CHAPTER 11
A DISENCHANTED MODERNITY. THE ACCOMMODATION OF AFRICAN MEDICINE IN CONTEMPORARY SOUTH AFRICA

Thokozani Xaba
Human Sciences Research Council, Pretoria, South Africa

Introduction

The contemporary debate, in South Africa, on 'alternative' and 'modern medicines' captures the differences between the proponents of modernity and its discourses and those, primarily African intellectuals who are disenchanted with modernist claims. The emphasis of modern medicines on treating the organic forms of illness is countered by the voices who argue for an African way and its insistence on the 'holistic' treatment of the afflicted- a treatment that is also sensitive to the social, psychological and spiritual parts of the human animal.

This debate has engendered, at least, two responses. One sees the two forms of medicine as antithetical, where 'traditional medicine' is seen as nothing but 'voodoo science' and its practitioners as nothing but "misguided" or "lost" people. The other group sees the two forms of medicine not as opposed and antithetical forms but as 'complementary'. Some, among the latter group, have begun to compile registers of medicines which show when traditional medicines should be harvested, which part is useful for which cure, how much to use for which illnesses and how often to use it. And as the critique of Eurocentricism is increasing, so does the latter seem to be the more authentic, indigenous way. It becomes another example of alternative forms of knowledge that, from a perspective *outside* modernity, should be included in the canon of science as both valuable and effective.

This paper maintains that caution is necessary. Unless we investigate how 'traditional medicine' survived in South Africa, especially in the nooks and crannies of urbanisation under apartheid, we will be turning to vacuous conclusions. Although its practises survived and modern medicine failed to consign them to the 'dustbin of history', we can hardly afford easy romantic versions of their existence. We need to ask: how were they affected by the environment in which they led an illegitimate and sometimes illegal existence and yet considered essential by the dispossessed? How do we account for the power of these beliefs and how do we distinguish between craft, science and charlatans' exploitation of people's anxieties?

An example of the tragic power of such beliefs and the role of "Afrocharlatans" would be the incidents which occurred near Kokstad between late 1995 and early

1996: grieving relatives of 12 children killed in a mini-bus accident at Kokstad in East Griqualand on September 30 refused to let them be buried, in the belief that they could be revived. Kokstad police spokesman Capt Deon Scheepers reported that relatives were negotiating with local traditional healers to bring the children back to life .

The funeral was cancelled when relatives claimed that the coffins did not contain the bodies of their children, but images produced by *muti (medicines)*. Relatives claimed that the bodies appeared to have long hair and long and shrunken faces like those of elderly people. Police were deployed to disperse the mourners who planned to march on the town centre to demand that the real bodies be returned to the families.

At the "canceled" funeral, 3 women accused of being witches were chased and hacked to death. A local *sangoma* was forced to flee from the area fearing for his life when he realised that the families believed that the children could be revived and that he would not be able to convince them. Some days after the cancellation of the funeral, rumours spread that the *sangomas* had succeeded in bringing the children back to life. There were even reports that they had been seen at a minibus taxi terminus in the town centre. Another woman was stabbed to death on suspicion that she was bewitching the "reincarnated" children.

An attempt was made to bury the children on the 6th of December but a group of people exhumed the coffins after the funeral and attempted to burn the coffins - only succeeding in burning two. The relatives managed to bury their dead the following day.

By late January 1996, a number of women were living in fear for their lives after having been told that their names were on the "hit list". Apparently, members of the community had consulted with *sangomas* and had been told that the children had been turned into zombies and were being kept in the witches' wardrobes. One woman who wanted to clear her name wanted members of the community to open her wardrobes to see for themselves. However, there were no takers. Besides, the *sangomas* had told the community that the zombies will only be visible to those detaining them.

Definition of Terms

"Traditional medicine" refers to those medicines used by healers which include plants (indigenous and otherwise), products of plants, sea water, animal parts, blood and emissions and any mixture of such with either water or animal blood. So when reference is made to "traditional" or "African" medicine, in this context, it can never be African because of its chemical composition, genealogy, or even results. It is African because both the provider and the user tap into the inner crevices of African consciousness which are rooted in beliefs in African cosmology and cosmogony. The traditional healer in turn, does not require formal education to master the "trade", he/she only needs training in African cosmogony and cosmology as well as training in the use of African medicines.

The advent of Christianity and its amalgamation with African beliefs resulted in the emergence of another set of 'traditional healers' and medicines. Such medicines are referred to in Zulu as iziwasho (medicines for the purification of the physical as well as the spiritual body). These are either pure water that has been prayed over, ocean water, and water mixed with other substances whilst summoning the powers of the Christian spirits such as Jesu (Jesus) and Mariya (Jesus's mother), there are those who claim to have powers also to communicate with African spirits as well.

