AIDS is a medical consequence of implicit and unstated cultural attitudes and of badly skewed relationships

(Nicolson 200:11-12)

In conclusion in dealing with AIDS within the framework of *ukubhula nokuthakatha* serves as a cultural tool to listen to complaints of the people in sorrow and pain. It is the way people communicate their tension, anger and other frustrations health-wise, financial-wise, family-wise etc. Thus it is the means to cope with misfortune and anxiety.

Chapter Four

The compatibility of *ukubhula nokuthakatha* (divination and witchcraft) with Christianity and the possible transformation in the context of Pastoral care for people living with AIDS

In the previous chapters we have significantly tried to deepen the discourse on the traditional Zulu understanding of sickness and health. Again, we have tried to come into grips with the issue of *ukubhula nokuthakatha* (divination and witchcraft). In this chapter there will be an attempt to make a theological judgement and plan of action based on the findings of the previous chapters in the context of the issues around HIV/AIDS.

The issue of HIV/AIDS has forced us to address the health, healing and traditional religious beliefs that are evoked by the frustration the pandemic has revealed for the society. In the case of this study, it is predominantly on the *new pastorate* as Connor (1986:5) proposes. In welcoming the concepts of *ukubhula nokuthakatha* in the issue of AIDS will help the evangelisation in the sense that our care and concern will not pass resolutions but more importantly will discern what is appropriate or right for this time and this place. Connor emphasizes that:

The Good News is to be brought to all sections of humanity, so that its influence might transform everyone from within and make them new... The Church is entrusted with the mission of bringing the Gospel to every human group, so that by its power they may be fashioned anew... it is not something imposed upon them by force, law or even custom. But it will show its effect in transforming people by giving them a new basis for their own activities... with new criteria for discerning what to do, new and enriched values to seek, a deeper source of inspiration, an alternative design or purpose of living.

(Connor 1986:46)

This means, in the opinion of Pobee (2001:61) “responding to the challenges of the day, expressing the ethic of love in concrete ways”. Certainly traditional healing methods are

struggling in addressing effects of *ukuthakatha* (witchcraft) through the process of *ukubhula* (divination) then *ukwelashwa* (therapy). However, this affords an infected person with the ethic of love and care in both concrete and practical terms. It is explained and realized in the recognition of the symbolic or evocative character of the Christian doctrine based on the sense of the faithful that are otherwise affected by effects of the AIDS pandemic.

It is essential that as Africans we engage constructively in our cultural issues with the specific purpose of trying to give answers to this plague. If the Church wishes to deal with the question of HIV/AIDS and to attempt to respond to its effects, as Yves Congar argues in Coleman (1992:375) "it must open as it were a new chapter of theologico-pastoral epistemology". The purpose of this chapter is to attempt to inform the Christian Community that from the Zulu traditional practices a few things can be learnt for our HIV/AIDS awareness and pastoral care. It is not difficult to understand the concern of Maluleke as he expresses that:

The time has come for Africans to take responsibility and full ownership of the presence, significance and consequences of Christianity on the continent. But such ownership must be a hard-nosed one where both the blessings and the curses of Christian presence on the continent are acknowledged. It must move beyond the convenient and sporadic use of Christianity

(Maluleke 1998:337)

Now to address the above concerns, this chapter will comprise of three parts. Firstly, will be the compatibility of the Zulu concepts of *ukubhula nokuthakatha* (divination and witchcraft) with Christianity. Secondly, will be possible transformation of Zulu societal factors. Thirdly, will be an attempt toward a Zulu context of pastoral care for people living with AIDS. This will be presented within the framework of the previous chapters reflecting on issues that could be benefit to the Church.

4.1 Compatibility of the Zulu concept of *ukubhula nokuthakatha* with Christianity

Inculturation is a theological term that refers to an approach of evangelisation that seeks to find home for Christian faith in different cultures and an accommodation of cultures in the Christian community (Keteyi 1998:36). Joseph Healey and Donald Sybertz (1996) highlight that Pope Paul VI in his apostolic exhortation on evangelisation challenged that:

Evangelisation loses much of its force and effectiveness if it does not take into consideration the actual people to whom it is addressed, if it does not use their language, their signs and symbols, if it does not answer the questions they ask and it does not have an impact on their concrete life

(Healey & Sybertz 1996:77)

Now in the context of the Zulu concepts of *ukubhula nokuthakatha* what type of forces, considerations, language, signs and symbols the Church can accommodate given the impact of HIV/AIDS? That is, what type of awareness do these concepts provide within the family and society structures as a process of inculturation? In other words, what kind of pastoral task of inculturation can be developed from these concepts? In this regard Xolile Keteyi states:

There are two sides to inculturation. It is both the imparting of faith (its insertion in a new culture) and its reception (the appropriation of the gospel through culture). This means that in the process of inculturation there are two processes that are involved. On one hand inculturation is a form of evangelisation that is sensitive to culture. On the other hand it is a culturally based process of conversion. It is equally an acknowledgement by other cultures that there is no culture that is a totally adequate human expression or a single approach to the Kingdom of God.