African Religion and Traditional Medicine- an Enchanted Modernity

This is not a study of African religion; nor is it a study of traditional medicine. It is a study of how the urban conditions in which Africans found themselves (and still find themselves) engendered (and engender) an environment in which traditional medicine became one of the refuges to which Africans fled when confronted by what seemed to be the ruthlessness of urban life under segregation and apartheid.

Recent critiques of modernity, its articulations, and its consequences dispel the myth of a unilinear trajectory in human experiences and encounters with modernism. By destroying the existence of a common modernity even among the modernisers themselves, by articulating local dynamics which are affected by and affect modernity, and by showing how that interaction transpires, these critiques improve on what has been an ephemeral understanding of the human condition and deepen our appreciation of "the struggle to survive".

Among these critics, Pred and Watts (1991) are interested in how "multiple modernities" are worked and reworked in the face of the globalisation of capital and the pressures of coterminous forces. Of major import to them is "how difference, connectedness and structure are produced and reproduced within (a) contradictory global system..." Hence, for them, the theorisation of the local situation should be undertaken in such a manner that the "external determinations are articulated with locally shared but socially differentiated meanings and experiences." This is because the local cultural reworking of capitalist transformation emerge from "tradition" and "custom" what Lovering (1989) and Cooke (1990) refer to as "historically sedimented institutions".

Recent work in anthropology too (Comaroff, 1993- Cohn and Dirks, 1988; Ong, 1987) goes beyond the questions of the reshaping of work and the resultant effects of the intensification of struggles within communities and households. This work also shows how "historically sedimented institutions" are mobilised to mediate at various points of the struggle or to transform the environment of struggle. This work differs from that of its structural-functionalist predecessors (e.g. Durkheim; V.W. Turner- 1967) who saw "sedimented institutions", such as ritual, as providing a "social glue" without which society could come apart.

Most of the recent work in anthropology tends to historicise institutions such as ritual and make them embrace practices meant to transform the environment within which they occur. These anthropologists see ritual as another form of

symbolic practice which is part of the encompassing "discourses and technologies" which establish "counter-hegemonies" (Cohn and Dirks, 1988). Ritual is seen as a "vital element in the processes that make and remake social facts and collective identities. Everywhere." (Comaroff 1993). As such, ritual activities "seek to shape the inchoateness of colonial encounters into techniques of empowerment and signs of collective representation."

All the recent critiques of modernity converge on dispelling the myth of unilinear trajectories and predetermined responses by societies confronting modernisation. They emphasise not only the numerous forms of modernities but, also, the multiplicity of responses to them. As such, they reveal various individual and collective struggles against colonial power and against the encounter with modernity. However, in their articulation of such dynamics, these critiques skirt one of the most important questions; ie. how the practices and beliefs in "sedimented institutions" have been both rekindled and, at the same time, transformed by modernism, especially in the urban areas and how the, to use the jargon, the "commodification" of ritual affects its context and meaning. This paper aims to do just that by investigating some of the effects of modernity on traditional African medicine in South Africa. It argues that, in the case of urban South Africa, the exclusion of Africans from state institutions had a double effect. On the one hand, it created conditions for and nourished reliance on "other-worldly" interventions in the daily lives of Africans. On the other hand, it created an environment in which charlatans reigned and proliferated.

Reliance on "Other-Worldly" Interventions

The legal exclusion of Africans from state institutions fostered a reliance on unofficial, and often illegal, institutions and practices in order to have one's concerns addressed. For an example, exclusion from the justice system fostered a reliance on unofficial institutions of justice such as 'people's courts'. Politically, economically, and socially barred from receiving quality service for all their ailments, Africans resorted to "other worldly" forms of intervention. Such interventions included African traditional practices and Christianity (in both its traditional and Africanised forms). All this helped to keep urban areas - much against the dictates of modernism - as environments which are vastly enchanted.

The cultural exclusion of Africans rendered ordinary people unable to interact with the modern cultures and all their "promises." Hence, the white man who held a stick which he could point at another man and have that man drop dead after some smoke has come out of the stick was an enchanter, a witch of all witches. And the doctor who cured what seemed to be incurable ailments was a superior medicine man. In addition, the townships in which Africans lived were, amongst other things, environments of poverty, crime and violence. To make it through the enchantments and the hardship of the urban environment, one needed interventions from more powerful "other-worldly" powers.

Proliferation of Charlatans

As more and more Africans sought relief in indigenous medicines and other combinations of African medicine and Christianity, an industry of sorts developed. Currently, the production and distribution of *muti* is a multi-million rand industry. There are an estimated 250 000 to 300 000 healers in the country - which by far outnumbers other health practitioners here: there are only 30 000 doctors and 200 000 nurses in South Africa. Proof of the quantities of muti used can be deduced from the results of a study done some years ago in KwaZulu-Natal. Some 150 000 plants, 2 000 reptiles and 350kg of bark were traded in a week in the Durban area".(1)

The added fact that many Africans who lived in urban areas did not know the secrets and authentic tracts of African medicine, resulted in the development of an environment in which, among real traditional healers, charlatans could flourish and proliferate. The charlatan presents him or herself as someone who possesses powers that an ordinary medicine person does not possess. He or she can cure illnesses considered incurable and solve what seems to be inscrutable social and personal troubles and burdens.