(Keteyi 1998:38)

Deriving from the previous chapters, let us look at a form of evangelisation that can be sensitive to culture and in the next section (5.2) look at the process of conversion:

4.1.1 *Indaba yomndeni* (family affair) as a centre of personhood

In the African context an individual does not exist on his/her own (*umuntu ungumuntu ngabantu*). Particularly in the Zulu context this is strongly emphasized that family takes priority (*akukho nkomo edla yodwa* –there is no cow that graze alone). This is recognized in the following practices *ukuqaphela isimo sezindaba zegceke* (attending to the affairs of the family with immediate effect) and *inhlambuliko yegceke* (reconciliation in the family). That is, in these practices a lot is learnt about the social, ethical, economical and the psychological needs of the family and its members. In the former the issues are around morality within members of the family. *Igceke* (homestead) according to informants Gumede (2000) and Sibisi (2001) plays a significant role in avoiding occasions of illnesses. It is in self-respect and performing one's duties that *ikhaya* (home) is dignified and its members are protected from all kinds of evil. In the spirit of *inhlonipho nokuzihlonipha* (respect and self-respect) an individual within the family has responsibility to carry out his/her duties, that is, to behave according to the norms and traditions of the family (Msimang 1975:12-29, Lamula 1963:78-85)¹⁴. In case of HIV/AIDS, people that are not yet infected must adhere to this practice "*baqhaphela*" (have got to be aware/alert) of the conditions of their environment respectively (Gaie 2002:277).

The latter deals with reconciliation between the living persons as it has been discussed in chapter three. This ritual of *inhlambuluko* derives from the word *hlamba* (to wash). The informants interviewed on the subject emphasize that this ritual is religious in the sense that for the parties concerned it is like they are washing their inside "occult forum" (Zulu 1999, Ngcobo 2000). The idea of *inhlambuluko* is best expressed in the Gospel according to Luke 11:37-41 wherein the essential dimension toward conversion is the inside of the

¹⁴ Both authors give details on how people in the family had to live and behave and they highlight traditions. What is significant is that most of the norms and mores they emphasized aimed at discipline which then made an individual not to do as he/she pleases.

person other than the outside. The process of *inhlambuluko* is initiated by a person who is sincere and honest with him/her self. In realizing that there is a breakdown in relationships between and amongst members of the family even society because of a particular event that has occurred. She/he will give of him/her self the secret of his/her life and the other party is expected to listen and then forgive. In the case of HIV/AIDS, this practice could be valuable for both the infected and affected. In this situation an infected person can have a chance of speaking about his/her situation and all the members can listen and then reconcile.

The responsibility of the family, therefore, is to *qaphela isimo segceke* (to be alert/aware on family affairs) and striving for lasting harmony through *inhlambuluko* (reconciliation) should serve as a key issue in matters of HIV/AIDS. The misunderstandings and accusations that come about around this issue because of the misuse of *ukubhula nokuthakatha* should not override the primacy of the family unity. In the case of HIV/AIDS/ there is loss of life; parents die and live children orphaned or if lucky with grandparents or children die and live both parents and grand parents. The worse scenario of our times is the fact of single parenting. These issues and others require the community to revisit the family structures with its caring tradition. Today, Msafiri (1998) argues that:

There is an increasingly ever growing number of *single parent* families in Africa. The traditional African values and moral ethos, which united married couples, are steadily and speedily being replaced by new destructive values and lifestyles. These include among others, the Euro-American divorce revolution, sexual freedom, modernism, consumerism, feminism, unemployment, poly-centrism and the crisis of street children. Indeed, the speed is so terrific that, soon a high percentage of African families, especially those living in big towns or cities, will be single parent families, either physically or functionally

(Msafiri 1998:313)

Looking at the Zulu traditional family structure as stated before, it is important to consider the manner they tried to build up the family. Pope John Paul II (1995) in his apostolic

exhortation on the Church in Africa emphasize, “care for others, solidarity, warmth in human relationships, acceptance, dialogue and trust”¹⁵. It is in this spirit we can fight the AIDS pandemic.

4.1.2 *Ukubhula nokwelashwa* (finding the cause of illness and the appropriate treatment) as a response to a real threat of/in community life

In the above section we realize that it is a responsibility of the family to attend to the needs of the members either by precautions (*qaphela*) or reacting (*hlambuluka*). That is, members in the family are to warn one another so that they prevent the contamination from the disease but when the disease has occurred they must react in such a way that there is harmony amongst them. However, in the Zulu tradition these are received in two ways: *ukubhula* (divination) and *ukwelashwa* (treatment). The despair and frustration with HIV/AIDS is that it is “incurable”. “Incurability” in the Zulu tradition undermines *amandla omuthi* (powers of material), *Abaphansi* (ancestors) and the greatest threat of *Umvelinqangi* (The Creator God). It has been discussed in the previous chapters that illness is to be categorized for it to be healed, but it is not so with HIV/AIDS. How can *ukubhula nokwelashwa* inform Christian theodicy and theology? Johann Baptist Metz (1997) in his view of the human history of suffering argues that:

Theodicy is concerned, indeed is exclusively concerned, with the question how it is possible to talk of God at all in the face of the abysmal history of suffering in a world which we acknowledge in faith to be God’s creation. This question may not be either eliminated or over-answered by theology; it is, as I have already said, the eschatological question. Theology does not work out any all-reconciling answer to it but continually seeks a new language and praxis in order to make it unforgettable.

(Metz 1997:4)

¹⁵ John Paul II, *Post Synodal. Apostolic Exhortation (Ecclesia in Africa)*, (Nairobi: Pauline Publication Africa, 1995), No.63.

The issue of incurability can be addressed in the context of healing as a mission mandate. What is it that Jesus wanted to heal? Obviously, its humanity, but what of humanity? Now, healing is about restoration as opposed to the Fall and its consequences in Genesis 3 & 4. Jesus healed to restore humanity to its original blissful taste of innocence. So the lost in the Fall is found in the healing of Jesus in the New Testament as Bate (2000) emphasizes “it is concerned with restoration of the fullness of human life in those who have lost it” (: 49). He goes on to argue that:

Life is easily lost in a world of drugs, violence, HIV-AIDS and the like. Often the sense of life once found in belonging to family, tribe, village and local community are increasingly replaced by the deadness of anomie and alienation, which the technologically linked global vision brings. The restoration of life is a search for identity in the confusion of sameness and the facelessness of the new world.

(Bate 2000: 50)

Now the crucial point is this *ukubhula* offers an explanation of the cause of illness by the diviner (Schimlek 1950:121-122) and *ukwelashwa* gives hope of recovery or prolonged time but this is not so, in the context of human suffering posed by HIV/AIDS. However, the laws of cause and effect concern the Who of causation for Africans than the What of Westerners (Gumede 1990:51, Bate 2001:5). *Ukubhula* addresses the Who-ness of things around the contamination by the virus (this include the issue of whether is it *umego*, *ukudliswa*, *ukuphoswa* or *ukuthwebulwa* as presented in the previous chapter) and the treatment thereafter respond to the already identified category of illness. *Ukubhula*, therefore, provides a language of talking about the suffering of human beings, without necessarily having to refer it to God. Vilakazi (1961) asserts that “in diagnosing the cause of the disease or misfortune, the diviner always discovers the cause either in witchcraft and sorcery and/or in the anger of the spirits, not of *uMvelinqangi* (: 89). Consequently, divination responds to the fact that there are crises affecting human beings

Ukubhula is a symbolic action by persons attempting to respond to the history of human suffering. In the sense that human elements affected by tragic situations require human

beings to search for appropriate symbols to come to terms with their own situation (Dillistone 1984:174-182). The reality of the symbolic action is further illustrated by Karl Rahner (1966) stating that “all human beings are by their nature symbolic, because they necessarily ‘express’ themselves in order to attain their own nature” (: 224). Avery Dulles asserts that:

As social beings, human persons realize themselves through bodily communication, which is symbolic insofar as the bodily gestures and actions manifest the ideas and ideals of individuals in community. As historical beings, men and women achieve the benefits of culture by appropriating the insights of their forebears, as these insights are transmitted in the cultural heritage. The assimilation of social and historical symbols requires readiness to open oneself to the ideas and values that these symbols embody.

(Dulles 1992:20-21)

Therefore in symbols many things come into play with the aim of promoting what is good and punishing what is wrong. The important factor is that the act of divination as a symbol wants to promote harmony in the life of the one who feels that he/she is victim of circumstances it gives a specific power system (Mkhwanazi 1989:270). But HIV/AIDS does give problems in actual identifying which are the right divinatory sessions that will bring lasting harmony other than conflicts, hence, a need of transformation to some of the practices of *ukubhula* (see 4.2 below).

4.1.3 *Ukuthakatha* as an idiom (*isisho*) expressing a breakdown in human relationships

According to Berglund (1976), *ukuthakatha* is an idiom that implies two fields of evil. Firstly, it refers to an incarnate power geared towards harm and destruction, which manifest itself through humans and is addressed to fellow human beings. Secondly, is associated with the embedded neutral powers of material, the manipulation of which is geared towards evil ends (Berglund 1976:266). At this juncture it is important to make a

distinction between a proverb and an idiom. Obviously, there is an overlap in the use of these terms. My reading is that a proverb is “a short, pithy saying that encodes the philosophical outlook, religious concepts and world-view of African society in a digestible form” (Healey & Sybertz 1996:34).

Whilst in *The Concise Oxford Dictionary* (1964) an idiom serves as “form of expression peculiar to a language or person and peculiarity of phraseology approved by usage though having meaning not deducible from those of the separate words (: 533). In the discussion I had with Khumalo (2002) and Mthethwa (2002) *isisho* relates and expresses the particular event of the here and now. It derives from a concrete recent event (*isiga*) that becomes a talk amongst relations, whilst a proverb reflects, argue, analyse, instruct, and admonish individuals and groups in a community in a broader sense.

Now, what is that to do with *ukuthakatha*? The reality of *ukuthakatha* is as follows as Khumalo (2002), Mthethwa (2002) and Gabela (2002) present it. Firstly, there is *isaga/isehlo* (real incident), which is interpreted as *isimanga* (surprise) because of the manner in which it happened to that particular person. For example, one member of the family goes to bed to rest during the day, when he/she wakes up he/she no longer talks, but has a high body temperature and is shaking like a leaf. The questions are: How was the person before going to rest? If in a good condition, what happened during the resting period? Now the victim cannot speak and people around him/her narrate it as *isaga/isehlo* (real incident). What is behind the narration *isaga* (idiom and/or proverb). *Isaga* in this context means that what has happened to this person is extraordinary. That is, all people get sick in an ordinary way, whereby they complain about pain here and there, but with this victim nothing was expressed or communicated prior to the incident.