The charlatans thrived, largely, due to the effects of the encounter of Africans with modernisation. That encounter had produced urban people who needed "other worldly" interventions to pass at school, find employment, keep employment, find love, stay in-love, find a marriage partner, maintain marriages, protect oneself from violence, protect one's property from theft, etc. Charlatans proliferate to such an extent that, in urban areas, one is more likely to run into a charlatan than into a real medicine man or woman. For the purposes of my argument I will present a case study that illustrates the drama of this phenomenon.

Mrs Ndlovu's Story

Mr and Mrs Ndlovu have been married for about 29 years and have four children and five grandchildren. Now in their late fifties, they have lived around Durban since the mid 1950s around which they left their rural areas for work opportunities in the city. By and large, except for a cold and flu, they have not had any serious illnesses in the family. That is, until Mrs Ndlovu fell ill early in 1994.

At the beginning, she complained about a stomach ache which kept her awake at night and did not seem to respond to pain killers. A neighbour suggested that she be taken to a hospital for examinations. She would have none of that. She feared that the doctors would say that she had either ulcers or, worse, cancer and would then operate on her (the Zulu word for an operation is ukuhlinza, a word which is also used to refer to the act of killing and cutting open a cow, goat or sheep.) Mr Ndlovu also considered an operation as a dicey undertaking.' They both agreed, instead, to see an African traditional healer (inyanga).

They went to see an *inyanga* who operated out of Tongaat. The inyanga diagnosed the illness as stomach-based sores; a result of witchcraft from a jealous

neighbour. He said that Mrs Ndlovu had stepped on umuti inside her own yard. To help her, he gave her two sets of medicines-, one set was for Mrs Ndlovu to use in order to cure the sores and the other set was both to "cure" Mrs Ndlovu's house and yard as well as the prevention of further witchcraft. After paying a sum of R80.00, Mr and Mrs Ndlovu left for home.

After a week of using the inyanga's medicines, Mrs Ndlovu was not getting any better. Her legs were swollen and she was losing strength. Mr Ndlovu got wind of a -'white" doctor who could give strength to Mrs Ndlovu, without having to operate on her (2). The doctor's "surgery" was in Dalbridge- about 22km South of Kwamashu.

It was located in such filthy surroundings that in order to get to the doctor's "reception area", one had to walk about 50 yards through a passageway which was like a dump and had the stench of urine; the kind one gets in a toilet whose cleaning is long overdue. The stench immediately stopped as one entered the "reception area". Those of weak will could not make it this far ... somehow, did not expect to see nursing assistants in white uniforms. But, in their starched-white uniforms, they seemed more like trespassers. The waiting room was full-, Mrs Ndlovu was the eighteenth patient from the doctor's door.

After paying R55.00 she was given a number and asked to wait for the doctor. Most of the people waiting with us did not seem to be "township people"; they had the "farm look" - as Mr Ndlovu would later describe them. Many also did not seem to speak Zulu very well; in fact they sounded - and looked - more like Central and West Africans. Then, it dawned on me that this is the place to come if one does not want to be bothered with showing an ID card. All that was given to Mrs Ndlovu was a number. She was not asked what her name was nor was her address required.

When one of the nurses shouted, "Number 18"!, Mrs Ndlovu walked into the doctor's room and we stayed outside. About 7 minutes later she appeared with a prescription and a squint on her face. The doctor had given her 'three injections, one after another!", she quietly said making a gesture with three fingers. She gave the prescription to the nurse in a blinding-white uniform who disappeared behind a STAFF-ONLY door and then reappeared with two bags - one in each hand - full of tablets. As the nurse explained to Mrs Ndlovu which tablets to take when, Mrs Ndlovu looked with disbelief as the number of tablets amounted, literally, to a handful at a time. We left the "surgery" and were welcomed, as we were ushered to the street, by the urine smell.

On the way home, Mrs Ndlovu described the doctor as being a tall heavy man with a hairy face, crystal blue eyes, a deep voice, and whose English was spoken with a strong German or East European accent.

The following day, she said that she felt stronger and she could, even, do some of the chores in the house. But the swelling on her legs was not going away. After a week, Mr Ndlovu was prepared to go to a Zanzibari *inyanga* who lived in Phoenix - an Indian township East of Kwamashu. He had been told that this inyanga had cured many illnesses. On the afternoon of the visit, Mr Ndlovu came

to ask me to accompany them to the inyanga in Phoenix. When we got to the inyanga's house in Phoenix, the inyanga was away. We waited for about 15 minutes and then a new, white, 7-series Mercedes Benz arrived. I did not quite get to see what the inyanga looked like, since we were ushered into a waiting area before he came out of his car.