Now, to whom is the incident idiomatic? It is the family, since, it warrants a saying (*isisho*) or it has rendered this particular family *isaga* (proverb) by its uniqueness in the manner it happened. One hears people say “*eyakho ngiyoyizekela amagwababa echobana*” – (I will relate your story to white – bellied crows while they are looking for lice on one another). So what is idiomatic is the fact that what has happened is unbelievable it leaves a proverb for this family. Hence, the incident of the victim becomes

the idiom of the family. Secondly, is that what would be done that such a dramatic event has befallen this family through the disease that has infected this individual? What should we do that we have become an idiom for enemies? This should be understood in the context of the extended family. That is, when one of our own midst and pretends to be hurt by the incident whereas he/she is celebrating inside. What is idiomatic, is the ill feelings that derive from relations in the moment of crisis.

Now in evangelisation, how will the knowledge on *ukuthakatha* help? Clearly, *ukuthakatha* deals with antisocial conduct in the community. As *ukubhula* helps in identifying the reason and the cause of illness or misfortune symbolically, so *ukuthakatha* is a code that signifies a breakdown in human relations. Stuart Bate 2002 effectively elucidates that:

Illness and healing in African traditional culture operates around the root metaphor of restoring **life**. Restoring life is a human process, which includes physical health and inter-relational harmony. Some of the culture texts in this paradigm include *umkhuhlane* (usually physical illness cured by herbal remedies), *imithi* (herbal remedies) *inyanga*, *ngaka*, *nganga*, *sangoma* (different types of traditional healers in different African languages) and *izifo zabantu*: (sicknesses usually attributed to inter-relational causes: ancestors, spirits, other people or witchcraft). Codes include the process of consulting and divining (*ukubhula*): rules for slaughtering and sacrifice of animals to appease angered ancestors and rules and methods of doing harm to people or giving them bad luck in life (*ukuthakatha*)

(Bate 2002:110)

The concept of *ukuthakatha*, therefore, affords those engaged in the pastoral field to work hard in the restoration of human relationships. It serves as a means to cope with misfortune and anxiety. Sundkler (1961:28) and Oosthuizen (1968:98-99) seem to suggest that *ukuthakatha* is a belief system that has been 'blended with new Christian belief' according to Sundkler and in prophetic movement according to Oosthuizen 'has been

hiding in Christianity'. That is, the very fact that missionaries treated the issue of *ukuthakatha* as superstition it found a "new road" as Berglund (1976:266). People went on with their hatred as relatives by belonging to this church and discrediting the other. In prophetic movements why do we have so many sects? It is because when one feels jealousy about the success of the other he/she starts his own sect. People no longer bother about the issue of *inhlambuluko*. In other words, the tendency to refrain from making inquiries into the deep-seated issues surrounding witchcraft has allowed it to remain a force that is untouchable and yet prevalent in Christian circles. There is a deep-rooted division, hatred or discord within Christianity. Whilst in traditional circles the aim was to root out all forms of witchcraft even if it meant wasting someone's life. Sadly, it has become the hiding place for HIV/AIDS in the sense that it has been left in the hands of individuals to handle issues in the manner that suit them without the family or the Church interfering.

4.2 Possible transformation of some Zulu societal factors

4.2.1 Method of exculpation in the concepts of *ukubhula nokuthakatha*

To exculpate is to put blame to someone. Aylward Shorter (1973) discussing witchcraft accusations argues that it takes its origin partly in the "psychological need to provide an outlet for repressed hostility, frustration and anxiety" (: 140). He goes on to say it provides a way to explain serious misfortunes and to render those who suffer them blameless in the eyes of society. Putting the blame on the witch is a method of exculpation. This attitude needs to be challenged in the case of HIV/AIDS because it creates disunity in the family since in the case of *ukuthakatha* it is mostly the family members that are often accused.

It is common knowledge that the spread of AIDS according to Saayman (1999:208) is "dependent for its spread on certain patterns of sexual behaviour" and other cofactors¹⁶.

¹⁶ Cofactors deal with debates that belong to arguments pertaining to the origin of Aids. And the fact that it could be transmitted through other body fluids and other socio-cultural factors such as poverty, culture stereotypes and gender issues.

On the part of *ukubhula* the community should guard against the pseudo-diviners and faith-healers (Sikhakhane 1999:7-8, Mosala 1996:53). However, HIV/AIDS results in a situation where there has been a human error, there is nothing mystical in its causation. Thus the accusations and suspicions should not create such a scene, rather, the infected person should somehow own up and admit that there has been a damage that is irreparable and the affected community should give support to the person suffering.

4.2.2 The manner and the perception of human sexuality

Admittedly, human sexuality is a language to express in the fullest sense both physiological and psychological grounding of human capacity to love. It is important to recognize that the AIDS pandemic has reached frightening levels at the present time. Social realities like poverty and oppression, psychological factors like loneliness and alienation can strongly influence people's decisions to behave in ways which expose them to AIDS virus. In this study we are not looking at an epidemic, but as a new endemic disease that we will have to learn to live with for the foreseeable future. As Coleman (1992:371) emphasises that "unlike most plagues of the past, HIV infection is preventable by education and behaviour change" (see also Saayman & Kriel 1992:20).

The notion of sickness and healing, concepts of *ukubhula nokuthakatha* and other cultural issues contribute in the understanding of human sexuality. It is a fact that socio-economic issues play a major role in shaping the behaviour of people. But Jwara (1999) makes a thought provoking comment:

It is also interesting to note that long before the arrival of Western civilisation, the Africans used to walk half naked and yet one seldom heard of rape cases *or any other form of sexual abuse and violence was severely punished* (my italics)

(Jwara 1999:32)

The view that pre-Western era was perfect and the arrival of Western civilization together with Christianity marks a change in African culture is to be argued. On one hand, the tendency is to speak as if civilization came to rescue Africans who were about to be destroyed. But the fact is even after the dawn of Christianity that promised perfect life things seem to be worse. On the other hand, the addressing of the past injustices that is influenced by political dispensation on sexual issues provokes a situation of confrontation at the expense of the disease that is ravaging society.

The Zulu society is traditionally polygynous which to my opinion is not equal to promiscuity. There was and still is a lot of faithfulness to people who practice this type of marriage. On the contrary Christianity preached the Gospel of one man – one wife but because of social factors that separated men from their families (migrant labour) forced men to practice ‘unfaithfulness’ forbidden by the Church even by the Zulu society because one does not propose love for the sake of pleasure but it points toward marriage. In fact there is tension between rural women and town women precisely on the point that rural women look at town women as their rivals after their men. Vilakazi (1961) explicitly state that:

Heathen men are not particularly keen about townswomen for three reasons. Firstly, they are carriers of venereal diseases. Secondly, they help men to “eat” away his earning and then desert him. Thirdly, townswomen generally have more than one lover and these boy lovers generally use knives to fight for women...The country women know this they refer to the townswomen who take their husbands as *onohogwana* – the thing that wash and make up in order to attract men.

(Vilakazi 1961:17)

In rural areas town is perceived both in the negative and the positive sense. It is negative in the sense that it's a source of moral decay and city of diseases that vomit back husbands and children to await death. It is positive in the sense that, its a place of work and other opportunities. The rural area becomes somewhat a “dumping” place when wives or mothers have to nurse husbands or sons and daughters who come back home no longer

functioning because of AIDS. In what I have observed is the idea that one must be careful when dealing with people from town.

Thus the shift from polygynous marriage to monogynous marriage marks a change in behaviour in terms of education. As a result there are many issues cultural that are not discussed but simply adopted as normative *izimbizo* (community gatherings). I will discuss secrecy and taboo.

a) Secrecy

This section attempts to address the issues that scarcely leak to the public which are often coupled with violence. It is a kind of a behind doors situation that is “even more insidious and life-denying” (TAC2000: 6). Human sexuality is viewed differently in different cultures but as general rule culture ascribes characteristics to masculinity and femininity. Because of patriarchy Niklas (1996) men are considered as “authoritative, unemotional, logical and independent and women as being submissive, emotional, nurturing and dependent” (: 98).

The *lobola* issue frustrate young men and women because males are expected to pay even if they do not work. These constraints do not only jeopardise the relationship between the boy and the girl but it forces them to live an unfaithful life, to such an extent that one of the parties will end up looking for comfort to anyone who is financially viable. In that way, according to Shangase (2000) “*lobola* has been commercialised” (: 25).

In rural areas Sibisi (2001) commented that because males are at work in towns. The remaining males especially boys (*abafana*) ‘*bayakhathaza*’ - they are troublesome. They develop bad habits that are left unchallenged because fathers or brothers are not around ‘*bahlolisa ngamantombazane bagange emzini yamadoda*’. That is, these boys go around harassing girls and even going to homesteads by force to demand girls. On the part of the elders, young boys and girls because of the lack of the father figure at home due to the death of the father or single parenting turn to develop special relationships with older people. These elders in turn abuse those relationships and threaten to harm or kill the

youngsters concerned. All these ill practices remain unchallenged by the community. If there were to be a talk of Zululand golden times, the golden times for the Zulu people would be to go to community gatherings (*izimbizo*) not to discuss divisions and differences (*imibango*) of the land and inheritance but in restoring moral fibre that is fast decaying. That is, to dialogue about those issues that relate to the spread of AIDS that the community can fight right in their midst.

b) Taboo

The situation in sub-Saharan Africa of the AIDS pandemic is a reality. The exact nature of the disease and its conditions of transmission and its impact to human health are still subject to controversy. The reason why AIDS is so much in Africa remains controversial. The high prevalence of sexually transmitted diseases is an aggravating factor. Now, the fact that AIDS deal with sex one of the most mysterious and scary dimensions of human existence compounds the problem. Philippe Denis (2000) highlight that in all cultures and the African culture is no exception – sexuality is a taboo. It is not something one talks about with ease, even between children and parents. “The fact that HIV/AIDS is, in most cases a sexually-transmitted disease contributes to the stigma that is attached to the disease” (: 4).