The Indian family who had arrived before we did, was the first to be called in. (Yes! Some Indians too believe in African medicine or are at least too desperate to try it). While we waited, I noticed a Certificate which declared that the inyanga was a Member of the United African Herbalists Organization. A card pinned next to the certificate boasted that the inyanga cured all sorts of illnesses and diseases, that he cured even AIDS and that he had medicine for "Lotto Luck" and "Casino Luck". When the Indian family was finished, we were called in.

It was only then that we could get a better view of the *inyanga*. He was a man of small stature, a face that cannot be described as smooth and his Zulu had a "shangaan accent". He asked the obviously ill Mrs Ndlovu her name and what was wrong with her. He then asked Mr Ndlovu whether he wanted to *bhula* [ie. divination to find out what the problem was with his wife and family]. Mr Ndlovu agreed. He was to use the *abalozi* (ancestors) (3)to find out what was wrong with Mrs Ndlovu and with Mr Ndlovu's family. The inyanga then left the room and a boy (about 15) walked in. The young man started spraying and smearing concoctions on the small drums (situated inconspicuously at one comer of the room) through which the *abalozi* were to speak. After the spraying and smearing, the *inyanga* came in and the boy left the room. The inyonga then asked the drums to speak. After some time, a voice came through the drums greeting Mrs Ndlovu. It was a young woman's raspy voice, which spoke slowly and deliberately. It told Mrs Ndlovu what was wrong with her and that her condition was a result of a jealous neighbour. Mrs Ndlovu asked how she could get help and the voice told her that the *inyanga* was going to help her.

The voice which came through sounded like the voice one gets through a two-way radio, there was even the kind of static one gets with two-way radios. I had to explain to myself how the voice knew the name and condition of Mrs Ndlovu. I then remembered that the *inyanga*, had left the room at some point and he could have easily given the information to someone who would then send it in through the drums. This was enough for reasonable doubt. I did not tell Mr and Mrs Ndlovu until we were at their house. And we did not leave until Mrs Ndlovu had been "strengthen against evil spirits", given medicines to use at her house and not before Mr Ndlovu had paid R310.00! The *inyanga* guaranteed that Mrs Ndlovu was going to be well within six days. This astonished me, no traditional healer ever created such stringent conditions for his or her medicine to work!

Six days, thereafter, Mrs Ndlovu said that her stomach pains were completely gone and the swelling in her legs was going away. But two days thereafter, her legs were swollen again. Mr Ndlovu did not know what else to do. Until a man at a bus-stop approached him and told him that whatever was troubling him would be resolved by a *sangoma* in Inanda. Mr Ndlovu was taken aback, he had not

said a word to the man! He took the address from the man and then went to the *sangoma* the following day. But they were satisfied with her diagnosis and were willing to go to where she told them they would get help. The *inyanga* who was to help them was in Eshowe in Northern Natal. The *inyanga* told them that Mrs Ndlovu had not fulfilled some of her duties to some of her departed relatives. She had to stay together with other people in her condition - at the *inyanga*'s house for three months, but not before she got well. The *inyanga* gave her medicines to use at home. Two days after she began using the medicines, Mrs Ndlovu was well enough to resume her normal daily routines.

However, within a week, she started discharging a violently smelling puss. I, then, felt that I needed to persuade them to see my doctor. They did not agree nor did they disagree. But, on the day of the appointment, they were waiting for me. My doctor thought that Mrs Ndlovu's uterus needed cleaning and he suspected that she might have cancer in her uterus. He referred her to a gynaecologist at King Edward Hospital. Because the Hospital staff was still on strike, Mrs Ndlovu had to wait two whole weeks to be admitted.

When I visited her, a week after she was admitted, she said that she was feeling much better although she still had the discharge. The results of her tests were not back, they were expected back within a week. I was only able to see that she walked normally when we had to leave the ward. The reason we had to leave the ward was that the patient on the bed next to Mrs Ndlovu's had visitors from her church and they wanted to pray. Mrs Ndlovu told us that the woman being prayed for had refused being investigated by a male gynaecologist. She threatened to go back home if the hospital could not find her a female gynaecologist.

While Mrs Ndlovu was waiting for the results of the tests she had undergone, Mr Ndlovu's faith in African medicine led him to a "Coloured" man who was reputed to have a cure for cancer (at this point, the nurses had told us that they suspected that Mrs Ndlovu had cancer) Mr Ndlovu bought a 750ml mix of the medicine which was supposed to cure cancer. He was initially wary of bringing it to the hospital, but his wife told him not to worry, as she said, "the nurses understand, its only the doctors that we have to worry about".

By this time, Mrs Ndlovu had grown very thin due to the fact that she could not hold anything she ate down because, as she put it, "the food is atrocious". At one time, in our presence, a nurse forced her to eat mash potatoes, cabbage and a sausage- She threw it all up within minutes. She was, from that day, given a blood transfusion - I presumed - to replenish the blood she was losing through the emission of the puss.

A week after she had started using "the bottle" from the Coloured man, she was taken to the theatre for an operation. A few minutes before she was to be "cut", a "senior doctor" came into the theatre and told the surgeons not to operate because "it" was too advanced. "It", Mrs Ndlovu would later learn, referred to cancer. She had finally learned - indirectly that she had cervical cancer and that it was at such an advanced state that an operation was not going to help. Indeed,

she was moved back to her ward and told to prepare to be taken to Addington Hospital where she was to have radiation for her cancer.

I saw her the afternoon of the day of radiation and she looked miserable. She was thinner than the last time I saw her, she looked much sicker and she kept swallowing her saliva like someone who was about to vomit. She told me that the doctors told her to come back three weeks later for another "radiation". She would then be discharged from hospital.

When I came to visit her at her house the following morning, she was eating porridge. When I asked her how come she was eating and not throwing up, she responded, "There was nothing wrong with me in the hospital. The food was the problem..." Mrs Ndlovu, however, continued to lose weight and to complain of sharp searing pains in her stomach.

The last time I saw her alive was the day before her second radiation. I received a message at work the following day, informing me that she had passed away.

On the day of her funeral - after all the neighbours had left, Mr Ndlovu, who was still convinced that his wife had been bewitched, conducted some rituals on the grave, using traditional medicines which were given to him by an *inyanga*. The purpose of the ritual was to make the person who bewitched his wife to suffer the same pain and then follow her. The woman who was openly suspected of being the one who bewitched Mrs Ndlovu was still living a healthy, albeit poor, life 2 years after Mrs Ndlovu passed away.

Traditional Healers or Modern Doctors?

Mrs and Mr Ndlovu, in the case above, preferred to consult an *inyanga* about Mrs Ndlovu's illness because they did not want her to be operated on since, to them, an operation was too "dicey" a proposition. Mrs and Mr Ndlovu were not the only ones who held such views. In many instances, such views combine with similar ideas about modem medicine and its procedures to result in large numbers of Africans opting to visit traditional healers rather than modern doctors and hospitals, often, with tragic consequences.

Among the reasons for not visiting modern doctors and hospitals that my research has brought forward are issues of language and communication, cultural codes, privacy, poor facilities, the desire for immediate relief and belief in African explanations of illnesses. Let us take some of these issues in turn:

Language and Culture

The best medicine for any ailment is for the ailing person to know exactly what is wrong with them, how the illness was contracted and how it could be cured. This is an area in which modern medicine still has a long way to go, especially when it deals with African people in South Africa. Since the doctors and nurses learn in English, they normally are unable to describe and discuss the ailment with someone who does not understand English. Quite often, Africans who visit

doctors are examined and then given either injections or medications and then asked to come back some time later - after being told what to eat and what not to eat without being told what is wrong with them and what medication they were given and how it was supposed to help them.

In some of the cases where an explanation was attempted, usually a short-hand of an explanation - if any at all - substituted for informative discussion with patients. A good example of this was that innocuous procedures such as operations on a hand or foot were translated in Zulu as ukuhlinzwa, a word which conjures up the slaughter of an animal, the removal of its skin and the dissection of its body and its parts. This understanding of an operation, together with the fact that sometimes operations do not succeed, conspire to engulf those who are unlucky enough to need an operation, with overwhelming fear and trepidation.

This is not to say that African traditional healers are better at explaining such ailments. But the cultural context is such that they are able to discuss ailments in terms that people understand. While modern medicine practitioners are incredulous of 'witchcraft' or such practices are outside the scope of their paradigm, African practitioners' paradigm takes 'witchcraft' and people's belief in it seriously and accept it as an explanation of the causes of ailments.

Privacy

Closely related to the language issue is concern about privacy, especially when the afflicted do not want others to know of their affliction. Regarding private afflictions, the hospitals that township residents can afford to attend are normally public hospitals. As such, attendance to such places puts one at the risk of being seen by other people and, especially, by people one knows. Instead of going to public hospitals, people affected by such diseases choose to go to distant African doctors where they are less likely to be turned into public spectacles. The privacy provided by African doctors and the fact that they do not keep any documents - a potential source of publicity serves as a major attraction for people suffering from 'private' afflictions.

Poor Facilities

One of the major reasons Africans turn away from modern medicine are the poor facilities in hospitals. In many of the public hospitals they visit, Africans are made to wait inordinate amounts of time-, waiting in waiting rooms for doctors who may never come. It is common knowledge that if one has been referred to a public hospital, they should prepare to spend the whole day between traveling and waiting to see a doctor there.