However, taboo has a religious conception. Mulemfo (1998) points out that “the religious dimension overrides the other dimensions of life (social, cultural, economical and political) of the African people” (: 234). Wuthnow (1984) in discussing the cultural anthropology of Mary Douglas in pollution and moral order state that:

For Mary Douglas, the artefact is simple, obvious, much like Marx’s commodity and Durkheim’s totem. It is dirt; ordinary plain dirt. Understanding what makes things dirty or clean is the basis in her work for understanding the innermost secrets of the moral order itself and the means whereby society periodically renews and reaffirms its basic social relations and collective sentiments.

(Wuthnow1984: 85)

Now for someone to be pure and spotless before the community being “clean” is the way to follow. In a Zulu set up an idiom *ukwesaba ihlazo* (to be afraid of disgrace) points toward a fundamental moral principle, if not kept a ritual is required to appease the ancestors (Qwabe 2000). It is the fear of not disgracing oneself, your family and the community at large by engaging in an act that calls for ritual performance. Unfortunately, in the case of AIDS though the ritual maybe performed or the treatment administered but the consequences are irrevocable.

The other dimension that needs to be awakened in our society is that of *ukulahlekelwa ubuntu* (it is a lost of conscience/ones humanness). This dimension calls for self-discipline and self-control in the things of the flesh. It is best illustrated in the comment made by an informant Gumede (2000) “*kodwa isizwe sesingaze siphela sibulawa ukudla? Sihlulwa ukudla?* (Is the nation and/or community going to be wiped away because of food? Do we accept to be defeated by food?” *Ukudla* (food)¹⁷ in Zulu is used literally to mean, “eating” and “making love”. Strangely, Gumede retorted, at the level of the food that we eat (sharing a meal) people are very careful of what they eat. Why do they become so careless on the level of sexual intercourse? In traditional Zulu there were dietary regulations that were strictly adhered to. For instance there was food that was not eaten till a later stage in life. So sex, should be ‘food’ that is reserved for a later stage in life. In fact this is in the tradition and the doctrine of the Church but can be made very rich if it were to be coupled with the norms of the Zulu tradition. It remains the duty of the family, the Church to address these issues. The need to get into the terminology used by ordinary people in order to carry the message across for the benefit of the youth in particular that seems to be victims of this pandemic. Muasa (1996) says, “youth problems, as they are often referred are not solely youth problems but social problems” (: 6). Again the youth is the future of the nation, thus, a need to take care for them.

¹⁷ Food plays a very significant role in the life of the family, the society and the Church. That this word is used for sexual intercourse proves that it plays a sacred part. This therefore makes it more of a taboo if it is abused because people have lost their self-respect and dignity. It call for the complete integration of a person

4.2.3 Untimely death

The issue of untimely death is quite common due to HIV/AIDS. It is the duty of the Church and the society to address this issue in the sense that people come to terms with the fact that they are going to be confronted with this situation for a longer period. The outcome of this pandemic is but that of confusion in the ordinary way of living. Denis (2001) confirms this when he states:

With AIDS the world has turned upside down. At an age when the elderly expect support from their children, they have to bury them instead, and are forced to take responsibility for the upbringing of their grandchildren...clearly these families need material assistance. But they also need emotional support. The children are directly affected by the death of their mother or their father, but they do not know how to talk about it. They do not understand what has happened. The memories of the dead parent tend to fade. This creates confusion, which prevents them from developing to their full potential.

(Denis 2001:259)

In the case of loss of the beloved one as Clinebell (1984) put it there is “psychological amputation”(: 220). However, AIDS related deaths, according to Marcus (1999:9) ‘fall ambiguously along the continuum of appropriate and inappropriate death’. She goes on to say much of the reason for this ambivalence derives from people’s perception and experience of the social response to AIDS. This is about the suffering that comes with illness and death.

Now, suffering is a condition that is package that comes with Christianity. Geertz (1973) highlight that “the problem of suffering passes easily into the problem of evil, for if suffering is severe enough it usually though not always, seems morally undeserved at least to the sufferer” (: 105). In the Zulu situation wherein untimely death is automatically related to misfortune or witchcraft, AIDS is forcing this society to review its perception.

That is, sickness and untimely death caused by AIDS is the real evil of all cultures including the Zulu people.

The problem of evil remains a theological issue more pertinent now. Edmund Hill (1984) is emphatic when saying “now we are only concerned with evils as they affect human beings” (: 54). It is about the physical suffering that leads to death according to Latourelle (1983) that “sting the flesh, attacks the whole organism, corrodes it, and breaks it down” (: 321). This what AIDS does to human beings; it is undeserved suffering that turn into evil. It is for this reason that Macnutt (1998) says, “whenever I have spoken about suffering and sickness, I almost always experience tension” (: 125). This is the tension experienced by the families affected by the AIDS pandemic, of which the Christian community should provide the support and be Good News.

4.3 An attempt toward a Zulu context of pastoral care for people living with AIDS

4.3.1 *Ukwenza izaba* (an observation of the patient but using some form of treatment) as being present to the infected person as a form of home-based-care.

The Zulu people have a tradition of being present and observing someone who is sick. However I want to challenge the saying that: *ukungabambi inhlwa ivela ngekhandu* – not to get too excited about any ailments or complications. AIDS has made it imperative that as soon as there is some complication on the part of the member of the family. It is the duty of all in that family to quickly look for help to doctors whether Western or Traditional.