Due to the poor funding for public hospitals reserved for Africans, the staff of such hospitals work with superannuated facilities, are normally overloaded with work and are frequently required to do more than their share of work. Such environments are rife with the potential for the flaring-up of tempers which anger

or humiliate patients. Sometimes the racist attitudes of hospital officials and doctors contribute to African reluctance to approach modern hospitals. (4)

The Quest for a Magic Pill

In some cases where there is a belief in modern medicine, a crisis is sometimes reached when a person is taken to a hospital but does not get well. Pressure is exerted on relatives to take such a person to traditional healers. There is ample evidence in the townships of people who got well after they had been taken from hospitals - some, after hospitals had given up on them - to African doctors. However, it is also true that some people are taken from traditional healers to hospitals where they eventually get well. But stories of those who get well after being taken from hospitals are told more often and by more innovative and interesting raconteurs than stories of those who got well after being taken from African doctors to hospitals.

The quest for a magic pill has produced an alarming increase in the manufacture of medicines which are supposed to cure illnesses which are not indigenous to South Africa, such as high blood pressure and even cancer and AIDS! If the person dies, then it means that the pills don't work. Consequently, there is a wide-range of blood pressure-suppressing African medicines that one can purchase at a price. In many instances, such medicines are priced significantly lower than those charged by modern pharmacists.

There are some who claim to be able to cure even such currently 'incurable' ailments such as cancer and AIDS. Such claims are used by the believers as evidence of the potency of all African medicines over all modern medicines. The question of whether and how cancer and AIDS actually get cured by these medicines becomes inconsequential.(5) Sometimes, sick relatives are dragged out of modern hospitals and taken to traditional healers who claim to have powers over illnesses currently considered incurable by modern medicine.

There is no question that some people do get relief from illnesses after visiting traditional heaters. It is also true that some people spend large sums of money on traditional medicine without getting any relief The issue of the effectiveness of African medicines brings up another important issue, ie. the qualification of traditional healers to practice their work.

Traditional Healing as a Calling

In the past, traditional medical practice was a *calling* and not a vocation. Many who became traditional healers were supposed to have been thrown into it kicking and screaming. They were chosen by ancestors who demanded that they forsook all their aspirations and became traditional healers. After being chosen, they spent months and sometimes years under the tutelage of a senior traditional healer. Often, they were trained to cure certain but not all illnesses. When they "graduated", they could only try to assist those people who suffered from illnesses for which

the traditional healer was qualified. People who suffered from other illnesses would be referred to those traditional healers who were properly qualified.

Traditional Healing as a Business

The modern environment is very different. Quite often, it is not clear whether and how many practitioners really become traditional healers. This uncertainty creates an environment within which quacks and multifarious characters of doubtful equanimity - who claim to be traditional healers - proliferate. Many become traditional healers after losing their jobs. Many more after some time of looking for work without success. These charlatans tend to claim to have powers to cure all manner of illnesses and to solve all types of problems. Mrs Ndlovu's case gives a glimpse of some of the practices of such 'traditional healers'. The number of 'traditional healers' she visited who claimed to diagnose her illness and gave her what they claimed to be a cure for her illness reveals the extent to which such practices proliferate.

Characterising what 'traditional healers' do as 'business' is not to degrade it but it is to highlight the increasing pecuniary nature of the practice. Even the practitioners regard it as a Career"(8). The Lecturer of religious studies at the University of Cape Town, Mkukuzola Mndende says the following about the business nature of modem traditional medicine: "The people have lost faith in them (*izangoma*) because they have become so commercialised. The *umfulalazi* - the part where you open your purse for the diagnosis - often costs R25 and for their treatment you may pay R200, sometimes as much as R1OOO..."

It would be one thing if charlatans only relieved sick people of their hard-earned money, but the fact that they dissuade (and, sometimes, forbid) them from consulting other doctors especially modern doctors puts their operations in a serious light. Like Mrs Ndlovu, many Africans do not consult doctors and hospitals because, amongst other things, charlatans tell them that if they are operated on they would die. Many people have refused to take modern medicines which are proven either to cure or control certain illnesses (such as hypertension and diabetes) because they believe that certain illnesses are only cured by traditional medicine and using modern medicine may have tragic consequences.

Scientific Education and Liberation

The intersection of rural poverty, urban socioeconomic conditions and the inability of formal education to disseminate basic scientific reasoning creates a fatalism and powerlessness which renders people in both rural and urban areas susceptible to charlatans who perform magic tricks to 'solve' their social, political, economic, legal, psychological and medical problems. The belief in such magical 'solutions', in turn ', creates conditions which make it effectively difficult to render scientific reasoning and education.