In the issue of *ukwenza izaba* the community can develop a situation wherein infected people cannot be alone, because all members have a responsibility to come and be with the person who is sick. Sibisi (2001) says traditional when someone was sick all the members of the family had to visit that person. That is, even the furthers member was expected to come and see the sick person. Again it was important that a person should come home *azofela ekhaya* – (to come back and die at home). It was unheard that a person will be

thrown away on basis of a particular type of a disease. This then challenges the Zulu people or any other African society that expel infected persons from home. It is appalling for the Church to do that to its members and it angers the ancestor to do such a crime emphasized Sibisi.

The lesson in this practice of *ukwenza izaba* (home-based-care) is that the human beings must be respected through out life. Gumede (2000) argue that *umuntu ofele ezintabeni* – (someone who died in the veld) *uwuhlupho* (becomes notorious). That is, he/she becomes a wandering spirit since he/she was not given the love he/she deserved. Now to curb unnecessary societal problems, giving care to the terminal ill is but imperative. And also not to look at the person as burden some this is something new for the Zulu and is a product of greed Gumede emphasized. It is important that people return to what our forefathers taught us. In that way, people who are sick may find the care and the love they need just before they die, that is to die in dignity.

4.3.2 *Ukuthembela kowelaphayo* (trusting on the efficiency of the traditional healer) as a community effort to support the infected person

Traditional healers command a great respect to their patients. And in most cases before a person settle for the treatment they often visit a number of healers to find the truth. How can this new pastorate help? (See the quotation of Connor above). This can afford the patient with a stabilized mind and trust. Kealotswe (2001) proposes that:

Patients are first of all supported in their belief that someone is bewitching them...their beliefs are not simply dismissed as of no account. In addition, the patient is made to trust in God as the greatest healer...the important thing to note is that the belief in witchcraft is necessarily emphasized but is used as a point of departure...Even in the era of AIDS the role of witchcraft cannot be dismissed. A person suffering from TB is believed to be poisoned...*do* (my italics) not dismiss that idea but use it as a stepping stone to healing the patient

(Kealotswe2001: 230)

The approach that is proposed in this study is that of listening to the patient even if we know that the condition is incurable. It is the approach that aims at sympathizing with the patient, as it were, getting into his/her skin with the sole purpose of being present.

4.3.3 *Ukwenza umsebenzi* (ritual killing) as a process of acceptance of the reality of AIDS

In the ritual of living with AIDS the Zulu community is to face the fact that AIDS is part of the Good News of our times. That is, the attitudes and behaviours around HIV/AIDS are based on “truths” informed by prevailing cultural myths (Bate 2002:93). Bate has studied those myths in order to identify the truths they are communicating and see whether in the Christian teaching they might be transformed into good news for the people living with AIDS.

The infected person then takes priority; his/her needs come first before the interest of the affected persons. In other words, in order for the person infected to rest in peace all the rituals must be performed and the praise must be given to God for the gift of his/her presence. Such an approach towards AIDS will afford the family and the person infected to celebrate the passage of his/her death. It will also affirm the members to prepare themselves for the departure of the person.

In olden days, and in our times it is common to hear that an elderly person asked his/her children to slaughter him/her a cow. The only part of the cow that will be wanted is the liver and as soon as a person eats that, they die. And an incident of that kind does not send shocking waves to the community. It is death prepared for. AIDS gives ample time to a person for him/her to prepare his/her way and also the family and friends to do like wise. This will make all the parties to be satisfied about the fact that they did all that is expected traditionally and religiously.

In conclusion, the prophetic role of the Church to her members suffering from HIV/AIDS is that of suffering seen in the light of Christ’s suffering. Jesus Christ represents the

undeserved suffering that is transformative. Latourelle (1983) emphasizes, “the suffering of Christ transfigures the suffering of the sick. Like the prophets, they proclaim that it is through being uprooted from themselves that human being are born into eternity (: 225).

Illness and death as it has been seen can withdraw and even put us in despair, but if seen in the light of the suffering Christ, it can give unwavering hope. Suffering becomes the way to Jesus Christ; this means those who want to follow Jesus should acknowledge that suffering is part of the spiritual journey. Certainly, faith in Jesus as the Savior enables sufferers to view life differently. Power (1990) state that:

The link between sin and illness is not something, which keeps the ill away from God. Illness is a human condition in which God is glorified, for the sick become a symbol of Christ who gives his life for others. There is a reconciliation with God and with the Church because there is reconciliation with one's condition, a healing of the feeling of being a person divided, a spirit incapacitated by the weakness of the body

(Power 1990:252)

Therefore the understanding of suffering as part of the cost of discipleship for Christians is imperative in the theology of AIDS. Love and suffering should work as different sides of the same coin.

Chapter 5

Conclusion

We attempted to look at the issue of AIDS pandemic with the specific purpose of trying to contribute to the endeavours by all sectors in combating this scourge. The intention is to provide sources that will enable the community to draw from so as to build a strong support system for those infected and prevention for those affected.

In sickness there is a universal qualitative change. The chronologically and terminally ill persons have entered on a new state of life in which their personalities change. It is for the community and the Church to give support to those sick. When a person is sick he/she often withdraws from the usual social activities directly or indirectly, the warmth of the family, the neighbourhood and the Church should provide security for such victims.