Hence, the Indian woman in Stanger who 'baptises with fire' is believed to have solutions for social, economic, psychological and medical ills. The love-lorn', unemployed and those who have tried but failed to pass matric examinations flock to her for deliverance. However, the 'magic dust' turns out to be a pulverised mixture of camphor and raisins. And the fire is not produced magically but chemically. Anyone can produce the balls of fire by throwing the mixture over any small flame. The reason the 'patient' is not harmed by the fire is that camphor catches fire at very low temperatures.

The inyanga in Tongaat who gives people 'bullet proofing' charms 'strengthens' them by having his dispenser make incisions on the major joints such as on the wrists, ankles, elbows, knees, hips and where the neck meets the spinal column. A smudgy black substance is then smeared over the incisions with the effect that the 'patient' squints and then shivers momentarily. The patient is then given medicines to use at home.

It is difficult to ascertain whether 'bullet proofing' works or not. The fact that people do not have money means that they cannot buy or replenish guns or bullets. This leads to the use of home-made guns and bullets or using bullets on weapons for which they were not meant. The accuracy of such combinations may be partly responsible for the often told stories of people "abangadubuleki"'. One incident I witnessed was of a businessman in the Kwamashu-Phoenix complex who was, allegedly, shot 24 times with an AK-47. When I arrived, he was still lying on the ground, alive! The cartridges on the ground were mixture of 22s, home-made bullets, and some indistinguishable contraptions. Most of the wounds on the businessman were flesh wounds.

While it is difficult to prove whether 'bullet-proofing' works or not, the dangers of the practice are clearly evident. It is common knowledge that bank robbers and izinkabi of the taxi industry often consult 'bullet proofing' izinyanga before they attack banks or other taxi drivers and their owners. More than this, the practice of making incisions on 'patients' is done by one dispenser to all the 'patients' who visit the inyanga. The dispenser uses one razor blade on all the 'patients'. In the age of HIV and AIDS the danger of this practice cannot be emphasised enough!

Also, the scientific ignorance of traditional healers themselves may put the lives of patients' at risk. Some traditional healers keep their medicines in containers which used to contain dangerous chemical and pesticides. Simply washing such containers with water may not remove the remains of the dangerous substances. Yet others, advise their 'patients' to consume or introduce into the body products which are clearly marked by their manufacturers to be "not fit for human consumption". An example of such a product is the disinfectant Jeyes Fluid. Somehow traditional healers have made people believe that this substance wards-off bewitchment and, when consumed, it cures various stomach problems including ulcers.

And there are izinyanga who claim to be able to cure vehicles which have been bewitched. The poverty of the townships means that some people can only afford to buy very old models of cars or that they are unable to regularly service their

cars or that they take them to 'bush mechanics'. Often such practices mean that cars develop inexplicable problems which seem to defy the intelligence of 'bush mechanics'. When a mechanic has used up the deposit for the repair, the best response to give to the owner of a vehicle which is unrepairable is to tell them that there is nothing wrong with the vehicle but that the vehicle has been bewitched.

Without scientific education, therefore, most people will remain within the oppressive grip of quacks and charlatans and will remain unable to enjoy fully the freedoms brought about by the new constitution.

Disenchanting the World

The belief in the powers conferred by such spirits to African medicines is such that many people consult traditional healers irrespective of their proven record (sometimes, despite their records). In many instances, the mystique of such medicines is so strong that it captivates despite the contrary dictates of formal education that the 'patients' may have.

Therefore, an easy acceptance of any Afro-centric claims needs indeed demands a critical and evaluative perspective, before we too as social scientists start resembling the charlatans that prey on people's pockets and cultivate dependencies on the basis of popular anxieties.

Notes

(1) *The Mercury*, 19 May 1997

(2) People from the township normally hear of an operation when something has gone wrong with it.

(3) Africans believe that the spirits of the dead live among us and that the dead, who know all and see all, can be conjured to speak to the living. Abalozi is one way of conjuring the dead.

(4) The Mthiyane Commission of Enquiry recommended that management at Stanger Hospital investigate allegations of racism such as (a) that maternity pads were given to Indian patients, but not to African patients who were told to buy their own, (b) that Indian patients were well fed, but the Africans' diet "can be eaten by pigs and not humans", C that "the toilets are in an appalling condition. Some patients who came to hospital actually don't want to use the toilets"

(5) *Sunday Times Metro*, October 6, 1996.

(6) *Bona*, January, 1996. Bruce Sosibo later developed full-blown AIDS and died, presumably, of complications due to AIDS.

(7) *The Mercury*, Wednesday, February 19 1997, p.2.

(8) Doctor' Pauline Mambele Malindi of Khayamnandi Squater Camp in the Western Cape (who was Photographed standing behind her 5251 BMW parked under a corrugated iron car-port) is quoted in the City Press as having responded to a question about leaving the area in this manner "This is my home, where my people are. Leaving the area might also mean the end of my career".