Certainly, on the part of the HIV infected there is a sense of guilt, hence, a reason for denial and withdrawal. The family should provide the base for the individual to feel welcomed. The family life should somehow be the source of strength and courage for AIDS patients. In that way family institution should be emphasized as the base of warmth, love and kindness to the infected members.

However, it is important to note that people in rural areas are often dependent on the help offered by Traditional healers, that is, before they go to the clinic or hospital, which is often far, they start with a Traditional healer. They have a great command in peoples' lives to such an extent that it would not be wise to ignore their influence and control. Because of the services they offer, traditional healers have a great respect by the community, and this includes Christians.

In this study we set out to propose that the Zulu traditional way of coping with crisis and tragedies can be assimilated in the Christian tradition. As means of coping with *ukugula*, *ukufa nokuphumula ngoxolo* (sickness unto death and rest in peace) that is so prevalent in

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We attempted to look at the issue of AIDS pandemic with the specific purpose of trying to contribute to the endeavours by all sectors in combating this scourge. The intention is to provide sources that will enable the community to draw from so as to build a strong support system for those infected and prevention for those affected.

In sickness there is a universal qualitative change. The chronologically and terminally ill persons have entered on a new state of life in which their personalities change. It is for the community and the Church to give support to those sick. When a person is sick he/she often withdraws from the usual social activities directly or indirectly, the warmth of the family, the neighbourhood and the Church should provide security for such victims.

Certainly, on the part of the HIV infected there is a sense of guilt, hence, a reason for denial and withdrawal. The family should provide the base for the individual to feel welcomed. The family life should somehow be the source of strength and courage for AIDS patients. In that way family institution should be emphasized as the base of warmth, love and kindness to the infected members.

However, it is important to note that people in rural areas are often dependent on the help offered by Traditional healers, that is, before they go to the clinic or hospital, which is often far, they start with a Traditional healer. They have a great command in peoples' lives to such an extent that it would not be wise to ignore their influence and control. Because of the services they offer, traditional healers have a great respect by the community, and this includes Christians.

In this study we set out to propose that the Zulu traditional way of coping with crisis and tragedies can be assimilated in the Christian tradition. As means of coping with *ukugula*, *ukufa nokuphumula ngoxolo* (sickness unto death and rest in peace) that is so prevalent in

this area of the AIDS are often treated as outcasts in the society, which then betrays the norms and values of Christian living as well as Zulu tradition.

In the Zulu tradition a person is given the respect from the time *umuntu ehlatshwa ukugula/ukufa* (attacked or infected by the disease to the point of death (*kumenela*)). And this situation is treated in stages: *ukwenza izaba* (home-based-care), *ukuyobhula* (divination), and *ukwelashwa* (receiving therapy). However, because of the effects of the pandemic that is incurable, these stages are often frustrated. But then, they provide a psychological satisfaction on the part of the victim.

Whereas, in the situation where AIDS patients are sidelined or marginalized the Zulu approach calls this attitude to order. That is, no person should be left to die alone: *ukwenza izaba* (home-based-care) is a moral obligation in two ways. It is by protecting the unaffected and reconciling with the infected through the policy of *ukuqaphela isimo segceke* and *inhlambuluko yegceke* (that includes being proactive to correct family affairs both morally and communally). These rituals aim at combating the idea that an HIV/AIDS patient is sentenced to death, since they, involve the living and the living dead in order to seek help.

In the case of *ukubhula nokuthakatha* (divination and witchcraft) we came to realize that frictions and tensions are caused by the breakdown in human relationships. This affords those who are engaged in pastoral work to know what to transform in the lives of the community they serve. It tells a story of what is affecting your community and how one can go about for occasional correction.

Now Bate (2002: 148) distinguishes between associative antagonistic symbolic medicines and associative sympathetic symbolic medicines. The former symbolises the evil the medicine is fighting and the latter symbolises the good the medicine wishes to provide. Both approaches provide the individual concerned with **hope** to confront hardships, pain, sorrow even death at hand with fortitude. In other words, once a person has used a particular medicine or performed a certain ritual, feels more confident to face the reality. It is a psychological phenomenon observed in the context of life lived in its plenitude. And

Christ came into this world so that the whole of humanity can have life to its fullness. Unlike the “thief” that is AIDS that steals life cf. John 10:10. The Christian tradition as well as the Zulu tradition, rightly, long for that abundance of Life as Jesus promises.

Hence, the spirit should be that of the Gospel as yeast and the culture as the dough. Since, the culture of people is not static but dynamic. It is a historical phenomenon and therefore. Zulu customs do not remain static; they change. For this reason, the particular understanding that Zulu people have of themselves, their way of life, their philosophy of cannot be the same today as they were the times of King Shaka. The circumstances of life have changed, diverse contacts with other people have taken place, and the socio-economic-political environment has evolved and brought people progressively to a new way of living and understanding themselves.

There is a need then to be on a constant dialogue with the culture so that the fruits of the Gospel may transform the lives of people. Over and above that the lives of AIDS patients may be comforted by the approach and the attitude that is found to those who take care for them. Though, it is hard to confront the situation, it is important that we should walk in the footsteps of Christ who loved his own to the point of death and by doing showed the depth of his Love.

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