(9) *The Mercury*, Wednesday, November 15 1995. p.4 and *Daily News*, Wednesday, November 29,1995,p.6 ". SA TV CCV I9h00 NEWS, 7th December, 1995

(10) *Sunday Tribune*, January 28, 1996, p.3

(11) The boy was separated from his mother at the Isipingo taxi rank.

Bibliography

Bundy, C. (1979), *The Rise and Fall of the South African Peasantry*, London: Heinemann.

Chavunduka, G. L. (1994), *Traditional Medicine in Modem Zimbabwe*, Harare: University of Zimbabwe Publications.

Comaroff, Jean and John (1993), *Modemity and its Malcontents: Ritual and Power in Postcolonial Africa*, Chicago: University of Chicago Press.

Comaroff (1985), *Body of Power, Spirit of Resistance: The Culture and History of South African People*, Chicago: University if Chicago Press.

Devisch, Rene (1993), *Weaving the Threads of Life : the Khita Gynecological Healing Cult Among the Yaka*, Chicago: University of Chicago Press.

Durkheim, E (1995), *The Elementary Form of Religious Life*, New York: Free Press.

Durkheim, E.(1984), *The Division of Labour in Society*, New York: Free Press.

Gray, J. (1989), *Traditional Religion and Healing in Sub Saharan Africa and the Diaspora : A Classified International Bibliography*, New York: Greenwood Press.

Green, E. C. (1944), *AIDS and STDs in Africa : Bridging the Gap Between Traditional Healing and Modem Medicine*, Boulder, Colorado: Westview Press.

Janzen, J. M. (1992), *Ngoma : Discourses of Healing in Central and Southem Africa*, Berkeley: University of California Press.

Legassick, M (1974), "South Africa: Capital Accumulation and Violence", *Economy and Society*, 111, pp.253-91

Legassick, M.(1975), "South Africa: Forced Labour, Industrialisation, and Racial Differentiation", in R. Harris (ed.) *The Political Economy of Africa*, Cambridge, Massachusetts, pp.229-70

Ong, A. (1987), *Spirits of Resistance and Capitalist Discipline*, New York: State University of New York Press.

Pool, R. (1994), Dialogue and the Interpretation of Illness : Conversations in a Cameroon Village in *Explorations in Anthropology*, Oxford, England.

Pred and Watts, (1992) *Reworking Modemity: Capitalism and Symbolic Discontent*, New Brunswick: Rutgers University Press.

Sindiga, I. et al (eds) (1995), *Traditional Medicine in Africa*, Nairobi: East African Educational Publishers.

Taylor, C. C. (1992), *Milk, Honey, and Money : Changing Concepts in Rwandan Healing*, Washington: Smithsonian Institution Press.

Wolpe, H. (1972), "Capitalism and cheap labour power in South Africa: from segregation to apartheid", *Economy and Society*, 1, pp.425-56

CHAPTER 12
BEYOND AFROPESSIMISM. IDENTITY AND DEVELOPMENT IN A GLOBALISING WORLD

Ari Sitas
University of Natal, South Africa

We are told by R.J. Barrett and J.Cavannagh (1996), that globalisation has conjured four areas of transnational connectivity- a global, unfettered, flexible financial market; a global network of manufacturing spaces and workplaces; a global shopping-mall and a new and visceral, global "cultural bazaar". These four areas of connectivity, we are told, are the latest feat of the world's capitalist system- a feat that has occurred on the basis of new productive powers which feed off the achievements of a profound microelectronics revolution and the informational technologies that it has spawned.

Scanning, the latest scripts of this phenomenon is not easy: it is not only that so much trivia is being written about this topic, save the claim that we are in a new phase in capitalism, s development and that new strategies, adjustments and forms of thinking are demanded of us, if we are to survive this brave new world. And for us in South Africa, having buried the gun we are faced with the problem of how we could come to understand our new roles and how to shape our aspirations beyond them. And how as social scientists we can learn about our present, how we should learn not to demean our past, and how to redefine our future.

Ordinary people in South Africa have responded to our globalisation, using their capacities to the full. The dominant image is of poor people with shopping trolleys raiding the streets and backyards for scrap metal; stripping everything that can be stripped of its metallic parts; fighting against municipal guards who are trying to chase them off the rubbish heaps to separate pieces of tin and iron from organic matter; others with guns are going for bigger booty- smart cars for syndicates and small cars for the "chopshops" and the scrap-metal merchants. And all of them have responded pronto, to a global demand for scrap metal that is being exported by shipload after shipload from Durban's harbour, to exotic places never even seen on TV or pronounced properly on radio. The thought is appealing too, a scrap-metal nation as metaphor and reality and of course, the defining image of the man or woman pushing and rattling the shopping trolleys through our streets and through our minds.

Of course to conceive of our role as a social scientist in South Africa in similar terms -resolute post-modern survivors scanning the streets and the information highways, raiding for scrap in globalised urban ruins, negotiating our identities through a maze of scrap dealers, is gutsy and profound but it is not what we have